



ELUVIA™ DRUG-ELUTING VASCULAR STENT SYSTEM

CASE 4 | TREATING A SFA CTO USING SEISMIQ™ INTRAVASCULAR LITHOTRIPSY SYSTEM
AND ELUVIA™ DRUG-ELUTING VASCULAR STENT SYSTEM

PRESENTED BY:

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HISTORY

DIAGNOSTIC FINDINGS

TREATMENT APPROACH

CALCIUM MODIFICATION STRATEGY

DEFINITIVE TREATMENT STRATEGY

IMPLANT PROCEDURE

TREATMENT RESULTS & OUTCOMES

HISTORY

PATIENT DEMOGRAPHICS

48-year-old patient

PRESENTING SYMPTOMS

Lifestyle-limiting claudication of the bilateral lower extremities: Rutherford Class 3

MEDICAL HISTORY

Symptoms present for several years
Peripheral arterial disease
Failed conservative therapy, including

- Exercise therapy
- Medical/conservative treatment

CLINICAL INTERPRETATION

Symptomatic peripheral arterial disease with lifestyle-limiting claudication requiring endovascular intervention.

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DIAGNOSTIC FINDINGS

FEMOROPOPLITEAL SEGMENT

Pre-procedural CTA showed left superficial femoral artery (SFA) chronic total occlusion (CTO) with heavy calcification

LESION CHARACTERISTICS

- CTO with ambiguous proximal cap morphology
- Proximal cap dives into a collateral branch, making antegrade crossing difficult
- Distal cap less hostile and more favorable for crossing

OVERALL ASSESSMENT

- CTO complexity driven primarily by proximal cap ambiguity and vessel morphology, rather than lesion length
- Crossing strategy dependent on cap characteristics and calcification

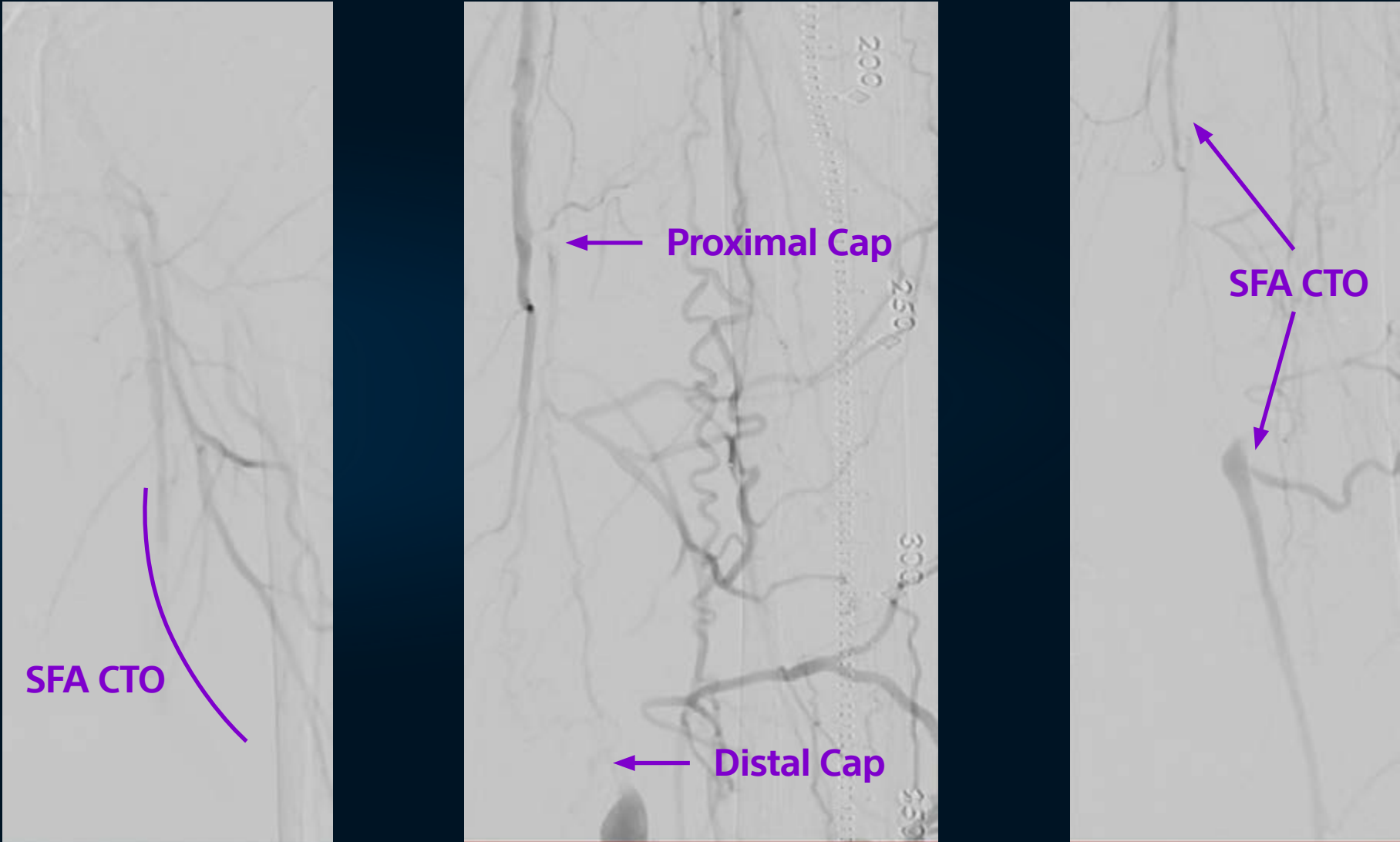
TREATMENT GOAL

Revascularization of left SFA

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DIAGNOSTIC FINDINGS

PRE PROCEDURE ANGIO - LEFT SFA CTO



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TREATMENT APPROACH

KEY PROCEDURAL RISKS

- Failure to cross due to ambiguous proximal cap
- Subintimal passage

ANATOMIC CHALLENGES

- Proximal cap deflects guidewires into a collateral branch
- Difficulty achieving antegrade true lumen entry

TREATMENT STRATEGY GOALS

- Successfully cross CTO
- Optimize vessel preparation for drug delivery
- Achieve durable long-term patency

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TREATMENT APPROACH CALCIUM MODIFICATION STRATEGY		HISTORY	
SELECTED TECHNOLOGY SEISMIQ™ Intravascular Lithotripsy (IVL) System		DIAGNOSTIC FINDINGS	
RATIONALE FOR SEISMIQ™ IVL SELECTION Enable effective vessel preparation Facilitate plaque modification to enhance long-term outcomes		TREATMENT APPROACH	
IVL TREATMENT TECHNIQUE Full lesion treatment followed by targeted emitter use Selected activation of emitters to conserve pulses and focus therapy		CALCIUM MODIFICATION STRATEGY	
RESULT OF CALCIUM MODIFICATION Improved vessel compliance Identification and treatment of focal calcified segments Vessel prepped for drug delivery		DEFINITIVE TREATMENT STRATEGY	
		IMPLANT PROCEDURE	
		TREATMENT RESULTS & OUTCOMES	

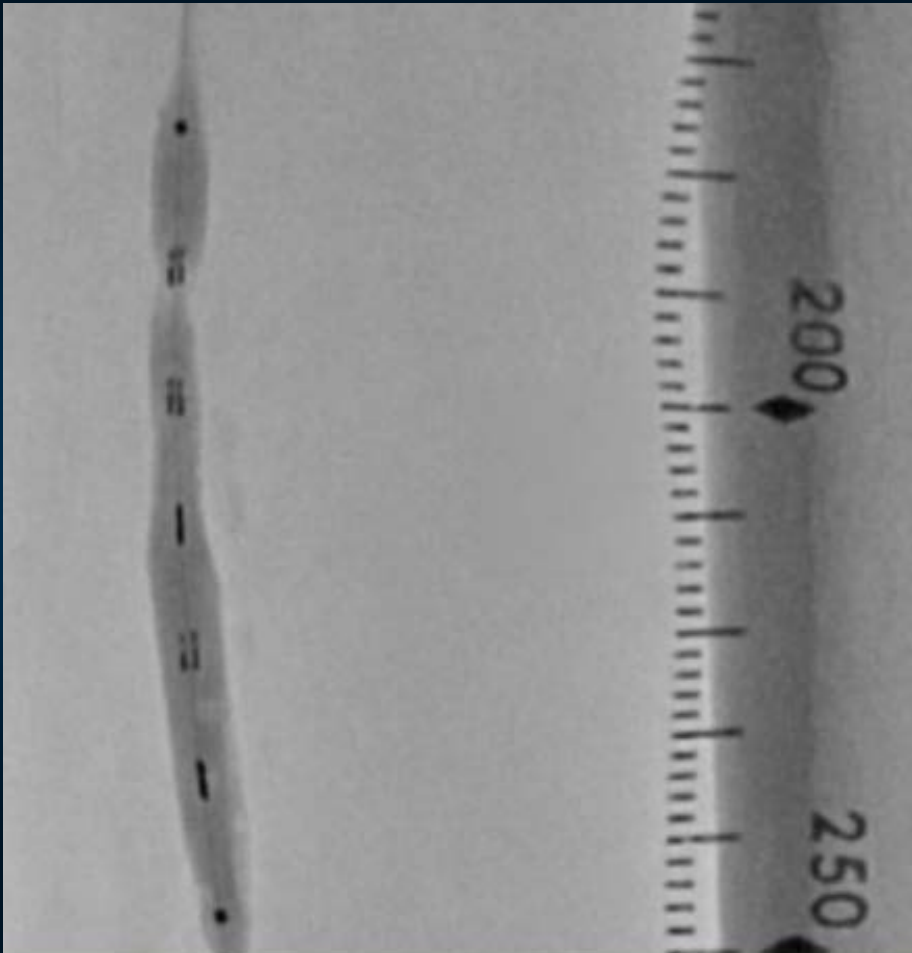


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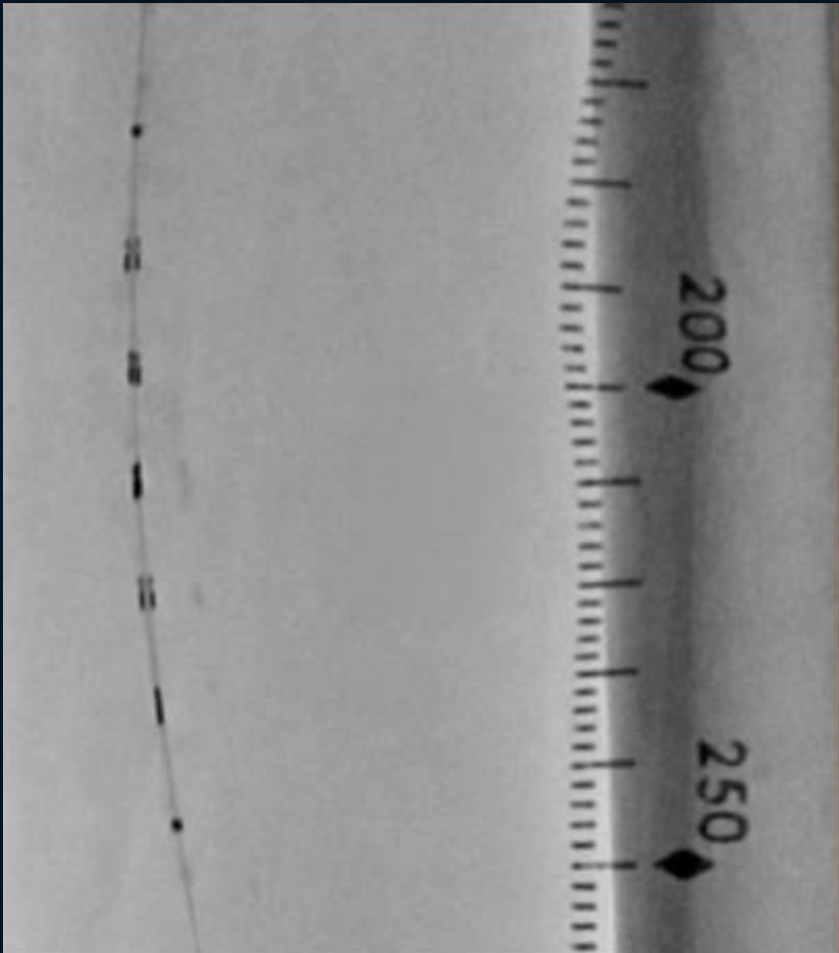
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TREATMENT APPROACH | CALCIUM MODIFICATION STRATEGY

6X60 SEISMIQ - 600 PULSES



6X60 SEISMIQ - 600 PULSES



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TREATMENT APPROACH | DEFINITIVE TREATMENT STRATEGY

POST PREPARATION ASSESSMENT

Presence of flow-limiting dissection

THERAPEUTIC GOAL

- Maintain luminal patency
- Address dissection
- Ensure durable long-term results

DEVICE STRATEGY

Eluvia™ Drug Eluting Stent was selected due to the presence of dissection and long CTO.

As an IMPERIAL investigator, Dr. Golzar continues to select Eluvia over other drug coated stents due to it’s proven superiority and robust outcomes in long complex lesions.¹

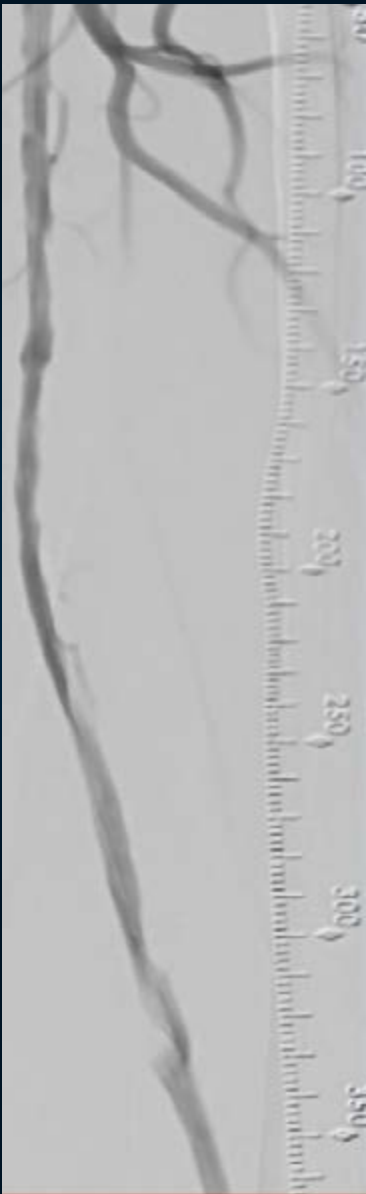
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¹Golzar et al. J Endovasc Ther. 2020; doi:10.1177/1526602820901723.
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IMPLANT PROCEDURE		HISTORY	
CROSSING STRATEGY Initial antegrade attempt was unsuccessful due to ambiguous proximal cap Retrograde (pedal) access was obtained Retrograde channel balloon angioplasty was performed Antegrade rewiring was performed following channel creation		DIAGNOSTIC FINDINGS	
STENT DEPLOYMENT Two ELUVIA™ drug-eluting 150 mm stents deployed Full lesion coverage achieved		TREATMENT APPROACH	
		CALCIUM MODIFICATION STRATEGY	
		DEFINITIVE TREATMENT STRATEGY	
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IMPLANT PROCEDURE

POST IVL



2 ELUVIA: 7X150



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COMPLETION ANGIOGRAPHIC RESULTS

- Successful revascularization
- Improved luminal flow
- Resolution of flow-limiting dissection following stent placement

TECHNICAL OUTCOME

- Effective CTO crossing using combined retrograde and antegrade strategy
- Successful vessel preparation and drug delivery

CLINICAL SIGNIFICANCE

- Demonstrates importance of cap morphology over lesion length in CTO crossing strategy
- Highlights precision IVL therapy with targeted emitters
- Illustrates the use of ELUVIA™ DES following treatment of a flow-limiting dissection and it’s role in supporting durable outcomes in long calcified lesions

PATIENT OUTCOME

- Successful intervention for lifestyle-limiting claudication
- Expected improvement in symptoms and functional status following successful revascularization.

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TREATMENT RESULTS & OUTCOMES

INTEGRATED TREATMENT STRATEGY

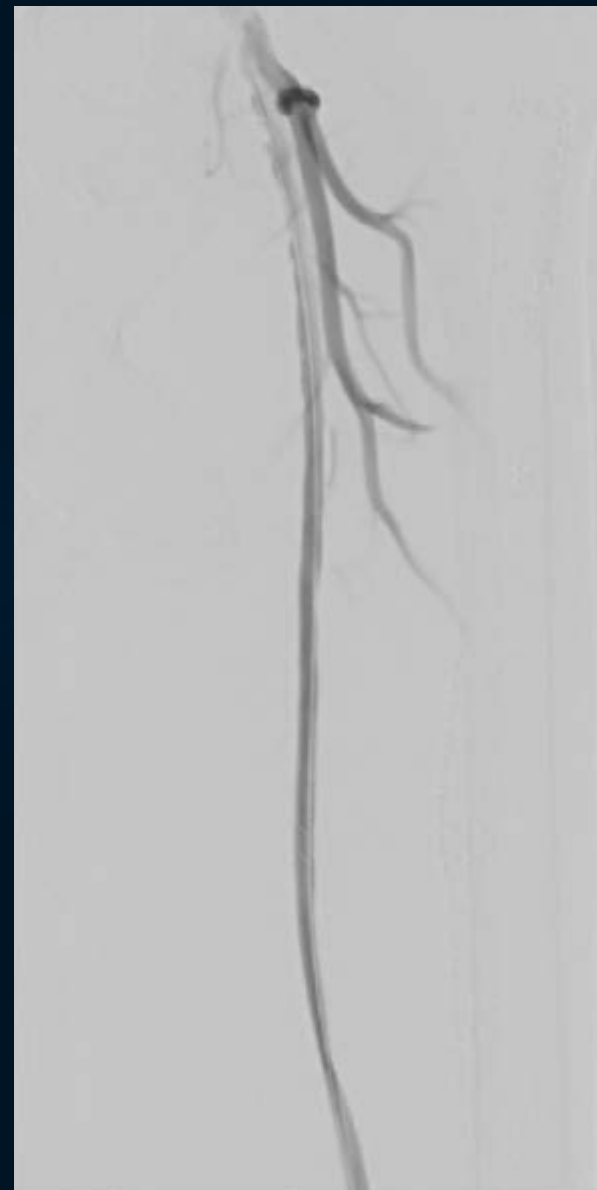
SEISMIQ™ IVL:

- Enabled targeted calcium modification

ELUVIA™ Drug-Eluting Stent:

- Addressed dissection
- Delivered sustained drug therapy
- Maintained vessel patency

COMPLETION ANGIOGRAM



**LISTEN TO DR. GOLZAR
HIGHLIGHT THE FULL CASE HERE**

Results from a single case. Individual outcomes may vary.

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ELUVIA™ Drug-Eluting Vascular Stent System
Indications, Safety, and Warnings
<http://bostonscientific.com/eluvia-indications>



SEISMIQ™ Intravascular Lithotripsy System
Indications, Safety, and Warnings
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