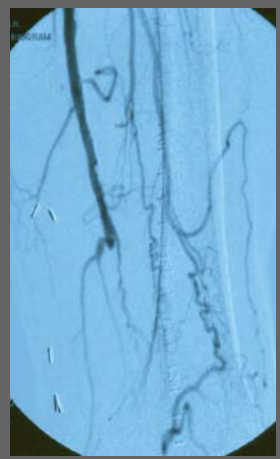


## PLAQUE EXCISION FROM A TOTALLY OCCLUDED SUPERFICIAL FEMORAL ARTERY USING THE SILVERHAWK™ DEVICE

PRE-PROCEDURE



### OPERATOR:

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### CLINICAL HISTORY:

The patient is a 76-year-old-man with at least a four-year history of left leg pain. He initially presented with a long segment occlusion of the left superficial femoral artery (SFA) and reconstitution at the infragenicular popliteal artery with some distal disease. In October 2001, the patient underwent a left common femoral artery to posterior tibial bypass graft in-situ which occluded several years later. The patient repeatedly declined intervention because of minimal symptoms due to collateral flow. Over the next several years he experienced an increasing level of leg pain and in 2005 requested intervention. Pre-operative objective workup with color flow Doppler ultrasound of the arterial system as well as a CT angiogram documented the arterial disease present. At this time, we decided to attempt an endovascular revascularization procedure using the Silverhawk plaque excision system.

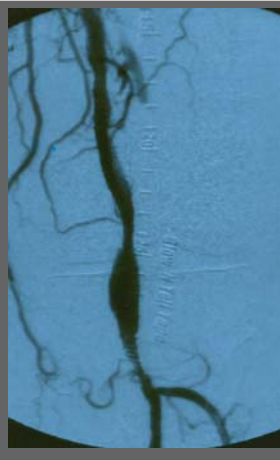
PERI-PROCEDURE



### PROCEDURE:

In April 2005, the patient was taken to the operating room. Angiography of the left lower extremity was accomplished using a contralateral approach via the right common femoral artery catheter placement and an up-and-over technique. Arteriogram revealed a totally occluded superficial femoral artery and occluded femoral-posterior tibial bypass in-situ graft. The infragenicular popliteal artery was visualized, as was in-line flow to the ankle via patent anterior and posterior tibial vessels. The left SFA total occlusion was crossed using a .035" Glidewire®/4F Glidecath® approach and the popliteal artery was canalized after exchange with a .014" Ironman™ guidewire. The .014" Ironman wire was advanced into the distal infragenicular arterial vessels. At this time, the Silverhawk LX plaque excision catheter was advanced over the wire and delivered to the target lesion. Multiple passes were performed using the Silverhawk LX catheter until the entire lesion/occlusion was debulked.

POST-PROCEDURE



### FOLLOW-UP:

Final angiogram in the operating room showed open and patent in-line flow to the infragenicular popliteal artery. After discharge, surveillance color flow Doppler ultrasound demonstrated the arteries to be open and patent. The patient is fully functional and is on anti-platelet therapy therapy of Plavix 75mg and aspirin 81mg daily.

### CONCLUSION:

The patient's left SFA CTO re-vascularization procedure was performed in April 2005 with excellent results using the Silverhawk plaque excision procedure. This is an excellent example that the Silverhawk plaque excision system can be used to open up a longstanding CTO and re-establish in-line flow to the lower leg arterial structures.