Atherectomy of CTO SFA - Turbohawk with Pedal Access

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Disclosure

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I have the following potential conflicts of interest to report:

- Consulting

Covidien, Spectranetics, CSI, Bard, Boston Scientific
• 76yo male
• HTN, hyperlipidemia, CAD, carotid disease
• Debilitating claudication, Rutherford 3
• ABI - Right 0.53, Left 0.72
• History of PAD
• Previous atherectomy of left SFA
• Access 5fr sheath into left femoral artery
• Pigtail catheter advanced over stiff angled guidewire to right iliac
• Pigtail catheter removed over stiff angled guidewire
• 5fr sheath exchanged for 7fr crossover
• Right lower extremity angiography performed in AP per sheath side port injection
- Angiography reveals long, calcified CTO of SFA
- Reconstitution at the popliteal
- Angled glidecath advanced into right femoral
- Several attempts made to access ostium of right SFA
- Guidewire and angled glide catheter removed, unable to cross lesion
- Right foot prepped
- Ultrasound with hockey stick probe
- 4fr pedal/tibialkit
• .018 wire & .018 support catheter advanced to distal cap of CTO
• Support catheter & wire advanced through CTO
• After successfully crossing CTO, wire is advanced into the sheath and exited through valve of sheath hub
• Support catheter advanced over the .018 wire through 7fr sheath
• Spider Embolic Protection deployed in popliteal
• Pre-dilate lesion with 4.0 x 150 balloon
- Atherectomy with Turbohawk LSC
- 5.0 x 300 PTA with scoring balloon following directional atherectomy
Final result
Thank you!

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