

Maximizing Atherectomy Value in Mixed Plaque Morphology

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Rotarex™

Rotational Excisional Atherectomy System



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Agenda

- Pathology of CLI
- Rotarex™ Atherectomy Device Overview
- Real-World Results – The Leipzig Experience
- Case Examples

Rotarex™

Rotational Excisional Atherectomy System



Refining Atherectomy with Rotarex™

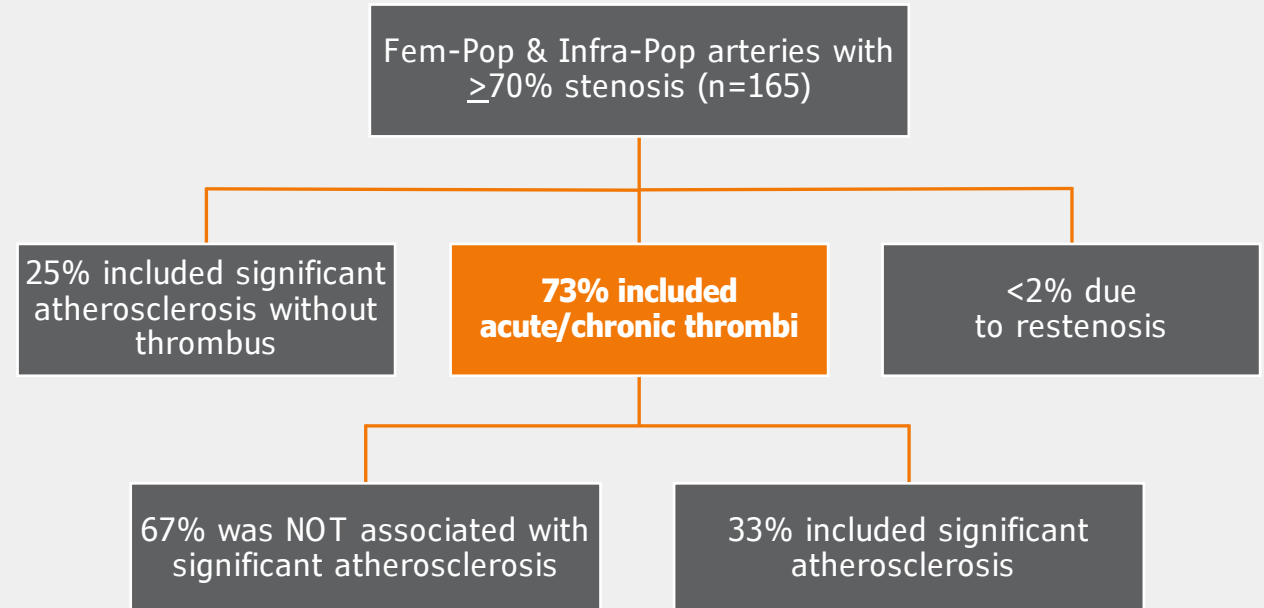
Rotarex™
Rotational Excisional Atherectomy System



Pathology of CLI

- Narula et al evaluated 239 lower-extremity amputations to characterize the pathology of CLI
- Peripheral plaque morphology is typically heterogenous
- 73% of stenotic lesions included acute or chronic luminal thrombi
- 27% of stenotic lesions included pathological intimal thickening, fibroatheroma, fibrocalcific lesions, or restenosis

Pathological Characterization of Large Arteries in Amputations for CLI*



Atherectomy Mechanism Comparison

- Atherectomy devices must be versatile in order to treat multiple plaque morphologies
- Rotarex™ Rotational Excisional Atherectomy System combines the grinding of denser materials with powerful aspiration to address thrombus and emboli

	Rotarex™	Orbital	Directional	Laser
Atherectomy and Thrombectomy	+	-	-	-
Active aspiration	+	-	-	-
Front debulking	+	-	-	+
Occlusions	+	-	+	+
Thrombus	+	-	-	+
Calcium ¹	+	+	+	-

¹The use of Rotarex™ System Catheters are contraindicated in vessels in which the target lesion is heavily calcified.