Objectives

Recanalize chronically occluded infrainguinal arteries using the MultiCross™ or CenterCross™ device:

- Efficacy – ability to cross lesions with use of these devices
- Safety – freedom from bleeding, distal embolization, vessel perforation, dissection or need for emergency surgical intervention.

Methods

- A contralateral retrograde or ipsilateral femoral access was obtained in patients with infrainguinal chronic lesions
- Intravenous unfractionated heparin was used to attain an activated clotting time >250 seconds
- After attempts to use conventional wires to cross occlusion failed, CenterCross™ or MultiCross™ catheters were used to assist the advancement of a guidewire across the occlusion
- No other conventional crossing devices were attempted before using CenterCross™/MultiCross™
- CenterCross™ or MultiCross™ catheters were used to advance a guidewire across the lesion
- All patients received intravenous hydration before and after the procedure, aspirin 325 mg before the procedure and thienopyridine after the procedure
- After the procedure, all patients were monitored overnight in a post-procedure observation unit and discharged the next day if stable
PATIENT CHARACTERISTICS AND SAFETY

• High prevalence of comorbid conditions including hypertension (98%) and hyperlipidaemia (87%)
• 77% of patients had an intermediate to high bleed risk
• 26% of patients had a previous amputation
• Safety Outcomes: 1.9% (1) distal embolizations and 3.8% (2) arterial perforations

CONCLUSION

The MultiCross™ and CenterCross™ devices were effective and safe for the recanalization of peripheral chronic lesions that were not amenable to conventional guidewires.