Alternative Ways to Access and Cross SFA CTOs

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Disclosure

Speaker name: Perwaiz M. Meraj

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
SFA CTO

- 250mm CTO
- Multiple occlusions
- Poor distal PT
- Prior antegrade attempt failed
Pedal Access

- Poor pulse
  - U/S Guided
  - 4fr Micropuncture
  - 0.014in QuickCross
Post-PTA

• Externalized wire
• Antegrade
  – Laser
  – PTA
  – Final proximal stent
ALTERNATIVES?
Intralumenal vs. Subintimal

• BASIL\(^1\)
  – Equivalence of IL and bypass
• Babaev\(^2\)
  – Intralumenal crossing trend to significance
• Maintain collaterals

\(^1\) Lancet. 2005;336:1925-34.
\(^2\) J Am Coll Cardiol. 2012;60
NAVIGATING THE CTO

- Look for healthy layers of the artery
- Keep your eye on the EEL
- Follow the contour of the artery
- Visualize the entire artery
- Position the middle marker
SFA CTO

**Patient Information**

- Right SFA Chronic Total Occlusion
- 325mm
- Mild Calcium Burden
- Contralateral Approach
- .018 Treasure 12
- 6F Ansel 0 Sheath
MIDDLE MARKER | Ocelot’s middle marker is opposite the catheters deflected tip

FLUSH | OCT imaging requires a small amount of saline to remove blood from imaging field.

DISEASE | As Ocelot enters the proximal cap, concentric non layered structures will become visible. Non layered structures visible by OCT refers to the different forms of disease.

LAYERED STRUCTURES | Adventitia, External Elastic Lamina, Media and Internal Elastic Lamina or Intimal Thickening
PROXIMAL CAP | LAYERS AND NON LAYERS

CONCENTRIC DISEASE | PROXIMAL CTO

ECCENTRIC DISEASE | MID CTO
MIDDLE MARKER | The middle marker is opposite of the deflection. Always place the middle marker over healthy layered structures.

PROXIMAL CAPS | It's common to see concentric disease at both the proximal and distal caps. Upon crossing into true lumen, a starburst may occur. This is when blood rushes into the field of view.
Treatment and Case Facts

- 18 minute crossing time
- Laser atherectomy
- 5mm prolonged inflation
- PTA
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