Successful Removal of Bilateral Embolization Using the Pounce™ Thrombectomy System

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Pounce™ Thrombectomy

Patient Presentation

- 44-year-old female mail carrier presented with a 4-week history of claudication.

- No risk factors for atherosclerosis, normal sinus rhythm, and no history of medical illness.

- Initial arteriogram revealed bilateral embolization that causes an occlusion of the descending branch of the right profunda artery, right popliteal artery occlusion, and left tibioperoneal trunk occlusion.

Procedure Overview

- Bilateral CFA access enabled the Pounce™ Thrombectomy System to remove the emboli and reestablish normalized flow.

- No use of thrombolysis or surgical intervention.

- Multiple vessels and branches of the arterial tree were able to be reopened during the same session.
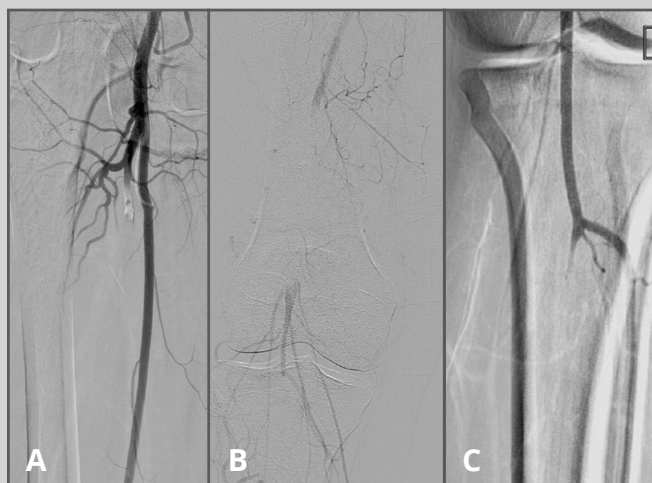
PRE-TREATMENT IMAGING

Figure A: Baseline Arteriogram of Right Profunda Femoral Artery Occlusion

Figure B: Right Popliteal Artery Occlusion

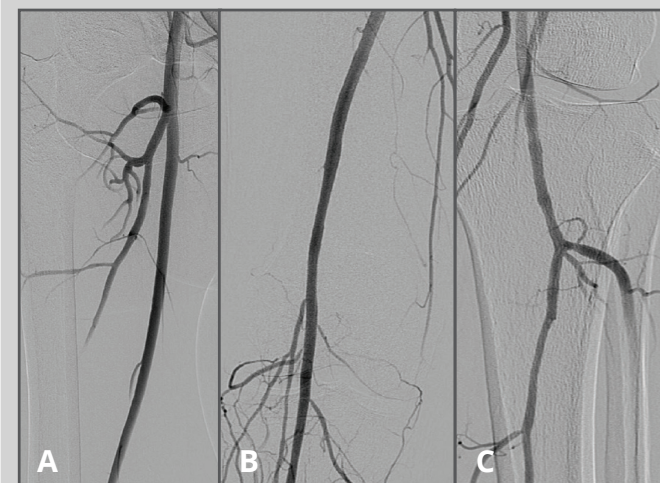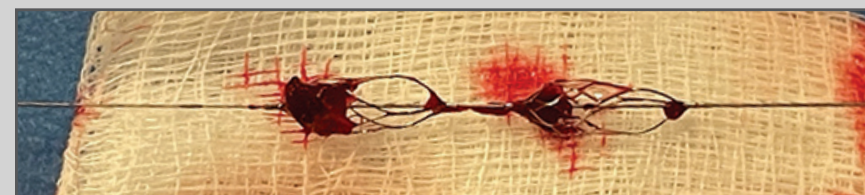**Figure C: Left Tibioperoneal Trunk Occlusion**

FINAL IMAGING

Figure A: Right Profunda Femoral Artery after Pounce™ Thrombectomy System Passes

Figure B: Right Popliteal Artery after Pounce™ System Passes

Figure C: Left Tibioperoneal Trunk after Pounce™ System Passes

CLOT REMOVED

Clot Removed from the Right Profunda Artery

Conclusion: The Pounce system was able to normalize flow without an incision or exposing the patient to thrombolytic therapy.

SURMODICS

Caution: Federal (US) law restricts this device to sale by or on the order of a physician.
Please refer to Instructions for Use for indications, contraindications, warnings, and precautions.

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