



Transradial access postgraduate course: Clinical case



16th Annual SA Heart Congress
Sun City
26-28 October, 2015

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Patient history

- **Male, 65 years**
- **Ap CCS III**
- **Echo: normal systolic LV-function**
- **PAD, Y-prothesis 1998**
- **Chronic myeloic leukaemia**
- **Cardiovascular risk factors: hypercholesterinaemie, arterial hypertension, diabetes mellitus type II, excessive obesity**

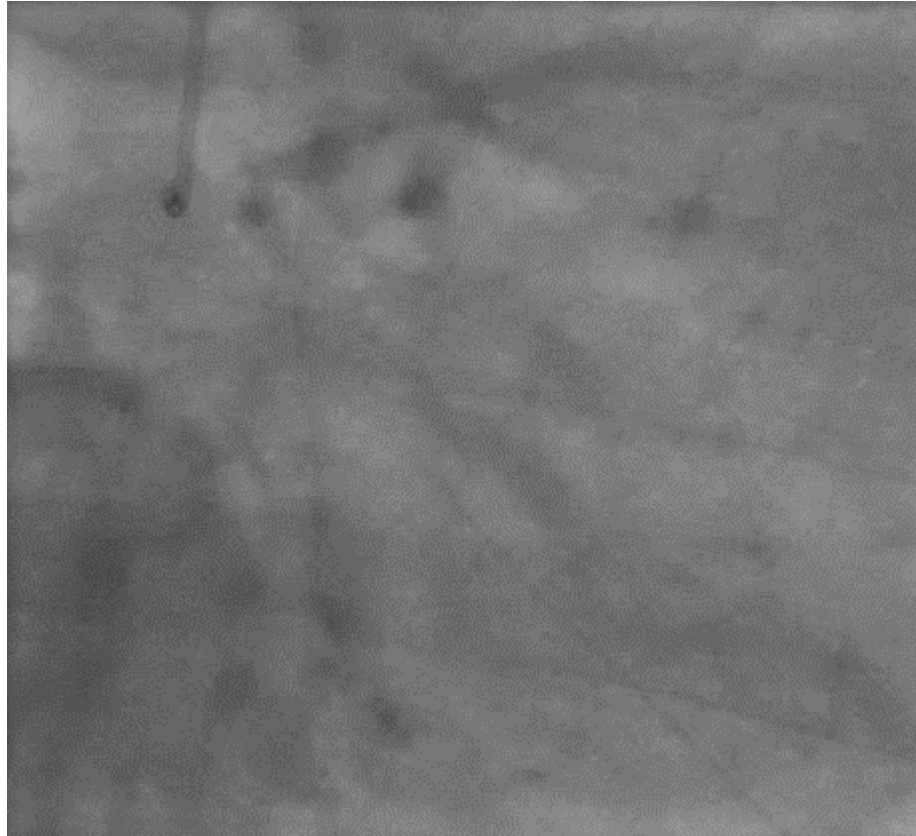
Choice of access ?

- **Transradial access due to PAD with Y-prothesis**
- **Right radial access due to excessive obesity**

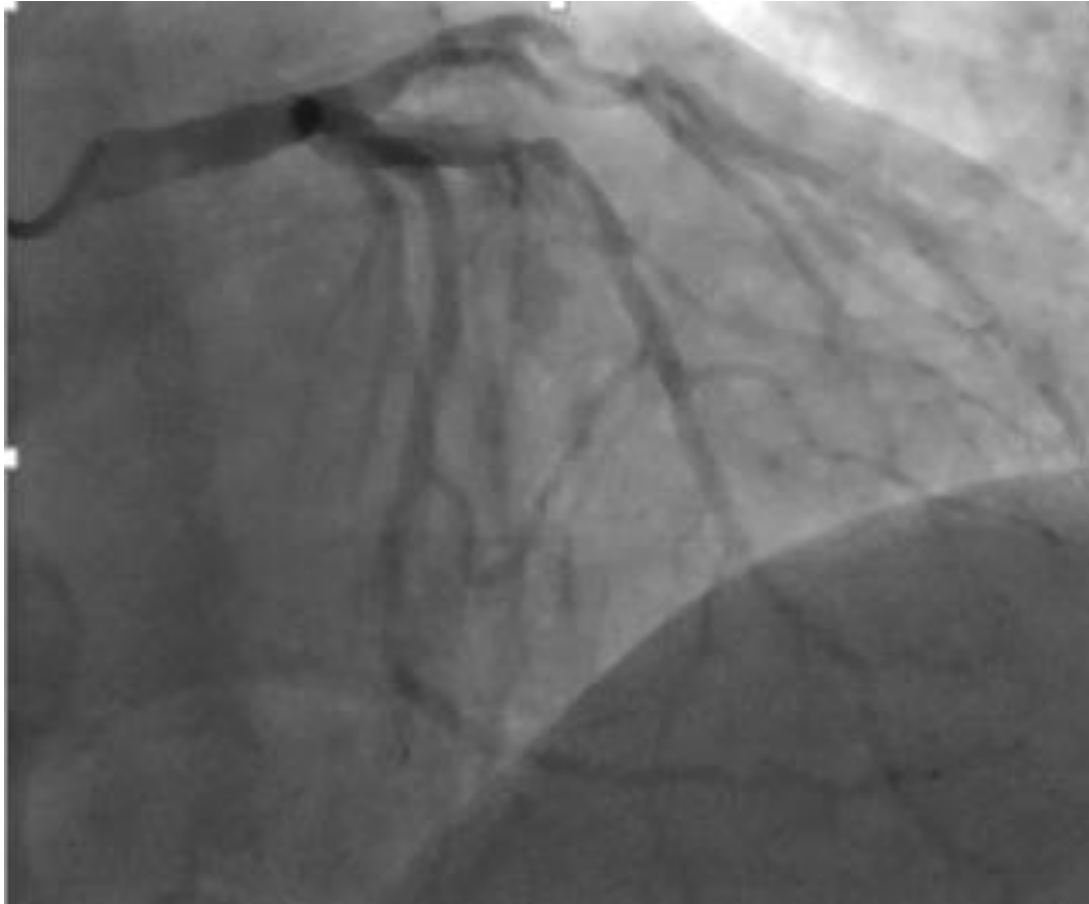


LCA in RAO caudal, JL4

Video

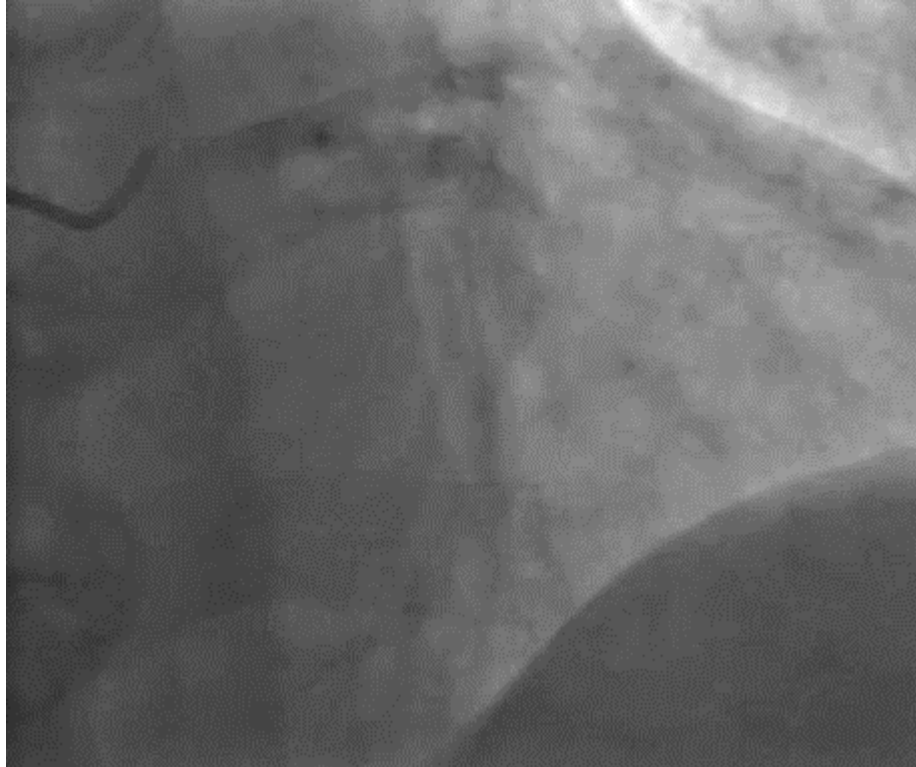


LCA in RAO caudal, JL4

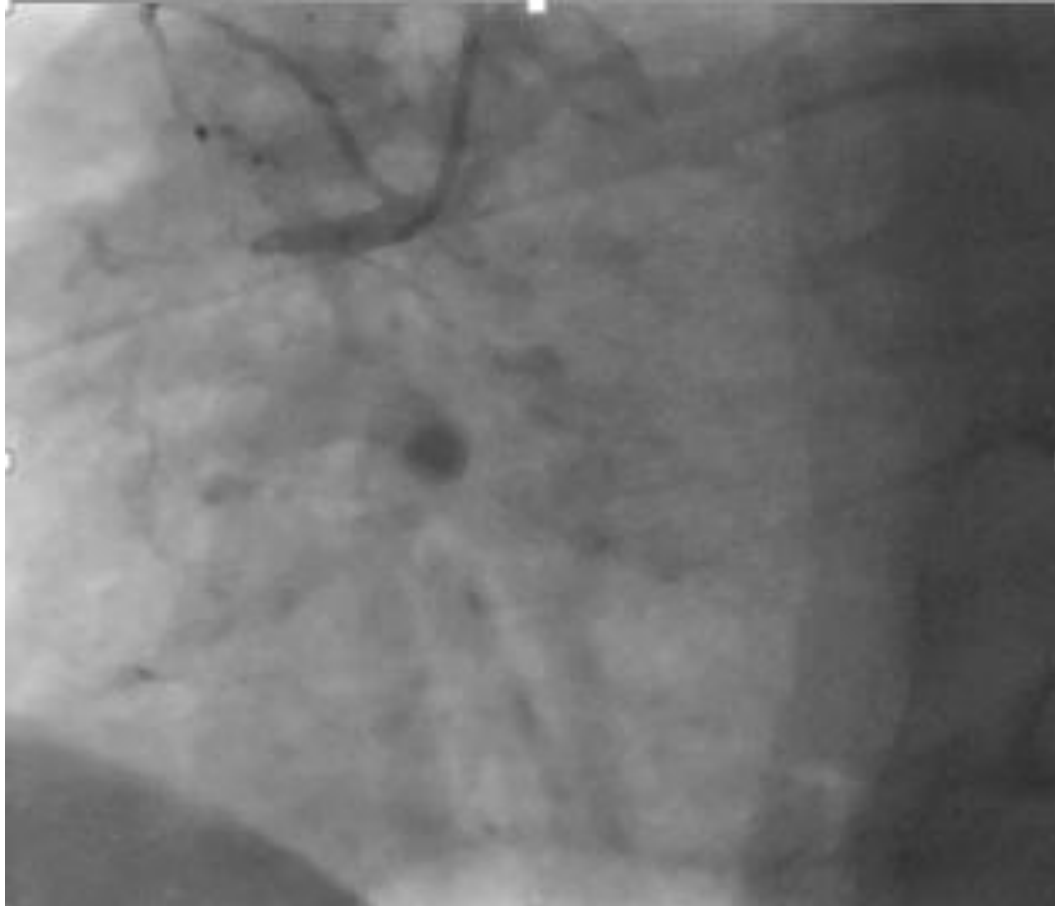


LCA in Ap cranial, JL4

Video

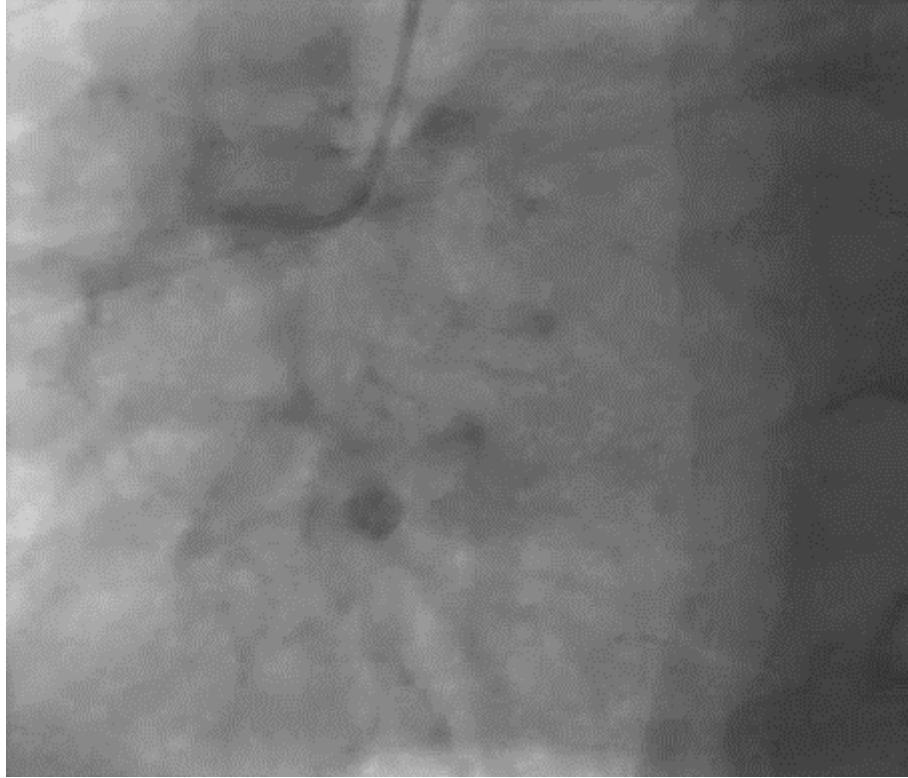


LCA in Ap cranial, JL4



RCA in LAO, JR4

Video

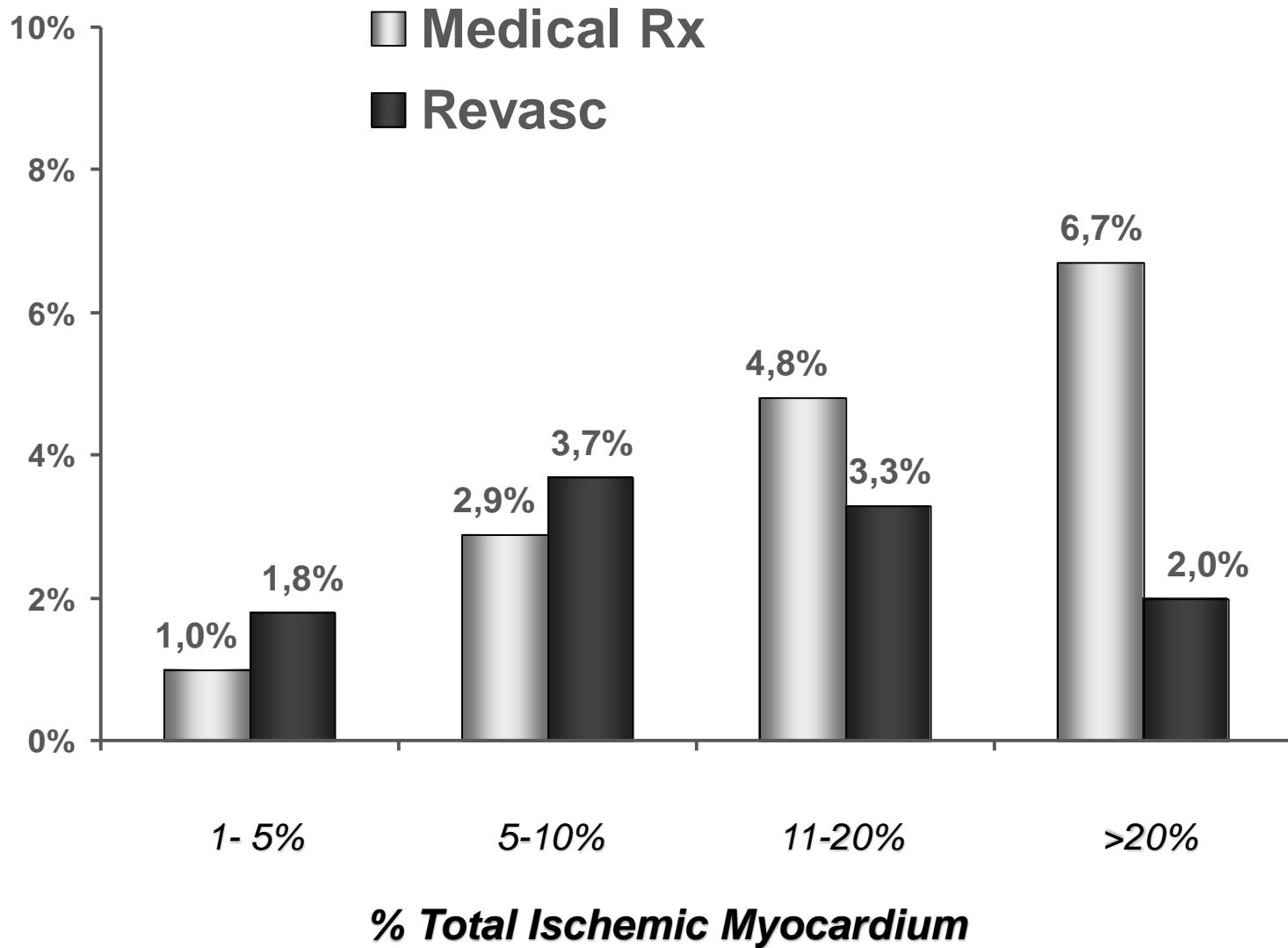


RCA in LAO, JR4

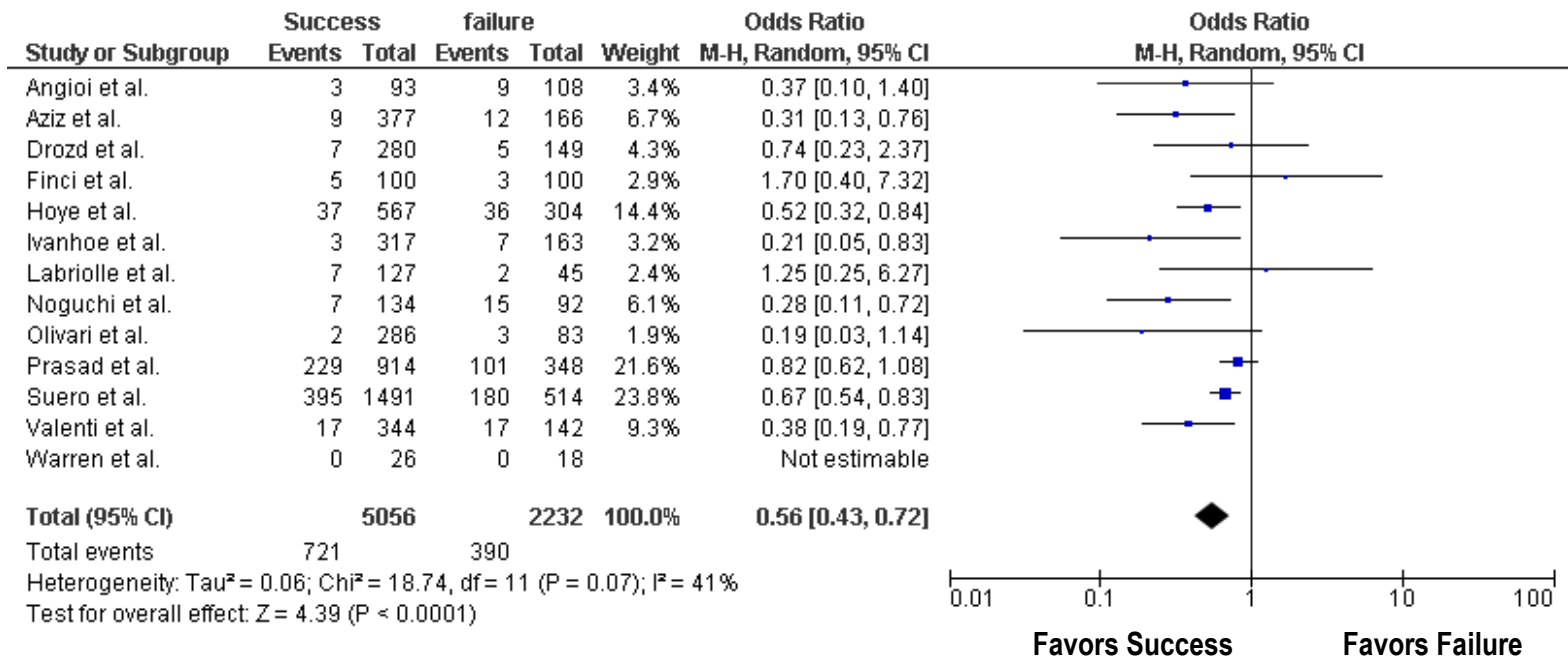
Further strategy ?

- **Due to his comorbidity patient was not willing to undergo bypass surgery**
- **Decision to start with a CTO recanalisation attempt first and if not successful to reconsider bypass surgery with the patient**

Prognosis and extent of ischemia



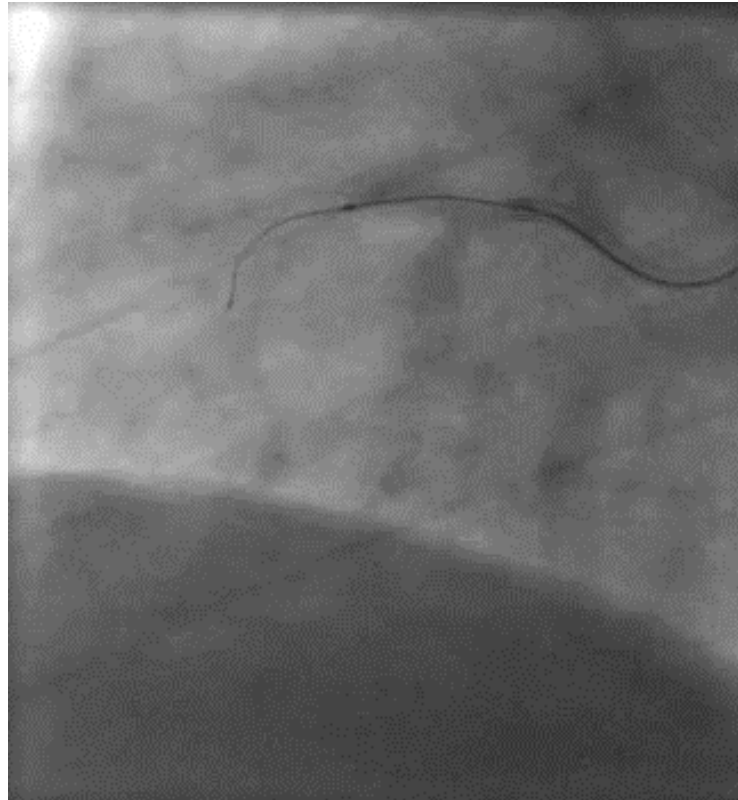
Success of CTO-revascularisation and mortality (Observation on > 7000 patients)





Antegrade recanalisation of RCA; 6F AL1; Finecross 130 cm, Fielder XT-Wire (right radial access)

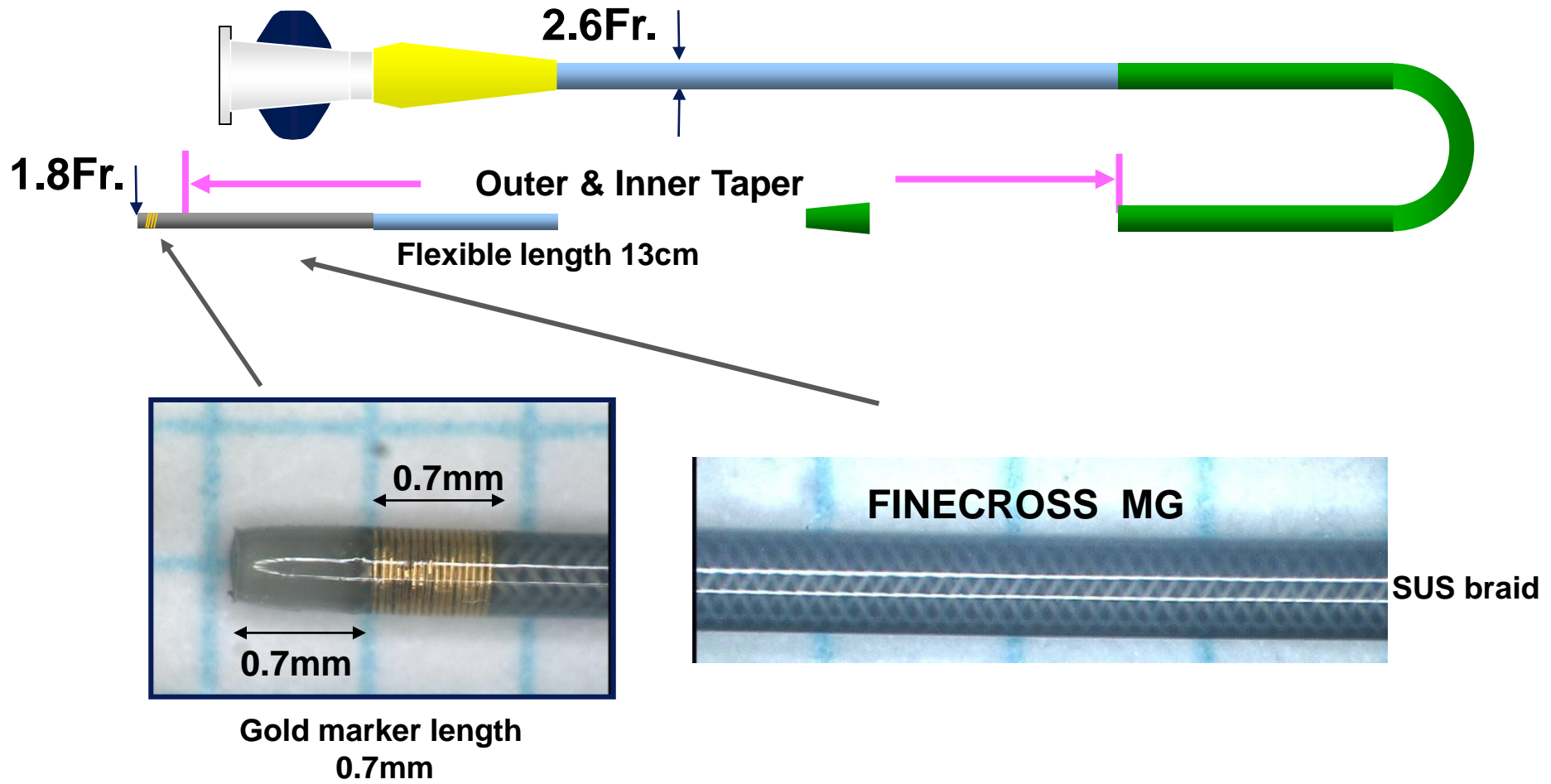
Video



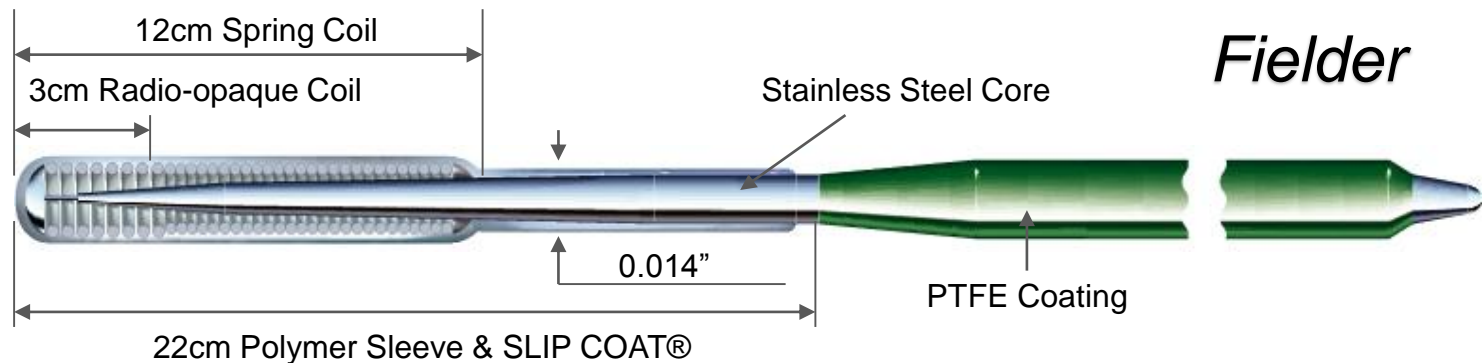
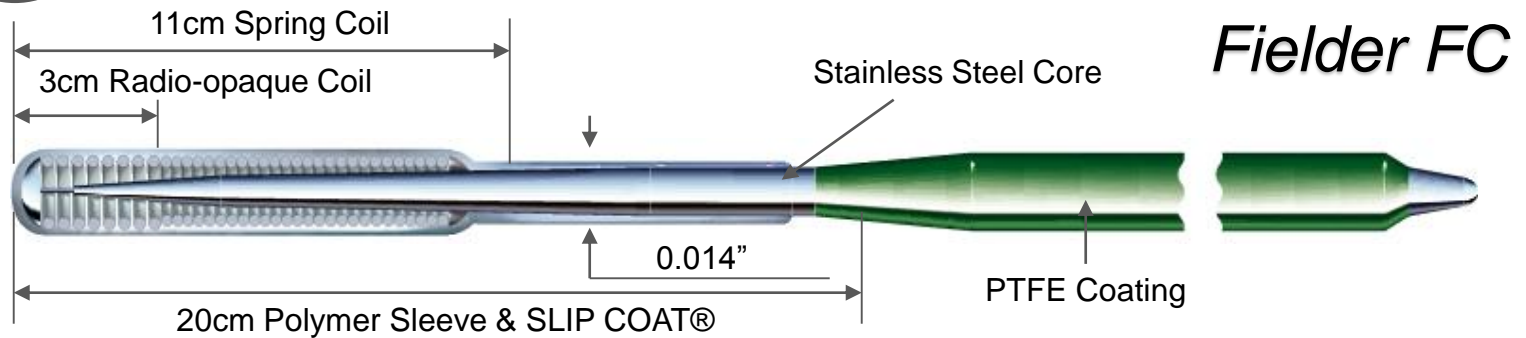
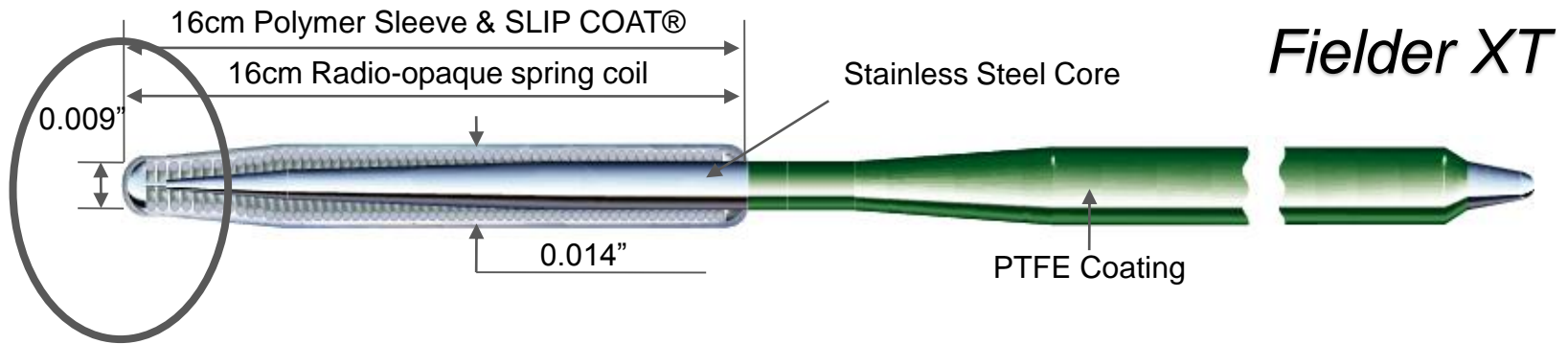
Antegrade recanalisation of RCA; 6F AL1; Finecross 130 cm, Fielder XT-Wire
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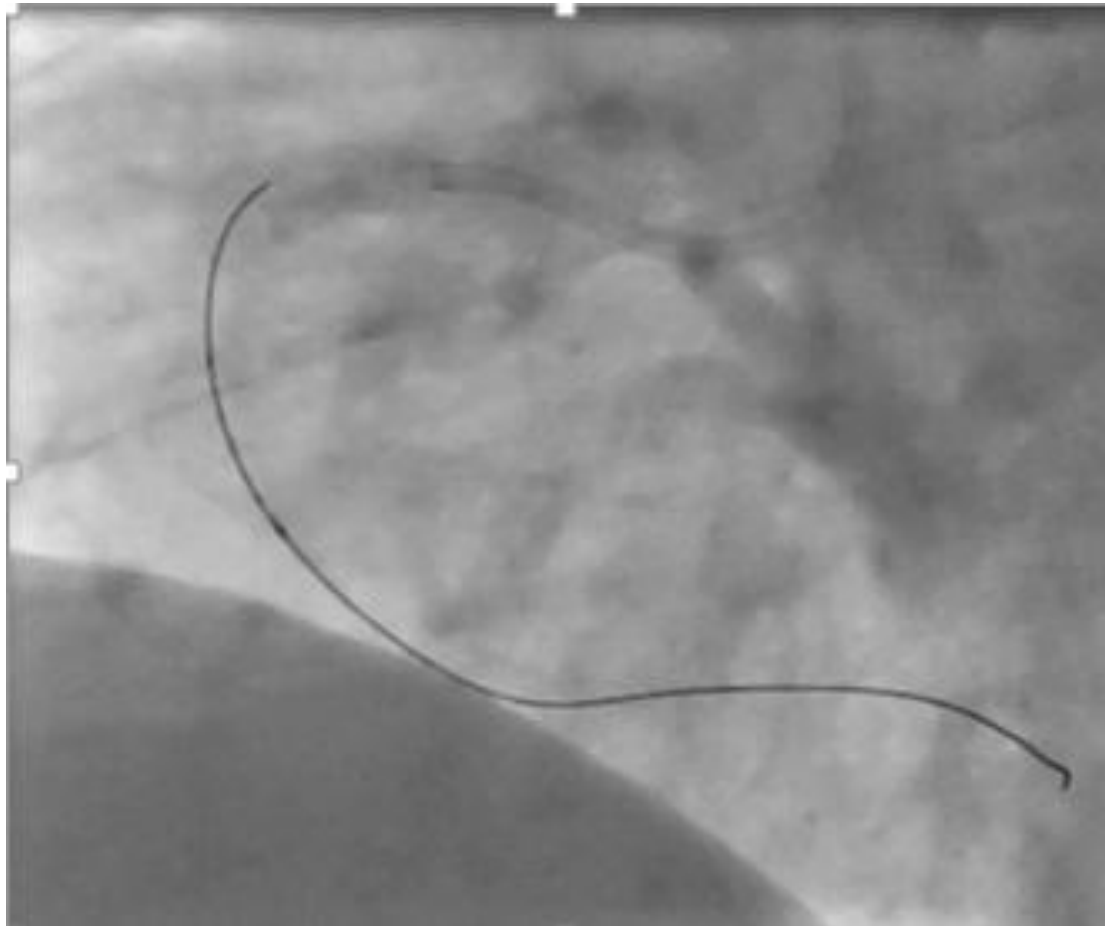
TERUMO Finecross MG

Microcatheter 130/150 cm



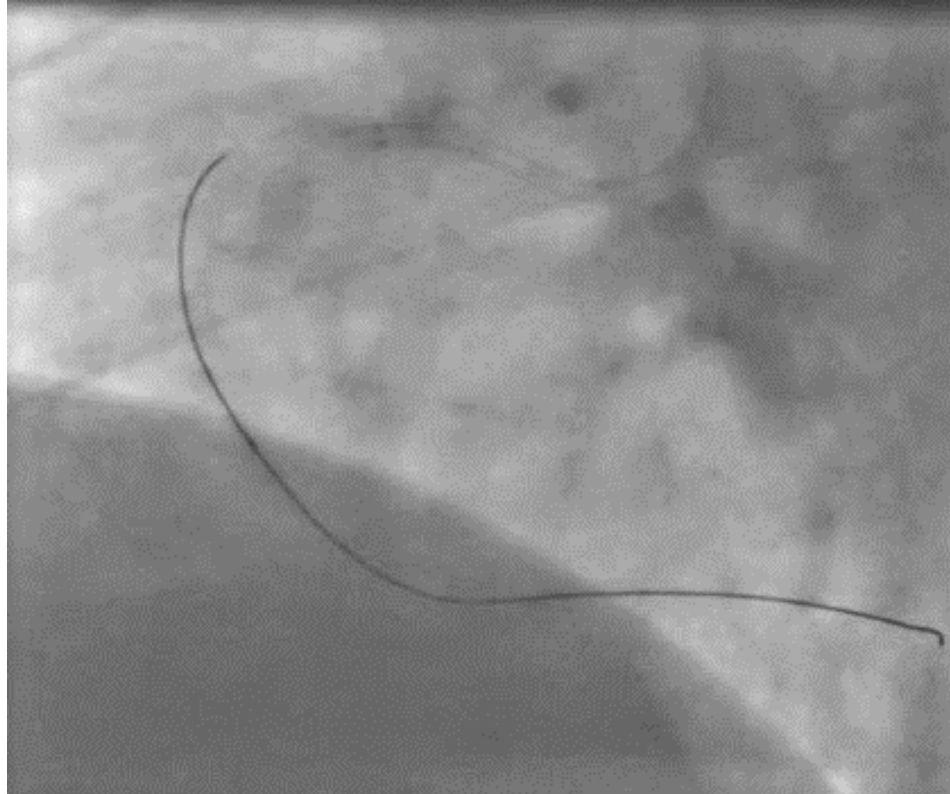
ASAHI Fielder guidewires



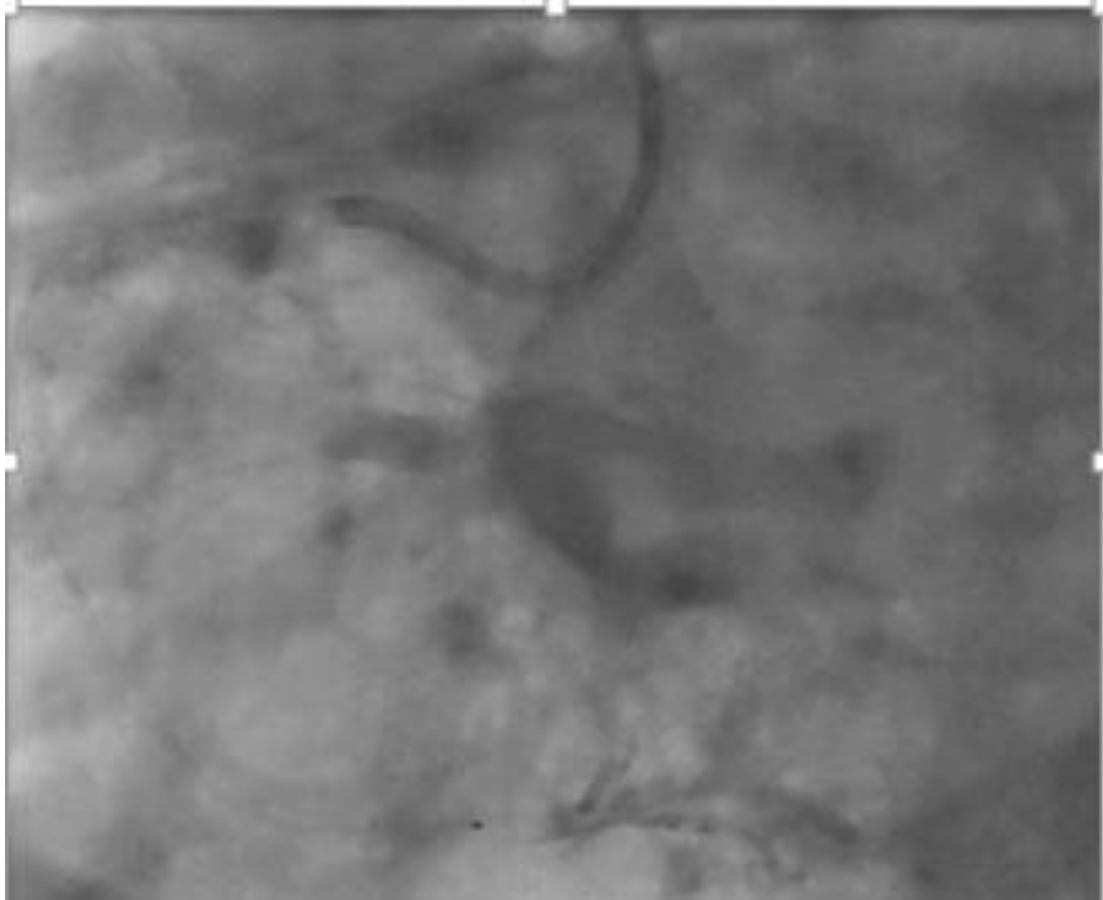


Exchange of Fielder XT to Miracl 6-wire

Video

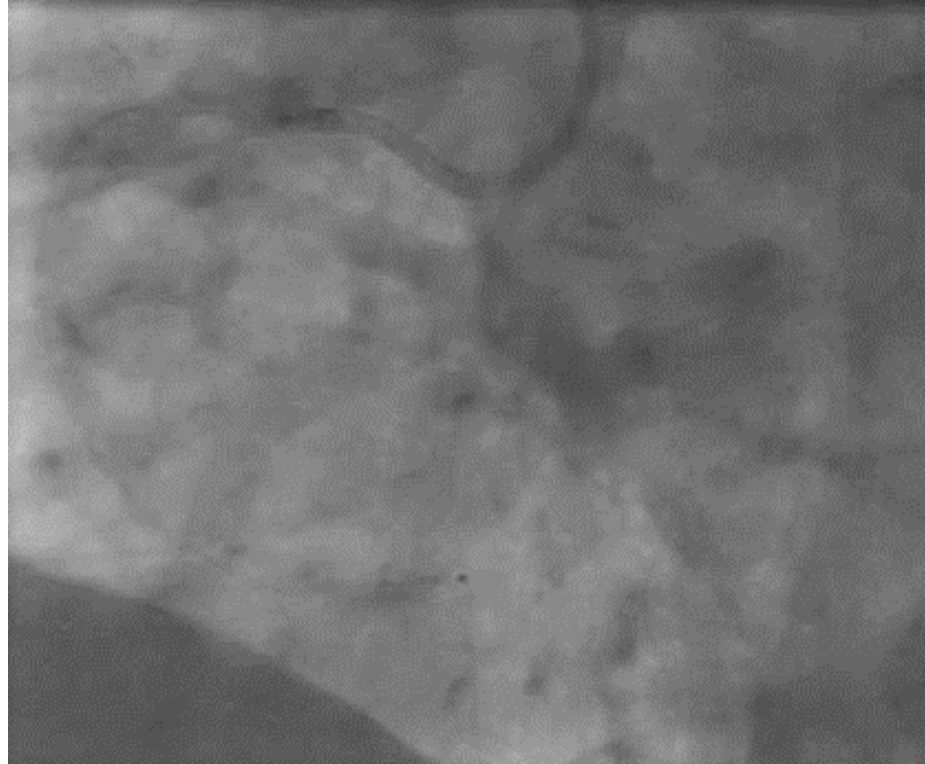


Exchange of Fielder XT to Miracl 6-wire

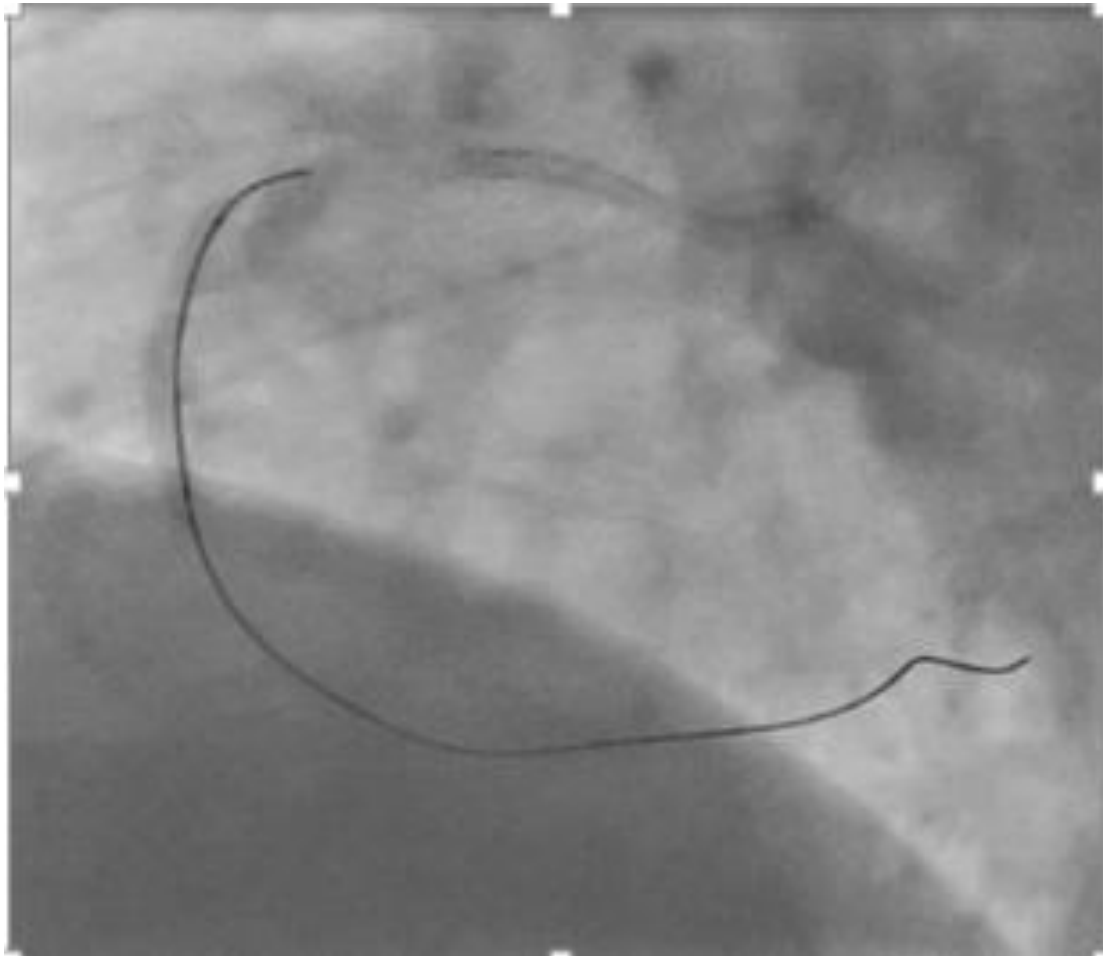


Angiography via Finecross (no contralateral catheter)

Video

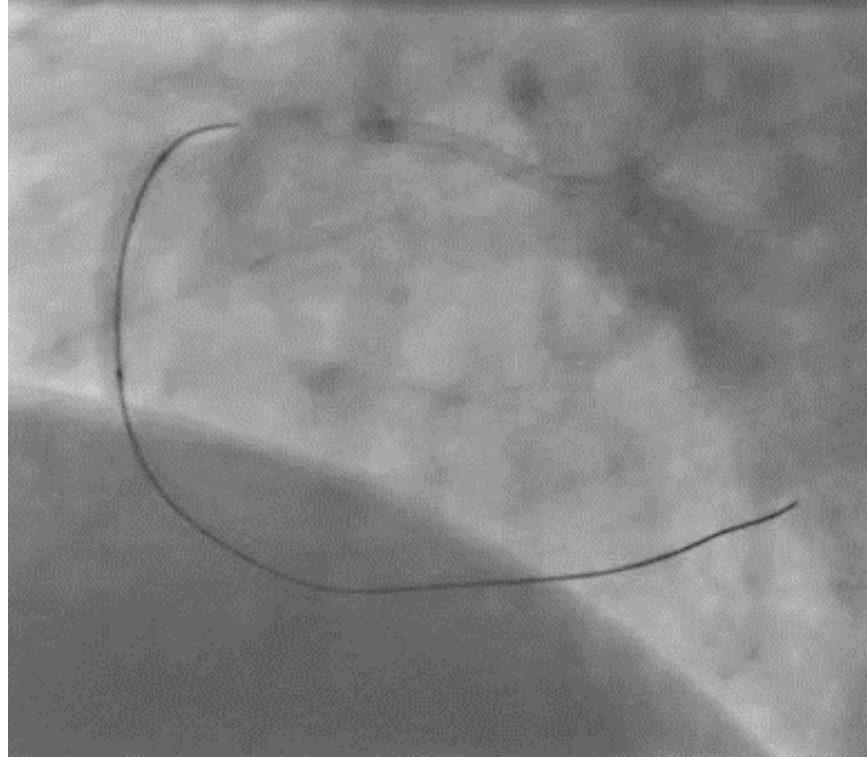


Angiography via Finecross (no contralateral catheter)

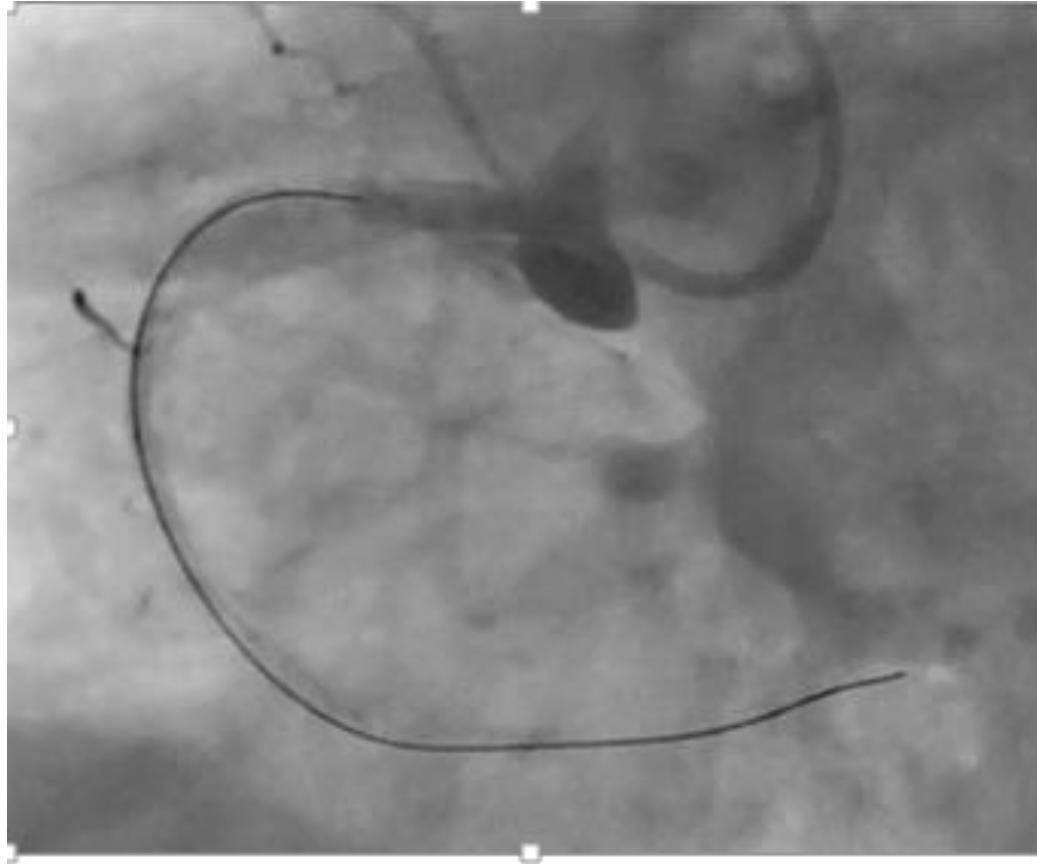


Balloon dilation of the CTO segment (Sequent 2,5/20 mm after Finecross removal in trapping technique)

Video

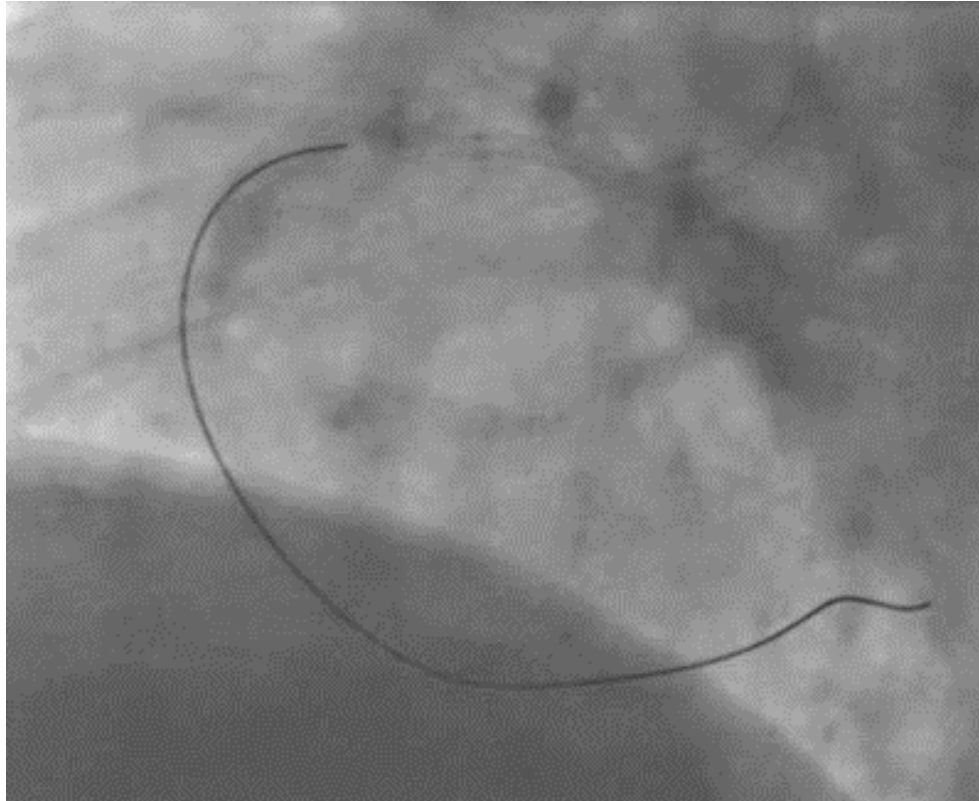


Balloon dilation of the CTO segment (Sequent 2,5/20 mm after Finecross removal in trapping technique)



Retrograde aortic dissection after inection of contrast media via the AL 1 guide

Video



Retrograde aortic dissection after inection of contrast media via the AL 1 guide

Further strategy ?

- **After some observation iatrogenic type A dissection not progressive. Therefore conservative management.**
- **Confidence that RCA recanalization would be possible after healing of the iatrogenic dissection**
- **Staged procedure on intermediate branch and LAD planned**

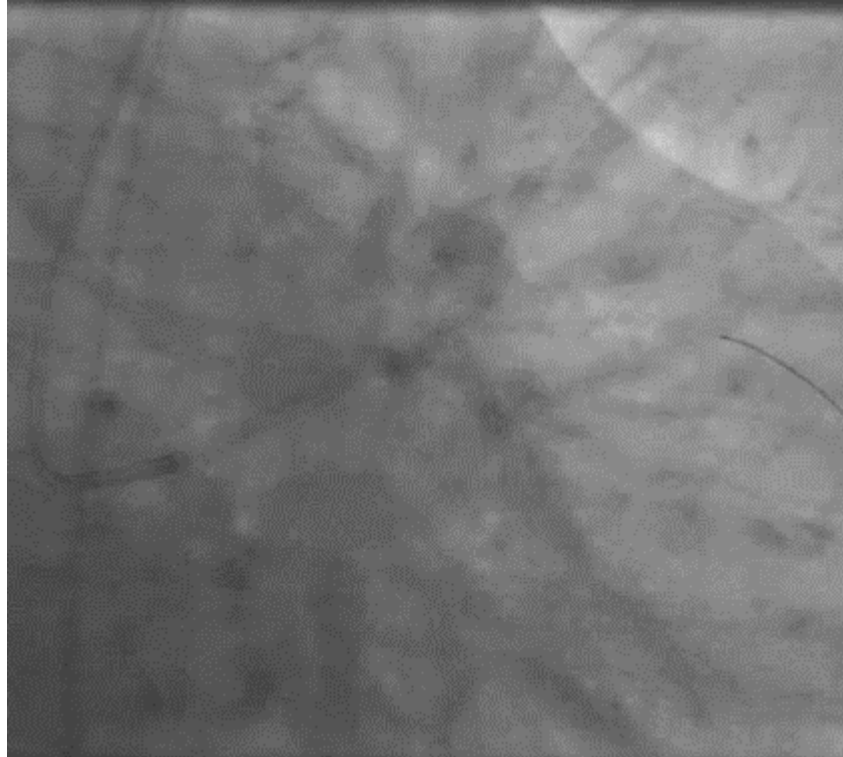
Which access ?

- **Patient again scheduled for right radial access but right radial artery occluded**
- **Due to excessive obesity decision for right femoral puncture of the prothesis and not for left radial puncture**

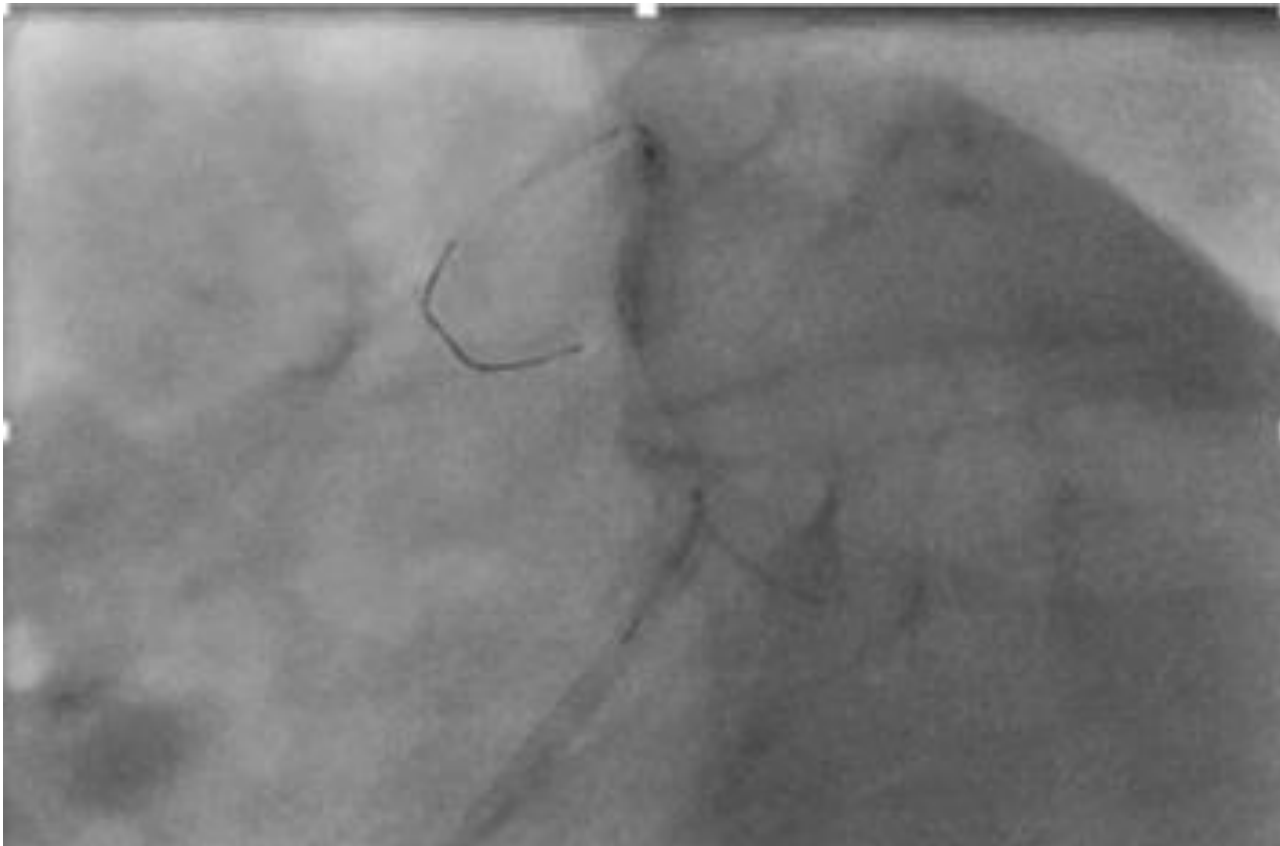


Galeo Pro ES wire in LAD

Video



Galeo Pro ES wite in LAD



Quantum 2,5 mm NC balloon not expandable with 25 bar

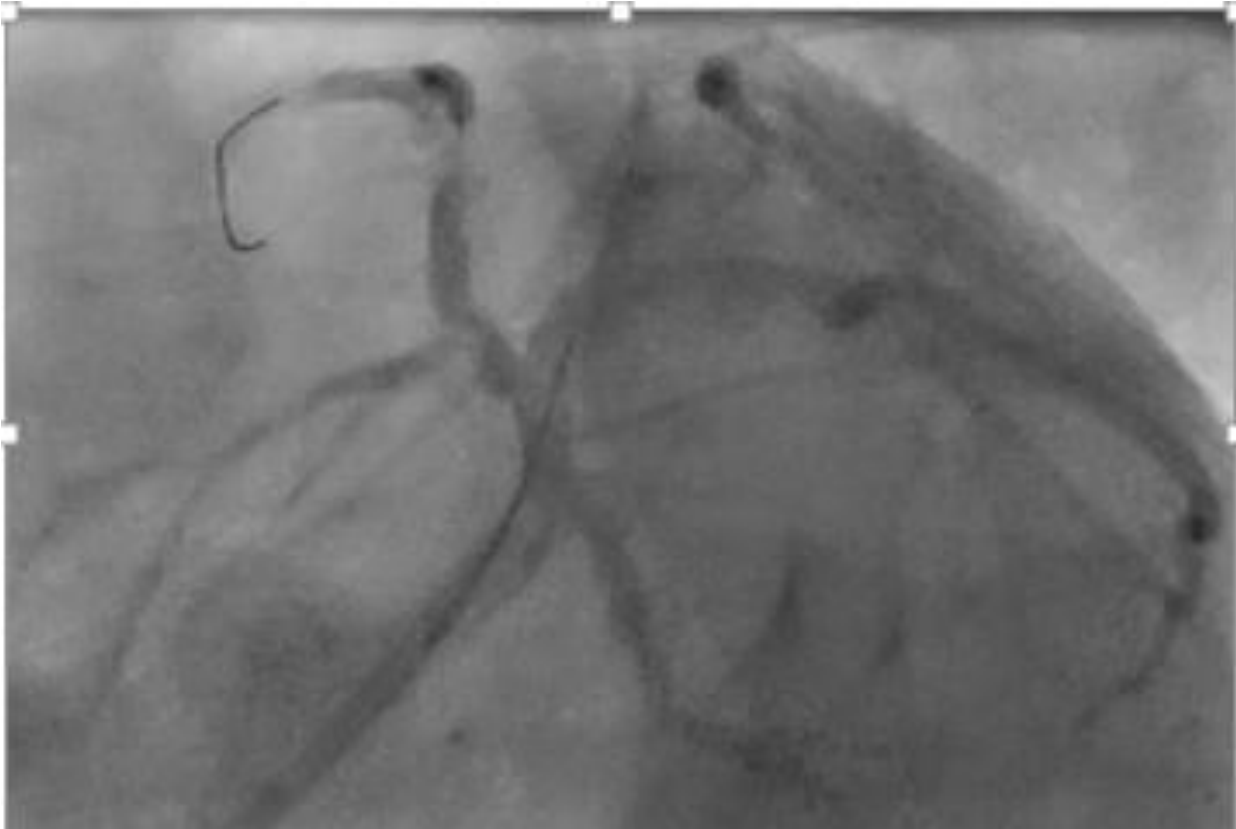
Video



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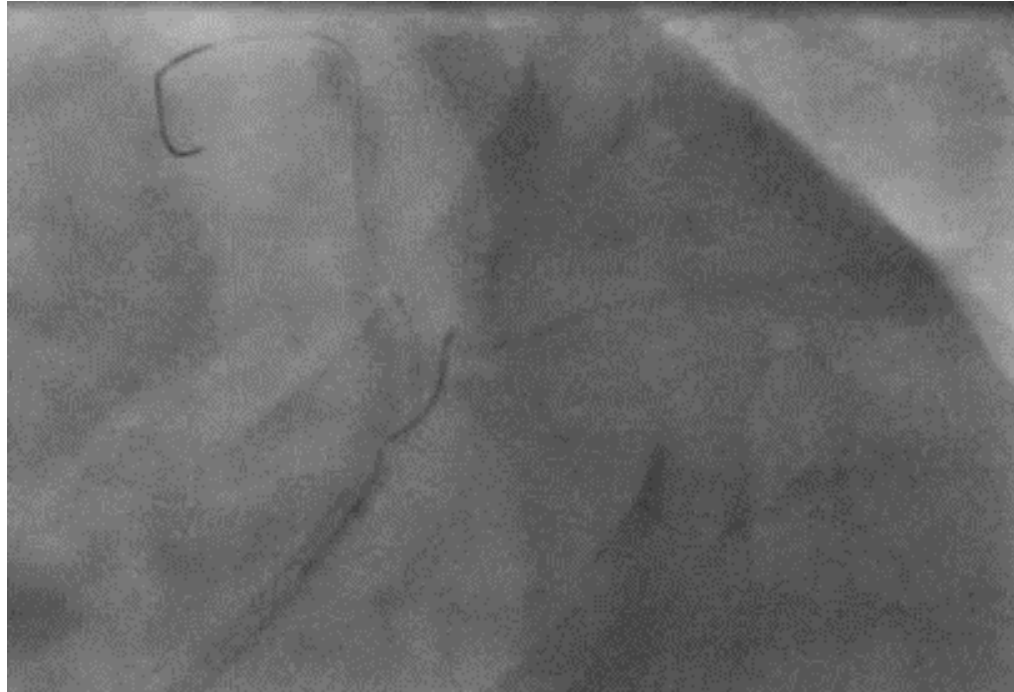
Further strategy ?

- **Rotablation of LAD.stenosis after intervention on the intermediate branch**
- **Rationale for intermediate branch intervention before rotablation: to find out if this lesion also needed rotablator treatment**



Whisper MS wire in the intermediate branch

Video

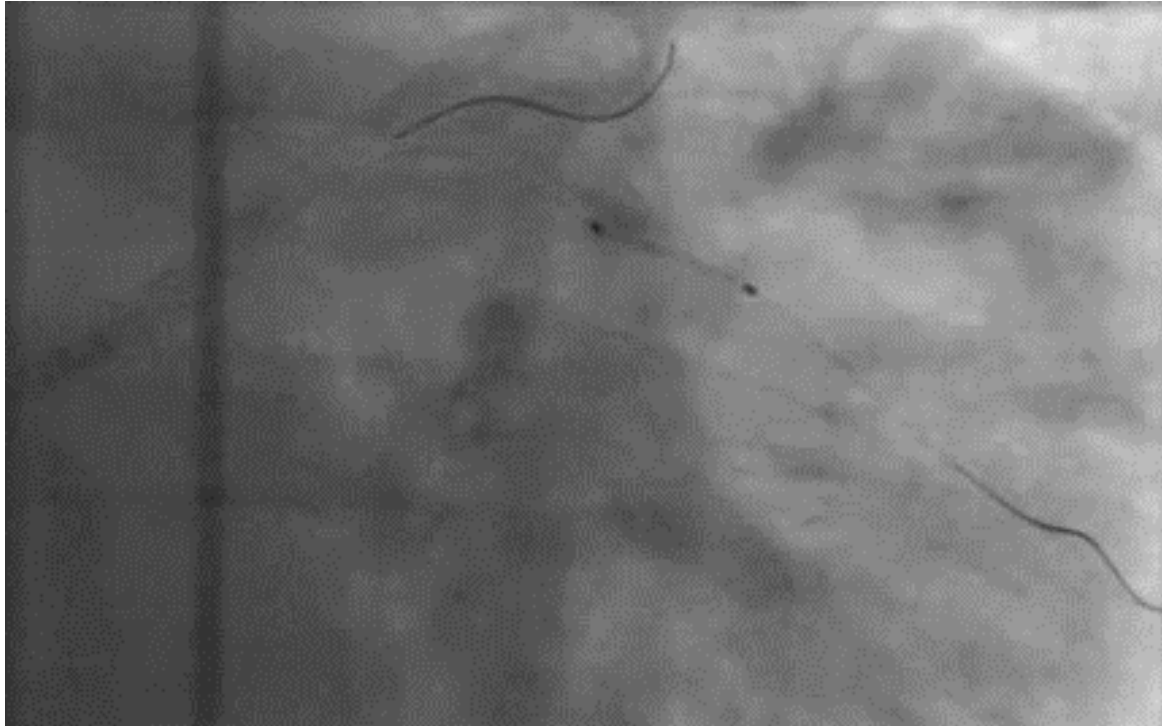


Whisper MS wire im the intermediate branch

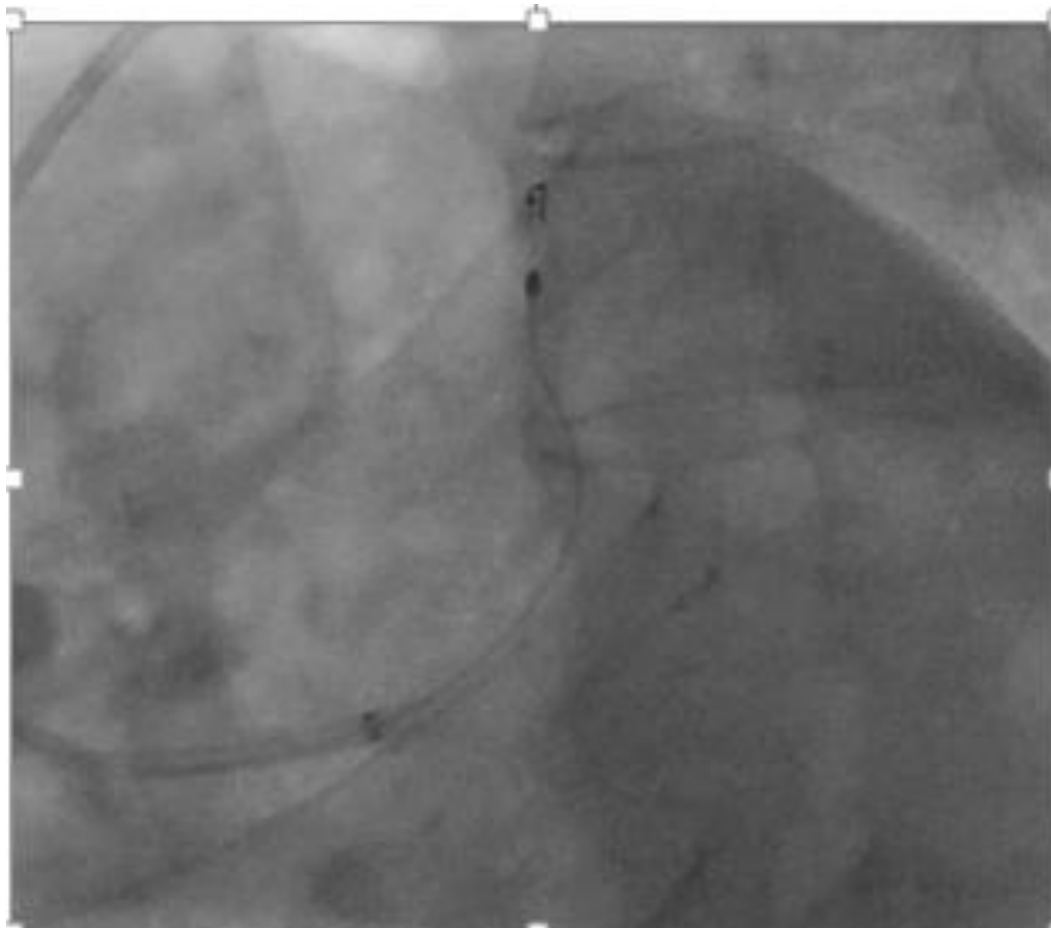


3,0/13 mm Orsiro DES in the intermediate branch

Video

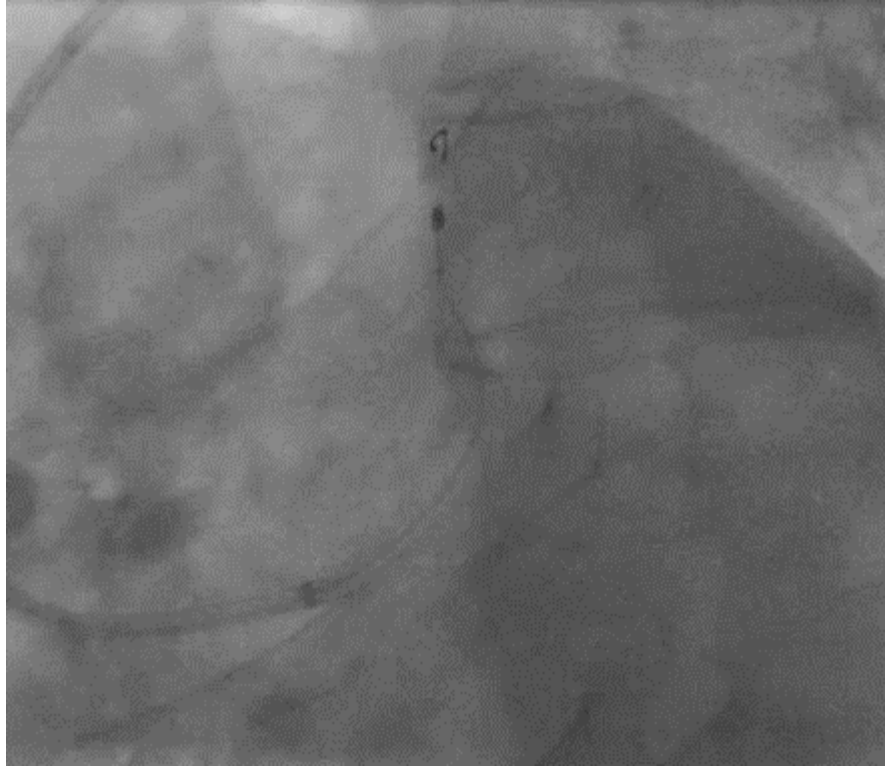


3,0/13 mm Orsiro DES in the intermediate branch

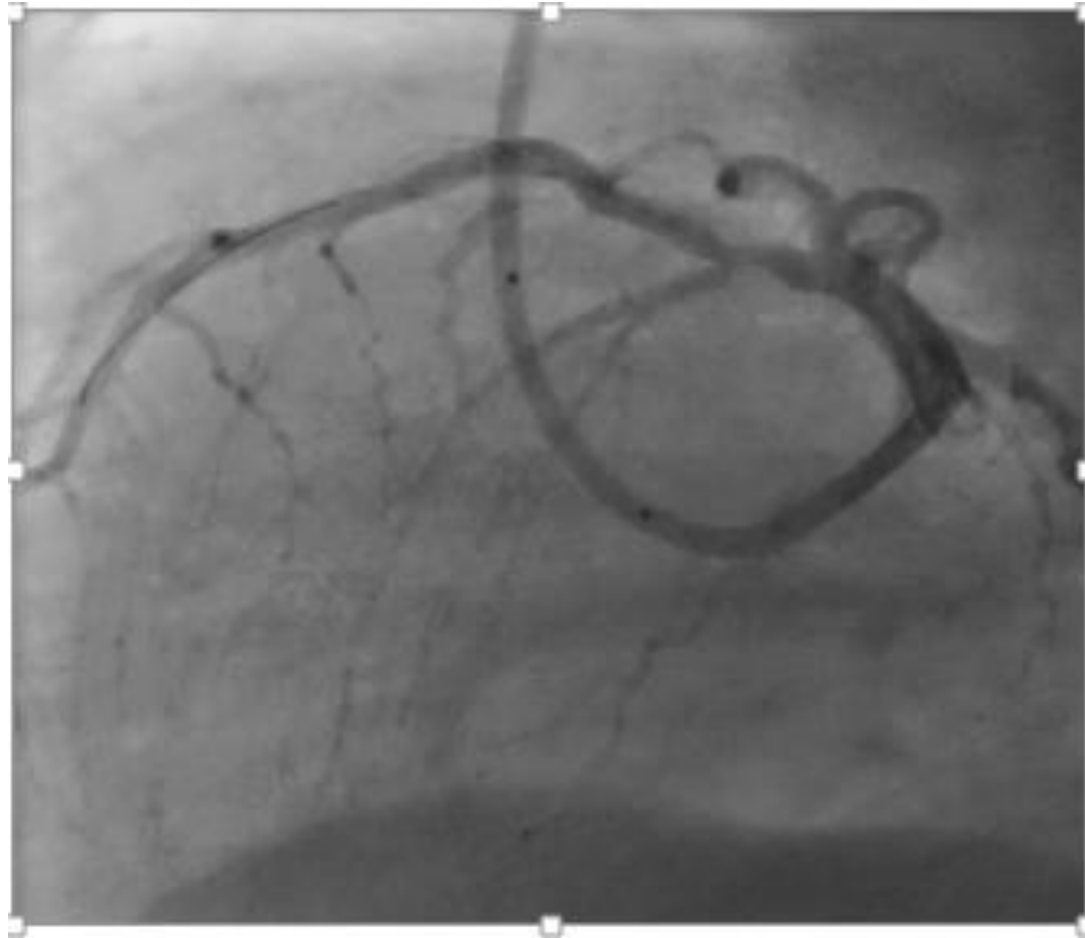


Exchange of LAD wire with OTW balloon against a floppy rotawire; rotablation with 1,5 mm burr with 160.000 rpm

Video



Exchange of LAD wire with OTW balloon against a floppy rotawire; rotablation with 1,5 mm burr with 160.000 rpm



LAD after 3,0/22 mm Orsiro DES

Video



LAD after 3,0/22 mm Orsiro DES



Uneventful second recanalization attempt of RCA (JR4 guide)

Video



Uneventful second recanalization attempt of RCA (JR4 guide)

Thank you for your attention !