



ELUVIA™ DRUG-ELUTING VASCULAR STENT SYSTEM

CASE 5 | **THREE YEAR FOLLOW UP:** A CASE OF CHRONIC LIMB-THREATENING ISCHEMIA USING JETSTREAM™ ATHERECTOMY, ELUVIA™ DRUG-ELUTING STENTS AND RANGER™ DRUG-COATED BALLOON

PRESENTED BY:

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PATIENT DEMOGRAPHICS

85-year-old female patient

PRESENTING SYMPTOMS

Multiple non-healing wounds of the left foot

Chronic limb-threatening ischemia (CLTI)

MEDICAL HISTORY

Type 2 diabetes mellitus

Stage 3 chronic kidney disease

Hypertension

Advanced peripheral arterial disease (PAD)



CLINICAL INTERPRETATION

High-risk patient with CLTI, tissue loss, significant comorbidities and threatened limb viability requiring urgent revascularization to restore perfusion and support wound healing.

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DIAGNOSTIC FINDINGS

FEMOROPOPLITEAL SEGMENT

Complete occlusion of the left superficial femoral artery (SFA)

Popliteal artery occlusion with distal reconstitution into a severely diseased popliteal artery

BELOW-THE-KNEE FINDINGS

Single-vessel runoff to the foot via the anterior tibial artery

Limited distal perfusion contributing to impaired wound healing

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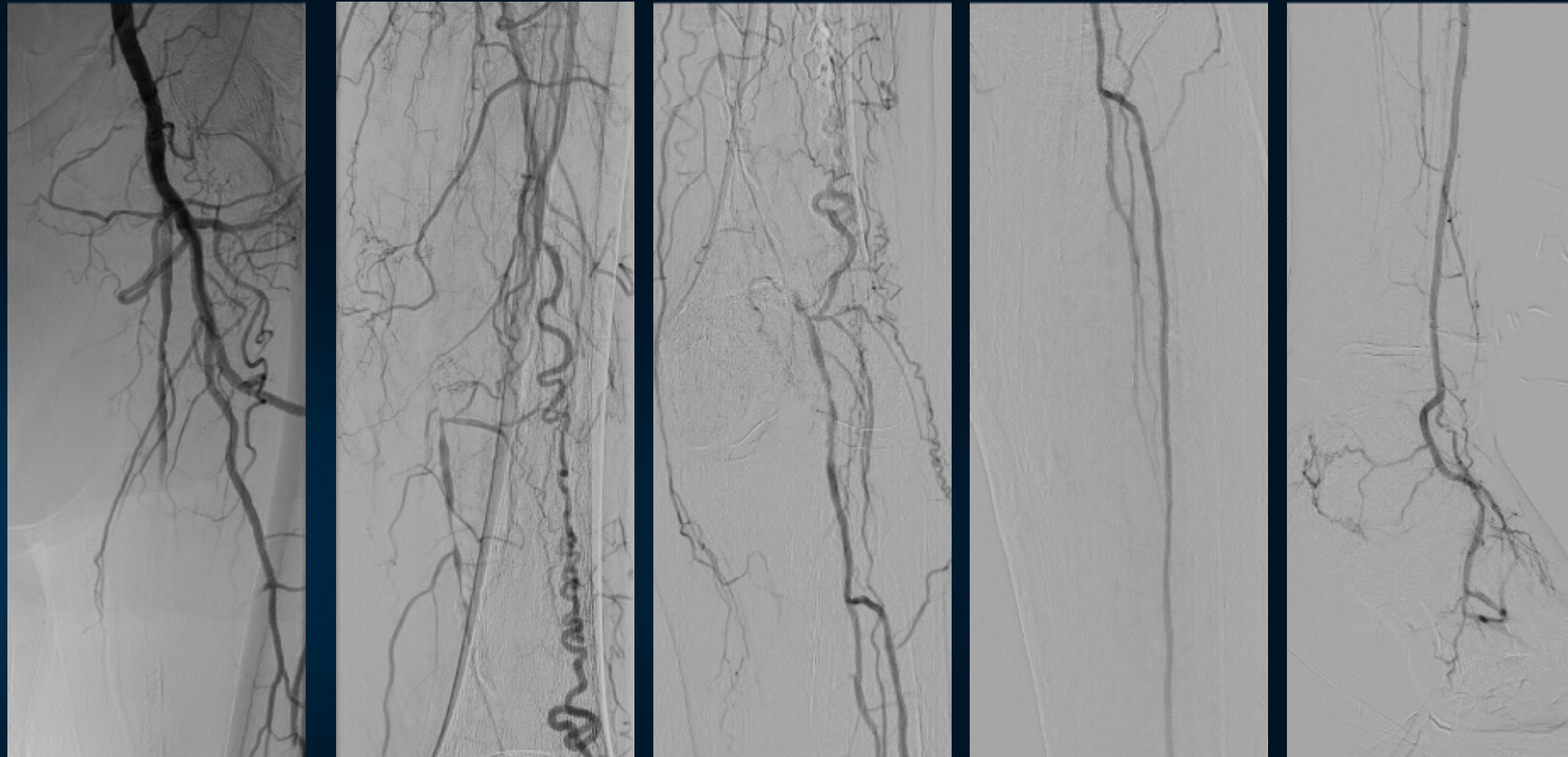




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DIAGNOSTIC FINDINGS



BASELINE ANGIOGRAPHY DEMONSTRATED THE FOLLOWING FINDINGS

Long-segment SFA and popliteal occlusion

Distal reconstitution occurred in a diseased popliteal segment

Single-vessel anterior tibial runoff supplied the foot

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DIAGNOSTIC FINDINGS

IVUS ASSESSMENT

Extensive calcification throughout the vessel wall

Mixed plaque morphology with severe stenotic disease

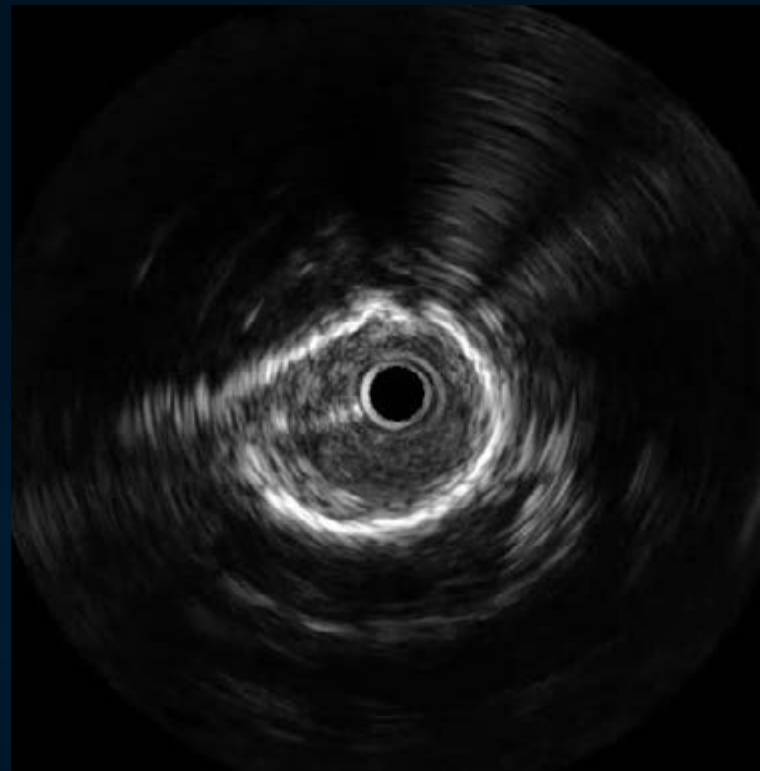
OVERALL ASSESSMENT

Complex femoropopliteal occlusive disease in a CLTI patient with calcified plaque burden and a single runoff vessel, placing the limb at substantial risk.

TREATMENT GOAL

Restore inline flow to the foot, promote wound healing, preserve limb viability, and achieve durable long-term patency.

IVUS SOFTWARE



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KEY PROCEDURAL RISKS

- Distal embolization in a single-vessel runoff limb
- Loss of critical foot perfusion
- Flow-limiting dissection after vessel preparation
- Restenosis within heavily calcified disease

ANATOMIC CHALLENGES

- Long-segment femoropopliteal occlusion
- Severe calcific plaque burden
- Diseased popliteal artery
- Only one patent runoff vessel to the foot

TREATMENT STRATEGY GOALS

- Maintain true lumen access
- Modify and debulk plaque burden
- Optimize vessel expansion and drug delivery
- Minimize embolic complications
- Achieve durable revascularization

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TREATMENT APPROACH | DEFINITIVE TREATMENT STRATEGY

POST PREPARATION ASSESSMENT

Balloon angioplasty was performed with a 6 mm Sterling™ PTA balloon sized 1:1 using IVUS guidance

Flow-limiting dissection identified in the P2/P3 popliteal segment

THERAPEUTIC GOAL

- Address dissection
- Restore uninterrupted blood flow to the foot
- Preserve vessel patency in a high-mobility arterial segment

DEVICE STRATEGY

ELUVIA™ Drug-Eluting Vascular Stents selected to treat the dissection and diseased segment

RANGER™ Drug-Coated Balloon was utilized in the proximal SFA, where no flow-limiting dissection was present

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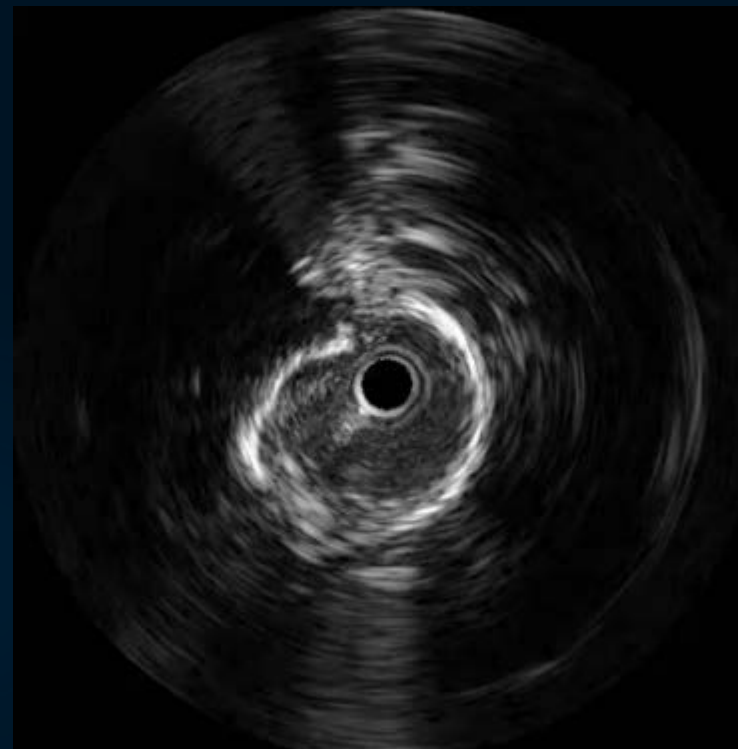
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IMPLANT PROCEDURE

ACCESS & CROSSING STRATEGY

Contralateral approach using a 7 Fr × 45 cm sheath
Successful true lumen crossing confirmed by IVUS

IVUS



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IMPLANT PROCEDURE

PLAQUE MODIFICATION

Distal Spider™ filter deployed

Jetstream™ XC 2.4/3.4 rotational atherectomy performed

Two blade-down atherectomy runs completed

JETSTREAM XC 2.4/ 3.4 (TWO BLADES DOWN RUNS)



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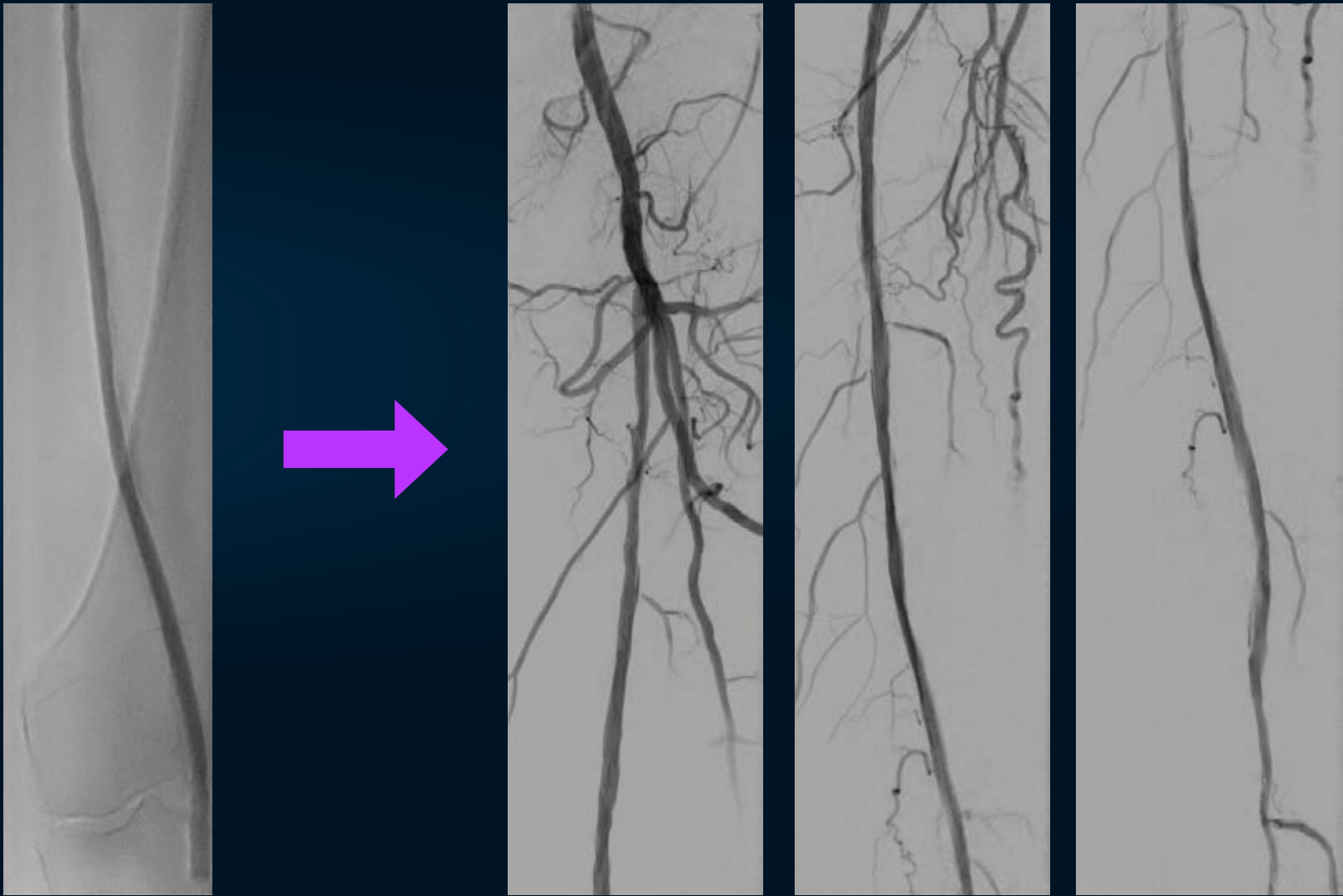
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IMPLANT PROCEDURE

6mm STERLING™ PTA



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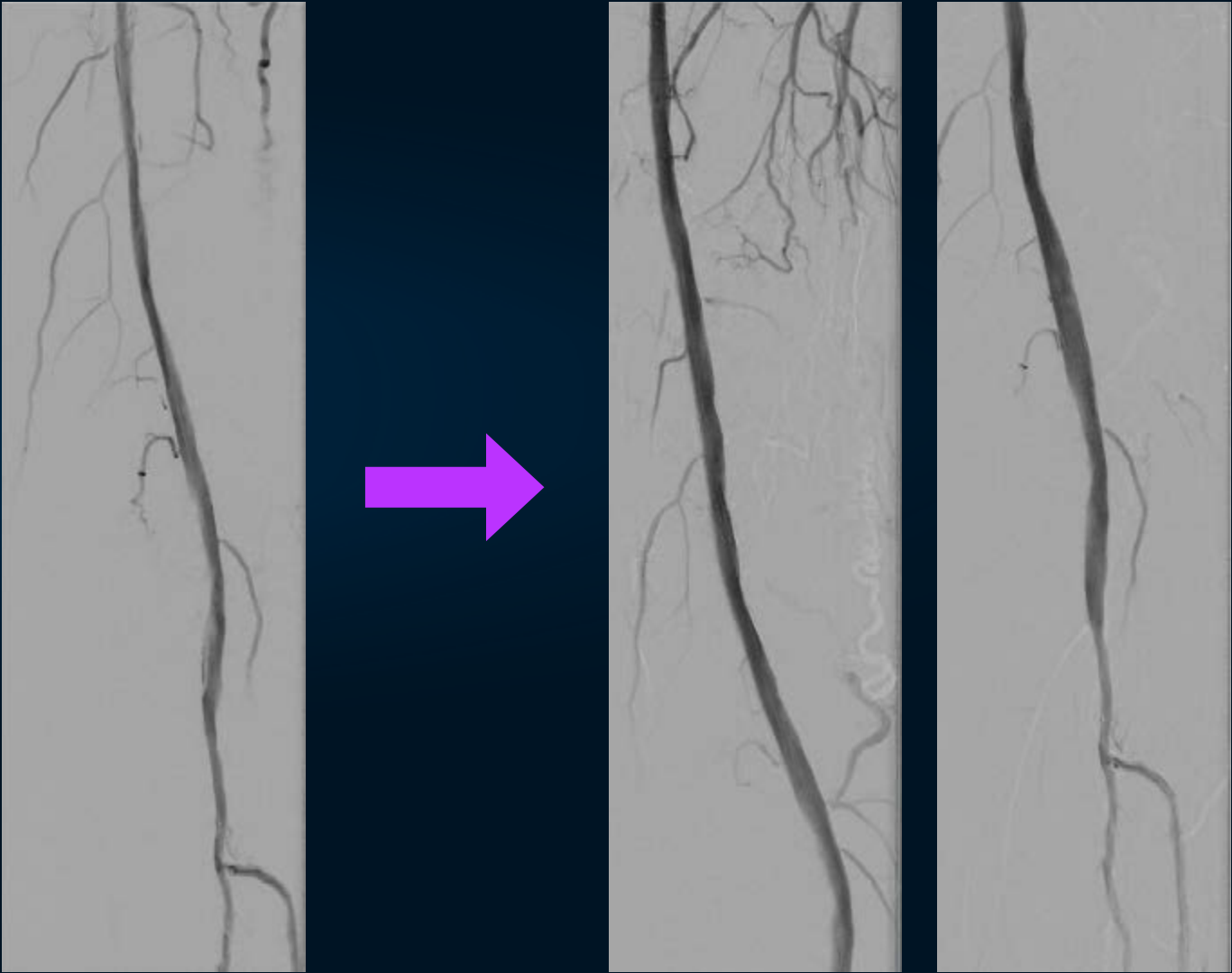
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IMPLANT PROCEDURE

ACCESS & CROSSING STRATEGY

STENT DEPLOYMENT: TWO OVERLAPPING ELUVIA 6MM X 150MM
Proximal-Mid SFA



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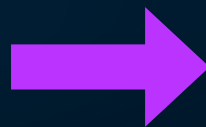
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IMPLANT PROCEDURE

ACCESS & CROSSING STRATEGY

DCB DEPLOYMENT: RANGER™ DCB 6MM X 200MM
Proximal SFA



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TREATMENT RESULTS & OUTCOMES

COMPLETION ANGIOGRAPHIC RESULTS

- Successful revascularization of the occluded femoropopliteal segment
- Restoration of inline flow to the foot
- Excellent final infrapopliteal runoff

TECHNICAL OUTCOME

- Successful IVUS-guided true lumen crossing
- Effective plaque debulking with rotational atherectomy
- Successful treatment of dissection with ELUVIA™ Drug-Eluting Vascular Stents
- Optimized proximal vessel treatment with Ranger™ Drug-Coated Balloon

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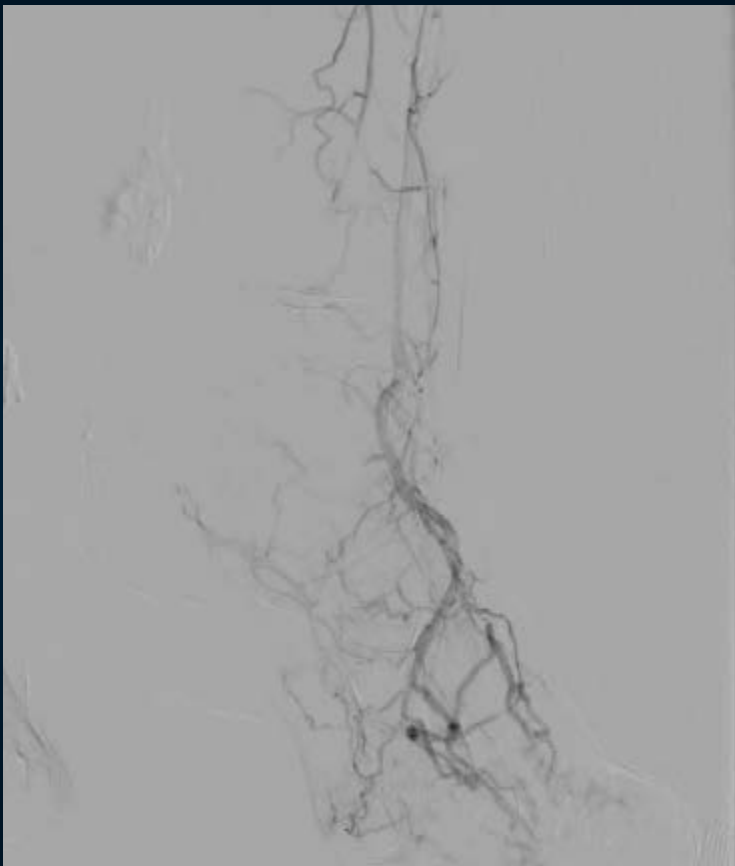
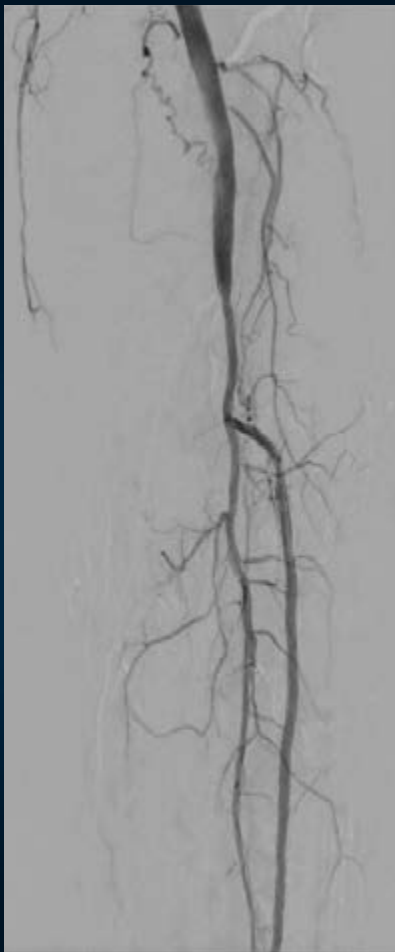


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FINAL INFRAPOPLITEAL FLOW 2023



Final angiography demonstrating restored infrapopliteal runoff and inline flow

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CLINICAL SIGNIFICANCE

Demonstrates the importance of IVUS-guided precision therapy in complex CLTI

Highlights the ability of Jetstream™ to modify plaque while providing aspiration

Illustrates complementary use of ELUVIA™ DES and Ranger™ DCB in long, calcified femoropopliteal disease

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TREATMENT RESULTS & OUTCOMES | ONE-YEAR FOLLOW-UP

ONE-YEAR FOLLOW-UP (2024)

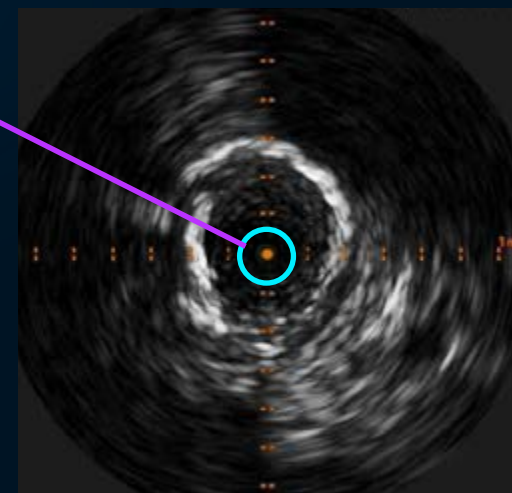
Patient returned with a new wound

Angiography demonstrated continued patency of the Ranger-treated and ELUVIA-treated arterial segments.

IVUS identified focal restenotic disease in the P3 segment

Treated successfully with focal PTA followed by Ranger 4 mm DCB

2024 ANGIOGRAM



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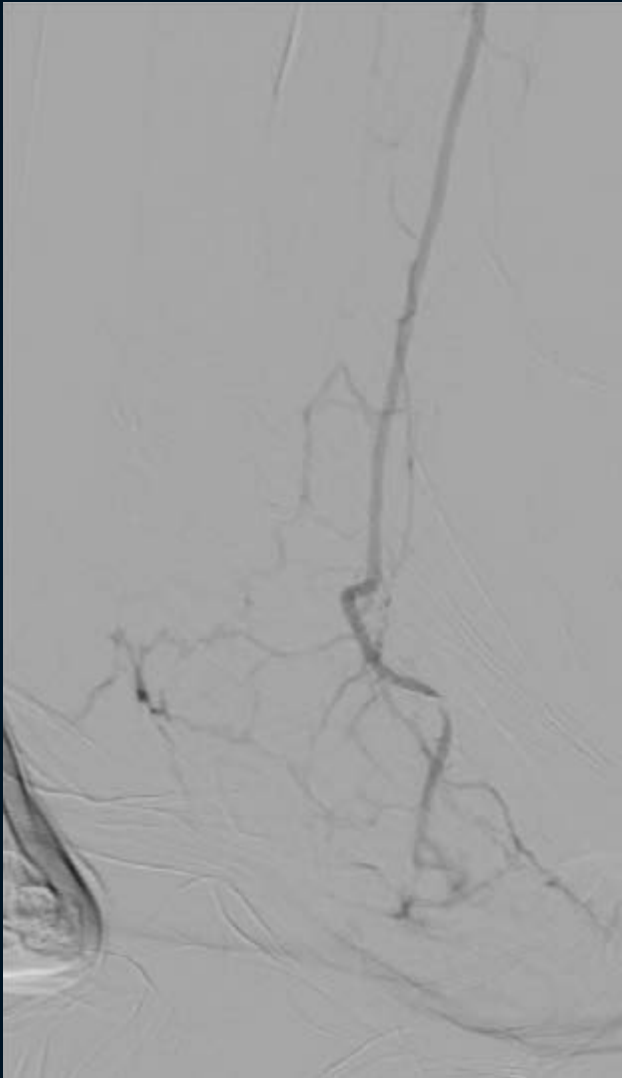
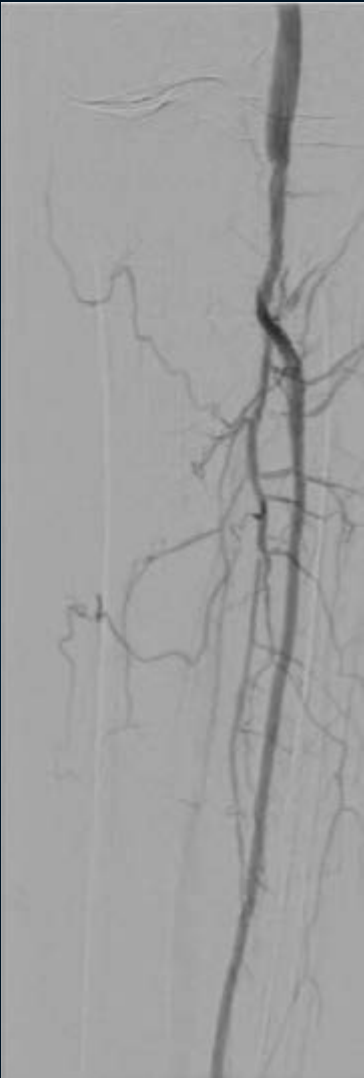
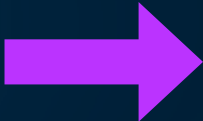
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2024 ANGIOGRAM

Focal Force PTA followed by Ranger 4mm DCB



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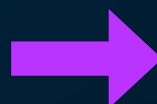
CURRENT STATUS (2026)

Complete wound healing achieved

Treated vessels remain patent

No evidence of ELUVIA™ stent fracture despite treatment across a high-flexion femoropopliteal segment

2023



CURRENT STATUS 2026
Vessles Remain Patent



PATIENT OUTCOME

Successful limb preservation with complete wound healing, sustained vessel patency, and restoration of functional perfusion through long-term follow-up.

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TREATMENT RESULTS & OUTCOMES

IVUS GUIDANCE

- Confirmed true lumen crossing
- Optimized vessel sizing and treatment selection
- Identified recurrent disease not readily apparent angiographically

JETSTREAM™ XC ATHERECTOMY

- Debulked and modified calcified plaque
- Provided simultaneous aspiration
- Enhanced vessel preparation for definitive therapy

ELUVIA™ DRUG-ELUTING STENT

- Treated flow-limiting dissection
- Maintained vessel patency across a challenging femoropopliteal segment
- Demonstrated durability and fracture resistance through long-term follow-up

RANGER™ DRUG-COATED BALLOON

- Enabled drug delivery without additional stent implantation in appropriate vessel segments
- Successfully used during index treatment and repeat intervention

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

Results from a single case. Individual outcomes may vary.



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



SEISMIQ™ Intravascular Lithotripsy System
Indications, Safety, and Warnings
<https://www.bostonscientific.com/seismiq-indications>



Ranger™ Drug Coated Balloon
Indications, Safety, and Warnings
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Sterling™ and Sterling™ SL 0.018" Balloon Dilatation Catheter
Indications, Safety, and Warnings
<https://www.bostonscientific.com/sterling-indications>



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