

Peripheral

**SHOCKWAVE** | M<sup>5+</sup> | S<sup>4</sup>

# SHOCK-BOOK

Compendium of Complex Peripheral Cases

- PREDICTABLY SAFE
- DISTINCTIVELY INTUITIVE
- CONSISTENTLY EFFECTIVE



**translumina**

LIMITLESS POSSIBILITIES

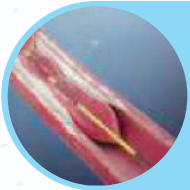
Translumina has always strived to introduce Initiatives that enable our distinguished operators to broaden their academic experience.

PERIPHERAL SHOCK-BOOK is an academic initiative wherein, we compile a wide range of exceptional cases of calcified peripheral arteries that have been honed by International Faculty using the Predictably Safe and Distinctly Intuitive Shockwave Intravascular Lithotripsy system, which Consistently produces Effective results.

PERIPHERAL SHOCK-BOOK aims to show how IVL has made it possible for complex treatments to be performed skillfully, avoiding patient trauma and, in the end, democratizing the process of managing these lesions with the least amount of hardware.

We would like to present the 1st edition of PERIPHERAL SHOCK-BOOK to the Entire fraternity and look forward for your valuable feedback. Hope it enables in understanding varied indications of IVL and helps to extend the experience in large spectrum of patients in future.

# Unique Mechanism of Action to Disrupt Calcium

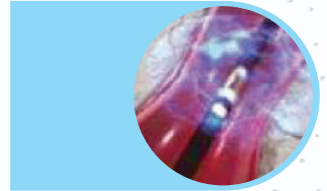


## Deliver catheter and inflate to low pressure

The IVL catheter is delivered across a calcified lesion over an 0.14" wire and the integrated balloon is expanded to 4 atm to facilitate efficient energy transfer

## Generate sonic pressure waves using Lithotripsy

An electrical discharge from the emitters vaporizes the fluid within the balloon, creating a rapidly expanding & collapsing bubble that generates sonic pressure waves

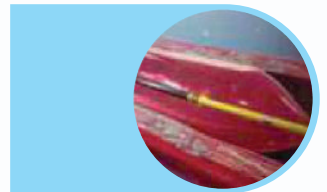


## Crack Calcium

The waves create a localized field effect that travels through soft arterial tissue, selectively cracking superficial and deep calcium within the vessel wall

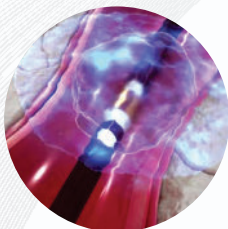
## Safety expanded the vessel

After calcium modification, the integrated balloon may subsequently be used to dilate the lesion at low pressure in order to maximize luminal gain prior to stent placement



# IVL offers Multiple Applications in Peripheral Arterial Calcification

Stand alone therapy



Enable TF access



Vessel Prep

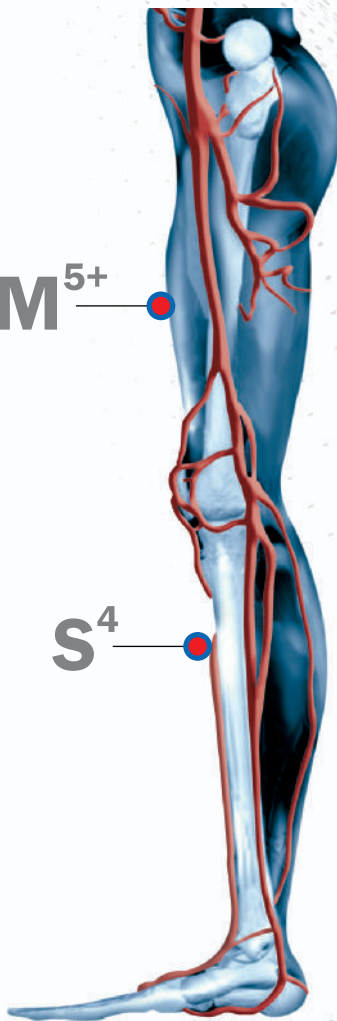


Alternative to Surgery



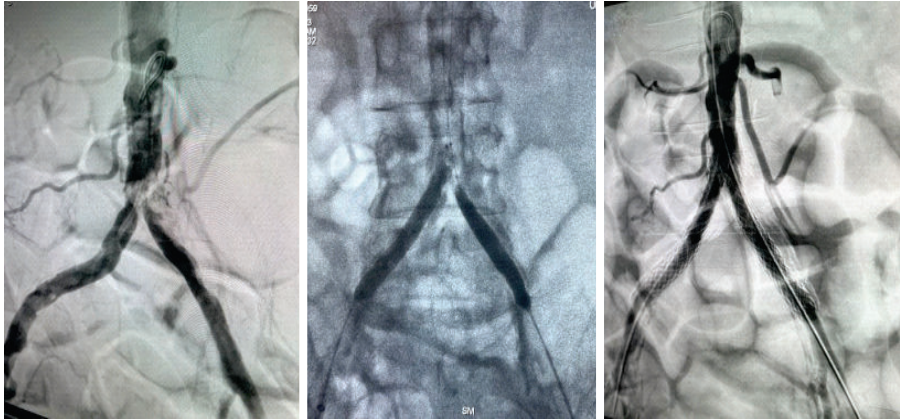
M<sup>5+</sup>

S<sup>4</sup>



# Calcified Bilateral Iliacs

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**Patient History** : Severe claudication & calcified bilateral iliacs

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**Procedure** : Used two 7X60 mm Shockwave M<sup>5</sup> Plus (300 pulses of each) & finished with 7X59mm VBX stents on both sides

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**Result** : Relieve patient's claudication



**Dr. Michael Kunstmann**

Vascular Surgeon

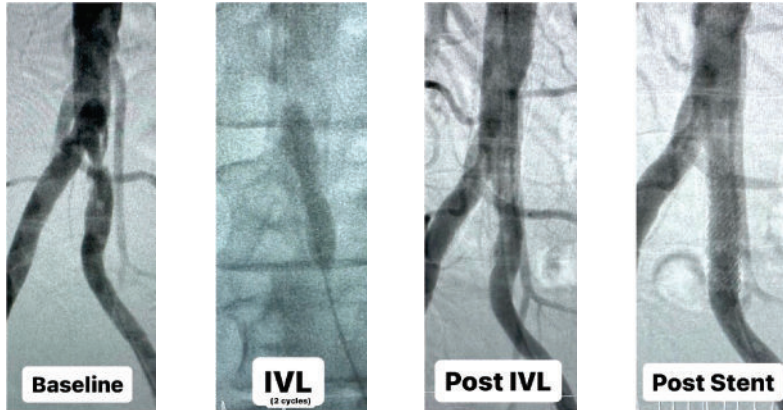
Genesis Healthcare System

Zanesville, Ohio United States



# Calcified Left Common Iliac

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**Patient History** : Calcified left common iliac

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**Procedure** : 2 Cycles of Shockwave IVL used in the left common iliac artery to open the lesion followed by stenting of the vessel.

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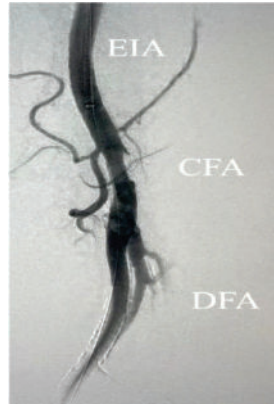
**Result** : Flow restored and improvement in Patient symptoms



**Dr. Rajiv N Srinivasa**  
Interventional Radiologist  
Baylor Scott & White Health  
Austin, Texas, United States

# Calcified CFA

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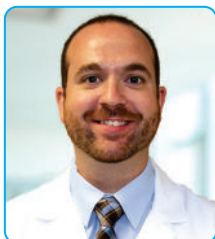
**Case History** : Octogenarian with claudication recently progressing to rest pain. Declined surgery.

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**Procedure** : Used 8X60mm Shockwave M<sup>5</sup> Plus for 300 pulses followed by inflation to nominal for PTA.

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**Result** : Flow restored and improvement in Rutherford class observed



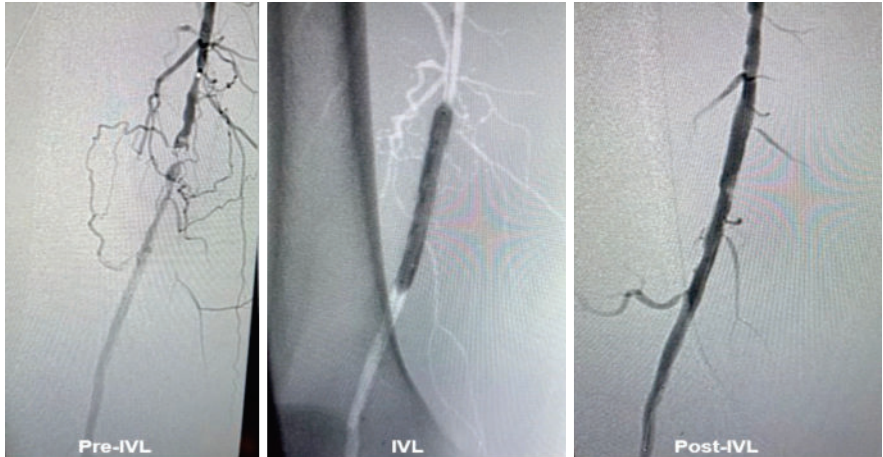
**Dr. Christopher M. Paprzycki**

Vascular Surgeon

The Christ Hospital, Cincinnati, Ohio, US

# Calcified Right SFA

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**Patient History** : SFA calcified occlusion

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**Procedure** : pre-dilated with an NC Balloon, used 6X60 mm Shockwave IVL Peripheral M<sup>5</sup> Plus Balloon, finished with a 6.0 stent & post-dilated

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**Result** : Flow restored and improvement in Patient symptoms



**Dr. Paul J Foley, III, MD**

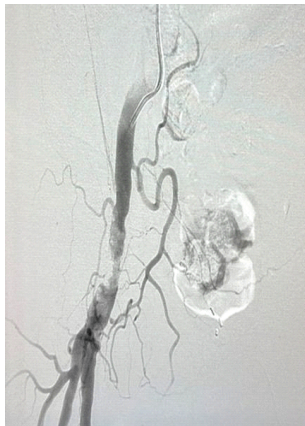
Vascular Surgeon

Doylestown, PA, US



## Calcified Right CFA

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**Patient History :** Patient was treated with atherectomy & PTA a few months prior.

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**Procedure :** After 180 pulses of 7X60 mm Shockwave M<sup>5</sup> Plus Balloon the patient saw improved outcomes.

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**Result :** Blood improved to the distal vessel bed



### **Dr. Dr Biju Thomas**

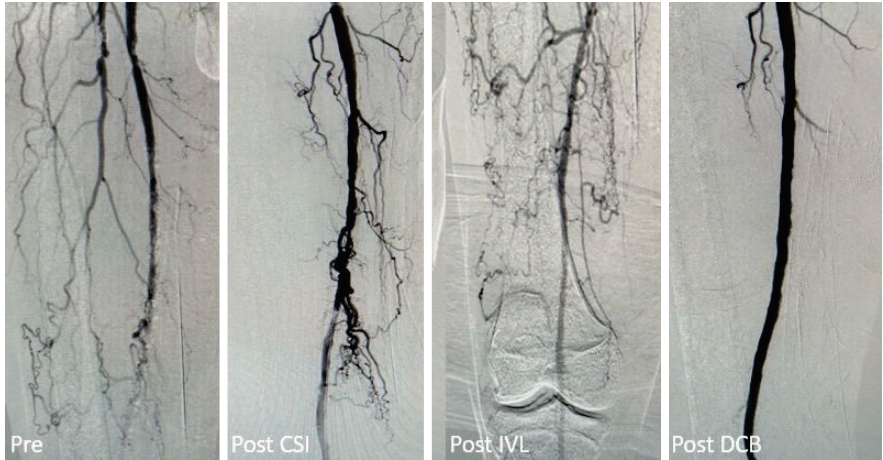
Vascular Surgeon

Surgical Specialists of Southwest

Florida, PA, US

# Calcified SFA CTO

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**Patient History :** Chronic total occlusion in the Superficial Femoral artery

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**Procedure :** The team debulked with 1.5 solid Diamondback, cracked the calcium with 6X60mm Shockwave M<sup>5</sup> Plus and finished with a DCB

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**Result :** Improvement in Rutherford class and symptoms

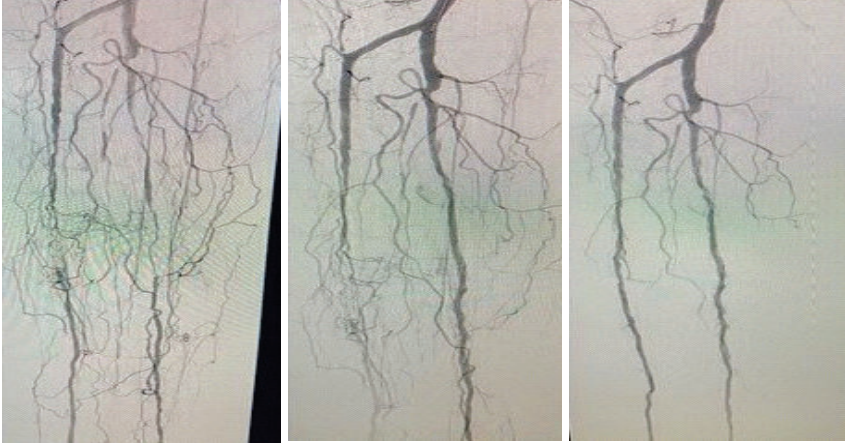


**Dr. W Sternbergh**

Professor & Chief, Vascular and Endovascular Surgery Ochsner Hospital in Baton Rouge, LA, US

# BTK Tibial Calcification

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**Patient History :** Patient had disease in their Posterior Tibial artery & Anterior Tibial artery.

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**Procedure :** used a 2.5X40 mm Shockwave S<sup>4</sup> & delivered 80 pulses in PT & 80 pulses in AT. Then, used a 3mm Chocolate, proximally.

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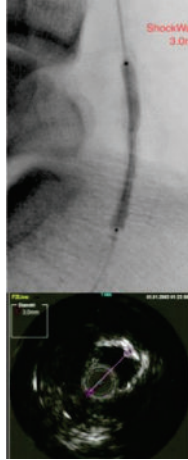
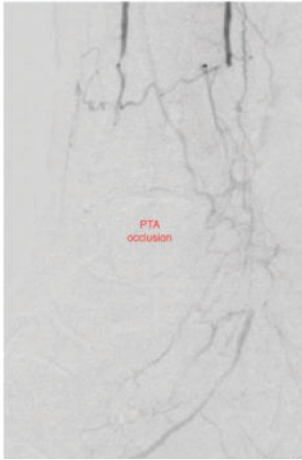
**Result :** Great Run off and improvement of Blood flow observed



**Dr. Hong Zhen, DO**  
Vascular Surgeon, Reading  
Hospital, Pennsylvania

# PTA & ATA Disease

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**Patient History :** First LEGACY study patient with PTA occlusion at Pederzoli Hospital

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**Procedure :** Shockwave S<sup>4</sup> 3X40 mm and DCB Cardionovum Leg Flow 3X150mm were used to restore blood flow and no recoil.

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**Result :** Effective Lumen gain and No recoil observed



**Dr. Bruno Migliara & Team**  
Chief of the Unit of Vascular and Endovascular Surgery at Pederzoli Hospital, Italy

# SHOCKWAVE | M<sup>5+</sup>

## CATHETER SPECS

Catalog Number	Balloon Diameter (mm)	Balloon Length (mm)	Sheath Compatibility	Catheter Working Length	Pulses/Cycle	Cycles	Pulses (Max)	Balloon Crossing Profile (in)
M5PIVL 3560	3.5	60	6F	135	30	10	300	.054
M5PIVL 4060	4.0	60	6F	135	30	10	300	.054
M5PIVL 4560	4.5	60	6F	135	30	10	300	.057
M5PIVL 5060	5.0	60	6F	135	30	10	300	.061
M5PIVL 5560	5.5	60	6F	135	30	10	300	.062
M5PIVL 6060	6.0	60	6F	135	30	10	300	.065
M5PIVL 6560	6.5	60	6F	135	30	10	300	.066
M5PIVL 7060	7.0	60	6F	135	30	10	300	.068
M5PIVL 8060	8.0	60	7F	135	30	10	300	.074

\*6F Compatible with Terumo Pinnacle® Destination® Guiding Sheath and Cook Flexor® Ansel Guiding Sheath. Referenced trademarks are trademarks of their respective owners or holders.

# SHOCKWAVE | S<sup>4</sup>

## CATHETER SPECS

Catalog Number	Diameter (mm)	Length (mm)	Sheath Compatibility	Working Length	Pulses/Cycle	Cycles	Pulses (Max)	Crossing Profile (in)
S4IVL 2540	2.5	40	5F	135	20	8	160	.048
S4IVL 3040	3.0	40	5F	135	20	8	160	.048
S4IVL 3540	3.5	40	5F	135	20	8	160	.048
S4IVL 4040	4.0	40	5F	135	20	8	160	.050

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LIMITLESS POSSIBILITIES

Discover how you can treat calcium more effectively with the Peripheral Intravascular Lithotripsy (IVL) System. For more information Visit [shockwavemedical.com](http://shockwavemedical.com)

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Appstore