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Limb Salvage in Critical Limb Ischemia

Patient History

- 69-year-old male with uncontrolled diabetes presented with bilateral femoral-popliteal artery occlusions. The right foot was cadaveric and the left foot was critically ischemic (SVS IIB). Fourquadrant fasciotomy was performed on right leg with pending amputation of both legs
- EKOS® ultrasound-enhanced treatment
 - 50 cm Lysus® catheter placed, contralateral approach
 - Infusion of reteplase at 0.5 u/hr for 4 hours, then reduced to 0.25 u/hr
- Duplex/Doppler at 1 hour demonstrated recanalization of the SFA
- Angiography at 6 hours confirmed total thrombus resolution in the CFA, SFA and popliteal arteries with TIMI III flow into the trifurcation area and single vessel runoff in the anterior tibial artery
- The dorsalis pedis pulse was detectable with Doppler and significant clinical improvement was noted with improved skin color and temperature and capillary refill
- Lysus catheter replaced with 3F infusion catheter with overnight infusion into tibio-peroneal trunk
- Follow-up angiography revealed a focal stenosis in the tibio-peroneal trunk
- Stent placement resulted in TIMI III flow in the left posterior tibial artery up to the left foot with a biphasic Doppler signal
- Patient underwent successful amputation of cadaveric right foot

Endowave First Generation System delivers prompt, complete revascularization, resulting in salvage of the left leg.

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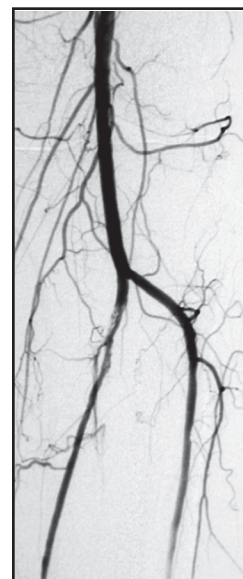
Intended Use The EKOS EndoWave Infusion Catheter System (first generation) is intended for controlled and selective infusion of physician-specified fluids, including thrombolytics, in the peripheral vasculature. All therapeutic agents utilized with the EndoWave Infusion Catheter System should be fully prepared and used according to the instructions for use of the specific therapeutic agent. **Contraindications** * Not designed for peripheral vasculature dilation purposes. * This system is contraindicated when, in the medical judgment of the physician, such procedure may compromise the patient's condition.
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Pre-EKOS



6-hour



Post-EKOS



Final