GORE® VIABAHN®
Endoprosthesis
with PROPATEN Bioactive Surface*

TREATING CLAUDICATION AND REST PAIN DUE TO CHRONIC TOTAL OCCLUSION OF THE SFA

Case submitted by James Otto, M.D.

Challenge

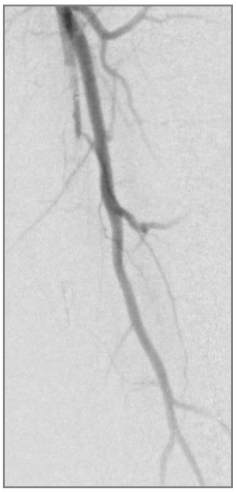
Treatment of a patient with total occlusion of the superficial femoral artery (SFA)

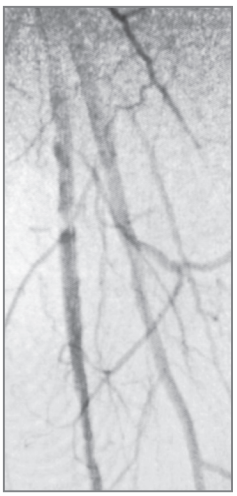
- 65-year-old woman presented with severe peripheral arterial disease, claudication and rest pain of left lower extremity.
- Angiography revealed total occlusion of the left SFA.

Procedure

Endoluminal bypass performed with the VIABAHN® Device

- Obtained percutaneous access into the right femoral artery with ultrasound guidance. Then performed an angiogram of the left lower extremity.
- Crossed SFA chronic total occlusion (CTO) with 035 TERUMO® RADIFOCUS® GLIDEWIRE® ADVANTAGE Guidewire and 035 TEURMO® NAVICROSS® Support Catheter.
- Atherectomy completed with CARDIOVASCULAR SYSTEMS DIAMONDBACK 360® Peripheral Orbital Atherectomy System 2.0 Solid Crown.
- Followed by angioplasty with a 5 mm percutaneous transluminal angioplasty (PTA) balloon.
- Deployed two 6 mm x 15 cm VIABAHN® Devices in the SFA and post-dilated with 6 mm PTA balloon.





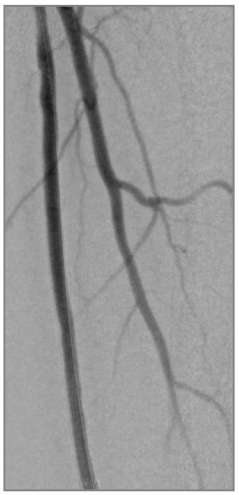
* As used by Gore, PROPATEN Bioactive Surface refers to Gore's proprietary CBAS Heparin Surface.

Together, improving life

Result

The VIABAHN® Device restored blood flow in the SFA

- Completion angiogram showed excellent flow of the left lower extremity. Immediately post-op, complete resolution of left sided severe claudication.
- At follow-up office visit 2.5 weeks post-op, the patient presented with complete resolution of claudication and rest pain. Patient had palpable tibial pulses bilaterally.



Case Takeaway

As demonstrated in this case, the VIABAHN® Device offers excellent patency in the treatment of long SFA total occlusions and should be considered first-line treatment for complex SFA disease.

The VIABAHN® Device has demonstrated durability and long-term patency in the treatment of complex SFA disease with 97% three-year secondary patency (27 cm average lesion length, 93% CTOs).[1]

Images courtesy of James Otto, M.D. Used with permission.

1. Böhme T, Noory E, Brechtel K, *et al.* Heparin-bonded stent-graft for the treatment of TASC II C and D femoropopliteal lesions: 36-month results of the Viabahn 25 cm Trial. *Journal of Endovascular Therapy.* In press.

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