Percutaneous Bypass of Extra Long, Complex SFA Occlusions

10 Steps to DETOUR

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Disclosure

Speaker name:

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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)

X I do not have any potential conflict of interest
What kind of lesions? → TASC C&D

The first frontier (SFA) is still the last frontier?

Bypassing Ca++ instead of crossing it?
The DETOUR Percutaneous Bypass Procedure

- Designed to achieve the same **end-result as open bypass surgery**
- Revascularization via modular stent graft bypass
- Utilizes the **femoral vein** as a conduit

Addresses current SFA treatment limitations with a novel endovascular approach
The DETOUR Percutaneous Bypass Technology
Trio of proprietary devices designed specifically for the DETOUR procedure

Torus Stent Graft
- Self-expanding nitinol wire frame encapsulated in ePTFE
- High radial force
- Elongated, exposed end rings to prevent edge stenosis

PQ Snare
- Over-the-wire dual-caged scaffold
- Captures and extracts guidewires through the tibial vein

PQ Crossing Device
- Spring-loaded guidewire support and delivery system
- Creates initial artery-vein-artery communication
01a. Venous access - introducing 7F sheath in the ipsilateral tibial vein

Tibial and Femoral Venograms
01b. Arterial access - crossover Balkin 8F sheath

Femoral Angiogram

PTA of Prox. SFA
02. Introducing devices

PQ Snare
from the Tibial Vein

PQ Crossing Device
from Crossover Sheath
03. Crossing from the artery into the vein and snaring the wire

Using the marker, orient the needle in the direction of the PQ Snare

Creating through - and - through with 300 cm 0.014 wire
04. Anastomosis dilation

Dilate the Proximal Anastomosis
05. Creating distal anastomosis

Going back from the vein to the popliteal artery.
06. Engaging the 0.014" in the tibial and dilating distal anastomosis

Advance the 0.014” GW into the artery

Cine: Remove the PQ Crossing Device and PQ Snare, then dilate anastomosis
07. Distal Torus Stent Graft Deployment

Exchanging the 0.014 for 0.035 Supracore GW

Distal Torus placement, with at least 3 cm in the distal artery
08. Establishing the proximal landing zones and length of the bypass

Proximal landing zone

A minimum 6 cm overlap between two grafts !!!
09. Implantation of proximal Torus Stent Grafts and postdilatation

Proximal SG placement

Postdilatation
10a. Completion angiography

Proximal part of the bypass

Distal part of the bypass
10b. Completion venography

Unimpaired venous flow around the graft
What happens to the vein?

- No Clinical DVTs at 30 Days
- Femoral veins ≥ 10mm in diameter retain at least 50% of their volume and remain patent
- Duplicate femoral veins are occupied
- No observed impact on venous health
Thank You for Your Attention