



VEITH Symposium 2024

With Prograde CFA Punctures, How To Easily Get The Guidewire Down The SFA Rather Than The Deep Femoral

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Faculty Disclosure

- No disclosure



Techniques for Puncturing Common Femoral Artery

- Use **Contralateral** approach:
 - short proximal SFA stump
 - Obese patients
 - Groin scar
- Use **Antegrade (Ipsilateral)** approach:
 - mid to distal SFA occlusion/stenosis
 - infrapopliteal lesion/BTK..... (CTO)
 - severe aorto-iliac tortuosity
 - thin patient

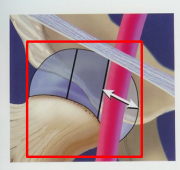


Antegrade Puncture of Common Femoral Artery

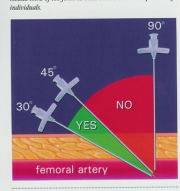
- More difficult and challenging than retrograde puncture
- Skin puncture is above the inguinal ligament, in order to enter the common femoral artery in the mid section.
- Avoid “high puncture”: sticking the distal external iliac artery..... risk of RPH
- Avoid “low puncture”: sticking the femoral bifurcation or SFA

CFA Puncture

- Mid CFA puncture allows for adequate homeostasis against the femoral head with manual compression


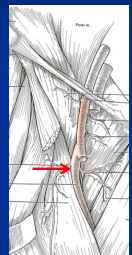


Note that the common femoral artery runs directly over the medial third of the femoral head in more than 70 percent of individuals.

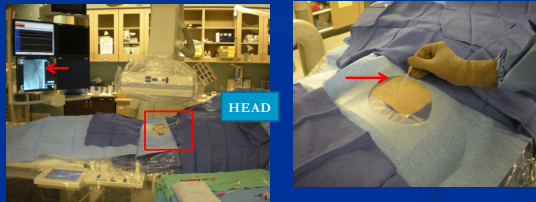


The proper puncture angle is 30 to 45 degrees.

Common Femoral Artery Bifurcation

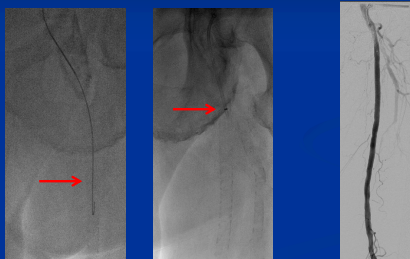
Puncture of CFA



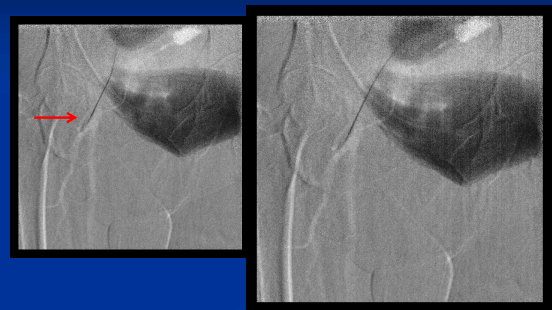
4 techniques to get into SFA

- 1) lucky.... Wires goes into SFA
- 2) Roadmap thru the needle with wire into SFA
- 3) US guidance
- 4) Sheath into DFA and wire to Access SFA thru side hole

1. Wire goes into SFA

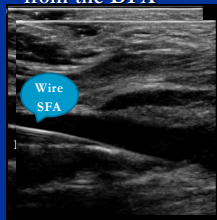


2. Road Map thru the needle



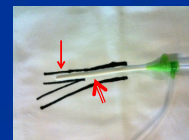
3. US Guidance

- Use Micro puncture kit with .018 wire. Guide the wire into the SFA from the DFA



4. With Sheath in DFA, then Wire the SFA

- Wire into DFA
- Sheath into DFA
- Hole in the distal part of sheath (medial)
- Use .035 wire to Access SFA



Wire and Sheath into R DFA

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