

DIDACTICS  
DEVELOPMENT  
DISTRIBUTION



# Nightmares in the cathlab

## My worst case

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# Clinical Data, male patient 76yr

## **Medical History:**

2009 : PTA/stenting left PA ; 2013 : reversed venous P1-ATP-bypass ; 2018 : PTA/stenting left SFA

## **Risk factors:**

smoker, hypercholesterolemia

Recent diagnosis pulmonary cancer, with chemotherapy

## **Present state:**

Subacute left leg rest pain since 10 days (Rutherford Becker 4) without motoric or sensory loss

Duplex Ultrasound : normal triphasic signal both CFA –

Occlusion of the left SFA – bypass – reinjection ATP

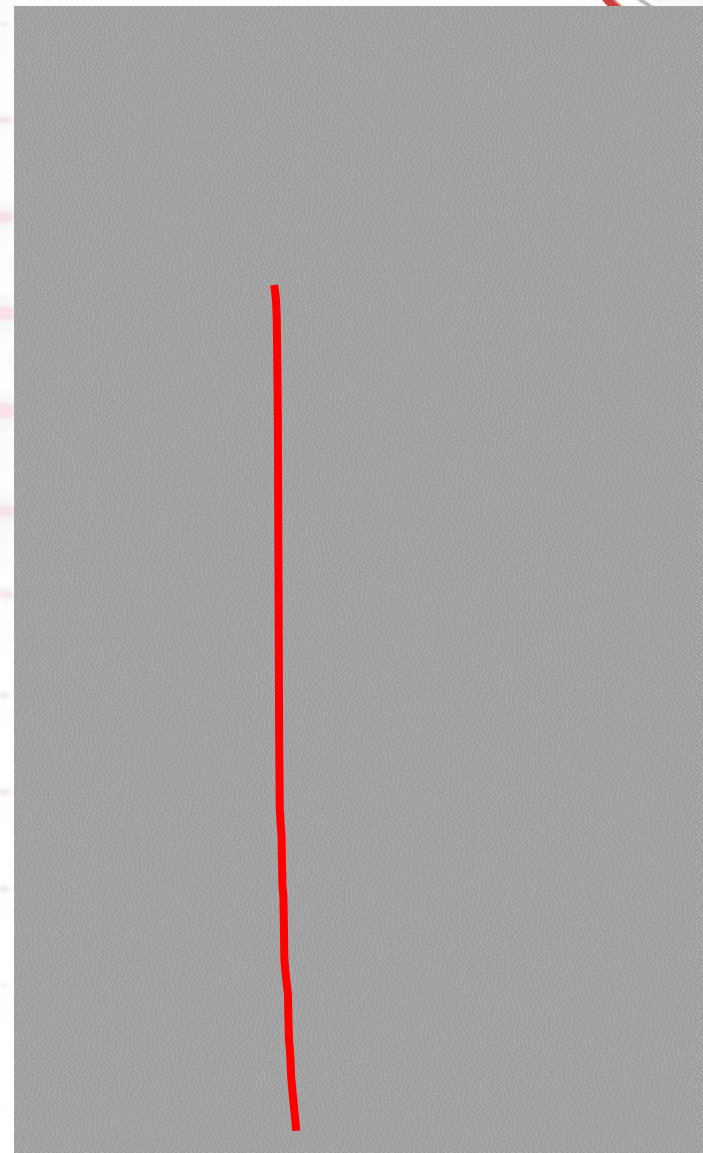
# Preoperative angiography

- Right CFA access 4F
- Cross over procedure  
UF (Cordis) + 0.035" -  
260cm stiff, straight  
glidewire (Terumo)

**Very smooth  
passage**

32x32 cm  
1.8 deg  
0.1 deg  
9 deg  
0 deg  
=1.00  
OT:  
4096WL-2048  
00x800

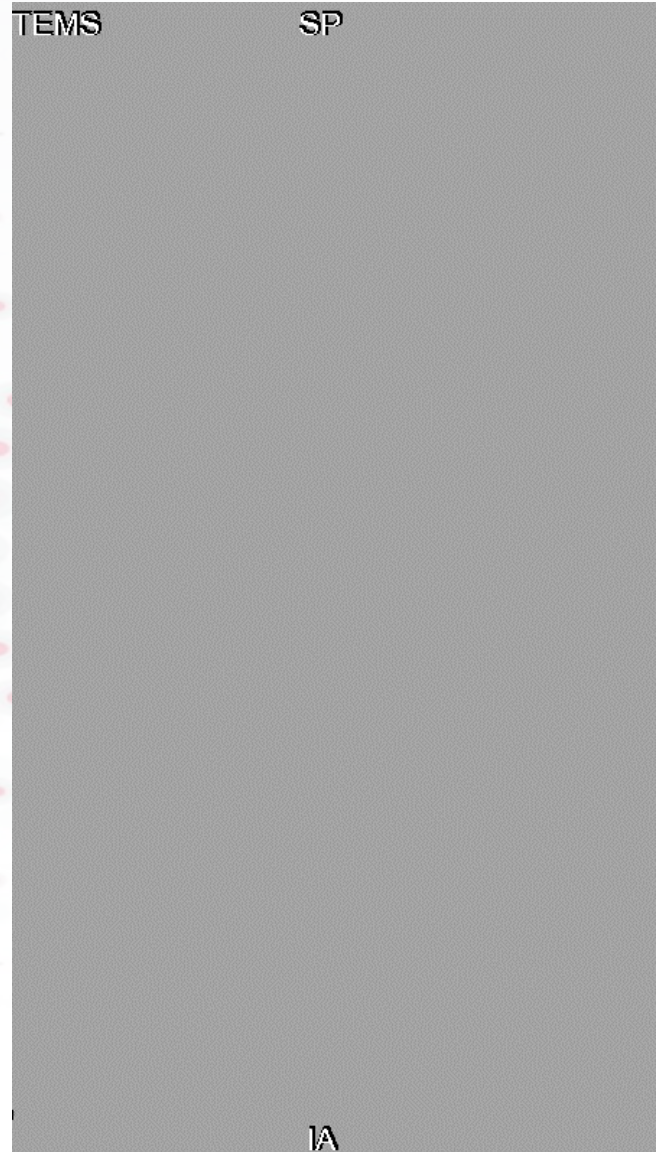
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# Decision to 24H thrombolysis



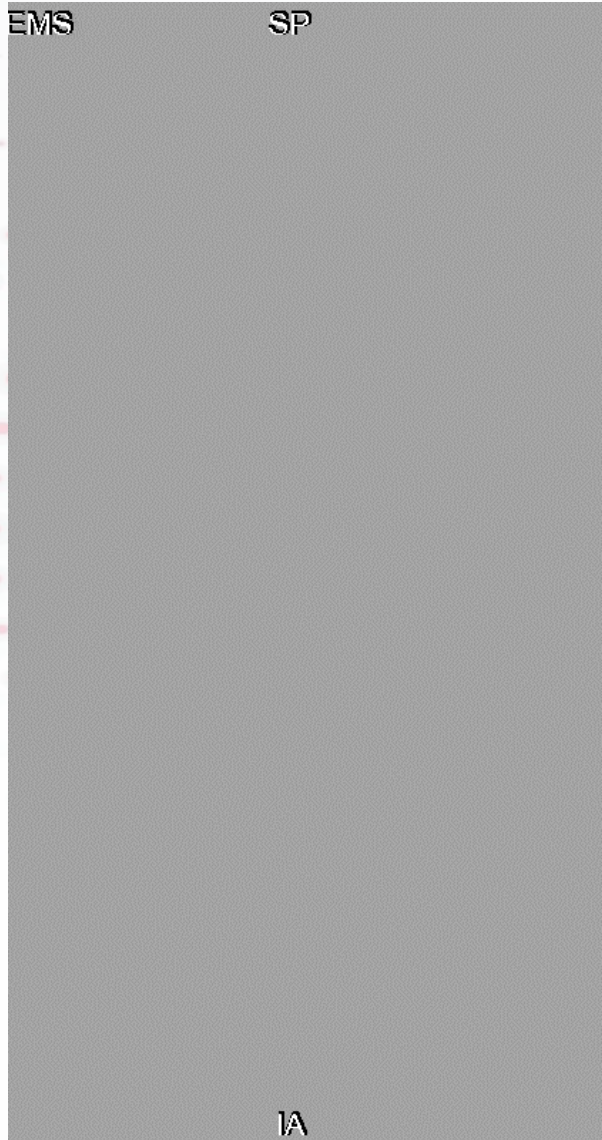
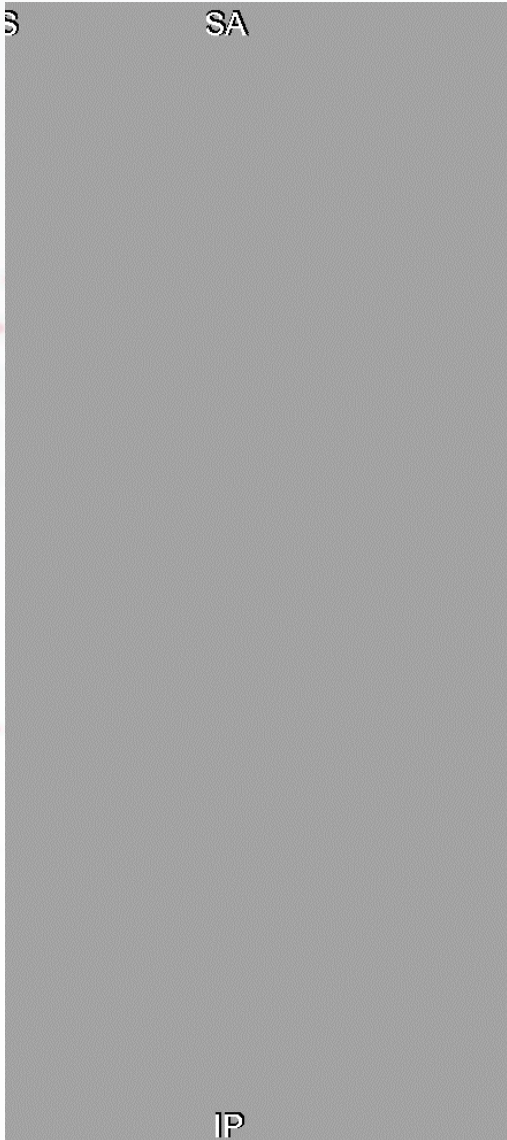
# Result 24 hours post thrombolysis



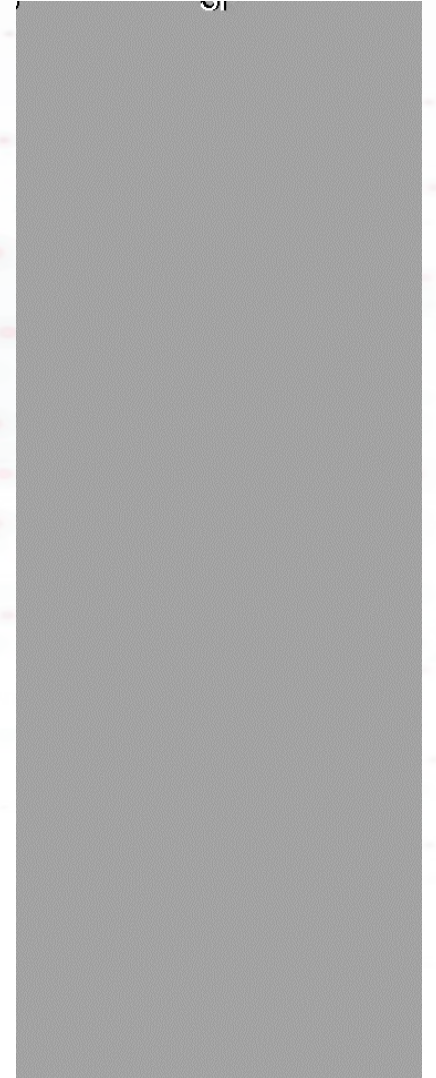
# Result of 48h thrombolysis



# Result 48 hours post thrombolysis




- Right CFA access 6F
- Destination sheath 6F-45cm (Terumo)
- Straight 0.035" -260cm GW (Terumo)
- CXI 4F-150cm (Cook)



# Result post Rotarex thrombectomy

- 0.018"-300cm Advantage GW (Terumo)
- 6F Rotarex (BD™)

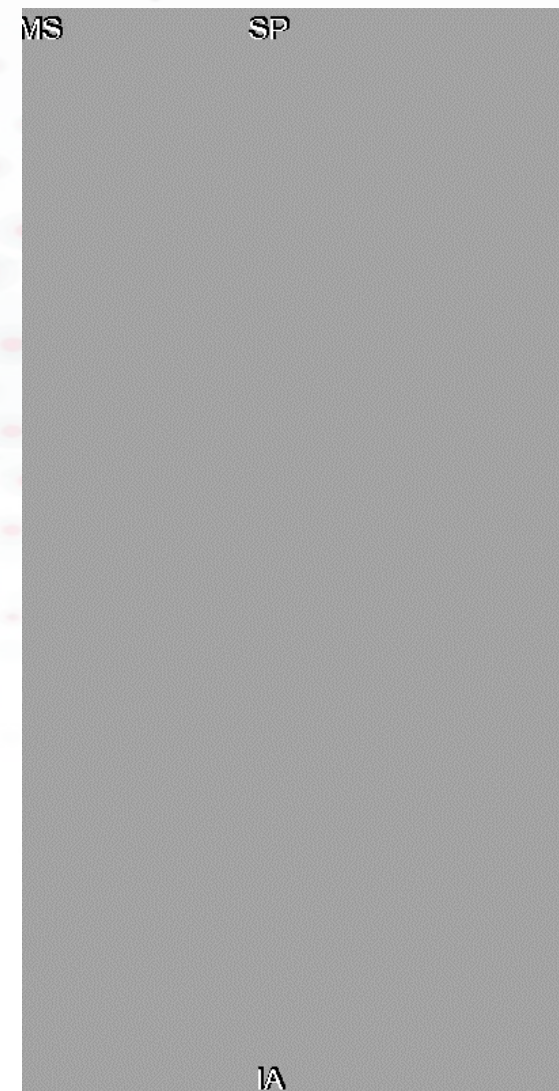
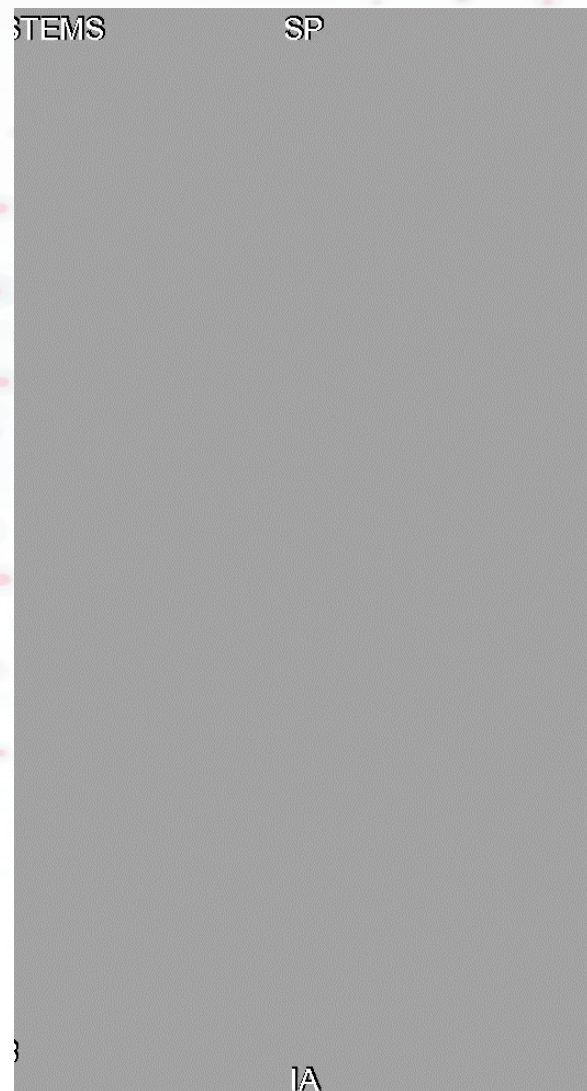
One device for acute, subacute and chronic arterial occlusions of

- Native vessels
- Stents (In-stent occlusion)
- Native and artificial bypasses
- Dialysis access

Detachment up to 1cm/sec.

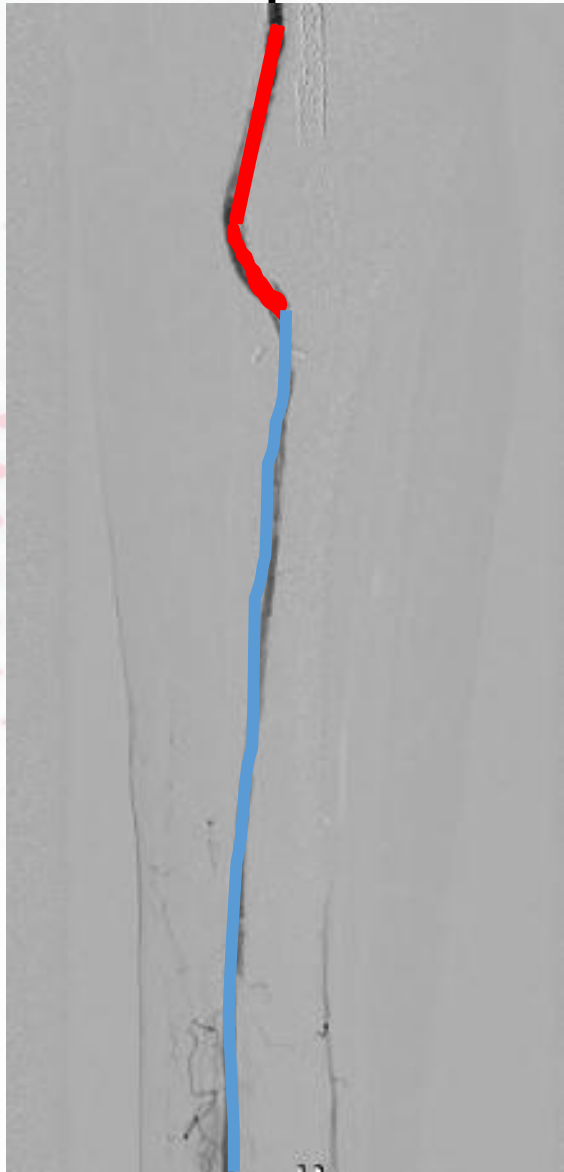
Four functions in one device

- Detachment of the occluding material from the vessel (up to 1cm/sec)
- Aspiration of detached material into the catheter head
- Fragmentation of the aspirated material
- Transportation out of the patient's body



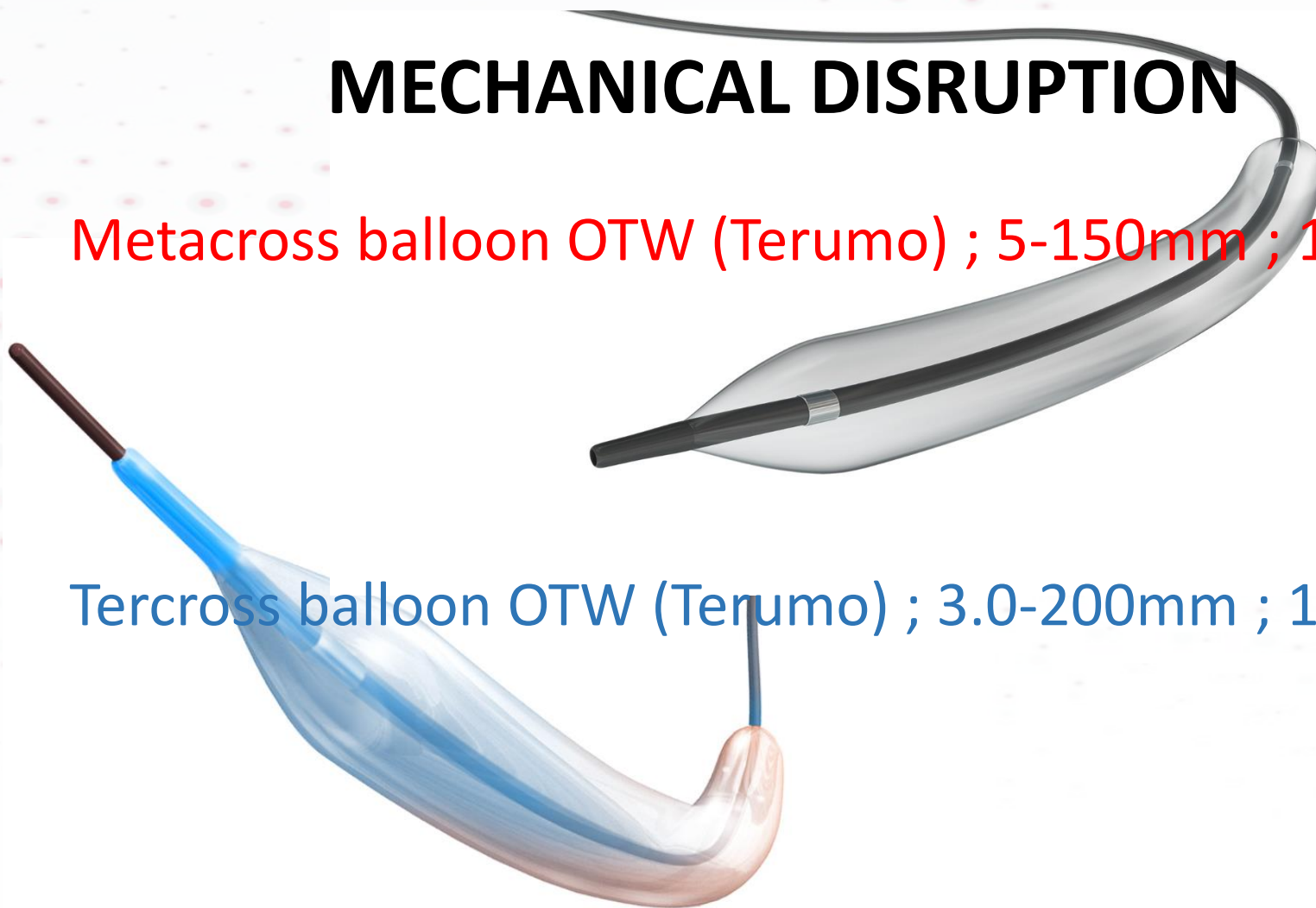


# Result post Rotarex thrombectomy



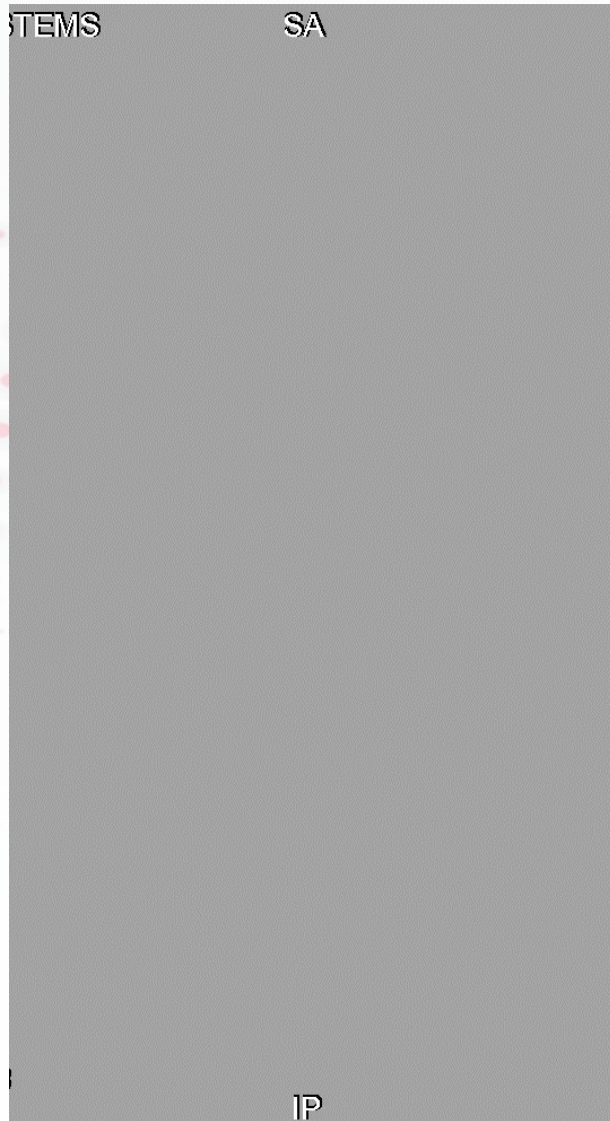
## MECHANICAL DISRUPTION

Metacross balloon OTW (Terumo) ; 5-150mm ; 135cm ; 5F



Tercross balloon OTW (Terumo) ; 3.0-200mm ; 148cm ; 4F

# Result post Angioplasty



Slow flow to the ankle...

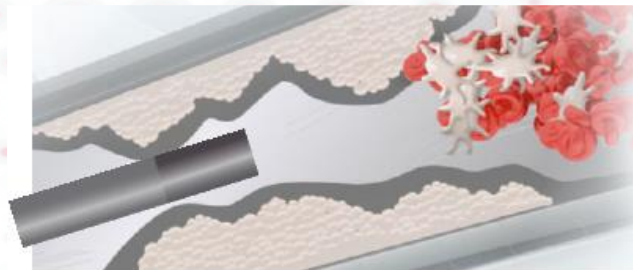
Trash foot???

# What to do now?

## Eliminate thrombus aspiration catheter (Terumo) (6-7F)



The stiffening stylet and fully braided shaft construction provides improved pushability and Kink resistance and ensures optimal crossability



The large extraction lumen and rounded, short tip design provides optimal aspiration

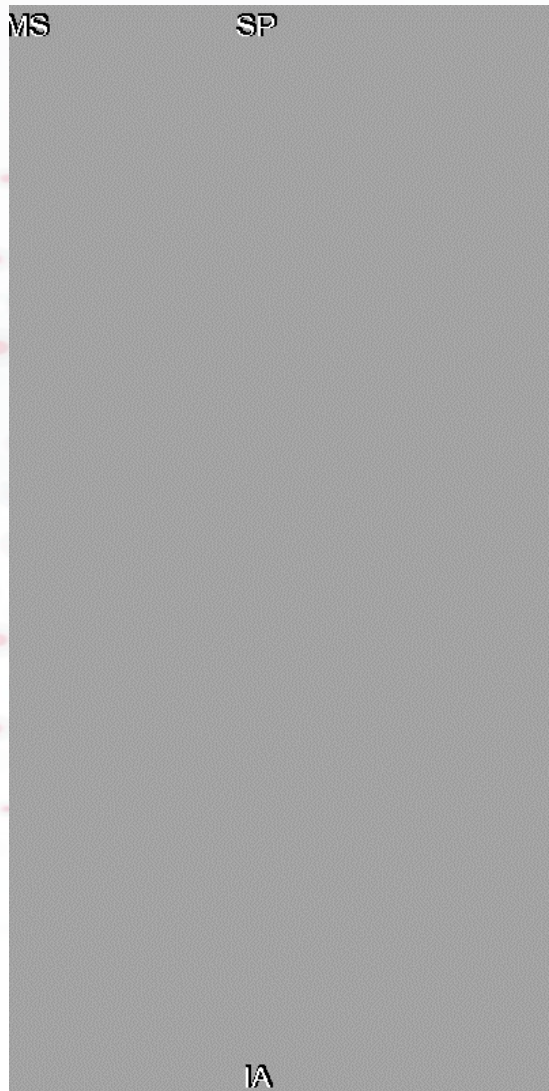
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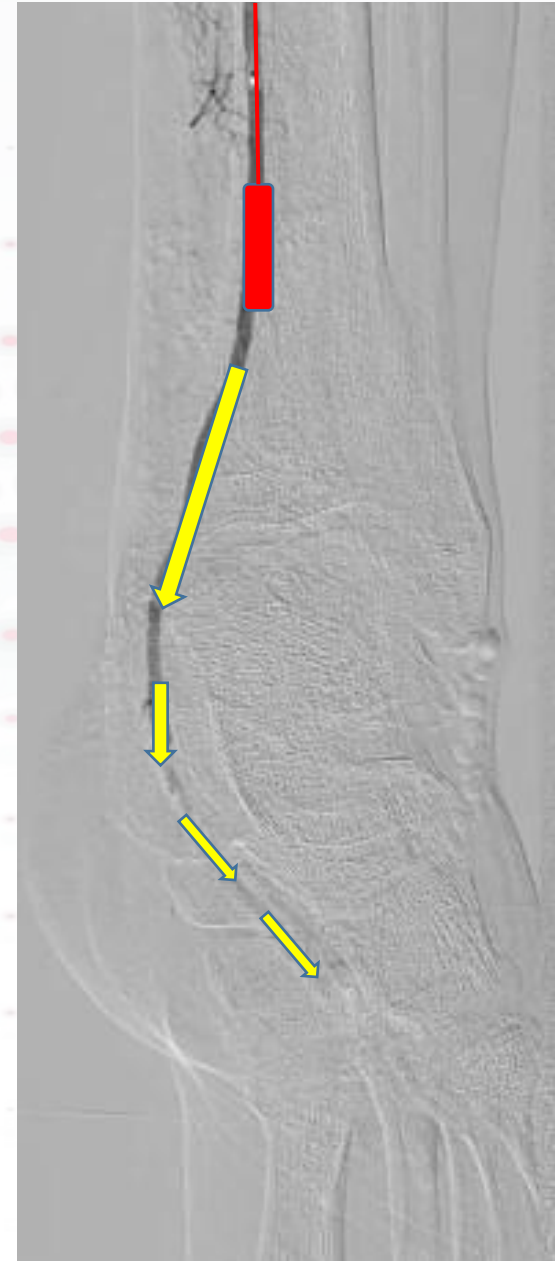


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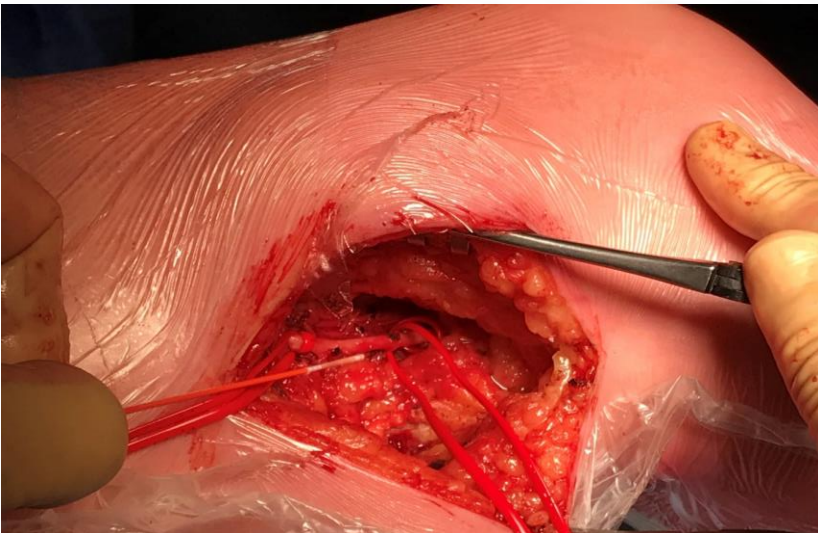


# Eliminate Thrombus aspiration

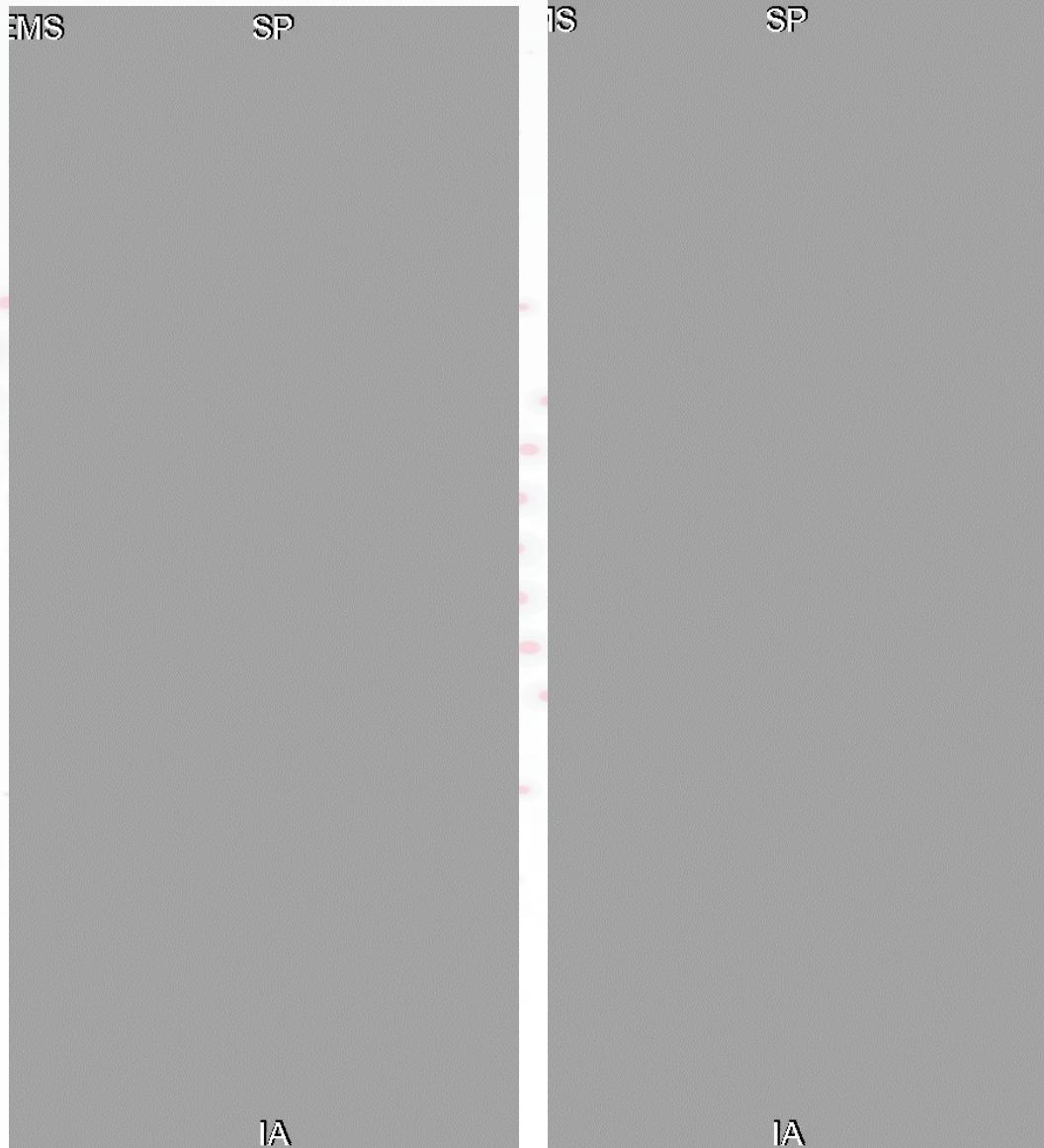
- Injection of 1.200.000 Urokinase in loko with inflated balloon and waiting for 15'



# Loosing my patience...



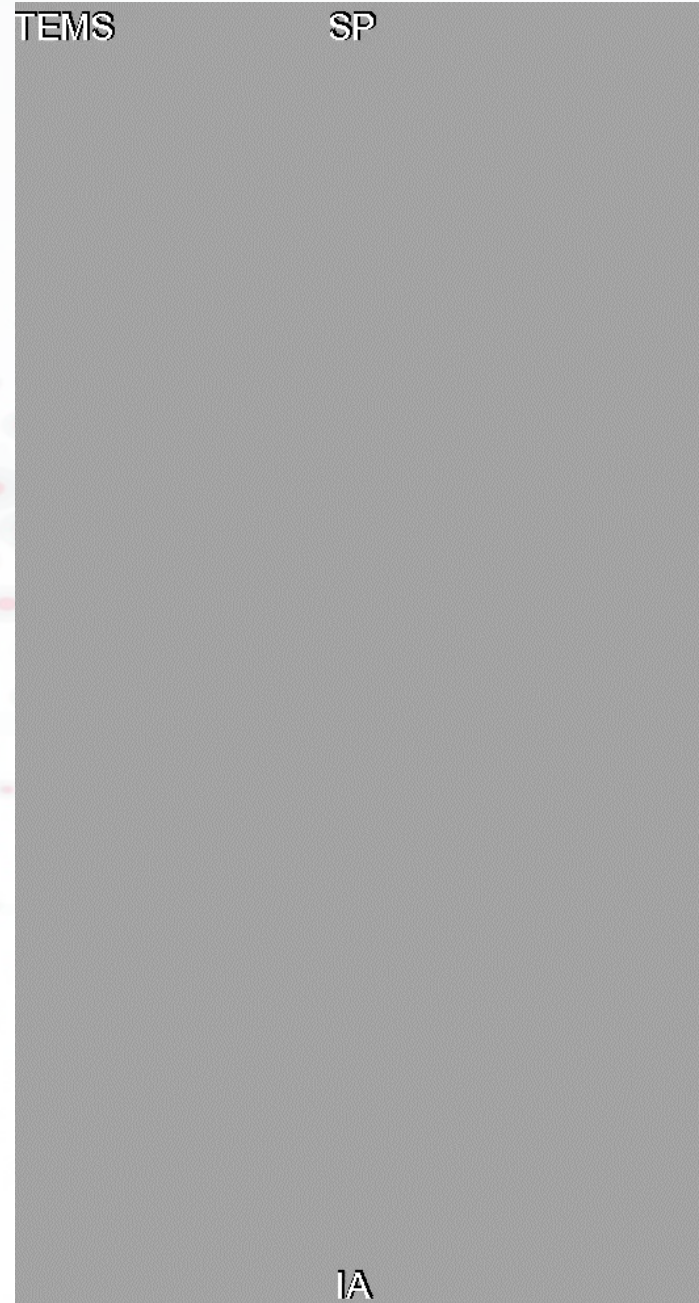
# Final result after thrombectomy



# ...the day after....

During the night... a lot of pain in left foot

Deterioration of temperature after 8 hours





# Take home messages

- You need a **wide armamentarium of thrombus fighters** : thrombolysis, thrombectomy devices, thrombusaspiration, balloons, stents, surgical skills
- **Caveat oncological patients** : paraneoplastic& thrombophilic phenomena
- Despite all technological evolutions, high tech devices, increased skills...**there are still limits on our possibilities...**