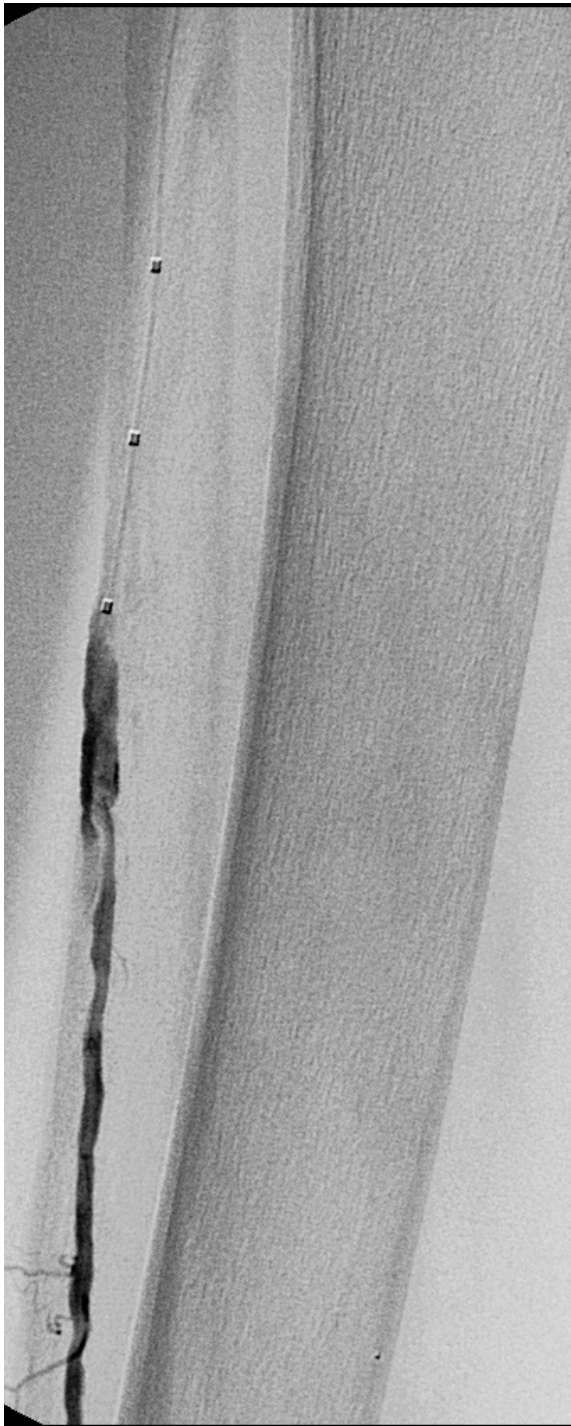


Perforation

Subintimal recanalization of Anterior Tibial with hydrophilic wire

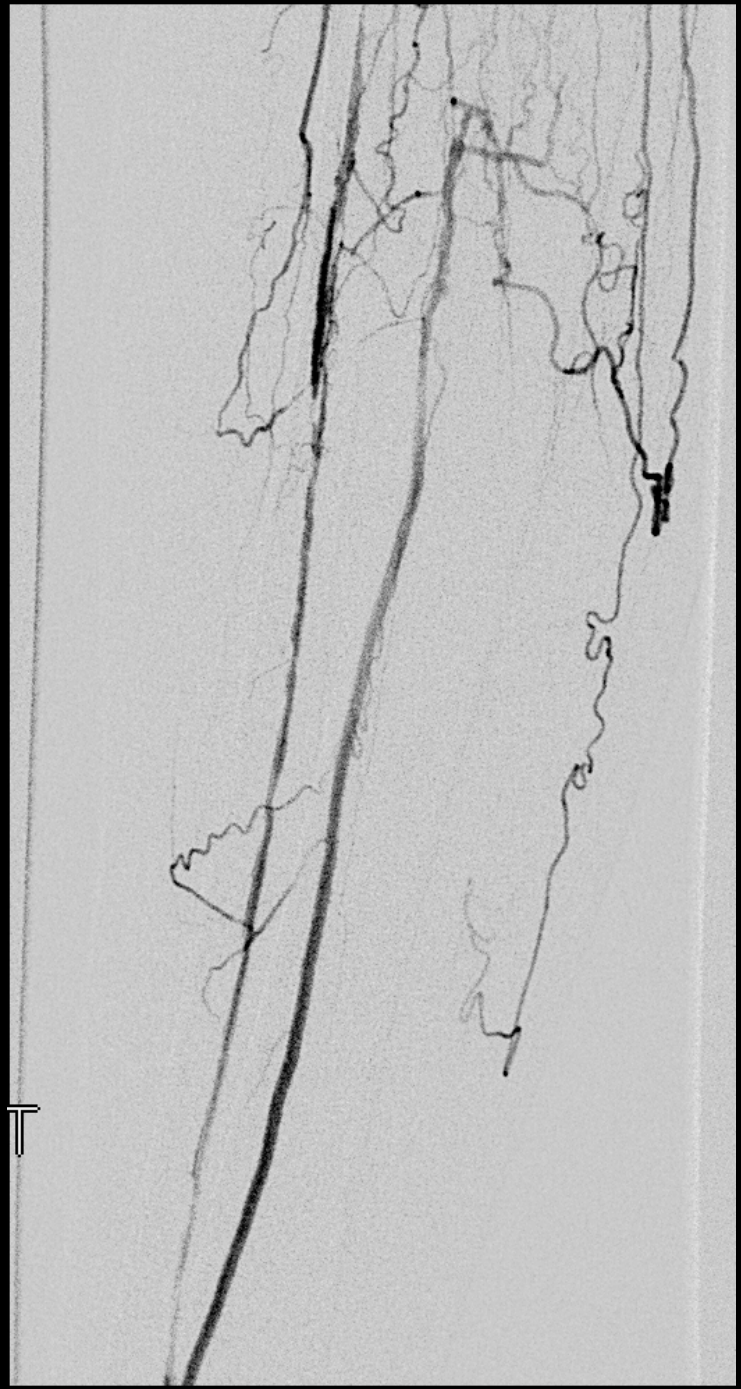






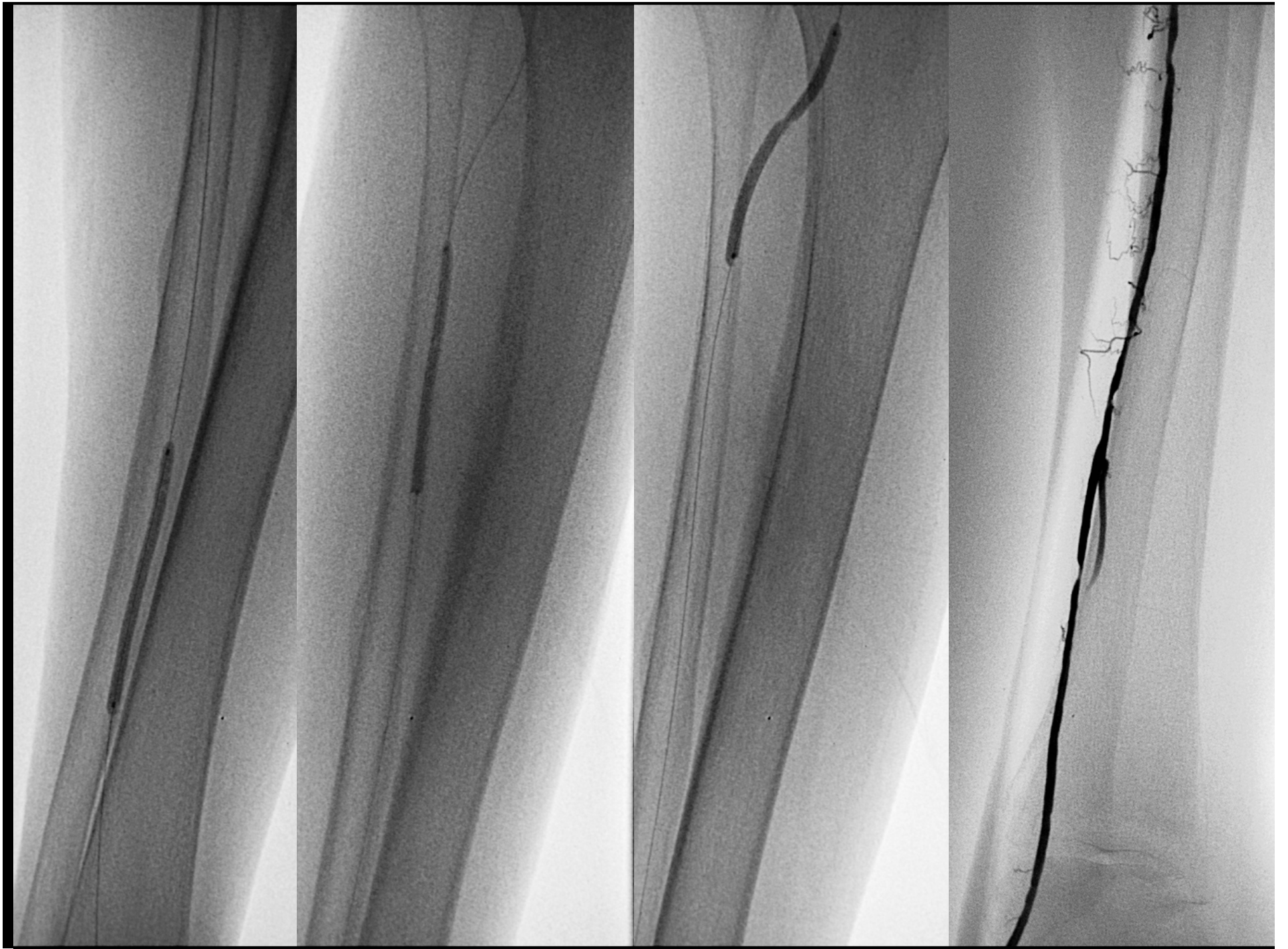












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Post-Intervention

Prior to the examination, the dorsalis pedis did not have a palpable pulse.

- However, post-intervention, a palpable pulse was present.
- Great toe wound has healed and patient has a palpable dorsalis pedis pulse 24 months after intervention.
- In this patient, all surgical options are still available



Warning: Not for diagnostic use



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Warning: Not for diagnostic use

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Warning: Not for diagnostic use

cypher 3mmx33mm=2

cypher 3.5mmx33mm=3

PRECISE 6mmx30mm=

R



Warning: Not for diagnostic use

cypher 3mmx33mm=2

cypher 3.5mmx33mm=3

PRECISE 6mmx30mm=

R



In summary

- The gold standard is still balloon angioplasty and bailout stenting
- In my practice, long balloons have allowed me to tackle challenging anatomy with:
 - shorter procedure times,
 - fewer dissections,
 - and the need for fewer stents



In summary

- New data will be available for numerous devices in the near future for CLI applications
- Potential unresolved issues include:
 - Type of stent??? at which location
 - Proximal vs distal
 - Ostial vs non-ostial
 - Calcified vs non-calcified
 - Distal embolic protection devices
 - Pressure measurements during / at completion of procedure
 - Optimized techniques for recanalization
 - True lumen vs subintimal



The last frontier

- Below the ankle.....

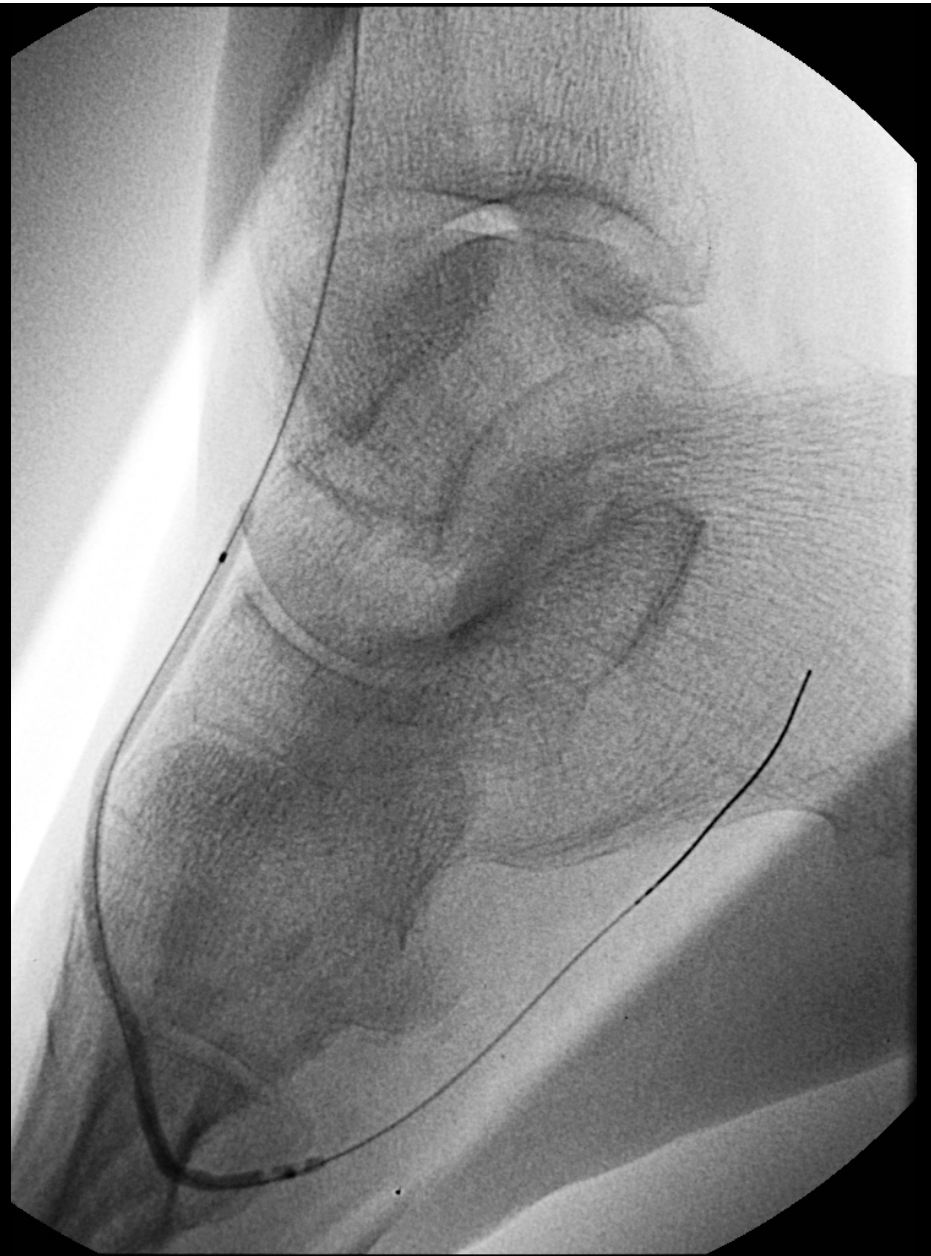


The final frontier

- Below the ankle.....

THE FINAL FRONTIER..





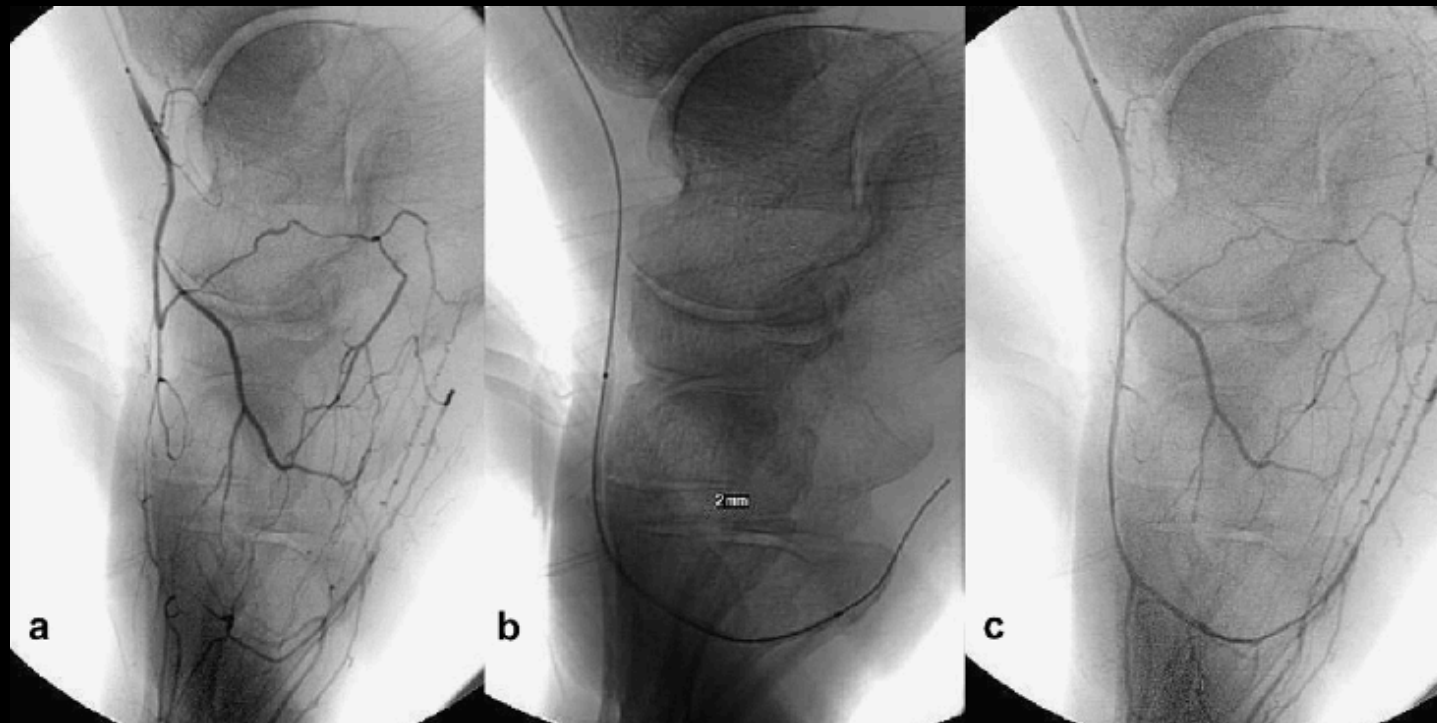
Below-the-ankle Angioplasty is a Feasible and Effective Intervention for Critical leg ischaemia

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