Bifurcation stenting of the common femoral artery – long term follow up of Supera cases using the Culotte technique

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Disclosure

Speaker name: 
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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): speakers honorarium 

☒ I do not have any potential conflict of interest
Case example 1

65 year old male patient
Rutherford 3 left leg
ABI: right: 1.0  left: 0.5

**Co-Morbidities:** art. HTN, Hepatitis C

**Previous Intervention:**
Stent implantation left common femoral artery/deep femoral artery >20 years
Stent implantation left renal artery

**Duplex:** Proximal occlusion left superficial femoral artery
In-Stent restenosis stent left CFA/DFA
Occlusion left popliteal artery
Few months later.............
Case example 1
Case example 1
Case example 1
Case example 1
Case example 1

Puncture site
Case example 1
Case example 2

85 year old female
Rutherford 4 left leg
ABI: right: 0.9  left: 0.5

Co-Morbidities: CAD, previous MI, stubborn german lady refusing surgery

Previous Intervention:
HawkOne atherectomy and DCB calcified stenosis right CFA few months ago

Duplex: Calcified occlusion left CFA and SFA
Case example 2
Case example 2

Follow-up
Conclusions

Bifurcation stenting of the common femoral artery can be performed with Supera stents using the Culotte technique with good long term patency.
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