Value of Local Anesthesia in the Adventia of Arteries During Interventions: How to do it: For SFA/Pop Lesions

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Potential conflicts of interest

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✓ I have the following potential conflicts of interest to report:

Consulting / speakers honorarium:
- Abbott, C.R.Bard, Cook, Cordis, Medtronic,
- ReFlow Medical, Upstream Peripheral

Residual Stenosis after Nitinol-Stent Implantation is associated with higher restenosis-rate

- 118 SFA-CTOs treated with Nitinol-stents
- 43% residual stenosis > 30%

Bausback Y. et al, JVST 2010

Crack-and-Pave Technique for Extremely Calcified Femoropopliteal Lesions

Consequent / sufficient vessel-preparation may lead to perforation

‘Crack and Pave’ - Technique

Relining with Supera 6.5/200 into 7mm Vabahn

6-months result

Aggressive Predilatation in Calcified Lesions is Painful

7.0/40mm-balloon 24 atm.
**Percutaneous Local Anesthesia Along the Plaque**

9cm 21 Gauge needle
1% Lidocaine

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**'Pave and Crack'- Technique**

Viabahn-implantation
and
high-pressure -
or
over-size balloon - angioplasty

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**Percutaneous Local Anesthesia Along an Extremely Calcified Plaque**

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**Percutaneous local anesthesia after painful predilatation of a non-calcified SFA**

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**The Bullfrog® Micro-Infusion Device**
**Local Anesthesia using the Bullfrog-Device**

- 57 years, female patient
- Severe claudication
- SFA-occlusion left
- Minor calcifications
- Predilatation with Ø 4mm-balloon extremely painful

- 25 ml Lidocaine 1%
- 3 ml contrast-medium

- 67 years, male patient
- CLI, Rutherford-6
- SFA-occlusion left + BTK-disease
- Severe calcifications
- Treatment-plan:
  - Aggressive predilatation +
  - Supera-stent implantation

Completely painfree PTA with Ø 5 and 6mm balloons.

**Summary**

Completely painfree thorough PTA / vessel-preparation of the femoropopliteal segment possible by administering anesthetics along the artery is possible.

This can help to achieve more often results without residual stenosis, which may increase long-term patency.