



المستشفى الدولي الحديث
INTERNATIONAL MODERN HOSPITAL

PERIPHERAL ANGIOGRAPHY AND ANGIOPLASTY

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Date: 21/03/2024

Treating Interventional Radiologist : Dr. Chinmay P. Shah

BILATERAL SUPERFICIAL FEMORAL ARTERY (SFA) ANGIOPLASTY

Clinical Presentation

: Bilateral lower limb claudication pain. CT Angiography revealed 70% stenosis in right mid SFA and left proximal SFA.

Hardwares Used

: 260 cm 0.035" hydrophilic guidewire (Terumo)
125 cm 5F MP A1 diagnostic catheter (Cordis)
300 cm 0.018" Halberd guidewire (Asahi)
Joker 035 PTA Balloon (Eurocor) 5 mm x 6 cm

Approach

: Right Brachial approach

Hemodynamics

: BP 180/90 mmHg

Angiography findings:

Right brachial artery was punctured and 6F sheath was secured. 5F MP catheter was advanced alongwith 0.035" guidewire & selective angiograms of bilateral external iliac arteries (EIAs) & SFAs were obtained. Right SFA angiogram revealed approximately 70% stenosis in its mid part for total length of approximately 5 cm. Left SFA angiogram revealed approximately 70% stenosis in its proximal part for total length of 4.5 cm. Rest of the distal run-off vessels in bilateral lower limbs revealed no significant abnormality.

Angioplasty (Intervention):

Initially the right SFA lesion was crossed using the Halberd guidewire and satisfactory position was obtained by check angiograms and roadmap guidance. Over this guidewire, Joker 035 PTA balloon was advanced and placed across the stenotic segment and inflated using the inflation device. Post-angioplasty check angiogram revealed satisfactory dilatation of the stenotic segment with normal distal run-off.

Subsequently, the left SFA lesion was crossed using the same technique and hardware. Angioplasty was done for left SFA stenotic lesion using the same balloon. Post-angioplasty check angiogram revealed satisfactory dilatation of the stenotic segment with normal distal run-off.

Patient tolerated the procedure well without any significant complications. Right brachial arterial sheath was removed and hemostasis was achieved by manual compression. Patient was shifted to HDU in stable hemodynamic condition. Post-procedure orders are mentioned in the patient's case file.

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