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OBSIDIO™ Conformable Embolic | PUBLICATION SUMMARY

A Single Institution Experience with a Shear-Thinning Conformable Embolic for Endovascular Embolization

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STUDY OVERVIEW

- Case series of the first 21 patients treated with Obsidio Embolic at a single academic center (Rutger's University, New Jersey) from October 2023 to February 2024
- Study assessed safety and feasibility of Obsidio Embolic for treatment in peripheral vasculature

METHODS

- First 21 patients treated at the site were retrospectively reviewed
- Technical success was defined as stasis, as assessed by a static contrast column for at least 5 heartbeats on post-embolization angiography.
- Clinical success was assessed in peripheral vascular hemorrhage and defined as resolution without reintervention within 30-day follow-up
- Adverse events classified by CIRSE criteria

RESULTS

- Access vessel, indication, microcatheters, procedure time, follow-up time, etc. in table to the right.
- Technical success: 100% (n = 21/21) vessels
- Clinical success: 8/8 (100%) in patients with peripheral vascular hemorrhage and >30-day follow-up. 5 of 13 patients with peripheral vascular hemorrhage were not assessed due to follow-up <30 days. Clinical success in other indications were not measured.
- 0 post-procedure adverse events or rebleeding
- In preperative embolization (n=4), estimated blood loss ranged 50 to 400 cc with no operative complications
- 0 nontarget embolizations
- 5 (23.8%) patients were coagulopathic within prior to embolization (INR >1.5)
- Obsidio Embolic volume utilized per embolization: 0.1 – 1.4 cc, 20/21 used less than 1 cc
- 4 procedures used a coil backstop prior to Obsidio Embolic delivery to prevent distal embolization (splenic artery, GDA, 2x lower pole renal branch)
- 2 patients received pre-cryoablation embolization, with no hemorrhage noted on post-procedure CT imaging

Table 1: **Patient and procedure characteristics and embolization outcomes**

Patient characteristics	
Age: median (range)	61.5 (12–89)
Sex, male: n (%)	18 (85.7)
Indication: n (%)	
Hemorrhage	13 (61.9)
Preoperative embolization	4 (19.0)
Pre-cryoablation embolization	2 (9.5)
Pre-Yttrium-90 intrahepatic flow diversion	1 (4.7)
Variceal embolization	1 (4.7)
Procedure characteristics and outcomes	
Access vessel: n (%)	
Common femoral artery	8 (38.1)
Radial artery	12 (57.1)
Internal jugular vein	1 (4.7)
Microcatheter	
2.4 French: n (%)	13 (61.9)
2.8 French: n (%)	8 (38.1)
Procedure time, minutes: median (range)	68 (30–188)
Fluoroscopy time, minutes: median (range)	12.7 (3.9–34.8)
Adjunct embolic used: n (%)	4 (19.0)
Stasis achieved: n (%)	21 (100)
Length of follow-up, days: median (range)	57 (0–244)
Treatment-related adverse events: n (%)	0 (0)
Reintervention rate (%)	0 (0)

DISCUSSION

- Obsidio Embolic provided reliable vessel occlusion with no procedure-related adverse events, no cases of rebleeds, and no off-target embolizations in this case series
- Measurement of clinical success was limited to 8 patients with peripheral hemorrhage and >30-day follow-up but agrees with previously published studies by Pal et. Al. and Drews at. Al.
- Obsidio Embolic may provide advantages over traditional liquid embolics including limited preparation delay, lack of catheter entrapment, improved control, and reduced CT artifact
- Larger sample sizes and multicenter studies are needed; the ongoing OCCLUDE registry seeks to further elucidate the safety and effectiveness of Obsidio Embolic embolization

Read the full study here: https://doi.org/10.1007/s00270-025-04012-y

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Kola O, Shukla P, Haque H, Kumar A. A Single Institution Experience with a Shear-Thinning Conformable Embolic for Endovascular Embolization. Cardiovasc Intervent Radiol. 2025;48(4):559-566. doi:10.1007/s00270-025-04012-y

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PI-2172202-AA