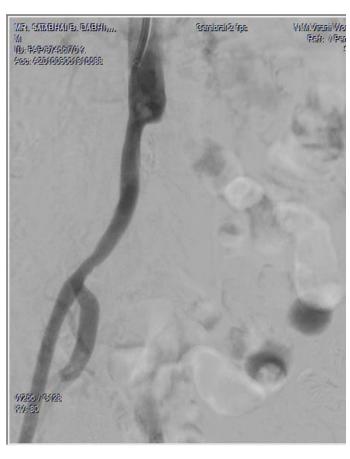


Case 1: Infrarenal aorta & aorto-iliac bifurcation

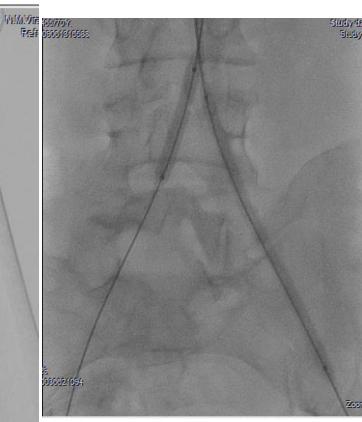


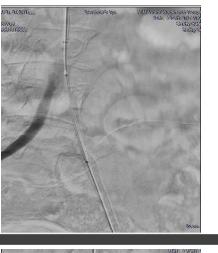
Angioplasty & kissing stent deployed from b/l femoral approach

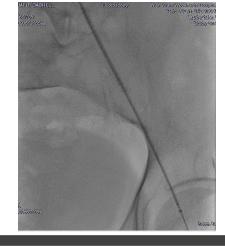
Case 2: Flush occlusion of CIA with EIA



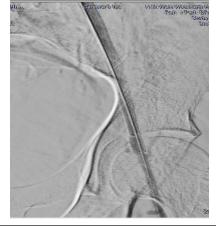








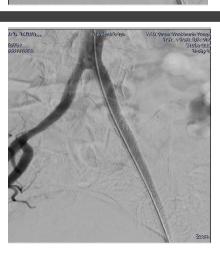






Stent

Complete procedure done from brachial approach



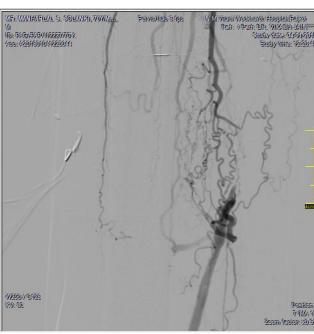
Case 3: Co-existent Femoral & Iliac disease

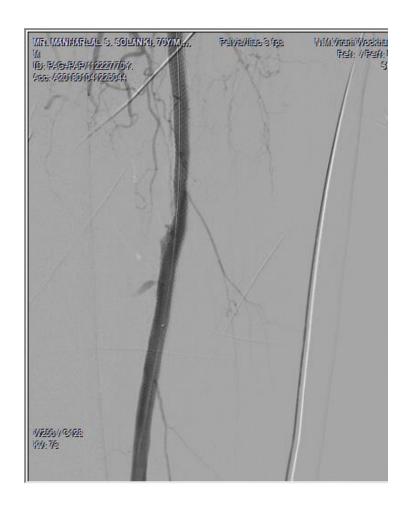


Common iliac stenosis



Long segment SFA stenosis



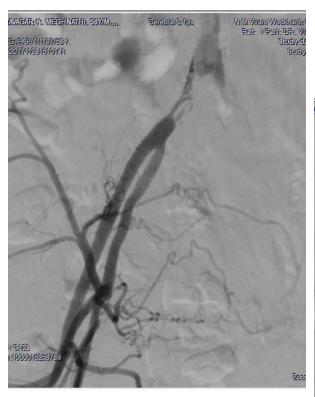


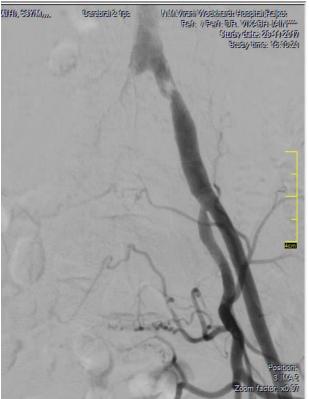
SFA stenting with SUPERA stent



Right common iliac stent

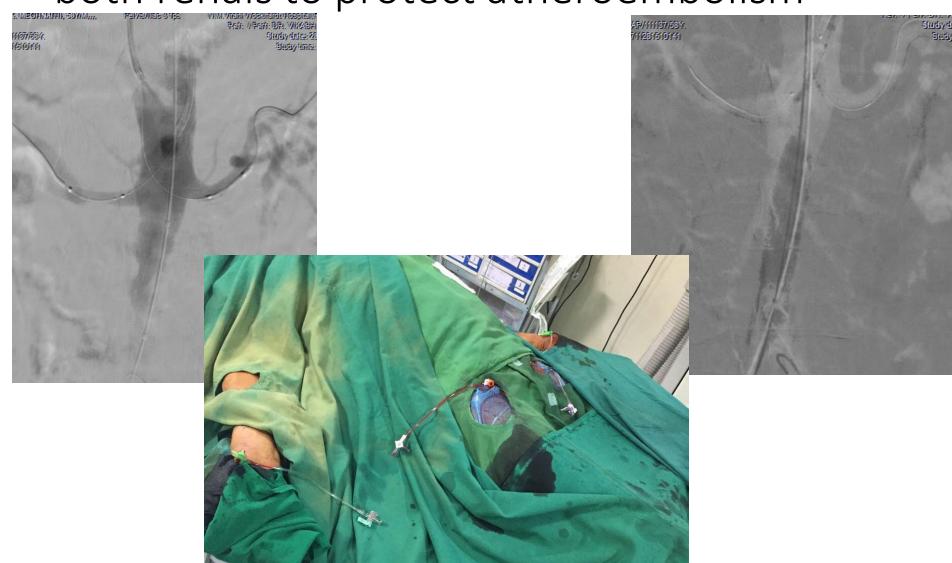
Case 4: Aorta and b/l Common iliac stenosis





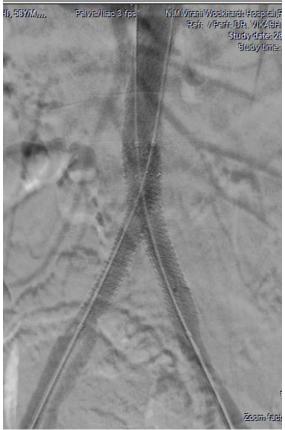


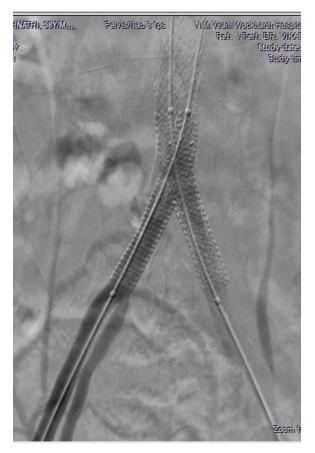
Both femoral and Radial access, Balloon in both renals to protect atheroembolism



Aorta and bilateral iliac stent







Case 5: Subclavian stenosis

- 42yr/M, smoker.
- Presented with sudden episode of left ring finger gangrene.



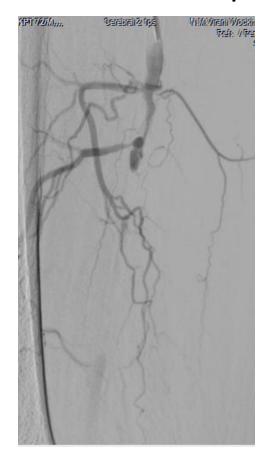




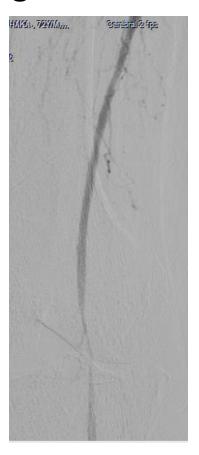


Case 6: 72 yr/M

- DM, Smoker. LVEF 25%
- Left BK amputation, Right heel ulcer



SFA, total occlusion

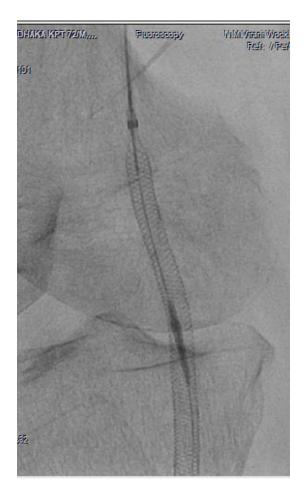


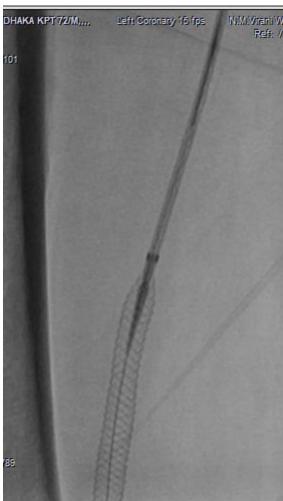
Popliteal, > 90% stenosis



ATA

Supera stent for Popliteal and Femoral artery



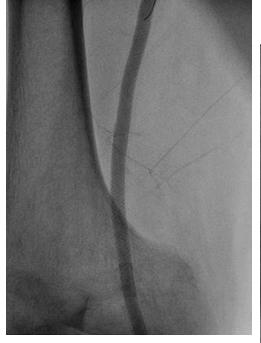




Post stenting





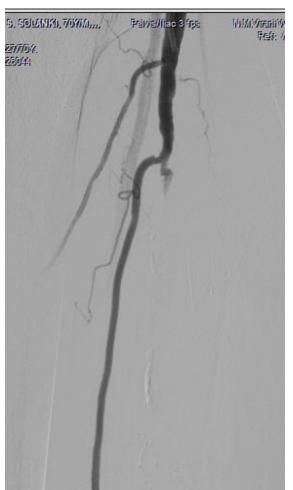


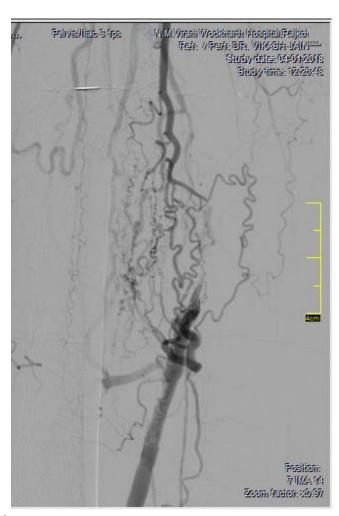


Case 7: 70 yr/M

- Smoker, DM. Right foot non healing ulcer.
- Long segment SFA occlusion



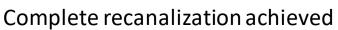




SFA occlusion

Extensive calcification, angioplasty and stenting done





ATA angioplasty

