RE ENTRY CATHETER FOR CHRONIC TOTAL OCCLUSIONS OF SFA: SINGLE CENTRE EXPERIENCE

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Introduction and Objective
Recalization of Chronic Total Occlusions (CTO’s) of Superficial Femoral Artery is still the Achille’s Heel in peripheral disease.
The re entry in the distal true lumen during sub intimal technique is the main problem, specially in long and calcified obstructions.
Aim of the study was to evaluate effectiveness, safety and mid term patency of the re entry catheter for SFA disease.

Methods
In order to evaluate effectiveness, safety and mid term patency of re-entry Outback catheter (OUTBACK™ LTD™, Cordis) we retrospectively collected 250 SFA recanalizations performed in our institution between January 2013 and December 2018 (215 for Critical Limb Ischemia, 35 for Intermittent Claudication).
In our institution Outback catheter is off the shelf.
The study included patients with Rutherford class 4-5-6, only CTO’s lesions, for a total of 180 cases; we excluded patients in dialysis.

Results
In all the procedures the targeted true lumen was at the popliteal artery above the knee.
The recanalization of the SFA was performed only in sub intimal technique.
The OUTBACK catheter was used in 22 cases (12.2%) ever after multiple attempts with standard catheters. Technical success was achieved in 81.8% (18/22 cases) and no complications were detected.
Patency at 6 months was 85% at ultrasound scan examination.

Conclusions
In our experience the use of OUTBACK re entry catheter for few and selected SFA recanalization is a safe and usefull off the shelf tool as the last endovascular resort after standard technique failure, which minimizes the sacrifice of healthy popliteal artery.