

A difficult graft PCI: guiding the way

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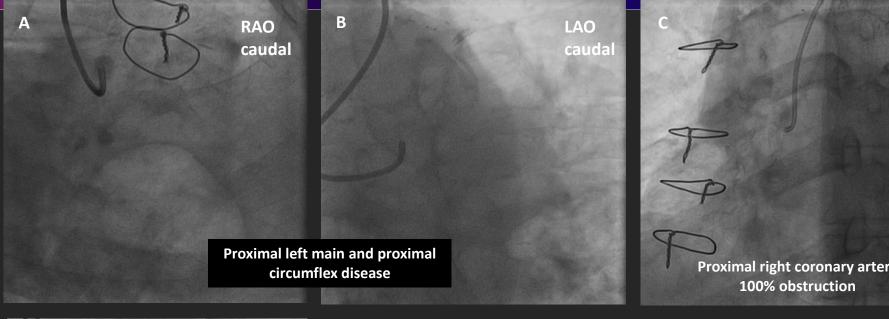
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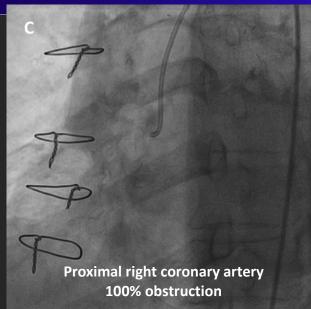
Case Summary

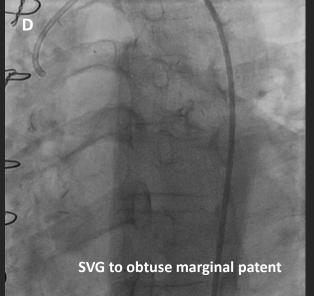
- 76-year-old man with diabetes and hypertension
- Off-pump CABG—17 years back
 - Left internal mammary to a large diagonal
 - SVG to obtuse marginal
- Recent presentation: NSTEMI
- Angina on exertion class II
- LVEF = 45%

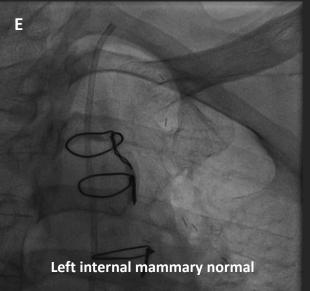


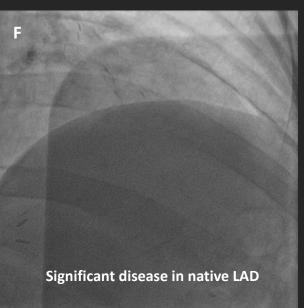
Coronary Angiogram





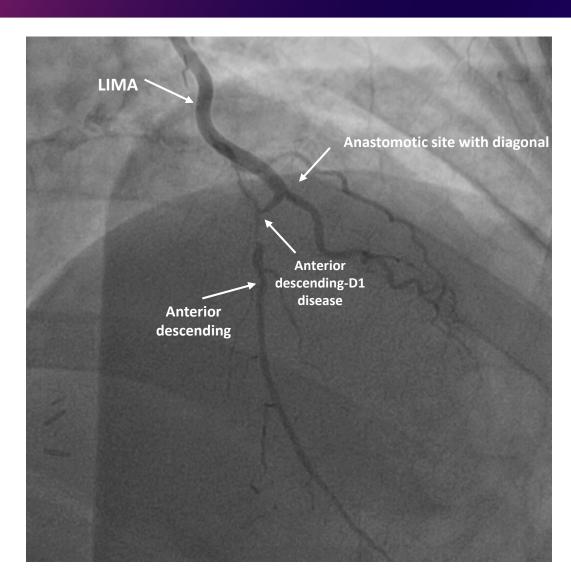








Native Left Anterior Descending

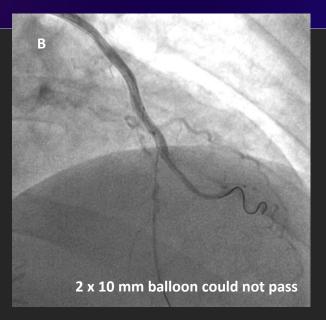


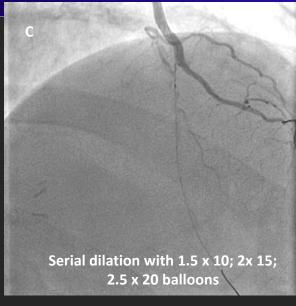
Anticipated difficulties

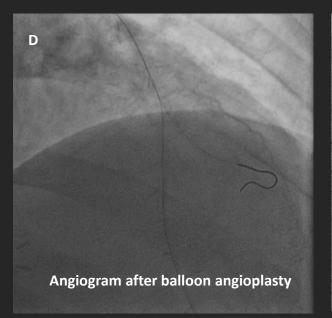
Tortuous left internal mammary
Difficult wiring because of odd angles
Small vessel size
Which portion to stent?

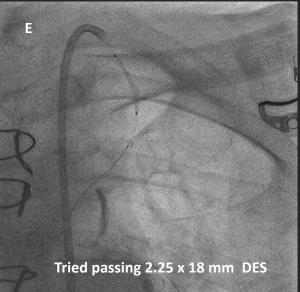


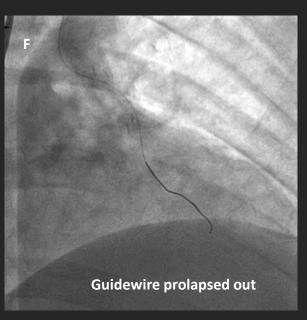






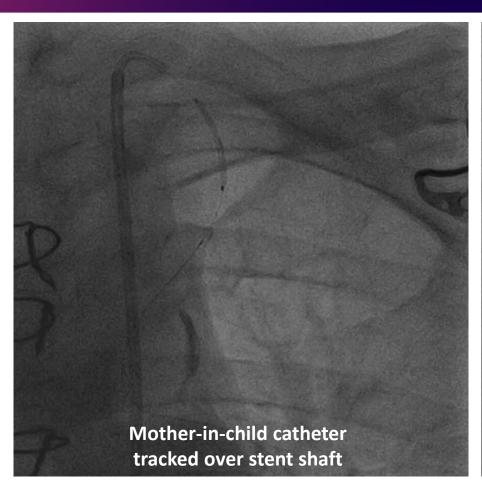


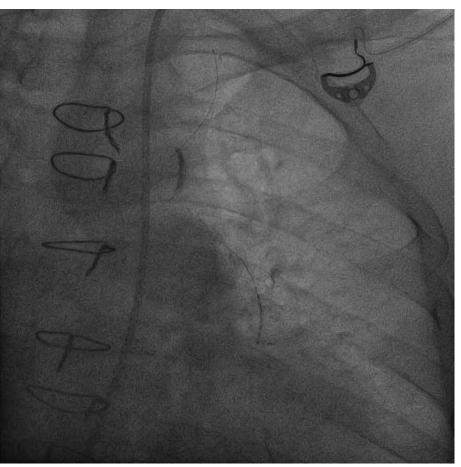






PCI of Left Anterior Descending



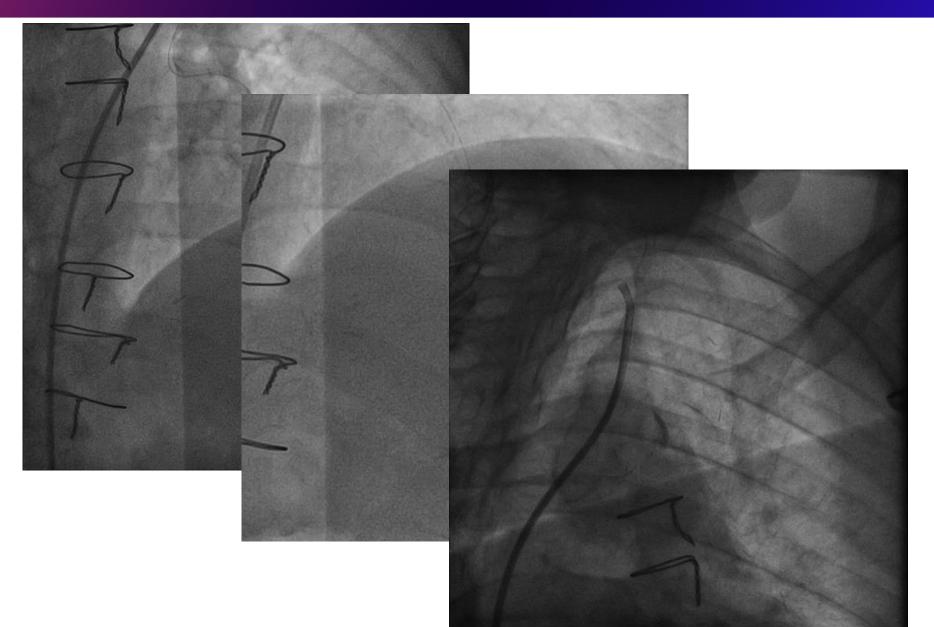


Terumo Heartrail 5F straight catheter Soft flexible tip, 120 cm length Can be advanced with guidewire in-situ

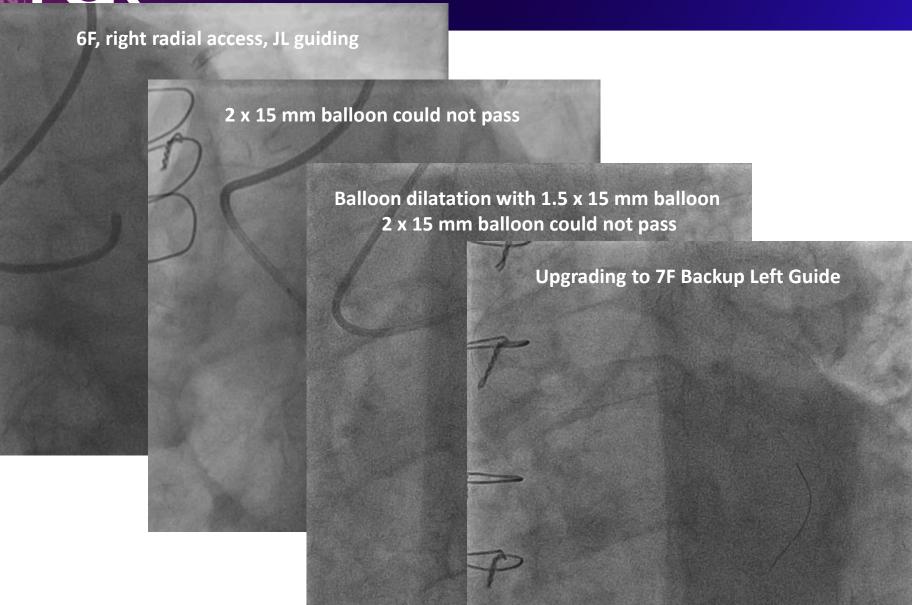
Deep intubation over stent shaft



PCI of Left Anterior Descending









Balloon dilatation with 2 x 15 mm balloon 2.5 mm x 10 mm cutting balloon Terumo 5F straight catheter Mother-in-c **Bed preparation with** 3.5 x 30 mm stent could not pass!!



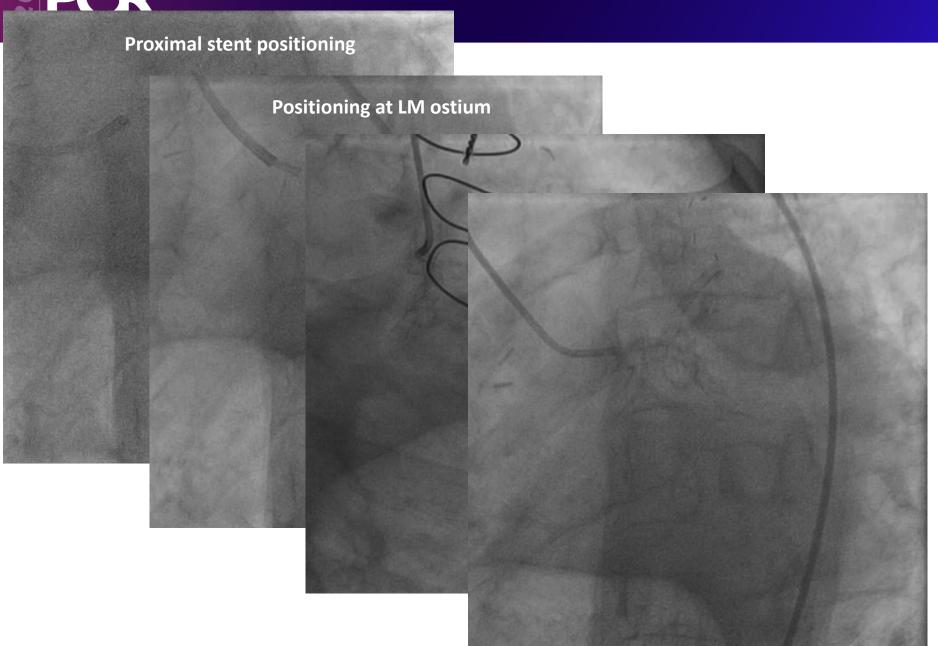
Right femoral, 7F Backup Left Guide
Tracking the mother-in-child catheter over the balloon catheter

Deep intubation over balloon catheter

Balloon dilatation with 3 mm NC balloon

Distal stent positioning







Learning Points Guide support for complex interventions

- Deep intubation of internal mammary traditionally considered dangerous
- Soft-tipped mother-in-child or guide extension catheters
- Advance over shaft of balloon catheter or by balloon-assisted tracking
- Guide-extension catheters can provide good support for proximal native vessel PCI if selective intubation is done using
 - Careful manipulation of guiding catheter
 - Tracking over balloon catheter