

## Local Anesthetic Injection Into Lesion Site Facilitates PTA And Stent Placement: How To Do It

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## Disclosure

Speaker name: Andrej Schmidt

I have the following potential conflicts of interest to report:  
 Consulting / speaker honorarium:

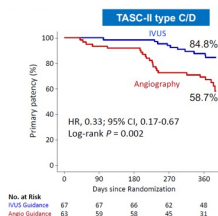
Abbott Vascular, BD, Bentley, Boston Scientific, Cook Medical, ReflowMedical, Upstream Peripheral

## IVUS-Guided DCB-Angioplasty for Femoropopliteal Disease

Young-Guk Ko, et al. Eur Heart J 2024

Prospective, multicenter, randomized  
 IVUS- vs. angio-guided DCB-PTA femoropopliteal

	angio-guided	IVUS-guided	P
N patients	118	119	
Technical success (%) (<30% residual stenosis)	61.0	76.5	0.02
Primary patency @1y (%)	70.1	83.8	0.01
Freedom from cdTLR (%)	83.0	92.4	0.02



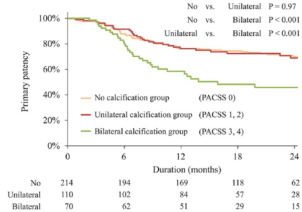
IVUS-group: larger balloon-diameter and higher pressures

## Impact of Calcification on Clinical Outcome after EVT of SFA-Disease using PACSS

Retrospective analysis of 394 consecutive patients with SFA-disease

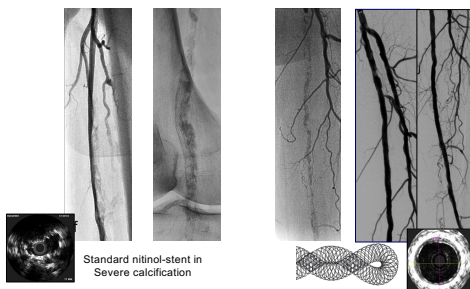
PACSS	% of patients
0	54
1	16
2	12
3	9
4	9

BMS / DES 80%  
 POBA 20%

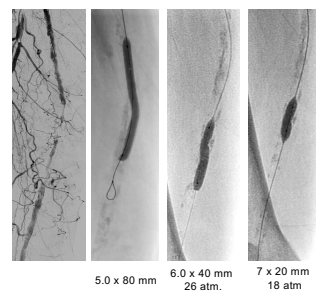


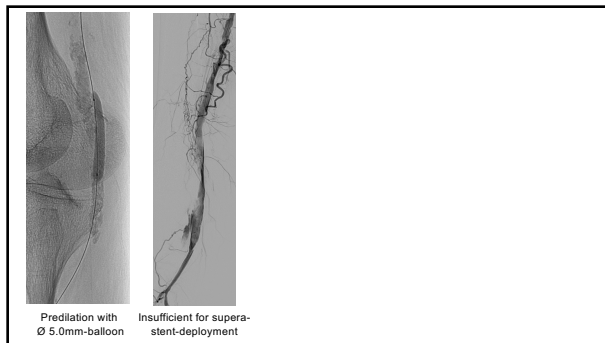
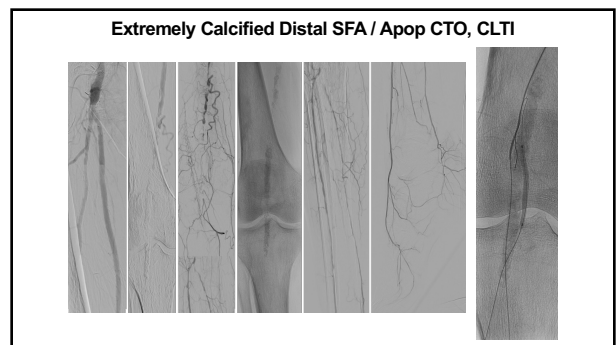
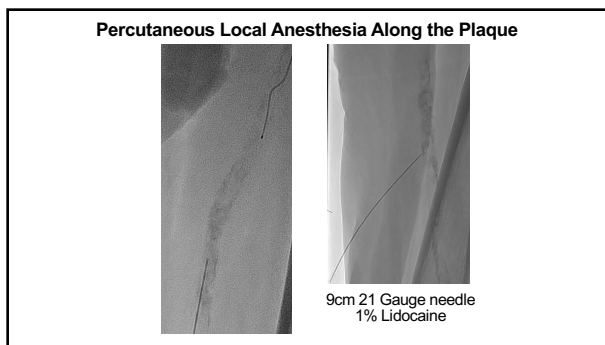
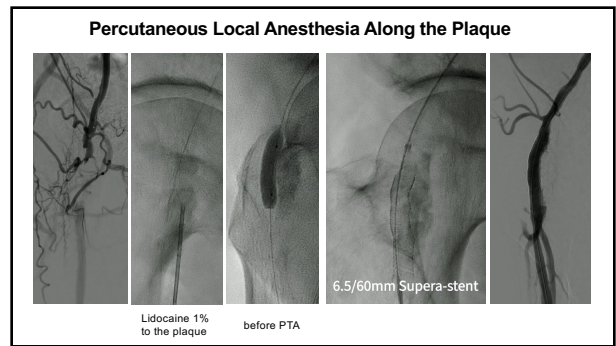
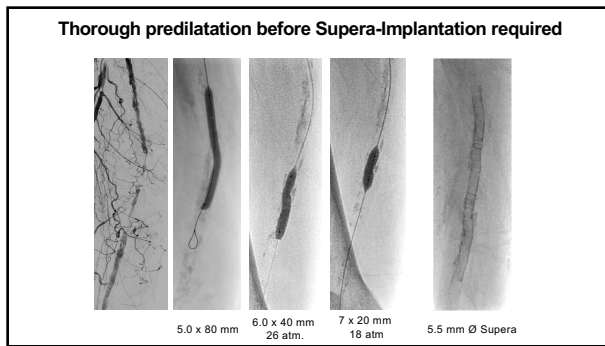
Okuno S, et al. J Endovasc Ther 2016;23:731-7

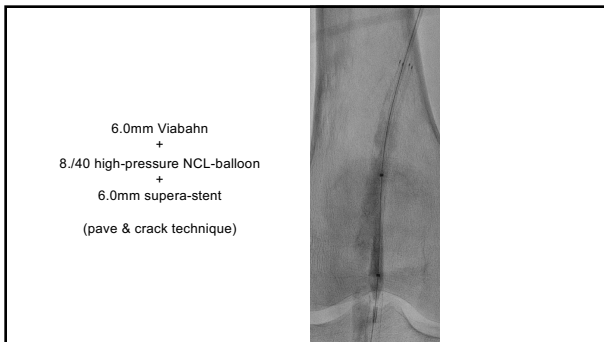
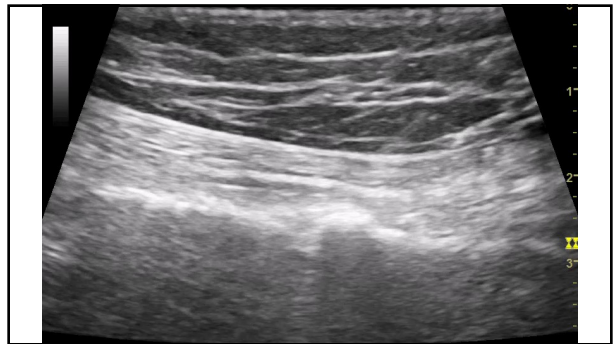
## Supera-Stent for severely calcified lesions



## Thorough predilatation before Supera-Implantation required







**Outlook: CRACK-IT - Study**

An investigator-initiated, prospective, single-center, 1:1 randomized pilot study

Head-to-head comparison of a IVL-based versus standard lesion preparation using balloon angioplasty (60:60) followed by stenting (at the operator's discretion) with an interwoven nitinol stent (supera) of femoropopliteal lesions with severe calcification.