Totally percutaneous deep foot veins arterialization
Single Centre experience

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Disclosure

Bruno Migliara

I have the following potential conflicts of interest to report:

☑ Consulting: Abbott, BD Bard, Straub Medical, Philips, Boston Scientific

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

I do not have any potential conflict of interest
15-20% No-option CLI

Pedal bypass with deep venous arterialization: the therapeutic option in critical limb ischemia and unreconstructable distal arteries

Hybrid Foot Vein Arterialization in No-Option Patients With Critical Limb Ischemia: A Preliminary Report

Midterm Outcomes From a Pilot Study of Percutaneous Deep Vein Arterialization for the Treatment of No-Option Critical Limb Ischemia

Surgical

Hybrid

Endo
Deep foot veins arterialization
PiPeR-technique
Pioneer Peschiera Revascularization

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A Novel Technique to Create an Arteriovenous Fistula During Total Percutaneous Deep Foot Venous Arterialisation Using an IVUS Guided Catheter

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Personal experience

May 2017 – August 2018

16 "no-option" CLI

14 male – 2 female
70.9 years (67-84)

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Procedural success rate = 93.7%

8 > Effective devalvulation
   4 with PTA
   4 with valvulotome (4F)

7 > Covered stent (Viabhan 5mm)
Follow-up

Median = 132.2 days (24-484)

4 deaths (not procedure related)
6 occlusions (4 treated with Rotarex)
Major amputation = 5 cases
Limb salvage = 66.7%

- Pain resolution = 100%
- Wound healing improvement = 100%
- Complete healing = 26.7%

TcpO2 9.2 mmHg ➤ 37.4 mmHg
Conclusions

Totally percutaneous deep venous foot arterialization seems to be an effective and safe alternative treatment in “NO-OPTION” CLI patients

PiPeR-technique
Pioneer Peschiera Revascularization

- High success rate
- Standardized technique
- Only one 6F arterial access (antergrade)
- Direct ultrasound view of tibial vessels
Totally percutaneous deep foot veins arterialization
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