Making the most out of my guide wire

Illustrative case 1: SFA

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Disclosure

Speaker name:
Erwin Blessing

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company

X Other(s): speakers honoraria (Abbott, Medtronic)

☐ I do not have any potential conflict of interest
CASE 1:

Popliteal artery occlusion

87 year old female

Rutherford 4 left leg, Rutherford 3 right leg

CVRF: Diabetes, hyperlipidemia, hypertension
Peroneal artery
CASE 1:
Options?
Below the knee bypass operation?
Conservative treatment?
Recanalization of occluded popliteal artery?
Failed attempt

Transpedal access
Unable to cross with wire
Armada 18 sheathless via peroneal artery
Armada 18 sheathless via peroneal artery
Rendevouz
Wire choices

Primary access:
Terumo stiff 0.035"
Terumo Glidewire 0.018"
Cordis Stabilizer 0.014"

Retrograde:
Boston Scientific V18
Abbott Command 0.014"
Abbott Winn 200 0.014"
Reentry device

Outback®, Cordis
CASE 1:

Treatment approach?

POBA?

Stent?

Which stent (SNS, DES, Stentgraft, Supera)?

DCB?
CASE 1:

Data on how to treat popliteal lesions?

Little
Patients and Lesions in DCB Trials

**IN.PACT SFA Trial**

**Key Inclusions**
- RC 2-3-4
- Lesion in SFA and/or PPA
- Single *de novo* or non-stented restenotic lesion:
  - 70%-99% occluded with total length $\geq 4$ cm and $\leq 18$ cm; or
  - 100% occluded total length $\leq 10$ cm
- Combination and tandem lesions allowed if criteria above met and lesion gap $\leq 3$ cm
- Successful inflow treatment

**Exclusions**
- Long lesions ($> 18$ cm)
- Occlusions $> 10$ cm
- Rutherford 5-6 $\Rightarrow$ most patients were claudicants
- Complex lesions $\Rightarrow$ most were single lesions and single level treatment
- In-stent stenosis

NOTE: Unlike LEVANT II, Investigator conducting follow-up visit was NOT blinded to treatment assignment.
### Overview of the previous studies:
Stent in popliteal artery

<table>
<thead>
<tr>
<th>12 Months results</th>
<th># patients</th>
<th>Lesion length (mm)</th>
<th>Total occlusion (%)</th>
<th>Primary Patency</th>
<th>Fracture Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ETAP</strong>&lt;sup&gt;(1)&lt;/sup&gt;</td>
<td>stent 119</td>
<td>stent 41-31</td>
<td>stent 33</td>
<td>stent 67.4</td>
<td>stent 3.8</td>
</tr>
<tr>
<td>PTA 127</td>
<td>PTA 43-28</td>
<td>PTA 33</td>
<td>PTA 44.9</td>
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</tr>
<tr>
<td><strong>MELOPEE</strong>&lt;sup&gt;(2)&lt;/sup&gt;</td>
<td>67</td>
<td>63-30</td>
<td>47.8</td>
<td>70.2</td>
<td>10</td>
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<tr>
<td>Lifestent (Bard&lt;sup&gt;®&lt;/sup&gt;)</td>
<td></td>
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<tr>
<td><strong>SUPERA</strong>&lt;sup&gt;(3)&lt;/sup&gt;</td>
<td>125</td>
<td>58-34</td>
<td>47.5</td>
<td>87.7</td>
<td>0</td>
</tr>
<tr>
<td>Supera stent (ABBOTT&lt;sup&gt;®&lt;/sup&gt;)</td>
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</tbody>
</table>

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Zeller MD, TCT congress 2012<sup>(1)</sup>
P. Pooters; M. Bosiers, MEET congress 2008<sup>(2)</sup>
Werner MD, LINC congress 2012<sup>(3)</sup>

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P. Pooters, LINC 2014.
CASE 1:

How did I treat that patient?
Puncture site
before

after
CASE 1:

Tipps and tricks:

Never give up (unless you have a better option)!

Be prepared for retrograd access!

Consider reentry devices

Consider combination of stents and DCB

Proper predilatation mandatory!
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