

# Case Report

## 5 Fr Below-the-Knee Revascularization Using a Radial Approach



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### PATIENT PRESENTATION / BASELINE

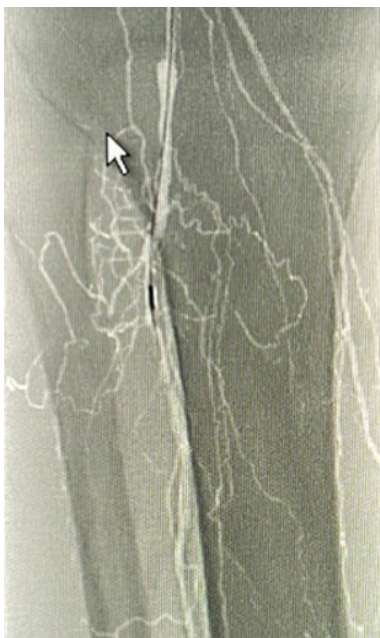
A 76-year-old male with a past medical history of PAD, a previous below-the-knee amputation of the left leg, and CAD s/p CABG presented to the clinic with wounds to the right toe. The patient's common femoral arteries were densely calcified with high bifurcations of the profunda and superficial femoral artery. Previous femoral access procedures led to severe bleeding complications requiring ICU stay.

### DIAGNOSTIC FINDINGS

Diagnostic angiogram of the right lower extremity revealed extensive disease of the distal popliteal artery, the tibioperoneal trunk artery, and the peroneal artery (Figure 1).



**Figure 1:** Angiogram revealed disease of the distal popliteal artery, the tibioperoneal trunk artery and the peroneal artery



**Figure 2:** Orbital atherectomy performed

### TREATMENT

Given the concern of a bleeding risk via a femoral access approach, the decision was made to attempt revascularization of the peroneal artery via a radial access approach. Because the patient's left radial artery was just 1.9 mm, a 5 Fr Sublime™ Radial Access Guide Sheath was selected for the procedure. A guidewire was advanced through the guide sheath and crossed the lesion before orbital atherectomy was performed (Figure 2).

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**Figure 4:** 3.0 mm X 100 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter

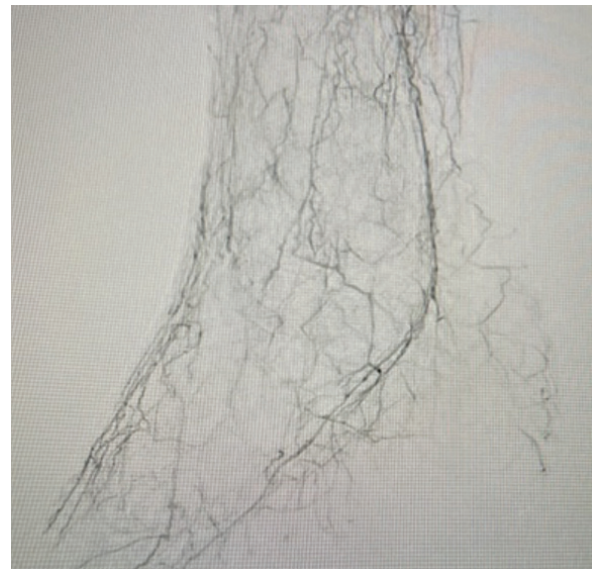
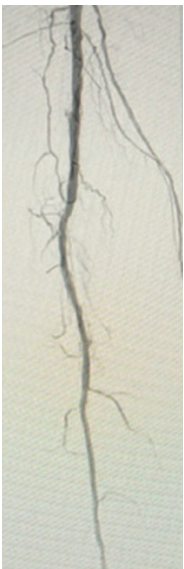


**Figure 5:** 2.0 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter

A 3.0 mm X 100 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter was advanced to the tibioperoneal trunk artery, inflated, and removed (Figure 4). A 2.0 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter was then advanced to the distal peroneal artery, inflated, and removed (Figure 5).

## POST PROCEDURE OUTCOME

Balloon angioplasty restored flow to the distal popliteal artery, the tibioperoneal artery and the peroneal artery (Figure 6).



**Figure 6:** Completion arteriogram demonstrating restored flow to the distal popliteal artery, the tibioperoneal artery and the peroneal artery

## CONCLUSION

The Sublime™ Radial Access 5 Fr Guide Sheath allowed me to treat the patient from a radial approach, when femoral access was not an option nor was the use of a 6 Fr guide sheath via the radial artery due to the patient's artery size. In addition, the Sublime™ Radial Access RX PTA catheters allowed me to treat below-the-knee and restore flow to the affected regions of the left lower extremity.



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