Novel Technique to Tackle Flush Superficial Femoral Artery (SFA) Chronic Total Occlusion (CTO)

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Disclosure

Speaker name: Dr Ahmad Naga

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
Femoral artery
The problem!
Current practice

Schneider P. Evolution and current use of technology for popliteal artery interventions for claudication. J Vasc Surg


1 Retrograde Contralateral Common Femoral
2 Brachial
3 Antegrade Ipsilateral Common Femoral
4 Retrograde Popliteal
5 Retrograde Tibial
Novel Technique!

Virtual Nipple
Balloon inflated in Profunda Artery
Second wire passes subintimally into SFA
Final: SFA recanalized
Approach?

Contralateral (ideal)
Ipsilateral
Brachial
Contralat Sheath?

• One 7F sheath
• 2 buddy V18 wires

or

• Two 4F sheaths
• 2 separate V18 wires
2 Ipsilateral sheaths
Retrospective study

• 38 limbs
• August 2015 - March 2017
• Chronic lower limb ischemia category 2 to 5, according to Rutherford classification
• CTA: flush SFA occlusion.
• Mean follow-up period was 12+2 months.
Results

• Technical success for SFA cannulation was 97%.
• The mean ABI (±SD) before and 1 year after intervention were 0.5 (±0.2) and 0.7 (±0.2) respectively.
• Primary patency rate was 88%.
• Patients who presented with CLI were assessed after one year; 86% had limb salvage, 10% had a major amputation and 3% had re-intervention vascular procedure.
Conclusion

Given our initial success, we believe that future “Profunda Occluding Balloon” technique for recanalization of the flush SFA occlusion may be advocated as a first-line treatment. It is a cheap and easy technique with high technical success rate.
Thank You!
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