NaviCross™

Support Catheter

Case Report

TELESCOPE TECHNIQUE

Dr. David Jarosz and Dr. Christopher Miller

TERUMO
INTERVENTIONAL
SYSTEMS

Dr David Jarosz (Interventional Radiology Fellow) & Dr Christopher Miller (Consultant Interventional Radiologist); Leeds Teaching Hospitals NHS Trust

Telecope Technique

CLINICAL HISTORY PATIENT

- An 85 year old patient presented with left foot rest pain and toe ulceration.
- Recent right femoral-below knee popliteal bypass and subsequent crural angioplasty requiring retrograde access and recanalization for right toe ulceration.
- Ischaemic heart disease with previous coronary stenting.
- Non-smoker and not diabetic.

PATIENT CLINICAL HISTORY
BASELINE IMAGING & ANGIOGRAPHY
PROCEDURE
FINAL ANGIOGRAPHY & OUTCOMES
CONCLUSION

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TERUMO INTERVENTIONAL SYSTEMS

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BASELINE IMAGING & ANGIOGRAPHY

- Multifocal stenotic disease within the distal superficial femoral artery (SFA), near occlusive in the adductor canal segment.
- No inline flow below-the-knee.
  - Occluded anterior tibial (AT) and posterior tibial (PT) arteries
  - Mid peroneal artery occlusion with distal target well developed collateral filling the PT at the ankle

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PROCEDURE

- Performed under General Anaesthesia due to poor tolerance of the previous right leg angioplasty.
- Left CFA antegrade access (6Fr).
- Left SFA stenoses crossed using Terumo Radifocus™ Guide wire M and 0.035" Navicross™ catheter. 5mm plain balloon (Sterling™, Boston Scientific) and 5mm drug coated balloon (In-Pact™, Medtronic) angioplasty of the distal SFA stenoses.
- An initial attempt was made to cross the long PT occlusion however this was unsuccessful.
- The peroneal artery occlusion was crossed with difficulty eventually achieved utilising 0.035" 90cm and 0.018" 130cm NaviCross™ catheters as a co-axial system (Telescope Technique) with a combination of 0.014" Asahi Astato™ and Gladius wires. It was difficult tracking balloons across the occlusion - only a 1.25mm (Tercross™, Terumo) could be advanced on the wire which after initial angioplasty permitted passage and further dilatation with a 2mm x 120mm balloon (Coyote™, Boston Scientific).
- Closure device (6Fr)

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FINAL ANGIOGRAPHY & OUTCOME

- Satisfactory angiographic result with satisfactory SFA improvement and single vessel peroneal flow restored. Patient discharged with outpatient wound follow-up.

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Telecope Technique

CONCLUSION

- Using 0.018" and 0.035" NaviCross™ catheters together as part of a co-axial system ((Telescope Technique) provides increased support and excellent trackability in recanalizing difficult chronic crural occlusions.
- Small calibre Tercross™ balloons can be used to prepare the vessel if a larger balloon cannot initially be advanced.

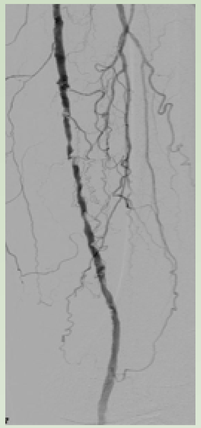

Fig. 1. SFA pre-intervention

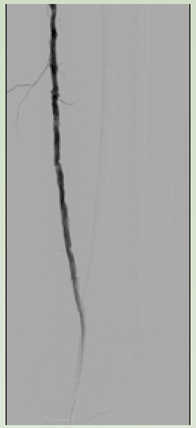

Fig. 2. SFA post angioplasty

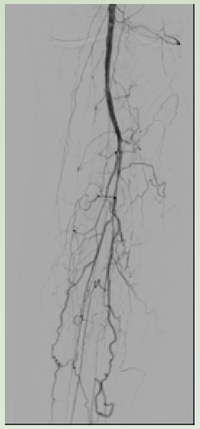

Fig. 3. Crural pre-intervention

Fig. 4. Co-axial 0.035" and 0.018" Navicross™ catheters

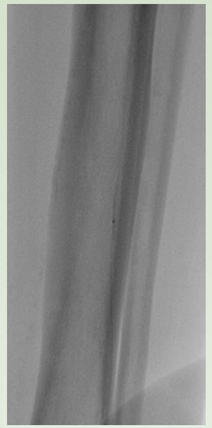

Fig. 5. 1.25mm Tercross™ angioplasty

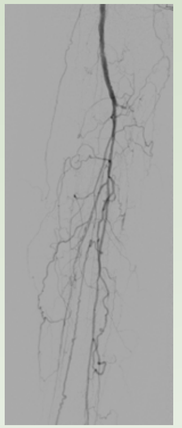

Fig. 6. Peroneal post angioplasty

CONTACT

Terumo Corporation
+81 3 6742 8500

Terumo Europe N.V.
+32 16 38 12 11

Terumo
Interventional Systems EMEA
+33 1 47 16 09 30

EMEA Sales Offices

Terumo Europe N.V.
Africa Business Division
+32 16 38 13 08

Terumo Europe N.V.
Benelux Sales Division
Belgium:
0800 14468
The Netherlands:
0800 0231938

Terumo Europe N.V.
Emerging Market Division
+32 16 38 12 11

Terumo Deutschland GmbH
+49 6196 8023 0

Terumo Deutschland GmbH
Österreich
+43 2236 378020

Terumo Deutschland GmbH
Switzerland
+41 56 419 10 10

Terumo Europe España SL
+34 902 10 12 98

Terumo France S.A.S.
+33 1 30 96 13 00

Terumo Italia S.r.l Unipersonale
+39 06 94 80 28 00

Terumo Russia LLC
+7 495 988 4740

Terumo Sweden AB
+46 3174 85 880

Terumo Middle East FZE
+971 4 292 0200

Terumo UK Ltd
+44 1276 480440

Terumo BCT Tıbbi Cihazlar
Dağıtım ve Hizmetleri A.Ş.
+902 16 645 92 00

Terumo Poland Sp. z o.o.
+48 22 120 16 00

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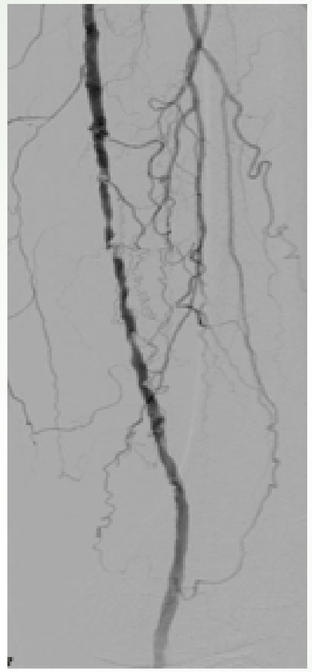

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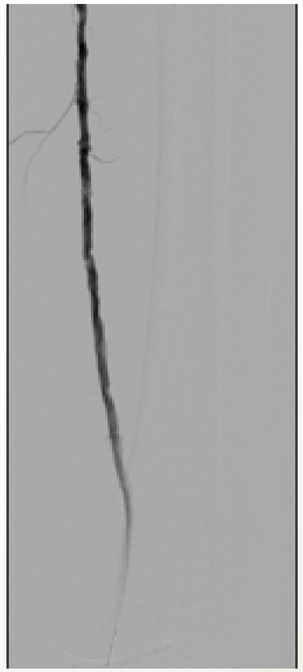

Fig. 2. SFA post angioplasty

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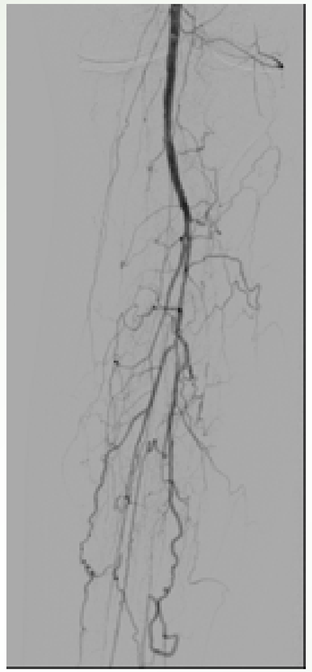

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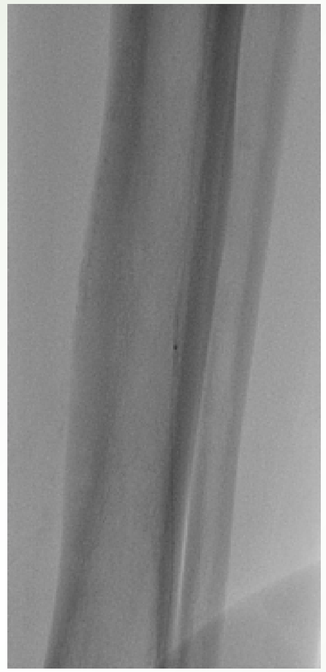

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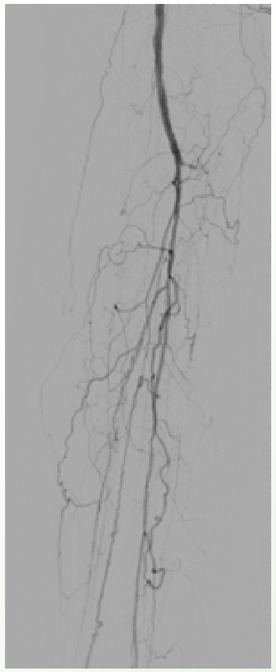

Fig. 6. Peroneal post angioplasty