



Out of the Box Problem

So small yet so dramatic

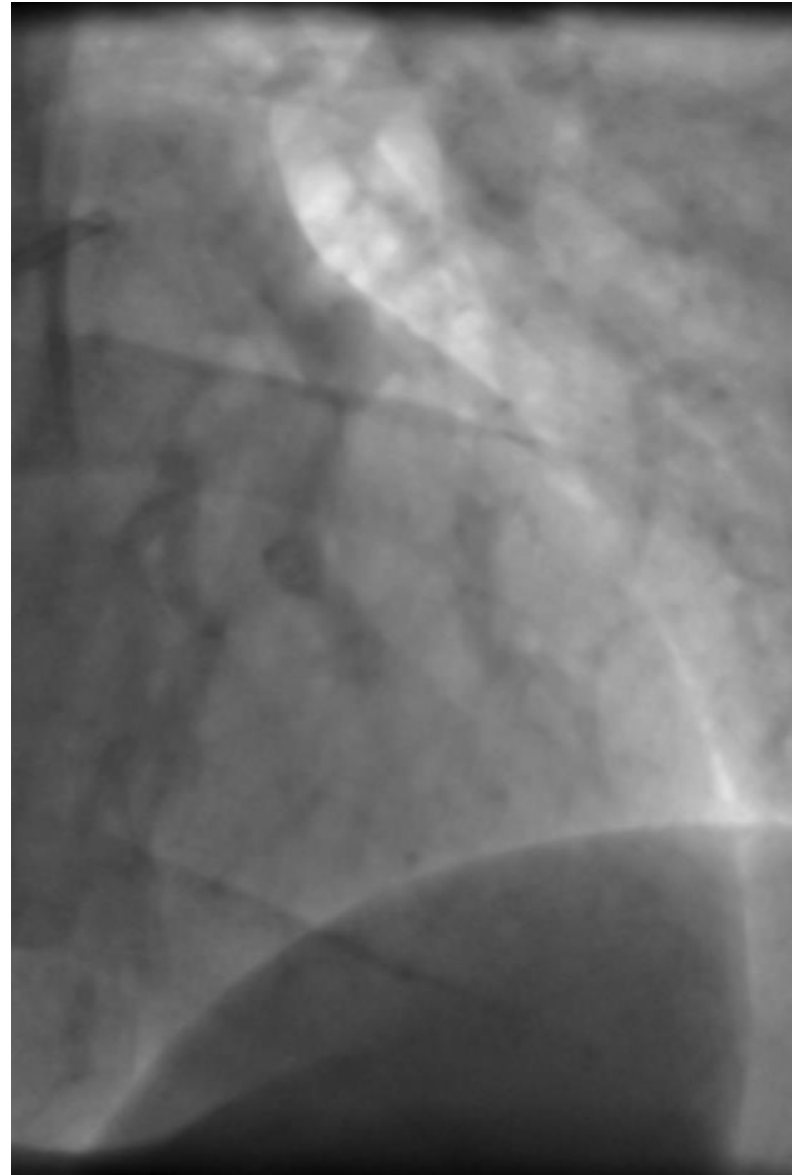
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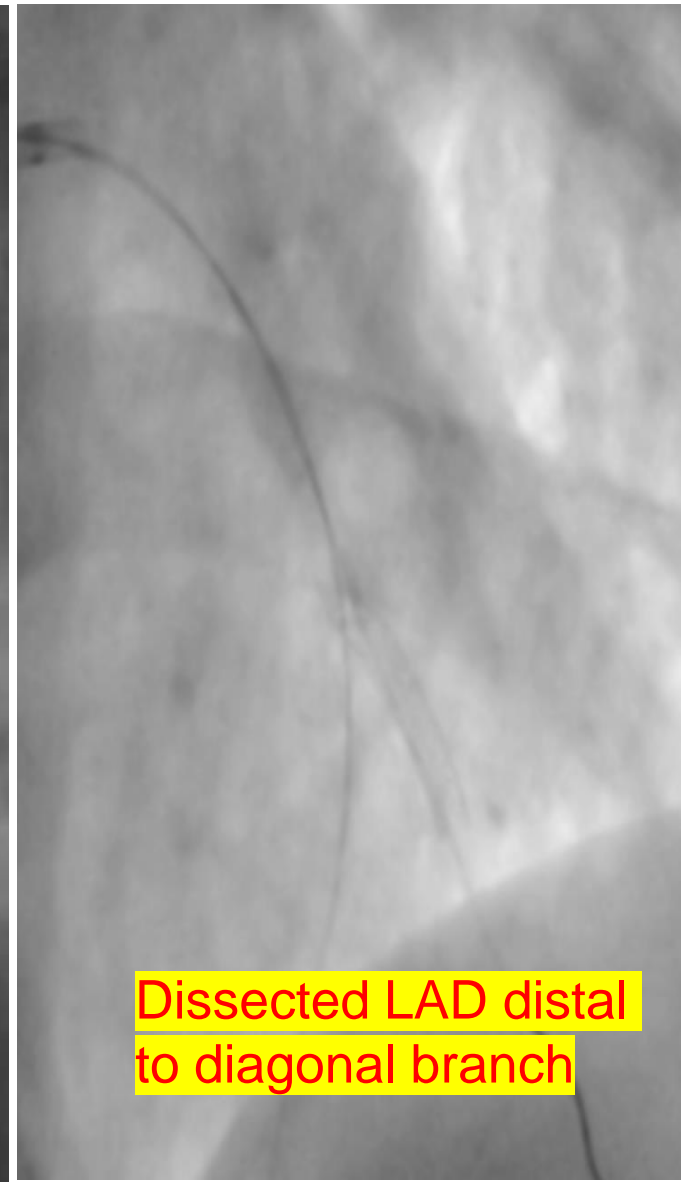
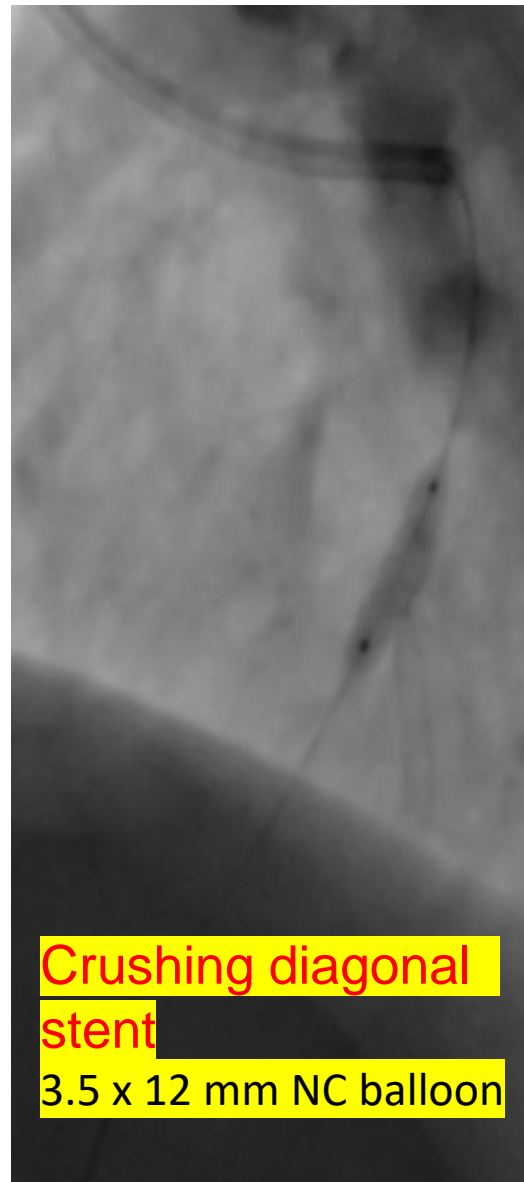
Cardiology Consultant, National Heart Institute

- 43-year-old male
- IHD S/P PCI to RCA one year ago
- Complaining of typical chest pain CCSIII
- Recurrent hospital admission for Unstable angina
- Echocardiography revealed good systolic function with no valvular affection and mild Hypokinetic Ant. Septum and anterolateral wall
- CA revealed severe diagonal and LAD lesions with patent RCA stent

Coronary Angiography



- Technique:-
 - Provisional
 - DK crush
 - TAP

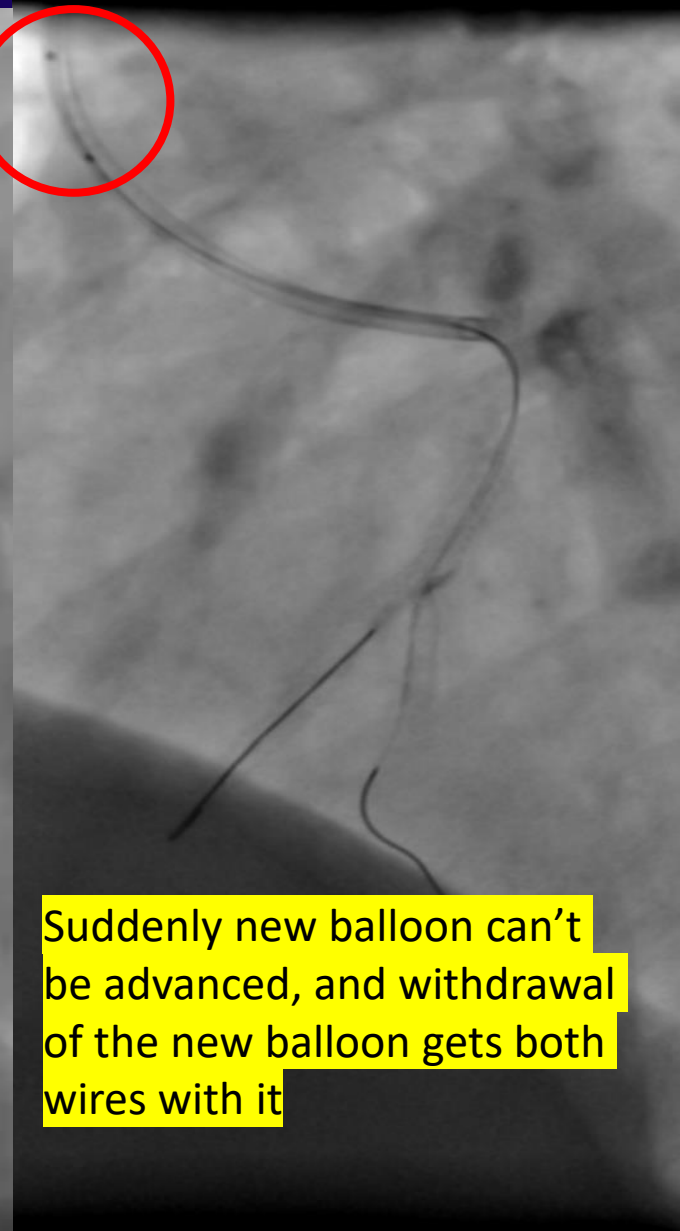




Stenting LAD
3.0x48mm DES



Microcatheter
crossing

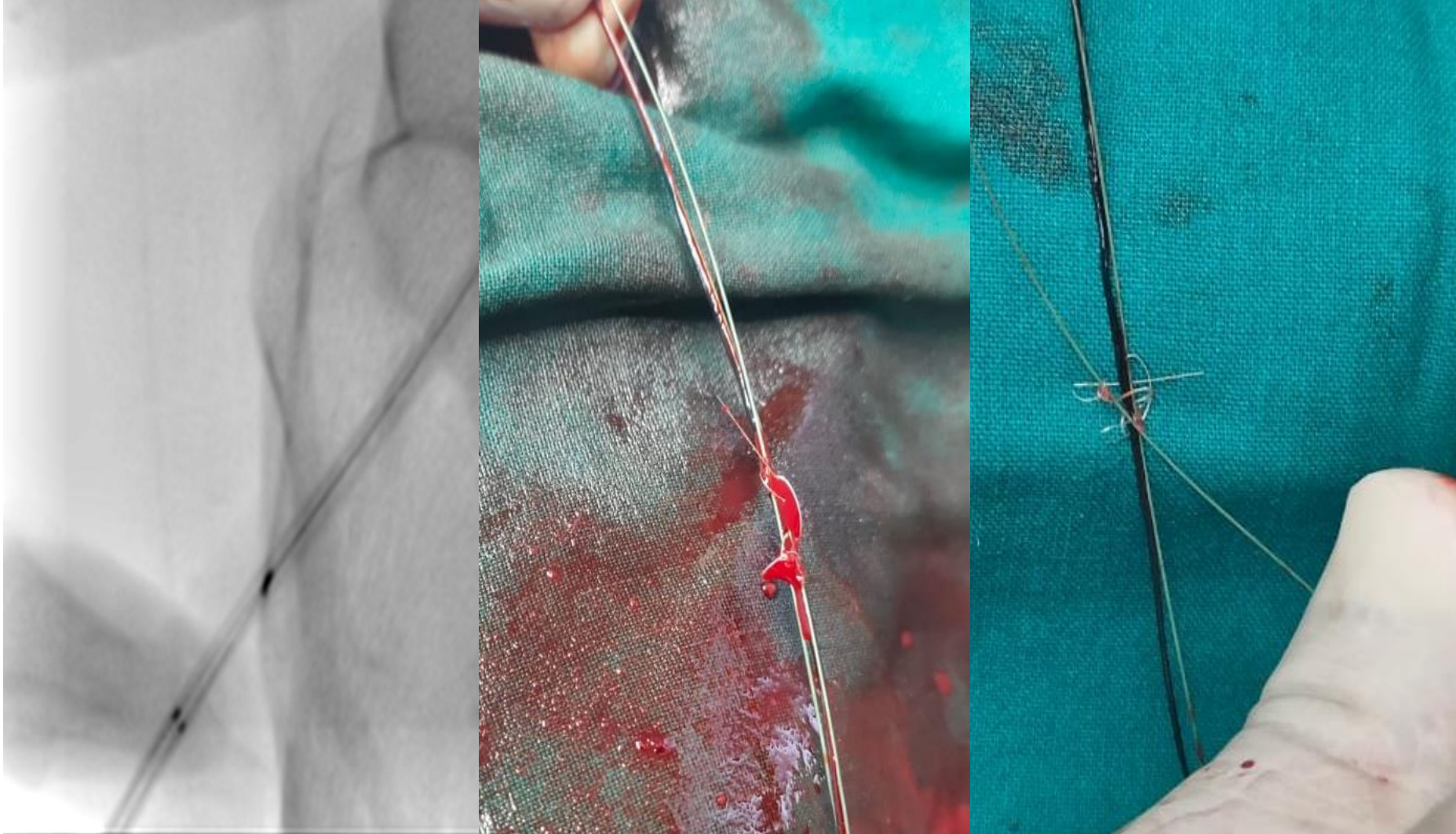


Suddenly new balloon can't
be advanced, and withdrawal
of the new balloon gets both
wires with it

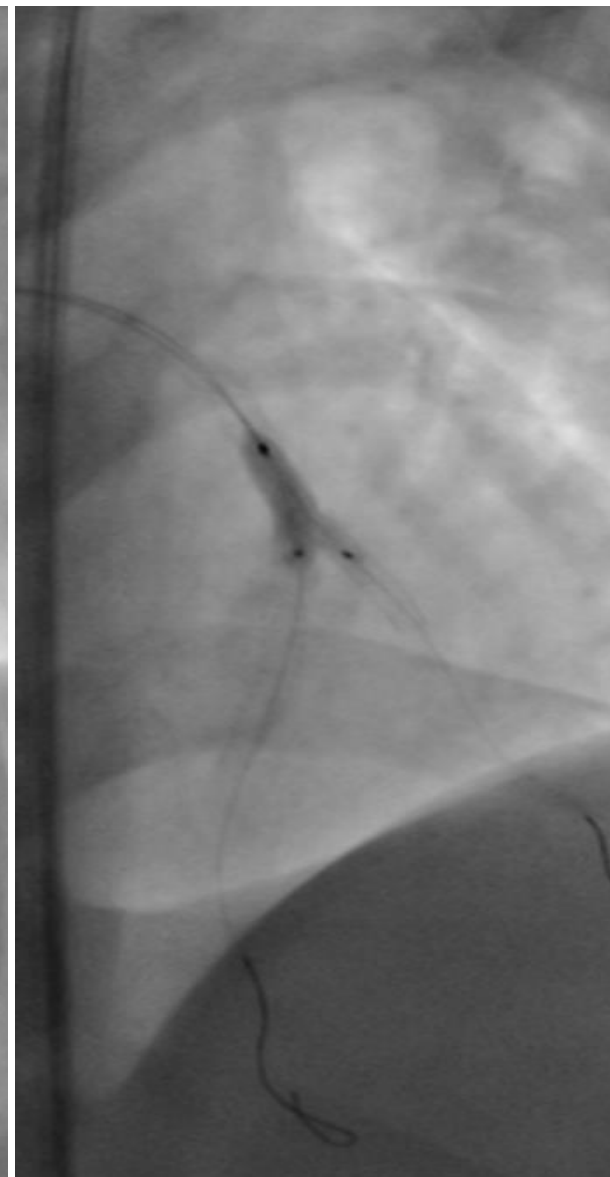
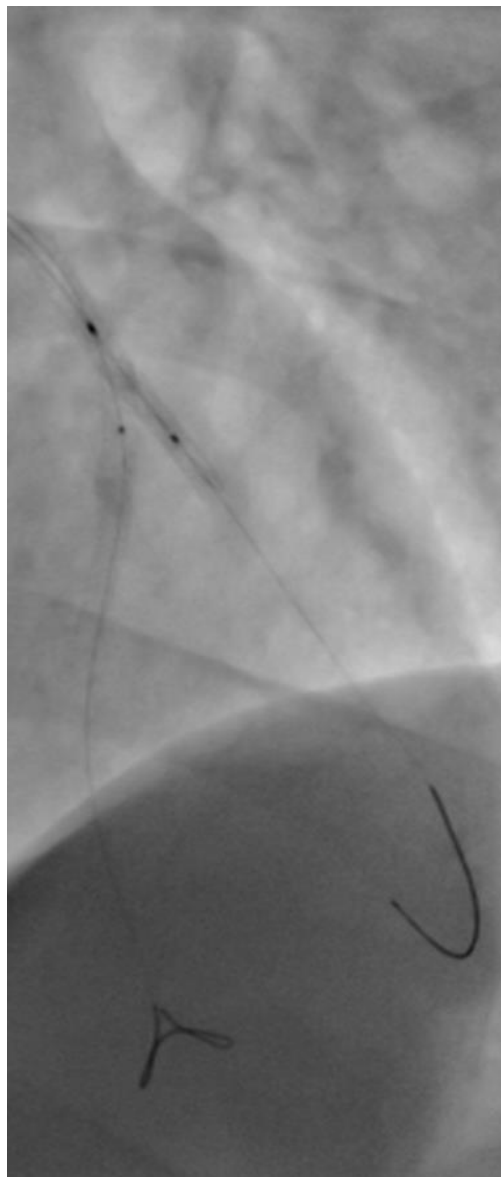
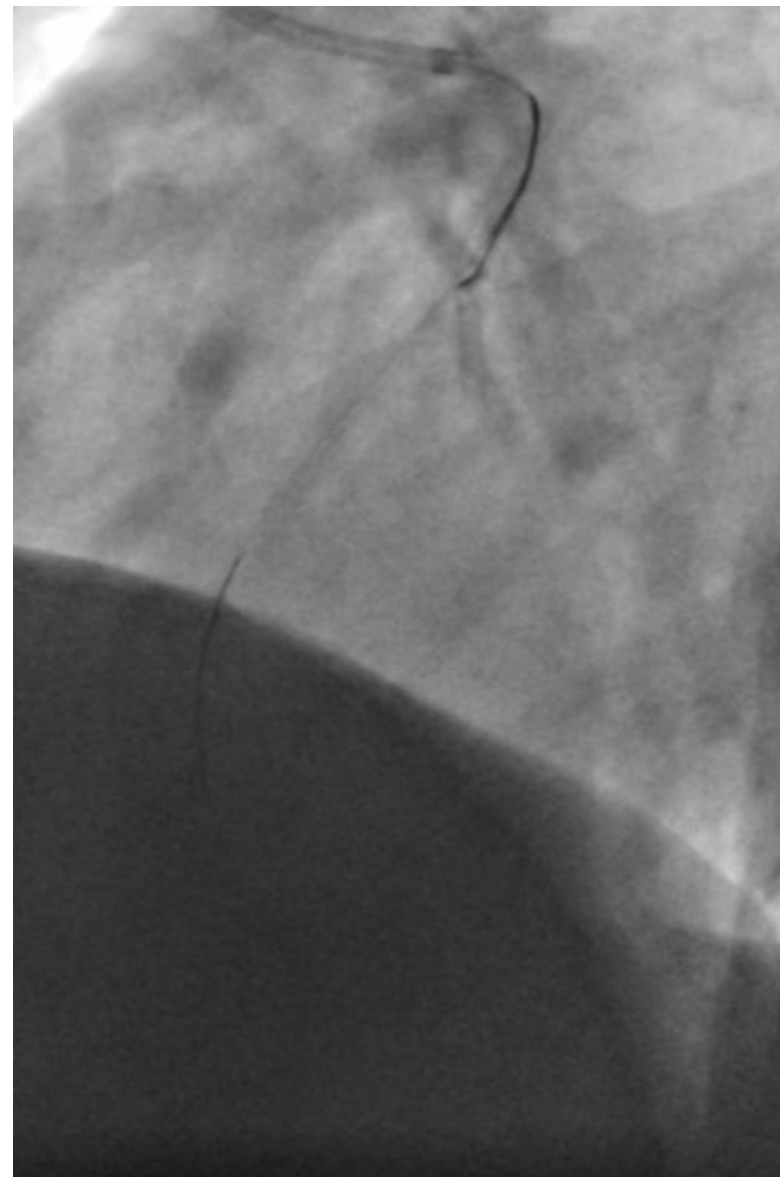
What is the problem (Out of the Box)

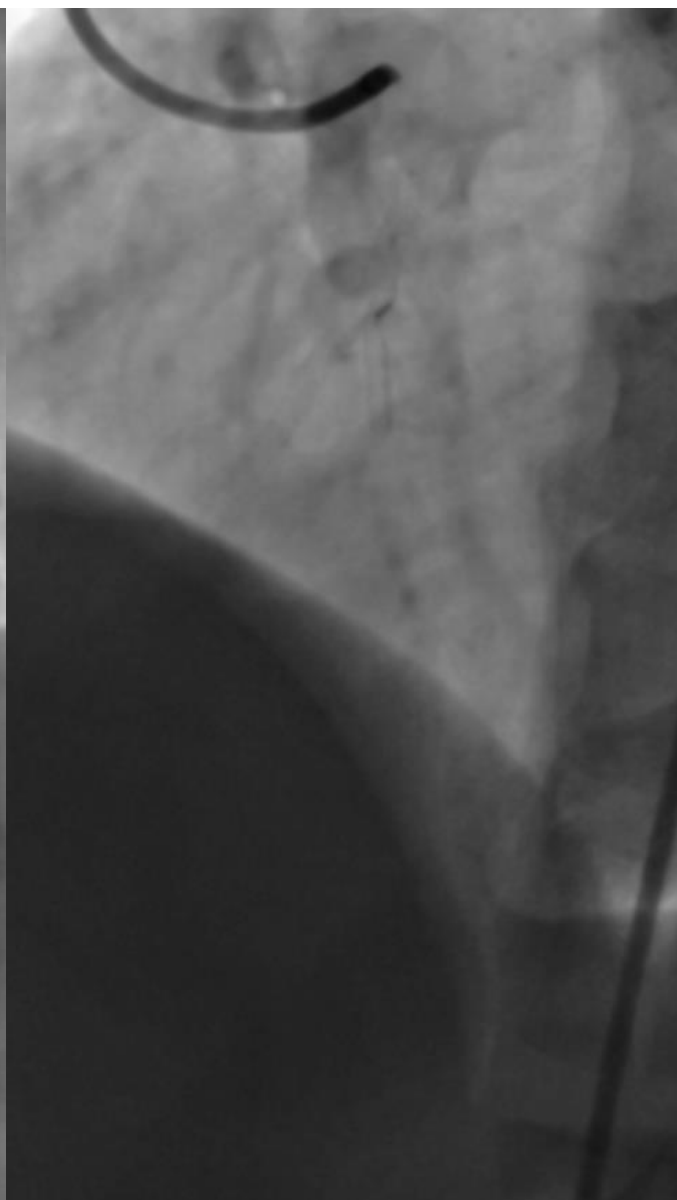
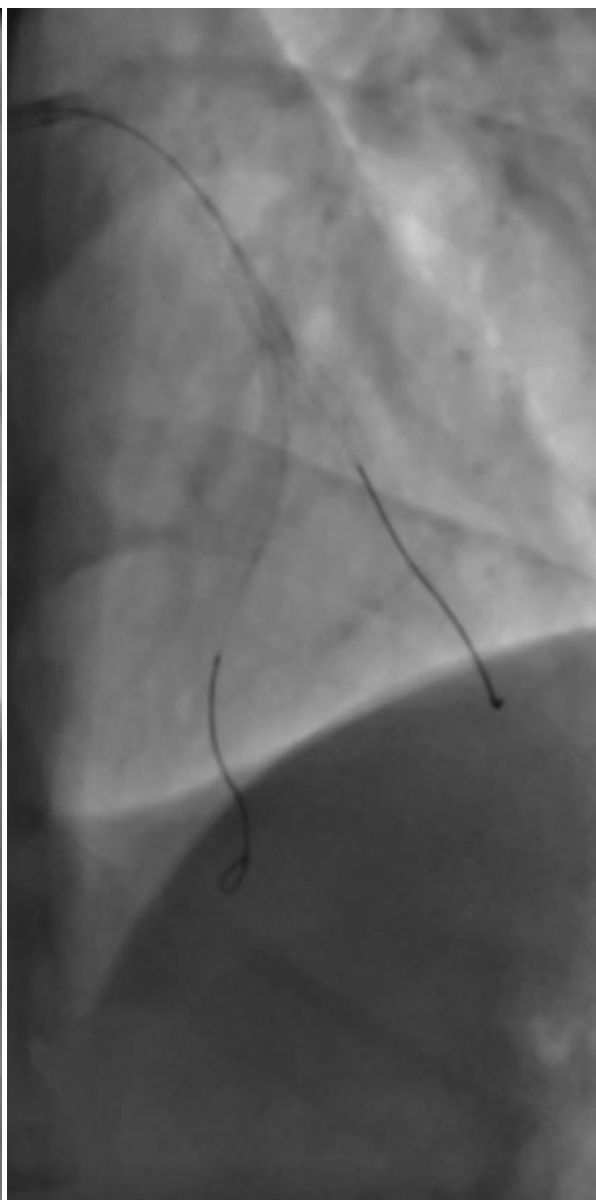
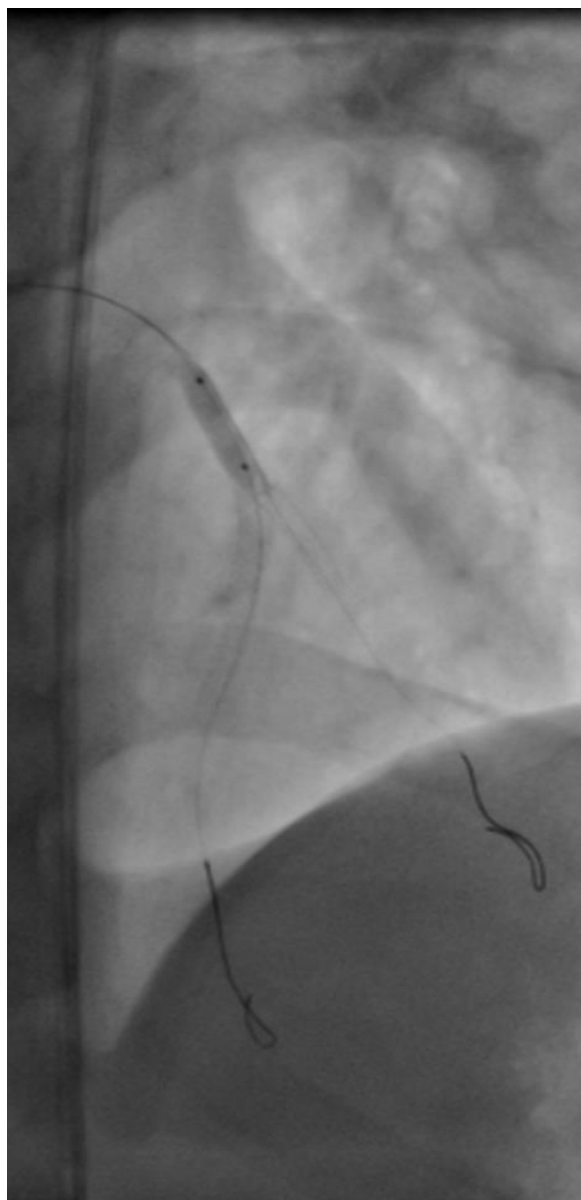
- Wire overlap
- Kinked shaft
- Sticky system
- Out of the box

The outcome of destroyed wires and balloons



- The problem was that the new balloon was of small profile and it was introduced on the same wire of the LAD and it crossed into the monorail of the LAD balloon rupturing both balloons and it was very hard to retrieve .
- **This happened upon ensuring the assistant that the balloons are on different wires.**
- The problem was discovered as the balloon stopped at approximately the same distance of the wire exiting the monorail of the LAD balloon. Also forcefully pushing the diagonal balloon led to pushing the wires, and the LAD balloon further into the vessels





- CHIP interventions need high level of concentration and anything ANYTHING could go wrong
- Always keep your composure and never panic
- Assistant job is as important as the operator
- Never use too much force and always revise your steps and gear properly
- Never oversee problems even if you think it can never happen as sometimes ***problems happen outside of the box***