Practical approach to BTK disease

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Disclosure of Interest

Speaker name: ......L. Maene..................................................................

- I have the following potential conflicts of interest to report:
  - Consulting
  - Employment in industry
  - Shareholder in a healthcare company
  - Owner of a healthcare company
  - Other(s)

✓ I do not have any potential conflict of interest
Practical approach to BTK disease

Session 01
PTA & Drugs

Session 02
Scaffolding & Drugs

Session 03
Angiosomes

Short lesions
- 64 Y Patient
- Multiple ulcers left foot
- Antegrade Left CFA
- 45 cm 5Fr Sheath
  Destination Terumo
- 0.014 Command ES
  Abbott Vasc
• Gentle probing
• Drilling – Rapid spin
• 0.014 Command ES

Abbott Vasc
• Search for the Posterior Tibial Artery
• Predilatation of Tibio-Peroneal Trunc

Passeo 14 (3 – 40)
Biotronik
Ca++ Bifurcation

- **Safety wire (Peroneal)**
  
  0.014 Command ES
  
  Abbott Vasc

- **Predilatation of Posterior Tibial Artery (ostium)**

  Passeo 14 (3 – 40)
  
  Biotronik

  Passeo 14 (2.5 – 40)
  
  Biotronik
• Safety wire

0.014 Command ES
Abbott Vasc

• Dilatation of Peroneal Artery (ostium)

Passeo 14 (2,0 – 40)
Biotronik
• 45 cm 6Fr Sheath
  Destination Terumo

• Kissing PTA
  Passeo 14 (2.0 – 40)
  Passeo 14 (2.5 – 80)
  Biotronik
• Stenting into the main outflow, ...
• DES ?
• Xpert Pro 4 – 40
  Abbott Vasc
• Kissing PTA
  Passeo 14 (2,0 – 40)
  Passeo 14 (2,5 – 80)
  Biotronik
i-MEET
NEXT GENERATION
Multidisciplinary European Endovascular Therapy