

# RC Fraser Scholarship

## St Thomas' Hospital



**Ahmed Vachiat**



- Large NHS teaching hospital in Central London
- Part of Guys and Kings College Hospital
- 12<sup>th</sup> Century
- Florence Nightingale
- First Cataract





MEDICAL NOTES for patient

**ON TABLE**

MEDICAL NOTES for patient:

**NEXT**

MEDICAL NOTES for patient

**REPORTING**

ProLite B1706S

# LABYRINTH

RICHARD CARRIER Log Out

Change Date

Select View

Print

Appointments for: 2015-03-10

LAB 1 DP (all day)

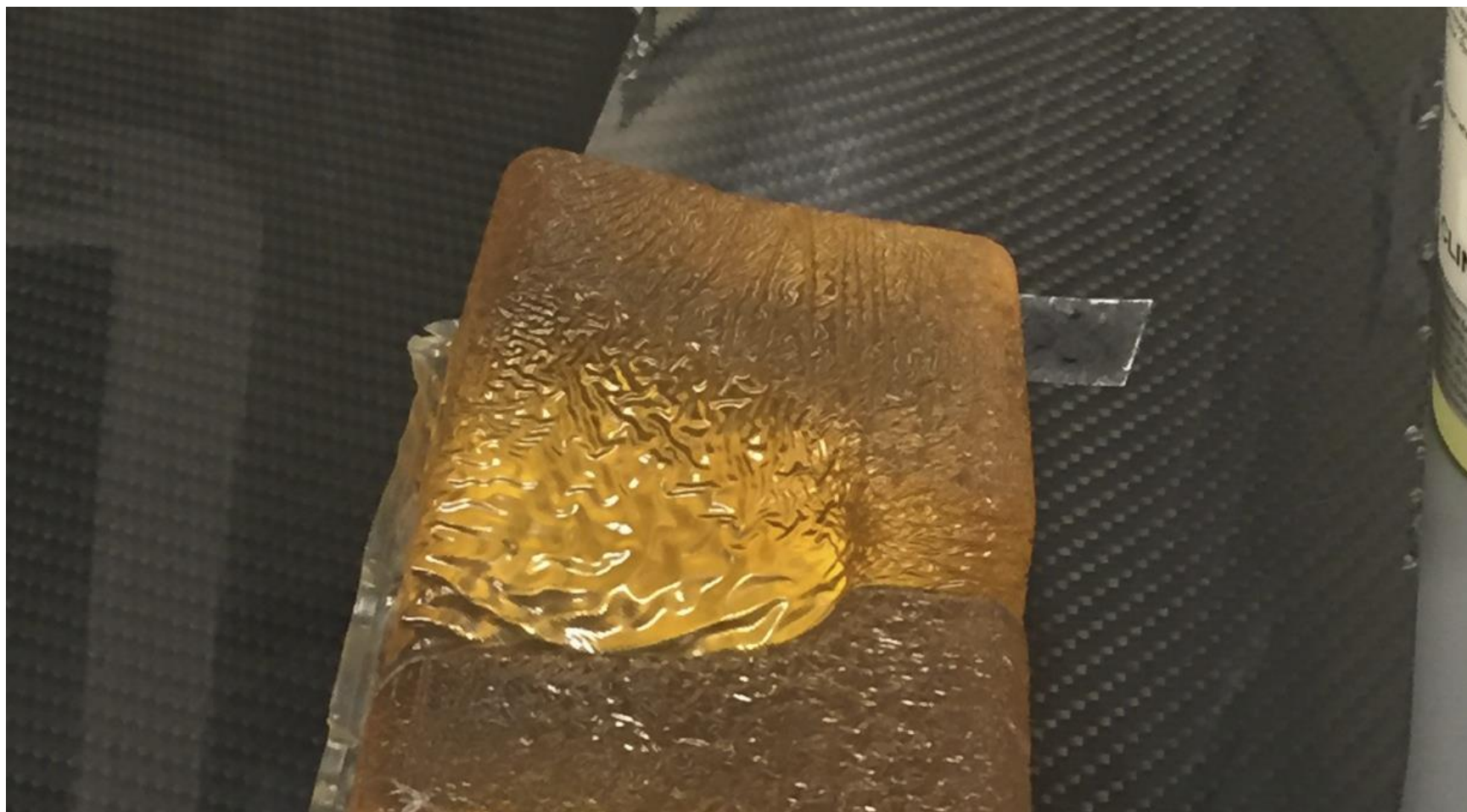
A	PATIENTS: LAB 1	BED	①	PROCEDURE	LAB	ADMIT			PRE			DURING				P
						CONSENT	TEST	PREMED	SENT FO	IN DEPT	ON TABLE	KNIFE T	PROC EN			
1	RICHARDS, CHARLES .. 5742958L // JH // IP //	Beck □	①	AO VALV	LAB1					N/A						
				CATH	LAB1											
1	MCCONVILLE, UHA P 5748535Y // DP // D //	Beck □	①	PCI:2 +	LAB1					N/A						
2	WEEKS, ALAN Z289416 // JFC // D //	Beck □	i	CATH?PRO	LAB1					N/A						
2	CHALLIS, EDWARD 4225818M // DP // D //	Beck □	i	PCI	LAB1					N/A						
3	CAVALLA, BERYL 2361411C // JFC // D //	Beck □	i	CATH	LAB1					N/A						
3	VOGT, HARRY Z361587 // DP // D //	Beck □	①	CATH?PRO	LAB1					N/A						
4	KASTIS, GEORGE 5679393B // DP // D //	Beck □	i	CATH?PRO	LAB1					N/A						
99	!!!CONSTABLE, JOHN 4730024A // DP // IP //	Beck □	①	PCI	LAB1					N/A						

Add Patient

# Access

- Radial access
  - Nitrate
  - No verapamil
  - Heparin in Aorta
  - Normal wire
  - Grafts (left radial)

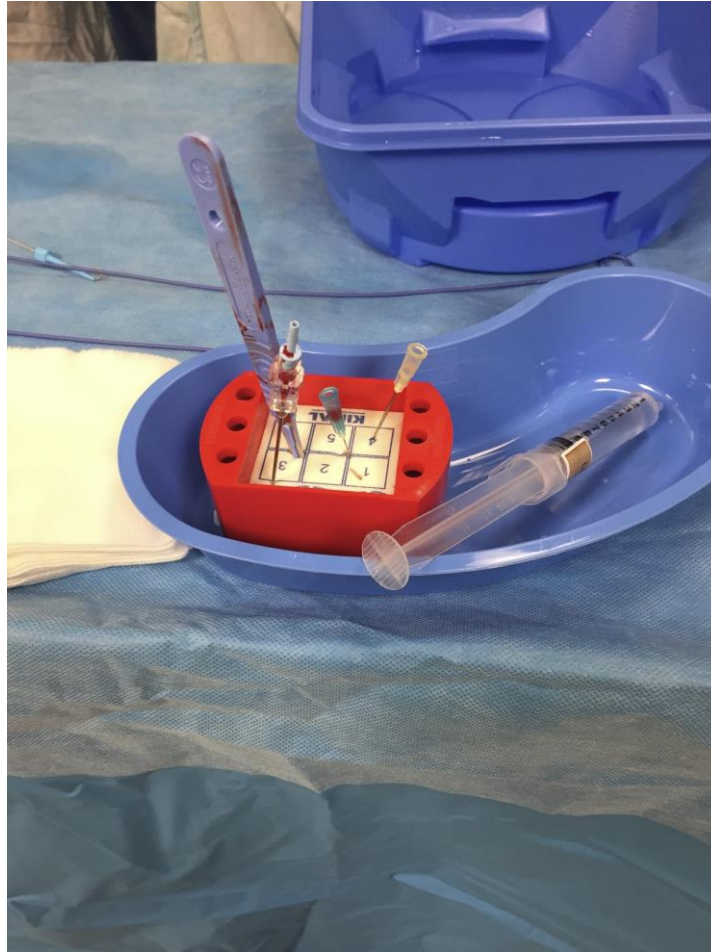






# Intervention

- Keep it simple
- Use Non compliant balloons post stenting
  - NB long lesions (>20mm)
  - Calcified lesions
- Use IVUS if necessary :
  - Size vessel
  - Stent apposition
  - Culprit vessel



- **CONTRAST**

- If GFR normal use 5ml/kg contrast

- If GFR <60 use 5 times GFR

- NAC used 600mg bd

## **IVUS**

Used to comment when vessel size is important (eg LM, Prox LAD), or NSTEMI and not sure of culprit (in conjunction with FFR). Both the Volcano and St Jude system used.

## **FFR**

IV Adenosine 140ug/kg/min (30mg vials in 10ml)

For diffuse disease FFR pull back with IV adenosine is used and independently look for the step up (there are no values). Ideally automatic pullback and record when u get step up



# Rotablation

- BMW/Whisper/Sion
- Corsair to pass lesion
- Exchange to Rota-wire
- SINGLE OPERATOR possible
- Keep wire Taut
- Always swop wire for softer tip prior to Rotablation



# Bifurcations

- KEEP IT SIMPLE
- Provisional stenting
- Only open Side branch if
  - <TIMI III flow
  - Chest pain
  - ECG
- Culotte/Mini-Crush

# CTO

## Lesions characteristics

1. Calcium
2. Tortuosity
3. Cap
4. Previous attempt
5. Length >20mm

- I. Antegrade
- II. Retrograde
- III. Subintimal

- Bilateral Femorals.
- NB Simultaneous injections with long runs



# CTO

- Wires:
  - Fielder
  - Sion
  - Miracle 6
  - Pilot
  - Terumo Crosswire
  - Confianza

Tornus Catheter = microcatheter

- Trapping balloon



- **BIOABSORBABLE VASCULAR SCAFFOLDS**

lesion preparation is crucial.

Use NC before and after.

DAPT for min 6 months.

Use imaging.

2.5 scaffold can increase to 3.5. Rest can only inflate to  $<0.5\text{mm}$ . Longest BVS 28mm.

BVS similar to XIENCE (everolimus)

DO NOT place in Calcified or Bifurcations lesion ( if  $>2\text{mm}$  )

- **TAVI**  
15 ml at 6ml/s . Aortogram 40ml at 20ml/s
- **BALLOON AORTIC VALVULOPLASTY** : consider in
  - I. tight AS and severe LV dysfunction to see if recovers EF
  - II. syncope as presentation
  - III. if breathlessness is ? Resp or due to AS
 Aortic pigtail (marked), femoral Angio , can use long sheath. AL1. Stiff wire. Exchange for curved wire ( do extra curve) . Must Pace 180bpm. Balloon 10ml . Pigtail for pressures.
- **TAVI** : bilat femoral. 14F. Edwards 20/23/26/29mm. TAVI in right. Femoral Angio from left to locate puncture wound on right. Pacing left. Crimp out then inside to do percut closure. Heparin given. 3D TEE. AL1 catheter. Guide wire in LV. Mark with the S3 50/50 at aortic annulus. Initially TAVI started with 32F. Might go down to 12F for size 29. ?10F for 23





## **GENERAL**

Cardioversion list in CATH lab.

Fortus valve. Difficult. Mitral clip : need good 3D TEE images.

Parachute : for LV aneurysms.



# Thanks

- Boston Scientific
- Prof Redwood and St Thomas team
- SASCI including George and Sanette



