coaxial
Coaxial Catheter Engagement

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Fig. 8. Schematic demonstrating the typical origin of the LCA from the left coronary sinus and some variations in the course of the proximal segment. Ant, anterior; L, left; NC, non-coronary; Post, posterior; R, right.
Fig. 17. Typical origin of the RCA from the right coronary sinus and some variations in both the location and the course of the proximal segment. (1) normal anatomic origin and course of the RCA, (2) superior course of proximal segment of RCA (Shepherd's Crook), (3) ectopic origin of RCA superior to sinotubular junction, (4) low ectopic origin of RCA.
Fig. 5. Diagnostic catheters used to perform angiography of native coronary arteries and coronary grafts. AL, Amplatz left; AR, Amplatz right; IM, internal mammary; JL, Judkins left; JR, Judkins right; LCB, left coronary bypass; MPA, multipurpose A; MPB, multipurpose B; RCB, right coronary bypass; ST, short tip.
Fig. 10. Ectopic posterior origin of the LCA in the left coronary sinus. (A) Appearance following injection of the coronary sinus using JL 4 catheter, demonstrating a marked posterior origin of the LCA. (B) Selection of the LCA using an Amplatz left 2 catheter following significant counterclockwise torque.
Fig. 14. Cannulation of LAD and LCx arteries in a patient with a double ostium of the LCA. (A) Schematic cannulation of the LAD ostium using a JL catheter with a shorter distance between the primary and secondary curve. (B) Selective angiography of the LAD. (C) Schematic of cannulation of the LCx ostium using a JL catheter with a longer distance between the primary and secondary curve. (D) Selective angiography of the LCx.
RCA Alignment
Coaxial alignment and Backup
Abnormal RCA Origin
Coaxial alignment - Summary

• Strive to always be Coaxial

• Know the anatomy (in 3D)

• Know the available equipment

• Know how to manipulate it safely