

# Cases collection

## iCover

BX ePTFE covered stent

### Right common and external iliac occlusion – right SFA occlusion

**By Dr Koen Deloose**

(Head of Department of  
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# Case introduction

Male patient

73 years

- Rutherford stage 3
- Non-insulin dependent diabetes mellitus (NIDDM)
- High blood pressure (AHT)
- Hypercholesterolemia
- Smoker

Right common and external iliac occlusion, right superficial femoral artery (SFA) occlusion

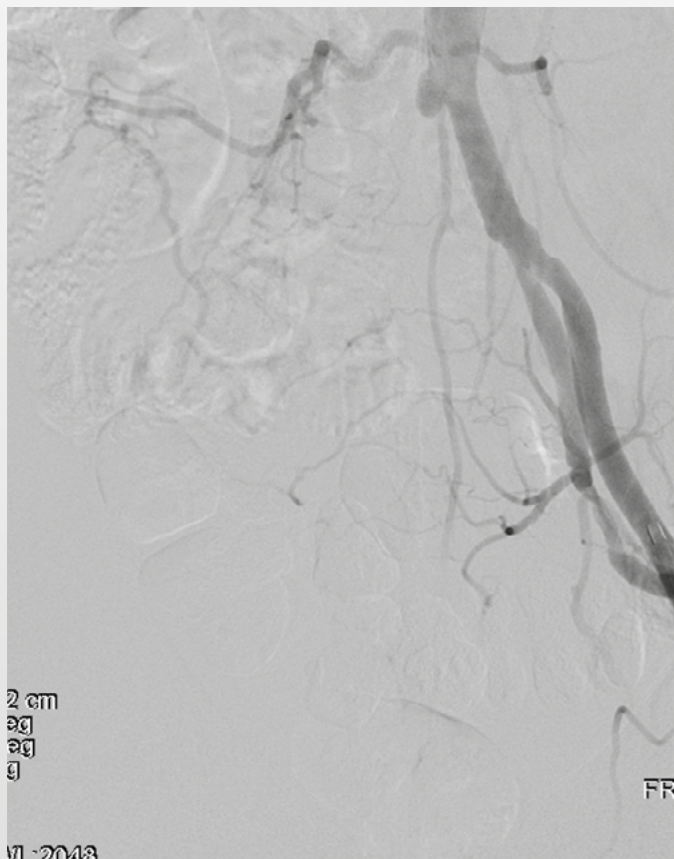


Image 1 | Right Iliac occlusion

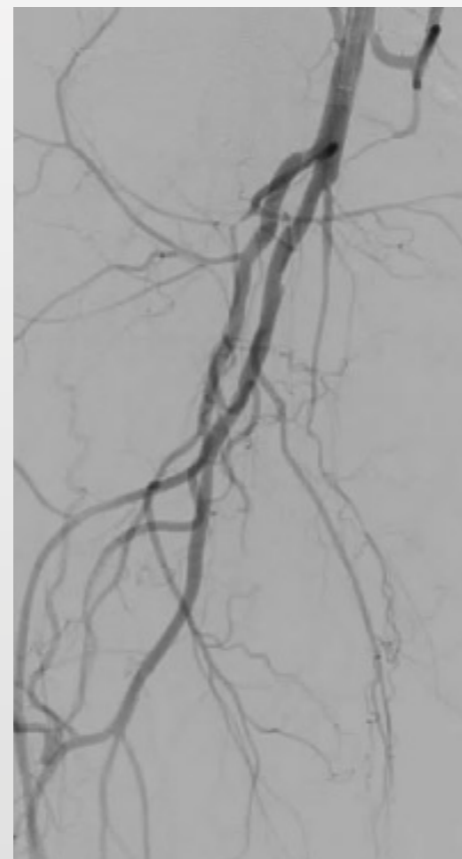


Image 2 | Right SFA occlusion

# Procedure

Puncture of the left common femoral artery (CFA).

1

An introducer sheath Destination 7F 45cm length, together with a 0.035" curved guidewire were used.

2

To cross the occlusion a Sergeant 0.035" straight and braided support catheter was used (Image 3). With the good pushability and torque capacity of Sergeant, it successfully crossed the lesions in iliacs and SFA.

3

The SFA was treated by a successful combination of Luminor DCB and iVolution pro self-expanding stent (Image 4).

4

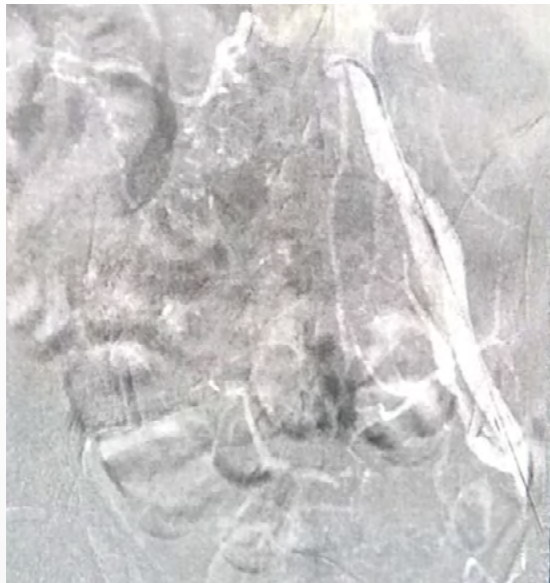
The right common iliac occlusion was treated by iCover. The iCover went through the iliac bifurcation easily (Image 6) due to its flexibility and, with the good visibility, of iCover, the implantation was easy and precise (Image 8).

5

The treatment of the iliac external occlusion was continued by an accurate implantation of an iVolution pro self-expanding stent.

6

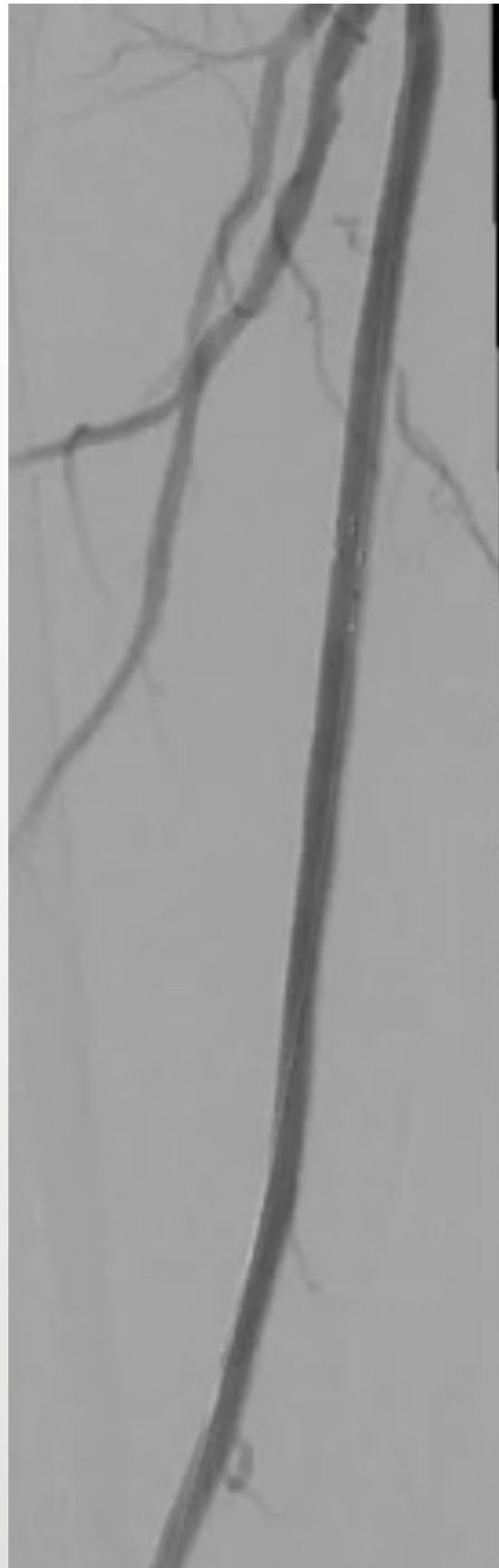




**Image 3** | Sergeant support catheter crossing the right iliac artery



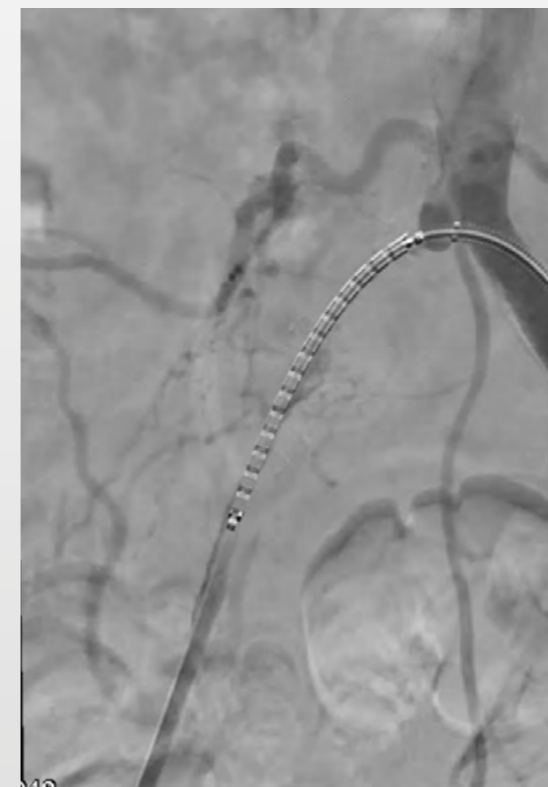
**Image 4** | iVolution pro implantation in the right SFA



**Image 5** | SFA final outcome after iVolution pro implantation



**Image 6** | iCover crossing the aorto-iliac bifurcation



**Image 7** | iCover in the right iliac artery before implantation



**Image 8** | iCover implanted

## Final angiography showing the outcomes



Image 9 | Final iliac outcome

## Antithrombotic treatment recommended

The treatment post-procedure was Aspirin lifelong and Clopidogrel during 3 months.

## Follow-up

In the first 24 hours, the patient was perfect, with no false aneurysm, no distal embolization and with distal pulse. There was a triphasic signal to the foot.

“

*“iCover stands out for its incredible visibility as is the unique covered stent with radiopaque markers. It’s well crimped on the balloon, perfectly tapered and offers a high flexibility in undeployed state (possibility to do a cross over even with a sharp aortic bifurcation).”*

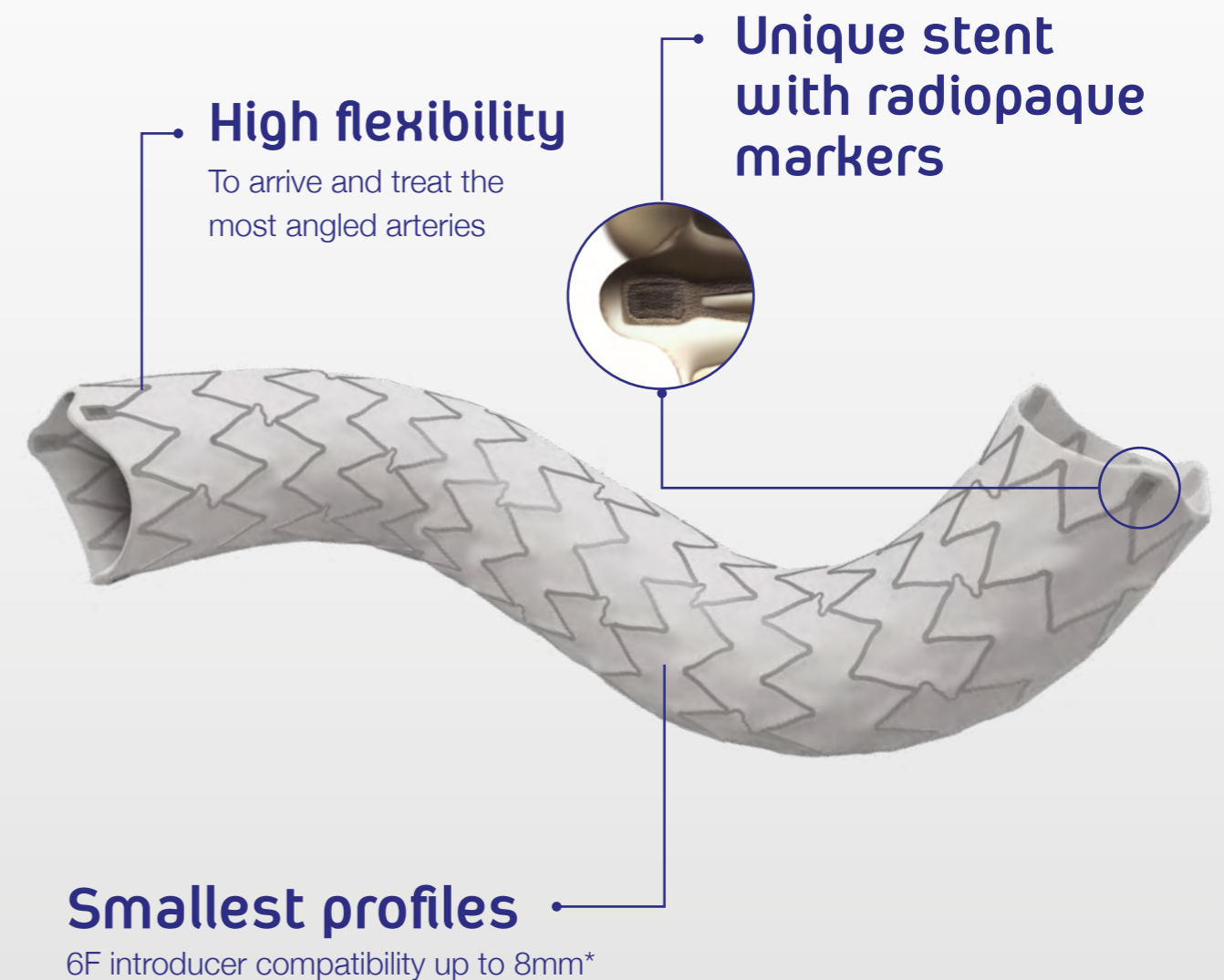


Dr Koen Deloose

# iCover

BX ePTFE covered stent

## The visibility you deserve



 **CoverTech**

Proprietary technology to encapsulate the stent into an inner and outer ePTFE layer



# Cases collection

# iCover

BX ePTFE covered stent

## iCover kissing stent technique to treat ostial EIA stenosis and iliac aneurism

**By Dr. Jerome Brunet**  
(Clinique Rhone Durance, France)



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# Case introduction

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Male  
patient

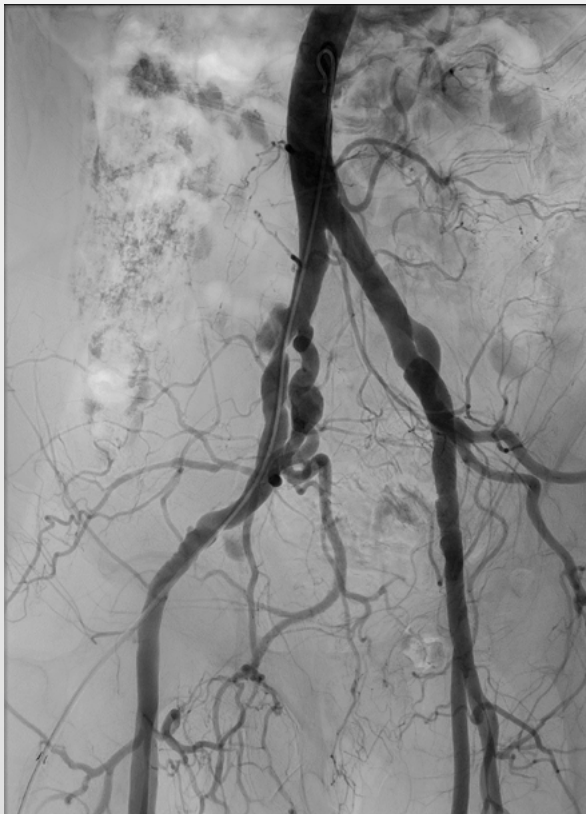
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63  
years

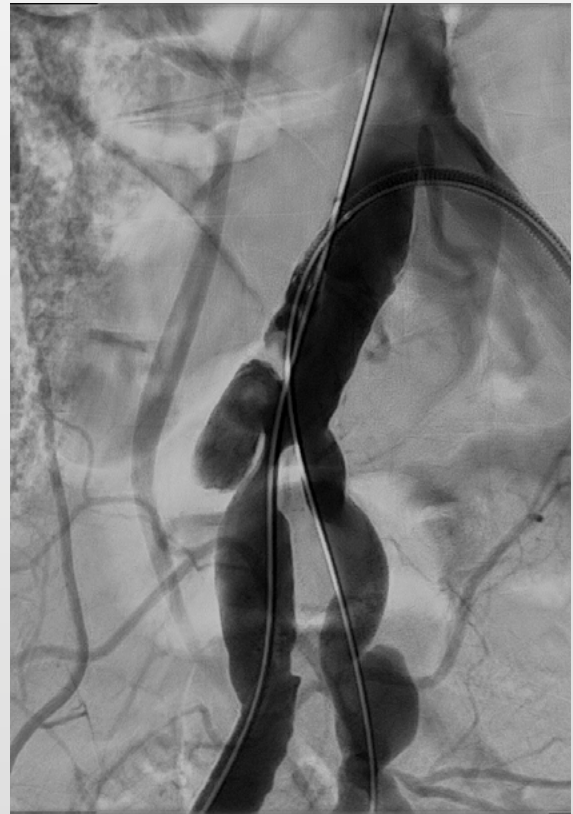
- Hypertension
- Right claudication Rutherford 3
- Lesion information: right external iliac stenosis with ulcer and sacciform aneurism involving hypogastric bifurcation
- Strategy: Create neo iliac bifurcation to treat both iliac stenosis and iliac aneurism without compromising internal iliac artery

## Target lesion

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**Image 1** | Angiography before the procedure



**Image 2** | Angiography before the procedure



# Procedure

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1

**It was necessary to proceed with a double access:**

External iliac: 7Fr ipsilateral

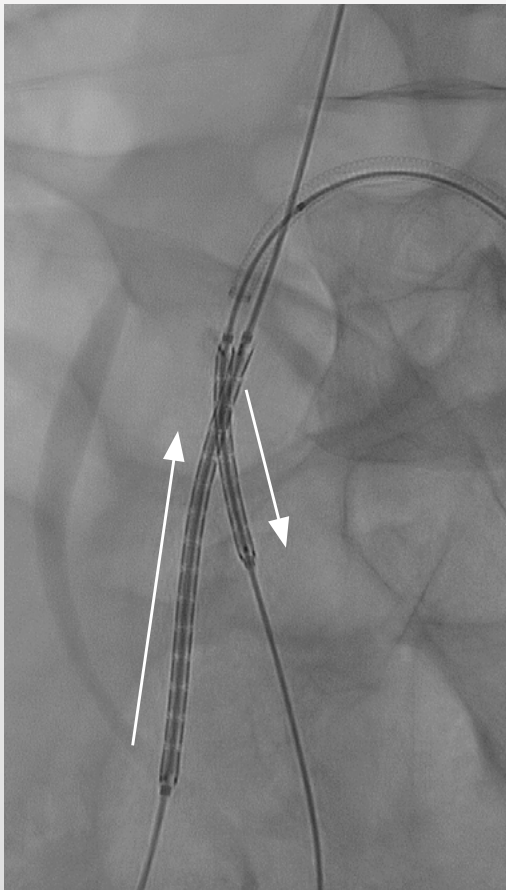
Internal iliac: 6Fr contralateral and crossover

2

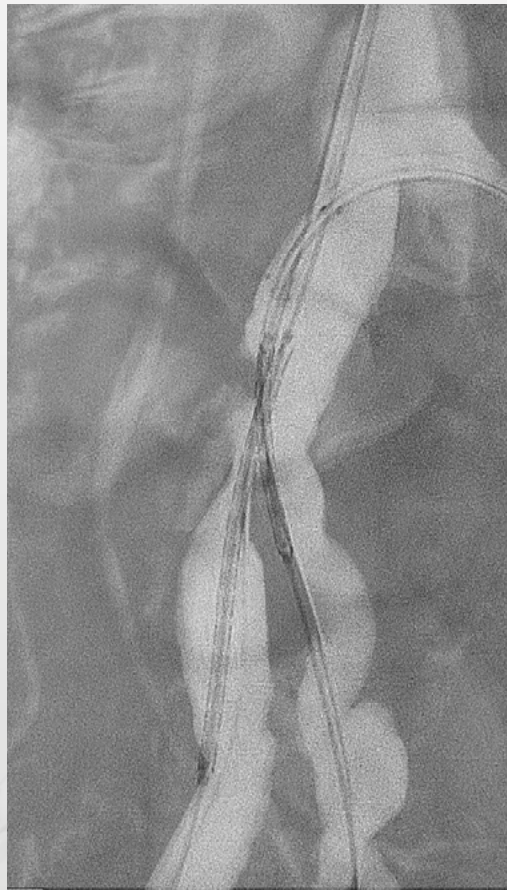
**An iCover 9x57mm was introduced in the external iliac artery**

3

**In the internal iliac artery, an iCover 7x27mm was inserted**



**Image 3** | Both iCovers in the hypogastric bifurcation

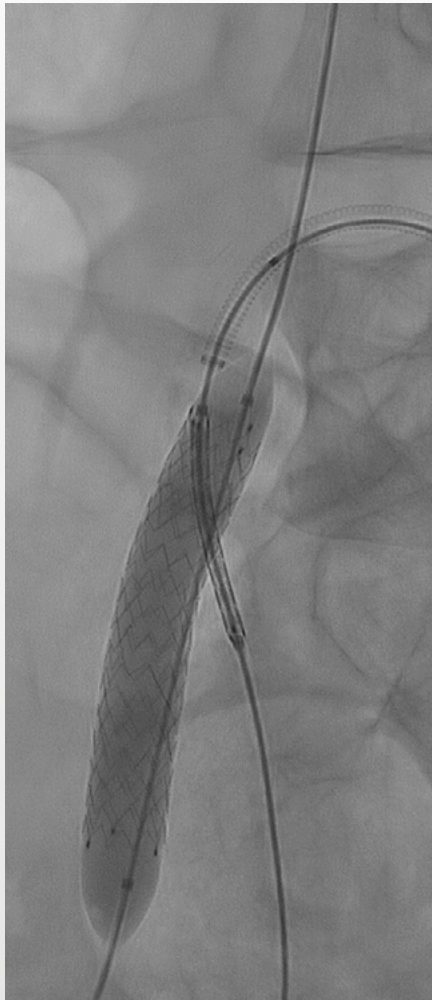


**Image 4** | iCovers located in the hypogastric bifurcation

## 4

### → A kissing stent technique was performed:

- External iliac artery: iCover 9x57mm was first inflated at 13 atm (Image 5), and then a proximal post-dilatation was done with a 10x20mm PTA balloon (14 atm).
- Internal iliac artery: iCover 7x27mm was implanted after at 13 atm also (Image 6).



**Image 5** | iCover implanted in the external iliac artery



**Image 6** | Second iCover in the internal iliac artery



5

→ A final kissing balloon technique was done (Image 7), using a 10mm PTA balloon in the external iliac artery, and a 7mm PTA balloon in the internal, both inflated at 10atm.

6

Same day discharge

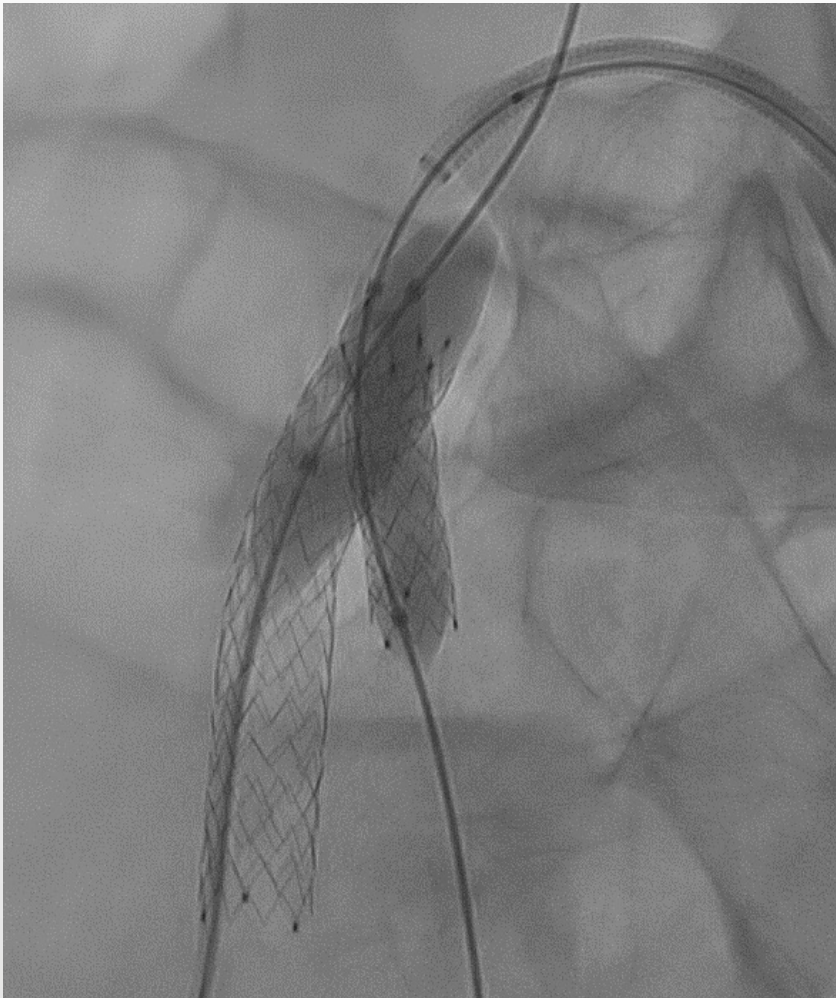


Image 7 | Post-dilatation with a kissing balloon technique

# Final angiography showing the outcomes

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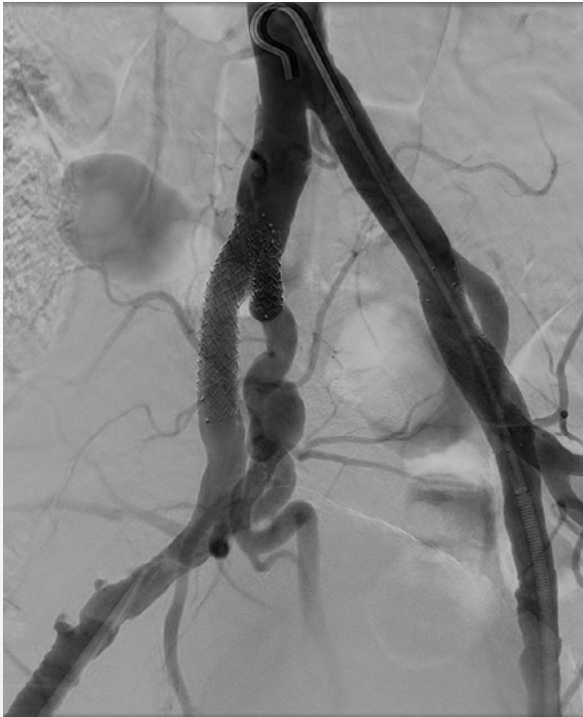


Image 8 | Final angiography



Image 9 | Final angiography

## About iCover

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“

*iCover offers a very precise positioning as it has radiopaque markers and no shortening was detected in the post-dilatation*



Dr Jerome Brunet



# Cases collection

## iCover

BX ePTFE covered stent

# Challenging renal aneurism: cross and treat

By Dr Daniel Manzoni  
(Robert Schuman Hospital,  
Luxembourg)



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# Case introduction

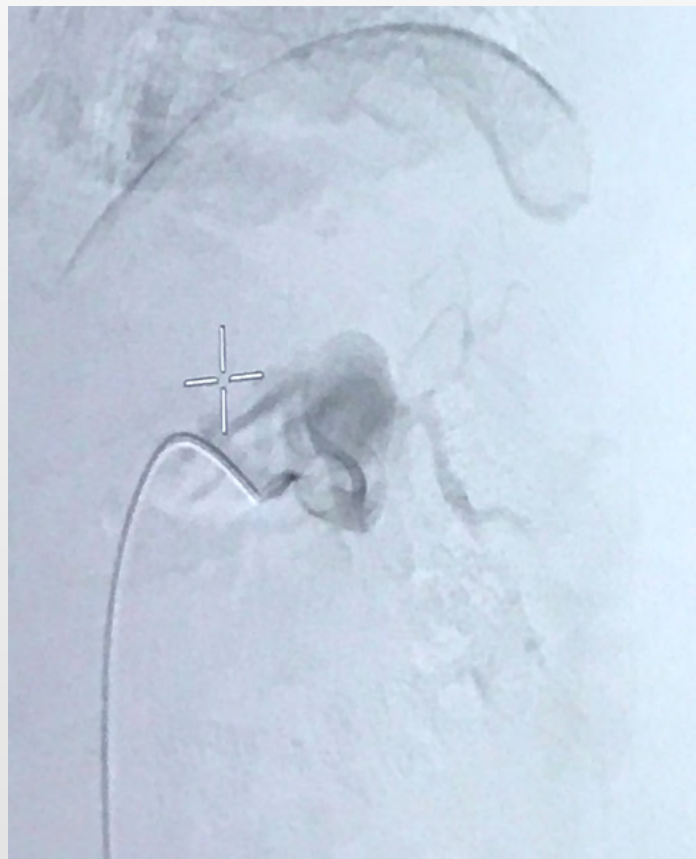
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Female  
patient

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37  
years

- 37 year old women with an aneurism in the renal artery. It was treated as a prophylactic measure before rupture
- Very tortuous renal artery



**Image 1** | Renal artery aneurism

# Procedure

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1

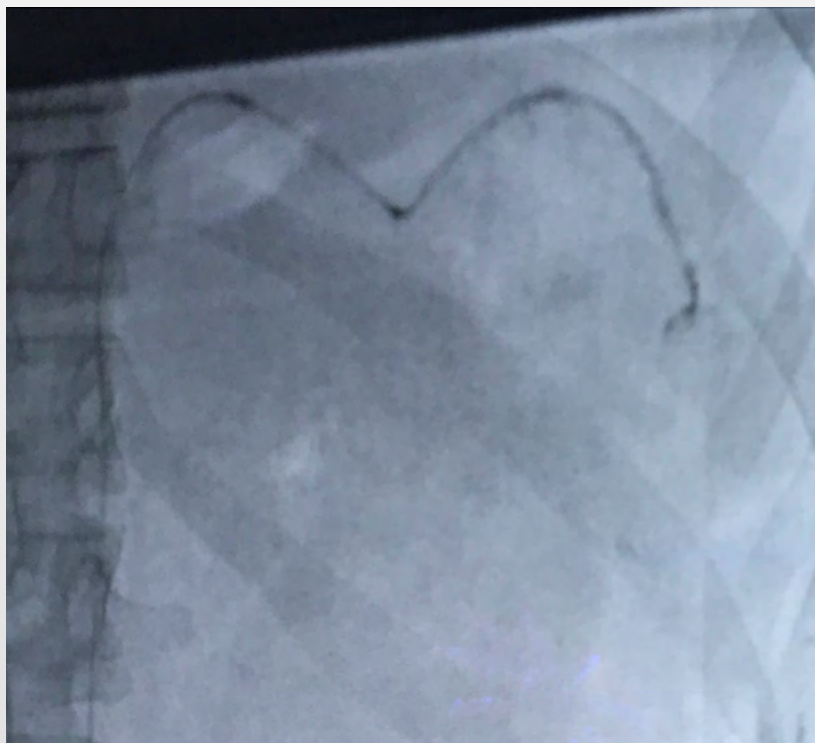
To start the procedure, the right femoral access was used, with a 9F introducer and a Lunderquist guidewire

2

A Sergeant support catheter was needed in order to arrive to the aneurism

3

It was difficult to arrive to the renal artery, due to the high angulation, and Sergeant support catheter was used (Image 2). As it's a braided catheter, Sergeant offers high push, torque capacity and resistance to kinking even in angulated arteries as this one:



**Image 2** | Arrive and cross with Sergeant support catheter

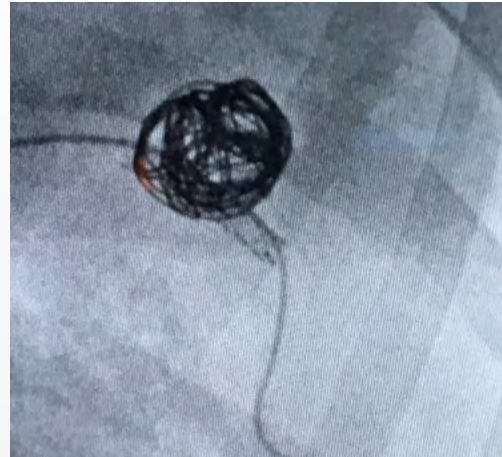


4

The 1<sup>st</sup> iCover (5x27mm) arrived to the lesion very easily, demonstrating the high flexibility of the stent crimped. Before implanting iCover, 3 coils were used. Then, the iCover was implanted (Image 2).



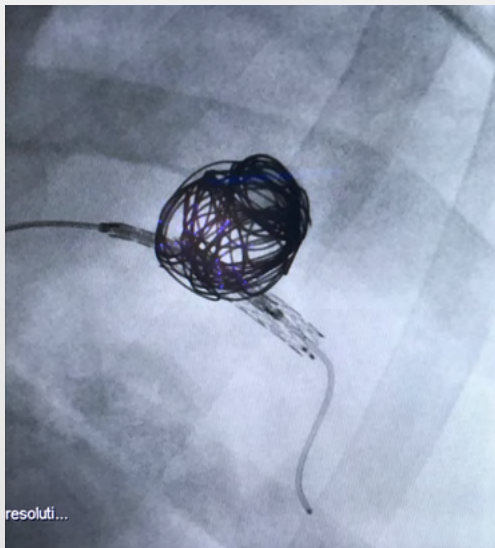
**Image 3** | iCover not implanted



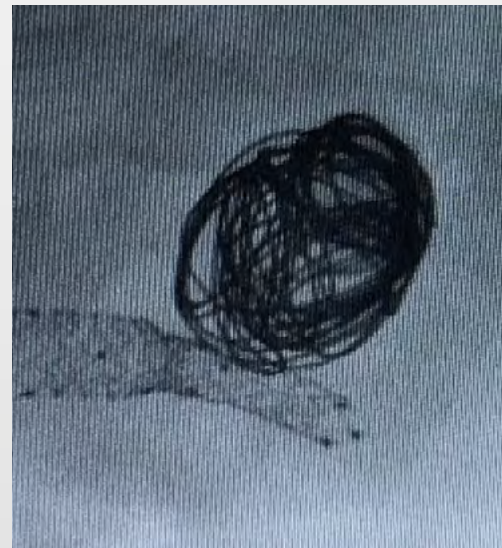
**Image 4** | iCover implanted

5

A 2<sup>nd</sup> iCover (7x27mm) was needed in order to completely seal the aneurism. An Oceanus 35 was used to post-expand the iCover to 8mm (Image 6).



**Image 5** | 2<sup>nd</sup> iCover not implanted



**Image 6** | 2<sup>nd</sup> iCover post-expanded

The uniqueness of iCover are the radiopaque markers. They allow to see where each stent is, even doing an overlapping.

# Final angiography

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**Image 7** | Final angiography



**Image 8** | Final angiography

## About iCover

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“

*iCover flexibility has allowed us to reach this angled lesion. With its unique visibility is possible to locate each of the stents implanted.*



**Dr Daniel Manzoni**

# Cases collection

# iCover

BX ePTFE covered stent

## Kissing stent with iCover in a paraplegic patient

**Dr. Bert Du Pont**  
(Jessa Hasselt, Belgium)



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# Case introduction

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Male  
patient

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66  
years

- Paraplegic patient
- Medical history of paraplegia after car accident
- Bilateral wounds of the feet and buttock
- Angiography showed high grade stenosis on the right common/external iliac artery and occlusion of the left common iliac artery (Image 1)



**Image 1** | First angiography

# Procedure

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1

Percutaneous access was performed bilaterally with a 6F sheath on the left and a 7F sheath on the right (Image 2).

2

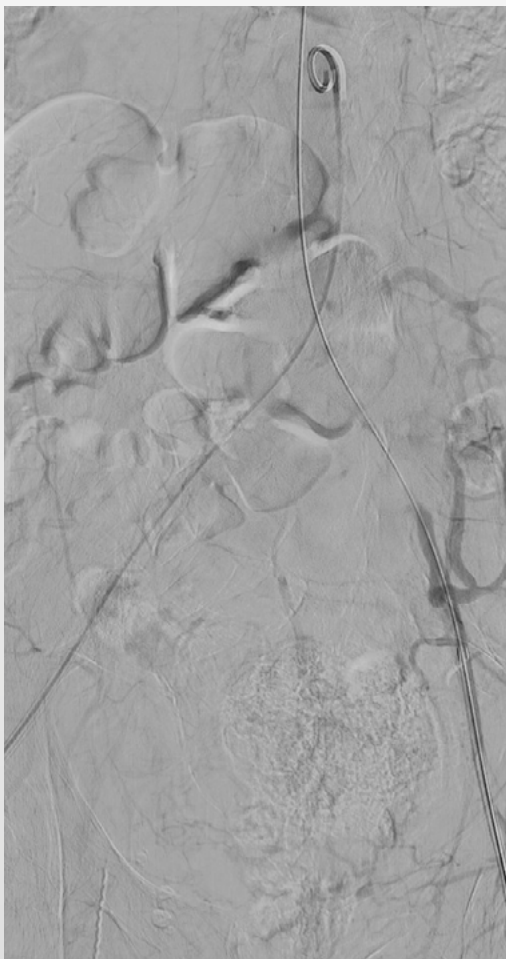
After the recanalization of the left iliac artery, an Oceanus PTA balloon 7x40mm was used to predilate the artery.

3

Kissing stenting technique was performed using one iCover 8x37 mm on the right and 7x57 mm on the left (Image 3).

4

At the right external iliac artery a dilatation with Oceanus 7x40mm was done, and after an iVolution pro 8x80mm was implanted successfully.



**Image 2 |** Percutaneous access from the right and left iliac arteries



**Image 3 |** Kissing stent technique with 2 iCover

# Final angiography showing the outcomes

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Image 4 | Final angiography

## About iCover

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*iCover's visibility allows to place the stent precisely. The 6F introducer compatibility up to 8x27mm facilitates the procedure maintaining a small introducer.*



Dr. Bert Du Pont



# iCover

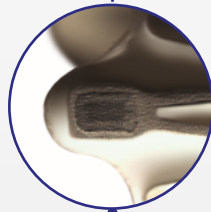
BX ePTFE covered stent

## The visibility you deserve

### High flexibility

To arrive and treat the most angled arteries

### Unique stent with radiopaque markers



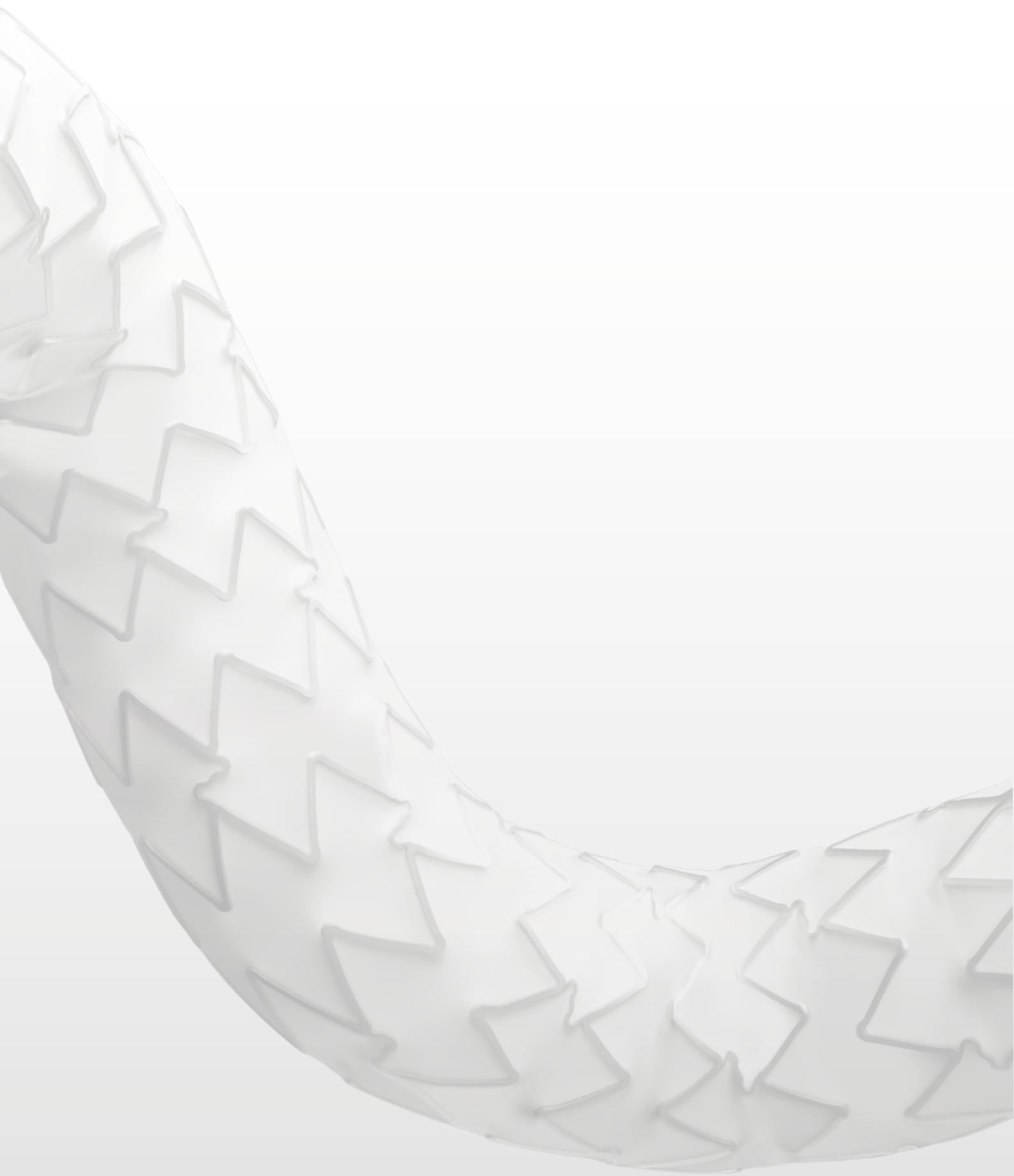
### Smallest profiles

6F introducer compatibility up to 8mm\*



Proprietary technology to encapsulate the stent into an inner and outer ePTFE layer

\*6F up to 8x17 mm and 7F from 8x27mm up to 10 mm.



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