

INTERVIEW

Using the Gore® Viabahn® Stent Graft for In-Stent Restenosis

An Interview With Craig Walker, MD

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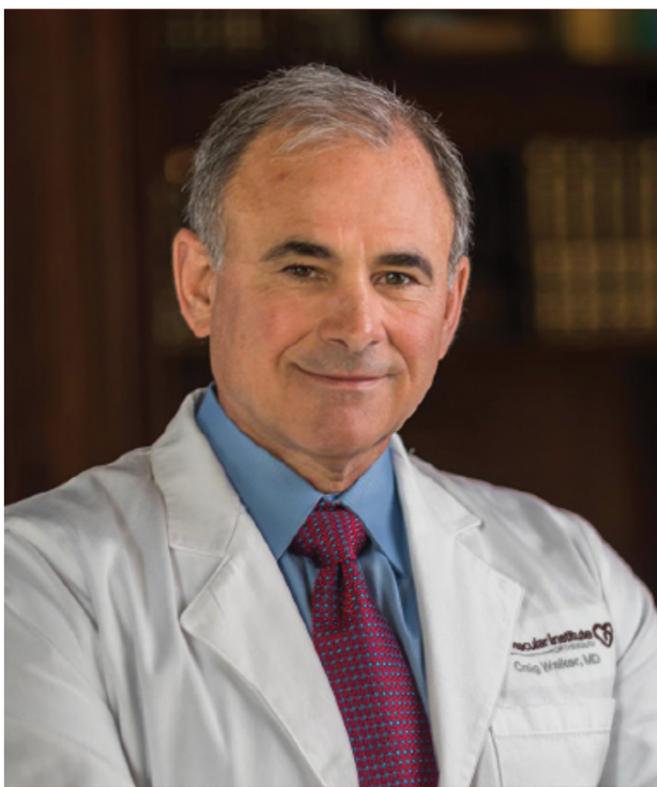
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At the 2024 Amputation Prevention Symposium, interventional cardiologist Craig Walker, MD, from the Cardiovascular Institute of the South in Houma, Louisiana, and Clinical Editor of Vascular Disease Management, discussed his presentation on the advantages of using the Gore Viabahn stent graft in the superficial femoral artery for in-stent restenosis. Below is an edited transcription of the video Dr. Walker recorded for us at AMP, which you can watch [here](#).



Craig Walker, MD

Cardiovascular Institute of the South, Houma, Louisiana

I was fortunate enough today to be able to present to the audience here at AMP about the data around using the Gore Viabahn stent, which is a covered stent, for treating in-stent restenosis. Initially, I had very few tools to treat obstructive blockages in the arteries of the legs. We started off with just a balloon. In fact, we started before that with the Dotter catheters, but then a balloon. One of the advances that came up over time was stents, which are really fairly miraculous devices. They block elastic recoil, because often when we place a balloon up, the vessel recoils when the balloon comes down. But also, the balloon may cause tears within a vessel, and those tears can hang into the channel and can result in obstruction of the vessel. Over time, certainly those will be problematic.

Stents have been associated with much better long-term flow within the vessel than balloon alone. However, over time, stents may occlude or block up again. The treatment of those once they block up, if they if they block up—some never block up, but often many do, especially in the leg, particularly when we're dealing with very long lesions or very hard lesions that are very calcified. When these block, historically, treatment has been tough. In fact, many of these patients require multiple repeat interventions or sometimes even bypass surgery.

We've looked for ways to improve outcomes. And in shorter lesions, we know that laser has been proven to help them. Drug-coated balloons have been shown

to help. In shorter lesions is where they've been most effective. But in really long stents where the disease is severe, Viabahn has really been shown to have durable outcomes and results have improved dramatically and therefore it is now FDA-approved as a treatment for in-stent restenosis.

Why is this so important? Well, stents are used commonly. This is a huge and growing problem. But as I've mentioned before, with in-stent restenosis and particularly when stents become totally occluded, the treatment options in the past were not so good. They were complicated by if there was old clot in there, some of that clot may break loose and go downstream. Some of the material within the stent could come through the balloon and be somewhat problematic. Well, this device, being a covered stent, when placed—and you can place it very accurately—can actually exclude all of that and create a brand-new channel through this. And since this is covered with polytetrafluoroethylene, and since it's medicated with heparin, it's chronically anticoagulated just within the stent. This has resulted in a much better likelihood of this remaining open.

How much better? Well, at 5 years, in fact, like 3 years when we had the data, 80% of these were still wide open. Sometimes, one had to touch up one end or the other of the stent. But certainly, far less interventions were required than what we've seen with other treatments, particularly in long stents, and particularly if a stent had developed a fracture within it. Because it's a very mobile artery, it's moving, and fractures can occur. If we can then stabilize that by putting a stent inside of that, but a stent with a covering, it results in better outcomes. ■