How to perform subintimal Supera deployment with “PRESTO Technique”

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Disclosure

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I have the following potential conflicts of interest to report:

☒ Consulting for ABBOTT, BARD, COOK, MEDTRONIC, TERUMO
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
Precise RETrograde Supera STenting of the Ostium of the SFA for Complex Fem-Pop CTOs

The “PRESTO” Technique

Precise Retrograde Supera Stenting of the Ostium (PRESTO) of the Superficial Femoral Artery for Complex Femoropopliteal Occlusions: The PRESTO Technique

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Abstract
Purpose: To describe a novel technique designed to safely and precisely deploy the Supera stent accurately at the ostium of the proximal superficial femoral artery (SFA) without compromising the profunda and common femoral arteries.

Technique: After antegrade crossing of the chronic total occlusion (CTO) at the SFA ostium and accurate predilatation of the entire SFA lesion, a retrograde arterial access is obtained. The Supera stent is navigated in retrograde fashion to position the first crown to be released just at the SFA ostium. Antegrade dilation is performed across the retrograde access site to obtain adequate hemostasis. The technique has been applied successfully in 21 patients (mean age 78.1±8.2 years; 13 men) with critical limb ischemia using retrograde Supera stenting from the proximal anterior tibial artery (n=6), the posterior tibial artery (n=2), retrograde stent puncture in the mid to distal SFA (n=2), the native distal SFA/proximal popliteal segment (n=6), and the distal anterior tibial artery (n=5). No complications were observed. Conclusion: Distal retrograde Supera stent passage and reverse deployment allow precise and safe Supera stenting at the SFA ostium.

Keywords
angioplasty, chronic total occlusion, critical limb ischemia, limb salvage, biomimetic technologies, ostial lesion, retrograde access, superficial femoral artery, stent
Technical Description:

◆ Retrograde and Reverse Supera® Stent passage

◆ Safe and precise Stenting of the Ostium of the SFA

◆ The Stent can be pass trough distal SFA, POP and Tibial arteries
65 y-o male, Diabetes, Dyslipidemia, hypertension, 2 Ao-coronaric by-pass. CLI of the right foot. Previous amputation of the II toe. Gangrene of the forefoot.
Retrograde access:

- After antegrade crossing failure
- Dedicated for stenting

Sheathless stenting always recommended.

In mid-distal SFA or Popliteal: Use a 6 Fr dilator, in prox tibials a 4 Fr dilator to create tract
Case. 64 y-o male with CLI, RF 5, DM. TcPO2=3mmHg. Ulcer I-C TUC in the V toe. Previous by-pass occluded and previous failed EVT.
Diagnostic Angiography (CO2)

No Flow for the Foot
Antegrade-retrograde subintimal and Results
Antegrade-retrograde subintimal and Results
DUS and X-Ray Follow Up
DUS and X-Ray 12-M Follow Up
“COMPLICATIONs”

- We can report ONLY one complication in more than 50 cases performed in different centers.
- ATA pseudo aneurism formation, after PRESTO, managed by coil embolization.
Case: 89 Y-O male, Diabetes, hypertension, dyslipidemia, CLI (Rutherford 5 class)
PRESTO allows Precise RETrograde Supera STenting of the Ostium of the SFA.

A technical strategy for accurate and predictable deployment of the distal crown of the stent right at the Ostium.
SAVE THE DATE

MARCH 21 & 22
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VENICE ITALY

CLIC

Critical Limb Ischemia Course

Course Directors:
M. Manzi, MD
L. M. Palena, MD

Live cases from Policlinico Abano

NH Laguna Palace Hotel - VENICE/MESTRE - ITALY

COURSE FOCUSED ON DIABETIC FOOT
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