Rotarex™S: Rotational Atherothrombectomy catheter for an extreme rescue of a previous iliofemopop endovascular treatment for CTLI

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Disclosure

I have the following potential conflicts of interest to report: advisory board, consulting, speaking, training, proctoring.

- Abbott
- Bard/BD
- Cardiva
- Cook
- Cordis/Cardinal Health
- Ivascular
- Medtronic
- Prim
- Straub Medical
- Terumo
- W.L. Gore & Associates
- World Medica
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The opinions and clinical experiences presented herein are for informational purposes only. The results from this study report may not be predictive for all patients. Individual results may vary depending on a variety of patient specific attributes.

The clinicians have been compensated by Becton, Dickinson and Company to participate in this presentation.
Clinical History (11.12.2020)

- 69-year-old female with RC 5 on her left foot
- Former smoker
- Hyperlipidemia
- Hypertension
- Treatment: aspirin, clopidogrel, statin, ACEI
Vascular History

18/05/15 (RC3)

28/07/16 (RC3)

January 27, 2021
Vascular History
Vascular History

20/07/20 (RC4)
LLL: severe rest pain, cold and cyanotic. Ulcer on the forefoot

Duplicates ultrasound

- Right CFA stenosis/occlusion; short BP patency; monophasic curve (PSV 30 cm/s) in crossover BP
- GSV is not suitable in either lower limb
Plan

Left brachial artery US-guided access using a micropuncture set to save previous BPs, treat RLL and facilitate, therefore, US-guided right proximal SFA puncture & contralateral approach for left iliac-fem-pop recanalization and treatment
Basal angio from brachial
EIA dissection pre-BPs
Right CFA disease
Treatment of RLL from brachial
Right proximal SFA puncture & Crossover
Outflow
✓ Proper coagulation is mandatory

✓ Start motor in the proximal open vessel

✓ Proceed slowly especially in the last cm

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After 3 passages
Final results
Follow-Up

11.01.21

- No rest pain
- Wound is healed
- PT pulse +

- ASA + clopidogrel + LWMH: 3 months
- ASA + clopidogrel: long time
Rotarex™S can be used to remove thrombotic or atherothombotic material from acute, subacute, or chronic lesions of the peripheral arteries.

Rotarex™S can be used in native arteries, for in-stent or stent graft restenosis, or to treat restenosis of arterial bypasses outside of the cardiopulmonary, coronary, and/or cerebral vascular circulations.
Thank you for your kind attention!
Questions?
Rotarex™S:

Indications for use:
Rotarex™S: catheters in combination with the Straub Medical Drive System (REF SRS/80300) are intended for the percutaneous transluminal removal of thrombotic, thromboembolic and atherothrombotic material from fresh, subacute and chronic occlusions of blood vessels outside the cardiopulmonary, coronary and cerebral circulations.

Indicated for: Native blood vessels or vessels fitted with stents, stent grafts or native or artificial bypasses outside the cardiopulmonary, coronary and cerebral circulations.

Technical limitations/contraindications: Vessels of the cardiopulmonary, coronary or cerebral circulations, undersized or oversized vessel diameters, impossibility to pass the lesion completely with the guidewire, subintimal position of the guidewire - even if only in short segments, use in stents, stent grafts, or vena cava filters if the guidewire has become threaded at any point in the wire mesh / construction of stent, stent graft, or vena cava filter or the lining of the stent graft, if the introducer sheath, the guide catheter, the guidewire or the Rotarex®S catheter sustains any damage, especially kinking in the fracture areas of broken stents, known or suspected allergy to any of the components of the system or to a medicinal product to be administered in connection with the planned procedure, persistent vasospasm, during imaging by Magnetic Resonance Imaging (MRI), during the use of a defibrillator on the patient, during use of electrosurgery on the patient, for veterinary purposes.

Warnings: Before using a product, the user must verify that the recommended maintenance interval shown on the maintenance label visible on the Straub Medical Drive System, as recommended in the user manual, is valid. Before using the product, the user must verify that the measures to ensure electromagnetic safety, as recommended in the user manual, are followed. The Straub Endovascular System and its components must not be used if electromagnetic safety is not ensured. The products contain magnetizable material. The Straub Endovascular System and its components must not be used if a defibrillator is being used on the patient: the products are electrically conductive. Remove catheter and guidewire from patient before using a defibrillator. The Straub Endovascular System and its components must not be used if a defibrillator is being used on the patient: the products are magnetizable. The Straub Endovascular System and its components must not be used if magnetic resonance imaging (MRI) is being employed for imaging purposes: the products contain magnetizable material. The Straub Endovascular System and its components must not be used if a defibrillator is being used on the patient: the products are electrically conductive. Remove catheter and guidewire from patient before using a defibrillator. The Straub Endovascular System and its components must not be used if a defibrillator is being used on the patient: the products are magnetizable. The Straub Endovascular System and its components must not be used if magnetic resonance imaging (MRI) is being employed for imaging purposes: the products contain magnetizable material. The Straub Endovascular System and its components must not be used if a defibrillator is being used on the patient: the products are electrically conductive.

Cautions: The catheter sets do not contain any parts that need to be maintained or serviced by the end-user. Do not repair or change the configuration of the product. An annual service is recommended for the Straub Medical Drive System (see Straub Medical Drive System user manual). The user must be entirely familiar with the operating instructions of the Straub Medical Drive System and Straub rotational catheters before using the Straub Endovascular System and its components.

Potential Adverse Events: Vessel wall injury or valve damage, vessel dissection, perforation / rupture, perforation as a result of mural calcium being torn out of the vessel wall, arteriovenous fistula / pseudo-aneurysm, haematoma, bleeding, haemorrhage, organ perforation, implants such as stents / stent grafts / bypass grafts, getting damaged, caught or dislodged, disruption of the catheter and/or guidewire: debris, remaining in the body, allergic reactions to catheter material catheter-induced sepsis.