Learn to Cross like a Pro: Tricks from an Italian Maestro

Dr. M. Manzi

Interventional Radiology Unit
Foot & Ankle Clinic
Policlinico Abano Terme
Regional Center of Reference for Diabetic Foot Treatment
Abano Terme (PD) ITALY
## DISCLOSURE:

Marco Manzi, MD

<table>
<thead>
<tr>
<th>Company</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABBOTT Vascular</td>
<td>Consultant</td>
</tr>
<tr>
<td>ALVIMEDICA</td>
<td>Consultant</td>
</tr>
<tr>
<td>ANGIODROID</td>
<td>Consultant</td>
</tr>
<tr>
<td>BDBard</td>
<td>Consultant</td>
</tr>
<tr>
<td>BIOTRONIK</td>
<td>Consultant</td>
</tr>
<tr>
<td>BOSTON SC.</td>
<td>Consultant</td>
</tr>
<tr>
<td>COOK</td>
<td>Consultant</td>
</tr>
<tr>
<td>MicroMedical Solution</td>
<td>Consultant</td>
</tr>
<tr>
<td>PHILIPS</td>
<td>Consultant</td>
</tr>
<tr>
<td>TERUMO</td>
<td>Consultant</td>
</tr>
</tbody>
</table>
Our Everyday Strategy

Step-by-step crossing strategy

# Antegrade approach
1. Endoluminal approach
2. Subintimal approach

# Retrograde approach
1. Pedal-Plantar Loop Technique
2. Trans-collateral approach
3. Retrograde percutaneous puncture
About Wires: TIPS and Shape

- Straight can go straight only...
- Try to relate angles and length of bends to the vessel’s size
- Double bends for acute angles
About Wires: TIPS and Shape

- Use dedicate tool.
- Shape with finger tip.
We use the non-cutting edge of a blade;
GuideWires: Suggestion for Choice

- Wire escalation concept: start with a hydrophilic, core to tip, low tip load;
- Spend long time with the same wire in the same and different situations: you must know advantages, limitations and disadvantages of that wire very well;

- “Knowing a Wire is more or less as Knowing a woman: if you have a different one for every different dinner you’ll never know who is really sitting in front of you” (M.Manzi);
Manipulation: Drilling without PUSH

CA++ LONG OCCLUSION and Perforation
P.L.. 62 yo

Type 2 DM, Ischemic Neuropathy, Hypertension;

Right I Toe TUC 2C lesion; TcPO2=7 mmHg;
Consider Anatomy and Collaterals
Pre-medication: Nitrate 200 microg/2ml 0.014 Asahi Fielder + Tokai Microcath Cornelian
S.C.
DM, Hypertension
Previous amputation Right IV° Toe;
Gangrene III° Toe;
• Poor Calcium;
• Seems to be BAD;

• Distal DP occlusion;
• PTibial and plantars occlusion;
• Arch Interruption;
• First Choice: Through AT and DP

• 4F BER II + Command ES 0.014
Perforation/Rupture
Do Not Forget = 0.035 System...

- **Plan B**: Through PT and plantar

- 4F Ber II / Navicross + Half Stiff Terumo 0.035 wire
Navicross + Command ES Abbott 0,014 wire
• After PTA 3 mm PT +2,5 mm Lateral Plantar + 2 mm Arch
Crossing Lesion Ca+++ Lesions

How To Manage Balloons Crossing Once Wire Crossed The Lesions
Crossing Lesion Ca+++ Lesions

- Pull from Out (BadBoys Technique);
- Piercing Technique;
- Cracking with a minisurgical exposure;
Pull from Out

18 G Stick and 0.014 GW externalization
Torquer at the Balloon wire cone and ONE GW-Balloon System creation
CONCLUSIONS

• Try to be Confident with few wires;
• Respect the Wires Escalation Concept;
• Rotation and push avoiding intraluminally;
• Consider all Anatomical possible Routes;
• Never Give Up;
LIVE CASES FROM POLICLINICO ABANO TERME & GVM - VILLA MARIA CECILIA
Learn to Cross like a Pro: Tricks from an Italian Maestro

Dr. M. Manzi

Interventional Radiology Unit
Foot & Ankle Clinic
Policlinico Abano Terme
Regional Center of Reference for Diabetic Foot Treatment
Abano Terme (PD) ITALY