Latest Techniques And New Developments In Treating Leg And Foot Artery Lesions Causing CLI1 With Extensive Ischemic Gangrene And Ulceration

DISCLOSURE:
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- Abbott Vascular: Consultant/Advisory Boarder
- Angiodynamics: Consultant
- BARD: Consultant
- Bioclear: Consultant Advisory Boarder
- CID/ALVAMEDICA: Consultant
- COOK: Consultant
- Boston Scientific: Proctor
- TERUMO: Consultant

>5000 pts in published studies
<500 pts in published studies

Main Issues and unmet Needs

Literature

Published Techniques


Main Issues and unmet Needs

Ca+++Patients are the worst

How To Manage Ca+++Patients once wire crossed the lesions
New Techniques and Tools

- Pull the GW-Balloon System Technique;
- Teleflex Turnpike Gold CTO catheter;

Pull the GW-Balloon System

1. Perform a retrograde distal puncture at wire level;
2. Externalize the wire through the needle;
3. Put a torquer device at the balloon wire cone;
4. Pull the wire-balloon system crossing the lesion;

Pull the GW-Balloon System Technique

18 G Stick and 0.014 GW externalization

Pull the GW-Balloon System Technique

Torquer at the Balloon wire cone and ONE GW-Balloon System creation

Pull the GW-Balloon System Technique

Distal short balloon unable to cross the lesion
Micro Catheters and CTOs Catheters

CONCLUSIONS

The Main Technical Issue and limitations for CLTI patients is Ca++

New techniques and tools could help to cross ca++ lesions and fix them; it could be not clinically useful in SAD