PRE-RECORDED LIVE CASES OF JAPANESE STYLE EVT

「Duplex Ultrasound guided wiring for long SFA-CTO lesions 」

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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
Case presentation

- Sixties female
- Risk factor and comorbidity:
  - AP, DM, Dyslipidemia
- Target lesion: Left SFA CTO and Lt ATA subtotal lesion
- Clinical indication: Rutherford 5
- Noninvasive vascular examination:
  - Lt ABI = 0.46, SPP: Dorsal site = 42mmHg
- Strategy for Right Left SFA CTO and Lt ATA subtotal lesion:
  - Duplex-US guide wiring for SFA CTO lesion
  - Stenting for SFA and balloonning for ATA lesion
1. Puncture to lesion cross time: 14 minutes
2. Fluoroscopy time: 10 minutes
3. Distal puncture rate at last year: 1 / 178 (0.5%)
On admission
2 days after

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After a week
After 3 weeks
After 4 weeks
After 5 week
After 6 week
I believe that the Intraluminal approach is safer than the subintimal approach in using the Debulking device.

Duplex ultrasound guide wiring is an easier procedure to get the Intra plaque angioplasty, and I strongly recommend you to master this procedure.
Duplex-US guide wiring and Debridement is a very easy procedure which anybody can perform!

Yes We Can.
Yes We Did.
Yes We Can.

Thank you. God bless you. And may God continue to bless all of the interventionists.
CCT @ LINC: Japanese art of endovascular treatment: up–date

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～Why we prefer intra–plaque wiring?～

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