**Blue, red and black slopes:**
How to advance my interventional programme for diabetic BTK disease

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DISCLOSURES:
Marco Manzi, MD

- Abbott Vascular: Consultant
- BARD/Clearstream: Consultant
- COOK: Consultant
- Covidien/EV3: Proctor
- Boston Scientific: Proctor
- Medtronic-Invatec: Consultant
• ~ 50% long occlusions (>10cm)
• ~ 30% three-vessel occlusive lesions
• ~ 50% at least one patent distal foot vessel

Graziani et al. Eur J Vasc Endovasc Surg 2007
BLUE Slope 1 for Beginners:
Single Vessel STENOSIS
BLUE Slope for Beginners:
Single Vessel STENOSIS
BLUE Slope for Beginners: Single Vessel STENOSIS
BLUE Slope 2, a little bit more difficult: Single Vessel Occlusion
Always Easy?
Single Vessel Stenosis and Occlusion

- Theoretically Easier:
  - Depends on Ca
  - Prudence, Technique and last generation Dedicated Tools are our HELMET

- GW,s knowledge and availability
- Appropriate evaluation of Ca+ grade and indications
- Learn to have a good feeling and feedback from gw,s

Easier with new devices
RED Slope: for advanced skiers
Multi level Disease

MEDIUM/HARD
RED Slope: Multi level Disease
RED Slope:
Multi level Disease
- RED Slope: Multi level Disease

- Medium-Long stenosis and occlusions ATK & BTK:
- Ca grade could enhance difficulties as ICED slope;
- Training Course Program/Fellowships are suggested
- Good Technique, right Tools and complication management needed

- GW,s knowledge and availability;
- Stents, DEBs and DES technology knowledge;
- Learn how to have a good strategy clinically oriented
RED Slope:
Attention to CROSS/BIFURCATION
RED Slope:
Attention to CROSS/BIFURCATION
Black Slope: for expert only
THE CHALLENGE

Kitzbuhel: Streif

HARD
Complex 3 Vessels Revascularization

TcPO2 = 2 mmHg

D.M.,
Left CLI,
TUC 3c II toe
History of SFA stenting +
2 occluded Fem-Pop By-passes
Complex Multilevel Revascularization
Complex Multilevel Revascularization
Complex Multilevel Revascularization
Black Slope: THE CHALLENGE
More complex lesions need more advanced techniques and evolved technology

- Long occlusions SFA & BTK:
- Fractured and Re-occluded stents;
- BTK Re-coiling, re-occlusion
- 360° Techniques (retrograde punctures included), excellent dedicated Tools

- Performant fracture resistant devices;
- Stents, DEBs and DES for improved patency;
- Industries’ COOPERATION
EXTREME SKI: THE LAST OPTION
Very complex lesions and clinical situations may need extreme approaches to be solved

- Foot arteries calcificated occlusions:
- Antegrade failures;
- Antegrade complications (ruptures)
- 360° Technique, excellent dedicated Tools;
- Passion, Fantasy, Determination, Experience

- Retrograde/antegrade distal approaches
- Direct retrograde /antegrade Stent Puncture ;
- Trans-loop/collateral techniques

Antegrade Plantar and Pedal accesses
Digital Puncture
CONCLUSIONS

• Skiing Learning curve is faster:
• BTK/BTA is not impossible;
• Training and Educational Programmes are strongly suggested for safety, efficacy and outcome improvement of our procedures.

THANKS FOR YOUR ATTENTION
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