Removing Chronic Clot Down to—and Through—the Pedal Loop With the Pounce™ Thrombectomy Platform

A conversation with Dr. Ryan Rimer.

Interventional radiologist **Ryan Rimer, MD**, heads the interventional radiology group at the University Medical Center (UMC) of Southern Nevada in Las Vegas. Working at UMC, Nevada's only level 1 trauma center, fits Dr. Rimer's attraction to "high-intensity" environments—before attending medical school, he was a firefighter paramedic. Among the limb ischemia patients Dr. Rimer and colleagues treat at UMC, a public hospital, are uninsured individuals with neglected arterial wounds who present to the emergency room with severe rest pain. The challenge of removing mature, organized thromboembolic clots from these and other patients led him to try the fully mechanical Pounce™ Thrombectomy Platform (Surmodics, Inc.). Today, Dr. Rimer uses the Pounce™ Platform for clot removal throughout the leg and—with the Pounce™ Low Profile (LP) Thrombectomy System (Surmodics, Inc.), indicated for 2 to 4 mm peripheral arteries—down to and through the pedal loop. We spoke with Dr. Rimer about his limb ischemia practice and his experience with the Pounce™ Platform.

Could you describe your background in treating limb ischemia and your approach to patient care?

Early in my career, I began practicing in Las Cruces, New Mexico. That's where I really spread my wings in terms of endovascular treatment of peripheral artery disease (PAD), both acute limb ischemia and chronic limb-threatening ischemia (CLTI). PAD and CLTI are highly prevalent in that part of the country, and I was the lone interventional radiologist in the hospital. I was doing three or four limb cases a week—great background for learning how to treat and manage these patients. Fortunately, I was able to collaborate with a podiatrist in the hospital who was passionate about limb salvage. I developed a strong belief that if you're going to take on these cases, you need to follow patients in a clinic instead of simply treating them and sending them on their way. Following up with patients could be hard in Las Cruces, but we really tried. That's the approach I follow at UMC, and the hospital is highly supportive.

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When did you first use the Pounce™ Platform?

In New Mexico, we had a limb ischemia patient come in with a popliteal/tibial blockage. We worked hard to open her leg, using lytics or whatever else was at hand, but nothing was working. We then tried the Pounce™ LP Thrombectomy System and were able to establish reperfusion in this patient's leg. We had at least one vessel with runoff to her foot and were able to save her limb. As my experience with the Pounce™ Platform grew, I became interested in seeing how it would perform in other situations, such as removing chronic clots to recannulate vessels in CLTI patients. I found that it worked well in a wide variety of cases.

What's different about the Pounce™ Platform?

For one thing, it's fully mechanical. In my experience, aspiration devices do not do a very good job unless the thrombus is truly acute. When I used aspiration on older thrombus, I'd often find myself dislodging clot and chasing the emboli down the leg, into the foot. The Pounce™ Platform allows me to efficiently remove chronic or acute clots or retrieve distal emboli should they occur.

Another big advantage of the Pounce™ Platform is the availability of the Pounce™ LP System for below-the-knee and pedal cases. For these cases, I wire down through either the

posterior tibial or anterior tibial artery, then move the wire through the pedal loop and retrograde back into the other tibial artery. I then deploy the Pounce™ LP System and pass the basket catheter through to clean the loop.

I've found no other thrombectomy device that lets you treat the foot like that. I've used the Pounce™ LP System in patients with literally no tibial flow. When you have patients with very complex lesions, it's almost inevitable that you're going to have thrombus or debris in the pedal loop. If you can't get that open, you may not be able to save their complete foot.

Can you describe a pedal case involving the Pounce™ LP System?

I had a patient come in with foot wounds in the dorsalis pedis (DP) angiosome with a chronic occlusion of the DP. I was able to get a wire through the occlusion. I considered standard ballooning but didn't think it would do much good long term. I also considered debulking the vessel, but there aren't great atherectomy options for removing clots in the foot. Ultimately, I put the Pounce™ LP System through that occlusion and was able to recannulate the DP artery.

Physicians have used the Pounce™ Platform to capture distal emboli dislodged during planned procedures to treat other upstream vessels.[1] Have you also done this?

I've had a few cases like that. I had one outpatient case involving a patient with CLTI and rest pain. While I was working on opening a short-segment occlusion in his popliteal artery, I embolized to his foot. I used the Pounce™ LP System to clean that up. When I finished clearing his foot, he had three-vessel runoff.

> **"I've used the Pounce™ LP System in patients with literally no tibial flow."**

It does give you a little more assurance knowing that when you treat these chronic patients, you have a device sized to allow you to reach deeper leg arteries or the foot to clean up any embolization. I've had this discussion with my colleagues many times. I feel I can be a little more aggressive in these cases knowing that if I embolize, I have the Pounce™ Platform as backup. ■

1. Leville C. Cutting down on cutdowns with the Pounce™ LP Thrombectomy System. *Endovasc Today*. 2024;23 (suppl 5):12-13. https://evtoday.com/articles/2024-may-supplement/cutting-down-on-cutdowns-with-the-pounce-lp-thrombectomy-system

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Disclosures: None.