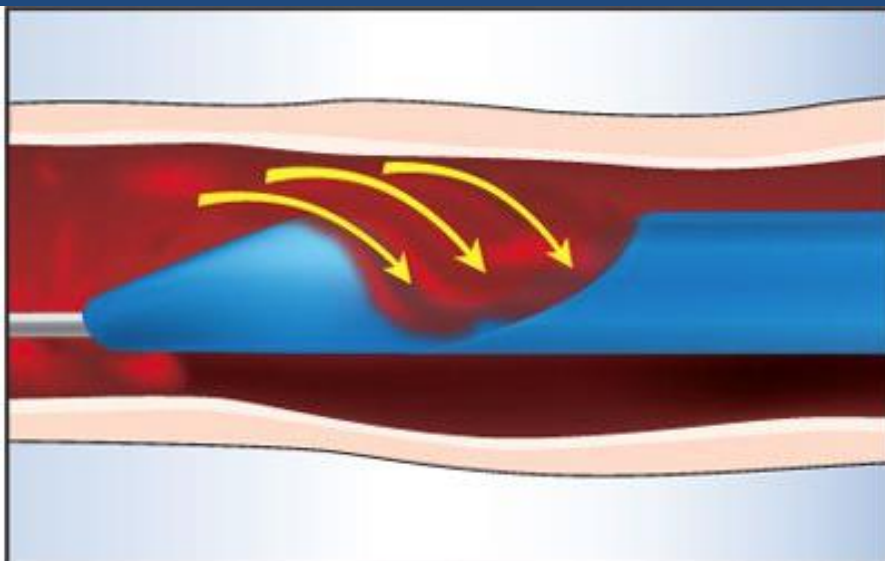
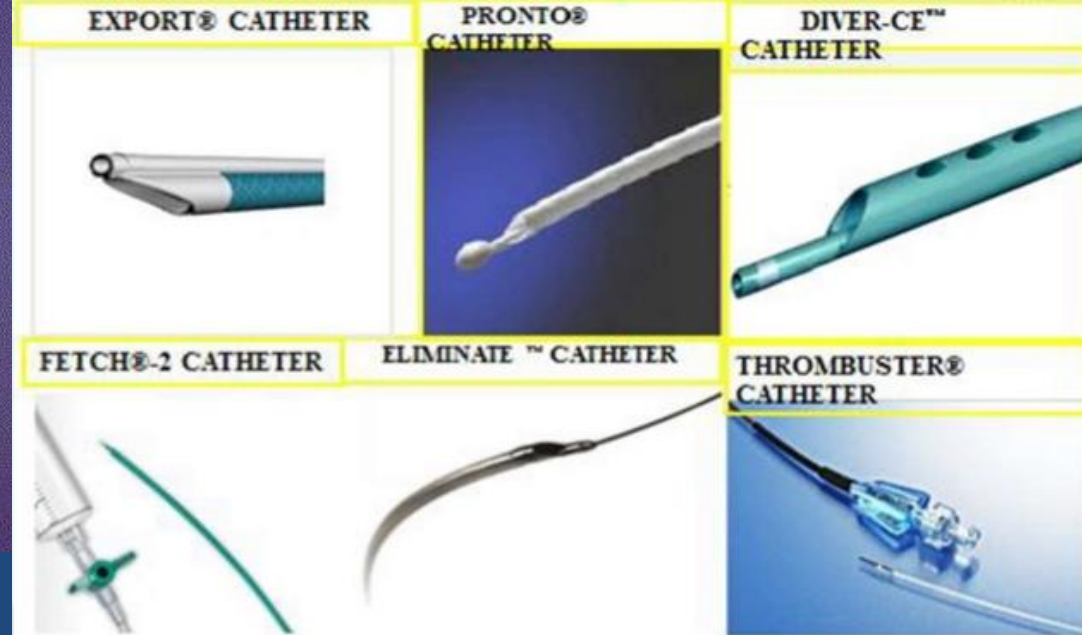
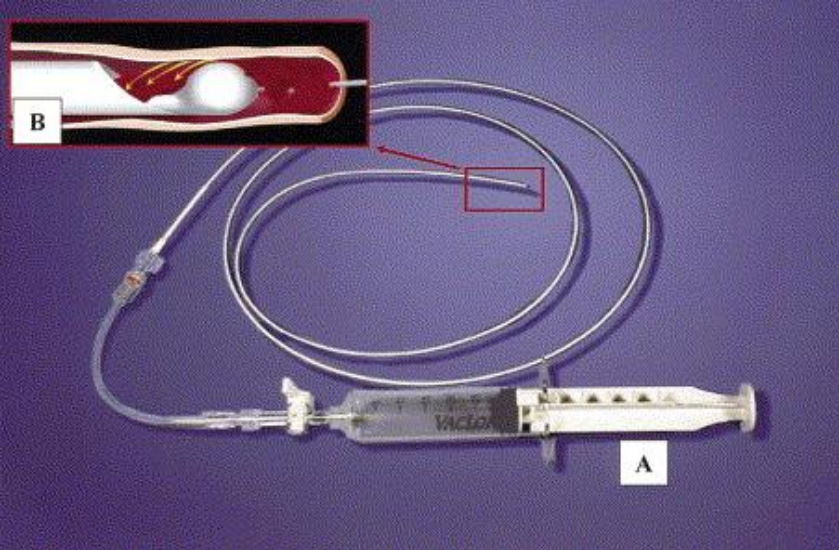
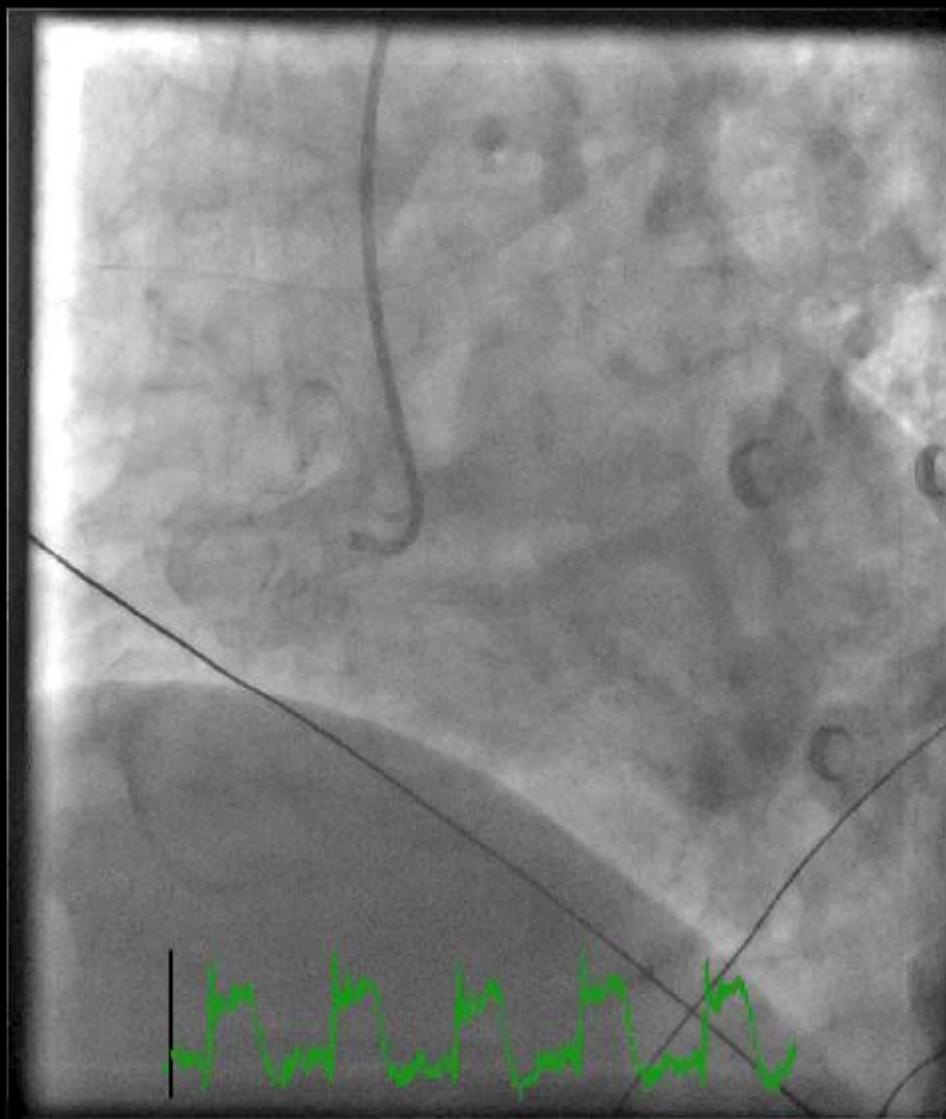


# THROMBUS ASPIRATION

PRACTICAL / TECHNICAL ASPECTS

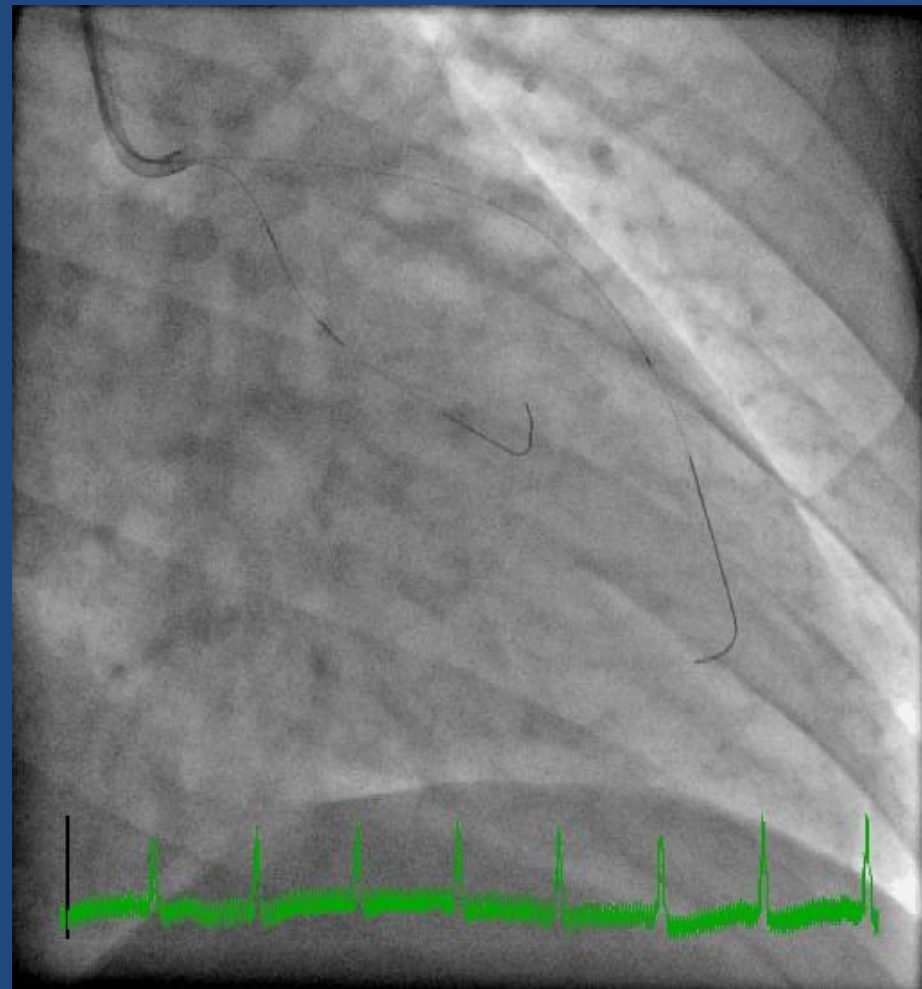
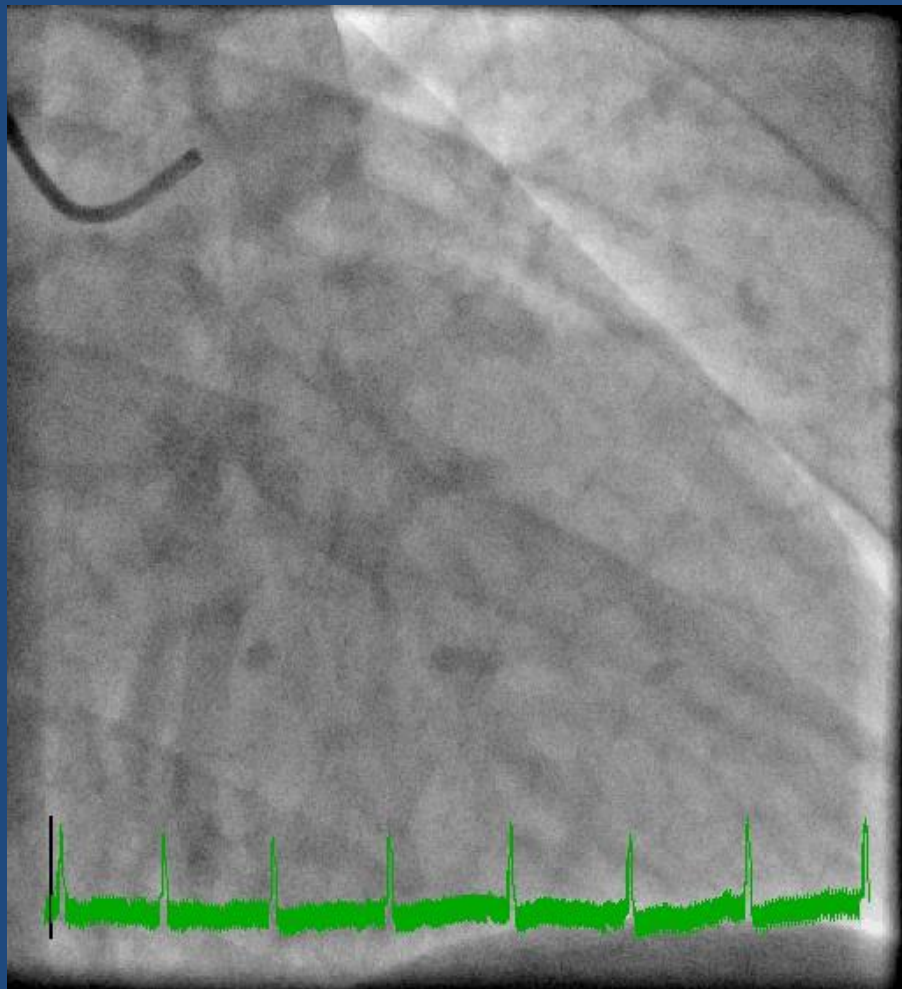
WHEN DO WE NEED TO ASPIRATE













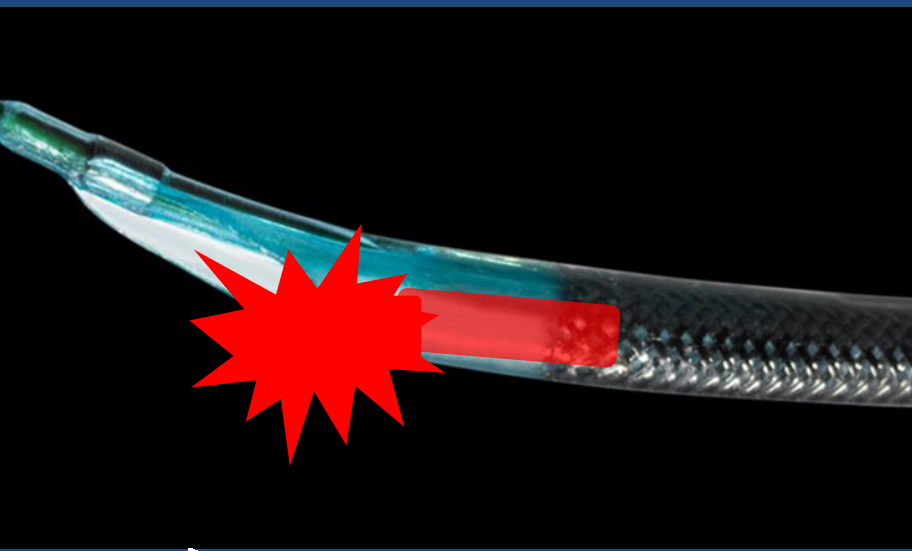


# Catheter preparation

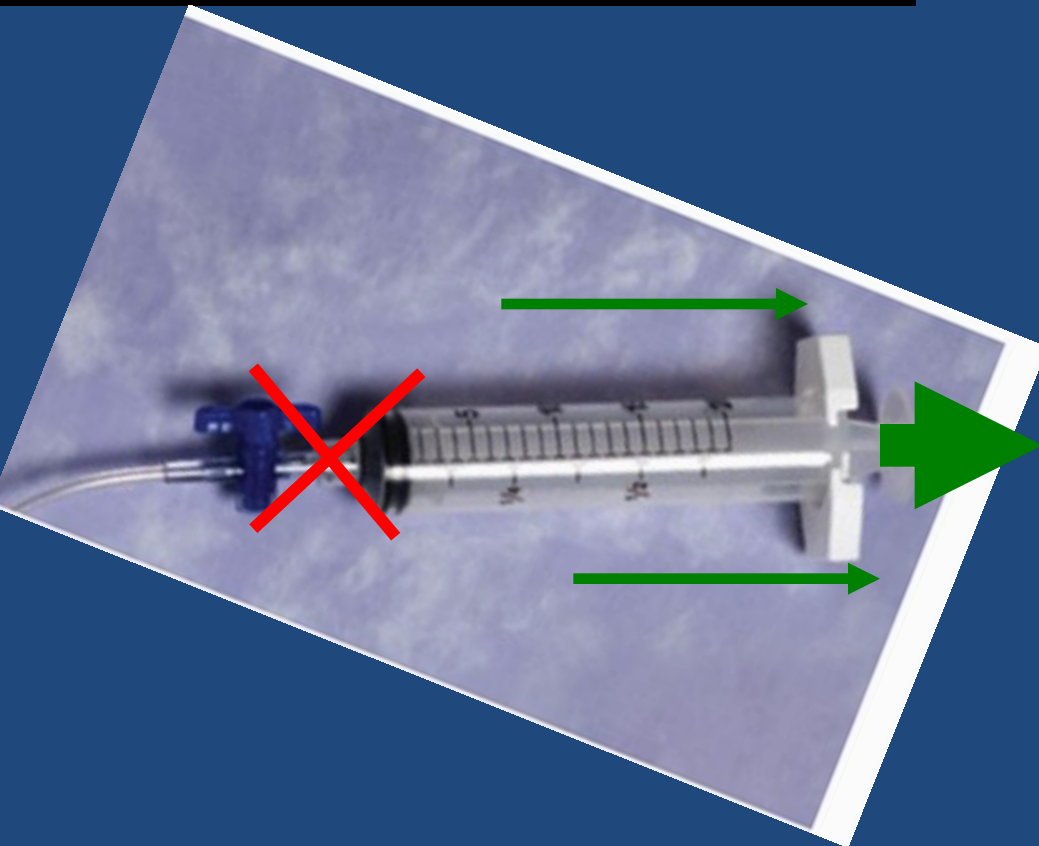
# Catheter advancing



# Aspiration



**(!) VACUUM (!)**  
maintained during  
Aspiration Catheter  
retrieval



⇒ reduced  
risk of embolization

# IMPORTANT TECHNICAL ASPECTS

- NEVER INJECT CONTRAST WHEN THE ASPIRATION CATHETER IS IN THE IRA OR STILL IN THE GUIDING CATHETER
- MAKE SURE ALL AIR OR POSSIBLE THROMBUS HAS BEEN REMOVED FROM THE GUIDING CATHETER BEFORE INJECTING CONTRAST
- FLUSH ASPIRATION CATHETER BEFORE USING IT AGAIN

# RETRIEVING THE ASPIRATION CATHETER

- SYSTEMIC EMBOLIZATION CAN OCCUR DURING WITHDRAWAL OF THE ASPIRATION CATHETER BECAUSE **THROMBUS** MAY BE HANGING FROM THE TIP OF THE CATHETER
- ENSURE **PROPER INTUBATION** OF THE GUIDING CATHETER BEFORE STARTING TO RETRIEVE THE ASPIRATION CATHETER
- MAINTAIN **NEGATIVE PRESSURE** DURING RETRIEVAL

# RETRIEVING THE ASPIRATION CATHETER

- WITHDRAW CATHETER SLOWLY AND ENSURE SUFFICIENT BACKFLOW FROM THE GUIDING CATHETER PREVENTING VENTURI EFFECT AND EMBOLIZATION OF ANY THROMBUS THAT MAY BE PRESENT IN THE GUIDE
- IF UNSURE: ASPIRATE THE GUIDING CATHETER
- AVOID EXCESSIVE MANUPILATION OF THE GUIDING CATHETER DURING ASPIRATION: ? LATE STROKE DUE TO MICRO/MACRO-TAUMA OF AORTIC ARCH

# TECHNICAL ASPECTS

- BENCH TESTING HAVE SHOWN THAT 6F COMPATIBLE ASPIRATION CATHETERS ARE ONLY/MORE SUITABLE FOR CONDUITS  $\leq 3\text{MM}$
- 90.3% SUCCESS VS 42.7% IN CONDUITS  $> 3\text{MM}$  (? 7F GUIDES FOR STEMI)
- THE LARGER THE INNER DIAMETER OF THE ASPIRATION CATHETER, THE BETTER THE RESULTS, ESPECIALLY IN OLDER THROMBI ( $> 6$  HOURS)

# Know which tools to use and how to use them

