Mid-SFA as a useful access for complex peripheral interventions

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Disclosure

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I have the following potential conflicts of interest to report:

- Consulting: Cook, Abbott
Technical considerations
Mid-SFA

- Large diameter
- Easily accessible, in general
- Supine position maintained
- Puncture:
  - Simple fluroscopy if calcified
  - During CM injection
- Sealing obtained with balloon inflation
Technical considerations

- Unfavorable aorto-iliac anatomy
- Severely diseased CFA bifurcation
- Viable mid- or distal SFA
71 y, male
few meters claudicatio
78 ys, male
Rest pain
78 ys, male
few meters claudicatio
83 yrs, male
foot ulcers and rest pain

Poor torque control
Final comments

- Mid-segment SFA retrograde access may be useful in selected SFA interventions (2.4% of cases)
- It is easier and faster than BTK and popliteal access
- It avoids repeated time-consuming and sometimes dangerous antegrade attempts
- Access sealing is obtained by simple balloon inflation
84 y, male. Creat 3.2
Gangrene/rest pain
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