FemPop Graft Failure: Resurrection with the CrossLock™LP

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Presenter Disclosure Information

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Within the past 12 months, the presenter or their spouse/partner have had a financial interest/arrangement or affiliation with the organization listed below.

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• Medtronic, Abbott, AngioScore, Speaker
• Acist Medical Systems Grant

Patents -- RF, Snares, Wires, Balloon Catheters, Covered Stents, Devices for Arterial Venous Connection, Devices for LV and RV Closure
What about using a “GuideLiner” for PVD...the CrossLock™ is unlike any other support catheter.
The GuideLiner provides an extension of the guide for deep seating and added backup support.

DELIVERED BACK BONE Perforates, I.D. 0.056" and S. O.S. Stiffness, I.N.

Test data on leave at Vascular Solutions, Inc.
The CrossLock™ Device for Extra Support

- The CrossLock™ is a unique device that centers the lumen in coronary CTOs, allowing more consistent intra-luminal crossing and may play an even larger role in peripheral CTO’s.
The CrossLock™ Device for Extra Support

- The CrossLock™ can work with balloons, stents, the FrontRunner™, the Crosser, the Viance, the CrossBoss and the Laser.
- The CrossLock™ centers the lumen into the main vessel
Why would the CrossLock™ be utilized in peripheral intervention?

- The only support catheter for peripheral intervention that centers the wire or CTO/atherectomy/stent device
- In peripheral intervention, you must take out the “support” catheters to place a balloon, stent, crossing device or atherectomy catheter...using the CrossLock™ support catheters saves time, radiation and contrast
A 63 year old diabetic smoker has undergone 3 separate fem-pop surgery after failed intervention on his right leg. Twelve months prior to his visit, a self-expanding stent was placed in that fem-pop graft, but over the last 7 months, it is known to be occluded, and he has been told that he needs to have his foot amputated. He comes to see us.
A 90 year old woman also had had 3 fem-pop operations that had failed. Five months prior to seeing me, the vessel was known to be occluded and now she has a cold foot and was told by her vascular surgeon she should just go to hospice. She comes to see us.
73 year old female with smoking history. She has had multiple PTA procedures of her left SFA. Finally, 3 years ago, she underwent Fem-Pop grafting of her left leg. Following this procedure, her graft became infected requiring surgical removal of the graft. She presents with exercise limiting claudication.
What about in cases where there is NO visible origin of the SFA CTO?
The Use of CrossLock™ Catheter for Treatment of Complex Peripheral CTOs

• Antegrade or contralateral is usually easier
• If one stays intraluminal, most likely will get the best outcome
• Stent sparing (particularly near joints)
• The ideal device needs to be: safe, inexpensive, requiring less contrast and less radiation
6th Annual Symposium

Cardiovascular Disease Management: A Case-Based Approach

Richard R. Heuser, MD, FACC
Program Director

October 11-12, 2018
Arizona Biltmore, Phoenix, Arizona

Nursing Symposium will take place
October 10, 2018 from 12:00 – 5:00 pm

SAVE THE DATE
For more information, please visit www.promedicacme.com
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