

## PLAQUE EXCISION FROM TIBIAL PERONEAL TRUNK, PERONEAL, AND ANTERIOR TIBIAL ARTERIES USING THE SILVERHAWK DEVICE

### OPERATOR:

Gary Murray, MD, FACC, FACA, FASCI, FASA

### AFFILIATION & FACILITY:

Memphis Cardiology/Baptist Hospital; Memphis, Tennessee

### CLINICAL HISTORY:

This is an 81-year-old female with a history of hypertension, type 2 non-insulin dependent diabetes, and coronary artery disease. She presented with rest pain and gangrenous toes on the left foot. The foot was cold and painful to touch. The patient previously underwent an excimer laser procedure of the arteries below the knee. Lower limb amputation was recommended by a vascular surgeon.



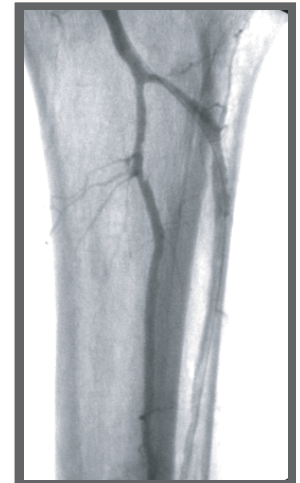
PRE-SILVERHAWK

### PROCEDURE:

Doppler study showed monophasic wave forms in the dorsalis pedis artery. Angiography revealed an occluded tibial peroneal trunk artery, and the anterior tibial artery had severe focal stenoses in the proximal section and diffuse disease in the distal portion of the vessel. Plaque excision was performed with the SilverHawk SS device in the tibial peroneal trunk and peroneal arteries, followed by the ES device in the anterior tibial artery. Post-procedure angiography showed strong flow to the foot.



PRE



POST

### RESULTS/CONCLUSION:

Subsequent to plaque excision, the patient underwent amputation of the great toe and fourth toe of the left foot. Lower limb amputation was avoided. Twenty days following the procedure, healing of the foot and remaining toes was observed, the patient had a warm foot, and a pulse was felt in the dorsalis pedis artery.

The SilverHawk device was used to successfully avoid lower limb amputation and limit amputation to the toes, after a failed prior excimer laser procedure.



20 DAYS POST-SILVERHAWK