How to Manage Complications during BTK Intervention

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Disclosure

Speaker name: Sang Woo Park

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
Complications during BTK intervention?

- Common / Rare
  - Vascular Spasm
  - Dissection (Flow limiting)
  - Perforation
  - Breakdown (Cut) of Guide wire
  - Distal thromboembolism
  - Cx of puncture site in case of retrograde access
Vascular Spasm

- M/60 / DM
- Ulcer in dorsum of Rt foot & chronic resting pain in Lt foot (du: 1~2 years)
Vascular Spasm

- 2.5mm/12cm balloon catheter
Vascular Spasm

• 2.5mm/12cm balloon catheter

• NTG through balloon catheter
Vascular Spasm

- M/72
- DM
- Chronic resting pain in left foot (du: several years)
- Current aggravation of pain and discoloration after acupuncture (du: 7D)
Vascular Spasm

Urokinase 1,500,000 IU / 15 hr + Stent-graft in popliteal artery
Vascular Spasm

- NTG and Eglandin injection through 5Fr sheath with balloon angioplasty
Vascular Spasm

- After 15min inflation of same sized balloon catheter
Dissection

- M/69 / DM & HTN / Resting pain and coldness in Lt foot
Dissection

- 2.5mm/12cm balloon catheter / 15min inflation
Dissection
Dissection

- Cypher select stent 3mm/18mm (Cordis)
Perforation

- M/54. DM. Ulcer in Rt big toe.
Perforation

Different Channel of Subintimal Tract.
Perforation

• M/70. DM. Gangrenous change in left 4th toe.
Perforation

External compression by bandage
Perforation
Perforation

- F/88. DM. Resting pain in left foot

0.035-Hydrophilic GW during Stenting
Perforation

Microcatheter and Gelfoam
Disconnection of GW

- F/79. DM. Ulcer in both feet

Subintimal pass of 0.016 GW

Goose neck snare
Disconnection of GW

- M/59. DM. Resting pain in both feet
Disconnection of GW

- M/59. DM. Resting pain in both feet
Distal thromboembolism

- F/79. DM. Ulcer in both feet
Distal thromboembolism

- 2.5mm/12cm balloon catheter / 10min inflation
- 5Fr Guiding catheter
Cx of puncture site in retrograde access

- M/77. DM. Resting pain and coldness in right foot
Cx of puncture site in retrograde access

- 2.5mm/22cm balloon catheter / 15min inflation

External compression for 10min
Conclusion

- Complications during BTK intervention
  - Not common & Not rare, esp. perforation
  - Almost completely recovered
- Management of Complication → First Consideration → Limb salvage
Thank you for your attention
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