

A network's experience of the GORE® TIGRIS® in atherosclerotic popliteal arterial disease.

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Background

- The use of endovascular stents has been advocated as an alternative to operative revascularisation in the treatment of popliteal artery stenosis or occlusion.
- Initial attempts at popliteal stents revealed equivocal results. There are two stents on the market. The Supera® and the relatively novel Tigris®:

Tigris®



Supera®



- The TIGRIS® has a dual-Component design with a single nitinol wire frame and a clear fluoropolymer interconnecting structure

Aim

- The aim of this study was to analyse the data from a review of all popliteal Tigris stents deployed, looking at patency rates and amputation free survival.

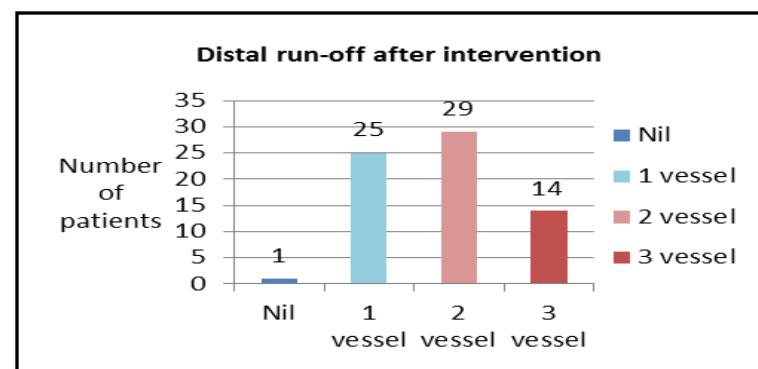
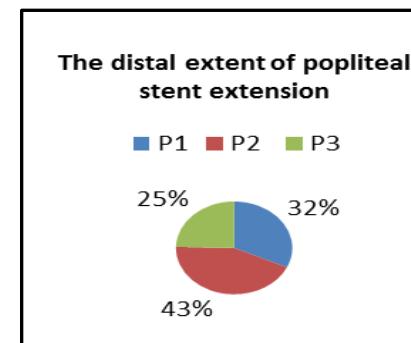
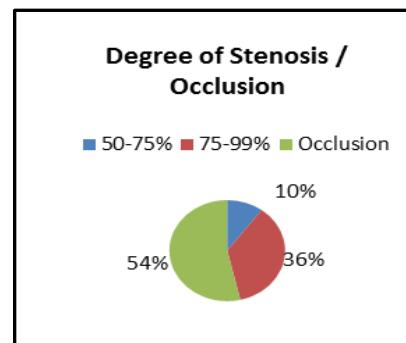
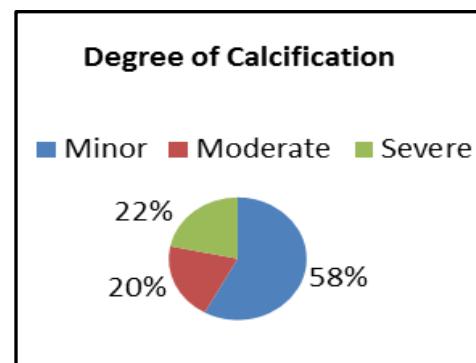
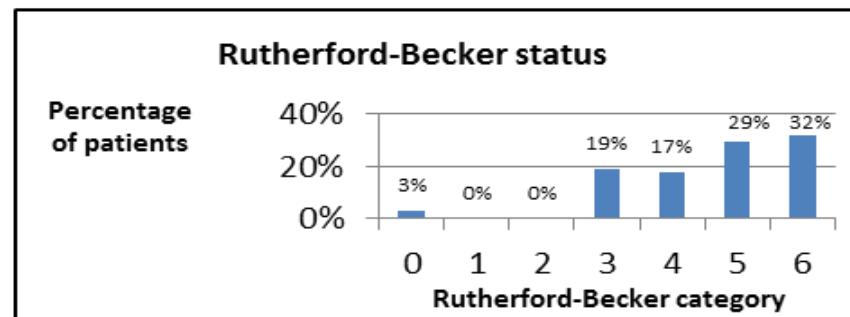
Methods

- The data was collected retrospectively from electronic sources from the Bristol, Bath and Weston Vascular Network.
- The study period extended from Oct 2013 to Sep 2015.
- Patients were followed up with clinical review and duplex imaging was used to assess stent patency.
- Data was analysed for patency, complication and mortality outcomes.

Results

Demographics

- 69 patients (M:F = 2:1)
- Average age: 73 years

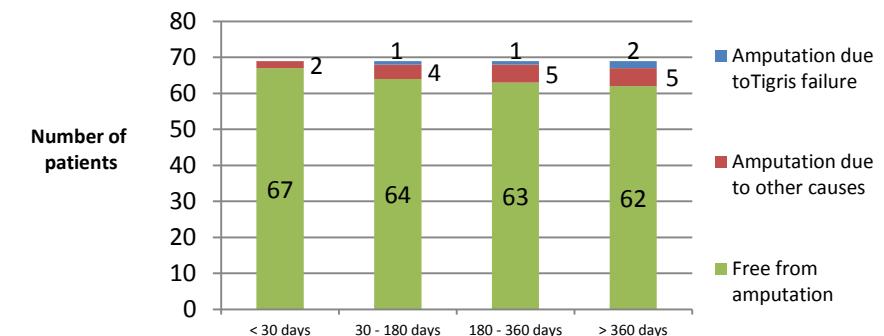


Stent outcomes

Patency rates

	Primary Patency	Primary assisted patency
30 days	97.9%	100.0%
6 months	90.9%	93.9%
1 year	71.4%	78.6%

Major amputation and amputation free survival



Symptomatic relief

66 patients noted that their symptoms had improved or remained stable post stent deployment

Mortality

- 30 day mortality: 2 (2.8%) case due to MI
- 12 patients died: 1½ months to 12 months after stent deployment

Conclusion

The TIGRIS stent is a safe, effective and easy to use endovascular option for occlusive disease of the popliteal artery.