## Drug Eluting Stents: Pre & Post DES Vessel Treatment

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Angioplasty Summit Seoul, Korea





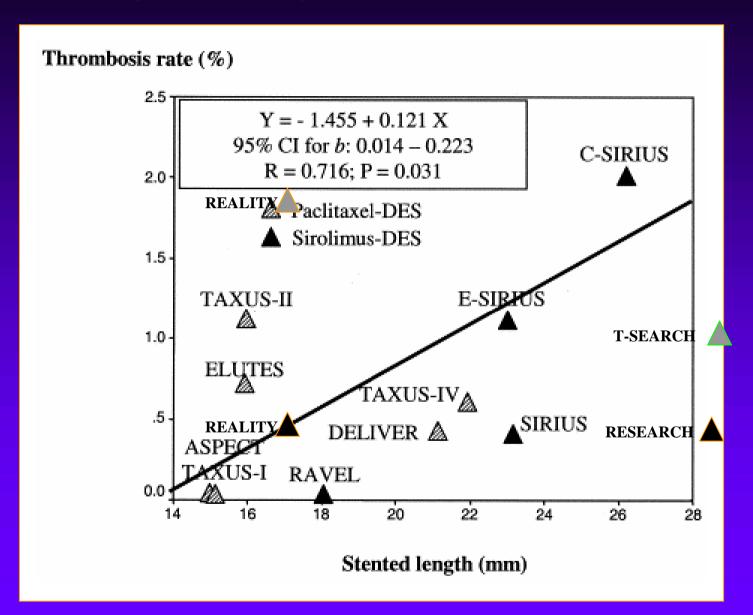
- Malappostion vs residual stenosis
  - SAT vs restenosis
- Pre-treatment
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- Post-dilatation
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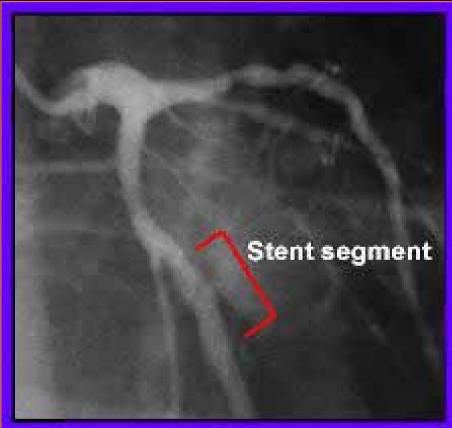


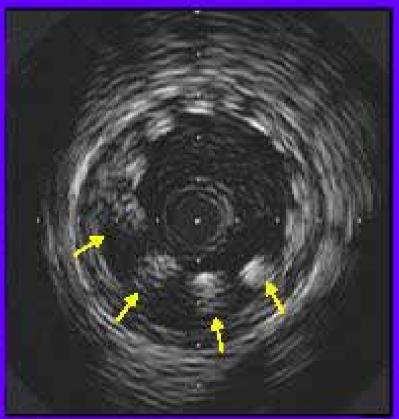
#### Drug-eluting stent thrombosis



#### SIRIUS – IVUS Analysis

**Incomplete Stent Apposition** 





No associated clinical events in any patient with incomplete apposition at baseline or follow-up

## Stent underexpansion & residual stenosis vs stent thrombosis after sirolimus-eluting stent implantation

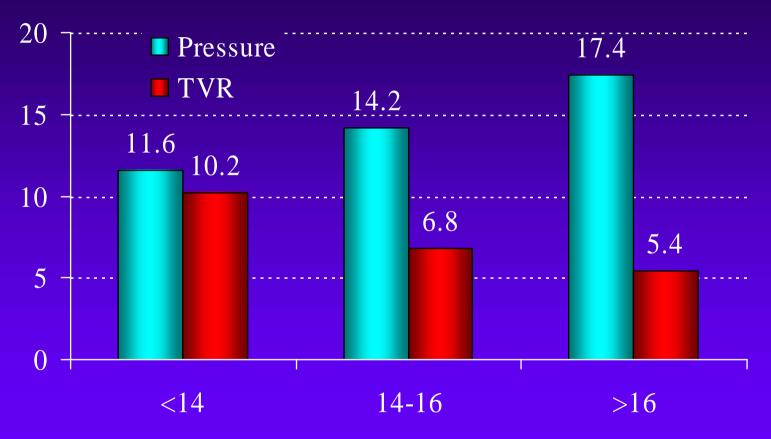
n= 15 SAT after successful SES implantation vs 45 matched controls

	SAT	No SAT	p
MSA	4.3mm2	6.2mm2	<.001
Stent expansion	.65	.85	<.001
Residual stenosis	67%	9%	<.001
Plaque burden	62%	46%	<.001
Malapposition	13%	16%	.8

Independent predictors: underexpansion (p = 0.03) and residual stenosis (p = 0.02).



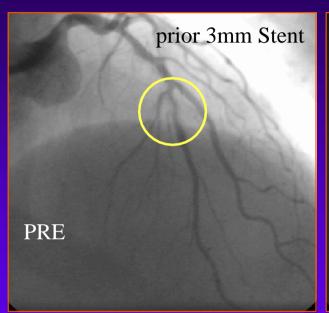
## Deployment Pressure vs TVR TAXUS IV



**DEPLOYMENT PRESSURE (atm)** 

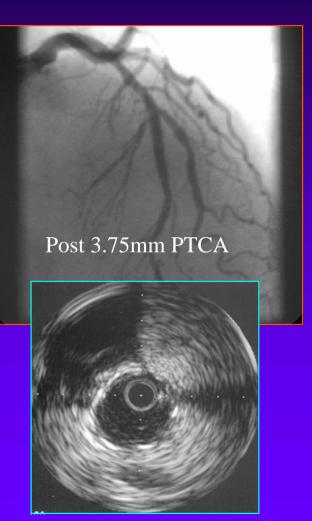


# In-Stent Restenosis Inadequate Initial Stent Expansion











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#### Vessel vs Device Considerations

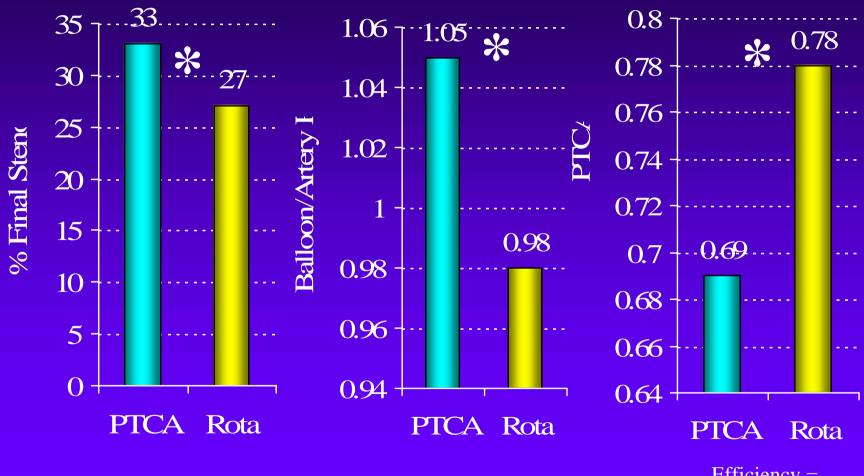


As you go through life
Whatever be your goal
Keep your eye upon the donut
And not upon the hole



### Facilitated Angioplasty

Vessel vs Balloon Compliance

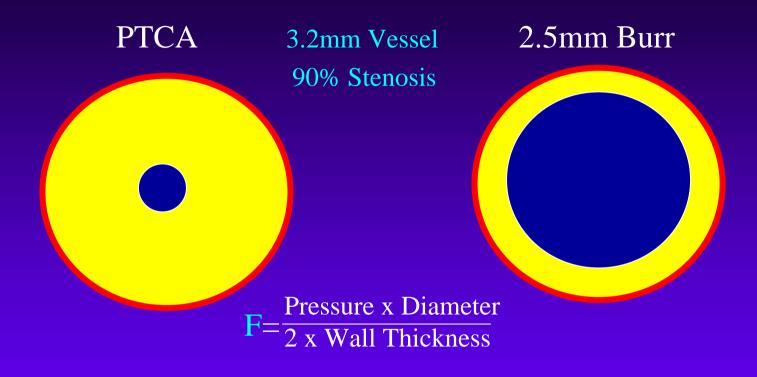


JACC 27:552,1996

Efficiency = Final Lumen/Balloon Diameter



#### Low Pressure Balloon Inflation



6 atm x 0.32mm 2 x 1.44mm =F=

6 atm x 2.5mm 2 x 0.35mm

0.67 atm

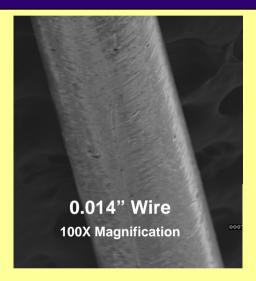
=F=

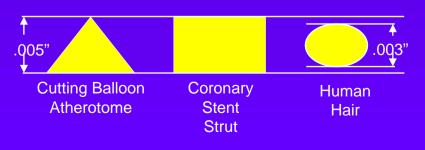
21.43 atm

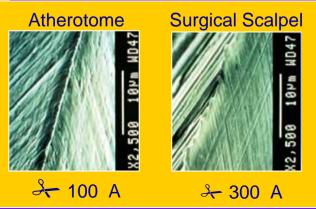


# Cutting Balloon











## Ostial RCA PRE Post Rota 3x10mm Cutting Balloon 12atm Post 4mm stent Post Cutting Balloo 2mm Rota ENH SHEET

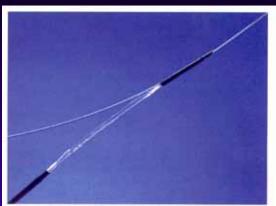
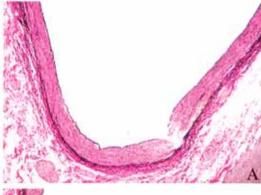


Figure 1. Picture of the FX miniRAIL balloon.



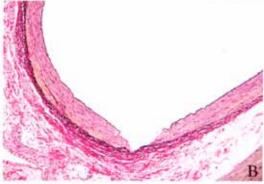


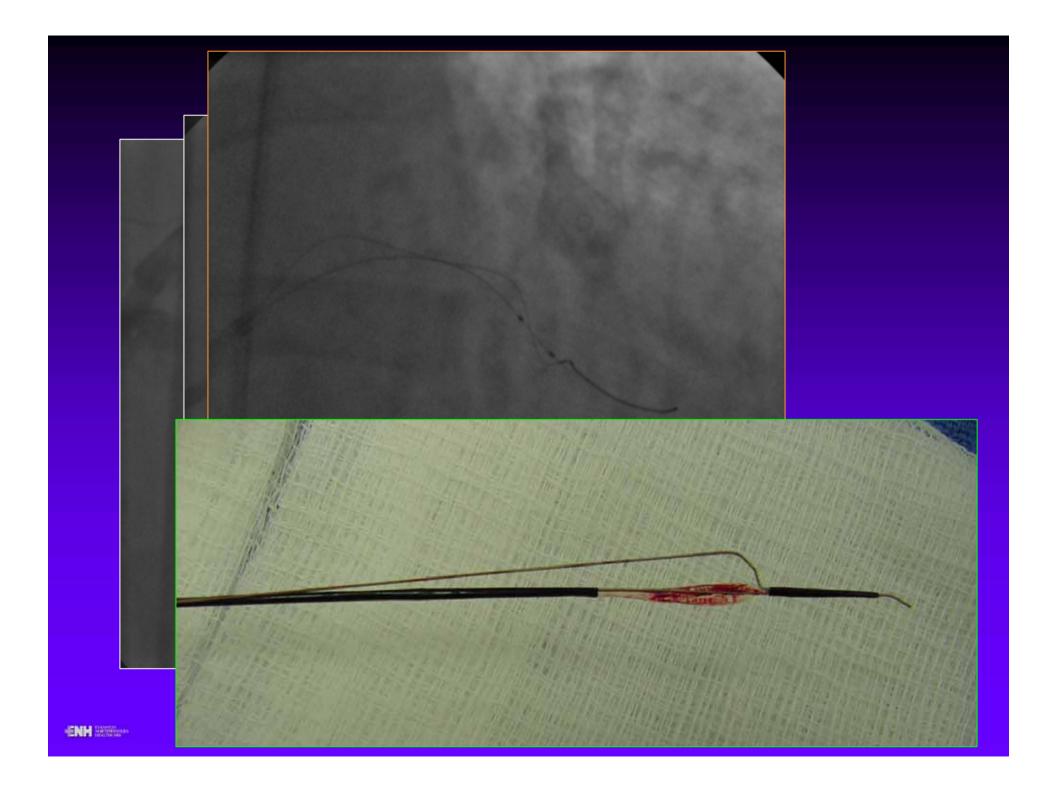
Figure 2. (A) and (B). FX minimal histology demonstrating localized vessel wall injury due to compression of wire by the balloon into the wall.

# Effects of focused force angioplasty: pre-clinical experience

Meerkin DS, Lee SH, Tio FO, Grube E, Wong SC, Hong MK

J Invas Cardiol 2005;17:203-206





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#### Under Expansion Routinely Occurs (POSTIT)





Optimal stent deployment is only achieved in 29% of patients with current stent delivery systems

With post dilatation, the frequency of achieving optimum stent deployment doubled from 21% to 42%

Minimal stent area increased from 6.6+/- 2.2 to 7.8+/-2.3mm2 with post dilatation



Cypher	Table 12-1 Inflation Pressure Recommendations								
Inflation Pressure atm (kPa)	2.50		2.75	3.00	3.50				
6 (608)	2.20		2.44	2.71	3.20				
7 (709)	2.27		2.51	2.78	3.27				
8 (811)	2.33		2.58	2.84	3.33				
9 (912)	2.39		2.64	2.90	3.39				
10 (1013)	2.45		2.70	2.95	3.45				
11 (1115)	2.50		2.75	3.00	3.50				
12 (1216)	2.55		2.80	3.05	3.55				
13 (1317)	2.59		2.84	3.09	3.60				
14 (1419)	2.62		2.88	3.13	3.64				
15 (1520)	2.66		2.92	3.16	3.69				
16 (1621)	2.69		2.95	3.19	3.73				
17 (1723) 18 (1824)	]	Table 14-1: Typical TAXUS Express Stent and Balloon Compliance							
19 (1925)			2.50 mm	2.75 mm	3.00 mm	3.50 mm			
20 (2026)	Pressure		Stent I.D.	Stent I.D.	Stent I.D.	Stent I.D.			
· ·	(Atm)		(mm)	(mm)	(mm)	(mm)			
	` ′	Stant			3.00	3.50			
	9.0	Stent Nominal	2.50	2.75	3.00	3.30			
	10.0		2.55	2.81	3.06	3.57			
	11.0		2.60	2.86	3.12	3.64			
	12.0		2.65	2.91	3.17	3.69			
	13.0		2.69	2.95	3.21	3.75			
	14.0		2.72	2.99	3.26	3.80			
	15.0		2.76	3.03	3.30	3.85			
	16.0		2.79	3.06	3.33	3.89			

2.82

2.85\*

\* Rated Burst Pressure. DO NOT EXCEED.

3.10

3.13\*

3.37

3.40\*

3.93

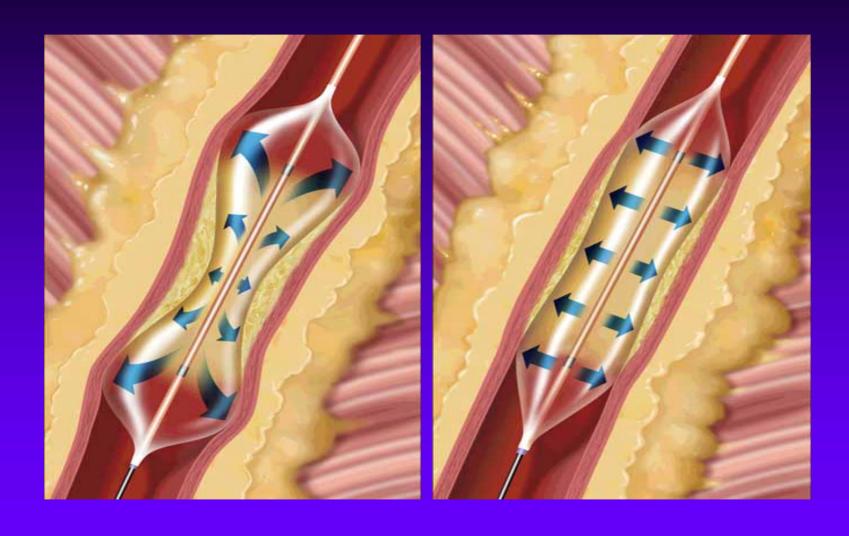
3.97\*

17.0

18.0

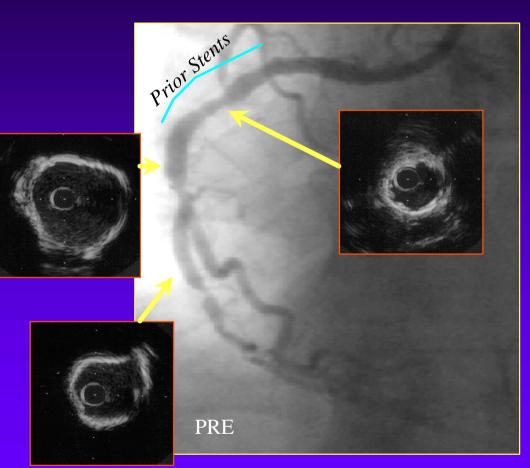
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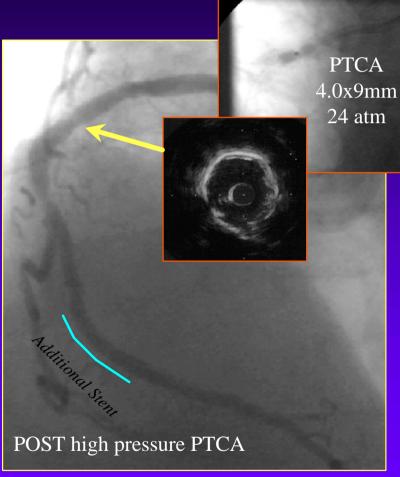






#### Calcified Vessel





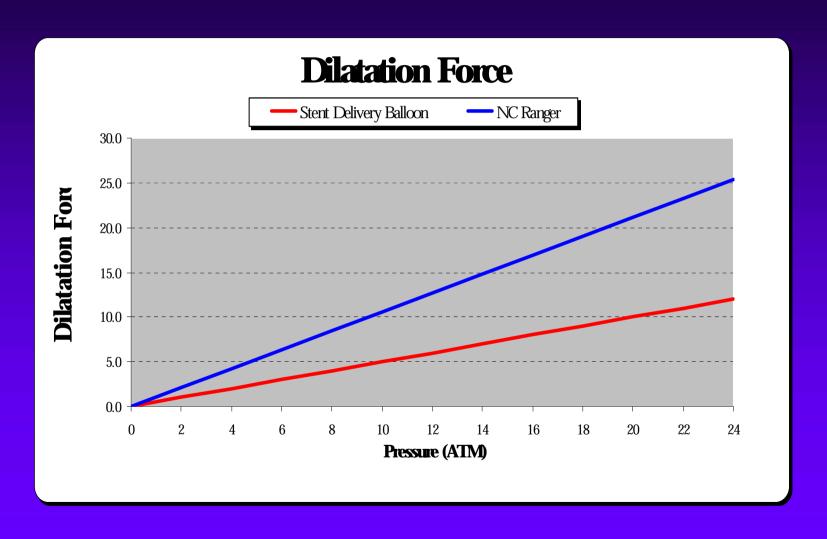


### Pressure \( \neq \text{ Dilatation Force} \)





#### Pressure vs Dilatation Force





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