

# Interventional and Endovascular Tips and Tricks of the Trade

# Interventional and Endovascular Tips and Tricks of the Trade

Edited by

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# Contents

Foreword [xiii](#)  
Preface [xv](#)  
Acknowledgments [xvii](#)  
Contributors [xix](#)

## Section I: Aortic Interventions 1

1. Deployment Finesse of the Cook Zenith Stent Graft [3](#)  
*John Fritz Angle*
2. Deployment Finesse of the Gore Excluder Stent Graft [8](#)  
*S. Lowell Kahn and Sergio Rojas*
3. The Turret Technique for Contralateral Gate Access [14](#)  
*S. Lowell Kahn*
4. Up-and-Over Snare Technique for the Difficult Contralateral Gate Access [16](#)  
*S. Lowell Kahn*
5. Use of a Buddy Wire to Facilitate Contralateral Gate Catheterization During Endovascular Aortic Aneurysm Repair [18](#)  
*S. Lowell Kahn*
6. Tips for Accurate Palmaz Stent Deployment [20](#)  
*S. Lowell Kahn*
7. Managing Unilateral or Bilateral Common Iliac Artery Aneurysms with Preservation of the Hypogastric Artery [25](#)  
*S. Lowell Kahn*
8. In Vivo Fenestration During Endovascular Aneurysm Repair [33](#)  
*Abdulrahman Masrani and Bulent Arslan*
9. Reverse Deployment of the Gore Excluder Contralateral Iliac Limbs for Aortoiliac Interventions [36](#)  
*S. Lowell Kahn*
10. Use of Two Bifurcated Stent Grafts for Creation of an Aorto-Uni-Iliac Endograft [40](#)  
*S. Lowell Kahn*
11. Creation of a Flow-Modulating Stent Using Multilayered Wallstents for Aneurysm Exclusion [43](#)  
*S. Lowell Kahn*
12. Obtaining True Lumen Access in Aortic Dissections with Iliac Extension [49](#)  
*Roshni A. Parikh and David M. Williams*

13. The Endoconduit for Small Iliac Access [51](#)  
*Ripal T. Gandhi, Jonathan J. Iglesias, Constantino S. Peña, and James F. Benenati*
14. Transcaval Aortic Catheterization for Transcatheter Aortic Valve Replacement and Thoracic Endovascular Aortic Repair Device Delivery [55](#)  
*Michael D. Dake*

## Section II: Peripheral Vascular Interventions 63

15. Subintimal Arterial Recanalization Using the Bull's-Eye Technique [65](#)  
*S. Lowell Kahn*
16. Alternative Subintimal Entry and True Lumen Re-entry Techniques [71](#)  
*S. Lowell Kahn*
17. Balloon Occlusion of Subintimal Tract to Assist Distal Luminal Re-entry During Subintimal Recanalization of Chronic Total Occlusions [83](#)  
*Abdel Aziz A. Jaffan*
18. Extravascular Recanalization of Chronic Total Occlusions [86](#)  
*S. Lowell Kahn*
19. Retrograde Femoral Access for Difficult Superficial Femoral Artery Occlusions [95](#)  
*Luke E. Sewall*
20. The "Poor Man's" Scoring Balloon [98](#)  
*S. Lowell Kahn*
21. Balloon-Assisted Thrombin Injection for Pseudoaneurysms with Wide or Short Neck Morphology [101](#)  
*S. Lowell Kahn*
22. Distal Occlusion Thrombectomy Technique [105](#)  
*S. Lowell Kahn*
23. Techniques for Traversing Difficult Aortic Bifurcations and Aortobifemoral Grafts [107](#)  
*S. Lowell Kahn*
24. Flip Techniques: Obtaining Antegrade and Retrograde Femoral Access Through a Single Access Site [115](#)  
*S. Lowell Kahn*

25. Technical Pearls for Managing the Scarred Groin 122  
*S. Lowell Kahn*

**Section III: Visceral and Pelvic Vascular Interventions** 127

26. Use of a Fogarty Occlusion Balloon During Splenic Artery Embolization to Prevent Distal Coil Migration 129  
*S. Lowell Kahn*

27. Combined Endovascular and Surgical Retrograde Superior Mesenteric Artery Recanalization 132  
*Syed M. Peeran*

28. Techniques for Treating Visceral Aneurysms and High-Flow Arteriovenous Malformations of the Renal and Visceral Vasculature 136  
*Nikhil Mehta and Bulent Arslan*

29. Proximal Arterial Occlusion During Treatment of Pelvic High-Flow Arteriovenous Malformations 139  
*Roshni A. Parikh and David M. Williams*

**Section IV: Venous and Pulmonary Arterial Interventions** 141

30. Reverse Deployment of the Gore Excluder Contralateral Iliac Limbs for Central Venous Occlusive Disease 143  
*S. Lowell Kahn*

31. Branched Stent Graft Placement in the Vena Cava Using the Endologix AFX 147  
*S. Lowell Kahn*

32. Needle Recanalization of Chronic Venous Total Occlusions 155  
*Adam N. Plotnik and Stephen Kee*

33. Recanalization of Chronic Central Venous Occlusions: Techniques to Cross Difficult Venous Occlusions 160  
*Sreekumar Madassery and Bulent Arslan*

34. Managing Chronic Iliac Venous Occlusions That Extend Below the Inguinal Ligament 164  
*Roshni A. Parikh and David M. Williams*

35. Management of Acute Iliocaval Thrombosis 167  
*Jordan C. Tasse and Bulent Arslan*

36. Management of Chronic Iliocaval Thrombosis 170  
*Osmanuddin Ahmed*

37. Directional AngioJet Thrombectomy with Guide Catheter Helical Spin Technique 174  
*S. Lowell Kahn*

38. Dual and Balloon-Assisted AngioJet Thrombectomy for Iliofemoral Deep Venous Thrombosis 179  
*Zubin Irani and Sara Zhao*

39. Tips and Tricks of the AngioVac Device 184  
*David C. Stevens and Sabah Butty*

40. Optimal Technique for Catheterizing the Pulmonary Arteries Without Dedicated Pulmonary Catheters 189  
*George Carberry and Michael Brunner*

**Section V: Venous Access and Dialysis Interventions** 193

41. Minimally Invasive Repair of Azygos Catheter Migration 195  
*Mikin V. Patel and Steven Zangan*

42. Endovascular Snaring Technique for Shortening of Central Venous Port Catheters in Children 197  
*Mahmoud Zahra and Ganesh Krishnamurthy*

43. Placing a Jugular Port Without Direct Percutaneous Jugular Vein Access 203  
*Michael Rush, Cynthia Toot Ferguson, and S. Lowell Kahn*

44. Transhepatic Snare Placement for Translumbar Inferior Vena Cava Access 209  
*Mikin V. Patel and Steven Zangan*

45. Fibrin Sheath Removal Techniques 212  
*S. Lowell Kahn*

46. Obtaining Hemostasis at Puncture Sites 218  
*Sreekumar Madassery*

47. Elimination of Post-Procedural Bleeding After Placement of Tunneled Dialysis Catheters 221  
*Almas Syed, Robert Evans Heithaus, and Chet R. Rees*

48. Balloon-Assisted Removal of the Trapped Catheter 224  
*S. Lowell Kahn*

49. The Rapid Fistula Declot 229  
*Dean C. Preddie and Gregg A. Miller*

50. Endovascular Options for Nonmaturing Fistulas due to Collateral Flow 232  
*Jayesh M. Soni*

51. Percutaneous Creation of Jump Bypass in a Native Arteriovenous Hemodialysis Fistula 235  
*Peter Miller, Sabah Butty, and Thomas Casciani*

52. Using a Glidewire Cheater and Flow Switch to Temporarily Secure Purse-String Sutures 240  
*Adam N. Plotnik and Stephen Kee*

**Section VI: Filter Placement and Retrieval** **243**

---

53. Deploying a Straight Conical Filter 245  
*S. Lowell Kahn*

54. Removing the Angled Inferior Vena Cava Filter with an Embedded Hook: The "Hangman" Technique 250  
*Adam N. Plotnik and Stephen Kee*

55. Femoral Flip Technique for Removal of the G2 Filter 254  
*Adam N. Plotnik and Stephen Kee*

56. Femoral Retrieval of Conical Filters 257  
*Mikin V. Patel and Steven Zangan*

57. Laser Sheath Assisted Filter Removal 259  
*Mohammad Arabi*

**Section VII: Miscellaneous Catheterization, Wire, and Embolization Techniques** **263**

---

58. Transradial Access Technique 265  
*Kyle Sanders, Craig Miller, Ricardo Yamada, and Marcelo Guimaraes*

59. Slow and Steady Method for Advancing Devices Through Tight or Tortuous Anatomy 270  
*Robert Evans Heithaus, Almas Syed, and Chet R. Rees*

60. End of the Road: Bailout Techniques for the Short Wire 272  
*S. Lowell Kahn*

61. Balloon Anchor Techniques for Sheath, Guide Catheter, and Stent Advancement and to Facilitate Chronic Total Occlusion Traversal 275  
*S. Lowell Kahn*

62. Catheter Modification Techniques for Venous Sampling 281  
*S. Lowell Kahn*

63. Techniques for Forming Large Reverse Curve Catheters 285  
*S. Lowell Kahn*

64. Clearing the Clogged Microcatheter During Particulate Embolization 289  
*Roshni A. Parikh and David M. Williams*

65. The Anchor and Scaffold Techniques for Precise Coil Embolization 291  
*S. Lowell Kahn*

66. Selective Retrograde Thoracic Duct Embolization 295  
*Abdulrahman Masrani and Bulent Arslan*

**Section VIII: Interventional Oncology and Biopsies** **297**

---

67. Water Seal Technique for Lung Biopsy 299  
*Kazim Narsinh and Thomas Kinney*

68. Extreme Thoracic Biopsies 302  
*William Derry and Scott Genshaft*

69. Balloon Occlusion Technique During Y90 Radioembolization 307  
*Armeen Mahvash and Ravi Murthy*

70. Suprahepatic Catheter Placement for Hydrodissection 310  
*Alessandro Gasparetto and John Fritz Angle*

71. Percutaneous Thermal Ablation: Hydrodissection and Balloon Displacement to Protect Adjacent Non-Target Critical Structures 314  
*Farrah J. Wolf and Jason Iannuccilli*

72. Taming Cryoablation for Lung Tumors 318  
*Anshuman Bansal and Fereidoun Abtin*

73. Bland Lipiodol-Assisted Thermal Ablation of Renal Cell Carcinoma 326  
*S. Lowell Kahn*

**Section IX: Hepatobiliary Interventions** **329**

---

74. Optimal Imaging Techniques of the Portal Vasculature During TIPS Creation: Use of the CO<sub>2</sub> Portogram 331  
*Hector Ferral*

75. Use of Prolapsing Guidewire to Secure Portal Venous Access During the TIPS Procedure 333  
*Thomas Kinney and Kazim Narsinh*

76. Advancing the TIPS Sheath Through a Difficult Cirrhotic Liver: Pay It Forward Off the Balloon 335  
*Adam N. Plotnik and Stephen Kee*

77. The Gun-Site and Percutaneous Portocaval Techniques for the Challenging TIPS 338  
*S. Lowell Kahn*

78. Deployment of Direct Intrahepatic Portocaval Shunt (DIPS) from a Femoral Access 345  
*Abdulrahman Masrani and Bulent Arslan*

79. Transmesenteric Method of TIPS Placement Using Portal Access via Mini-Laparotomy 348  
*Sam McCabe, Christopher Harnain, and Grigory Rozenblit*

80. Recanalization of Occluded TIPS Using a Transhepatic Percutaneous Technique 351  
*Saher S. Sabri*

81. Adjustable Small-Diameter TIPS 354  
*Zubin Irani and Sara Zhao*

82. Use of a Coda Balloon to Assist Left Renal Vein Sheath Delivery During Balloon-Occluded Retrograde Transvenous Obliteration 357  
*S. Lowell Kahn*

83. Use of Contrast-Fortified Surgilube for Biliary Drainage in the Setting of Active Leakage 361  
*S. Lowell Kahn*

84. Percutaneous Placement of a Temporary Large-Bore Biliary Endoprosthesis 365  
*Sam McCabe, Christopher Harnain, and Grigory Rozenblit*

85. Method of Increasing Luminal Scaffolding for Biliary Strictures 368  
*S. Lowell Kahn*

86. Use of a Fogarty Balloon Catheter to Create Backwall Support and Facilitate Intrahepatic Bile Duct Access During Antegrade Stone Extraction 372  
*George Carberry and Orhan Ozkan*

87. Portal Vein Tract Embolization After Percutaneous Transhepatic Biliary Interventions 375  
*Kazim Narsinh, Steven C. Rose, and Thomas Kinney*

88. Use of an Elongated Radiopaque Gelatin Sponge Plug for Tract Occlusion After Hepatic Interventions 380  
*Sam McCabe, Christopher Harnain, and Grigory Rozenblit*

91. Exchange of Retrograde Occluded Nephroureteral Catheter Through Ileal Conduits Without Losing Access 391  
*Jayesh M. Soni*

92. Use of a Mushroom-Retained Gastrostomy Tube for Stenting Benign Esophageal Stricture 394  
*Sam McCabe, Christopher Harnain, and Grigory Rozenblit*

93. Balloon-Assisted, Fluoroscopically Guided Percutaneous Gastrostomy Tube Placement 397  
*Joseph Farnam, Jason Iannuccilli, and Gregory Soares*

## Section XI: Drainage Procedures

401

94. Maximizing Visualization of the Needle During Ultrasound Procedures 403  
*Ki Jinn Chin*

95. Method for Optimal Tract Anesthesia During Biopsies, Drainage Catheter Placement, Nephrostomies, and Percutaneous Transhepatic Cholangiography 410  
*Robert Evans Heithaus, Almas Syed, and Chet R. Rees*

96. Tract-o-gram to Reduce the Risk of Non-Target Catheterization During Placement of a Drainage Tube 413  
*Almas Syed, Robert Evans Heithaus, and Chet R. Rees*

97. Advancing the Difficult Drainage Catheter 418  
*Robert Evans Heithaus, Almas Syed, and Chet R. Rees*

98. Creation of a Steerable Coaxial Needle System for Indirect Line-of-Site Computed Tomography-Guided Procedures 421  
*S. Lowell Kahn*

99. Drainage of the Multiloculated Collection 424  
*Mikin V. Patel and Steven Zangan*

100. Transurethral Retrograde Approach to Pelvic Abscess Drainage in Post-cystectomy Patients 427  
*George Carberry and Orhan Ozkan*

101. Creation of an Additional Side Hole as a Method to Exchange Obstructed Percutaneous Drainage Catheters 430  
*Jessica M. Ho and Michael D. Katz*

## Section X: Gastroenterology and Genitourinary Interventions 383

89. The Air Technique to Determine Appropriate Posterior Calyx for Puncture 385  
*Kazim Narsinh and Thomas Kinney*

90. Permanent Ureteral Occlusion 388  
*Almamoon I. Justaniah*

102. Use of a Peel-Away Sheath as a Method to Exchange a Clogged Drainage Tube [434](#)  
*Harsha R. Jonna and Michael D. Katz*

**Section XII: Imaging and Pharmacology Techniques [437](#)**

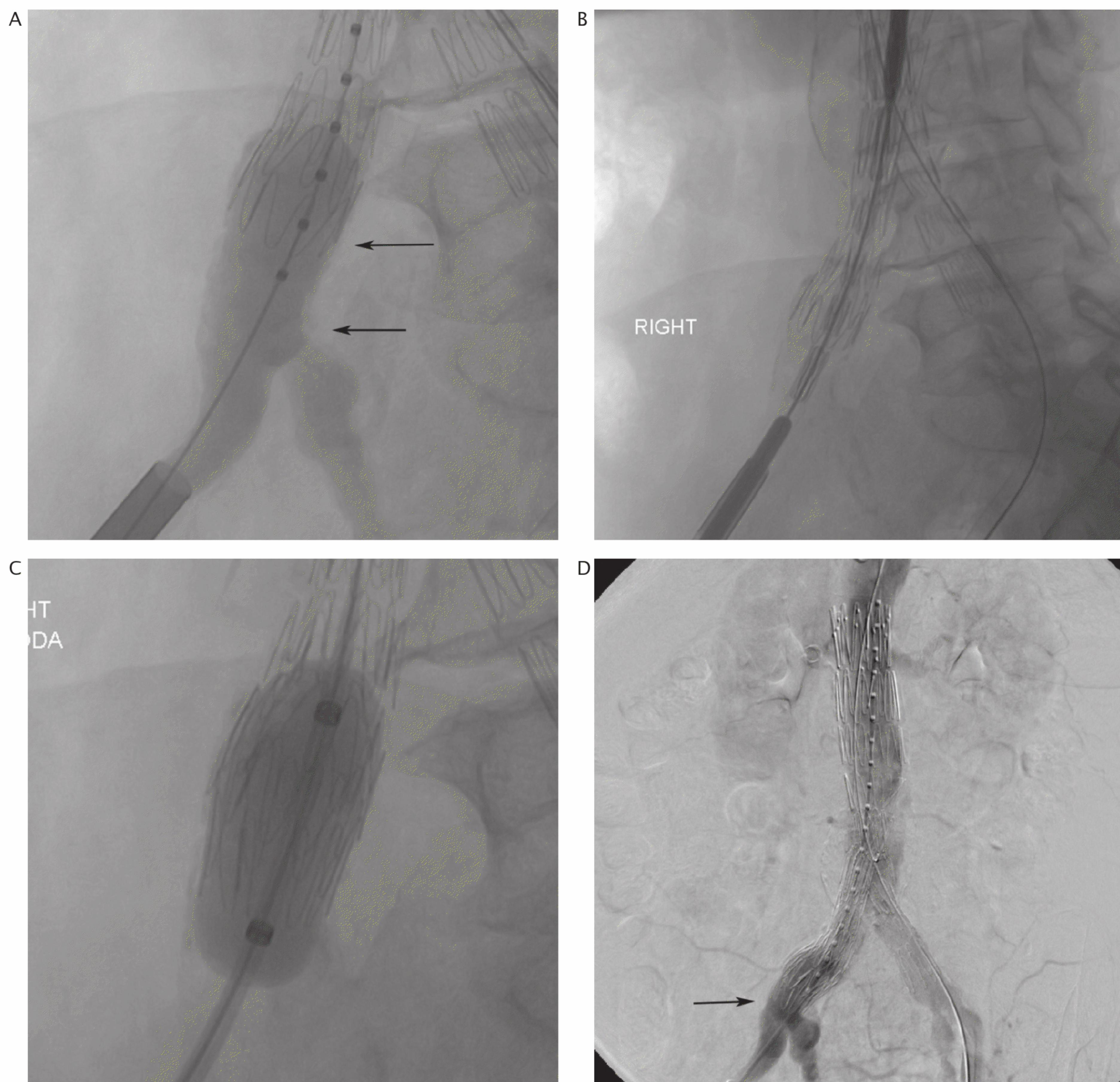
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103. Optimizing Carbon Dioxide Peripheral Arteriography [439](#)  
*Mikin V. Patel and Steven Zangan*

104. Local Administration of Fresh Frozen Plasma and Platelets in the Critically Ill Patient [442](#)  
*Salim E. Abboud, Dean A. Nakamoto, and John R. Haaga*

105. Reducing Operator Exposure Using Suspended Radiation Protection System [445](#)  
*Almas Syed, Robert Evans Heithaus, and Chet R. Rees*

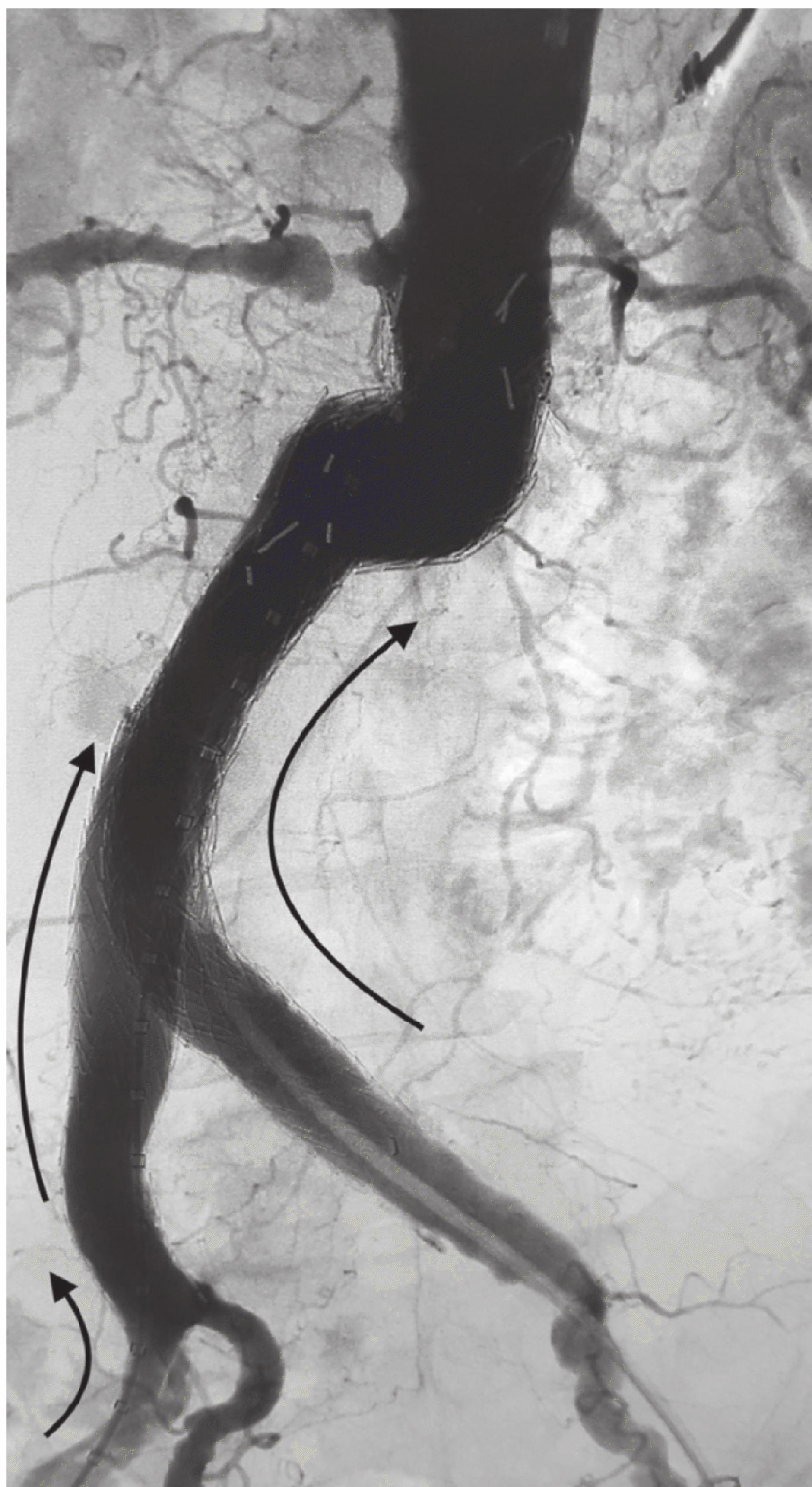
Index [449](#)



**Figure 1.4** (A) Although there is a seal, it is best to cover the entire right common iliac artery aneurysm with an iliac extension (arrows). (B) Extension being inserted (Zenith). (C) A conformable balloon (Coda, Cook Medical Inc.) molds the limb to the iliac artery. Avoid dilating the native artery distal to the limb. (D) The limb now extends to the internal iliac artery (arrow), and there is no endoleak.

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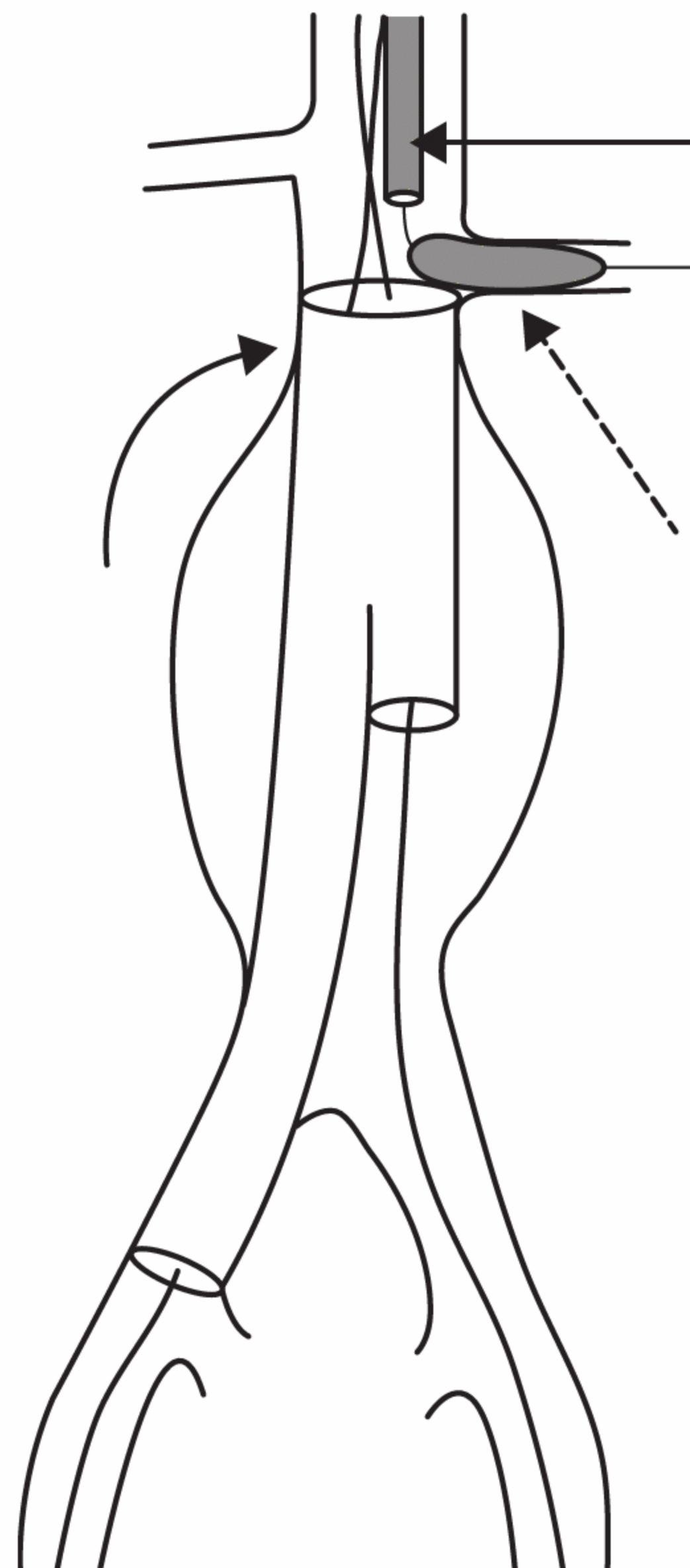
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**Figure 2.3** C-curve technique. Coronal DSA aortogram shows a tortuous aorta. The summation of the angles (arrows) of the tortuous aorta shows the right side to have more of an "S" configuration, whereas the left side has more of a "C" configuration. Based on the angles, a more accurate deployment was obtained by placing the main body from the left side access.

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**Figure 2.4** Renal buddy wire technique. Schematic demonstrates advancement of a sheath (solid arrow) from a left brachial approach with the tip lying just above the lower left renal artery. A balloon (dashed arrow) is placed into the left renal artery and extends a short distance into the aorta. The balloon protects the left renal artery while the C3 Excluder (curved arrow) is positioned immediately adjacent to the left renal artery to maximize seal in a short, reverse taper neck.

with wide or short neck morphology, balloon-assisted thrombin injection for, 102–103, 103f

Pulmonary arteriovenous malformation (PAVM) embolization, coil deployment, 285

Pulmonary artery catheterization, without dedicated pulmonary catheters, 185–186, 186f

Purse-string sutures, glidewire cheater and flow switch for, 234–235, 240

Radial artery anatomic variance, tortuosity, and loops, 259

Radioembolization, Y90, balloon occlusion technique for, 301–302, 307

Radiofrequency ablation, 312

- heat injuries, adjacent organs, 304
- of renal cell carcinoma, 320
- transarterial embolization before, 320
- suprahepatic catheter placement for, 304–306, 310, 306f–307f

Rapid fistula declot, 223–225

Rebound technique, retrograde to antegrade femoral access through single site, 115–116, 117–118, 119f

Recanalization techniques, for chronic central venous occlusions, difficult crossings, 158–159, 160f–161f

Re-entry devices, true lumen, 69

Re-entry techniques, true lumen, 73–82

- applications, 74–75
- catheter-based, shortcomings, 74
- challenges, 75–76
- potential pitfalls/complications, 76
- procedure steps, 76–78, 79f–82f
- SAFARI technique, 74, 87

Renal buddy wire technique, 7–10, 11f

Renal cell carcinoma

- bland lipiodol-assisted thermal ablation, 320–321, 314
- radiofrequency ablation, 320
- transarterial embolization before, 320

Renal vein, left, Coda balloon for sheath delivery in balloon-occluded retrograde transvenous obliteration, 351–353, 353f

Retrograde femoral access

- for difficult superficial femoral artery occlusions, 96–97, 97–98f
- ultrasound-guided, applications, 96

Retrograde nephroureteral catheter

- occluded, exchange through ileal conduits, without losing access, 385, 386f–387f
- uses, 385

Retrograde superior mesenteric artery recanalization, combined endovascular and surgical, 130–131, 133

Retrograde to antegrade femoral access, though single site (flip technique), 116–120. *See also* Flip techniques ...

Retrograde wire technique 74–79

Reverse curve catheters

- forming large, technique, 279–281, 281f–282f
- uses and types, 279

Reverse deployment, of Gore Excluder contralateral iliac limbs for aortoiliac interventions, 38–39

- for central venous occlusive disease, 141–143, 143–144

Reverse Outback® LTD® technique, 75–77

SAFARI technique, 69, 74, 87

- true lumen re-entry, 84

Scaffold techniques, for precise coil embolization, 285–286, 287f

Scoring balloon, 99

- “poor man’s,” 99–100, 99f

Selective retrograde thoracic duct embolization, 289, 290f

Sheath advancement

- balloon anchor techniques for chronic total occlusion, 269–271, 271f–273f
- into small, diseased or angled branch vessel, 269

Short wire advancement techniques, 266–268

Side branch technique, 279–281, 281f

Side hole creation, for obstructed percutaneous drainage catheter exchange, 424–425, 425f–427f

Slow and steady method, advancing devices through tight or tortuous anatomy, 264, 270

Small-diameter TIPS, adjustable, 348–349, 349f–350f, 355t

Smaller veins, catheterization

- catheter modification techniques, 275–276, 276f–277f
- diagnostic, 275

Small iliac access, endoconduit for, 52t, 53–55, 55f–56f

Snared wire technique, 108–113

Splenic artery embolization to prevent distal coil migration, Fogarty occlusion balloon for, 127–128, 359f

Standard and buddy wire balloon anchor technique, 269–271, 271f–273f

Static forces of friction, overcoming, 264

Steerable coaxial needle system, for indirect line-of-site CT-guided procedures, 415–416, 417f

Stent

- advantages, 359
- bare metal, 146, 359
- covered metal, 146
- self-expanding, 146

Stent advancement

- balloon anchor techniques for chronic total occlusion, 269–271, 271f–273f
- into small, diseased or angled branch vessel, 269

Stent grafts

- aortic, modular two- and three-piece, contralateral gate catheterization, 13, 15
- for aorto-uni-iliac endograft, two bifurcated, 42–43, 44f
- branched, vena cava placement via Endologix AFX, 145–149, 149–150
- for central venous occlusive disease, 141
- Cook Zenith, abdominal endograft deployment, 3–4, 4f–6f
- Gore Excluder

  - C 3, 7
  - deployment, 7–10, 10f–11f

- Viatorr, 348–349

Straight conical filter, deploying, 239–241, 241f–242f

Subintimal artery

- flossing with antegrade–retrograde intervention, 69, 74
- recanalization, bull’s eye technique, 69–71, 71f–72f

Subintimal entry, alternative techniques, 73–82

- applications, 74–75
- challenges, 75–76
- devices, 74
- overview, 73–74
- potential pitfalls/complications, 76
- procedure steps, 76–78, 79f–82f
- SAFARI technique, 74