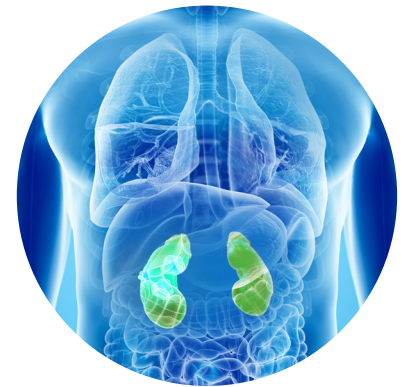


CASE STUDY: RENAL CRYOABLATION

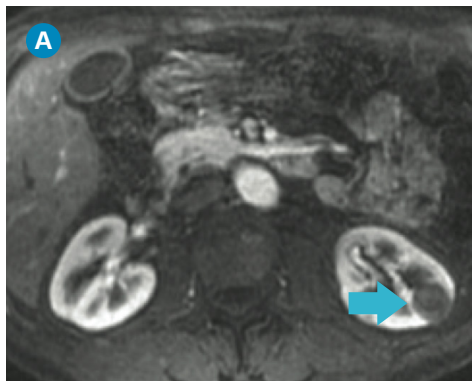
Adjacent Structures and RCC

Shamar Young, MD | University of Minnesota | Minneapolis, MN



PRESENTATION

- 66-year-old male
- 2.0 cm x 2.1 cm left sided, endophytic RCC
 - Biopsy confirmed clear cell renal cell carcinoma **A**



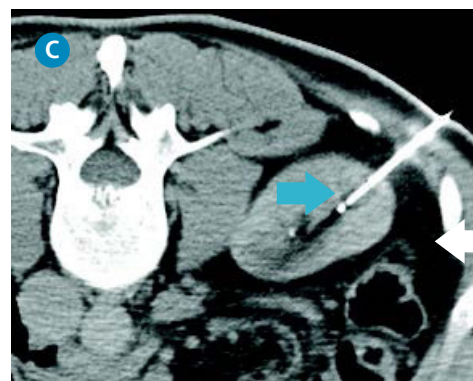
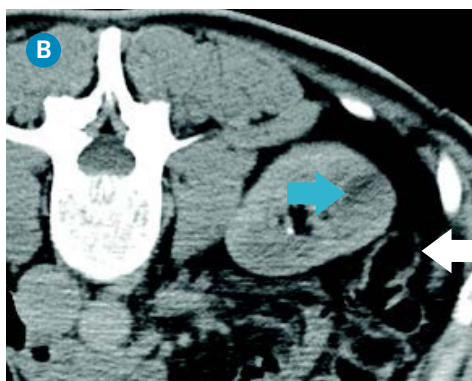
Contrast enhanced MRI demonstrates a 2.0 cm x 2.1 cm left sided endophytic RCC

TREATMENT

- Cryoablation was performed using three IceRod™ 1.5 CX needles for treatment
- A yueh needle was utilized to introduce normal saline to hydrodissect away the adjacent colon



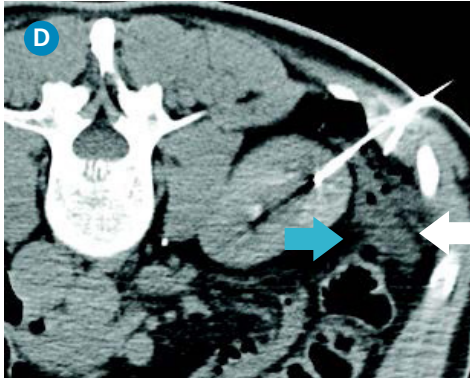
- Initial CT images on the day of the procedure demonstrates the lesion (blue arrow) and adjacent colon (white arrow) which would likely be injured if not moved **B C**



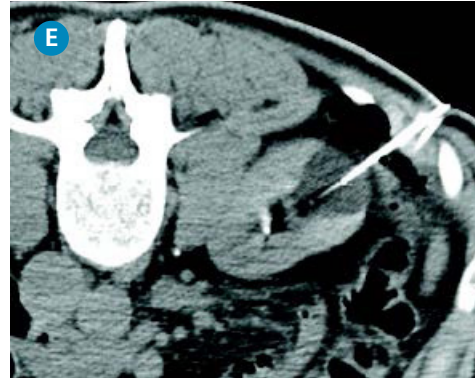
IceRod™ 1.5 CX needle entering the RCC (blue arrow). The adjacent colon remains too close to the anticipated ablation zone (white arrow)

Cryoablation: Adjacent Structures and RCC

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After accessing the space adjacent to the colon, normal saline was infused to push the colon away (blue arrow)



After hydrodissection cryoablation was successfully performed

OUTCOME

- The patient had no pain or significant complaints; he was discharged the same day of the procedure and returned to work the next day
- He continues to be without evidence of residual/recurrent disease one-year later **F**



One-year follow up CT demonstrates no evidence of residual or recurrent disease. A non-enhancing, expected, ablation zone (blue arrow) is noted

CONCLUSION

- At times endophytic lesions or adjacent structures are cited as reasons for not offering cryoablation. However, adjacent structures are commonly movable utilizing various techniques and endophytic lesions are almost always visible with CT or US guidance. These scenarios should not preclude patients from being offered cryoablation

CT: Computed Tomography

CRYOABLATION NEEDLES (IceSeed 1.5, IceSphere 1.5, IceSphere 1.5 CX, IceRod 1.5, IceRod 1.5 PLUS, IceRod 1.5 i-Thaw, IceRod 1.5 CX, IcePearl 2.1 CX and IceForce 2.1 CX) and ICEFX and VISUAL ICE CRYOABLATION SYSTEMS

INDICATIONS: The Galil Medical Cryoablation Needles and Systems are intended for cryoablative destruction of tissue during surgical procedures. The Cryoablation Needles, used with a Galil Medical Cryoablation System, are indicated for use as a cryosurgical tool in the fields of general surgery, dermatology, neurology (including cryoanalgesia), thoracic surgery (with the exception of cardiac tissue), ENT, gynecology, oncology, proctology, and urology. Galil Medical Cryoablation Systems are designed to destroy tissue (including prostate and kidney tissue, liver metastases, tumors and skin lesions) by the application of extremely cold temperatures. A full list of specific indications can be found in the respective Galil Medical Cryoablation System User Manuals.

CONTRAINDICATIONS: There are no known contraindications specific to use of a Galil Medical Cryoablation Needle. **POTENTIAL ADVERSE EVENTS:** There are no known adverse events related to the specific use of the Cryoablation Needles. There are, however, potential adverse events associated with any surgical procedure. Potential adverse events which may be associated with the use of cryoablation may be organ specific or general and may include, but are not limited to abscess, adjacent organ injury, allergic/anaphylactoid reaction, angina/coronary ischemia, arrhythmia, atelectasis, bladder neck contracture, bladder spasms, bleeding/hemorrhage, creation of false urethral passage, creatinine elevation, cystitis, diarrhea, death, delayed/non healing, disseminated intravascular coagulation (DIC), deep vein thrombosis (DVT), ecchymosis, edema/swelling, ejaculatory dysfunction, erectile dysfunction (organic impotence), fever, fistula, genitourinary perforation, glomerular filtration rate elevation, hematoma, hematuria, hypertension, hypotension, hypothermia, idiosyncratic reaction, ileus, impotence, infection, injection site reaction, myocardial infarction, nausea, neuropathy, obstruction, organ failure, pain, pelvic pain, pelvic vein thrombosis, penile tingling/numbness, perirenal fluid collection, pleural effusion, pneumothorax, probe site paresthesia, prolonged chest tube drainage, prolonged intubation, pulmonary embolism, pulmonary insufficiency / failure, rectal pain, renal artery/renal vein injury, renal capsule fracture, renal failure, renal hemorrhage, renal infarct, renal obstruction, renal vein thrombosis, rectourethral fistula, scrotal edema, sepsis, skin burn/frostbite, stricture of the collection system or ureters, stroke, thrombosis/thrombus/embolism, transient ischemic attack, tumor seeding, UPJ obstruction/injury, urethral sloughing, urethral stricture, urinary fistula, urinary frequency/urgency, urinary incontinence, urinary leak, urinary renal leakage, urinary retention/oliguria, urinary tract infection, vagal reaction, voiding complication including irritative voiding symptoms, vomiting, wound complication, and wound infection. PI-719210-AA

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary. All trademarks are the property of their respective owners.

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