COMPLEX INFRAINGUINAL CTO’s: The PRESTO Technique

Precise RETrograde Supera Tenting Ostium

Larry J. Diaz-Sandoval, MD, FACC, FSCAI, FAHA, FSVM
Director, Endovascular & Vascular Medicine Fellowship
Metro Health Hospital
Assistant Professor of Medicine
Michigan State University
Disclosures

- CSI
- Terumo
- Bard
- Spectranetics
- Abbott
- Phillips-Volcano
- Medtronic-Covidien
CHALLENGING CASE 1

- 87 y/o M, PAD, RF 5.
- s/p EVAR.
- s/p PVI 4 days before.
- Found to have cold leg in nursing home.
- Recently placed subintimal SES is...
- No flow to the foot. Cold leg.
Peripheral Intervention

What Access Would You Use??
Peripheral Intervention
Peripheral Intervention
Final Angio
Peripheral Intervention
THE GLOBAL FACE OF CLIMATE CHANGE...
“PRESTO”

• Attempt antegrade crossing.
• If unable: retrograde access.
• Retro crossing + “rendez-vous”.
• If retro access in mid-distal SFA / Popliteal: Use 6 Fr dilator to create tract, and pass stent sheathless.
“PRESTO”

• If retro access in prox tibials: 4 Fr Dilator to create tract, + sheathless stenting.

• If retro access in distal tibials, can only use PRESTO if able to pass a 5/6 Slender sheath (avoid sheathless).
“PRESTO”

Given the idiosyncrasies of the deployment mechanism of Supera, **PRESTO** allows accurate and predictable deployment of the first crown of the stent right at the Ostium.
The “PRESTO” Technique
COMPLEX INFRAINGUINAL CTO’s: The PRESTO Technique

Precise Retrograde Supera Tenting Ostium

Larry J. Diaz-Sandoval, MD, FACC, FSCAI, FAHA, FSVM
Director, Endovascular & Vascular Medicine Fellowship
Metro Health Hospital
Assistant Professor of Medicine
Michigan State University