Treatment of Occlusive Femoropopliteal Disease Using Only Pedal Access

Mike Watts, MD
University of Pennsylvania
Philadelphia, USA
Disclosure

Speaker name: Mike Watts

I do not have any potential conflict of interest
Who we are

• Mike Watts, MD
  – Philadelphia Veterans Affairs Medical Center

• Timothy Clark, MD
  – Penn Presbyterian Medical Center
What We Do

• Academic IR group covering three hospitals, PAD practice built at two of them
  – 2012: 50 cases
  – 2013: 80 cases
  – 2014: 180 cases
  – 2015: 230 cases

• Almost exclusively “salvage” cases from vascular surgery and podiatry

• In aggregate, 50% Fem-Pop, 40& Tibial, 10% Iliac
Routine Case
Groin access impossible?

- Combinations of kissing iliac stents, morbid obesity, hostile groins.
- If tibial disease, access DP or PT, place 2.9Fr sheath, use 0.014” wires and ultra low profile balloons.
- If femoropopliteal disease, need 6Fr devices. Is this feasible?
Patient Preparation

• Only attempting in complex cases
  – Nearly all will have pre-procedure imaging
• Thorough ultrasound examination with doppler
• Choose larger of DP or PT
• IV heparin to ACT of 250
• Nitroglycerin given via sheath once placed
• If single vessel run-off, must weigh pros and cons
Case

• Calf claudication
• Non-surgical candidate, heart disease, previous CVA, morbid obesity, kissing iiac stents
Dorsalis Pedis 6 months later
• A few more quick examples...
Results

• 12 SFA/ popliteal artery revascularizations using transtibial approach with no other access point.
• No access site complications
• 10/10 had improvement or resolution of claudication
• 2/2 had improvement in tissue loss
• 12/12 had improvements in ABI
Future Direction

• Larger series with rigid follow-up protocol
• Optimize pharmaceutical cocktail
  – Benefit to calcium channel blockers?
Thank you
Treatment of Occlusive Femoropopliteal Disease Using Only Pedal Access

Mike Watts, MD
University of Pennsylvania
Philadelphia, USA