

CONTROVERSES
ET ACTUALITÉS EN CHIRURGIE VASCULAIRE

CONTROVERSIES
& UPDATES
IN VASCULAR SURGERY
JANUARY 17-19 2013

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER
PARIS, FRANCE



Technique for pedal access and
pedal loop interventions

Technique d'abord pédieux et
intervention en boucle

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Cardiovascular
Interventional Unit
&
Diabetic Foot Clinic



Milan - Italy



Faculty Disclosure

Roberto Ferraresi

I disclose the following financial relationships:

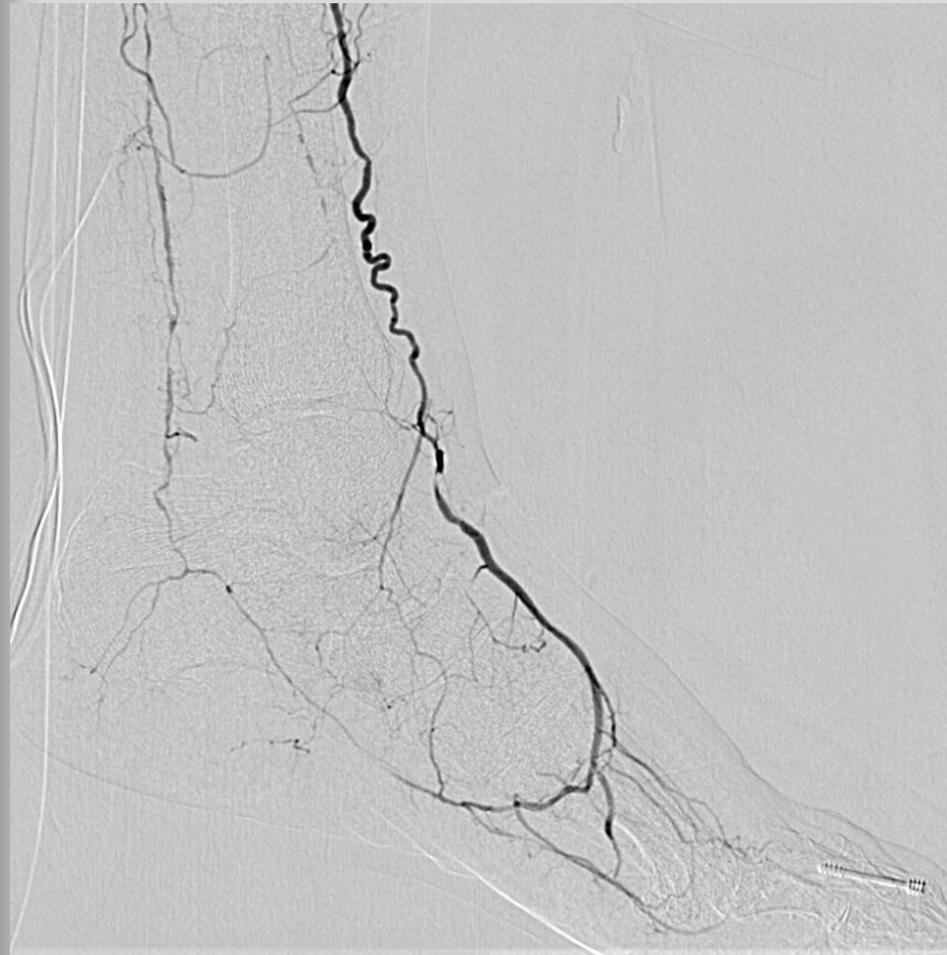
Consultant for Abbott, Medtronic, Boston Scientific

Advisory board of Biotronik , Boston Scientific

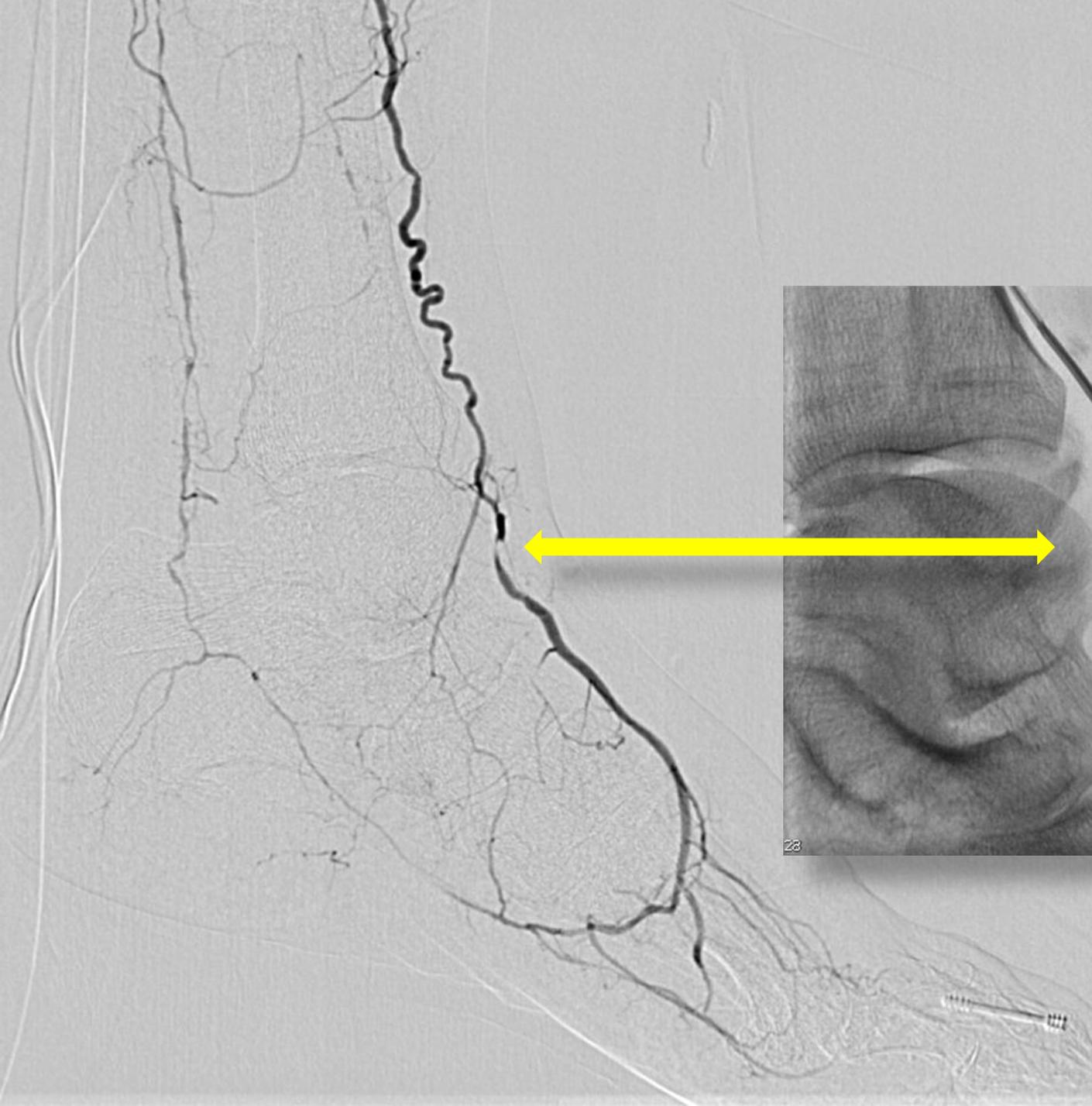
Pedal access and pedal loop interventions

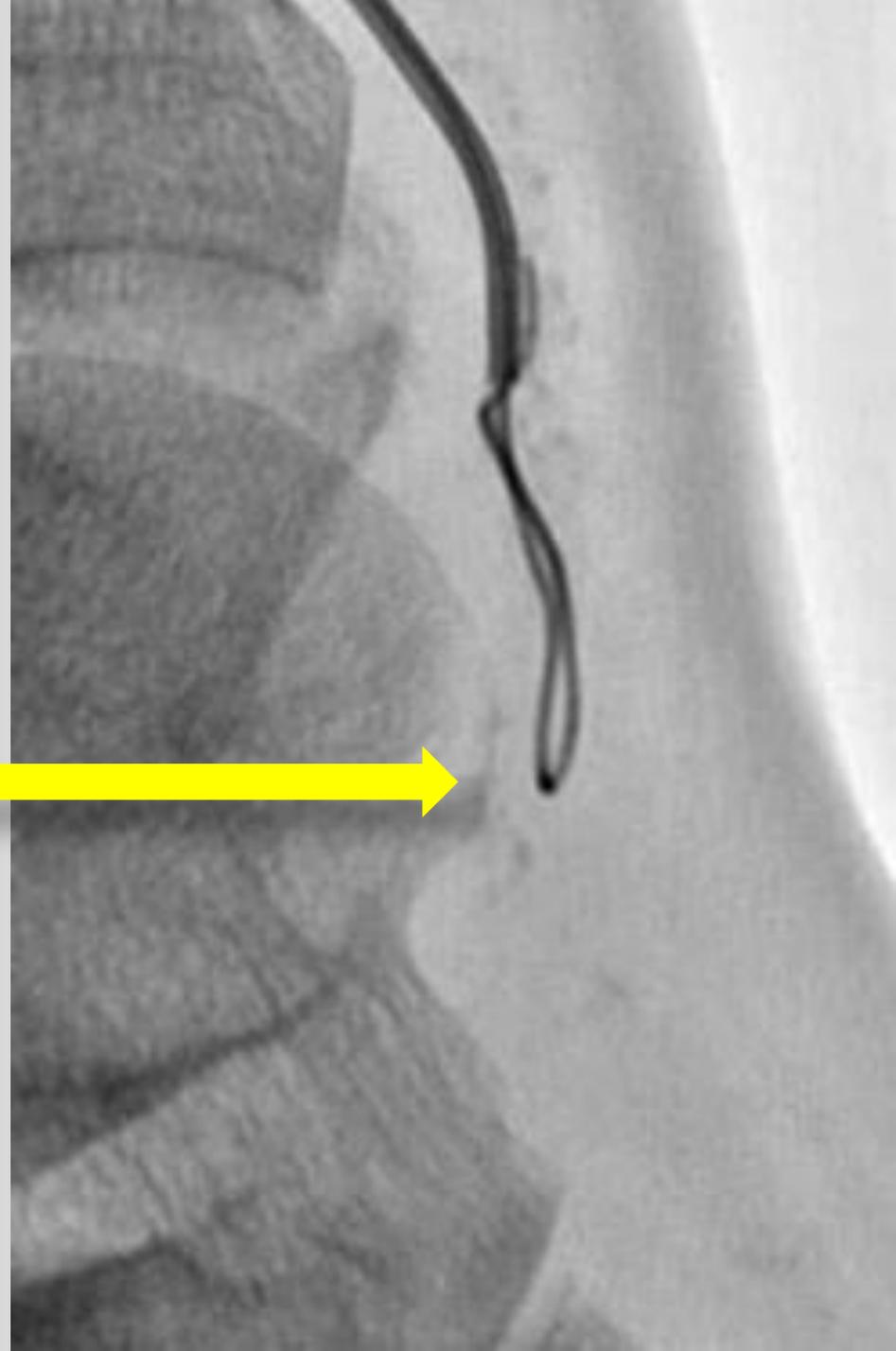
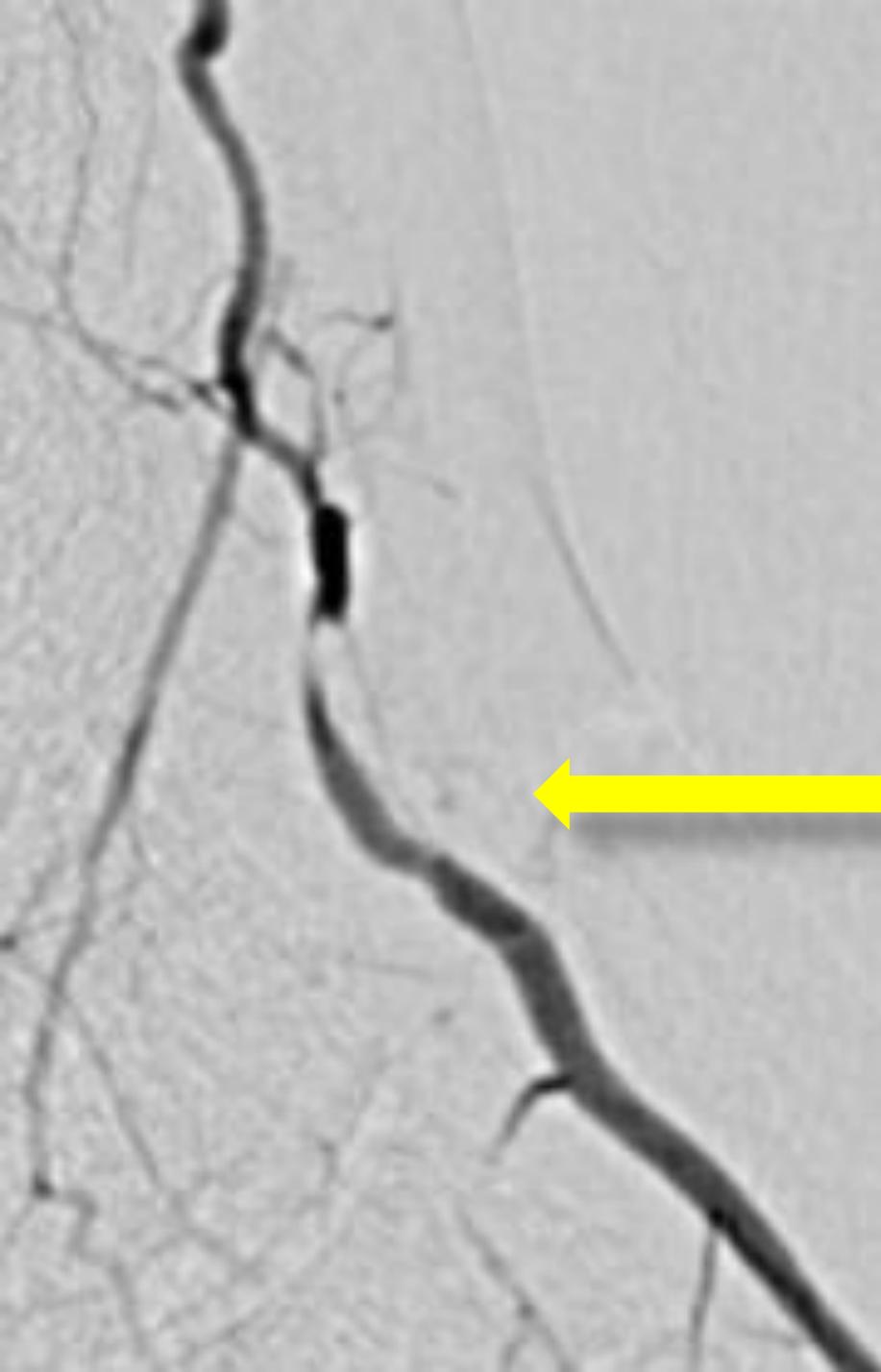
Why pedal access?

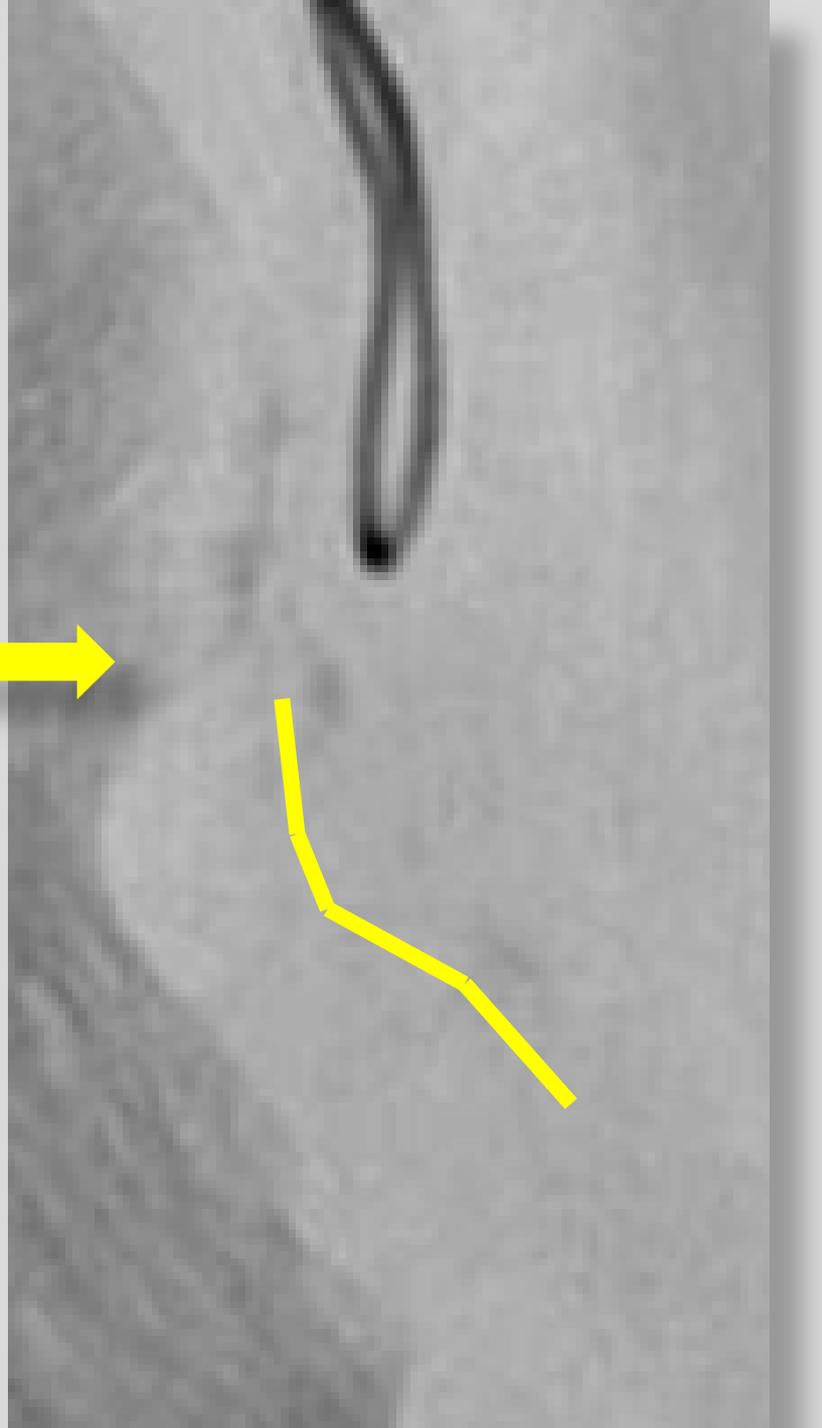
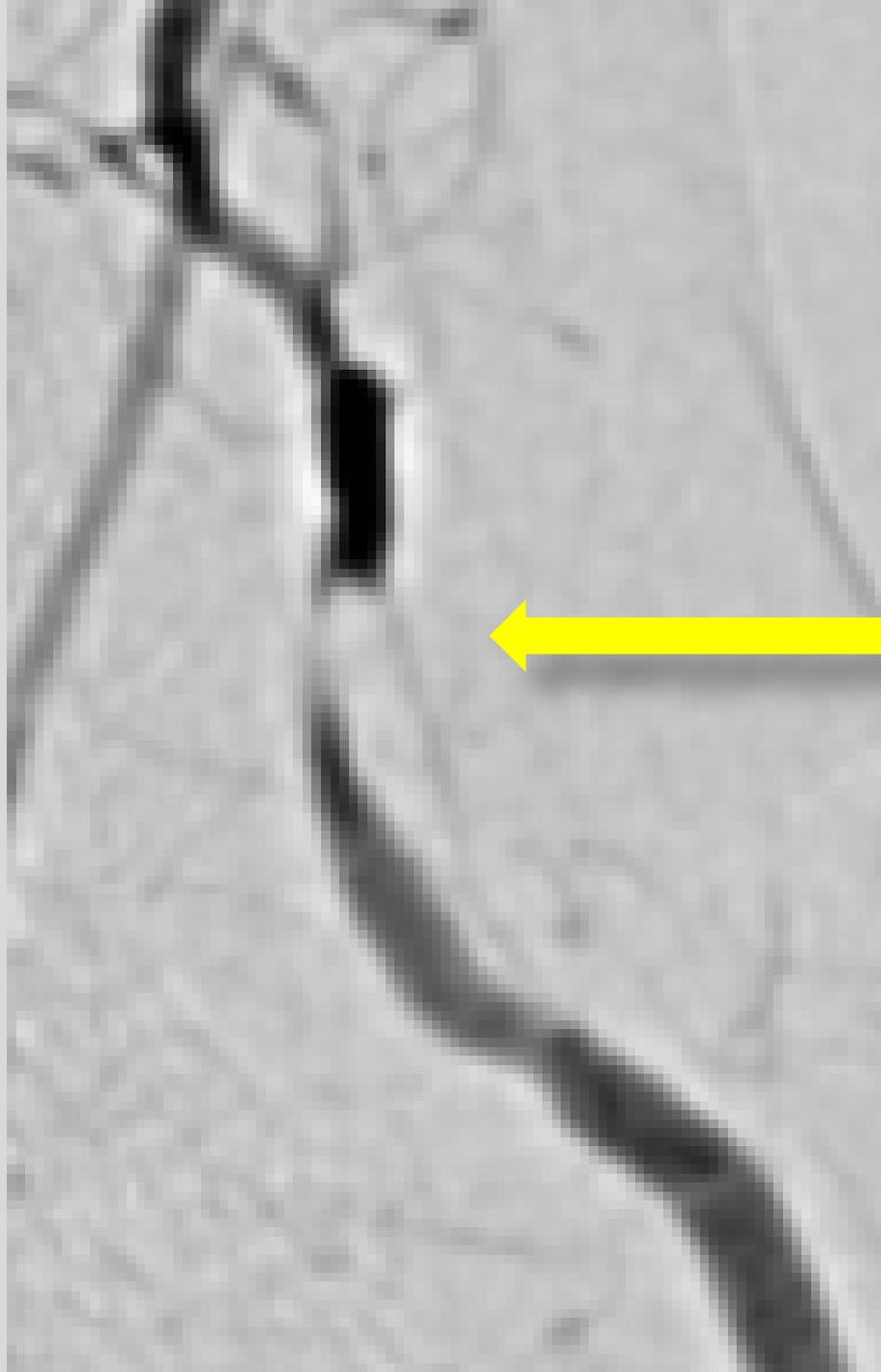
Case 1



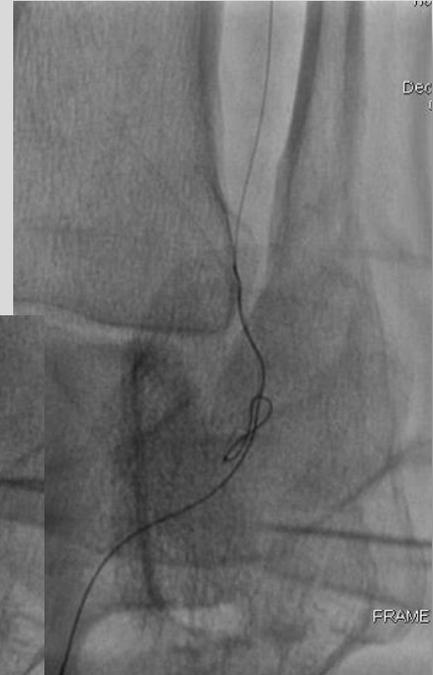
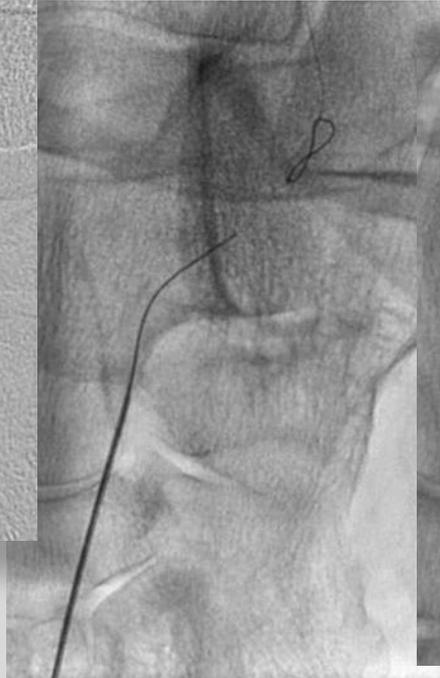
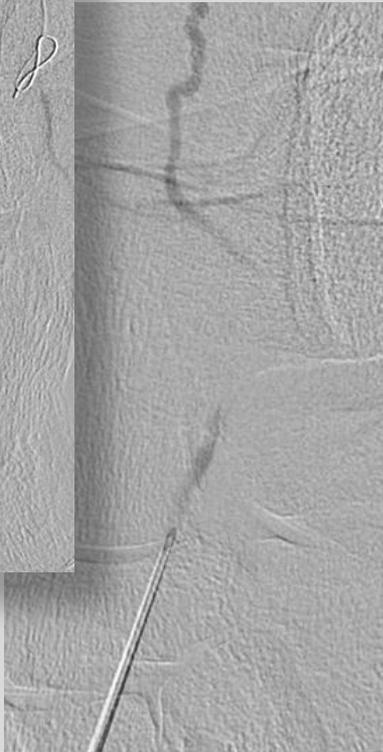


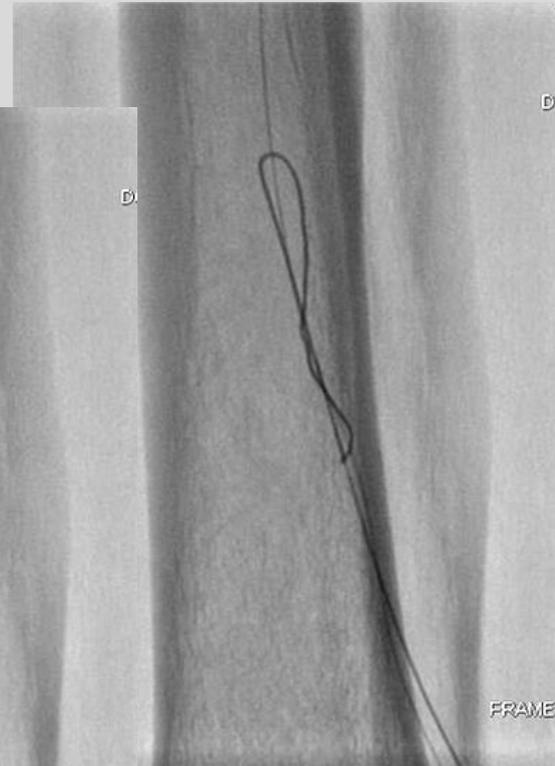
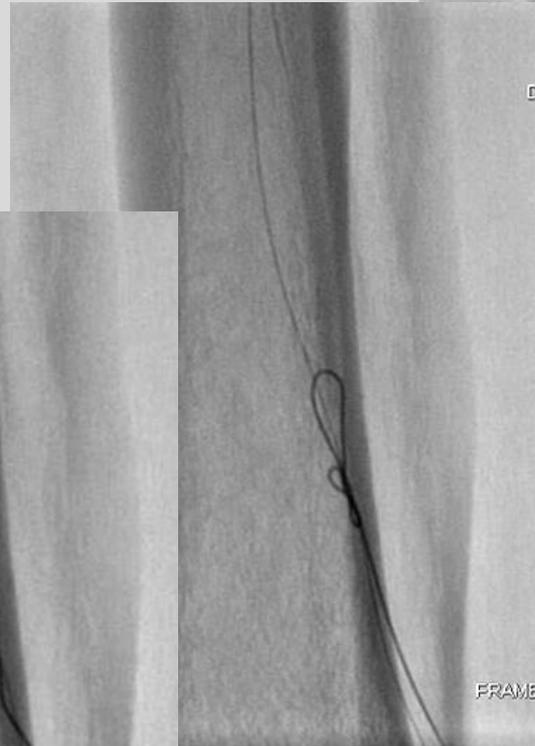
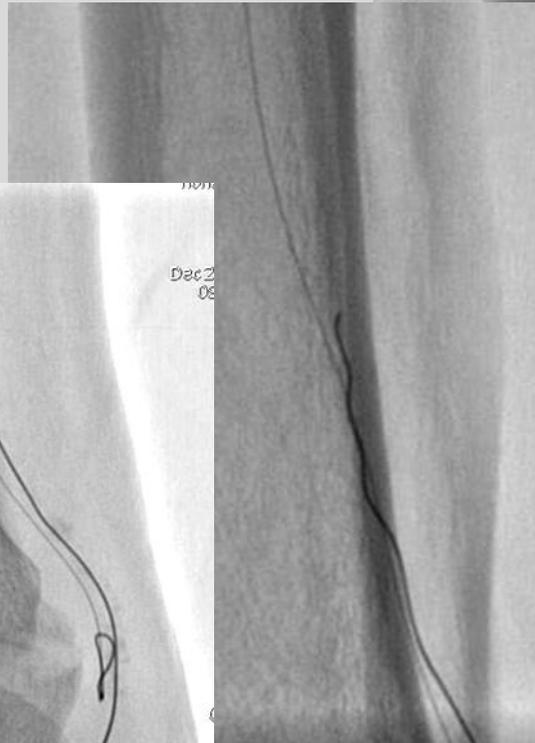


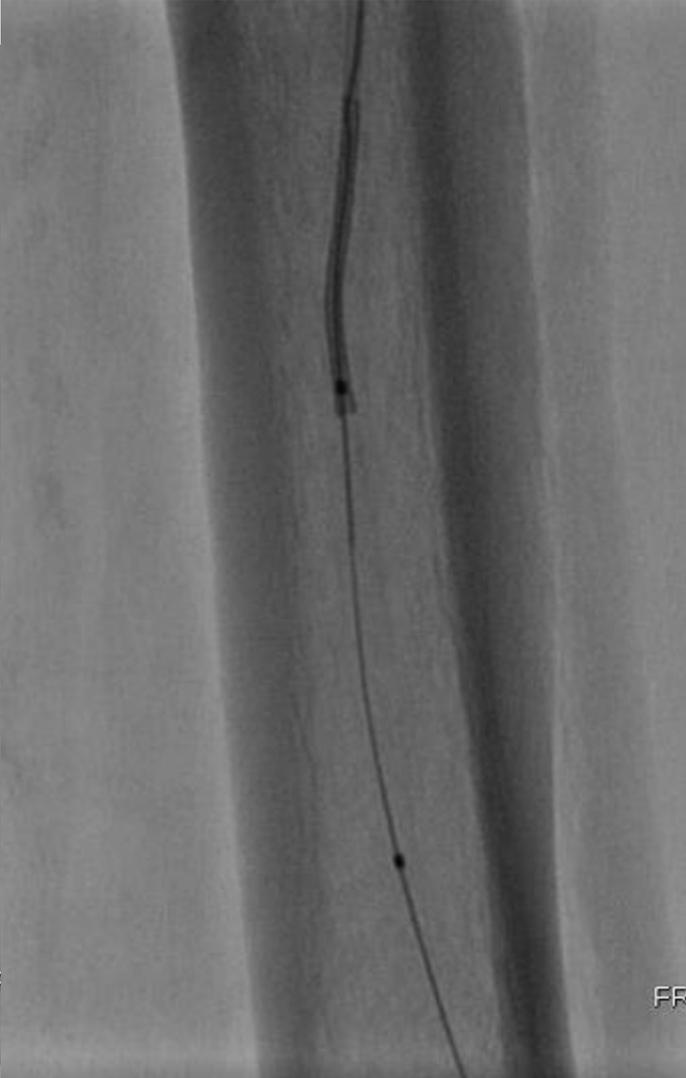
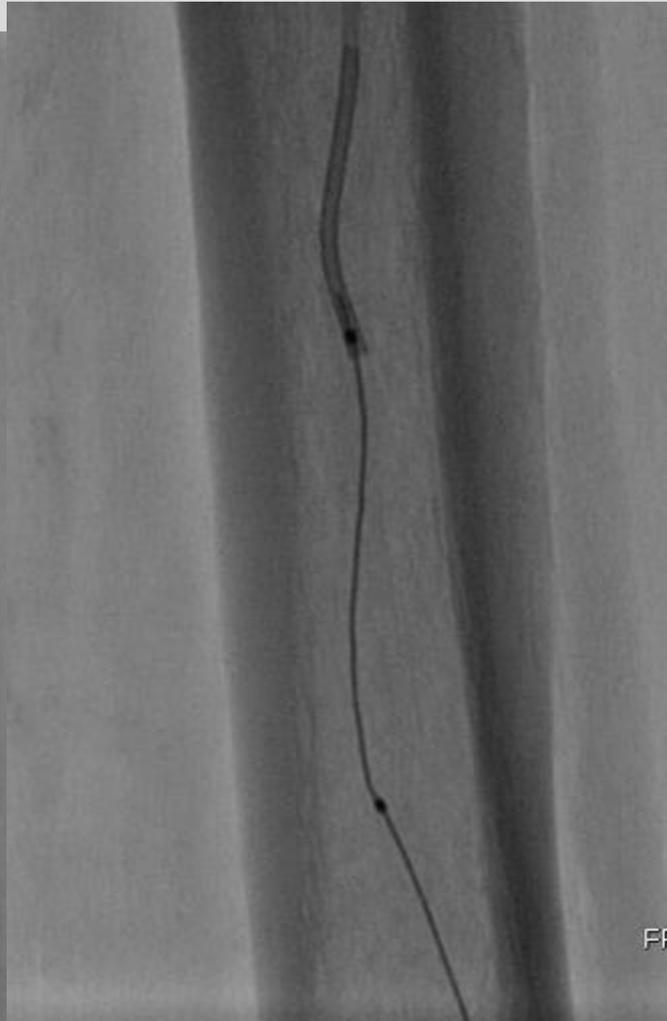
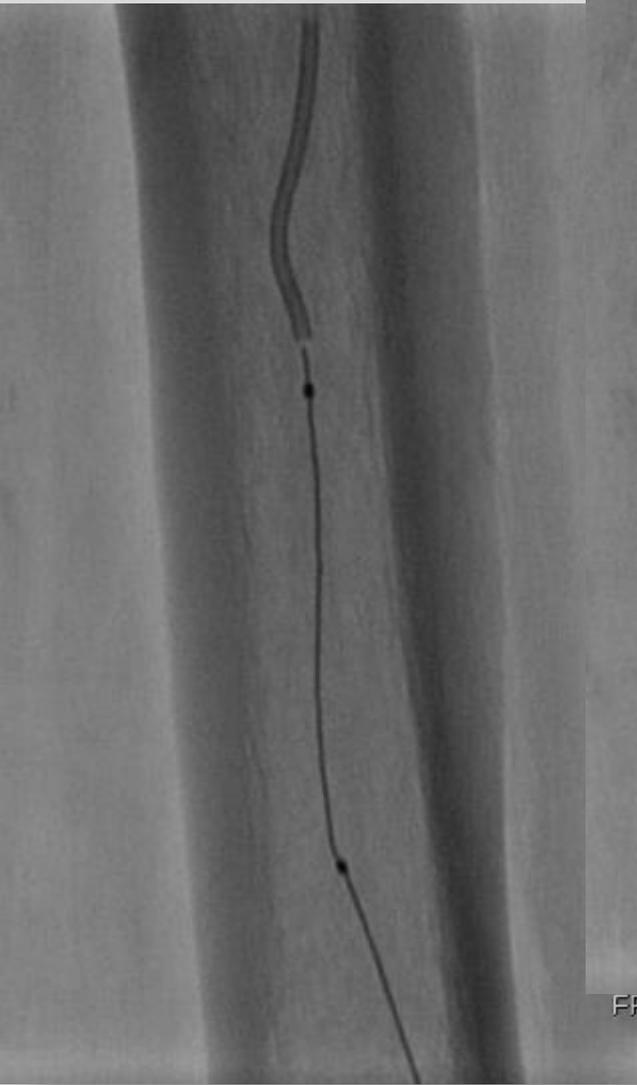




Retrograde pedal puncture



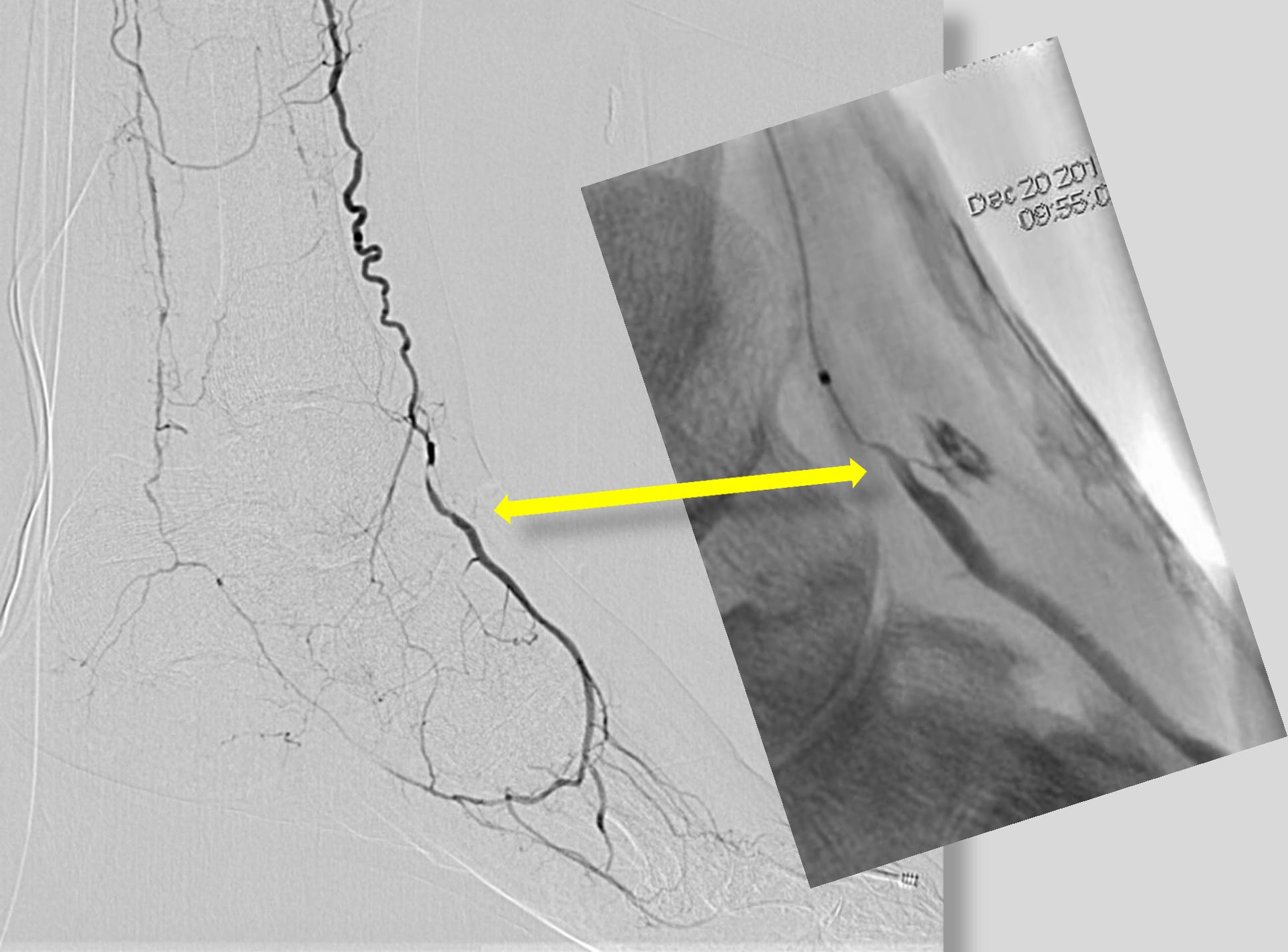




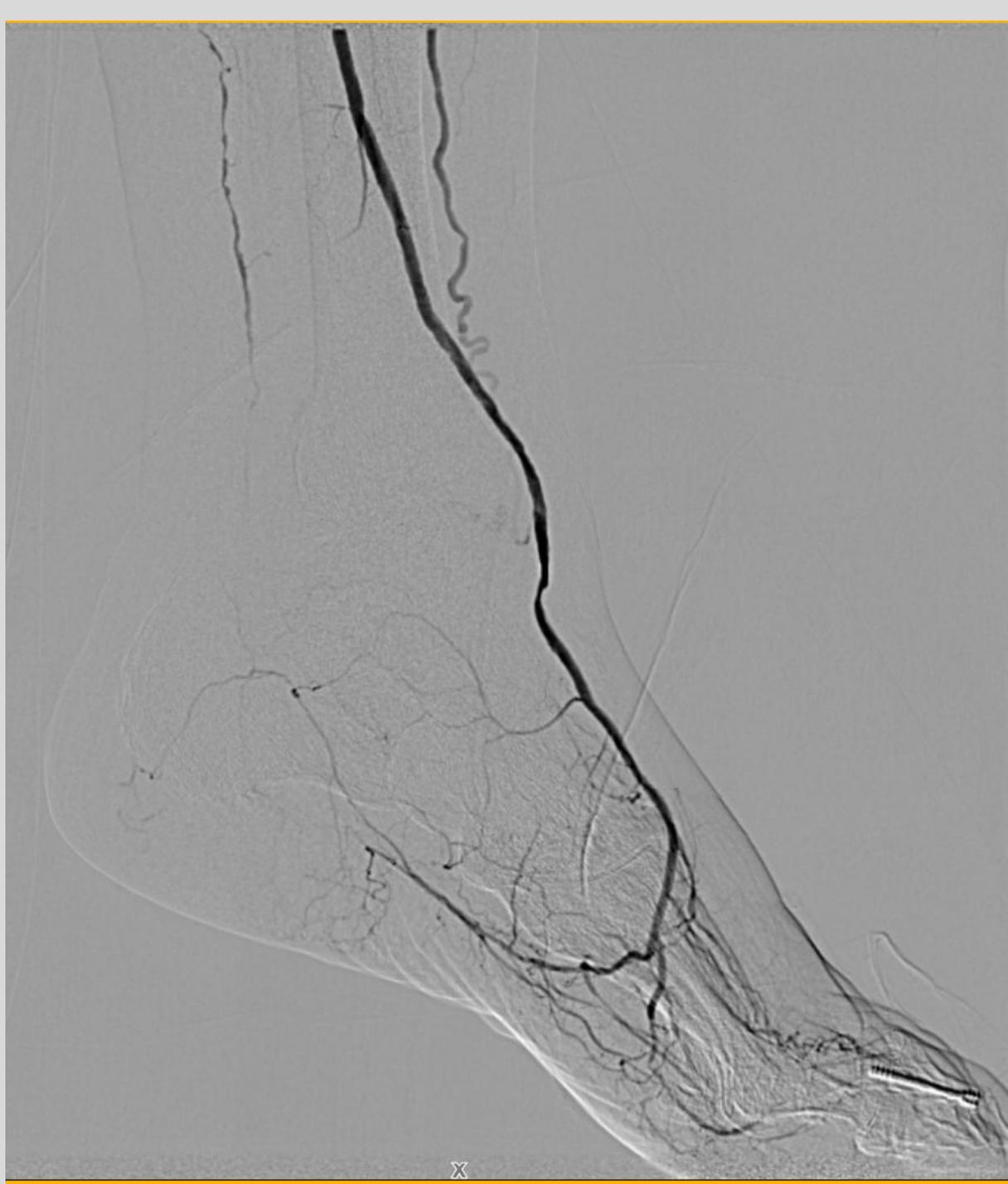
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Pedal access and pedal loop interventions

Why pedal access?

The retrograde pedal access (or posterior tibial access) is essential when it is impossible or dangerous to gain the true distal lumen from the antegrade approach

Always respect the “landing zone” of a future possible distal surgical bypass!!!

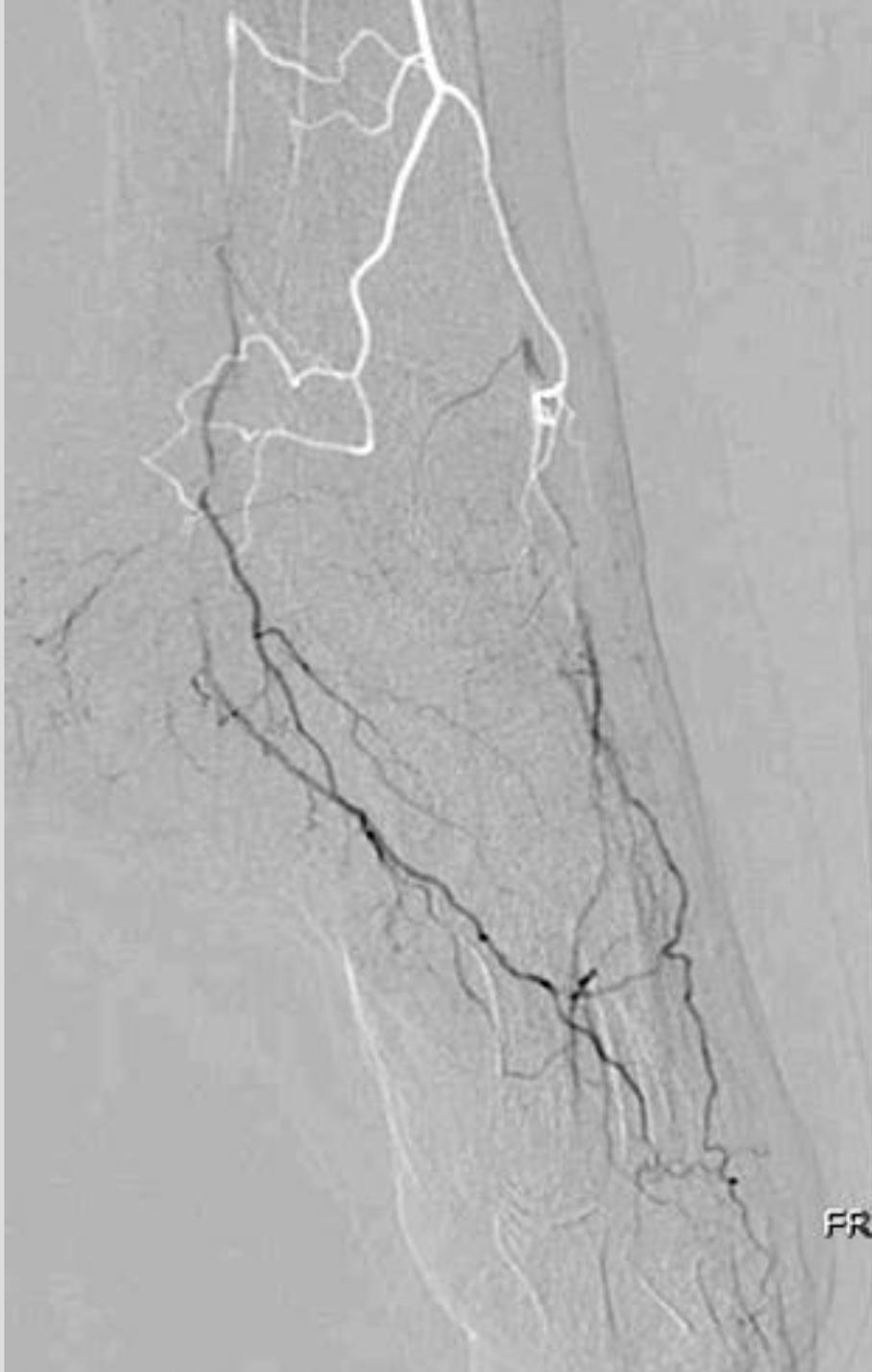
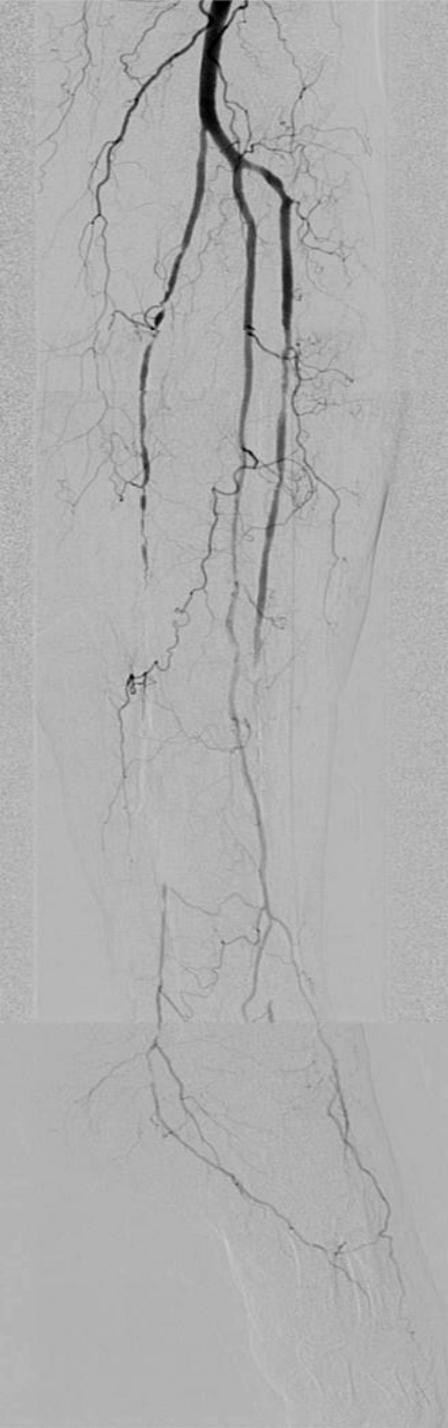
Pedal access and pedal loop interventions

Why pedal access?

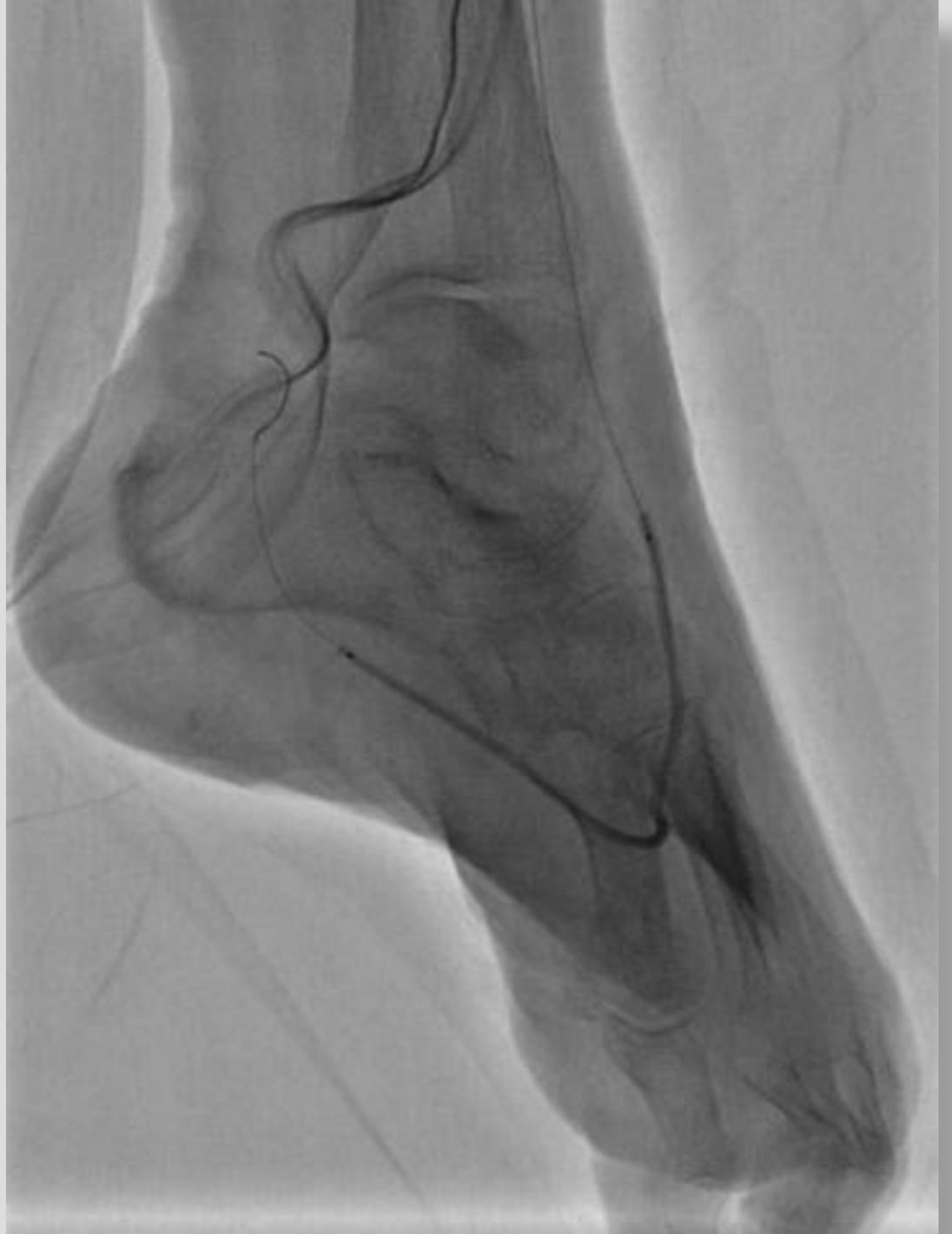
- 1. To improve the forefoot distribution system when there is a diffuse foot vessel disease**

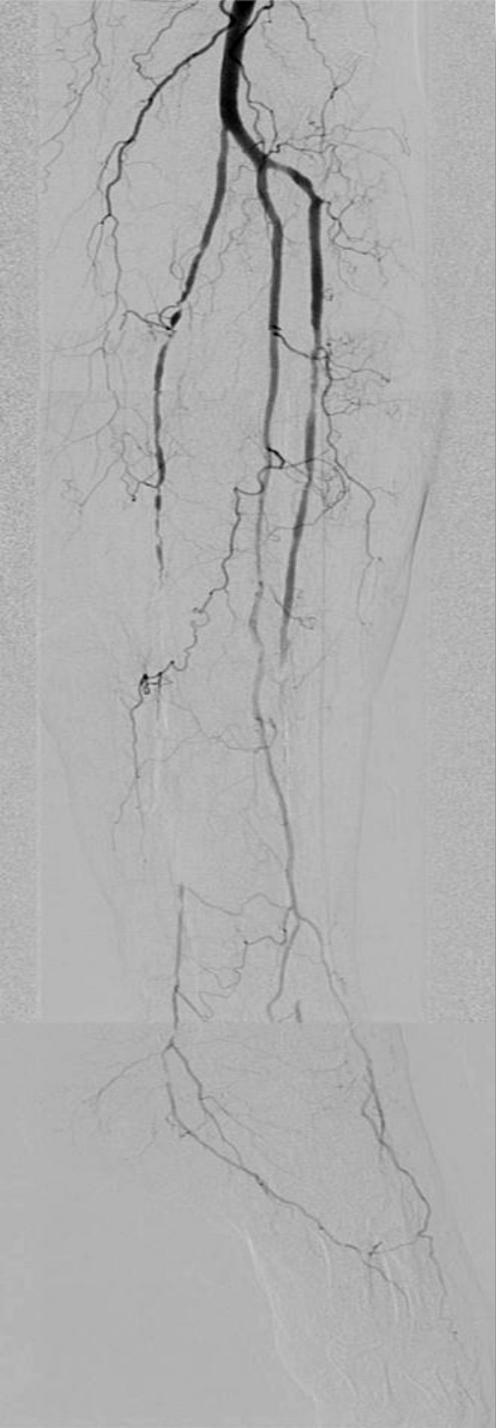
When pedal loop technique?

Case 2

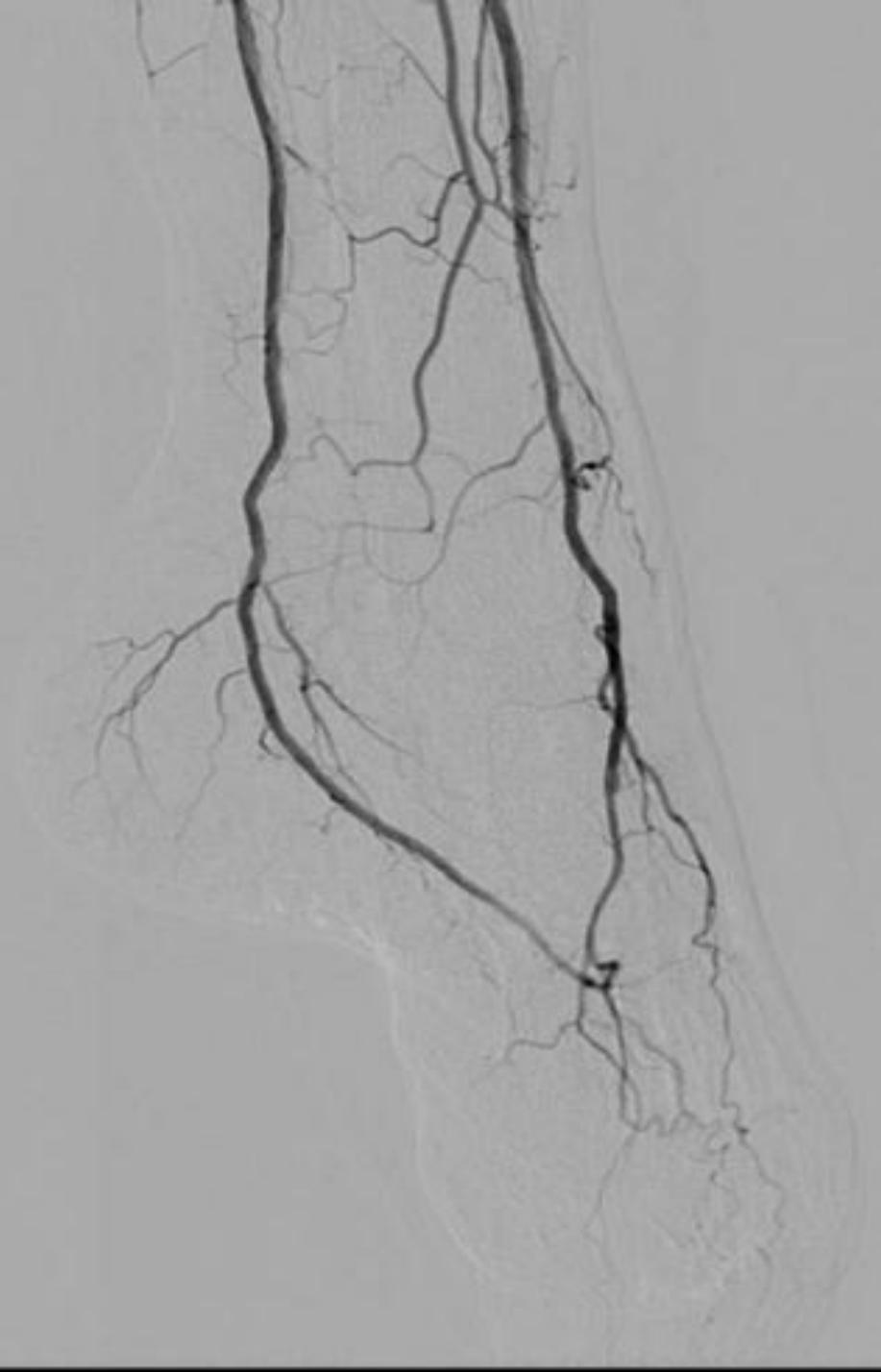


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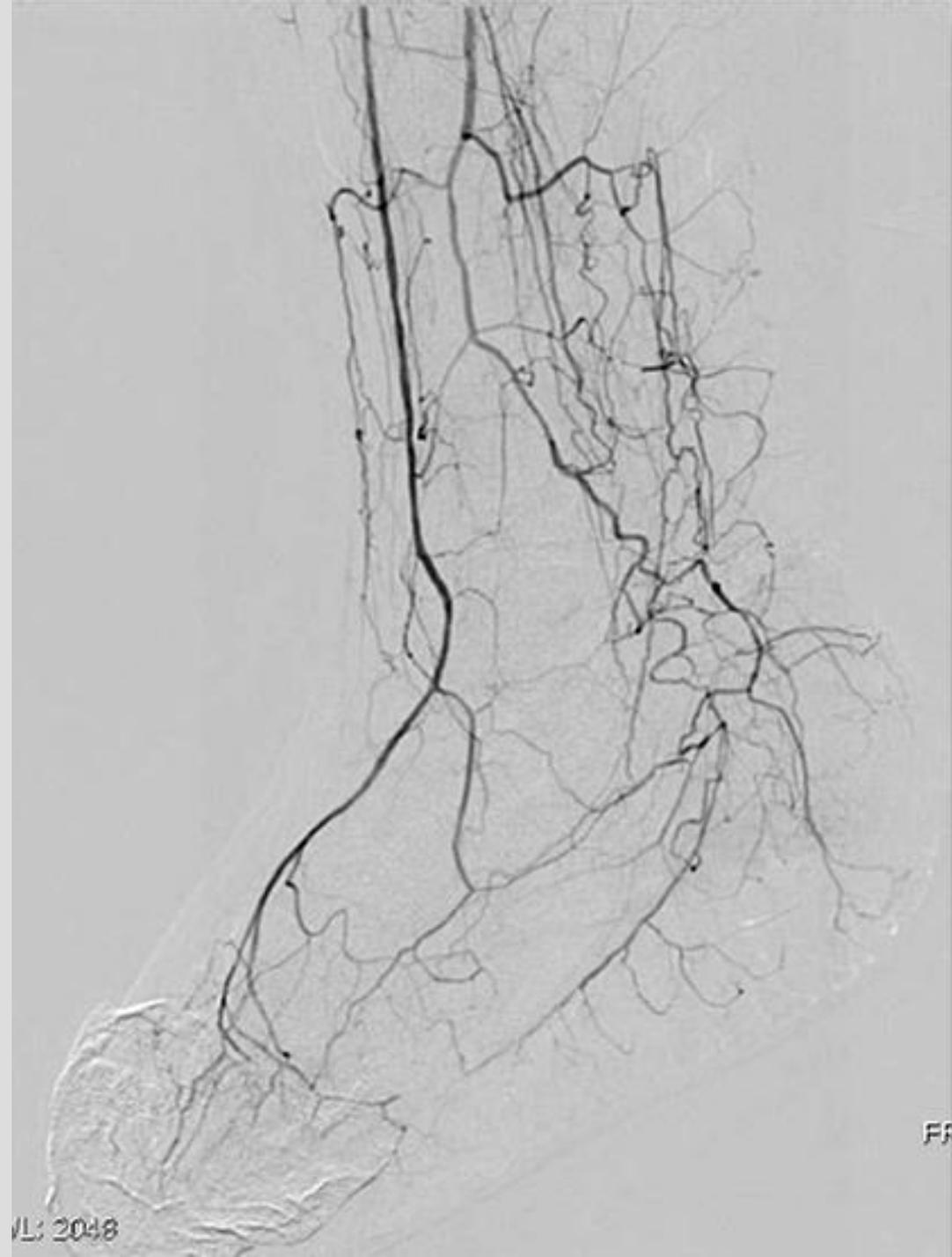
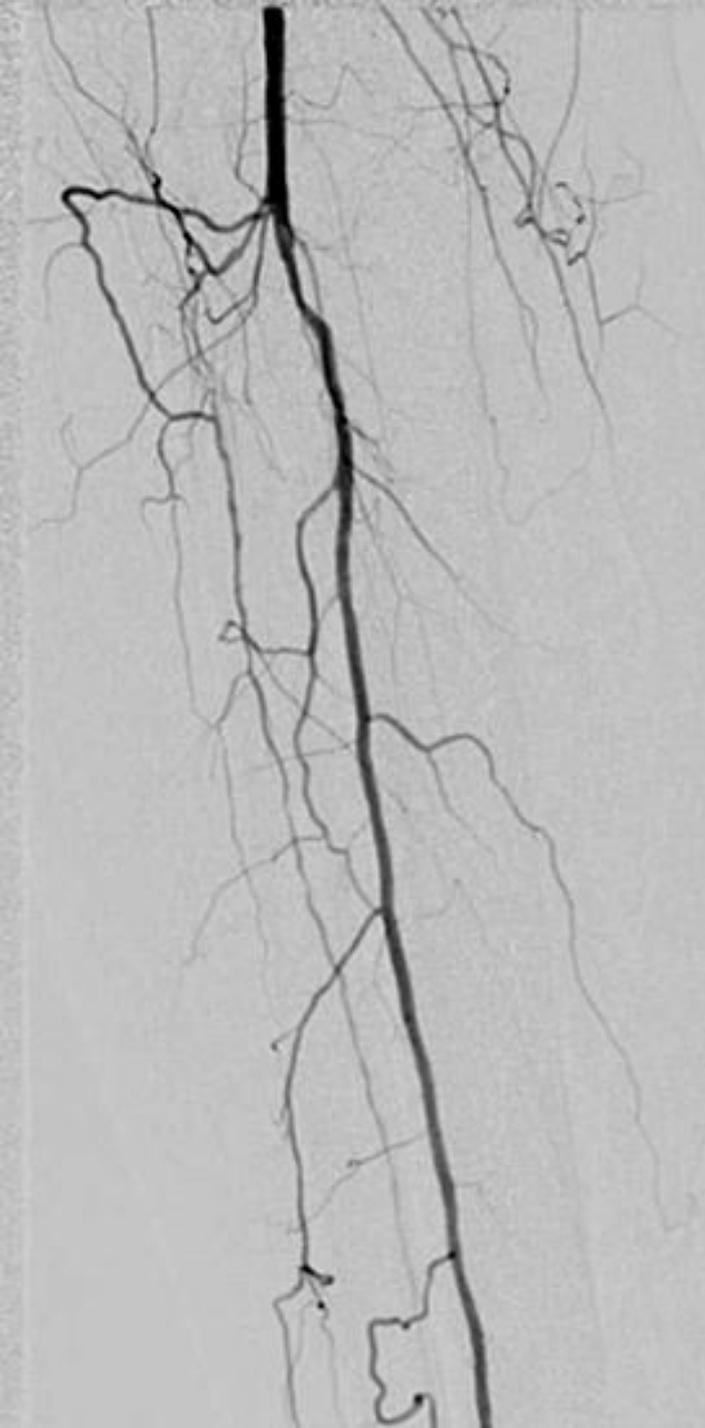




Case 3

- Male, 75 yy
- Type 2 DM
- Forefoot gangrene





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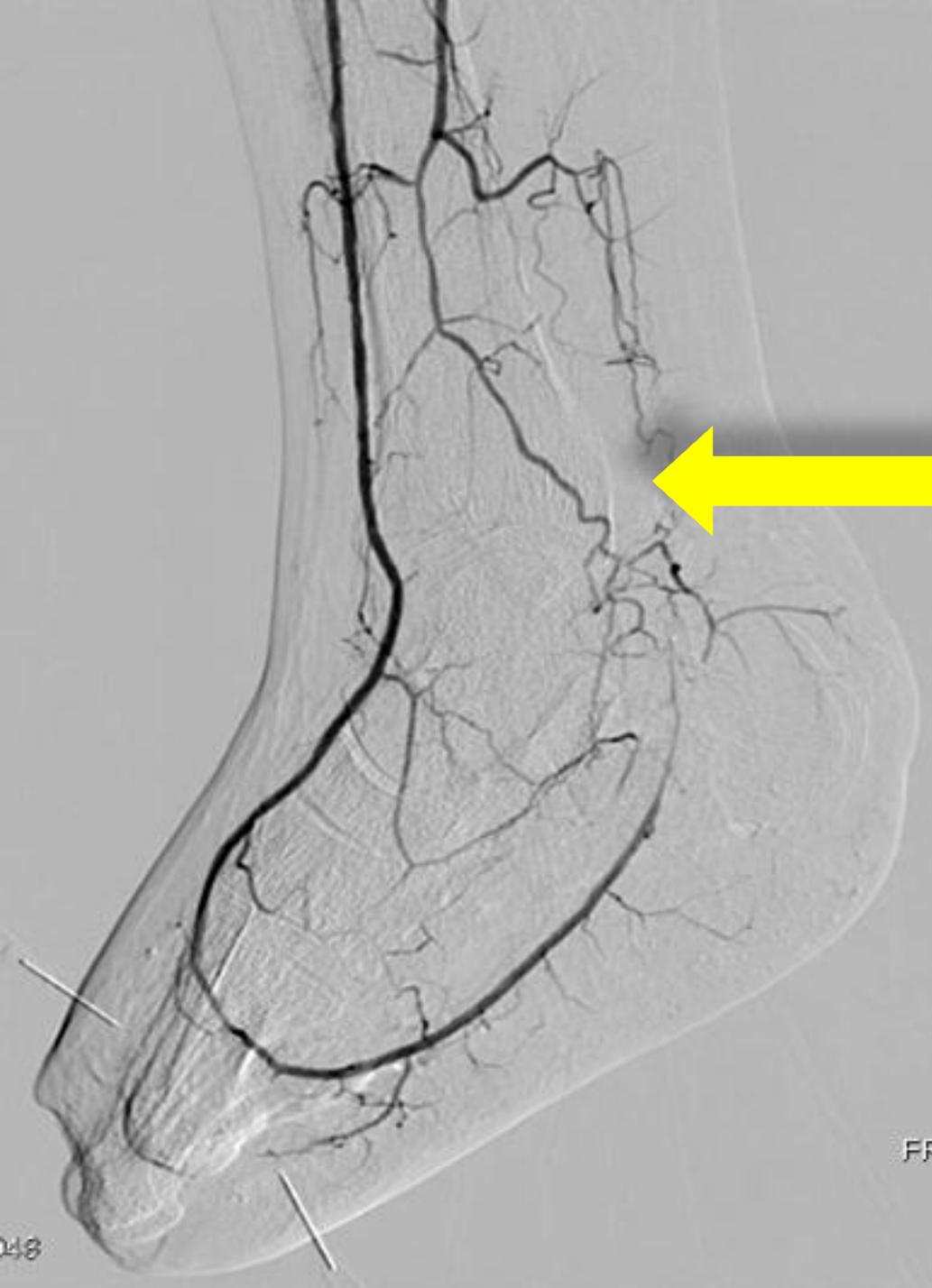


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**Impossible to open PT
neither antegradely nor
retrogradely**



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- Proximal open TMA with accurate sparing of pedal-plantar loop vessel
- Bone coverage by Hyalomatrix application
- Skin graft



Pedal access and pedal loop interventions

Why pedal access?

1. To improve the forefoot distribution system when there is a foot vessel disease

When pedal loop technique?

The pedal-plantar loop technique is a good option to improve blood flow to the forefoot when there is a diffuse foot vessel disease

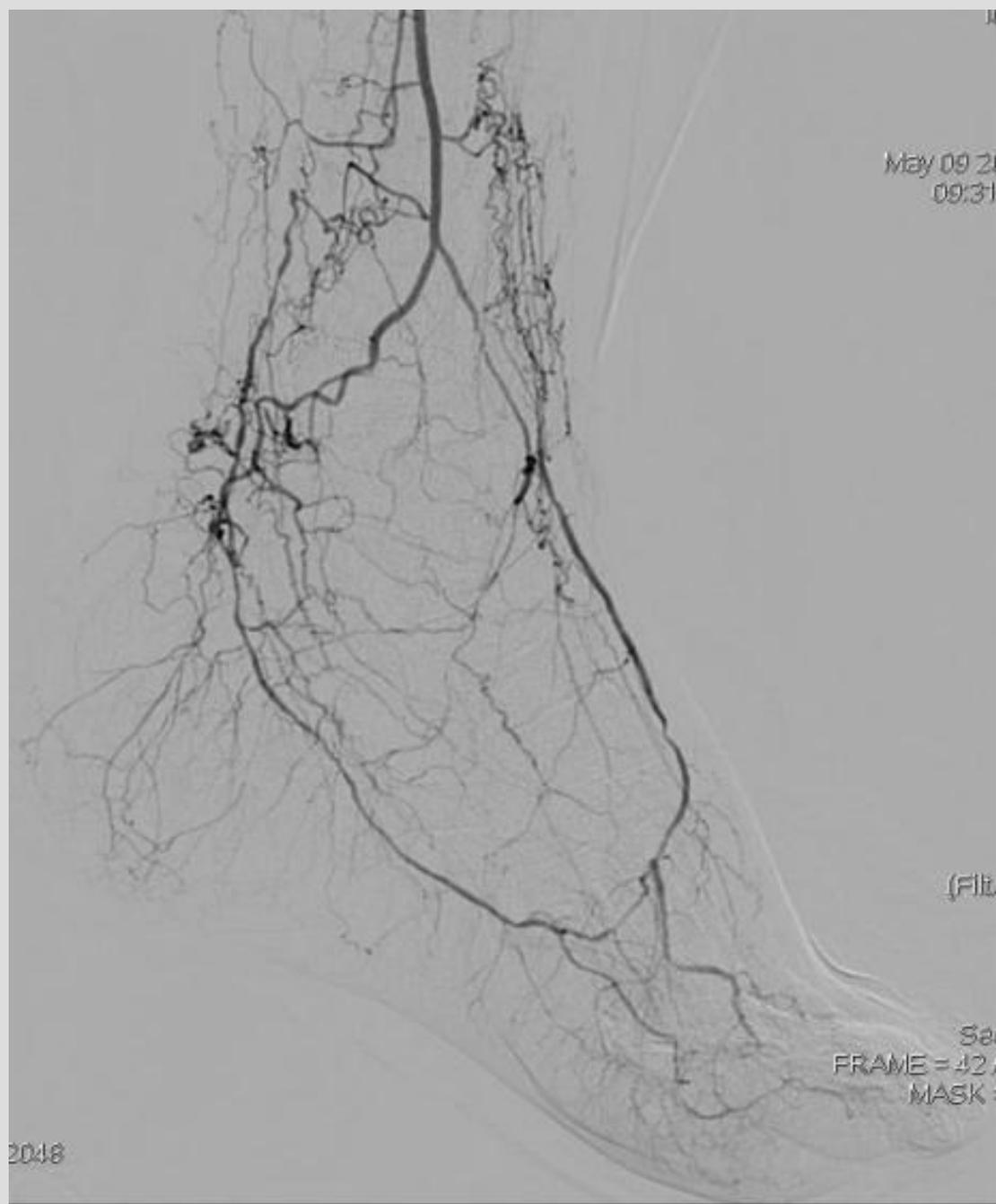
Pedal access and pedal loop interventions

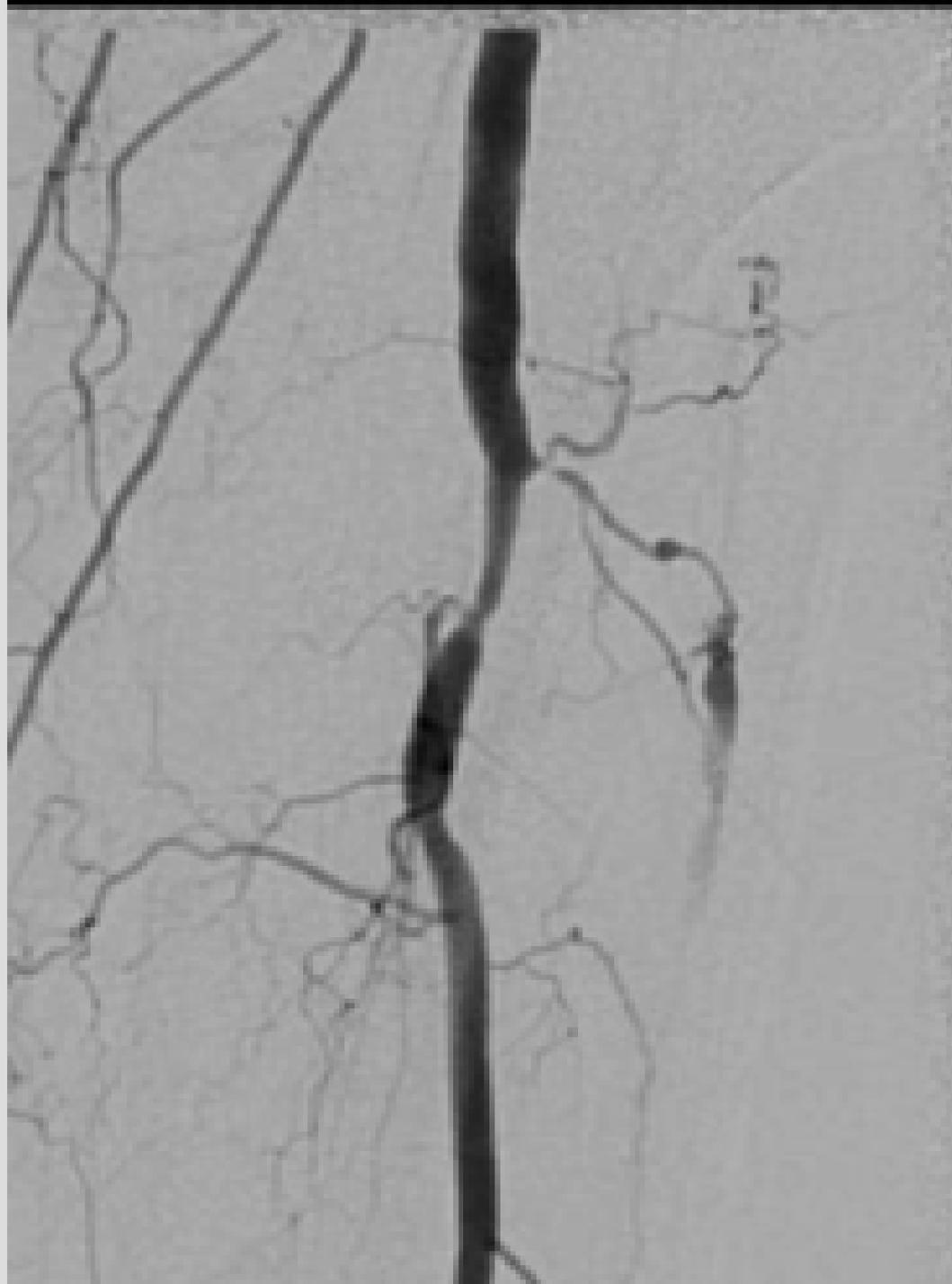
Why pedal access?

1. To improve the forefoot distribution system when there is a foot vessel disease

When pedal loop technique?

2. To open retrogradely the opposite tibial artery when you were unable to open it antegradely



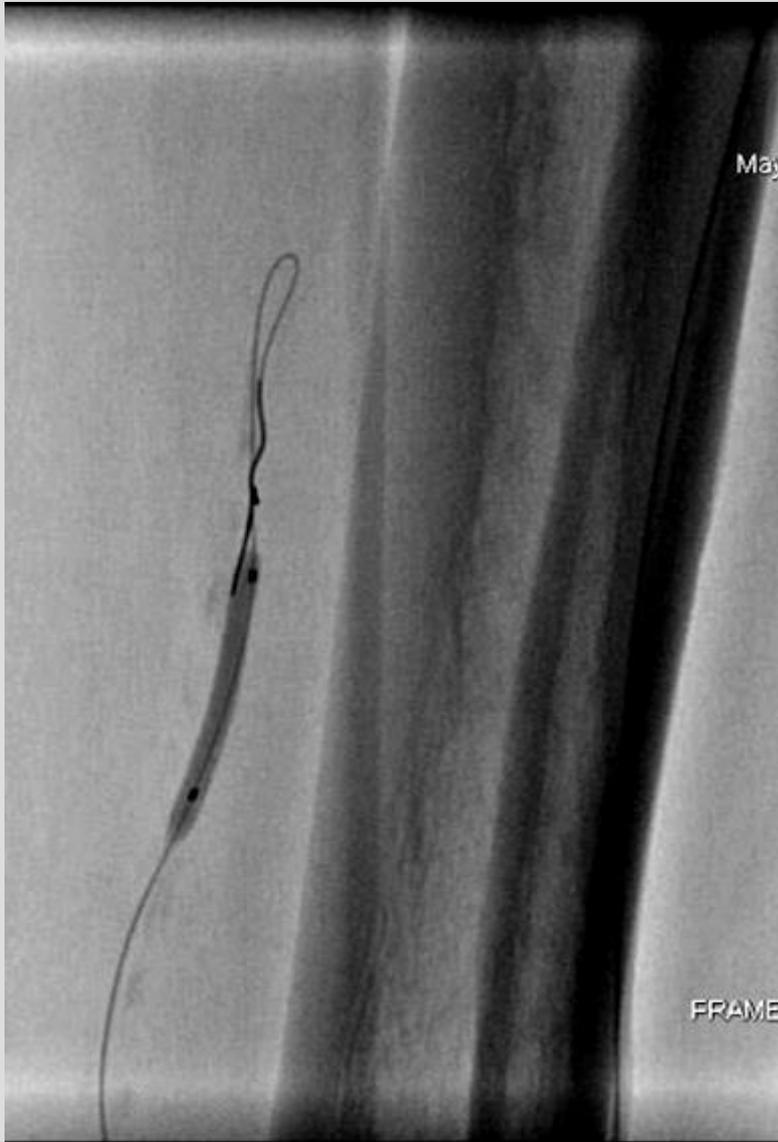




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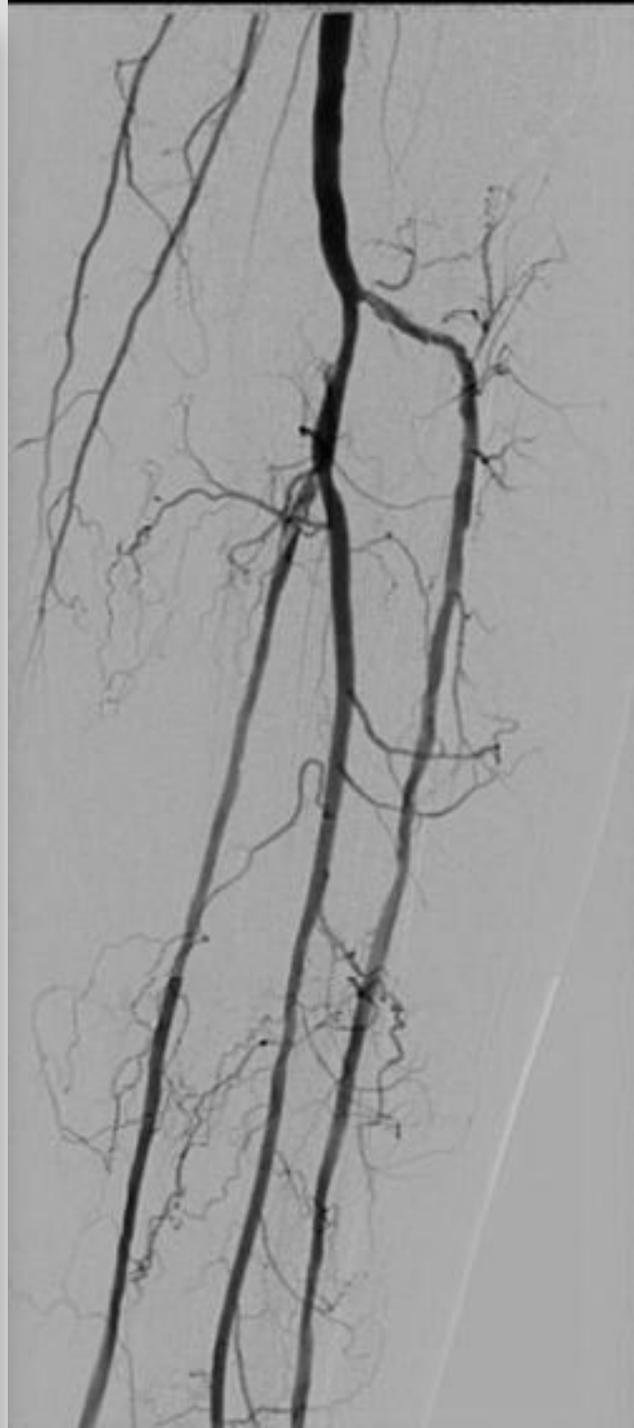
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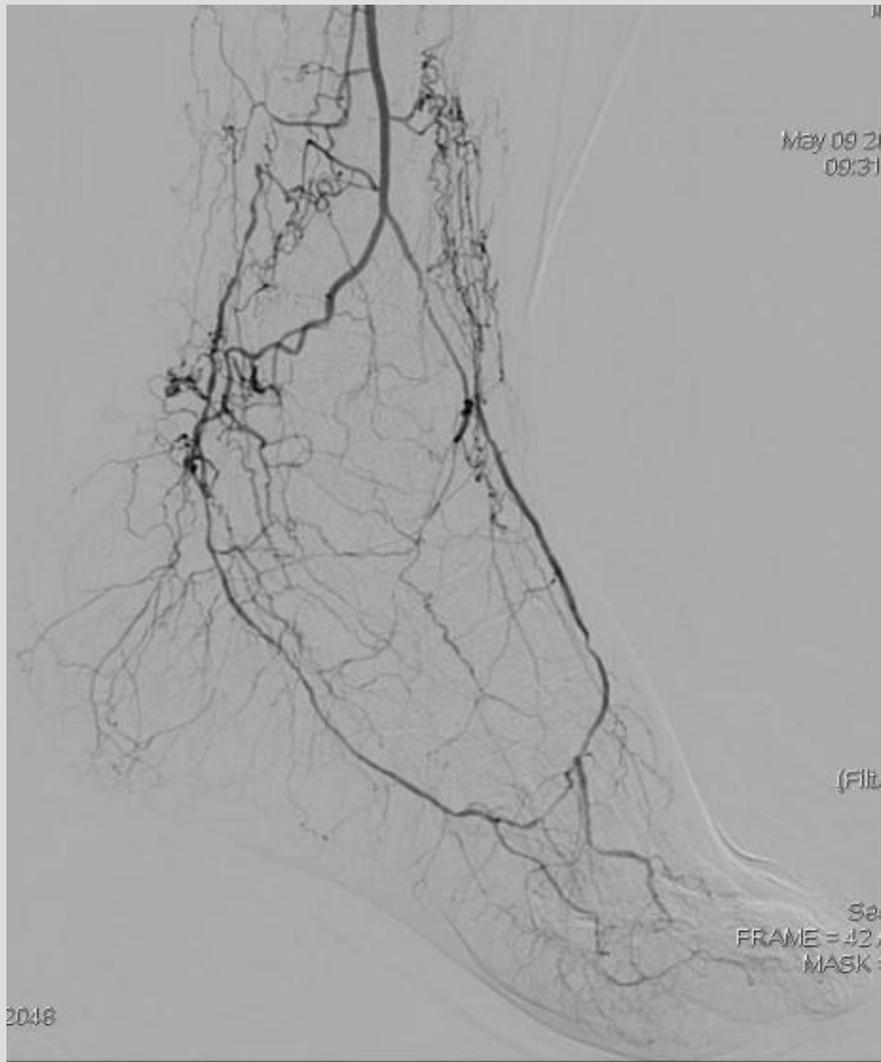
Pedal-plantar loop technique + retrograde subintimal approach











Pedal access and pedal loop interventions

Why pedal access?

1. To improve the forefoot distribution system when there is a foot vessel disease

When pedal loop technique?

2. To open retrogradely the opposite tibial artery when you were unable to open it antegradely

Pedal-plantar loop & retrograde puncture are the two options to cross retrogradely tibial CTOs in case of failure of antegrade approach

Pedal access and pedal loop interventions

Why pedal access?

When pedal loop technique?

1. To improve the forefoot distribution system when there is a foot vessel disease
2. To open retrogradely the opposite tibial artery when you were unable to open it antegradely
3. When it is impossible to use the pedal-plantar loop technique

“Plantar-loop” technique: impossible

The lateral plantar artery, through plantar arch, is the dominant artery of the foot



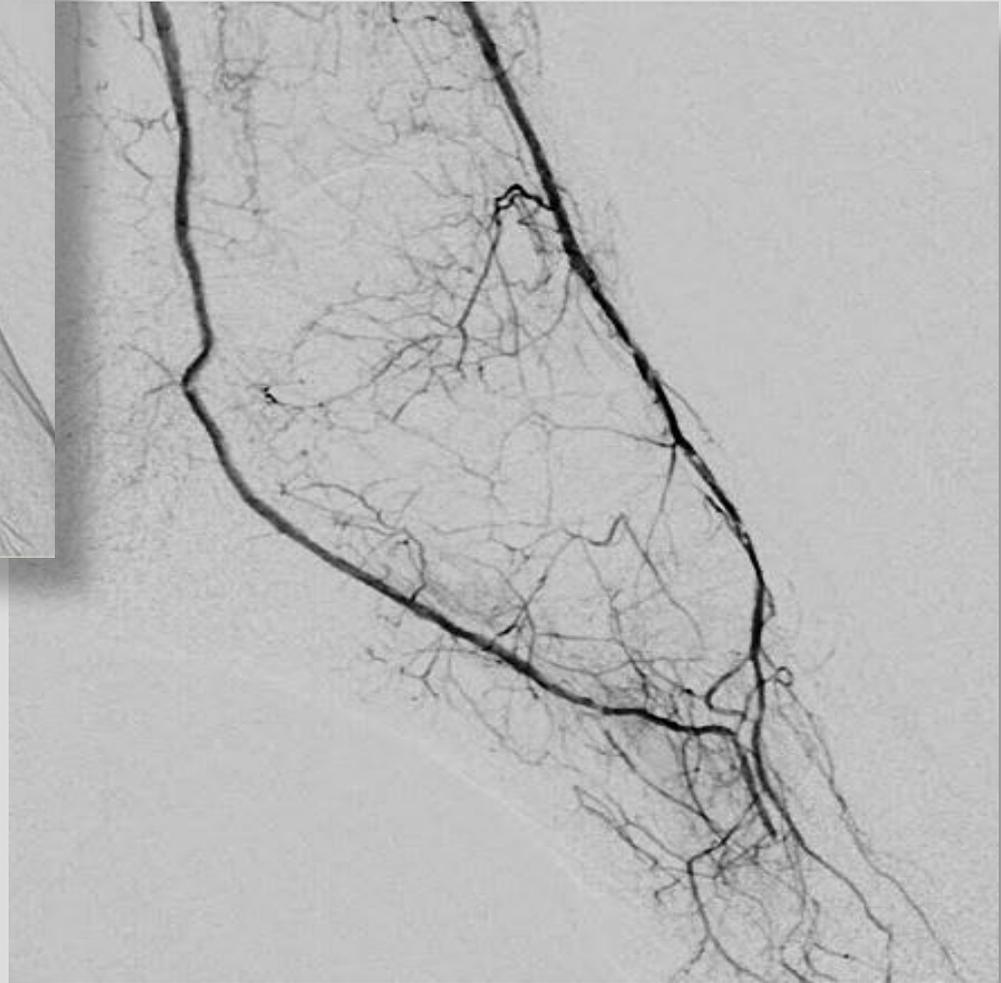
“Plantar-loop” technique: impossible



Absence of plantar arch



“Plantar-loop” technique: impossible



Every patient is different!

VASCULAR/INTERVENTIONAL RADIOLOGY

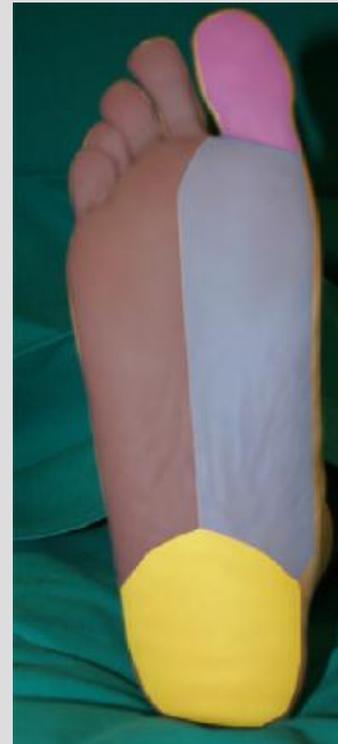
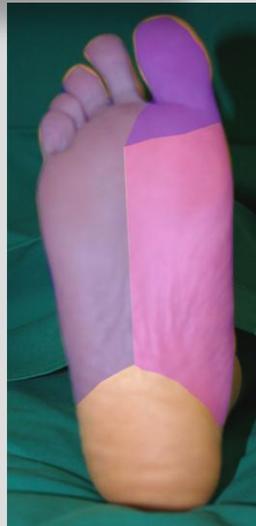
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RadioGraphics

Vascular Imaging of the Foot: The First Step toward Endovascular Recanalization¹

TEACHING POINTS

Marco Manzi, MD • Giacomo Cester, MD • Luis M. Palena, MD • Josef Alek, RT • Alessandro Candeo, RT • Roberto Ferraresi, MD



Pedal access and pedal loop interventions

Why pedal access?

1. To improve the forefoot distribution system when there is a foot vessel disease

When pedal loop technique?

We must adapt our revascularization strategy to the real vascular pattern of the patient. We must follow the anatomy because the anatomy cannot follow us!!!

antegradely

3. When it is impossible to use the pedal-plantar loop technique