“Crush Stenting” An Alternative Approach to Manage Occluded Femoropopliteal Stents

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Disclosure

I have the following potential conflicts of interest to report:

✓ Consulting – Boston Scientific, Terumo, GE, Eurocor
Objectives

- Crush-stenting
  What is beyond this term?

- Crush-stenting
  What is the exact technique, when used as

Treatment For Occluded Fempop Stents?
Crush-Stenting (I): BES + BES

Crush-Stenting (II): SES + BES


100% primary patency @ 16 months

[TAP (T And Protrude)-stenting technique]
Crush-Stenting (III): BES + BES

- Complication management of intraoperative "blind" subintimal stenting
Crush-Stenting (IV): SES + SES

- Complication management of misplaced SES (sidebranch)
Treatment For Occluded Fempop Stents

- **Standard: PTA-DCB**

- **Literature: Debulking+DCB**
Treatment For Occluded Fempop Stents

- **Standard:** PTA-DCB
- **Literature:** Debulking + DCB

...after intraluminal GW crossing
If intraluminal RECA fails?

- Unintentionally pass of the occluded stent:
  - Older occlusion
  - Fibrosoed tissue
  - Re-organized thrombus

Go ahead with PIER

(per-interventional extraluminal recanalization)!

“Trespassing PIER-wise + subintimal stenting of the neo-lumen“
Treatment For Occluded Fempop Stents

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  (per-interventional extraluminal recanalization)!

Treatment For Occluded Fempop Stents

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  (per-interventional extraluminal recanalization)!

„Trespassing PIER-wise + subintimal stenting of the neo-lumen“

Case 1: Index procedure
Case 1: @12 months

- PIER
- Hydrophyllic guidewire
  - 0.035-inch or 0.018-inch
- Re-entry technology
Case 1: @12 months

- High-pressure PTA
  Neo-lumen creation
- SES
  Crush- or double-barrel stenting
- Final PTA
Case 1: @12 months

Coloured duplex US @18months
Case 2:

Intraluminal – Sure?
Treatment For Occluded Fempop Stents
-If intraluminal RECA fails...

- PIER
- Support technology
- Re-entry technology

Treatment For Occluded Fempop Stents

• Can be a challenge...

• Dedicated technique and technology is required:

• Advantages:

• Stents required:

• PIER-technique
  Hydrophylic guide wire tip
  Support catheter

• Re-entry-technique
  Re-entry catheters

• Aggressive re-stenting-technique
  Double-barrel- or crush-stenting

• High technical success + high mid-term patency

• SES, intervoven Nitinol?
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