


ROUND TABLE
Focus on thrombus management with
ANGIOJET™

 **THURSDAY, OCTOBER 10TH - 19:00**

 Boston Scientific Benelux Office
Lambroekstraat 5D, 1831 Machelen, Belgium

 Meeting will start at 19:00 with finger food dinner



AGENDA

- 19h00 - 20h00** Finger food dinner
- 20h00 - 20h30** Meeting Introduction
Introduction to Angiojet technology and Patients selection
Pr. Marc Vuylsteke
- 20h30 - 21h00** Cases presentation
Dr. Arnaud Kerzmann
- 21h00 - 21h30** Possible complications and appropriate solutions
Pr. Marc Vuylsteke
- 21h30 - 22h00** Q/A session



Dr Arnaud Kerzmann
Cardiovascular surgeon
CHU Liège



Pr Marc Vuylsteke
Vascular surgeon
AZ Sint Andries

Don't miss this opportunity to take part in this round table discussion and talk to our experts panel about treating your patients with the Angiojet thrombectomy system.

Register with your sales representative and join us on Thursday October 10th 2024 at 19:00 in Machelen, Belgium.

Please confirm your interest with your sales representative and indicate your intention to be part of the finger food dinner.
Martine VANHOREN : Martine.Vanhoren@bsci.com ; +32 473379707
Julie GASPARD : julie.gaspard@bsci.com ; +32471564015

Round Table Angiojet

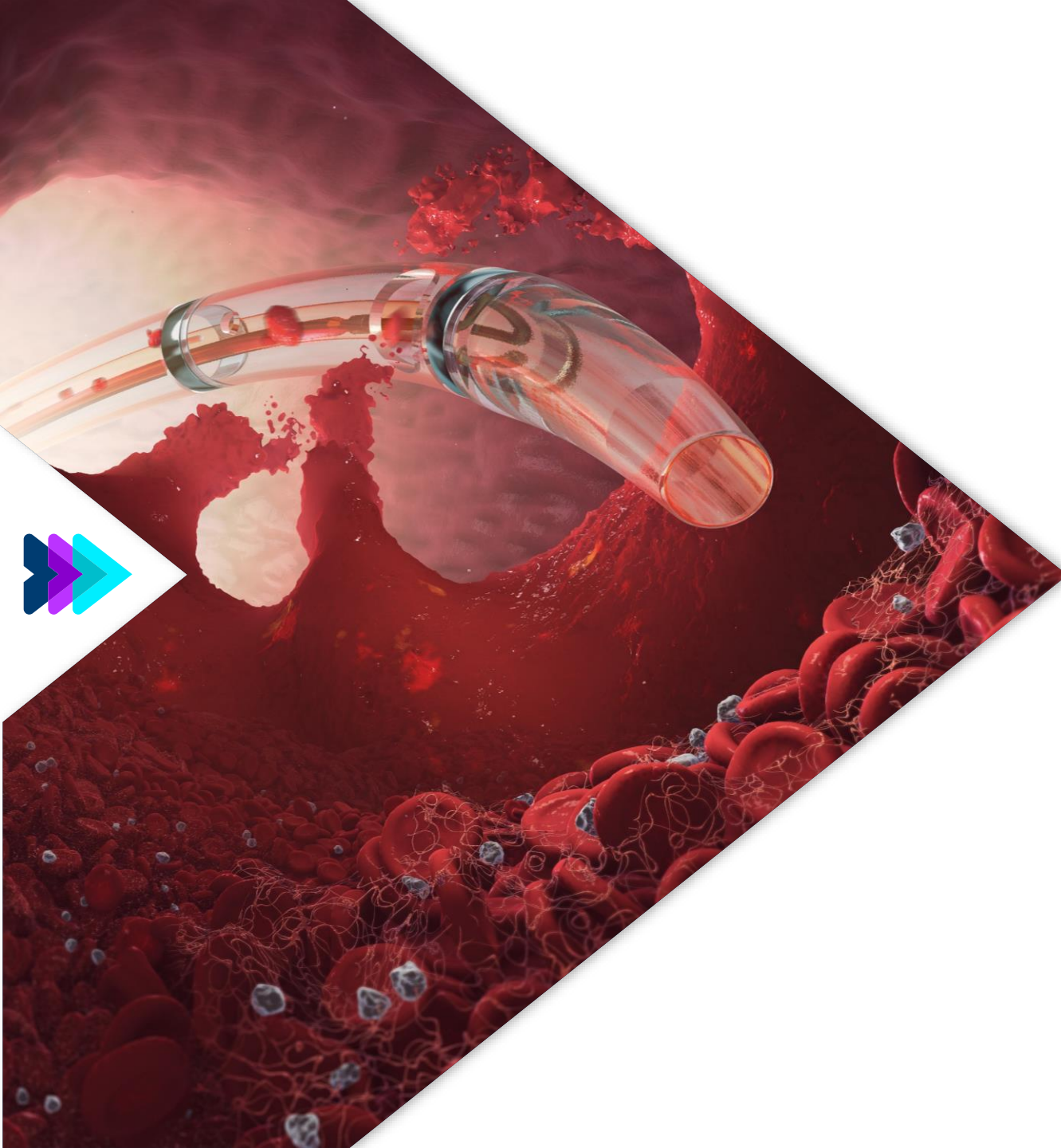
Focus on thrombus management



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège



Pr Marc Vuylsteke
Vascular surgeon
AZ Sint Andries



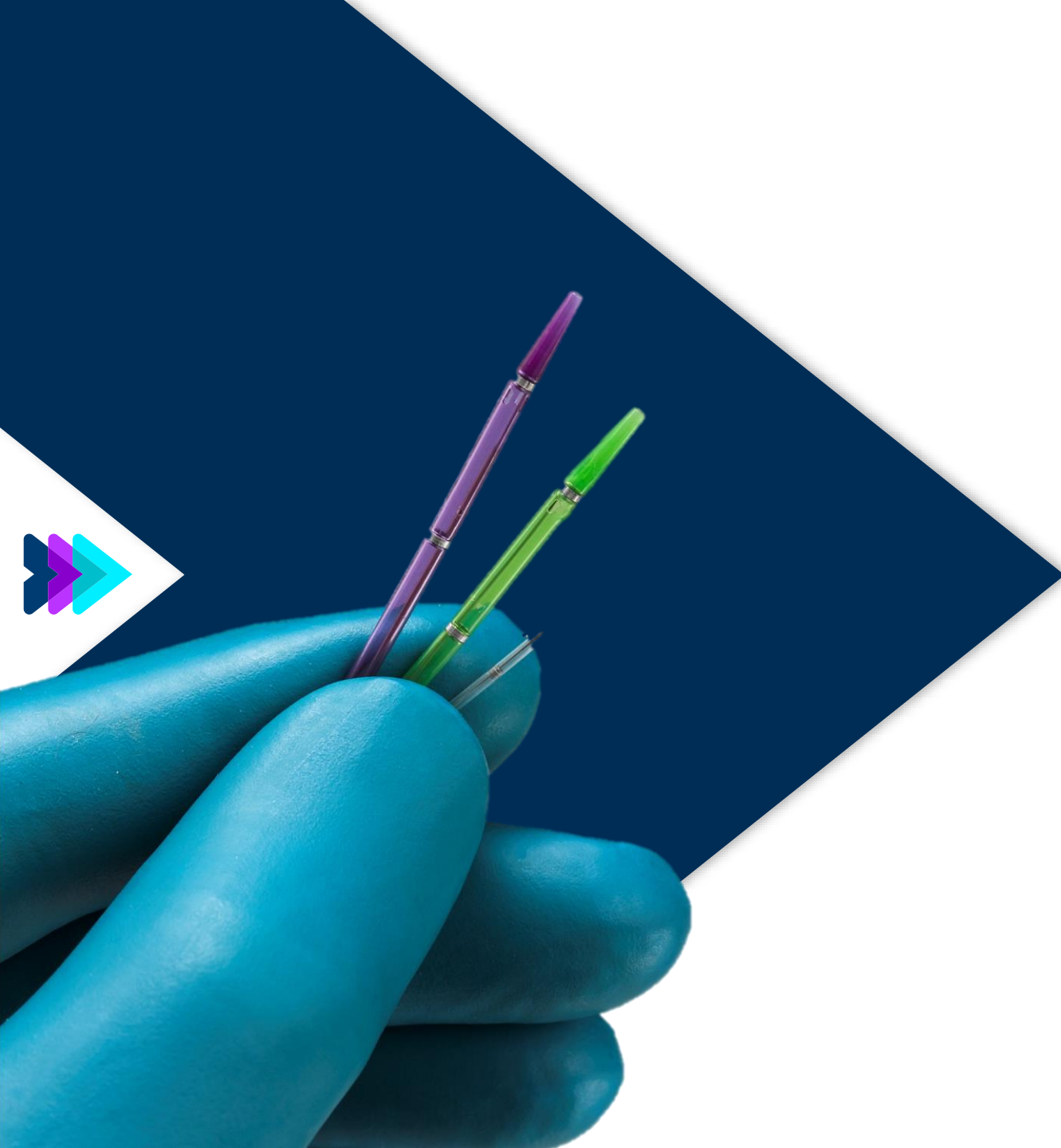
Cases presentation

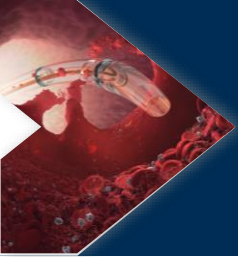


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège



Pr Marc Vuylsteke
Vascular surgeon
AZ Sint Andries





Indications reminder

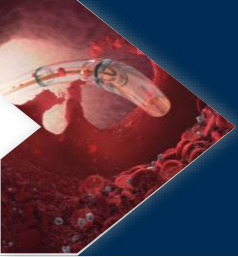


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

Almost all kind of acute and subacute thrombosis, **less than 2 weeks**

- Deep vein thrombosis
- Arteriovenous fistula thrombosis
- Arterial thrombosis:
 - native arteries, intrastent, venous or prosthetic bypass
 - upper limbs, aorta, visceral arteries, lower limbs








Catheters design

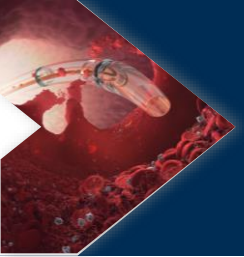


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

ANGIOJET™ Catheter Reference Guide

Model	Indication	Delivery Platform	Minimum Vessel Diameter	Catheter Length	Catheter Diameter	Guidewire Wire	Introducer Sheath	Power Pulse Delivery Enabled	Guidewire Swappable	Contrast Injection Port	Flow Rate	Maximum Rate Times		Catalog Number
												Total Run Time	Run Time with Blood Flow	
AngioJet Console													105650	
 ZelanteDVT™	Venous	OTW	6 mm	105 cm	8 F 2.67 mm	0.035" 0.089 mm	8 F 2.67 mm	Yes	Yes	Yes	60mL/min	480 sec	240 sec	114610-002
 Solent™ Dista	Peripheral Arterial	OTW	1.5 mm	145 cm	4/3 F 1.33/1 mm	0.014" 0.035 mm	4 F 1.33 mm	Yes			23mL/min	600 sec	300 sec	111303-003
 Solent™ Omni	Peripheral Arterial and Venous, AV Access	OTW	3 mm	120 cm	6 F 2 mm	0.035" 0.089 mm	6 F 2 mm	Yes	Yes	Yes	60mL/min	480 sec	240 sec	109681-004
 Solent™ Proxi	Peripheral Arterial and Venous, AV Access	OTW	3 mm	90 cm	6 F 2 mm	0.035" 0.089 mm	6 F 2 mm	Yes	Yes	Yes	60mL/min	480 sec	240 sec	109676-004
 AVX™	AV Access Grafts and Fistula	OTW	3 mm	50 cm	6 F 2 mm	0.035" 0.089 mm	6 F 2 mm			Yes	60mL/min	600 sec	300 sec	105039-003



Way to use the catheters



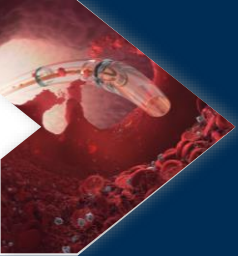
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

- Always going **from the inflow to the outflow**
 - ✓ from proximal to distal for arteries
 - ✓ from distal to proximal for veins

- Keeping the last centimeter occluded the most part of the procedure, like a natural **filter**





Case report 1

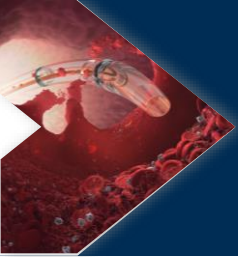


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific



- 67-year old man
- Ischemic cardiopathy with NSTEMI and PTCA 6 years before, sleep apnea syndrome, left knee prosthesis, renal colic, left iliac stenting 8 months before
- Arterial hypertension, type 2 diabetes, dyslipidemia
- Aspirin
- Acute left lower limb ischemia since 1 hour, Rutherford category 2a



Case report 1

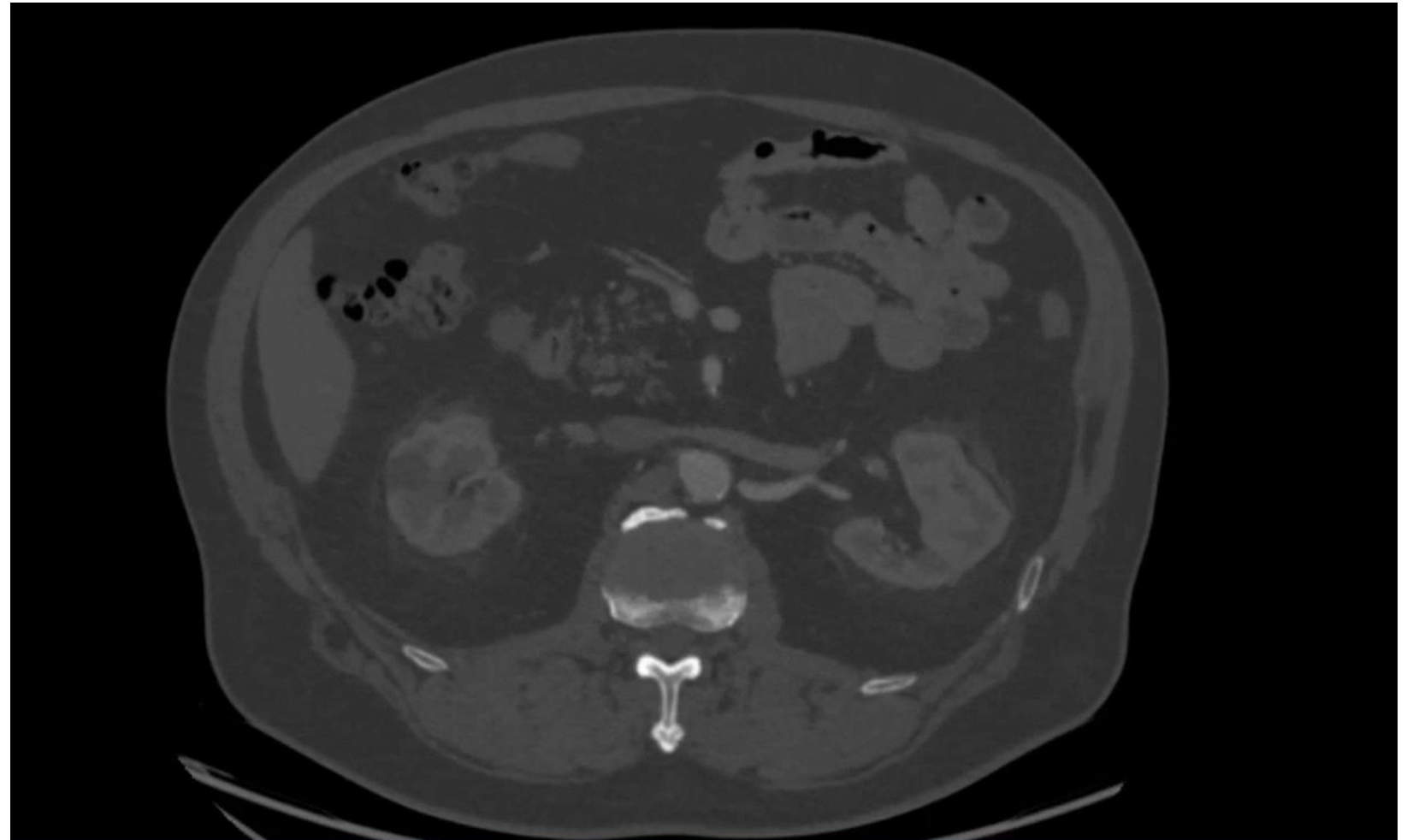


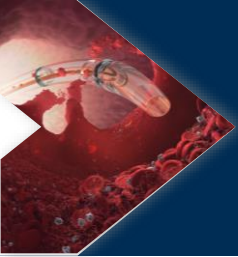
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

CTA :

- left common and external iliac thrombosis
- left popliteal occlusion





Case report 1



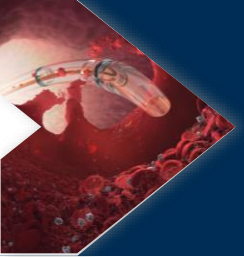
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

What to do?

- Fogarty?
- Bypass open surgery?
- Hybrid surgery?
- Percutaneous angioplasty?
- Catheter directed thrombolysis (CDT)?
- Percutaneous thrombectomy?
- Something else?

✓ Rheolytic
pharmacomechanical
thrombectomy
with Angiojet



Case report 1

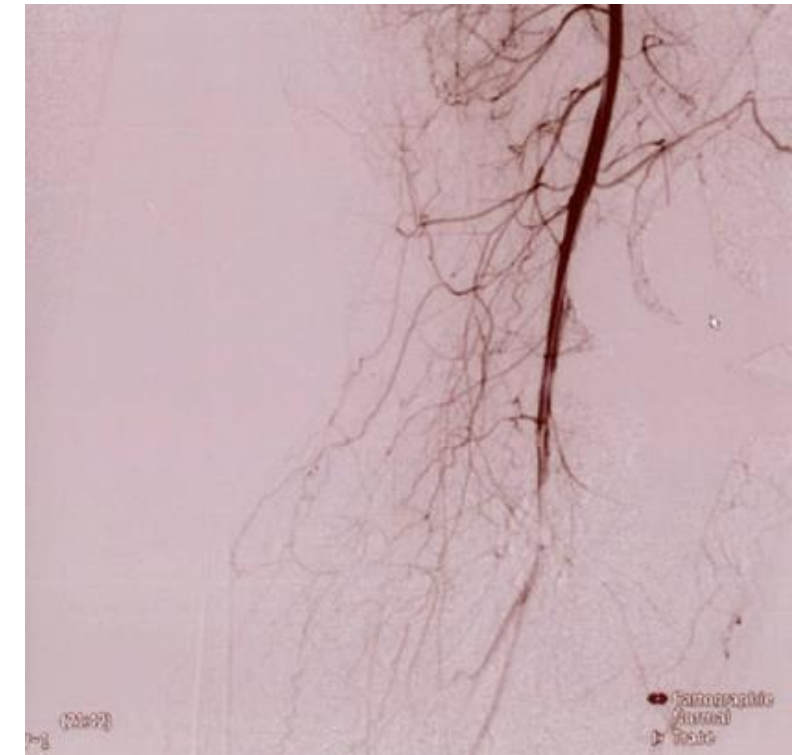


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

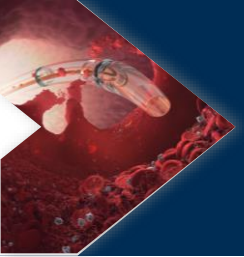
Boston
Scientific

Angiojet:

- Left femoral open access
- Heparin 100 UI/kg
- Urokinase 600000 UI* with power pulse mode followed by aspiration and stenting for the iliac level
- Aspiration for the popliteal level



* Outside the IFU



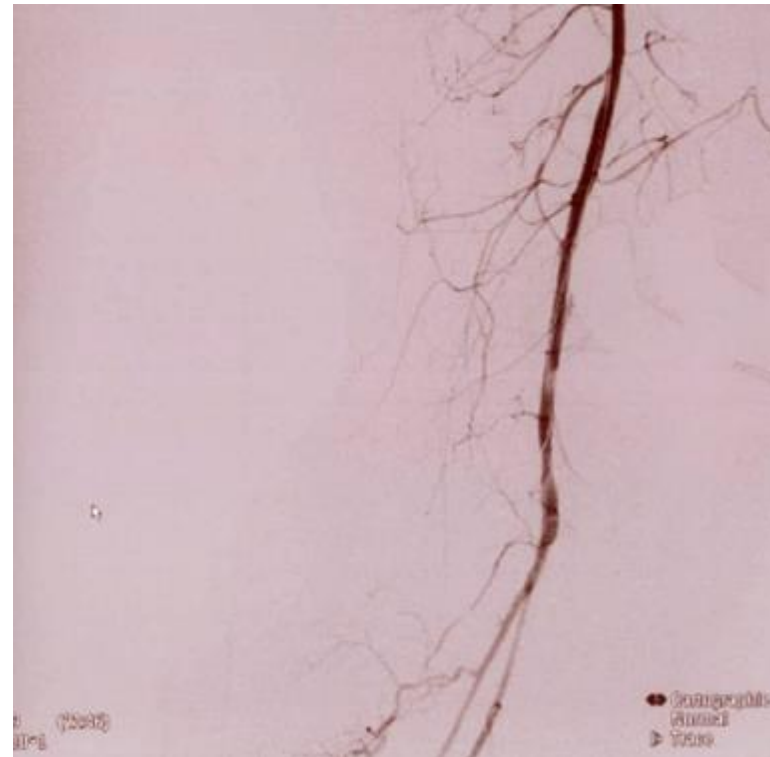
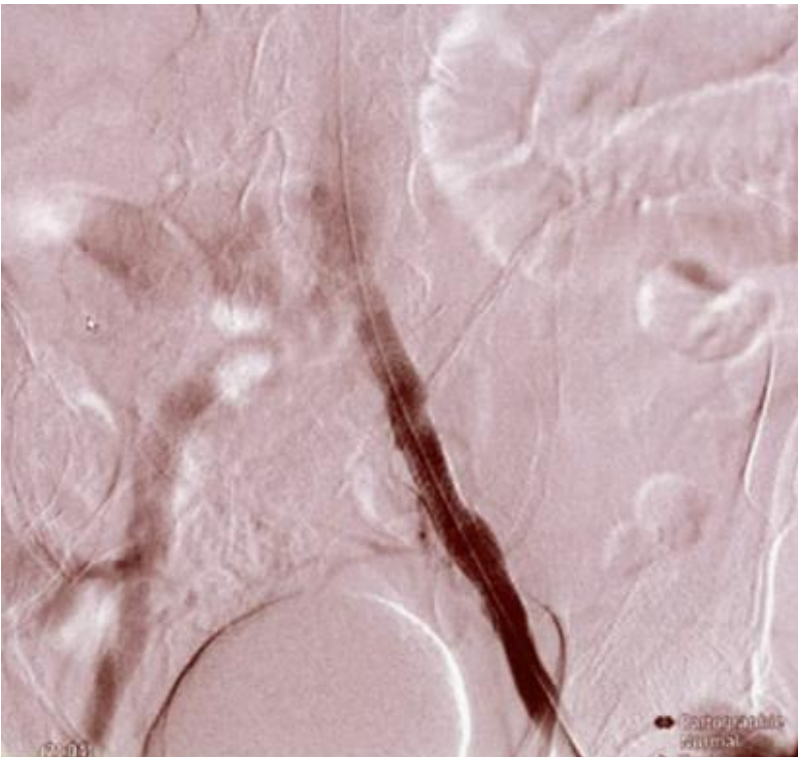
Case report 1



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

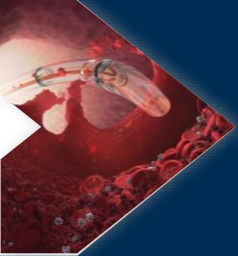
Boston
Scientific

Final result



After 2 months follow-up

- ✓ No complaint
- ✓ Palpated left Posterior tibial pulse
- ✓ ABI = 1
- ✓ Aspirin + Rivaroxaban 2,5 mg



Case report 2

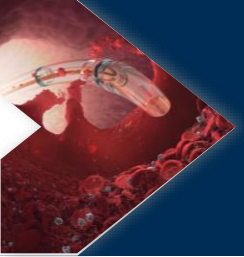


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific



- 93-year old man
- Mitral valve surgery 21 years before, chronic kidney disease
- Tobacco use stopped 21 years before
- Aspirin
- Acute left lower limb ischemia less than 24 hours, Rutherford category 2a
- New-onset atrial fibrillation



Case report 2

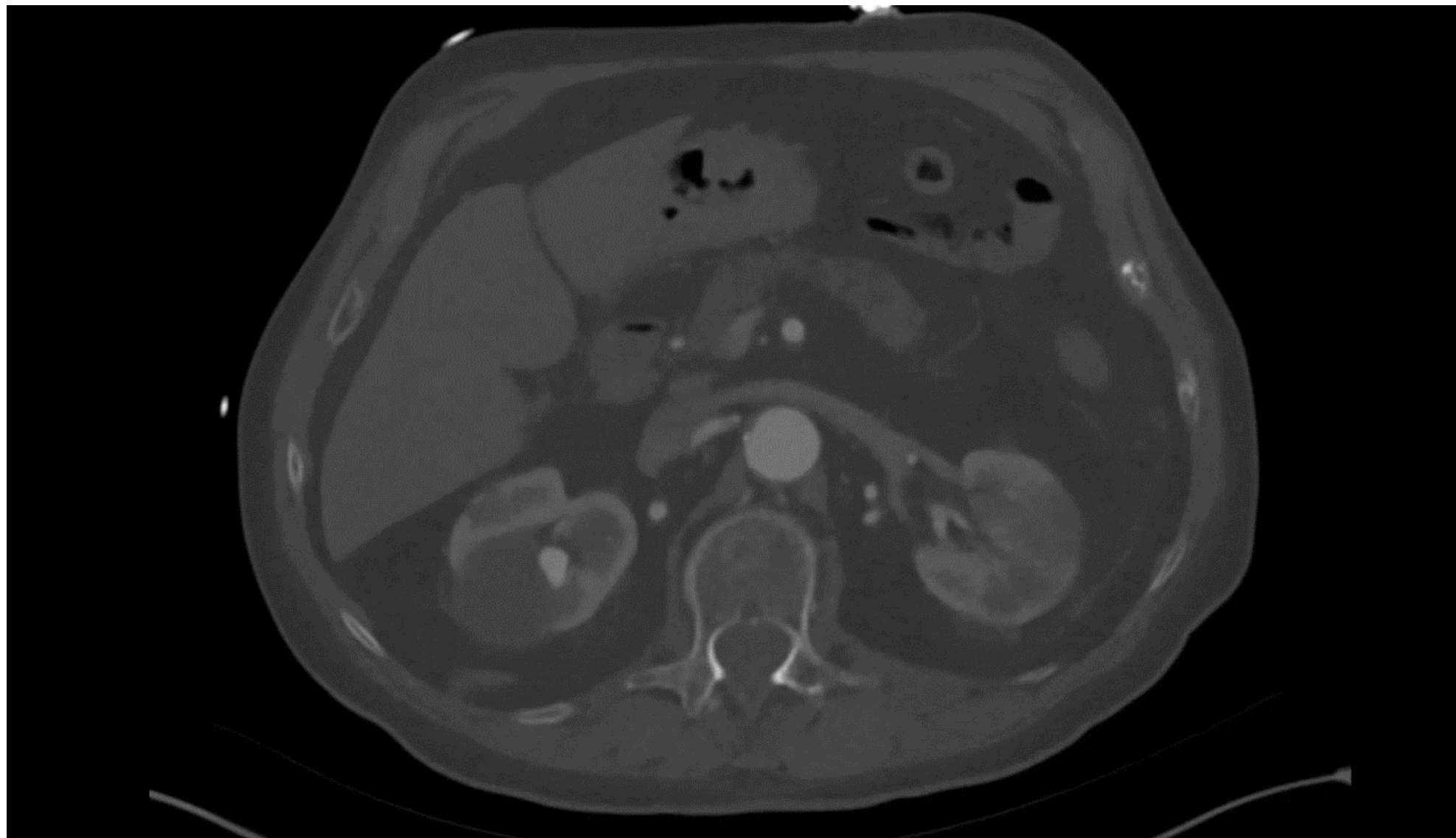


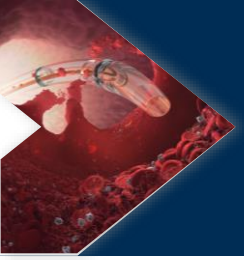
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

CTA:

Left
popliteal
occlusion





Case report 2



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

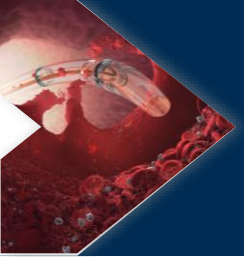
What to do?

✓ Percutaneous thrombo-aspiration with Angiojet

+

✓ DCB angioplasty



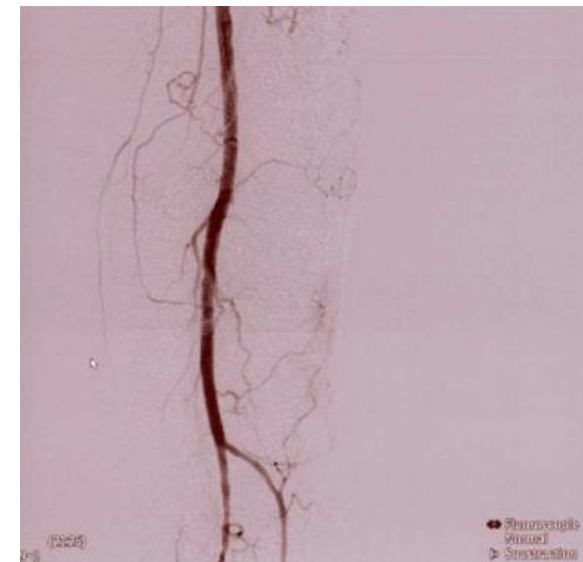
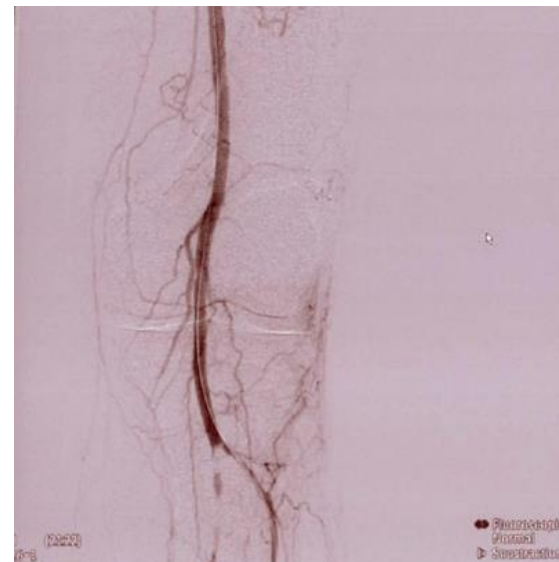
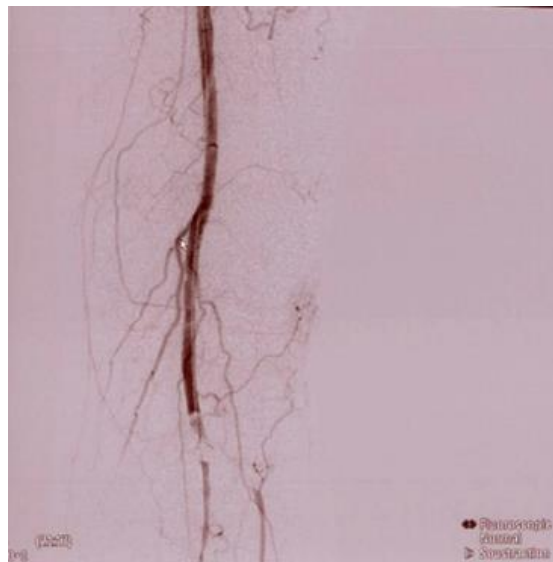
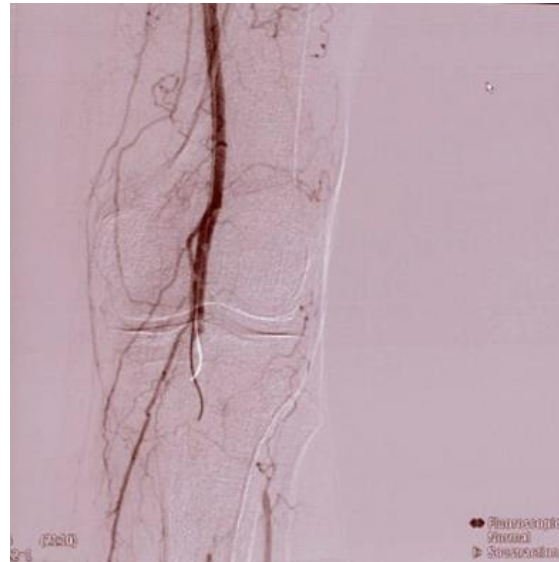


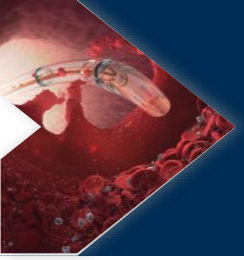
Case report 2



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific



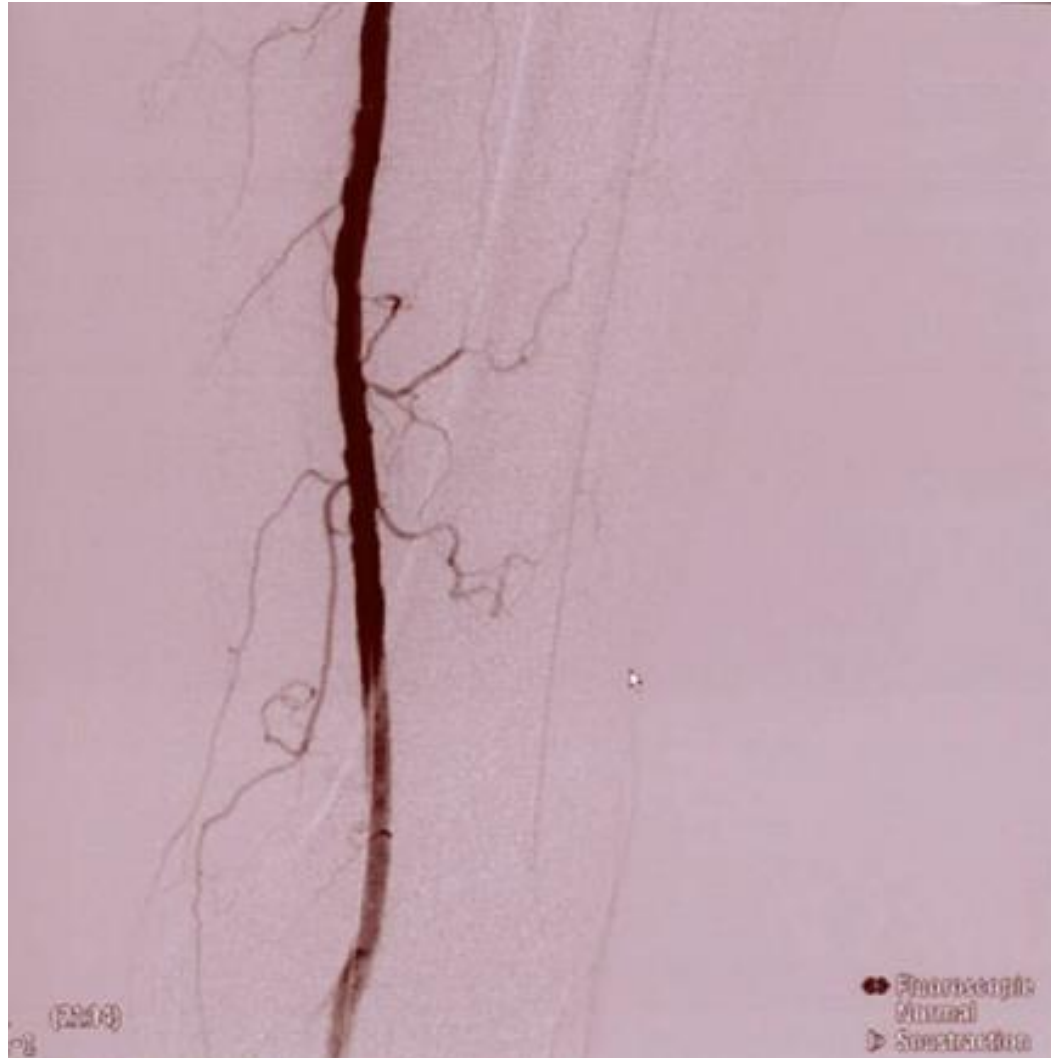


Case report 2



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

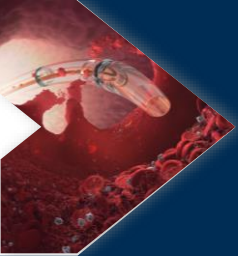
Boston
Scientific



DCB angioplasty

After 7 months follow-up:

- ✓ No complaint
- ✓ Popliteal artery patent at duplex scan
- ✓ Oral anticoagulation



Case report 3

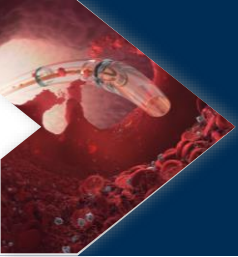


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific



- 41-year old man
- Left lower limb war injury 17 years before, left prosthetic ilio-femoral bypass and left venous femoro-tibial bypass
- Tobacco use stopped 17 years before, type 2 diabetes, dyslipidemia
- Aspirin
- Left lower limb claudication since several weeks and acute left lower limb ischemia since some hours, Rutherford category 2a



Case report 3



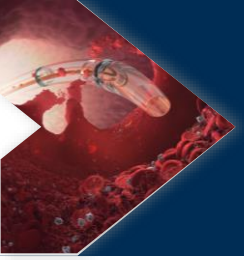
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

CTA:

- Ilio-femoral bypass thrombosis
- femoro-tibial bypass thrombosis





Case report 3



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

What to do?

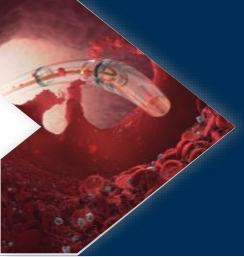
✓ Rheolytic
pharmacomechanical thrombectomy
with Angiojet

+

✓ ilio-femoral bypass
balloon
angioplasty

+ deep femoral artery ostium stenting





Case report 3



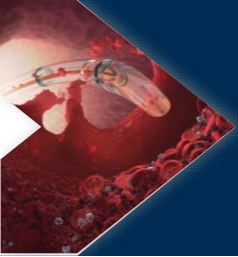
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

**Boston
Scientific**

After 13 months follow-up

- ✓ Left lower limb claudication (Rutherford category 2)
- ✓ Ilio-femoral bypass patent at duplex scan
- ✓ Aspirin





Case report 4

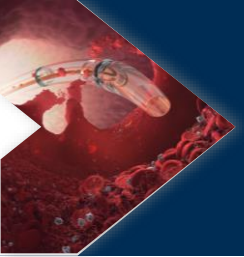


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific



- 67-year old woman
- Total hip replacement, thymectomy 1 month before, left malleolar fracture 1 week before
- Arterial hypertension, dyslipidemia, tobacco use stopped
- Painfull swelling of the whole left lower limb since 3 days
- emergency department



Case report 4

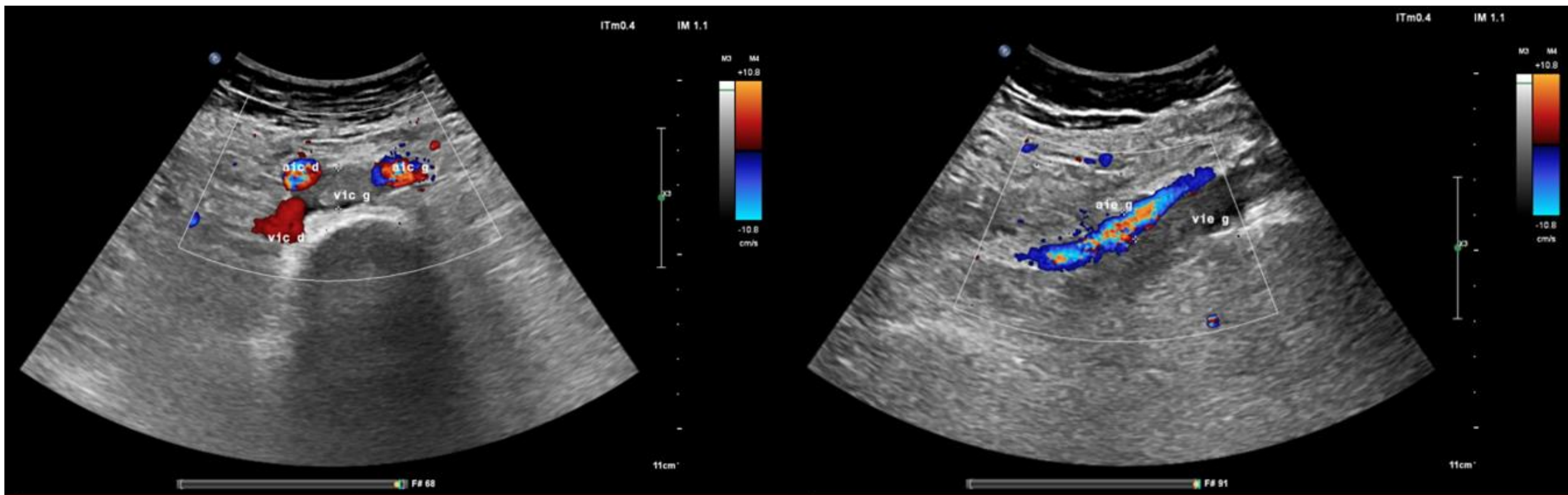


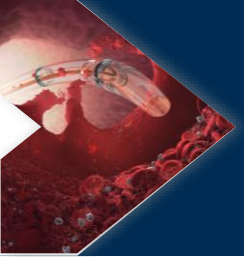
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

Duplex scan :

left ilio-femoro-popliteal extensive deep vein thrombosis



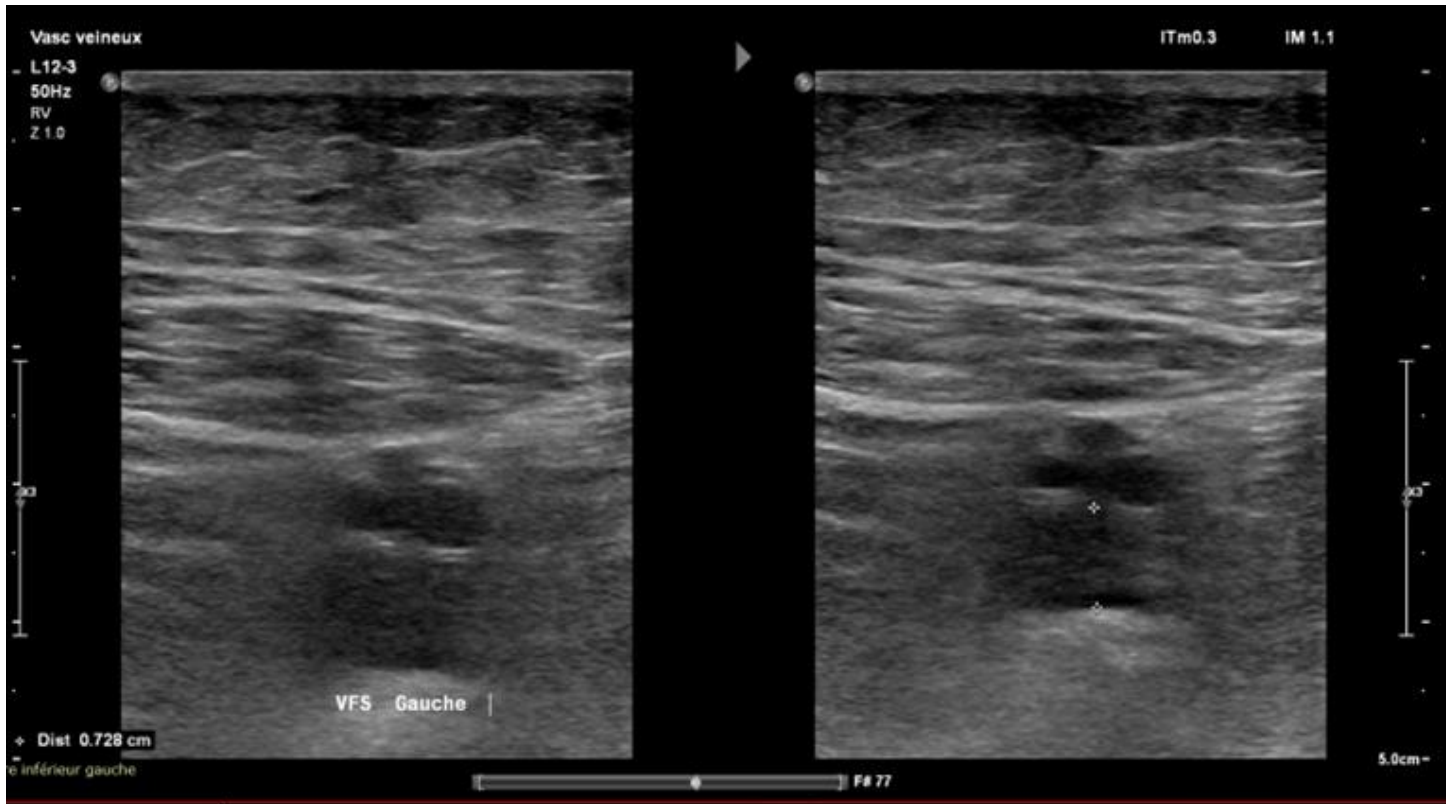


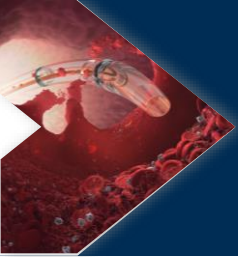
Case report 4



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific





Case report 4



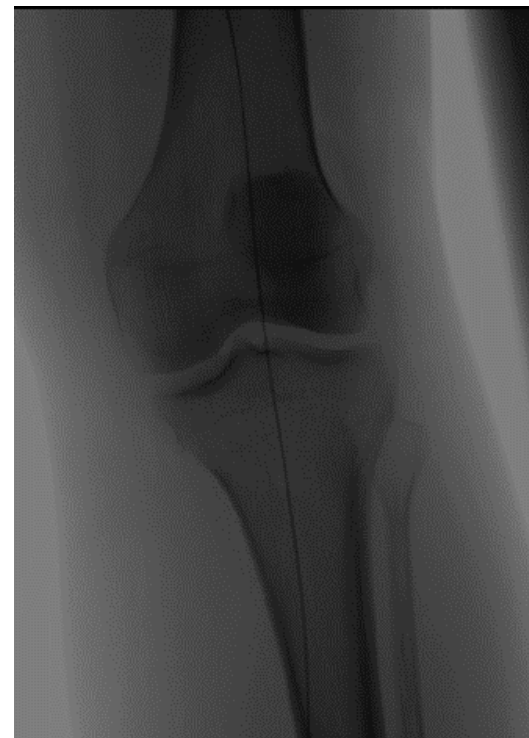
Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

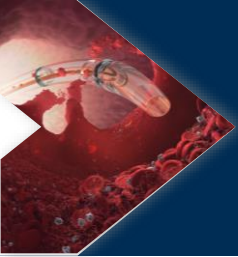
Boston
Scientific

What to do?

✓ Rheolytic pharmacomechanical thrombectomy with Angiojet

- + Dorsal decubitus
- + Left posterior tibial vein puncture
- + 8 F sheath
- + Heparin 100 UI/kg
- + Urokinase 600000 UI with power pulse mode followed by aspiration





Case report 4

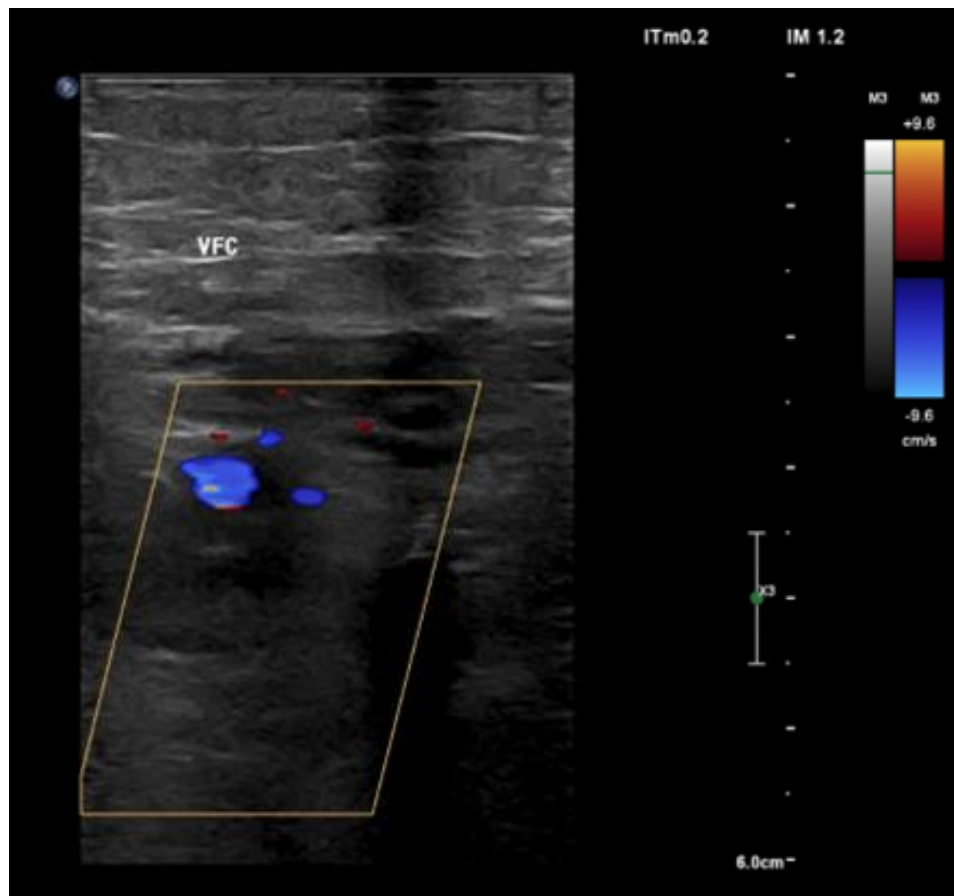


Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège

Boston
Scientific

After 1 month follow-up

- ✓ No pain
- ✓ Much less swelling
- ✓ Persistence of some thrombotic material into the left lower limb deep veins at duplex scan
- ✓ Oral anticoagulation



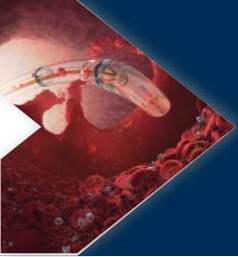
After 1 year follow-up

- ✓ No complaint
- ✓ Left lower limb deep veins patent at duplex scan
- ✓ Oral anticoagulation



**LET'S
DISCUSS**

Q&A session



Dr Arnaud Kerzmann
Vascular surgeon
CHU Liège



Pr Marc Vuylsteke
Vascular surgeon
AZ Sint Andries

THANK YOU