Modified sheath reversal and performing one-stage angioplasty of both CLTI’s legs using one CFA access

Ivanov A., Medservice hospital, Salavat, Russia
Disclosure

Speaker name:
Andrey Ivanov

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
65-year-old female

• was admitted to the clinic from a far region with

Ds:
CLTI of both legs, Rutherford 5.
Initial data

- granulating postoperative wound of the right foot
- gangrene of the left foot 1 toe
- rest pains of both lower limbs
Initial data (US, CT)

- occlusion of the tibial arteries of both legs

- functioning autovenous femoral-popliteal bypass of the right leg (the operation was 1 month earlier in another clinic of another region)

- 80% stenosis above the proximal anastomosis was detected, which required correction and excluded direct puncture access to the right CFA
Angioplasty (step 1)
Angioplasty (step 2)
Angioplasty (step 3)
Angioplasty (step 4)
Angioplasty (step 5)
Angioplasty (step 6)
Hospital follow up

- no bleeding (the puncture hole was closed with Angioseal)

- follow-up without problems
Follow up

Home photo from patient
3.5 months later
Sheath reversal (retrograde to antegrade) according to literature data
Sheath reversal retrograde to antegrade
(another case)
Simple sheath reversal retrograde to antegrade step by step
Hospital follow up

- no bleeding (the puncture hole was closed with Angioseal)

- follow-up without problems
Take-home messages

In situations where:
- the treatment of both legs is required equally urgently,
- the availability of repeated qualified medical care for the patient, the choice of vascular accesses are limited,

one-stage angioplasty of both legs through a single access (CFA) using retrograde to antegrade sheath reversal can be considered.

- this approach also reduces the final cost of treatment and the risk of bleeding (by saving one access).
Take-home messages

- the use of ultrasound makes this maneuver safer

- turning the sheath according to the described method (on two guidewires with maximum sheath retraction) in some situations can be an easier solution compared to known methods (with a catheter)

- we used the technique both in the arterial (CFA) and (more often) in the venous system (in dialysis patients, who often require simultaneous correction of AVF and central veins)
Thank you for attention!

Contacts:
+7 (996) 582 5209
nuriv@mail.ru