

PHYSICIAN

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ACCESS SITES

- Femoral.

DIAGNOSTIC DEVICES USED

SHEATH SIZES

- Contralateral: 6-F to 7-F, 45-cm long (crossover).
- Ipsilateral: 5-F to 7-F, 10-cm long.

SELECTIVE DIAGNOSTIC CATHETERS

A 4-F hydrophilic straight catheter placed above the popliteal trifurcation can be used for selective below-the-knee arteriograms.

SUBSELECTIVE DIAGNOSTIC CATHETERS

The tibial arteries can be selectively catheterized for selective visualization of the tibial arteries.

GUIDEWIRES

.035-, 0.018-, and .14-inch hydrophilic and stainless steel wires.

INTERVENTIONAL DEVICES USED

GUIDEWIRES

.035-inch, .018-inch, and .14-inch hydrophilic stainless steel wires.

INTERVENTIONAL CATHETERS

- Catheters for crossing the lesions, stenosis, and occlusion: 4-F hydrophilic catheters.
- Balloon catheters:

BALLOON CATHETERS

Low-profile (distal vessel) 2 mm to 4 mm in diameter, 2 cm to 12 cm long.

STENTS

Coronary-size stents, self-expandable; 5-mm, self-expandable for common tibial-peroneal trunk artery. The Magic WallStent is the longest coronary-type stent available. This stent is available in 3.5 mm to 5.5 mm in diameter and 20 mm to 47 mm in length.

ATHERECTOMY DEVICES

5.5 F, 6 F, 7 F.

IMAGING

High-resolution fluoroscopy and imaging equipment is an absolute necessity for infrapopliteal intervention.

INTERVENTIONAL NOTES

Infrapopliteal intervention should only be carried out for critical limb ischemia (limb salvage) cases.

CONTRAST

Visipaque is highly recommended for being less painful.

PHARMACEUTICALS

Vasodilator medication; papaverine 60 mg intra-arterially prior to the procedure is recommended; nitroglycerin 300 to 500 micrograms as needed; nitroglycerin should be avoided, if possible, in patients with very low blood pressure. ■