SFA Long Segment Disease, Treatment with Laser and Focal Force Balloons

Delair Gardi, MD, FACC, FSCAI
Director of Cardiovascular Catherization Lab
St. Mary Mercy Hospital, Livonia MI USA
Assistant Professor of Medicine
Wayne State University
Detroit Medical Center
Disclosure

Speaker name: Delair Gardi, M.D., F.S.C.A.I., F.A.C.C.

I have the following potential conflicts of interest to report:

- Spectranetics Corporation: Physician Trainer
- Brilanta: Speaker
The Importance of Vessel Prep

• Preparation of vessel is often overlooked

• Ensure optimal environment for treatment
  – DCBs require

• Using the Right Device for the Job

CROSS
  • Access
  • Placement

PREP
  • Debulk/Modify
  • Compliance

TREAT
  • Luminal Gain
  • Therapy
Long Segment Morphology

• Mixed morphology:
  – Thrombus, collagen, lipid, smooth muscle cells, fibro-calcific and focal calcium
• Categorized as ‘soft or hard’ lesions
Why Laser?

- UV energy ablates and vaporizes the mixed morphology without barotrauma or plaque shifting.
- Uniquely suited to ISR as proven in the recent EXCITE Data.
- Alters vessel compliance as shown through IVUS in CELLO trial.
Definitive Therapy – AngioSculpt

- Modifies plaque, improving luminal gain and vessel compliance
- Uniform, controlled inflation safely delivers 15-25x dilatory force
- \( \frac{2}{3} \) less dissection than standard balloon
Case Example: *Laser + AngioSculpt*

**Figure 3.** Angiogram (A) and intravascular ultrasound (B) of the left Superior Femoral artery (SFA). Pre-interventional angiogram and IVUS image shows a 99% proximal stenosis measured at 2.8mm² area. Laser atherectomy with a 2.3mm .035" Turbo Elite laser catheter and adjut balloon angioplasty (5.0 x 200) shows a significant increase in vessel area to 9.3mm² vessel and 132% in luminal gain over laser. Residual proximal stenosis of the left SFA was treated with Angiosculpt PTA. Vessel area improved to 9.3mm², and a total of 232% luminal gain was obtained.
Conclusion

• Approach the *full* case:
  • PREP – Laser Atherectomy
  • TREAT – Definitive Therapy

• Making the Impossible – Possible & The Difficult - Easier
References

5. Angiosculpt PTA a Spectranetics Company. www.spectranetics.com
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