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Short Communication

BTK interventions: How to make most with limited technology – Adopted from an oral presentation from APVIC VII[☆]

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ABSTRACT

Failure to successfully cross a total occlusion is one of the major causes for unsuccessful percutaneous revascularization. In the United States, there are several different technologies, but not every hospital has every technology. There are other ways to treat these patients without expensive technologies and that is with the skills and persistence. An ideal endovascular tool should be cost effective, efficient, and safe and should maintain good outcomes.

There are many endovascular tools, one can use for improving outcomes during endovascular revascularization. Wires and catheters are comparatively the cheapest tools of this treatment modality. Newer technology includes crossing devices, drug coated balloons, and drug eluting stents.

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1. Introduction

Failure to successfully cross a total occlusion is one of the major causes for unsuccessful percutaneous revascularization. In the United States, there are several different technologies, but not every hospital has every technology. There are other ways to treat these patients without expensive technologies and that is with the skills and persistence. An ideal endovascular tool should be cost effective, efficient, and safe and should maintain good outcomes.

There are many endovascular tools one can use for improving outcomes during endovascular revascularization (Fig. 1). Wires and catheters are comparatively the cheapest tools of this treatment modality. Newer technology includes crossing devices, drug coated balloons and drug eluting stents. Long arterial occlusions can be crossed with devices such as Truepath, Frontrunner, Crosser, Ocelot, and Viance Crossing Catheters (Fig. 2).

There are multiple wires available for use during endovascular interventions. Wires have different coatings such as nitinol/hydrophilic coating (Fig. 3). There are several

[☆] This article was adapted from an oral presentation at the APVIC VII and summarizes endovascular techniques of managing critical limb ischemia.

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