

PLAQUE EXCISION OF 100CM TOTAL OCCLUSION USING THE SILVERHAWK®

OPERATOR

C. Rex Teeslink, M.D.

AFFILIATION & FACILITY

South Georgia Vascular Institute
John Archbold Memorial Hospital
Thomasville, GA

CLINICAL HISTORY

This is an 82-year-old female, ex-smoker, with a history of CAD and prior stenting. She is an insulin-dependent diabetic and has hyperlipidemia, hypertension, congestive heart failure, anemia, osteoarthritis and PVD. She presented with left leg rest pain without tissue loss and a 0.54 ABI measurement.



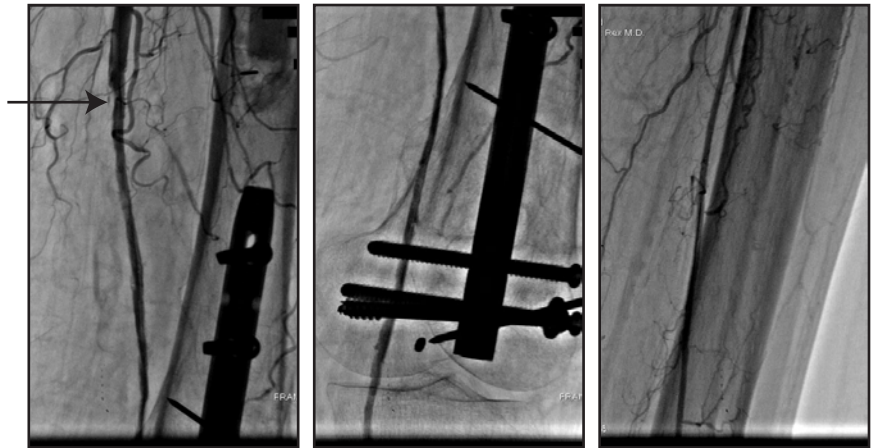
PRE-SILVERHAWK

Total occlusion of the mid-portion SFA, through distal one-third of the peroneal

PROCEDURE

Angiography of the left lower extremity demonstrated a total occlusion in the mid portion of the SFA, reconstituting in the distal one-third of the peroneal, which was the only patent vessel to the foot. The total occlusion measured 100cm in length. In addition, there was moderate disease in the patent proximal one-half of the SFA.

Contralateral access was obtained with a 7 FR Pinnacle Destination sheath. A straight .035 glide wire and quick cross catheter were utilized to cross the 100cm total occlusion. Subsequently, the entire plaque burden was debulked utilizing multiple passes with the SilverHawk LS-F and SX catheters.



POST-SILVERHAWK

Plaque burden debulked utilizing the SilverHawk LS-F and SX catheters

CONCLUSION/RESULTS

Angiography post-SilverHawk procedure demonstrated re-establishment of in-line flow from the origin of the SFA to the foot via the peroneal artery. A posterior tibial pulse was present and the foot was warm with good capillary refilling. The patient stated she could feel her foot for the first time in months.



POST-SILVERHAWK

Re-establishment of in-line flow down to the foot