Durability of the DETOUR Procedure for Percutaneous Fem-Pop Bypass: 3-Year Follow-Up from My First Case

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Disclosure

Speaker name:

..........................................................

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
The DETOUR Procedure

Surgical principles using an endovascular approach

Originates in SFA, travels within the femoral vein, and returns to the popliteal artery

Femoral vein becomes pathway for stent graft bypass

TORUS™ Stent Graft

DETOUR Crossing Kit

Investigational device, limited by U.S. law to investigational use
Our first case in the study

<table>
<thead>
<tr>
<th>Treatment Date</th>
<th>25 August, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics/History</td>
<td>Female, 78, Target Limb: Right</td>
</tr>
<tr>
<td>Clinical Presentation</td>
<td>Rutherford Class III claudication on the right leg. Poor candidate for open bypass surgery due to age and CAD</td>
</tr>
<tr>
<td>Previous Intervention</td>
<td>None</td>
</tr>
<tr>
<td>Lesion Characteristics</td>
<td>CTA showed 37.9 cm TASC D right SFA lesion with occlusion and severe calcification</td>
</tr>
</tbody>
</table>
Pre-procedure Imaging

Distal Angiogram

Proximal venogram

Distal venogram
Post-Procedure Angiogram

Proximal Graft

Mid Graft

Distal Graft
Post-Procedure Venogram

Proximal

Distal
12-Month Ultrasound Imaging

Proximal Junction

Proximal Graft
12-Month X-rays

Proximal

Flexed

Distal
24-Month Ultrasound Imaging

Proximal Junction

Mid Bypass
The patient asked about the possibility of treatment of the other limb....
**Contralateral procedure**

<table>
<thead>
<tr>
<th><strong>Treatment Date</strong></th>
<th>27 October, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics/History</strong></td>
<td>Female, 78, Target Limb: left</td>
</tr>
<tr>
<td><strong>Clinical Presentation</strong></td>
<td>Rutherford Class III claudication on the right leg.</td>
</tr>
<tr>
<td><strong>Previous Intervention</strong></td>
<td>DETOUR procedure on contralateral limb</td>
</tr>
<tr>
<td><strong>Lesion Characteristics</strong></td>
<td>CTA showed 36.5 cm TASC II C right SFA lesion with diffuse stenosis, 7 cm CTO, and severe calcification</td>
</tr>
</tbody>
</table>
Pre-procedure Imaging

Proximal Venogram

Distal Venogram
Post-Procedure Imaging

Proximal Graft

Distal Graft

Run-Off
12-Month Ultrasound Imaging

Proximal Junction

Mid Bypass
12-Month X-rays
24-Month Ultrasound Imaging

Proximal Junction

Mid Bypass
Current Patient Status

**Efficacy**
- Still patent at 3.5 years post-procedure in right limb,
- 3 + years in left
- No reinterventions

**Safety**
- Only "adverse event" during follow up was a planned PQ DETOUR Procedure on opposite leg with an associated hospital stay.
Post study pharmacological protocol

I decided to keep all patients on DAPT after completion of the study.

The presented patient is currently on Xarelto + ASA because of AF.

(in line with current trend after COMPASS study)
Anecdotal case?

23 PQ bypasses performed in our center

Lost 3 pts due to CV disease (stroke/MI) with PQ bypass open

20 PQ bypasses

19 are patent

(1 occlusion due to DAPT discontinuation)
DETOUR I 12-Month Patency

Primary Patency: 73%
Primary Assisted Patency: 80%
Secondary Patency: 94%
Thank you!
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