

Less Invasive And More Effective Hybrid Method For Restoring Patency To Occluded PTFE Bypasses Using A Fluoroscopically Guided Adherent Clot Remover

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VEITH SYMPOSIUM
Connecting The Academic Community

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DISCLOSURES –

None

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Occluded PTFE Grafts

- Endovascular only Rx is good, but *not* in all cases
- Grafts closed > 2 weeks
- Prolonged Ischemia – need quick revascularization
- Resilient distal 'plug'



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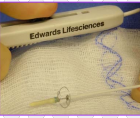
Occluded PTFE Grafts

- Open Surgery
 - Difficult dissection through scar tissue
 - Increased risk of graft infection
 - Usually requires general anesthesia

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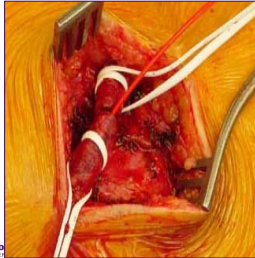
Hybrid Technique

- Combination of open surgical and endovascular techniques
- Rapid revascularization
- Deal with fibrous distal plug
- Can be performed under local anesthesia
- Avoids difficult dissection through scar tissue
- Decreased risk of infection

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Graft Dissection and Initial Thrombectomy



- Local Anesthesia
- Graft exposed in accessible area
- Transverse graftotomy
- Thrombectomy

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Perform Initial Angiogram




DR. COVATTAZZI
LEFT FEMORAL ANGIOGRAM

DISTAL ANASTAMOSIS →

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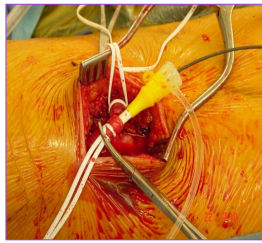
Trouble Passing Anastomosis



- If necessary pass a 0.014" wire.
- Pass over-the-wire Fogarty balloon.

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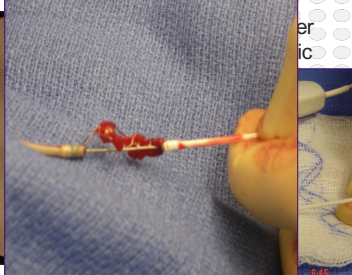
Maintaining Hemostasis



- Work through 11 Fr Sheath
- Tighten vessel loops or umbilical tape

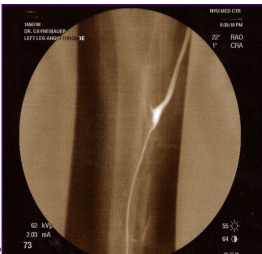
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Mechanical Thrombectomy Catheter



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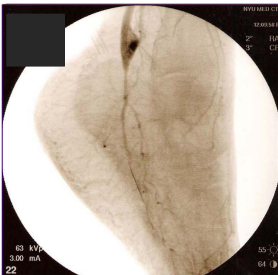
Endovascular Treatment of Lesion



- Stenosis at distal anastomosis

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PT Bypass – Fibrous plug



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