

FUSION IMAGING REDUCES THE NEED FOR CONTRALATERAL OR BRACHIAL ACCESS WHEN USING RE-ENTRY CATHETERS TO CROSS TOTAL AORTO-ILIAC ARTERY OCCLUSIONS

Sunderland Hybrid OR with GE Discovery 730 with Fusion



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INTRODUCTION

Conventionally, when using a re-entry catheter in the aorta in patients with unilateral total iliac occlusions, bilateral femoral artery access is required. In bilateral total iliac occlusion imaging via a brachial approach is required as well. Traditional road mapping is static and does not allow the required rotation of the gantry to orientate the catheter in two planes. Fusion can allow successful re-entry using dynamic imaging via single femoral access in unilateral and femoral access only in bilateral iliac and infrarenal aortic occlusions

METHODS



RESULTS

Successful re-entry was achieved in 100% of the patient's resulting in all aorto-iliac occlusions successfully re-canalised. Only two of the cases required contralateral access for imaging. No brachial access was required for the bilateral aorto-iliac occlusions. No cases of rupture or distal embolisation were encountered. One limited aortic dissection was treated by iliac kissing stents in a bilateral iliac occlusion.

CONCLUSION

Fusion image guided catheter re-entry into the distal aorta appears to be safe and may reduce the need for bilateral or brachial arterial access to image the aorta. Fusion imaging guided re-entry in this small series of complex aorto-iliac occlusions was 100% successful.