



Phoenix with IVUS Case Review

Case Performed by Dr. Tom Davis

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The opinions and clinical experiences presented herein are for informational purposes only. The results from these case study may not be predictive for all patients. Individual results may vary depending on a variety of patient-specific attributes and related factors. Dr. Davis is a paid consultant of Volcano Corporation. Phoenix is a registered trademark of Volcano Corporation.

The Phoenix Atherectomy System is intended for use in atherectomy of the peripheral vasculature. The system is not intended for use in the coronary, carotid, iliac or renal vasculature.

Patient Presentation



70 year-old male referred due to life-style limiting claudication with a history of:

- Tobacco dependency
- Controlled diabetes
- Hypertension



Underwent non-invasive peripheral arterial studies prior to our assessment which demonstrated:

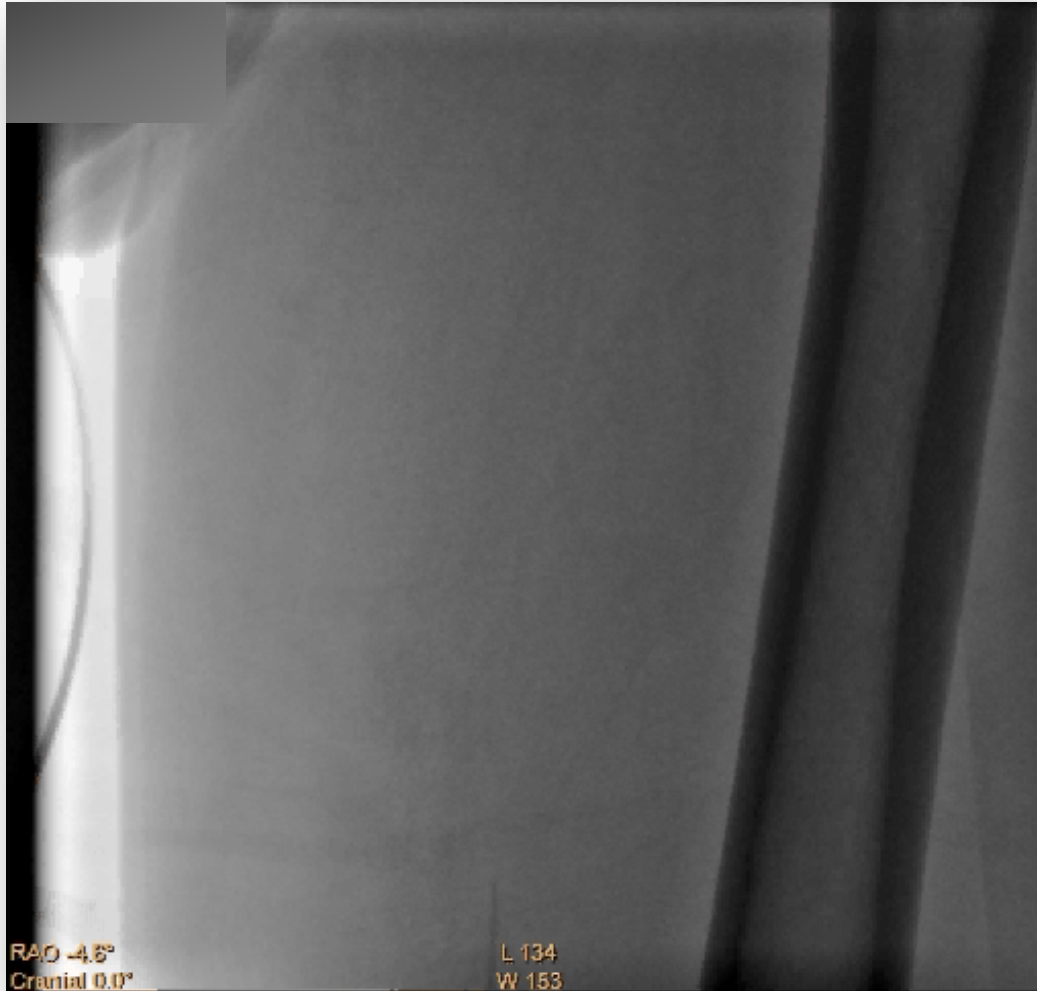
- An ABI of 0.50 in the area of the left superficial femoral artery.
- A duplex ultrasound showed a left superficial femoral artery critical stenosis



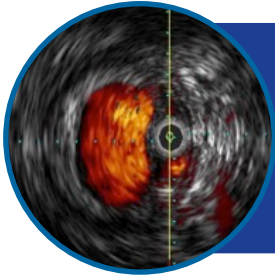
With a diagnosis of critical lower extremity ischemia (*Rutherford class IV*), angiography was offered with possible endovascular revascularization

Image is a model, not an actual patient

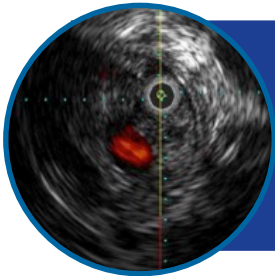
Initial Angiogram



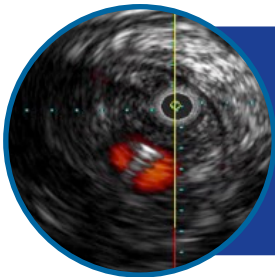
IVUS Assessment



IVUS demonstrated that wire was sub-intimal.



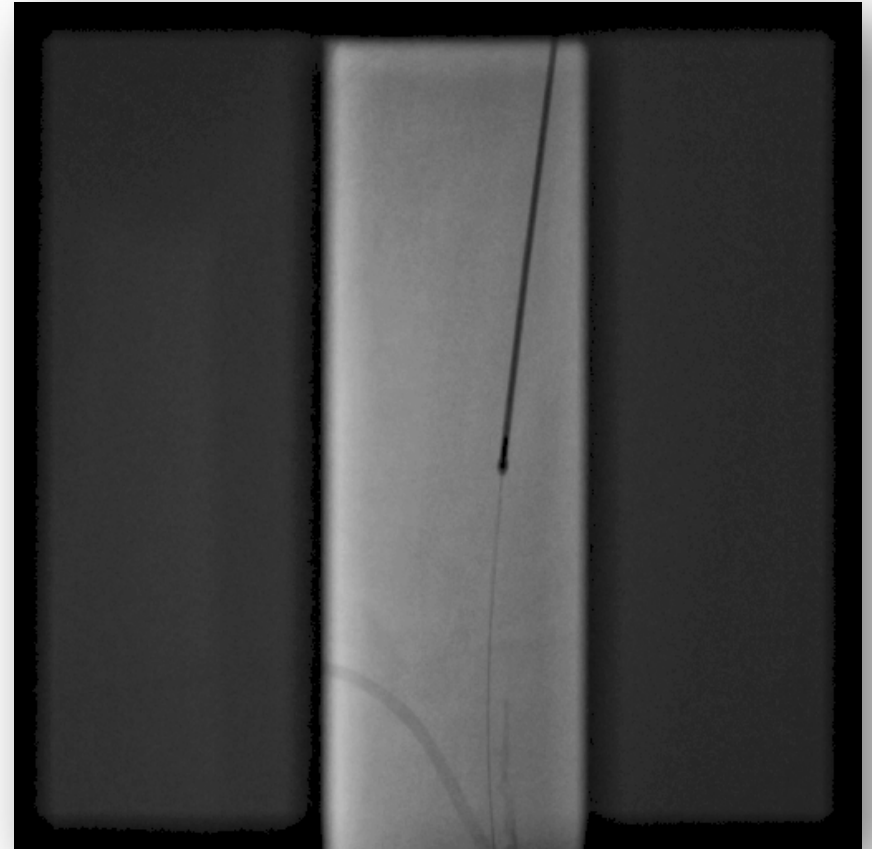
IVUS was then pulled back to determine where the wire went sub-intimal.



IVUS was left in the sub-intimal space to facilitate true lumen crossing of a second wire.

Phoenix Atherectomy System

- Atherectomy performed by Phoenix 2.2mm x 149cm device.
- PTA performed post atherectomy.

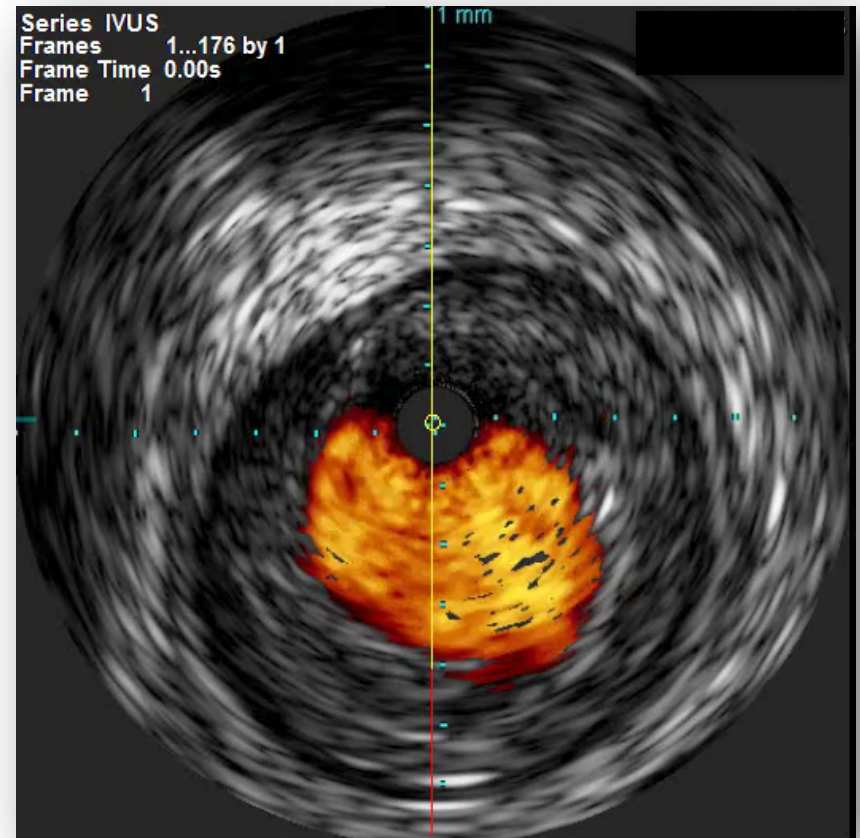


The Phoenix device was utilized in the true lumen of the vessel being treated.

Post IVUS After Phoenix Atherectomy

IVUS and adjunctive angiogram after Phoenix atherectomy demonstrated:

- Adequacy of atherectomy.
- Smooth laminar flow achieved without adventitial cuts or major dissections.



Final Angiogram



Conclusion

Phoenix Aided the Case by:

- Providing an atherectomy tool that continuously cuts, captures and passively clears debulked material into the catheter which resulted in a 1% rate of symptomatic distal emboli¹ in the EASE trial.¹
- Front cutter clears tissue in a way that may help reduce potential trauma to the vessel.¹

IVUS Aided the Case by Determining:

- Facilitating true lumen crossing of the wire which left options for therapy to be utilized.
- Lesion was suitable for the Phoenix atherectomy device.
- Size and length of balloon to use post atherectomy.
- Demonstrating no adventitial cuts or major dissections were present post Phoenix.
- Demonstrating smooth laminar flow was achieved with the Phoenix atherectomy device.

1. Endovascular Atherectomy Safety and Effectiveness Study (EASE), ClinicalTrials.gov Identifier NCT01541774 (accessed 23Oct2015). Results presented at the Vascular Interventional Advances (VIVA) Conference in October of 2013 (Las Vegas, NV) by Stephen Williams, MD

