Latest techniques for crossing of aortoiliac occlusions – Why is the bi-directional approach the best?

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Disclosure

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Nothing to disclose
Problem of single access to Iliac CTO-Recanalization

Dissecting into the common femoral artery
Problem of Retrograde Iliac Recanalization
Problem of retrograde Iliac CTO-Recanalization

Dissecting into the aorta
Single retrograde access for Iliac CTOs

- Easy retrograde guidewire-passage
- Rotarex-thrombectomy
- Implantation of a covered stent
Single retrograde access for Iliac CTOs

No-flow
Unrecognized retrograde dissection into the aorta
Unrecognized retrograde dissection into the aorta
Extension of stents into the aorta

Kissing-, covered-Stents
Bi-directional approach for complex aorto-iliac occlusions
Three Access-Sites, transbrachial GW-Passage
Guidewire 'Meeting-Point' Within the Occlusion
Implantation of Covered Stents via femoral access

CERAB-technique
CTOs limited to the common iliac artery

Severely calcified and dilated
CTOs limited to the common iliac artery

Severely calcified and dilated
Two Options to facilitate GW-passage using bi-directional approach

'CART'-technique

Double-balloon-technique
Result:
covered stenting CIA
The bi-directional approach for complex iliac CTOs

- Facilitates guidewire-passage significantly
- Can be complemented by using the CART/double Balloon technique
- Guarantees a very precise recanalization with no dissection proximal and distal to the CTO and no elongation of the lesion into the healthy segment
- Is safer than uni-directional approach
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