Revascularization of the SFA and PPA with a New Dual Component Stent Design

PERFORMANCE through experience

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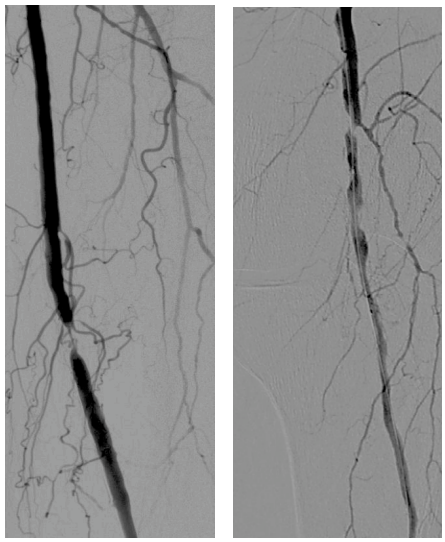
CLINICAL CHALLENGE

- 70 Year Old Male Patient
- CLI, Rutherford 5
- Ulceration Left Lateral Malleolus
- Rest Pain
- Previous Treatment Right SFA and Popliteal Artery for CLI 2010
- Duplex: Stenosis of Left SFA, Occlusion PPA
- ABI Left: 0.3
- Angio: High Grade Stenosis SFA and Popliteal Artery, One Vessel Run Off Via PTA

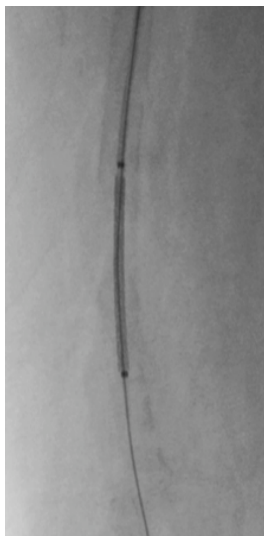
PRE-INTERVENTION ANGIOGRAMS



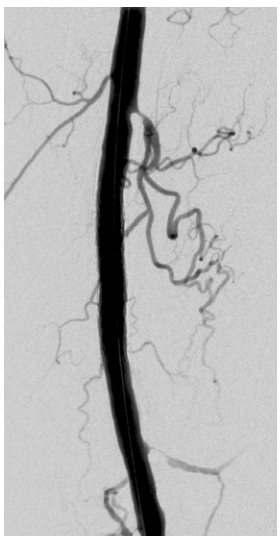
SFA stenosis (left) and popliteal artery stenosis (right)

PROCEDURE FOR SFA STENOSIS

PTA pre dilation with 5 mm balloon

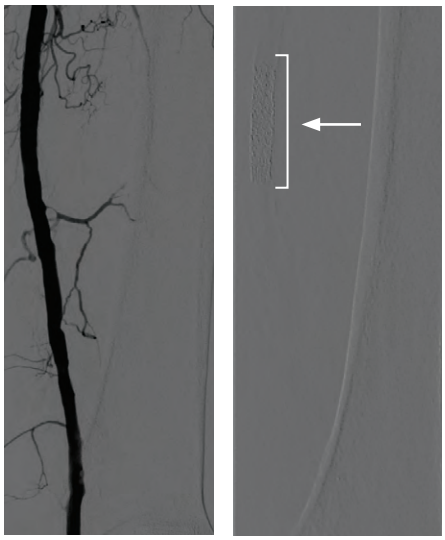


7 mm x 40 mm GORE® TIGRIS® Vascular Stent mounted on delivery system (prior to deployment)



Angiographic Outcome following PTA post dilation with 6 mm balloon

RESULT 6 MONTHS POST IMPLANT



Angiographic Outcome for SFA Stenosis at 6 Months Post-Implant. The GORE® TIGRIS® Vascular Stent is accentuated on the right

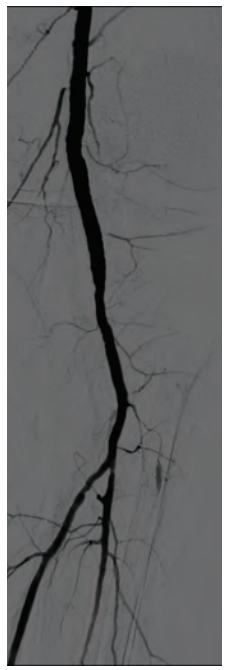
GORE TIGRIS® VASCULAR STENT

PROCEDURE FOR POPLITEAL ARTERY STENOSIS

PTA pre dilation with 4 mm balloon

Angiographic Outcome in Bent Knee Configuration following PTA post dilation with 5 mm balloon. The deployed 6 mm x 80 mm GORE® TIGRIS® Vascular Stent is accentuated

RESULT 6 MONTHS POST IMPLANT



Angiographic Outcome for Popliteal Artery Stenosis at 6 Months Post-Implant

"The dual component design of the new GORE® TIGRIS® Vascular Stent with a nitinol stent frame and the heparin bound fluoropolymers offers a very strong and flexible stent system. It is very easy and precise to implant, due to its resistance to stent elongation. As a result of its unique deployment system, the stent can be easily implanted in a cross-over or an antegrade approach. The stent fits smoothly into the vessel without straightening the stented segment in an artificial manner. It also provides excellent flexibility in moving vessel segments. The design of the stent with the thromboresistant covered fluoropolymer bridges may prevent future stent fractures and stent thrombosis"

— Michael Piorkowski, MD.

This case study describes a specific clinical challenge and chosen approach. Individual results may vary.

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