Use of a percutaneous puncture needle for true lumen re-entry during subintimal recanalization of the SFA

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Disclosure

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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)

☐ I do not have any potential conflict of interest
• Subintimal angioplasty of the SFA has a failure rate of 10%-20% cases due to inability to reenter true lumen.

• Re-entry is dependent on runoff vessel quality
In case of no re-entry

- Re-entry device
- Retrograde

A Novel Technique?
What was the trigger for this technique?
With this method

• There is an acute decrease in the time of the procedure.

• There is no need for retrograde wires or supporting catheters, which avoids the possible dissection proximal to the lesion.
If this method failed, there is always the possibility to perform classic retrograde approach with the needle in place.
The potential limitations of this method

• The possibility of perforation of the wall of the artery by the antegrade wire and catheter. This could be avoided by gentle direction of the catheter to the tip of the needle.

• Deeply situated femoral artery in obese patients and lesions behind the knee joint.
Cleopatra's Needle
Use of a percutaneous puncture needle for true lumen re-entry during subintimal recanalization of the superficial femoral artery

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Thank You
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