Primary Pedal Intervention for CLI Patients

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Disclosure

Speaker name: Jim G. Melton, DO

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Reasons for Primary Pedal Intervention

- Increased ability to cross lesions
- Decreased post procedure complications
- Great choice for severe femoral calcinosis
- Precise deployment of Supera Stent at the SFA/PFA junction
Pedal Algorithm

- Clinically evaluate below knee vessels
- Image below knee vessels with duplex
- Ultrasound guided access with Radial slender glide sheath
- All patients have IVUS during the procedure
- Sheaths are pulled and radial band is placed
Access Sites

- All cases have been done with no TAMI or SAFARI technique employed
- 42% Posterior Tibial
- 43% Anterior Tibial
- 15% Peroneal or Interosseous
Stage 3 & 4 Primary Pedal Interventions

- CLI Cases: 968
- Ulcers: 844
- Gangrene: 124

Pie chart:
- CLI Cases: 79%
- Ulcers: 66%
- Gangrene: 13%
Duplex Scan Distal to Access Site

- Vessels Scanned: 483
- Improved or Same: 474
- Strong Monophasic: 9

Legend:
- Blue: Vessels Scanned
- Red: Improved or Same
- Green: Strong Monophasic
Duplex Scan Distal to Access Site cont.

- Improved or Same: 474
- Improved: 403
- Same: 71
74 y/o with Non-Healing Ulcer
Total Occlusion Anterior Tib & SFA
Right PRE Intervention
62 y/o with Non-Healing Ulcer
79 y/o with Non-Healing Gangrenous Ulcer RLE
Conclusions

- Primary Pedal is an effective access point for CLI patients
- Markedly increased cross rate for all lesions above and below knee
- Very low complication rate
- Effective way to treat below knee and above knee disease as well as inflow disease
- Increased efficiency due to Pedal sheath pulls
- Eagerly await retrospective analysis on this large patient population
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