

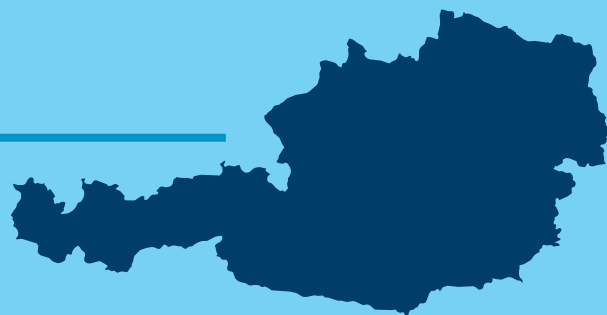
# Austria



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*She has stated that she has received honoraria from Bard, Medtronic, and Biotronik.  
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### What is the prevalence of endovascular SFA therapy as compared to surgical?

The prevalence of endovascular SFA therapy is high and rising in Austria. The main reasons for this are the good data provided over the years, starting with stent data some 10 years ago, and now mainly the data on DCBs that have come out. Even longer lesions are no longer treated surgically; the first approach is endovascular.

### How would you describe device availability in your country, both in types of devices and different vendors within each class?

Device availability is still excellent both in types of devices and different vendors within each class.

### In what ways does reimbursement (both government and private if applicable) affect device use? Which device classes are most affected?

At this time, stents and plain angioplasty balloons are the most and best reimbursed. I believe reimbursement for DCBs will start soon.

### Are there any historic or cultural forces unique to your country that have affected the penetration of endovascular options?

Yes, the development of these techniques in other European countries, mainly in Germany and Switzerland, and the strong tendency in both nations toward endovascular procedures has probably led to increased use of endovascular therapies in Austria.

### How do most physicians receive training in endovascular therapies in your country?

They receive training in radiology or angiology departments, clinics, and/or private institutions.

### What is your personal strategy or algorithm for treating:

- **Short, focal lesions:** DCB
- **Long lesions:** DCB
- **Calcified lesions:** Vessel preparation (scoring balloons) and then DCB
- **CTOs:** Atherectomy/DCB
- **In-stent restenosis:** DCB
- **Claudicants:** Endovascular first ■