

CACVS 2015

Paris, January 24, 2015

Is the use of collaterals for retrograde recanalization feasible?

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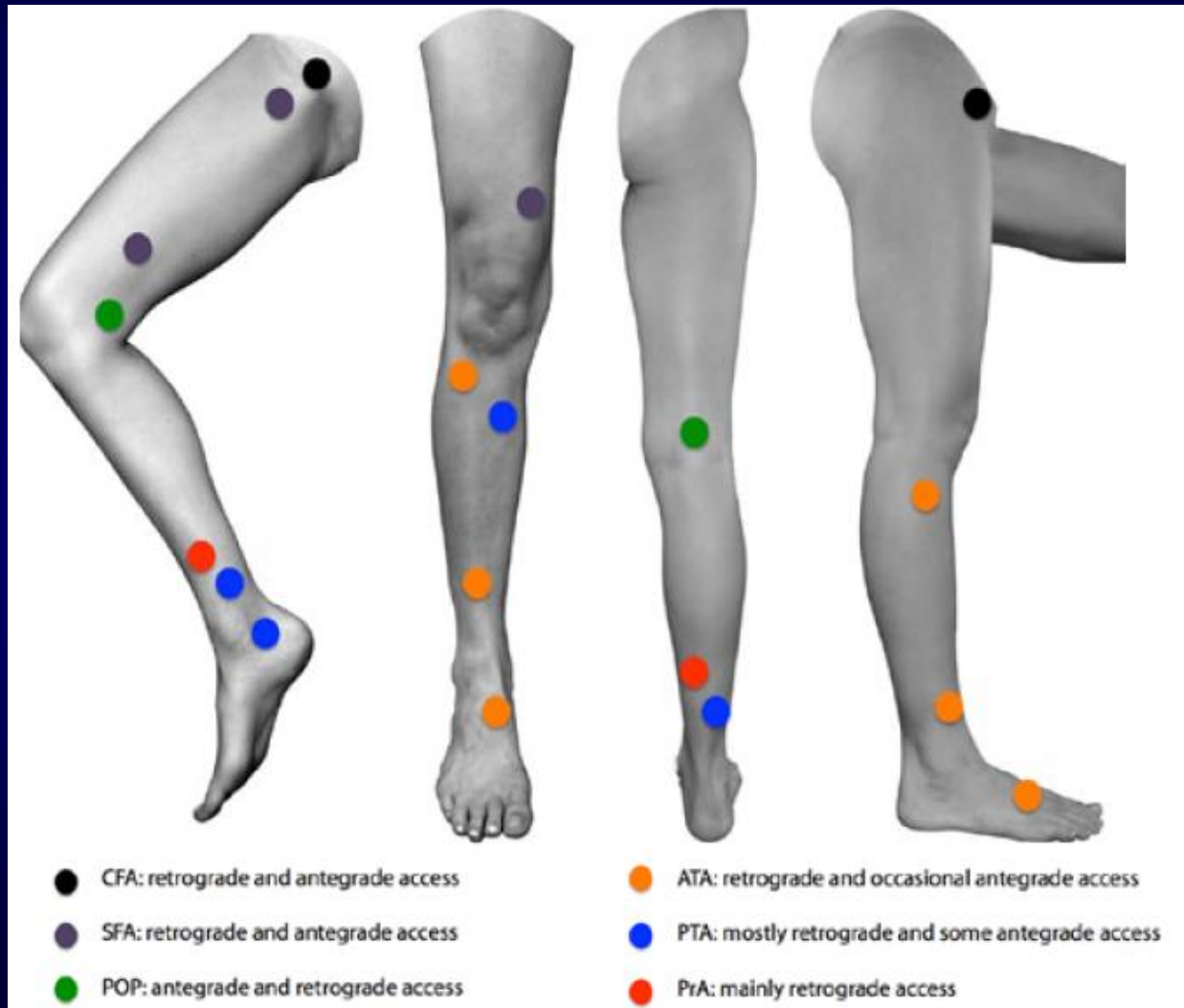
Conflict of interest

- None

Access in PAD treatment

- Common femoral artery
 - Antegrade
 - Retrograde with cross-over
- Superficial femoral artery
- Popliteal artery
- Distal access
 - ATA/PTA/PA
 - A. dorsalis pedis
 - Metatarsal arteries

Access in BTK treatment



Why use collaterals?

- Antegrade approach more versatile (and most of the time needed or performed anyway)
- Practical reasons
 - Logistics (lack of ultrasound)
 - No additional prepping patient
 - No need for distal hemostasis

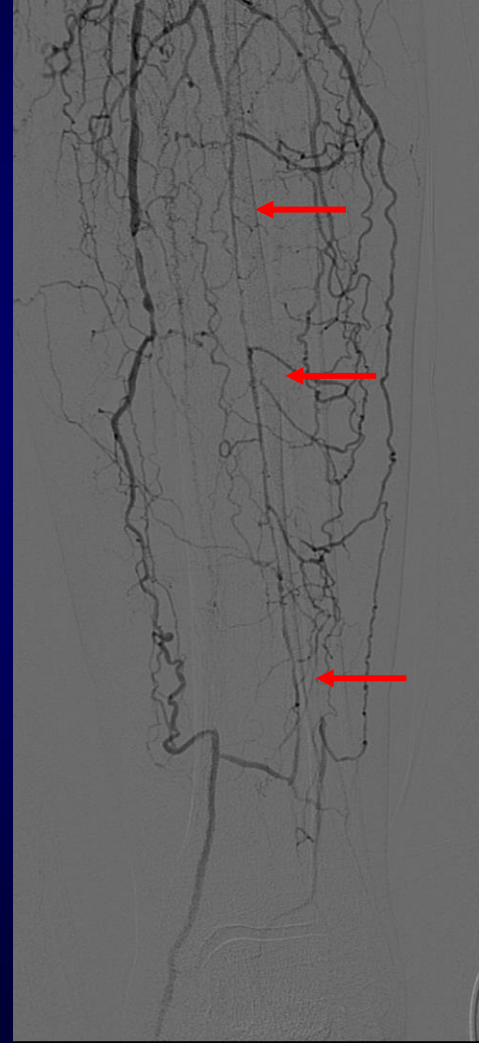
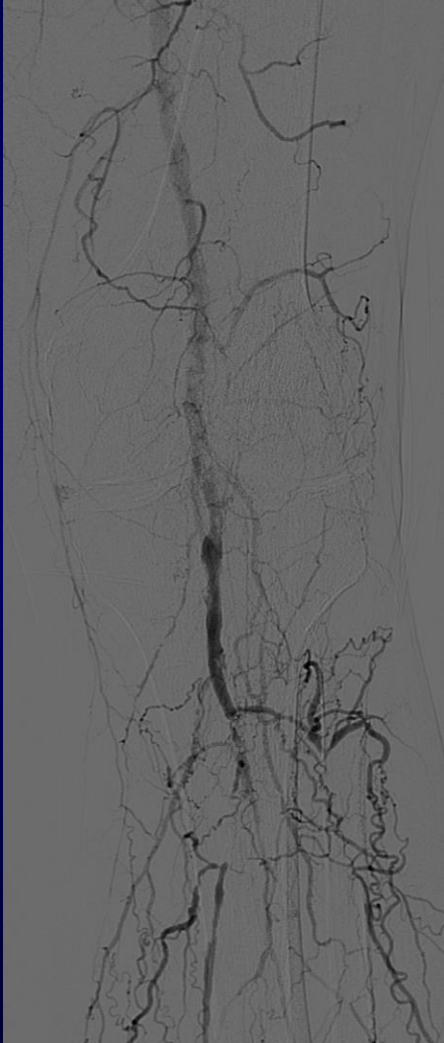
Why use collaterals?

- Lack of experience with distal puncture
- Less risk of radiation exposure to the hands of the operator

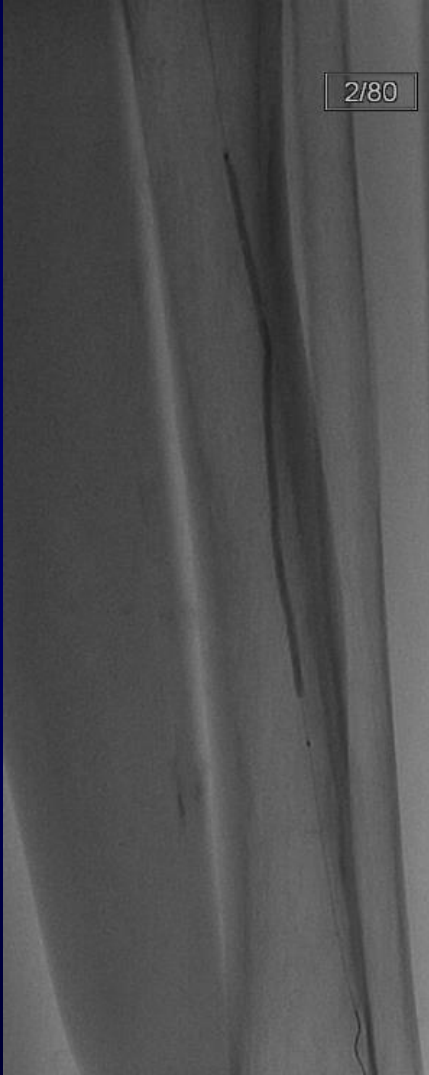
Technique

- Antegrade-retrograde wire and balloon passage
- Antegrade-retrograde wire passage, balloon passage antegrade

Retrograde recanalization (wire and balloon)



Retrograde recanalization (wire and balloon)



Retrograde recanalization (wire and balloon)



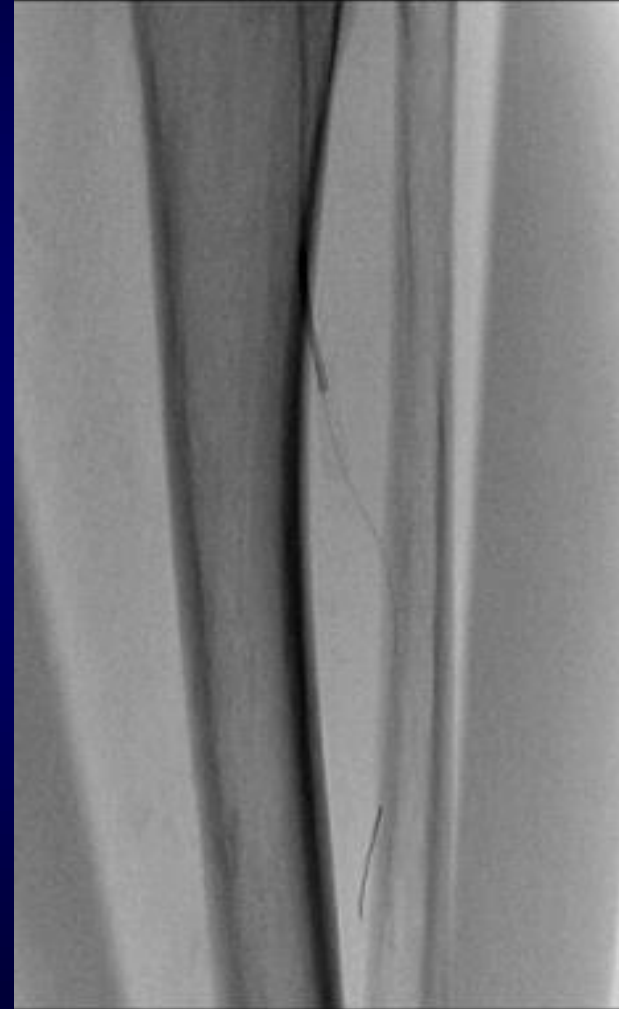
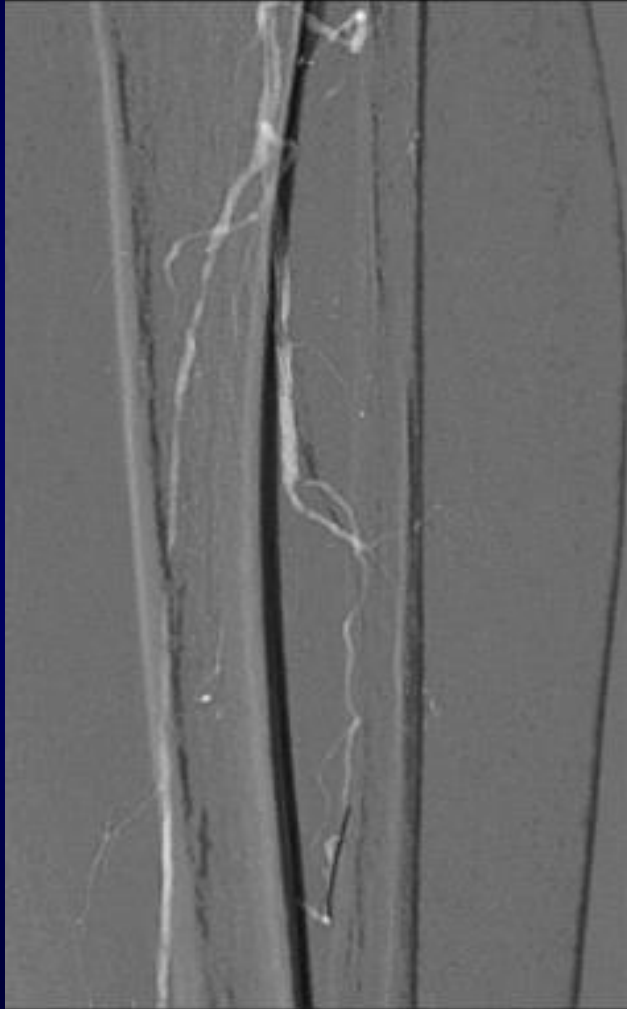
Retrograde recanalization (wire and balloon)



Retrograde recanalization (wire only)

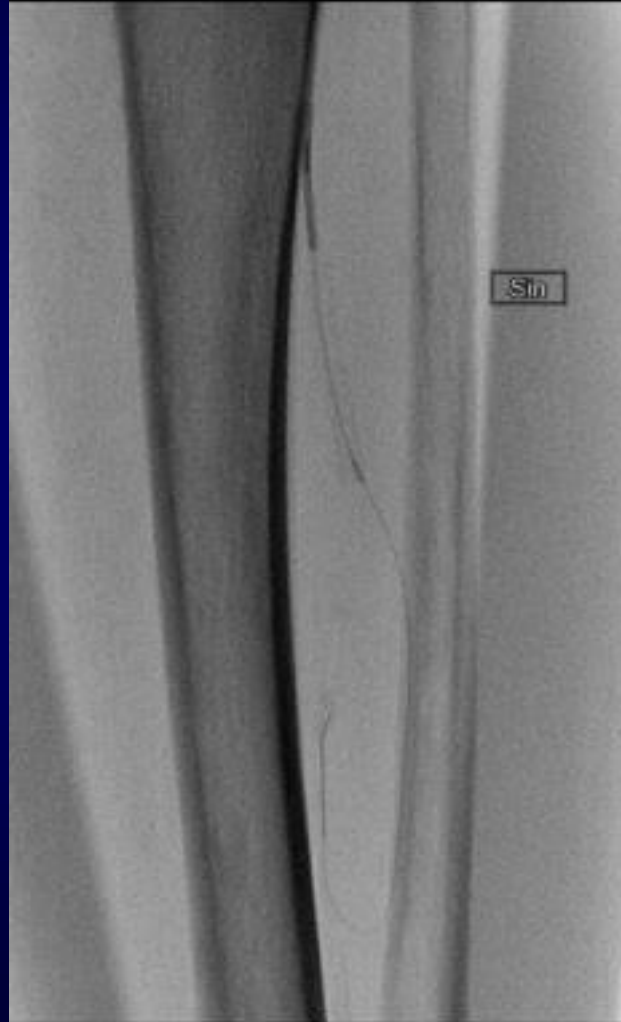


Retrograde recanalization (wire only)

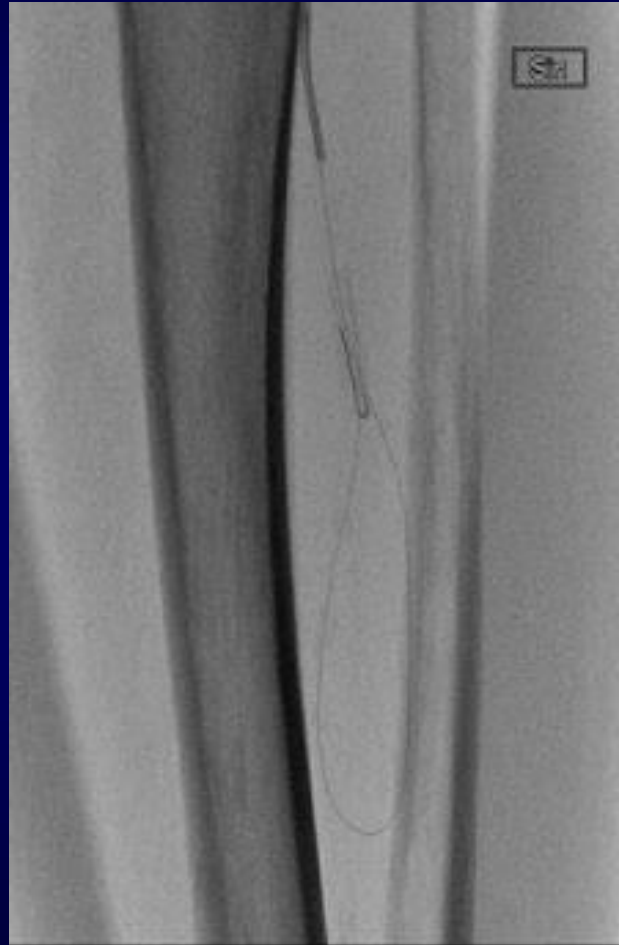


0.014" guide wire and coaxial catheter system

Retrograde recanalization (wire only)

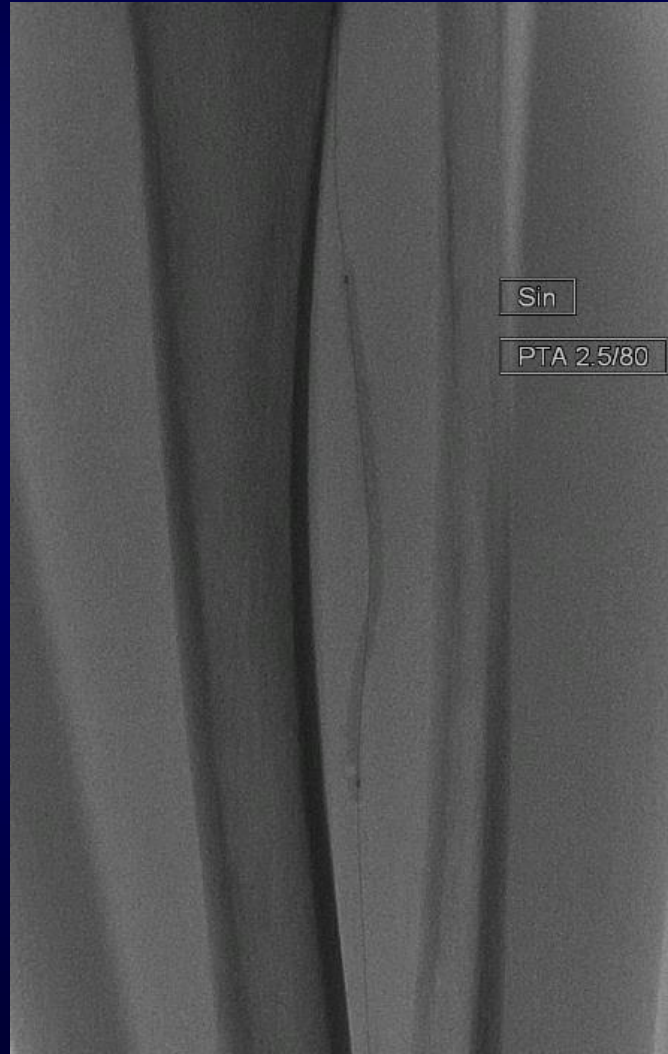


Retrograde recanalization (wire only)



Removal microcatheter and insertion 2nd 0.014" guidewire

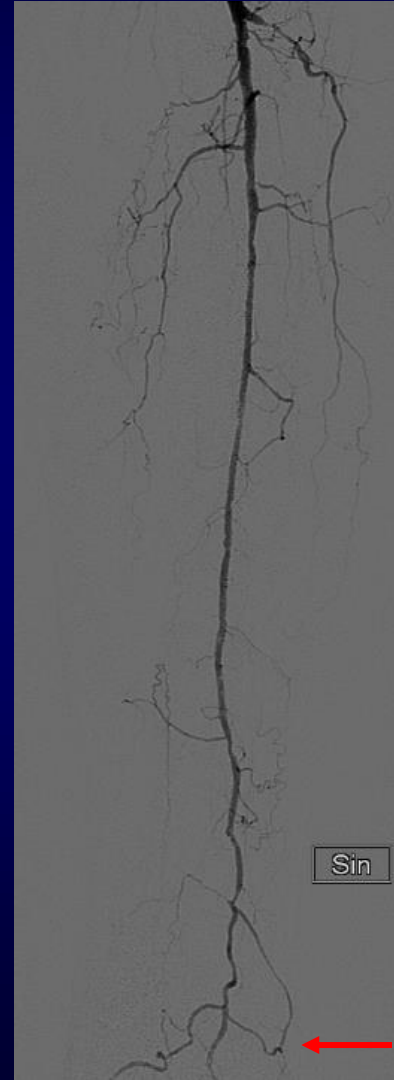
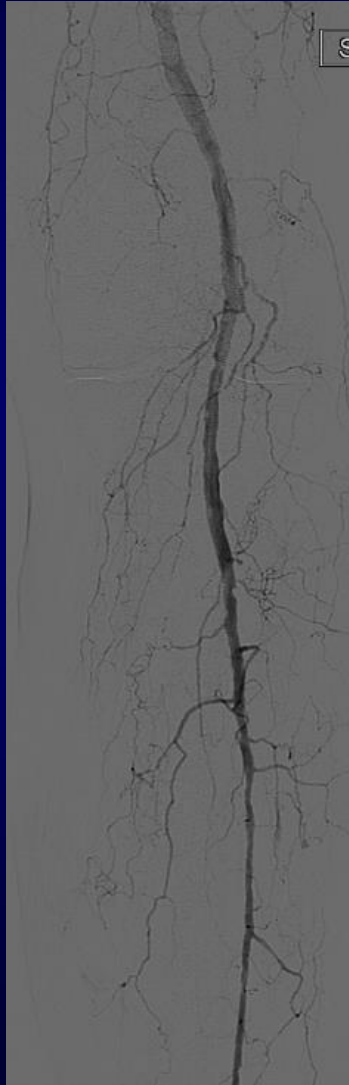
Retrograde recanalization (wire only)



Retrograde recanalization (wire only)



Retrograde recanalization (use of collaterals)



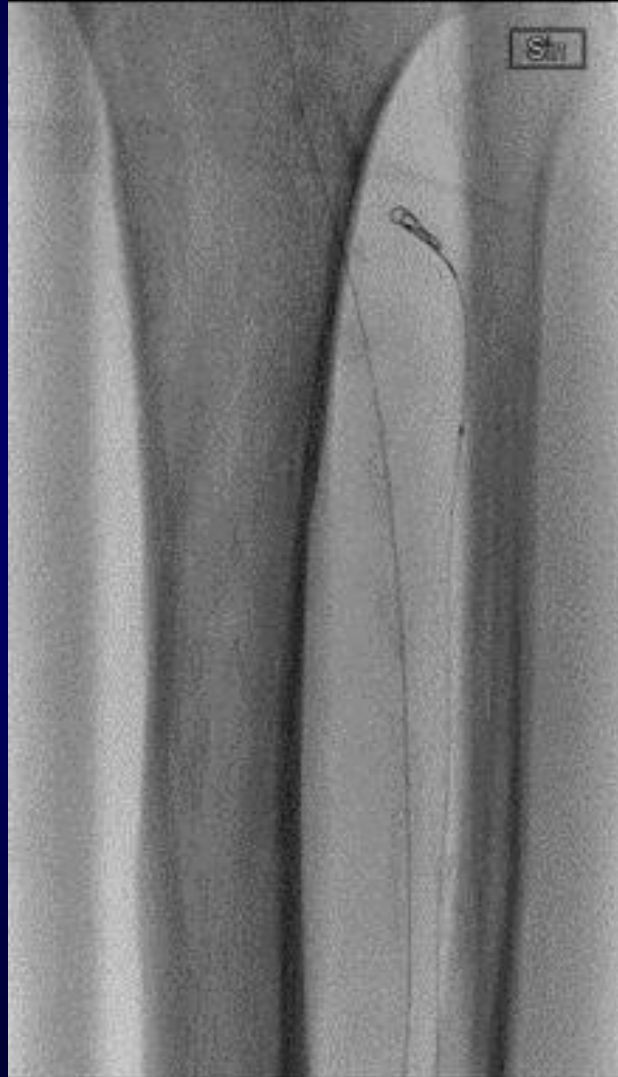
Retrograde recanalization (use of collaterals)



Retrograde recanalization (wire only)



Retrograde recanalization (wire only)



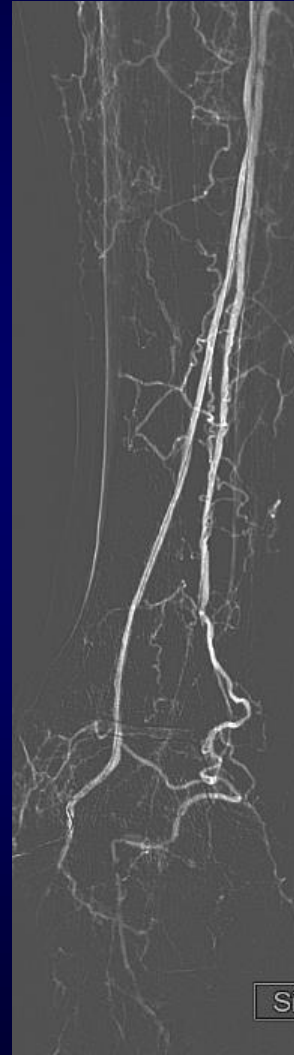
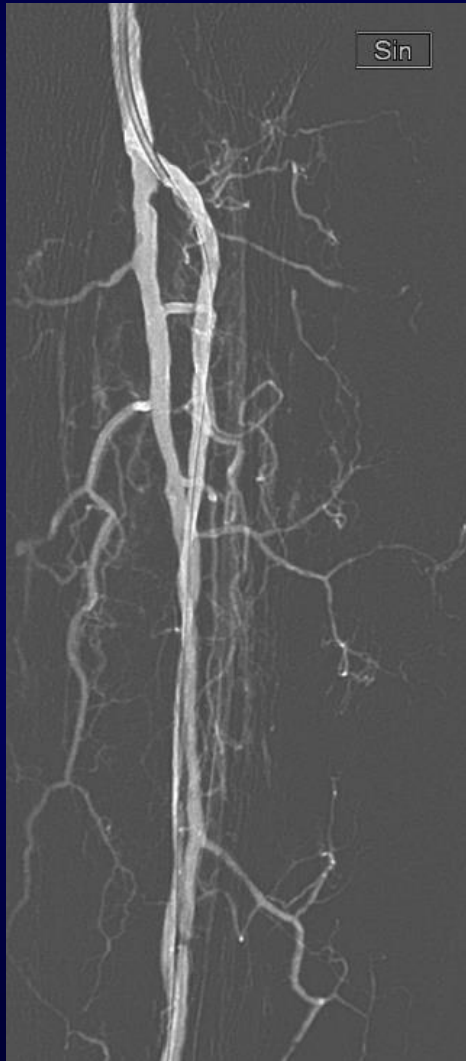
Retrograde recanalization (wire only)



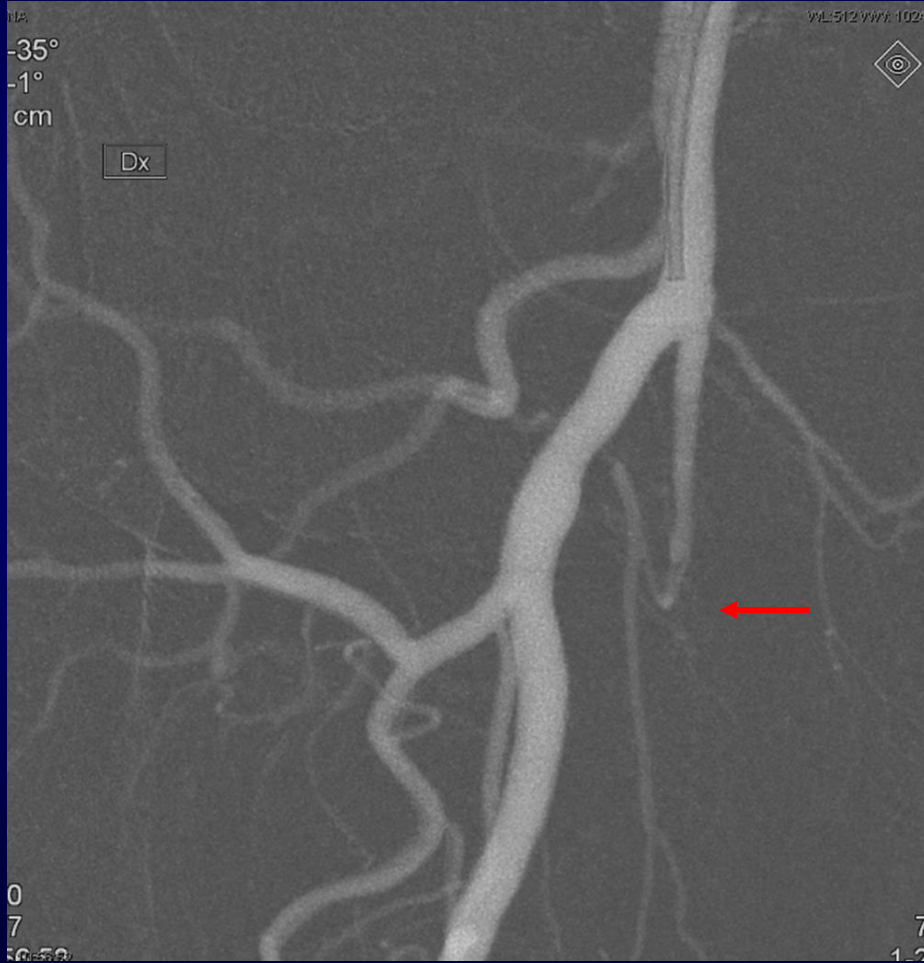
Retrograde recanalization (wire only)



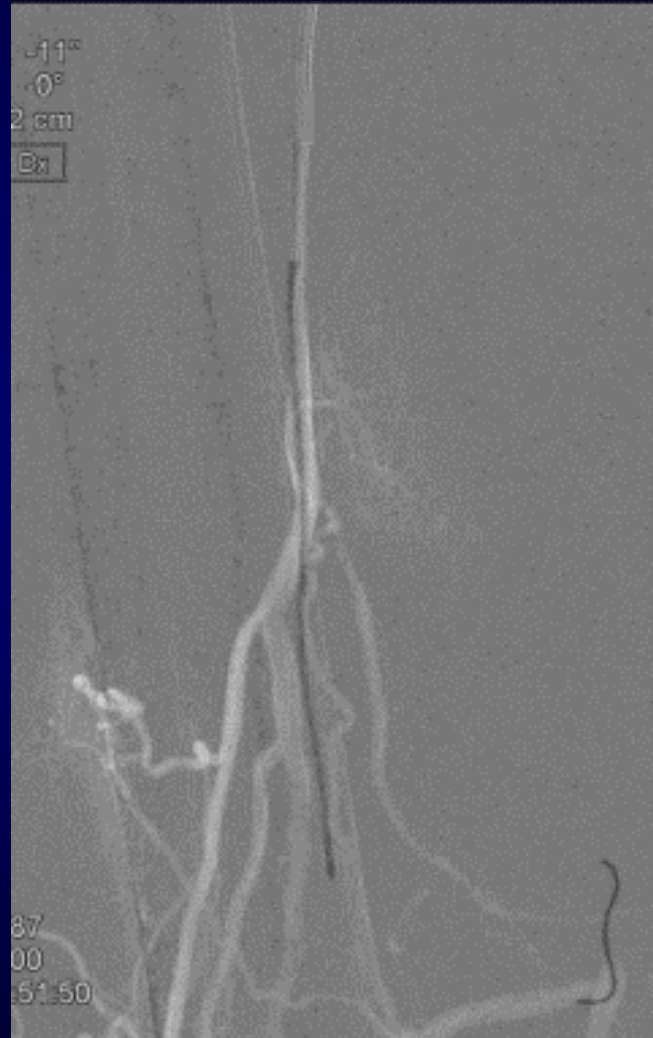
Retrograde recanalization (wire only)



Retrograde recanalization (wire only)



Retrograde recanalization (wire only)

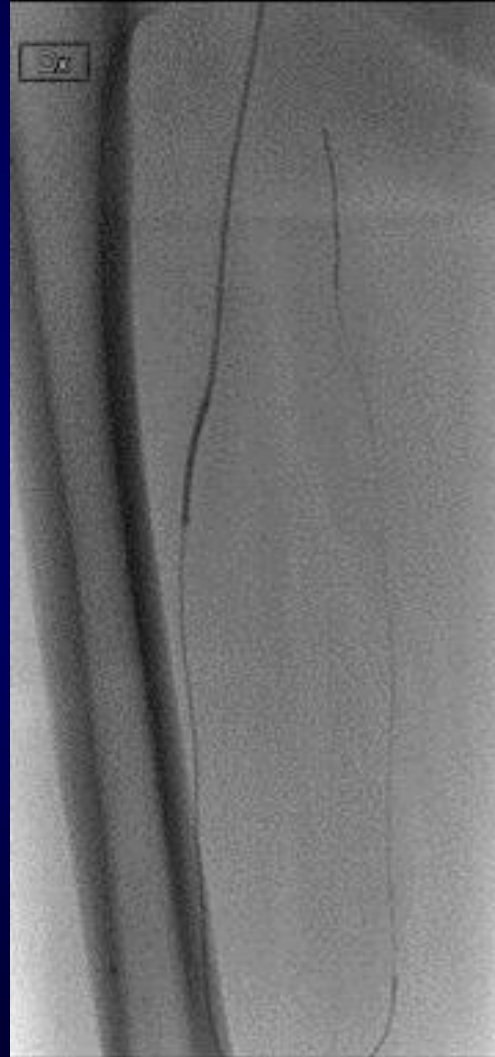


Coaxial catheter system and 0.018" wire

Retrograde recanalization (wire only)



Retrograde recanalization (wire only)

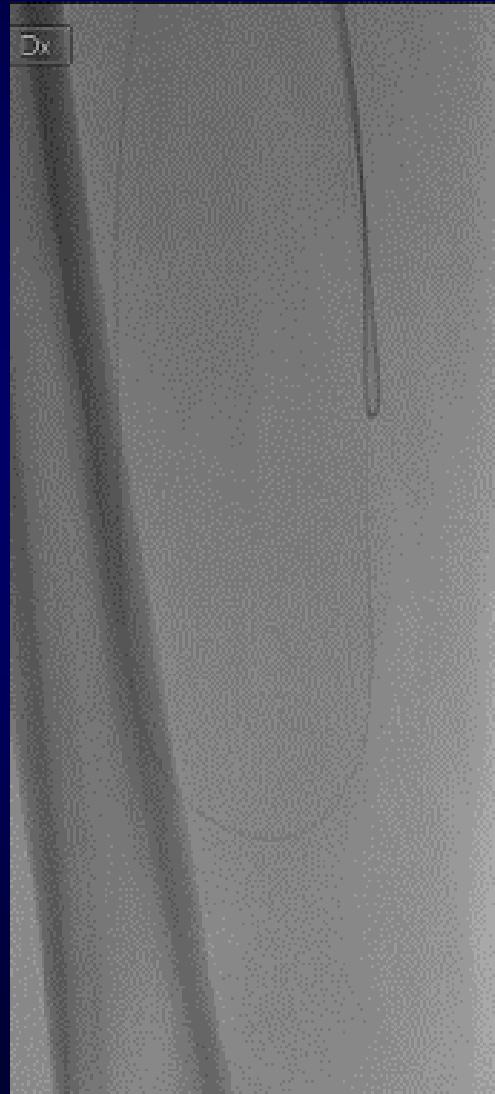


Retrograde recanalization (wire only)

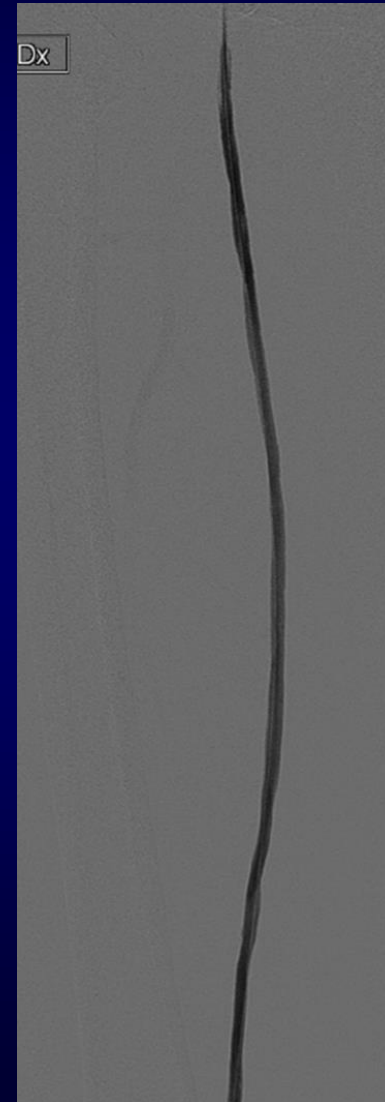
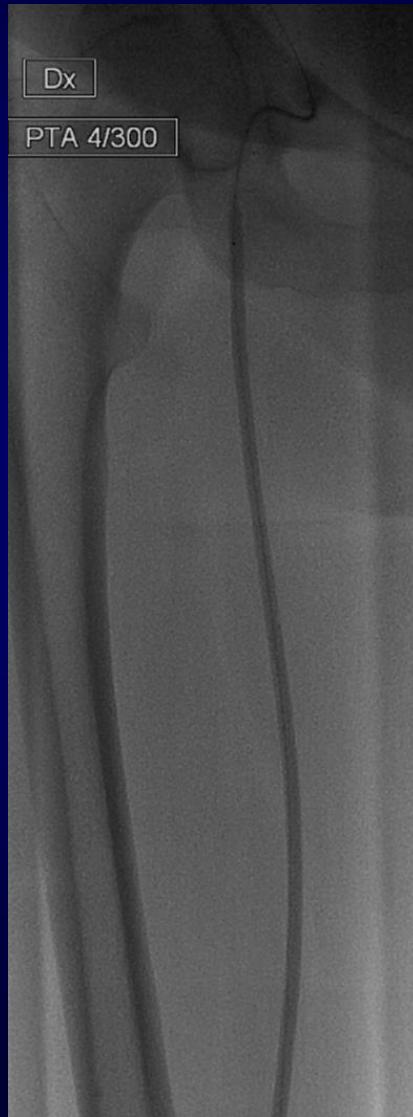


Removal coaxial catheter; leave 0.018" wire and 4F sheath in place, advance 0.035" wire

Retrograde recanalization (wire only)



Retrograde recanalization (wire only)



Tips and tricks

- Caveat: do not use a collateral that is the only connection to the distal vasculature
- Think about use of
 - Spasmolytic drugs
 - Ultrathin material (microcatheters < 2F; microguidewires <0.014”)

Conclusions

- Retrograde recanalization through collaterals is feasible, just think of using it in order to enhance your technical success rate
- Be careful not to 'burn bridges'