See Clearly, Treat Optimally. Masterclass

John H Rundback MD
Advanced Interventional & Vascular Services LLP
NJ Endovascular & Amputation Prevention PC

Disclosure

Speaker name:

John H Rundback, MD

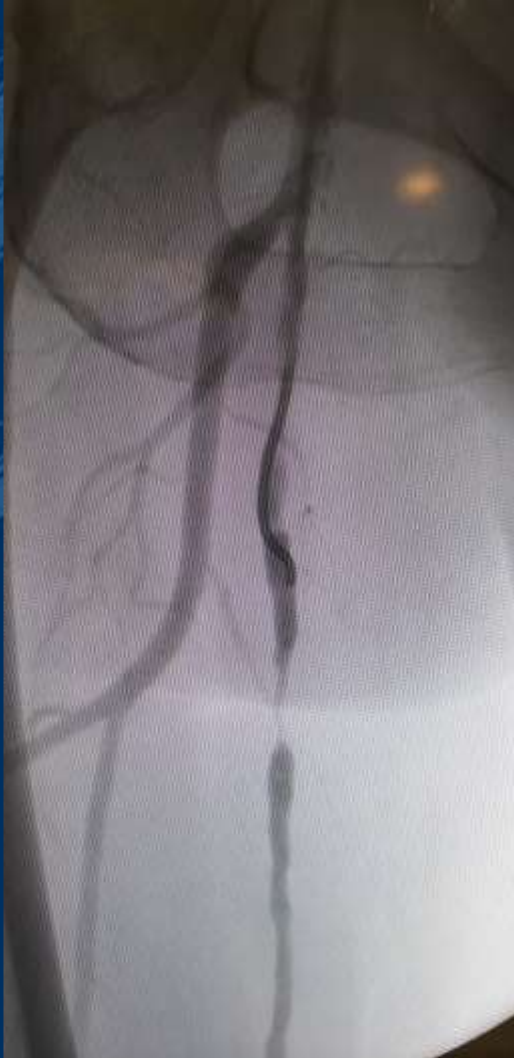
I have the following potential conflicts of interest to report:

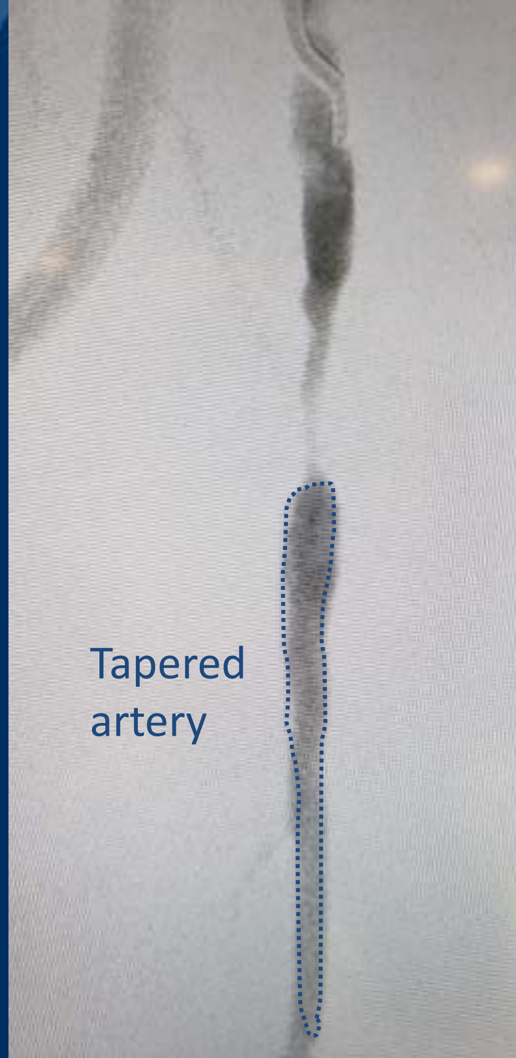
- [x] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

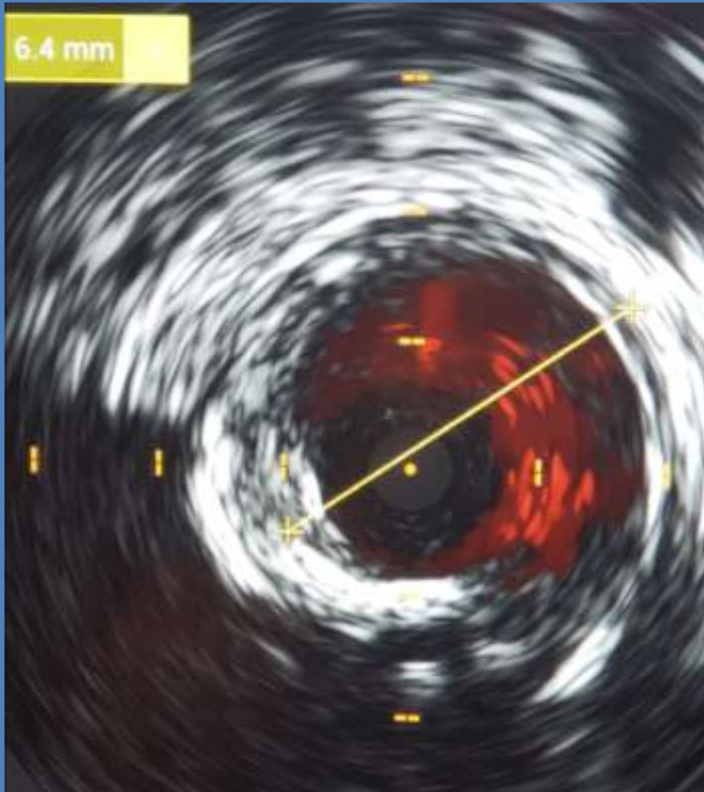
- [ ] I do not have any potential conflict of interest

Case 1

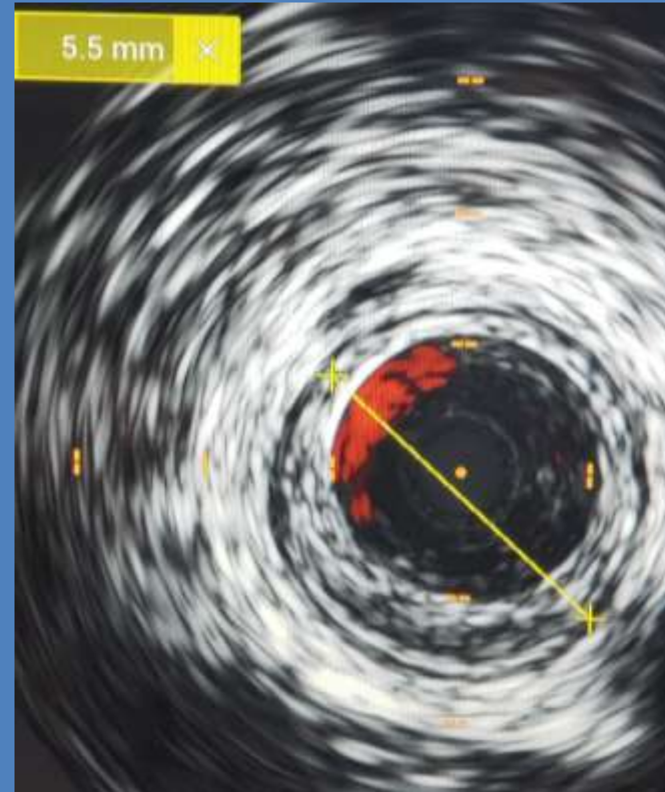
- 76-year-old female with hypertension, dyslipidemia, PAD
- Prior left lower extremity revascularization on 06/15/2019
- She is now complaining of significant right leg claudication. It was bothering her when she walks. Arterial duplex showed greater than 50-57% stenosis in the distal right SFA.
- Effient, Eliquis, Levoxyl, amlodipine, gapapentin, cilostazol, montelukast, Breo Ellipta, simvastatin, and Lasix



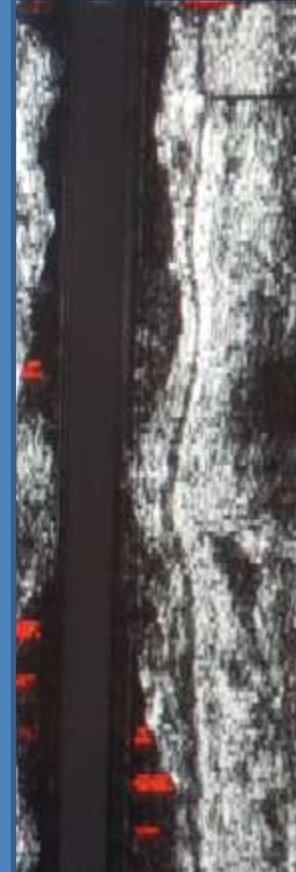

Tapered
artery

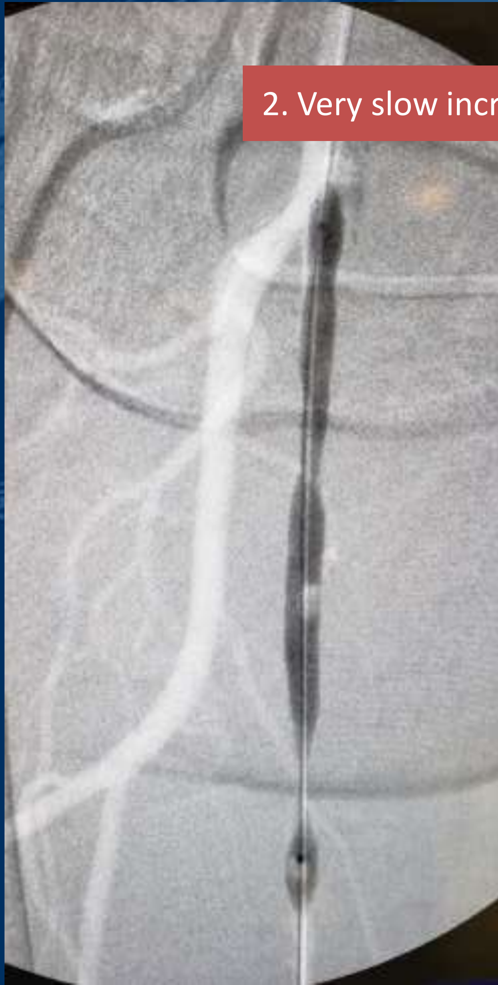


DISTAL

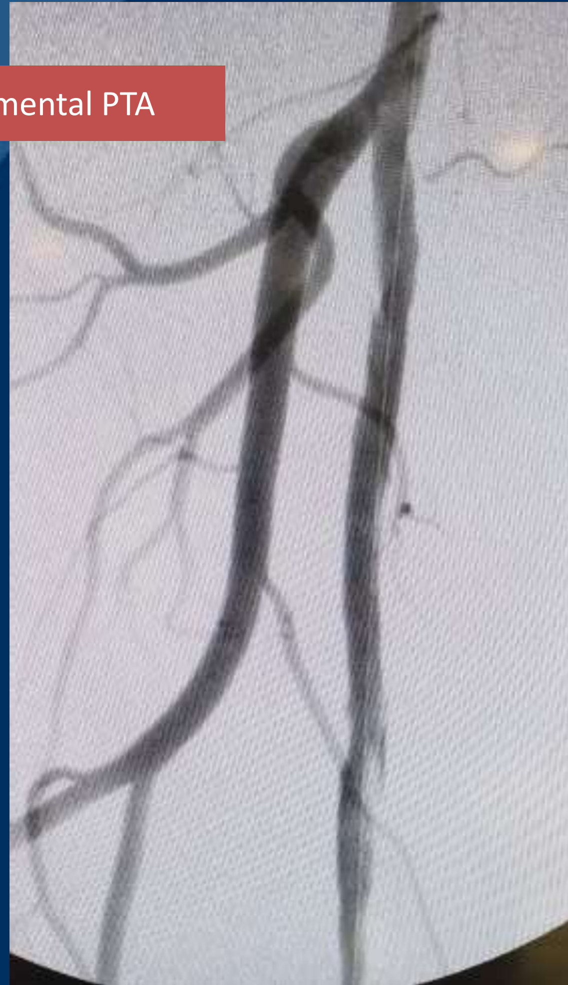


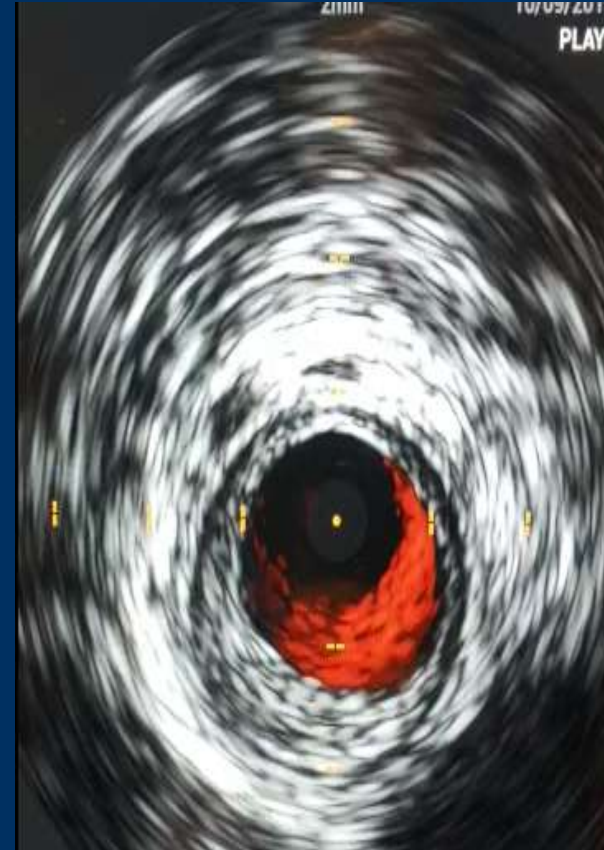
PROXIMAL





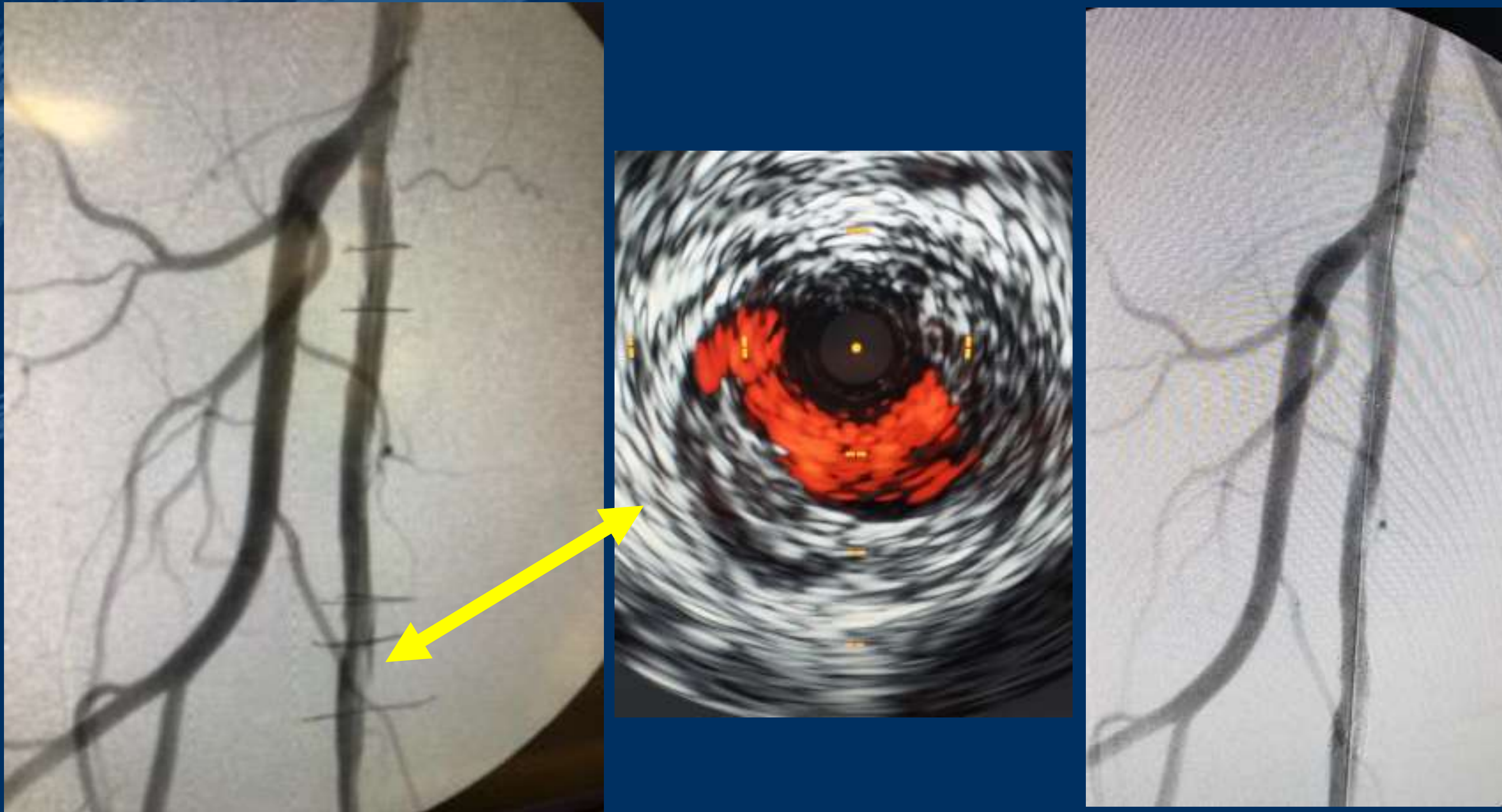
2. Very slow incremental PTA





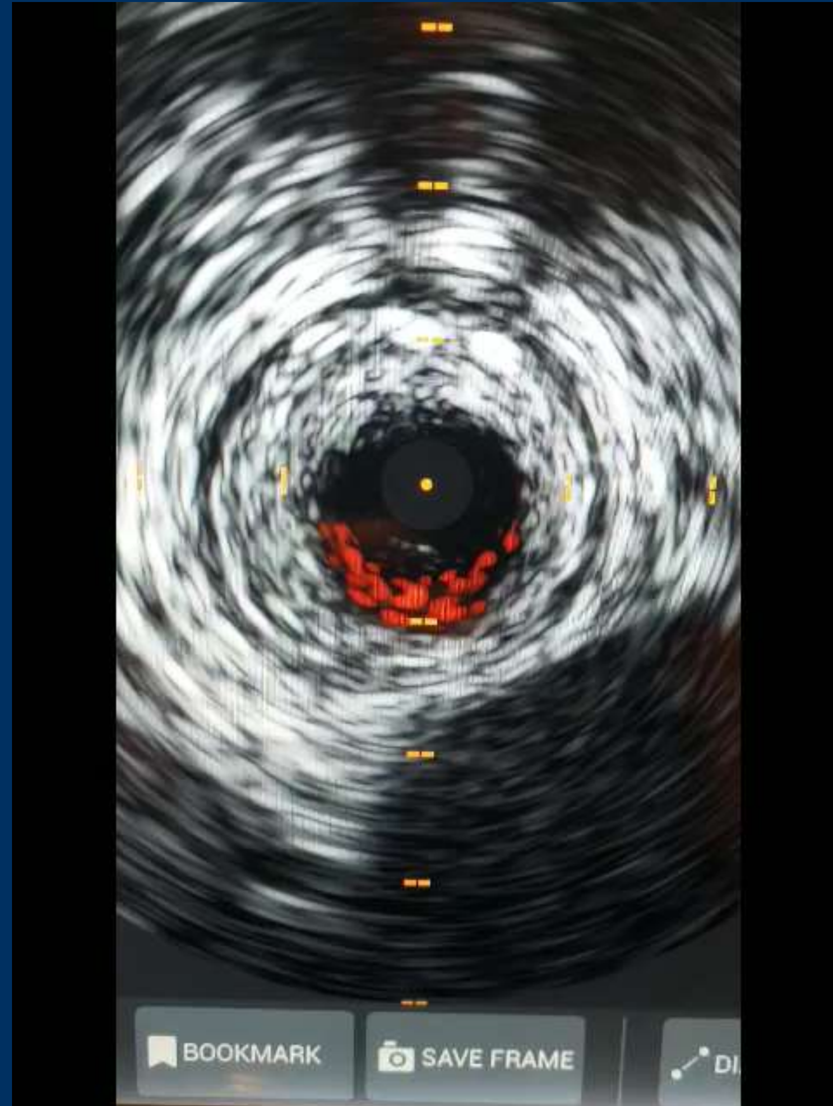
3. Identify Dsxns with angio and IVUS

PHILIPS



4. Definitive management if needed → IVUS guided

5. IVUS to assess final result



Case 2

68-year-old gentleman, with prior revasc and healing of a LEFT plantar lateral left foot wound.

Now has a RIGHT calcaneal wound with demonstration on arterial imaging of monophasic flow in the both the anterior tibial and posterior tibial artery.

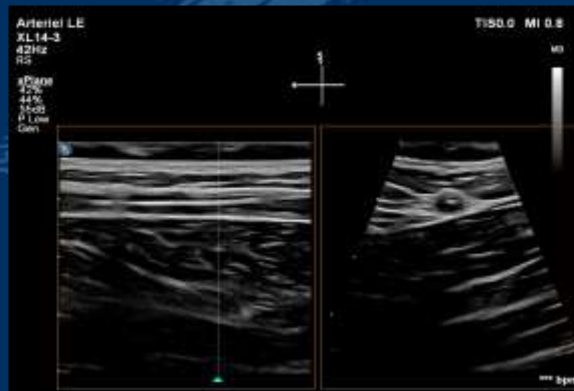
CV Risks: insulin dependent diabetes mellitus, hypertension, dyslipidemia, history of coronary artery disease with cardiac stenting 8 years ago. He denies cerebrovascular disease or CKD.

medications include Plavix, hydrochlorothiazide, lisinopril, amlodipine, carvedilol and aspirin

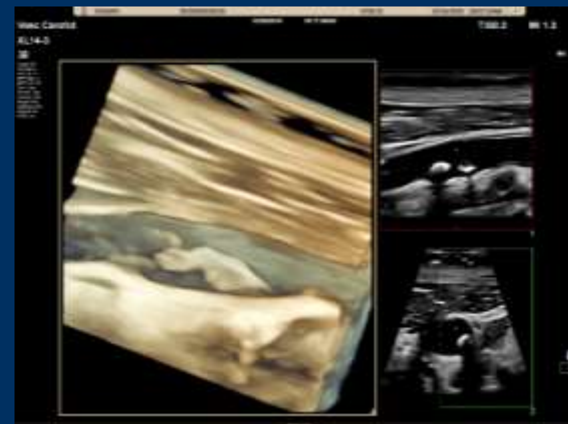
EPIQ Elite
for General Imaging

XL14-3 xMATRIX Linear Array Transducer

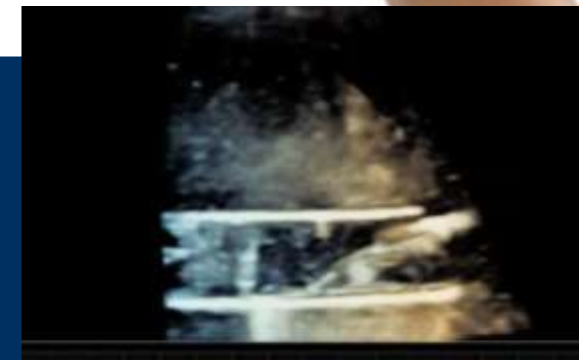
Biggest advancement in vascular ultrasound in 20 years.



Real time guidance in both planes simultaneously for better confidence of remaining within the lumen



3D imaging allows for visualization of complex plaque morphology



4D imaging allowing for real time 3D visualization and guidance

Advanced ultrasound imaging guidance for BTK PAD intervention

John Rundback, MD

American Endovascular & Amputation Prevention LLP
Advanced Interventional & Vascular Services LLP
New Jersey, USE

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Conclusion

- IVUS crucial as part of an OPTIMIZED ANGIOPLASTY paradigm
- Growing role for EVUS in intralumenal wire cross, PTA success and vessel sizing
- Visual estimation undersizes vessels
- Dissections difficult to appreciate but may be substantial
- Focal dissection repair needs to be precise
- IVUS 3 times: baseline, after PTA, after scaffold/Tack (rpt if needed!)