



Complications in Deployment of SUPERA Stent for Treatment of Long SFA Occlusions

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Clinical Cases:

We are reporting three cases of chronic limb ischemia with long SFA occlusions that treated with balloon angioplasty, placement of SUPERA stent and complicated with stents misplacement.

All complications were due to lack of experience in deployment of SUPERA stent at the early stage of our learning curve.

The complications and their management are shown in this poster.

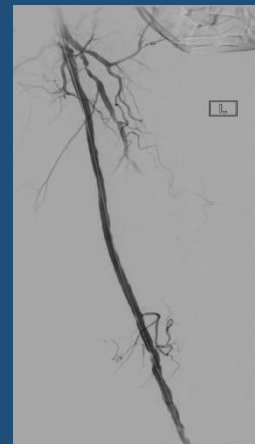
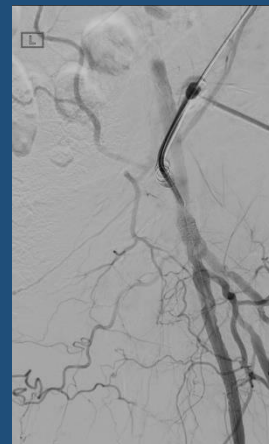
Take Home Message

The SUPERA stent delivery system needs longer learning curve in comparison with other stent deliver stents. All of the complications were managed by interventional team successfully with no further surgical interventions or sequale.

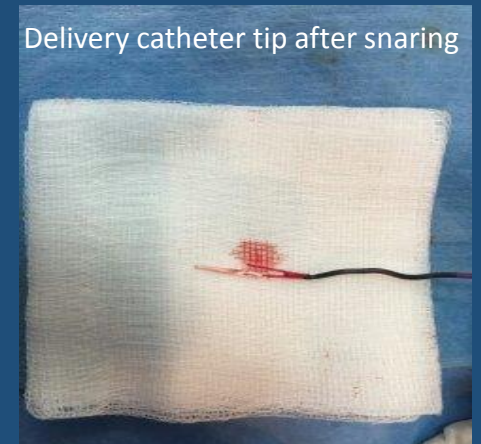
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Case 1: During stent deployment, the proximal end of the stent came out through the puncture site and the delivery catheter tip was disconnected and migrated to the popliteal artery. The stent was removed from the subcutaneous tissue using a forceps and the separated tip snared. The SFA lesion was treated with covered stent.

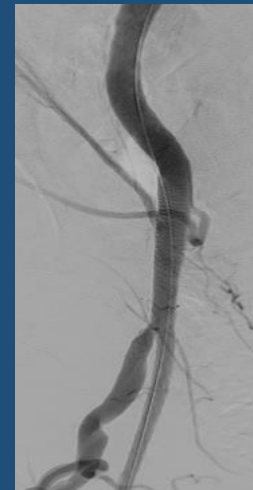
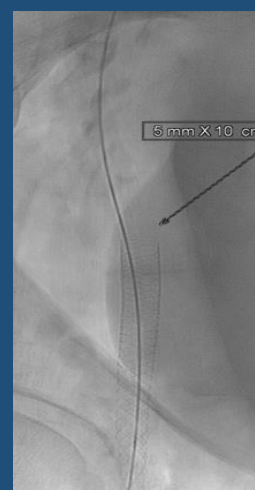
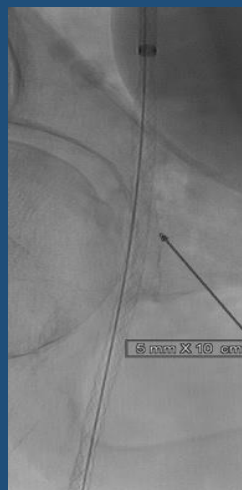


SUPERA stent after removal

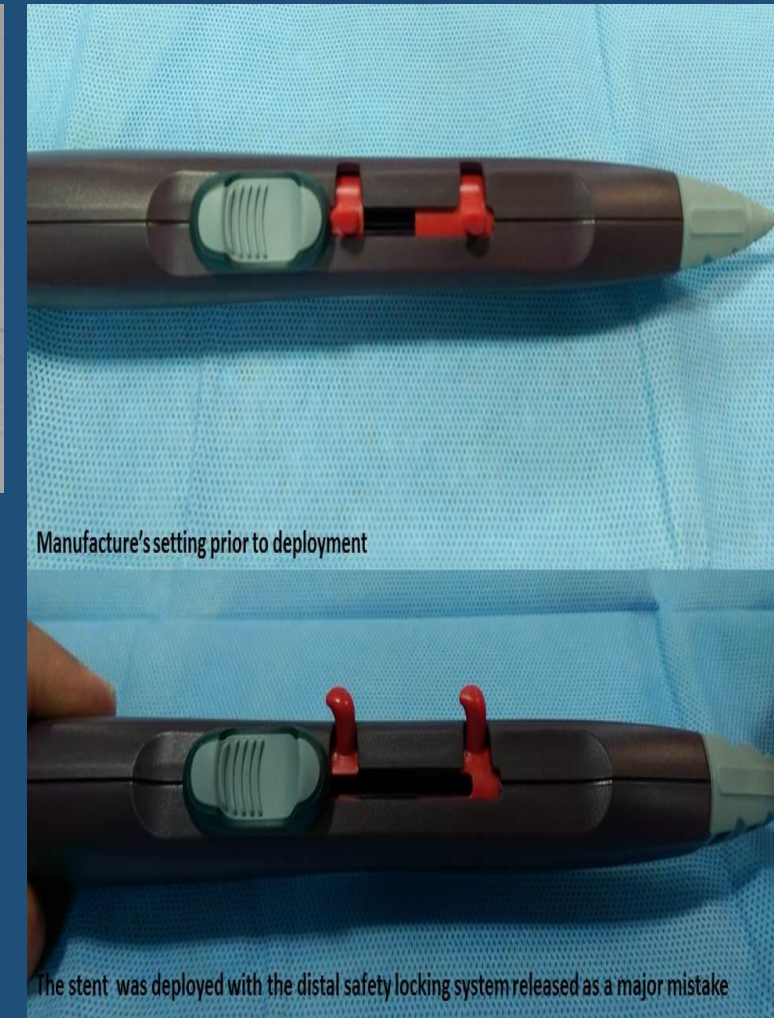
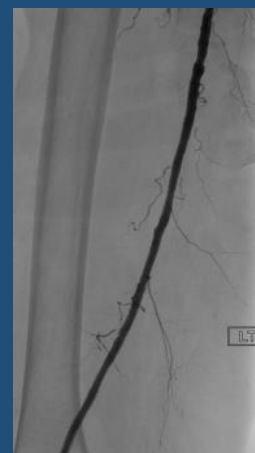
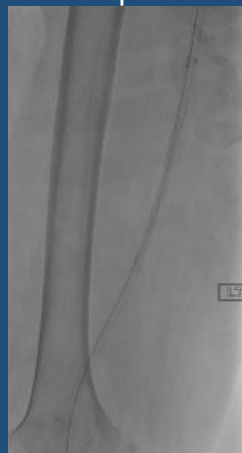


Delivery catheter tip after snaring

Case 2: A SUPERA stent was deployed from contralateral approach. However, the stent proximal end was extended to the external iliac artery.



Case 3: The stent exceeded the lesion length in the distal SFA and covered a long segment of the intact proximal SFA.



Manufacturer's setting prior to deployment

The stent was deployed with the distal safety locking system released as a major mistake