

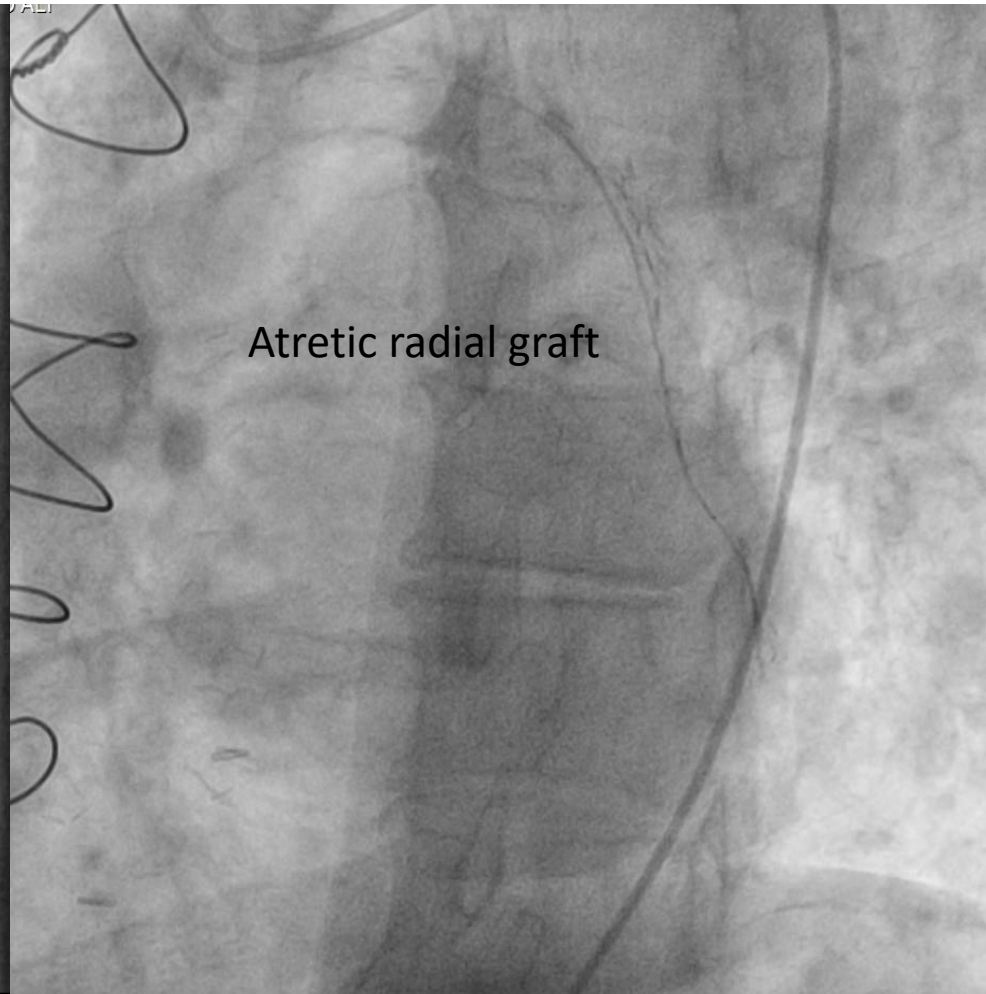
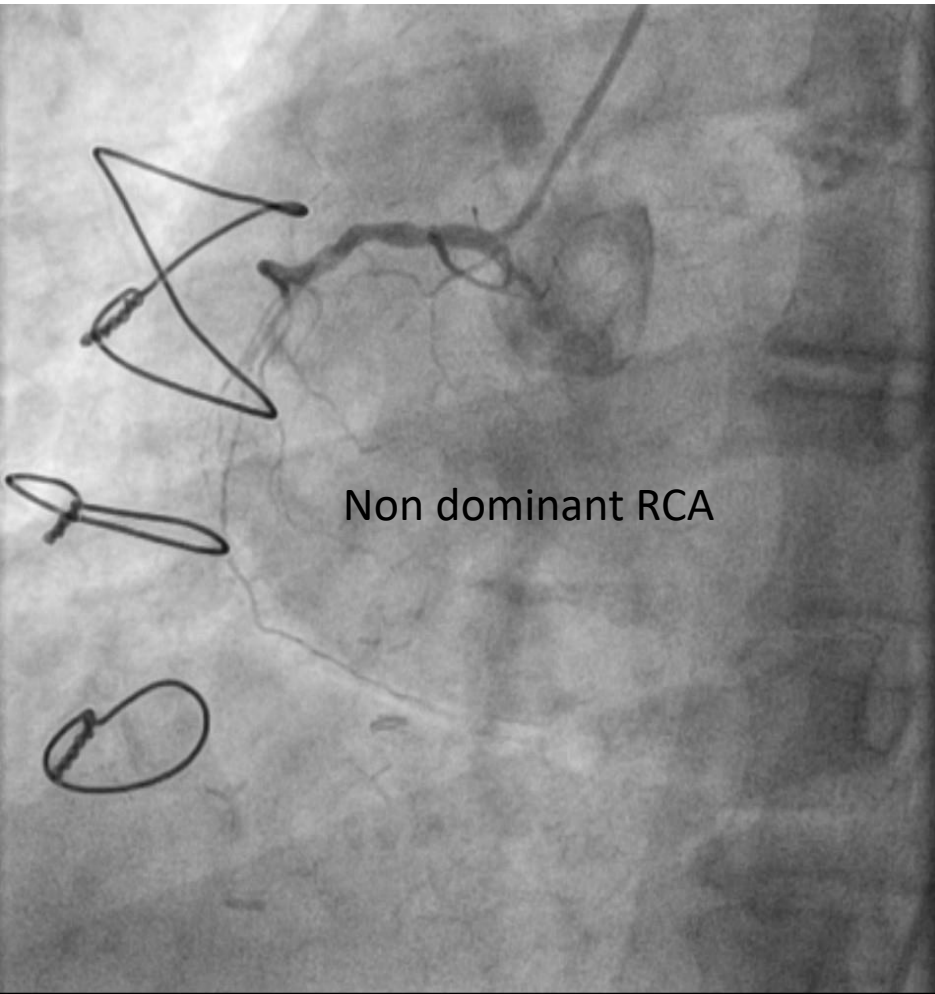


# Hairpin/Reverse guidewire technique for bifurcation stenting

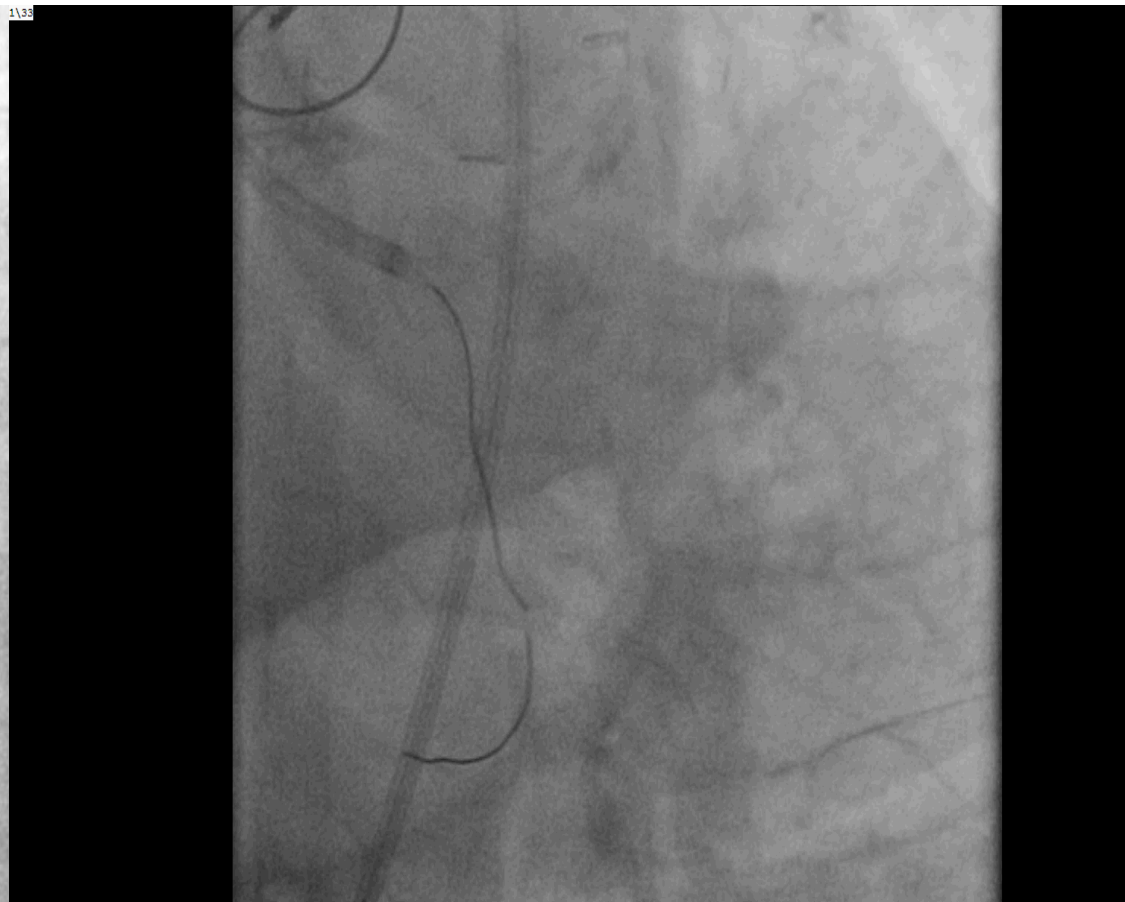
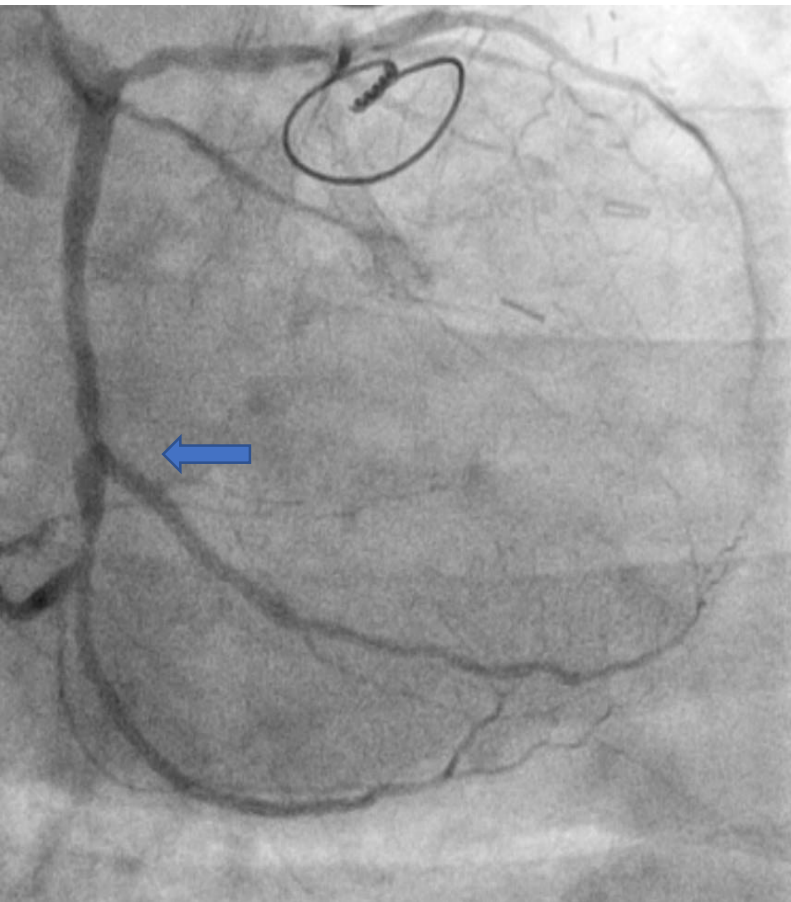
Dr Amjad Ali MD DM  
India

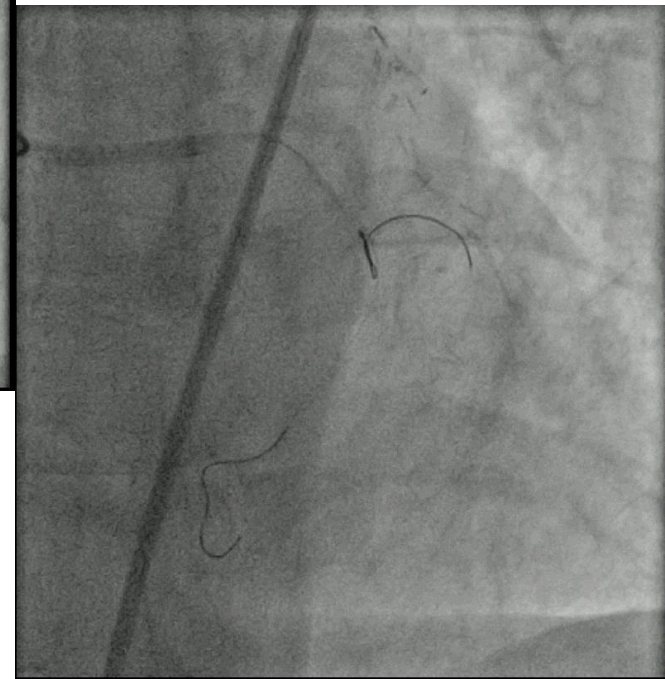
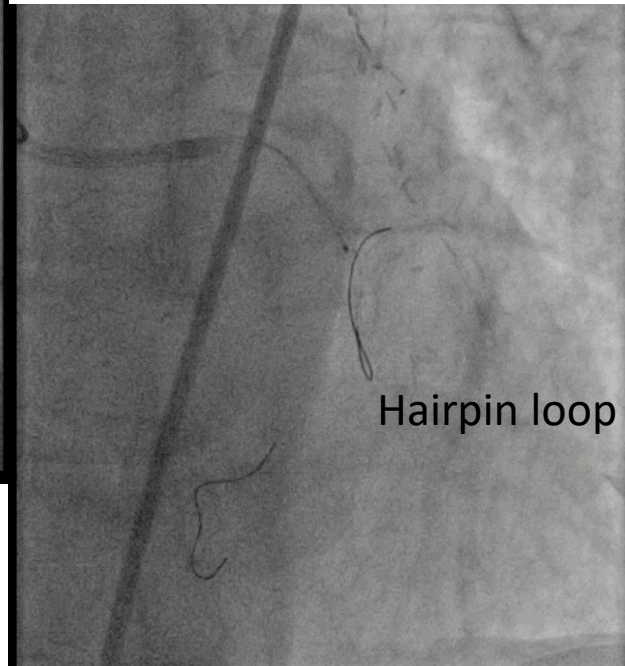
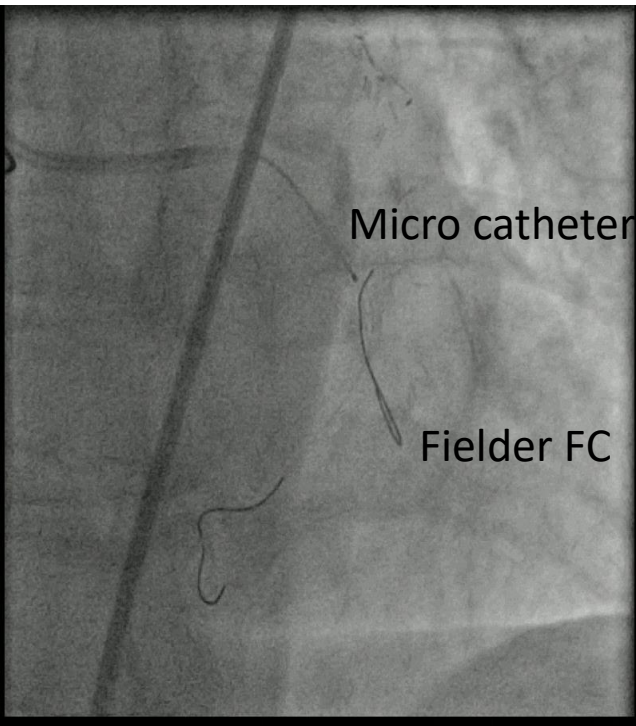
- 64 Year Male
- Post CABG (2014) /Effort angina/CCS=III.
- Echo – Hypokinesia of Inferolateral wall. EF 45 %.
- T2 DM/HTN/Hypothyroidism.
- Medications- Aspirin, Clopidogrel, Atorvastatin, Bisoprolol, Ramipril, Nicorandil, Ranolazine.
- CAG –
  - LAD: Proximal to mid significant stenosis, with patent LIMA to LAD graft.
  - LCX : Proximal significant disease. OM2 Large vessel & has ostial critical stenosis. Left Radial to OM2 graft occluded.
  - RCA: Non dominant.
- Plan PTCA to LCX & OM2(Bifurcation Stenting)

# Coronary angiography showing diffusely diseased non dominant RCA and atretic Radial to OM2 graft

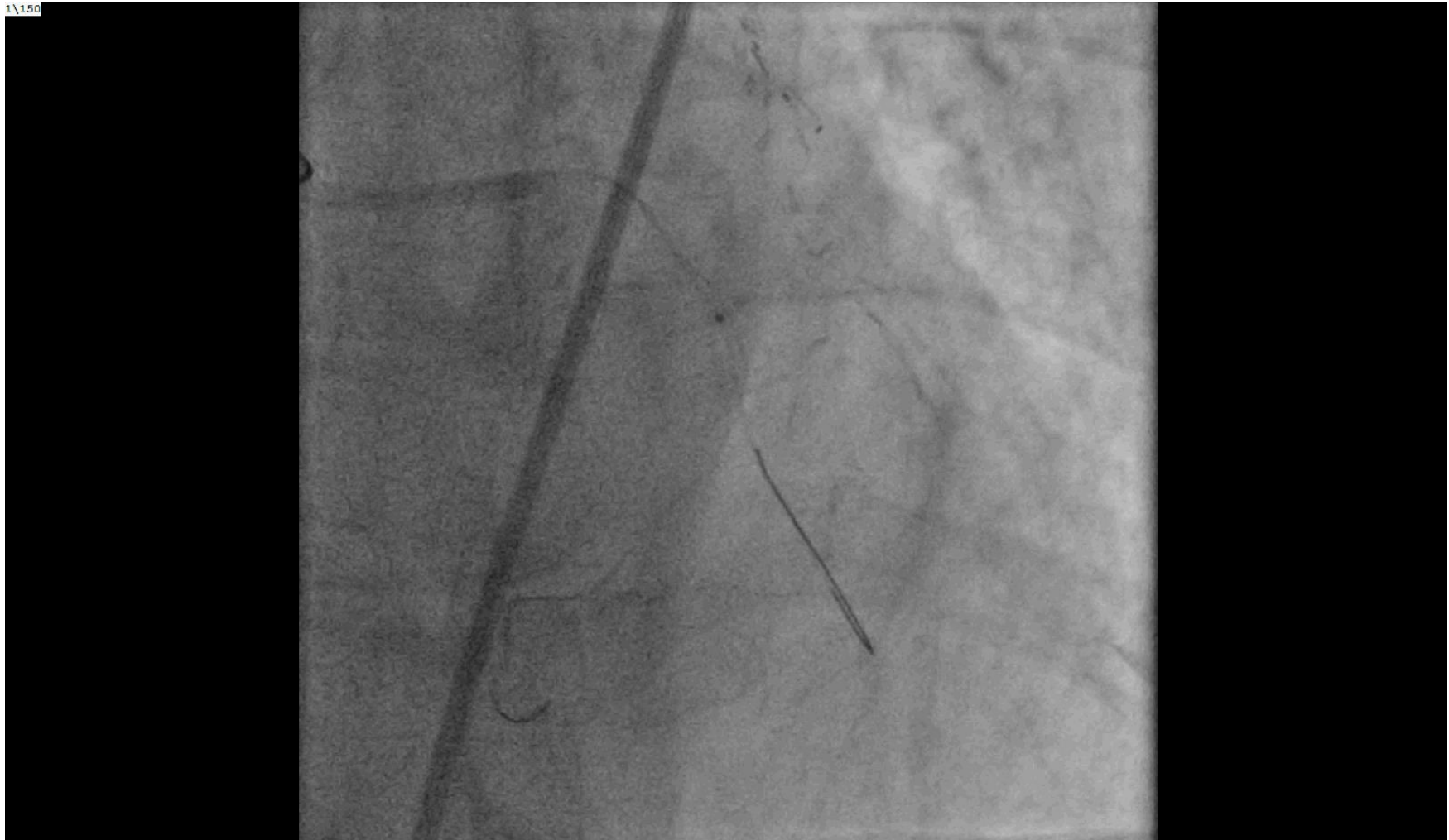


# Coronary angiography showing diseased proximal LAD and significant stenoses at LCX/OM2 bifurcation

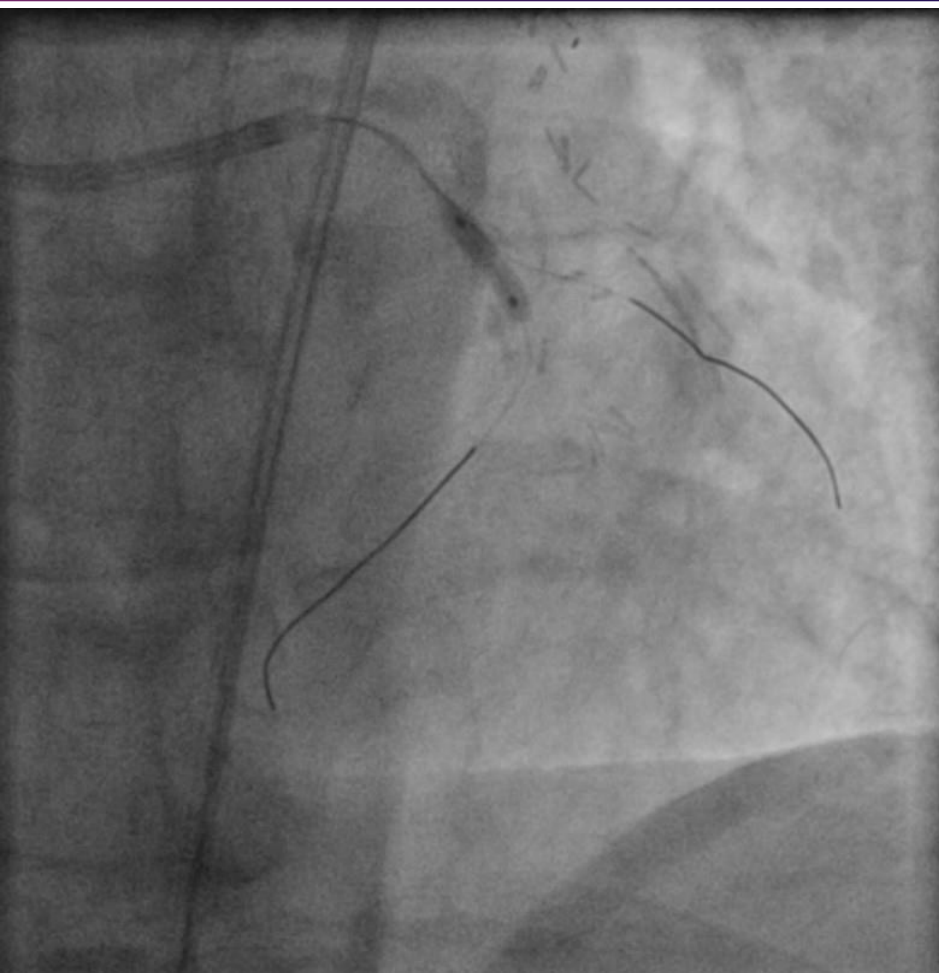




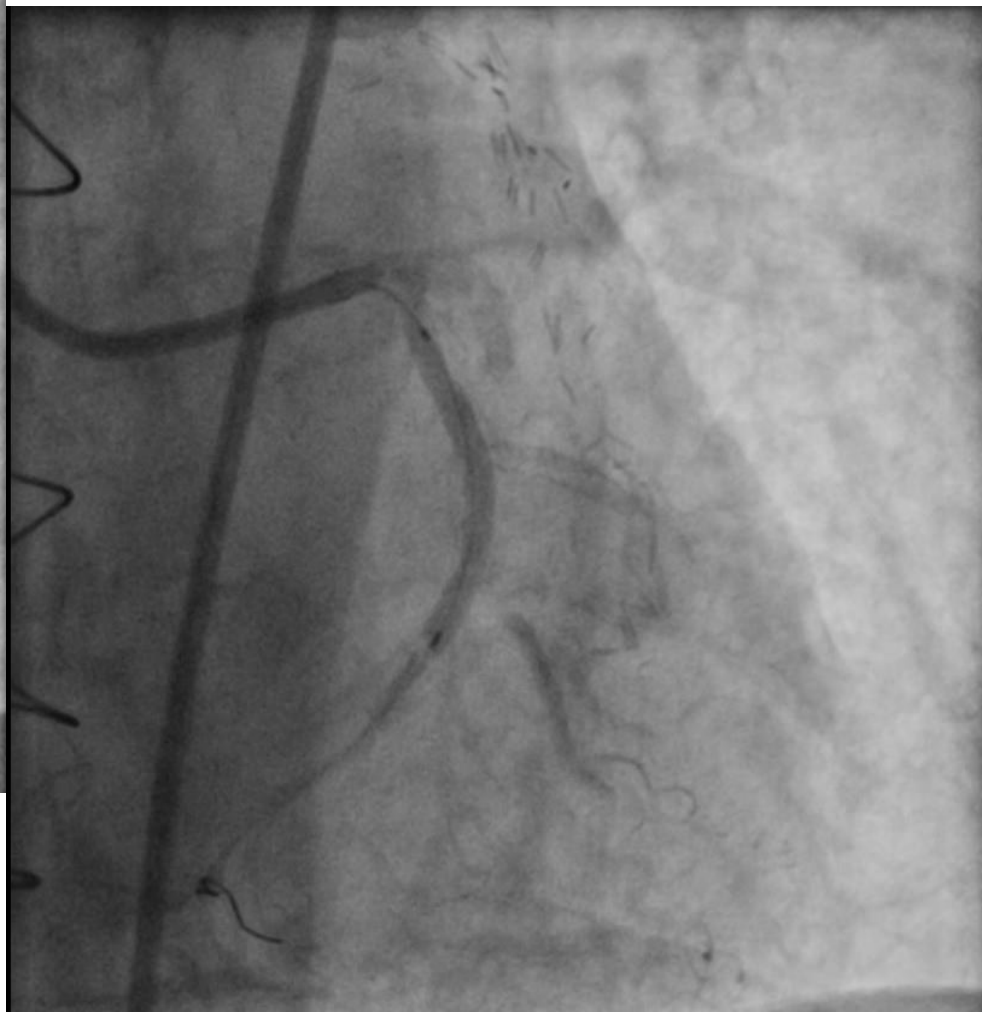
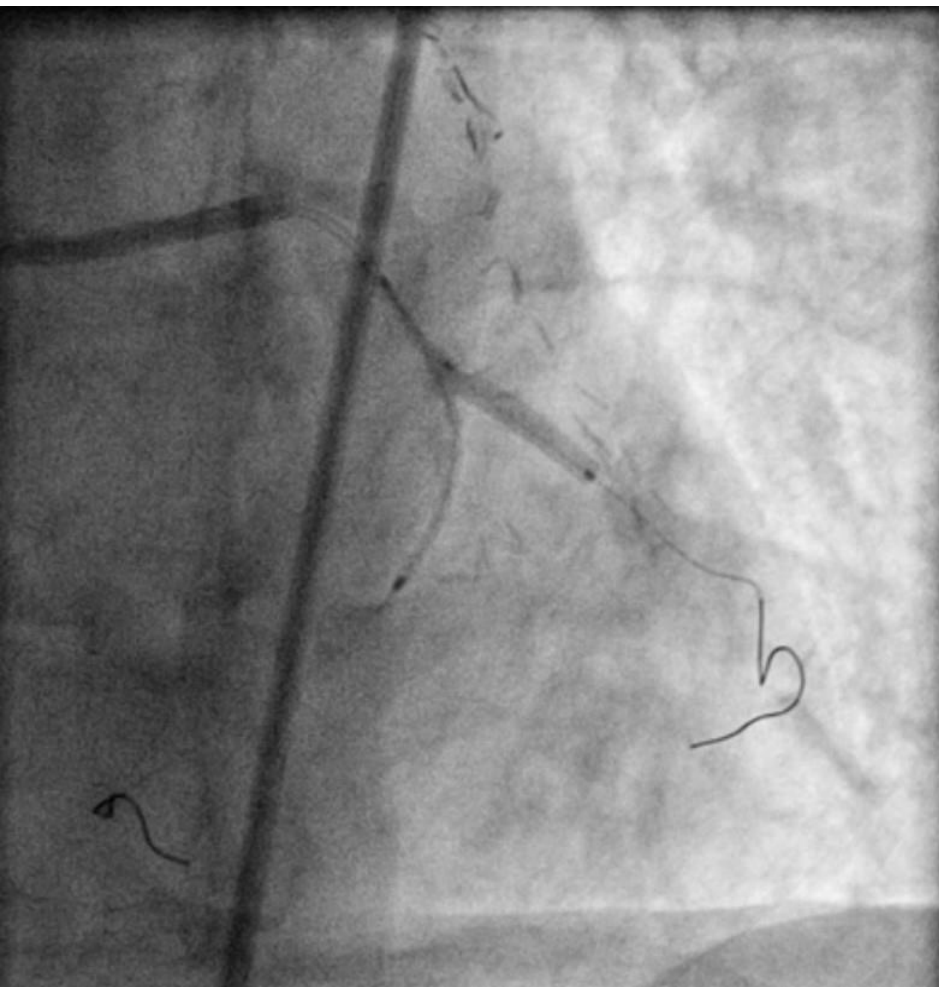




# Serial predilatation of main vessel and side branch

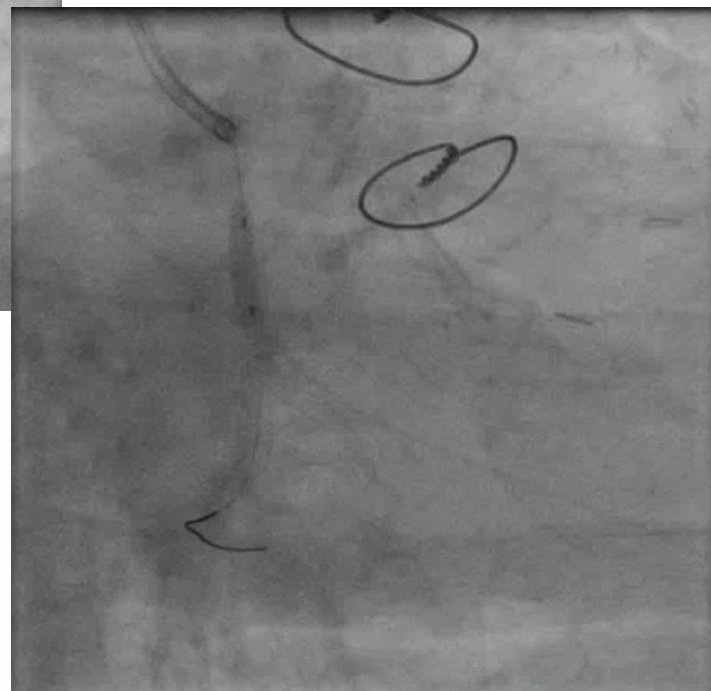
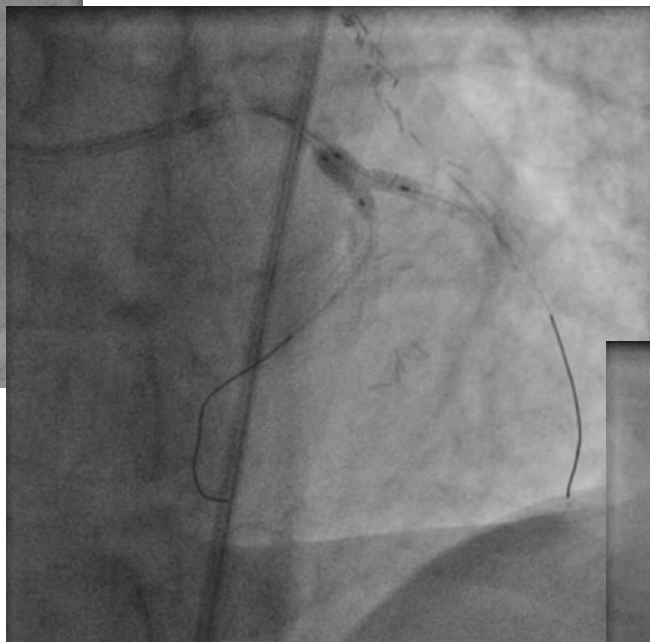


# Stent placement by mini crush technique 2.75X33 DES in LCX 2.5X15 DES in OM2



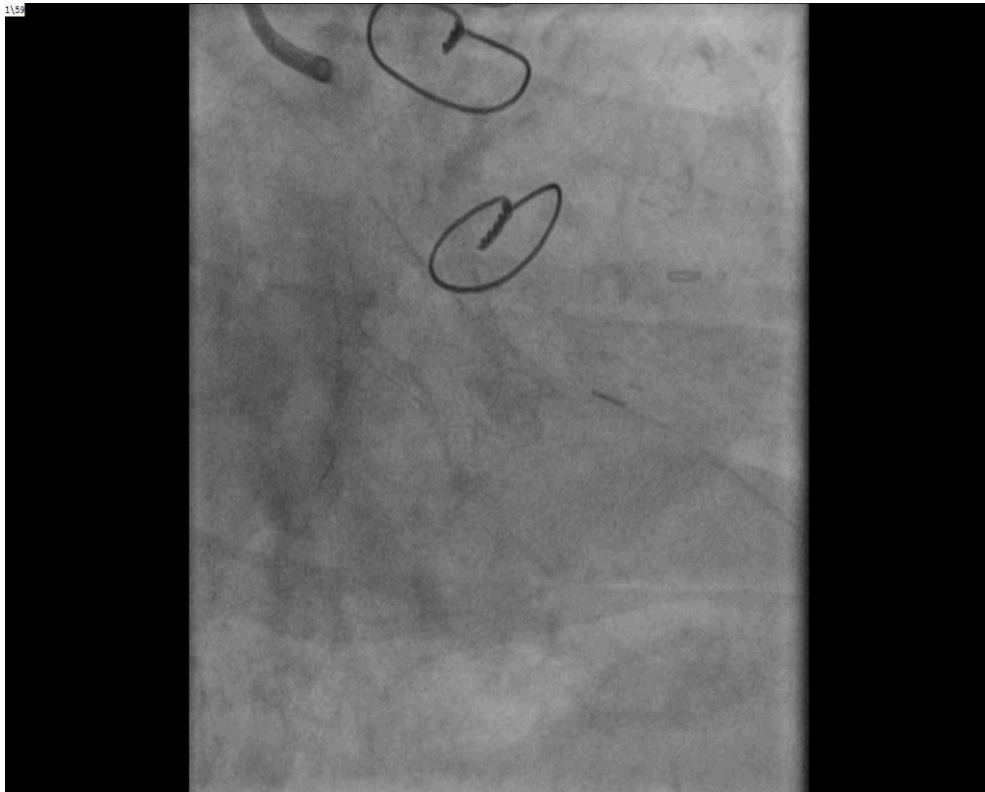


# POT/Simultaneous kissing inflation/REPOT

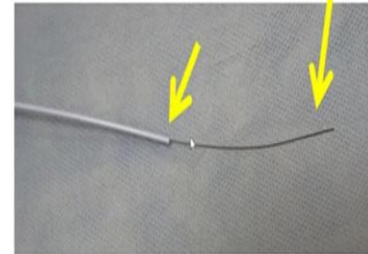


# Final result showing TIMI III flow

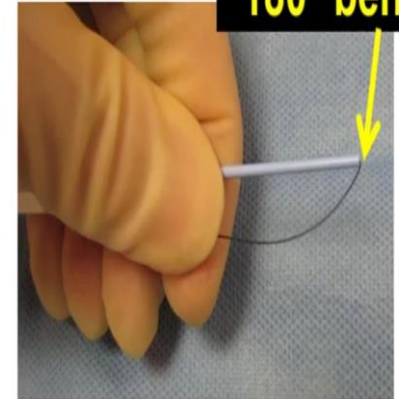
## How to form a “hairpin”



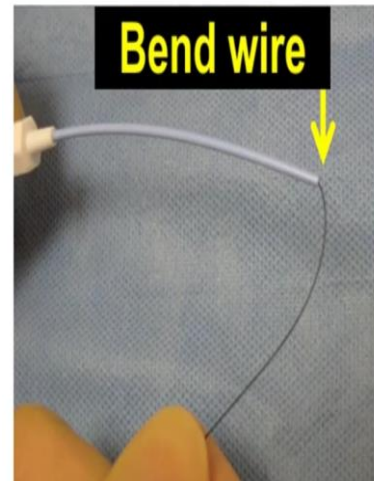
Insert polymer jacketed wire through introducer



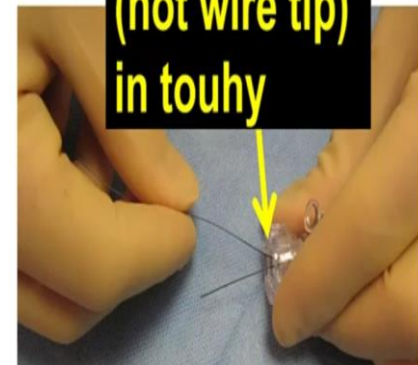
180° bend



Bend wire



Insert hairpin (not wire tip) in touhy



- Wiring of obtusely angled vessel is difficult
- How to do difficult wiring in obtuse angled vessel?
  - Making large bend of wire tip
  - Use of micro catheter
  - Reverse guidewire
  - Deflection balloon
- Reverse guidewire or hairpin guidewire technique can be successful in some cases
- Respect all the steps of bifurcation stenting