

Disclosures

• Speaker and consultant:

- COOK Medical $^{\rm TM,}$, Boston Scientific $^{\rm TM,}$. Servier, Bayer, Boheringer, Merck Seromo, Essity, Sigvaris.

Atherectomy solves clinical problems

Characteristics of the lesion

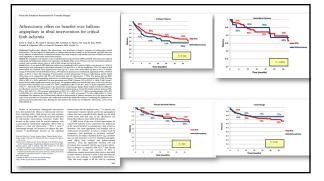
Calcium

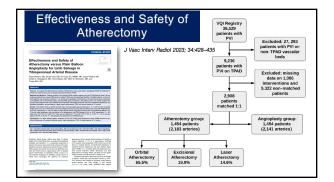
(OCTs)

Objectives of the procedure

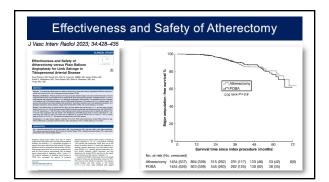
- Avoiding stenting
- In-stent restenosis Chronic Total Occlusions

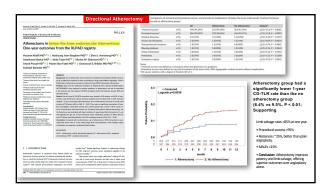
 - Gain lumen
- Soft Plaque Thrombus
- (thrombectomy)
- · Preparing the vessel Release the drug Modify the compliance of the vessel

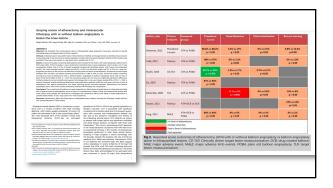




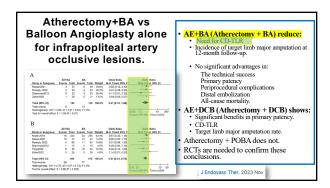
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	0.1					Table 4, Comparis	on of Outcom	on hatu	noon Tur	on of Athe	
Table 2. Procedural and Plain Balloon Ar		ompa	red betwee	h Athe	rectomy	tomy Devices Used					are I
and Fiant Balloon A						Disease					
	Atherecto	imy	POB/		P value		Number of	Laser	Orbital	Excisional	
	Data	n*	Data	n*			patients	(%)	(%)	(%)	۷
Technical success	92.9	1,438	91.0	1,441	.06	Technical success	1,438	90.8	92.6	93.9	
	4.5	1,450	6.3	1,451	.03	Stent use	1,450	4.0	4.7	4.8	
Stent use										25	
Stent use Arterial dissection	2.3	1,407	2.5	1,428	.67	Artery dissection	1,407	2.6	2.1	2.5	
Arterial dissection		1,407	2.5		.67	Artery dissection Artery perforation	1,407	2.6 1.0	2.1	1.8	
Arterial dissection Arterial perforation	2.3 1.3	1,447	0.6	1,448	.06						
Arterial dissection Arterial perforation Distal embolization	2.3 1.3 1.2	1,447 1,445	0.6	1,448 1,448	.06 .73	Artery perforation	1,447	1.0	1.3	1.8	
Arterial dissection Arterial perforation Distal embolization Hematoma	2.3 1.3 1.2 2.8	1,447 1,445 1,445	0.6 1.1 2.6	1,448 1,448 1,450	.06 .73 .72	Artery perforation Distal embolization	1,447	1.0 0	1.3 1.9	1.8 0.1	
Arterial dissection Arterial perforation Distal embolization Hematoma In-hospital mortality	2.3 1.3 1.2 2.8 0.8	1,447 1,445 1,445 1,454	0.6 1.1 2.6 0.6	1,448 1,448 1,450 1,454	.06 .73 .72 .65	Artery perforation Distal embolization Major amputation	1,447 1,445 1,454	1.0 0 8.7	1.3 1.9 3.8	1.8 0.1 3.8	
Arterial dissection Arterial perforation Distal embolization Hematoma	2.3 1.3 1.2 2.8 0.8 1.7	1,447 1,445 1,445 1,454 1,454	0.6 1.1 2.6	1,448 1,448 1,450 1,454 1,454	.06 .73 .72	Artery perforation Distal embolization Major amputation Minor amputation	1,447 1,445 1,454 1,454	1.0 0 8.7 2.9	1.3 1.9 3.8 2.8	1.8 0.1 3.8 3.5	

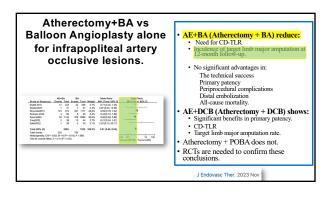


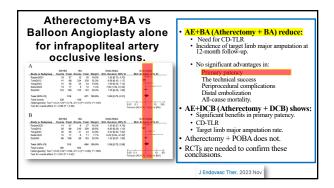


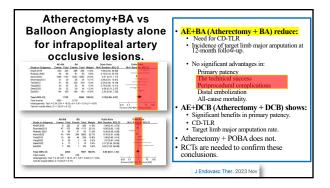


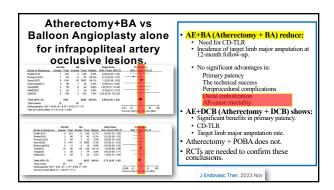
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		Republic (2013)	175	178-83	20	The others	10.0720								
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Versus Balloon Angioplasty Alone for	man (ref. org														
Infrapopliteal Arterial Disease	S Sage														
		ALC: FCA	1244	78+12	481 (53.85)	KN(TTO	CK (8175)								
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Haichao Wa, MH 10, Dandan Zheng, MM ¹² , Long Zhou, BM ¹ , Qiang Wang, MM ¹ ,		PDa PDa	D 25	718+168	15-9610	TRUMPIC .	21,040	11/3/3							
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November 2022. The endpoints included technical success, primary patency, clinically-driven															
(CD-TLF), pergrocedural complications, detail embolization, target limb mgor angutation,		PEA	160												
Results: Ten studies met the requirements of our meta-analysis, including 7722 patient		CONTRACT OF LOCAL													
with reduced CD-TLR (with ratio [CR] 631, 928 confidence interval [CE 034, 678, pr	r=0.382) and Garget Bolk-major	Continues this are pres	CALL & PERSON	Contraction of the local distance	super survey	and the second pro-		_	_						
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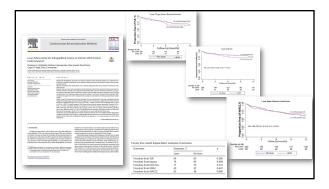


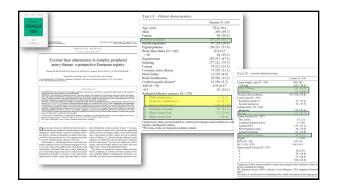


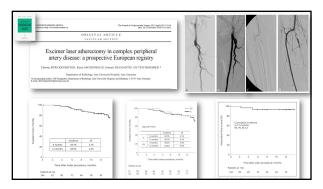


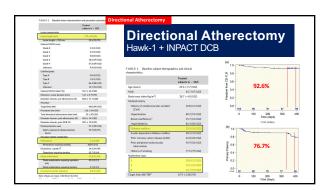


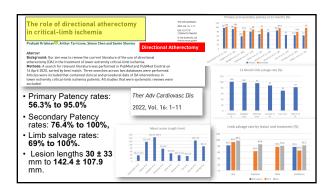


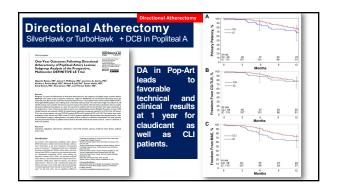


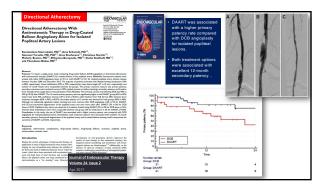


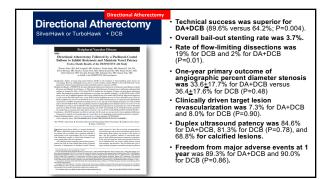


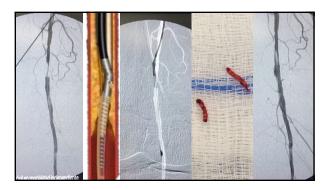


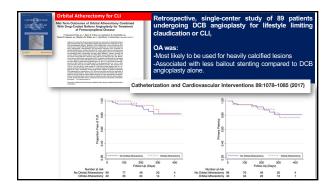


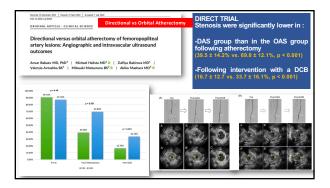


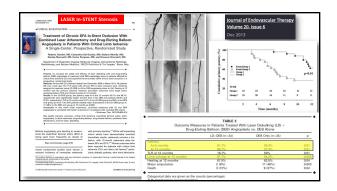












In-Stent Stenosis

Treatment of intra-stent restenosis (ISR) by balloon angioplasty (BA) of the femoropopliteal segment (FP) is associated with a high rate of restenosis

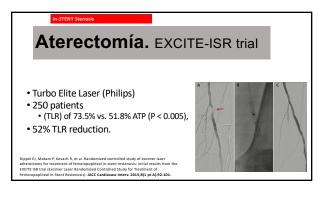
TLR rate of 31% to 47% and patency rates as low as 28% to 37% at 1 year.

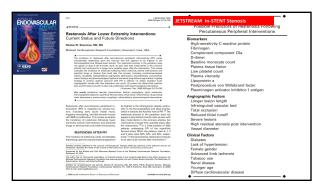
Bosiers M. Deloose K. Callaert J. et al. Superiority of stentgrafts for in-stent restencis in the superficial femoral artery: twelve-month results from a multicenter randomized trial. J Endovasc Ther. 2015;22:1–10.

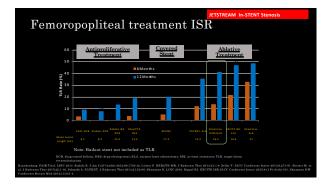
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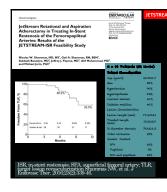
Liistro F, Angioli P, Porto J, et al. Paclitaxel-eluting balloon vs. standard angioplasty to reduce recurrent restenosis in dia-betic patients with in-stent restenosis of the superficial femo-ral and proximal popliteal arterise: the DEBATE-ISR study. J Endovasc Ther. 2014;21:1–8.

Endowsz Ther. 2014;21:1-8. Krankebrage H, Tilder T, Ingevensn M, et al. Drug-coated balloon versus standard balloon for superficial femoral a terry in-stem treatenosis: the randomized femoral Artery In-Stemt Restenosis (FAIR) trial. *Circulation.* 2015;132:2230–2236. Dippel EJ, Malam P, Kovach R, et al. Randomized controlled study of exciner laser atherectomy for treatment of femoro-popilteal in-stemt restemosis: initial results from the EXCIP Bit trail (SICINET user Manager Controlled Study for Treatment of FemoropopilTeal in-Stemt Restemosis). ACC Conflows: finery. 2015;6(1): PAJ2-10.







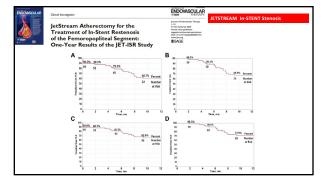


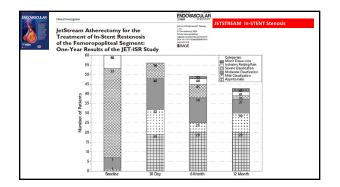
Jetstream ISR Feasibility Study

- Prospective viability registry at 2 U.S. centers, evaluating detStream atheroectom; in the treatment of femorphyphical restenoses in the stent (30%)
 Jetstream was the first treatment modality all patients had adjuvant balloon angioplasty
- Results
 91% Technical Success (<30% residual stenosis without EAS)
- stenosis without EAS)

 No new fracture or interruption of the stent (CORE LAB)
- (CORE LAB)
 TLR: 14% at 6 months and 41% at 12 months







Conclusions

Atherectomy can help not only prepare the vessels, but also avoid dissections and get the right light.

Atherectomy is also a good option in patients with CLTI and DM patients with $\ensuremath{\mathsf{PAD}}$

Each device can have different applications depending on the case.

Directional and rotational atherectomy works well with eccentric and/or calcified lesions For ISR laser and rotational atherectomy are good options