

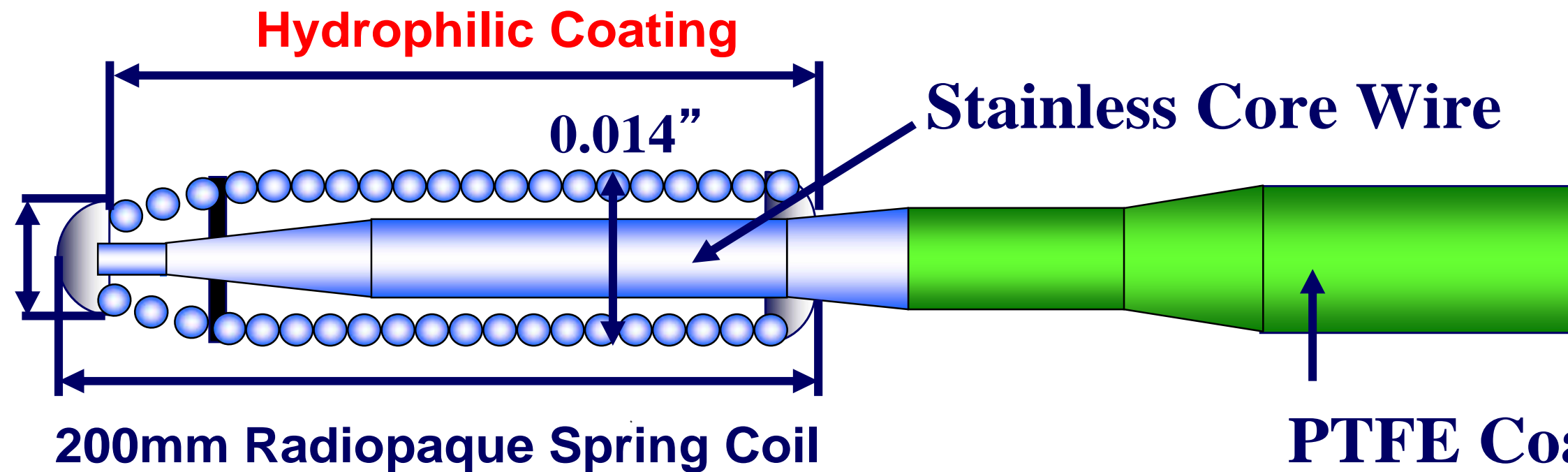
Wire Skill I: The Conquest (Confianza) Wire

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Conquest (Confianza) Pro & Pro 12



stiffness: 9g & 12g

Essential Concepts to Use the Conquest Pro

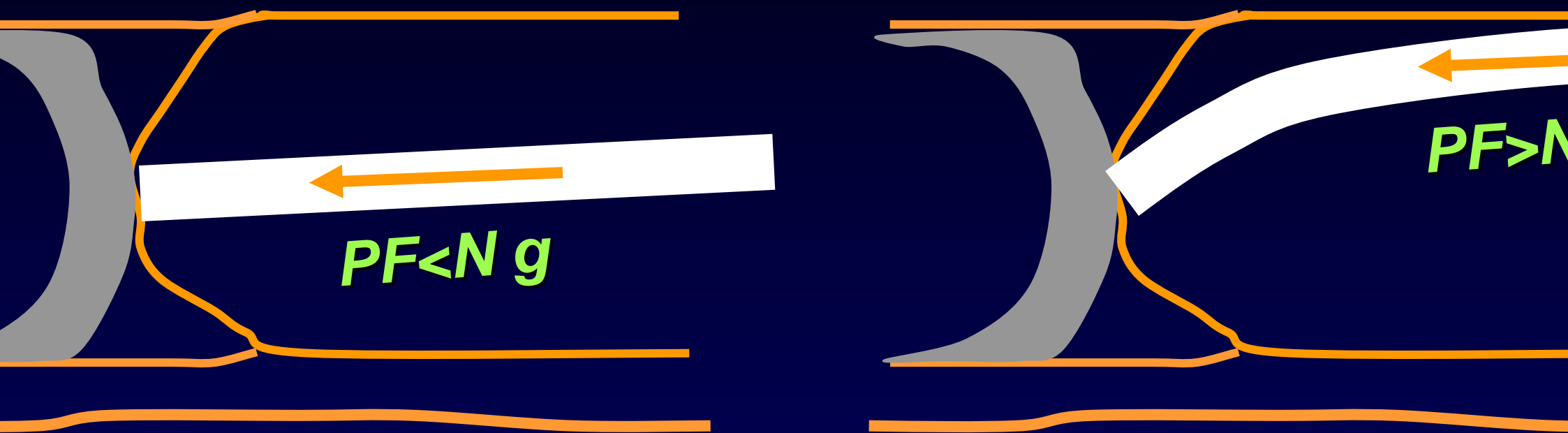
Penetrating strategy

– Not drilling strategy

Precise Direction Control

Parallel wire (Seesaw wiring) method

Weaker Than the Plaque



$PF = \text{Pushing Force}$

\bullet : Hard plaque or fibrous cap

\bullet Guidewire: Tip stiffness $= N g$

For Successful Penetrating Strategy

Use a guidewire whose tip-stiffness is stronger than the plaque

- To penetrate the harder lesions we need the steeper guide-wire***

Tapered tip guidewire (stronger penetrating force)

Utilize a pushing force less than stiffness weight (g)

For Successful Penetrating Strategies

-) Explore the correct entry point and correct route very slowly,***
-) Rotating the guide-wire tip less than $\pm 90^\circ$***

Precise Direction Control

Guidewire tip shape

Bilateral angiography

– Collateral angiography

Biplane cine-angiography

Retrograde wire placement as a landmark

Direction Control

Small (1~1.5mm) Tip Curve with Gentle Second Curve



*For more tortuous occlusions,
the second curve should be more bent.*



Retrograde Approach

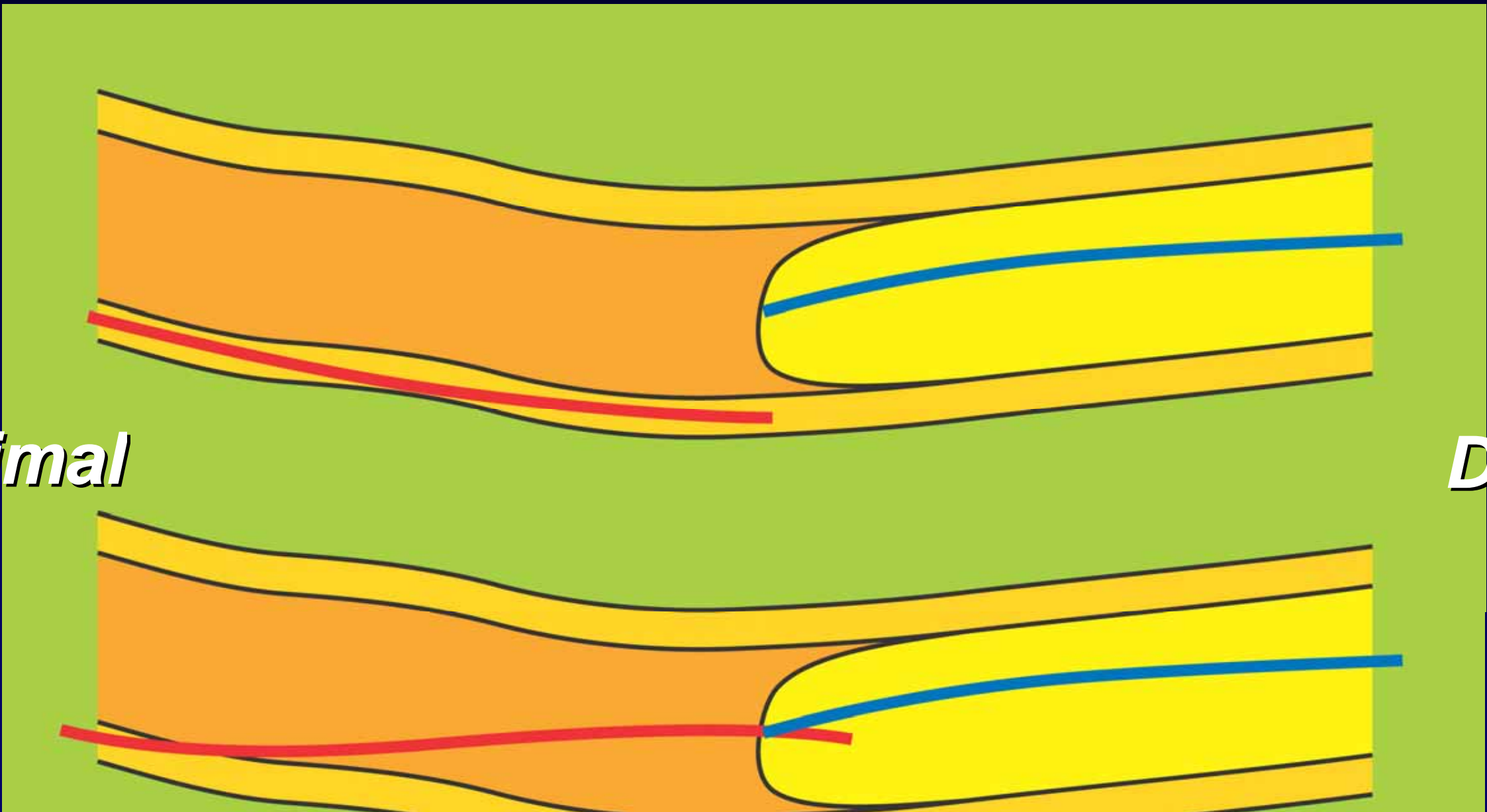
Guidewire approach to the distal exit point

Three strategic concepts

- Distal GW tip: Landmark of distal true lumen***
- Making a channel from distal (proximal) true lumen into the occlusion site to cross the lesion easier than the antegrade (retrograde) guidewire***
- Direct guidewire crossing from distal to proximal true lumen.***

Landmark of Distal True Lumen

Retrograde Approach

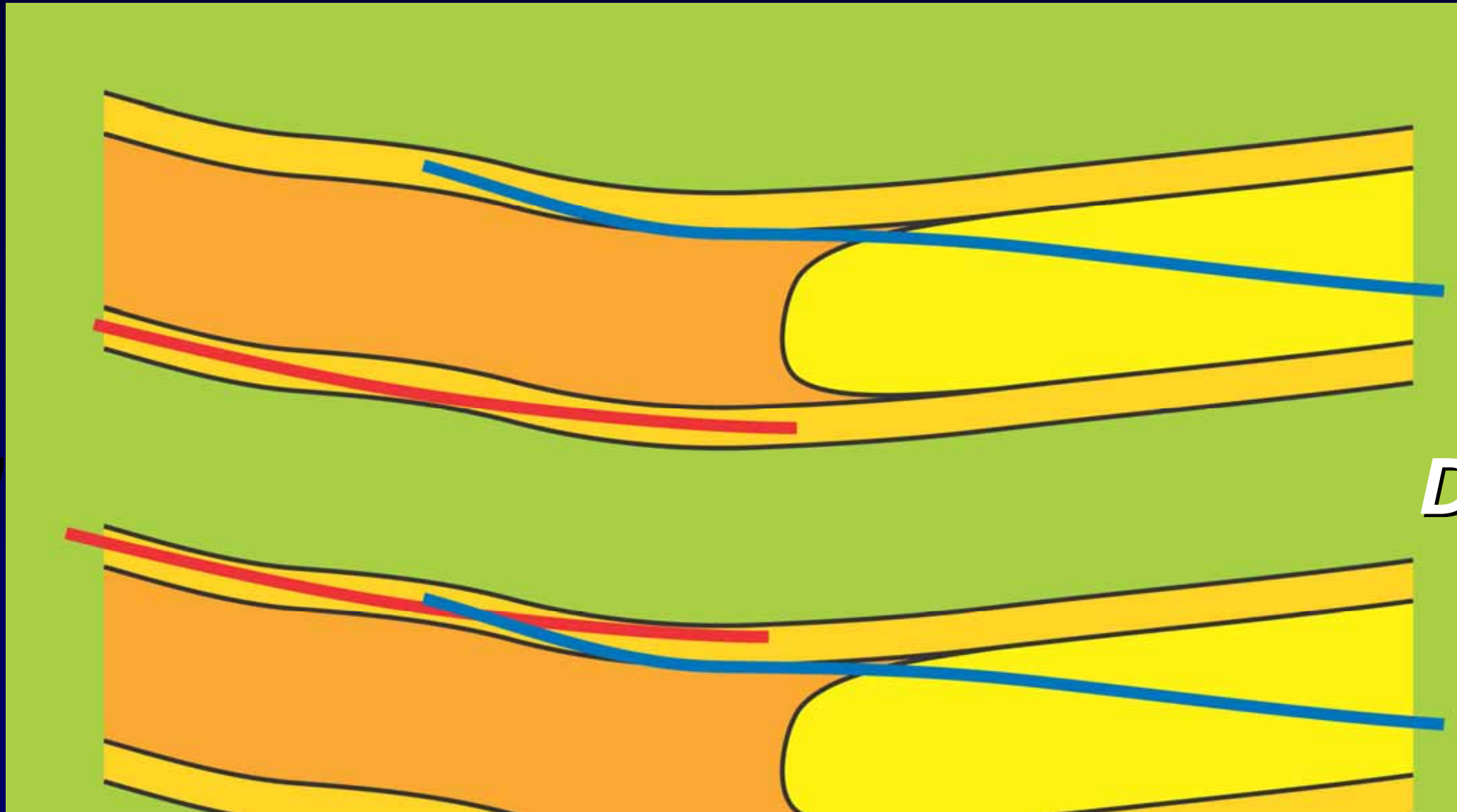


Lumen

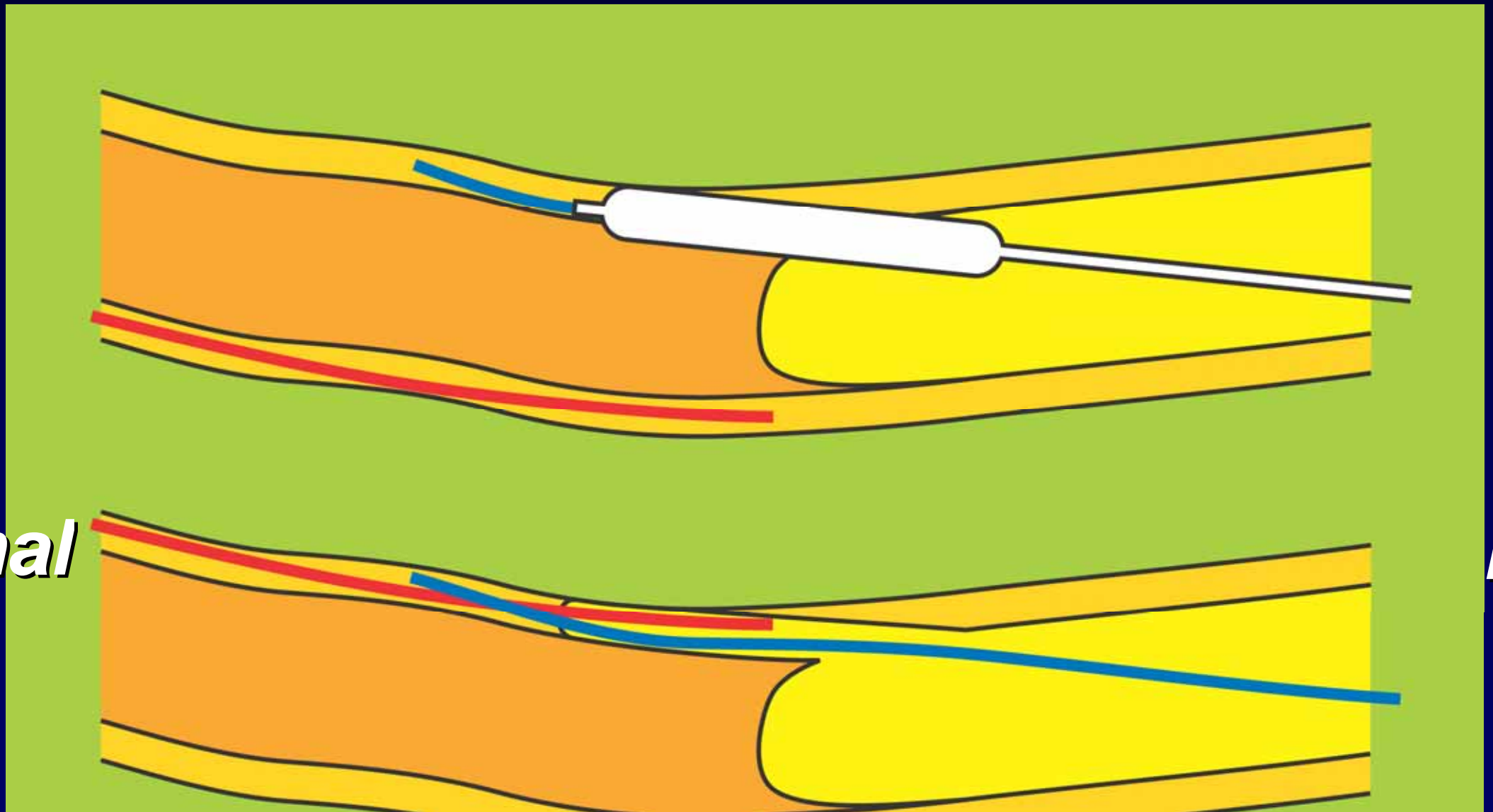
Retrograde Approach

imal

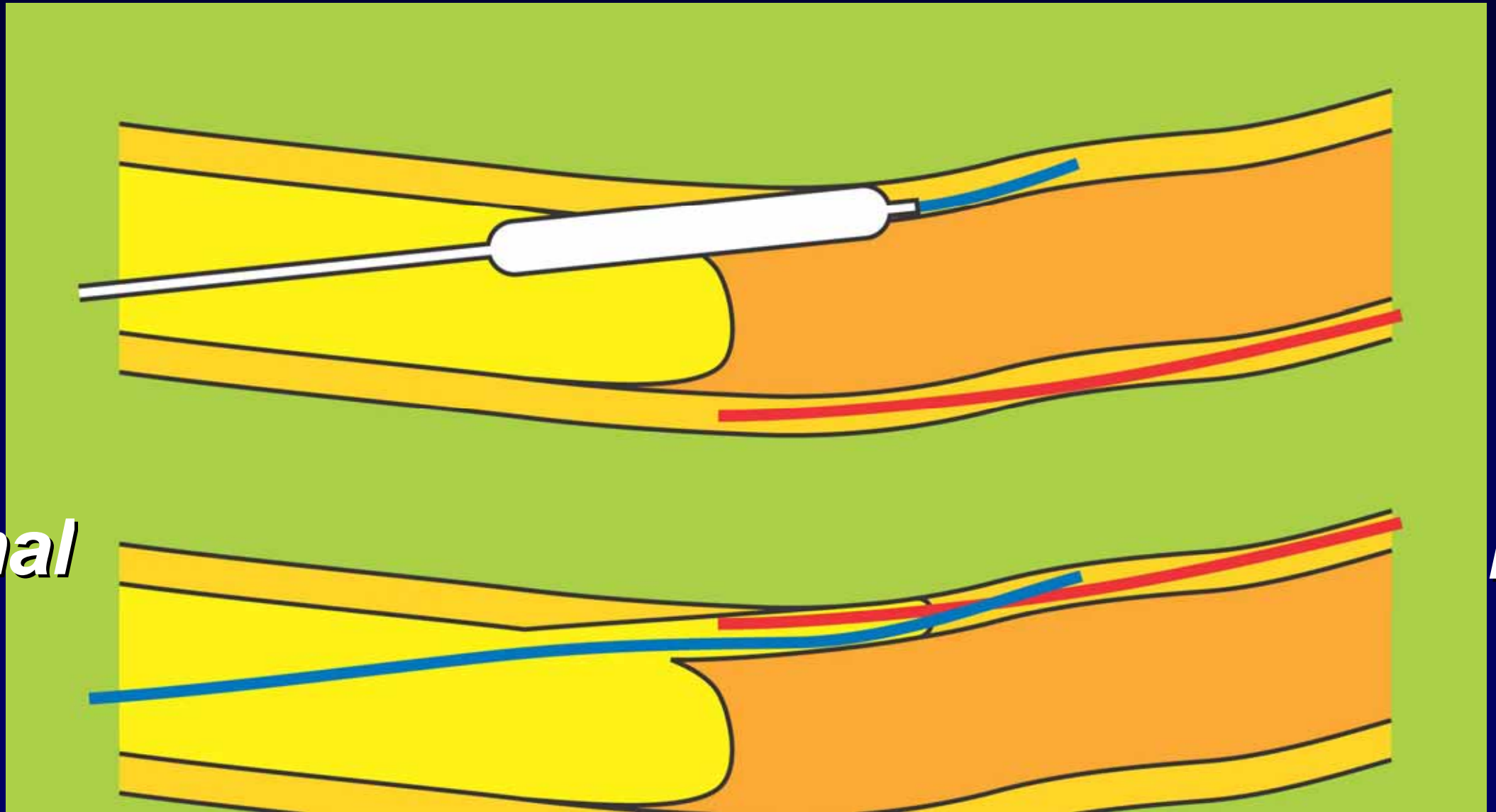
D



Occluded False/True Lumen Retrograde Approach



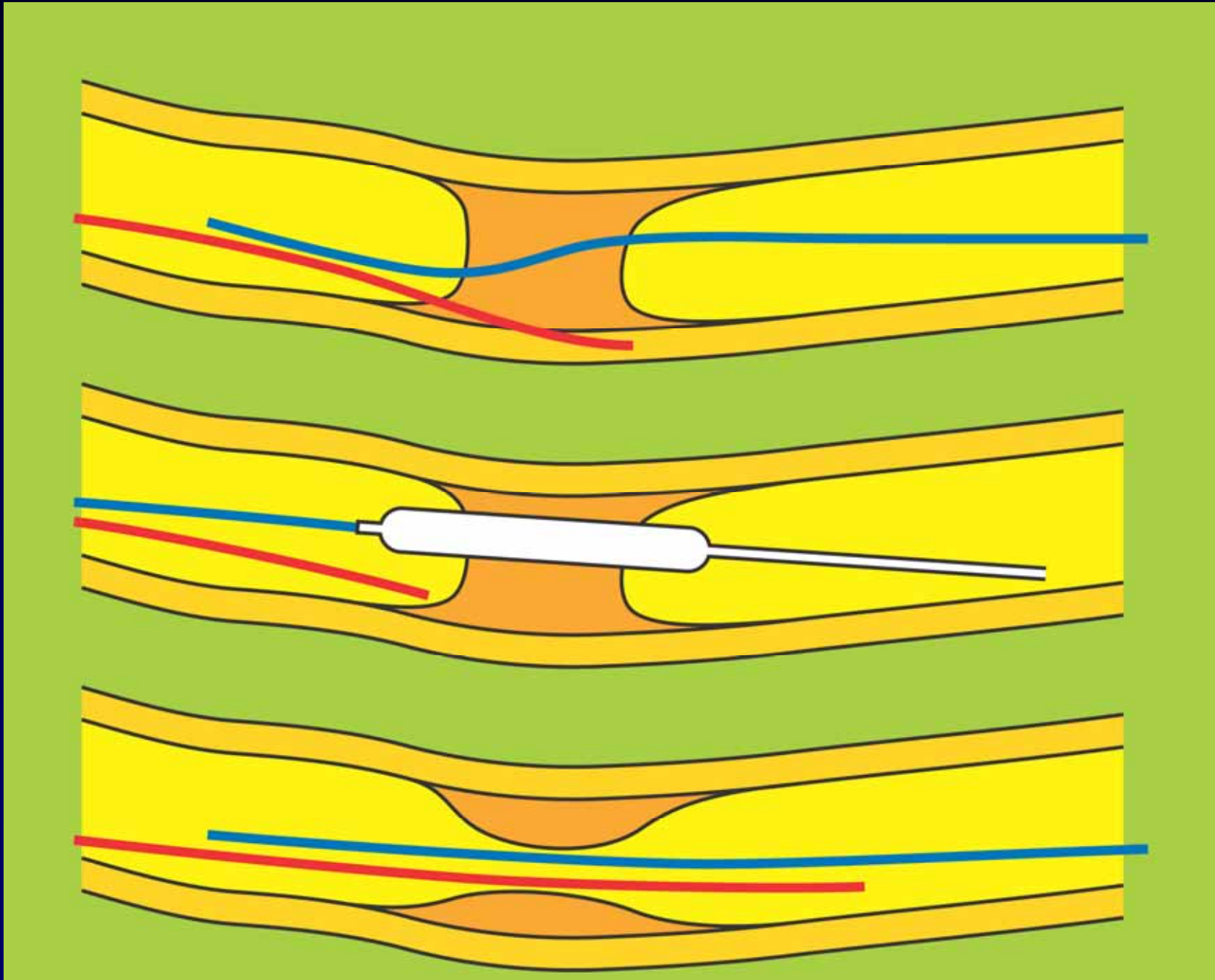
Occluded False/True Lumen Retrograde Approach



Retrograde Approach

Proximal

Distal



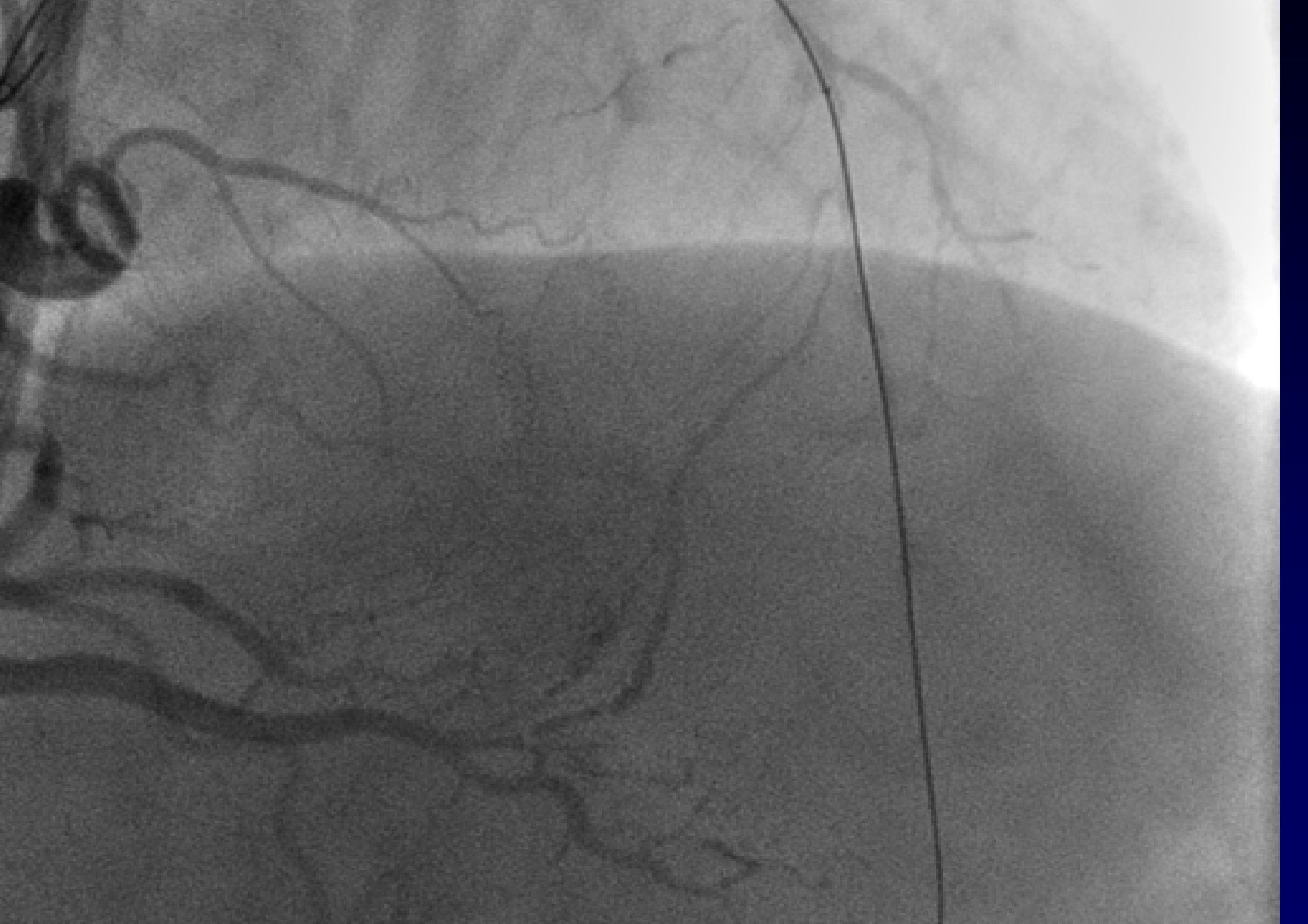


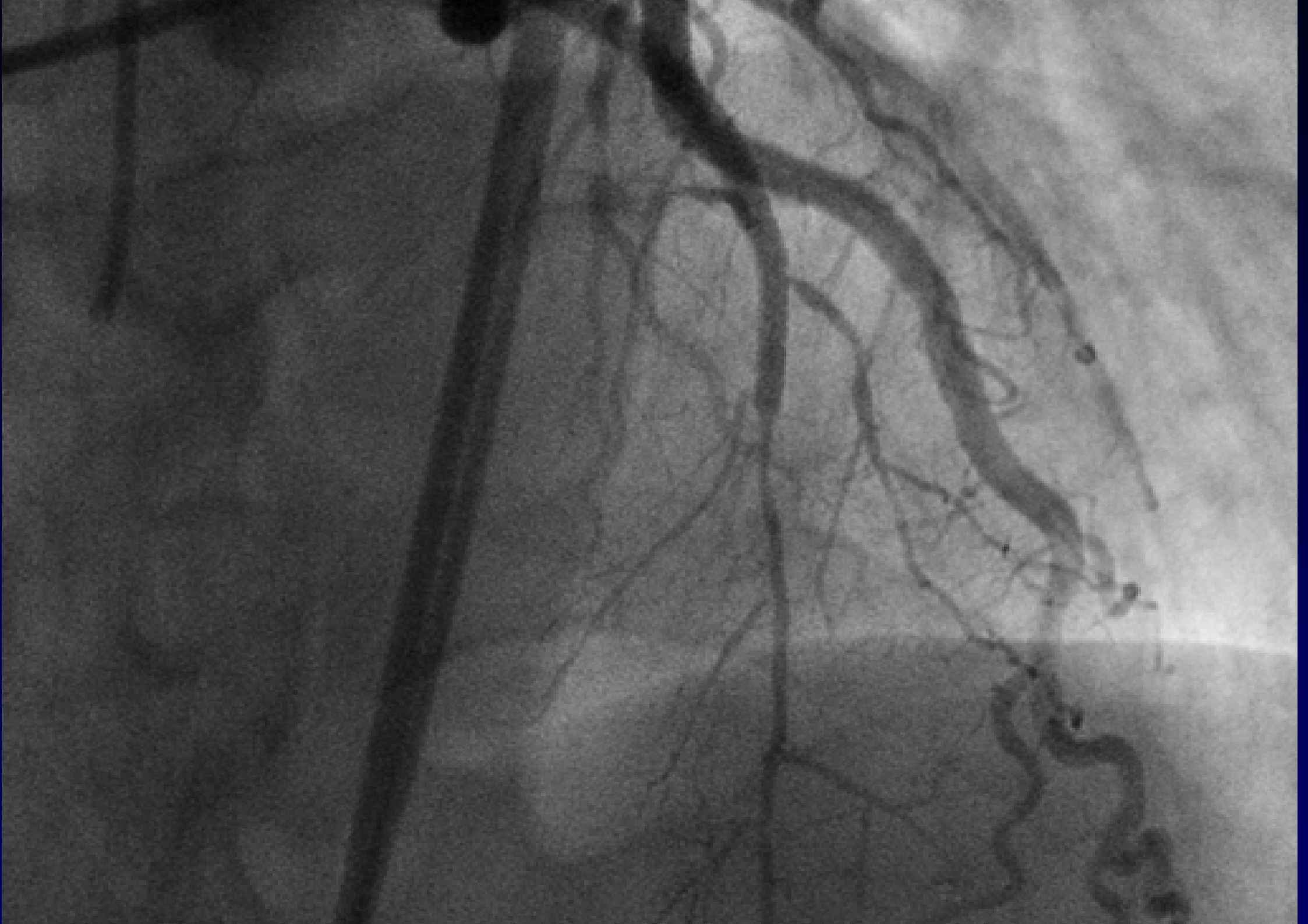


***Retrograde GW: Conquest Pro
Tip is inside of subintimal space***



Antegrade GW (Conquest Pro 12) was advanced

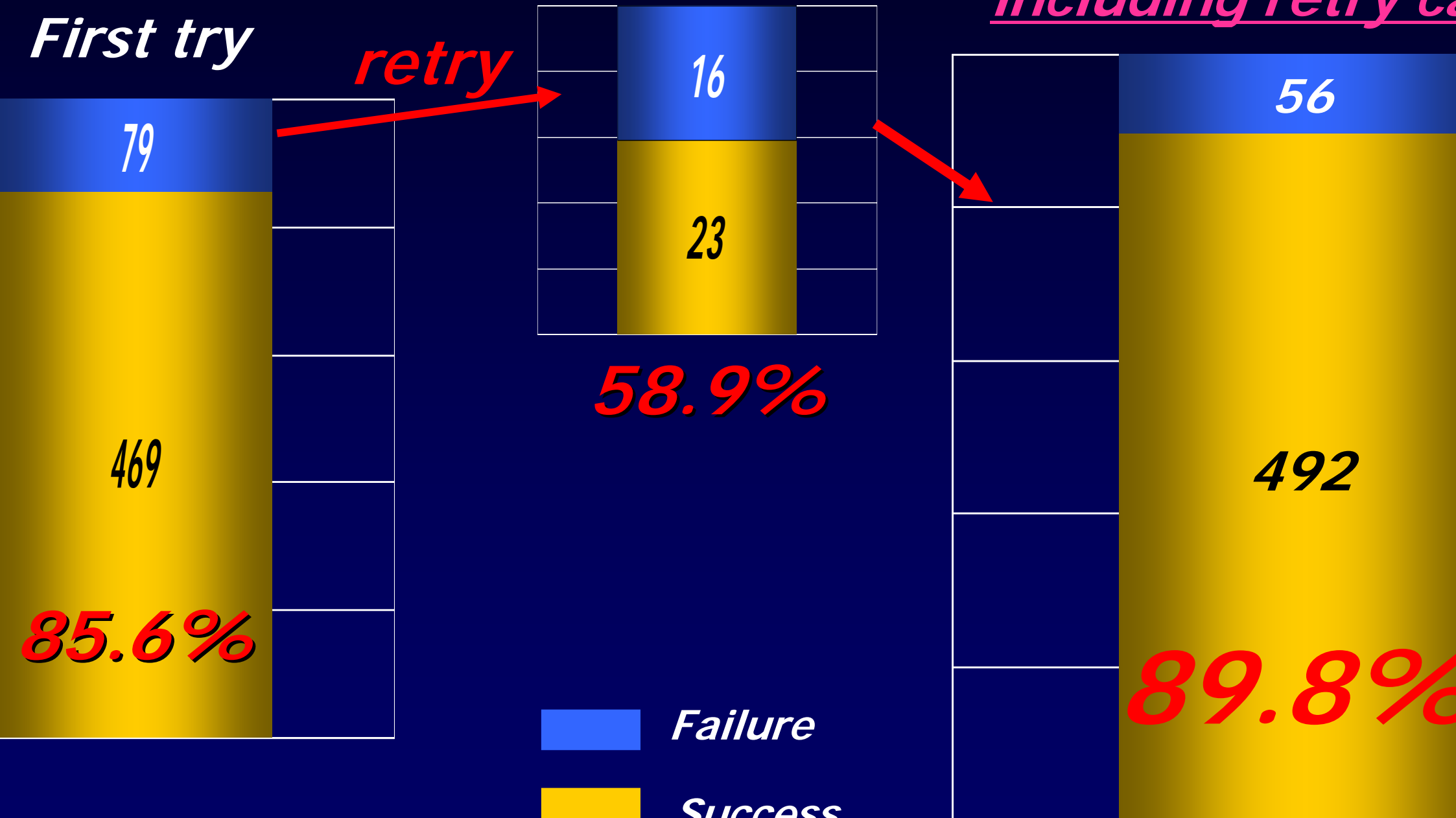




or Pro 12 in KCH

Overall success including retry cases

First try

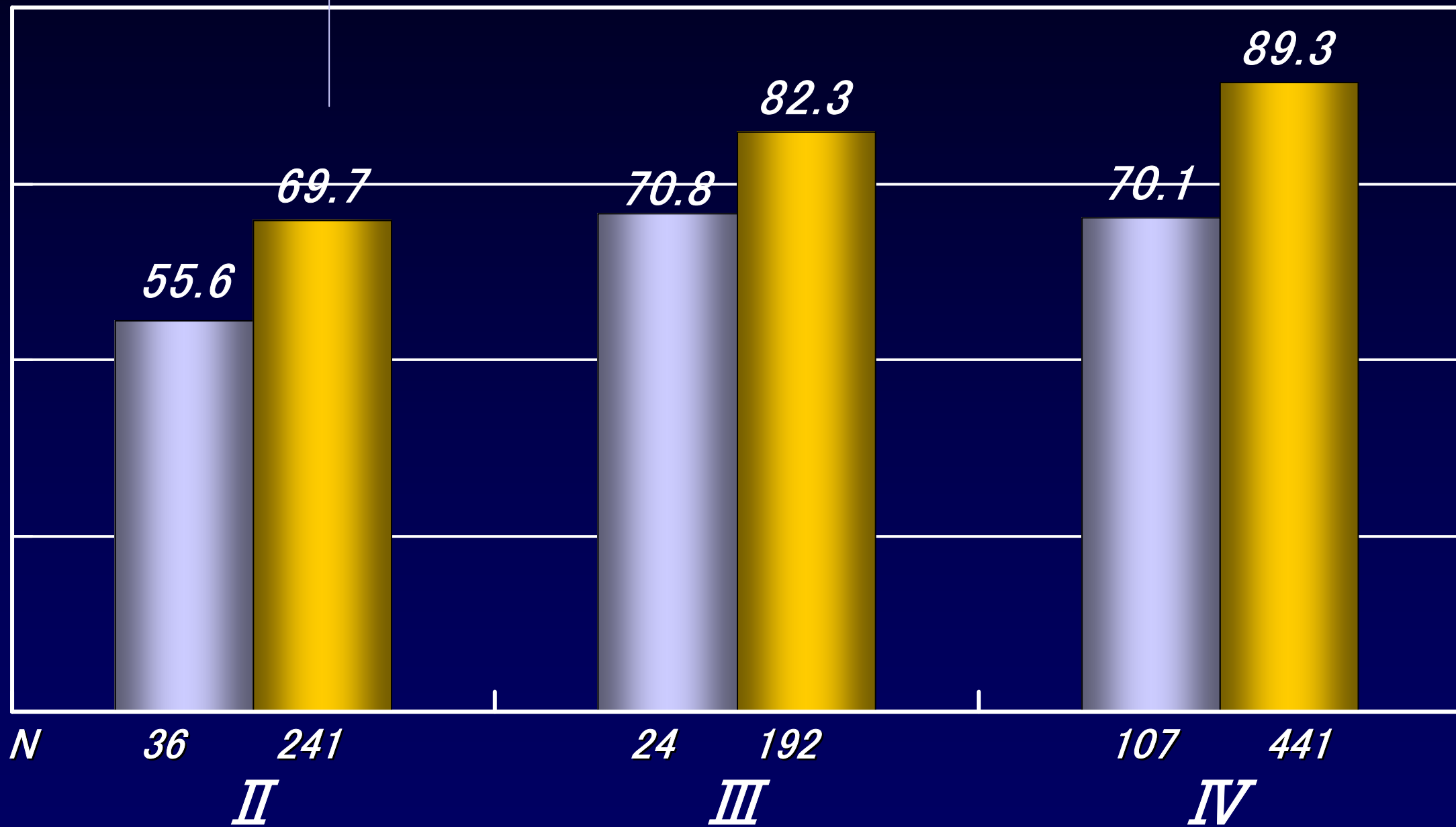


58.9%

89.8%

Failure
Success

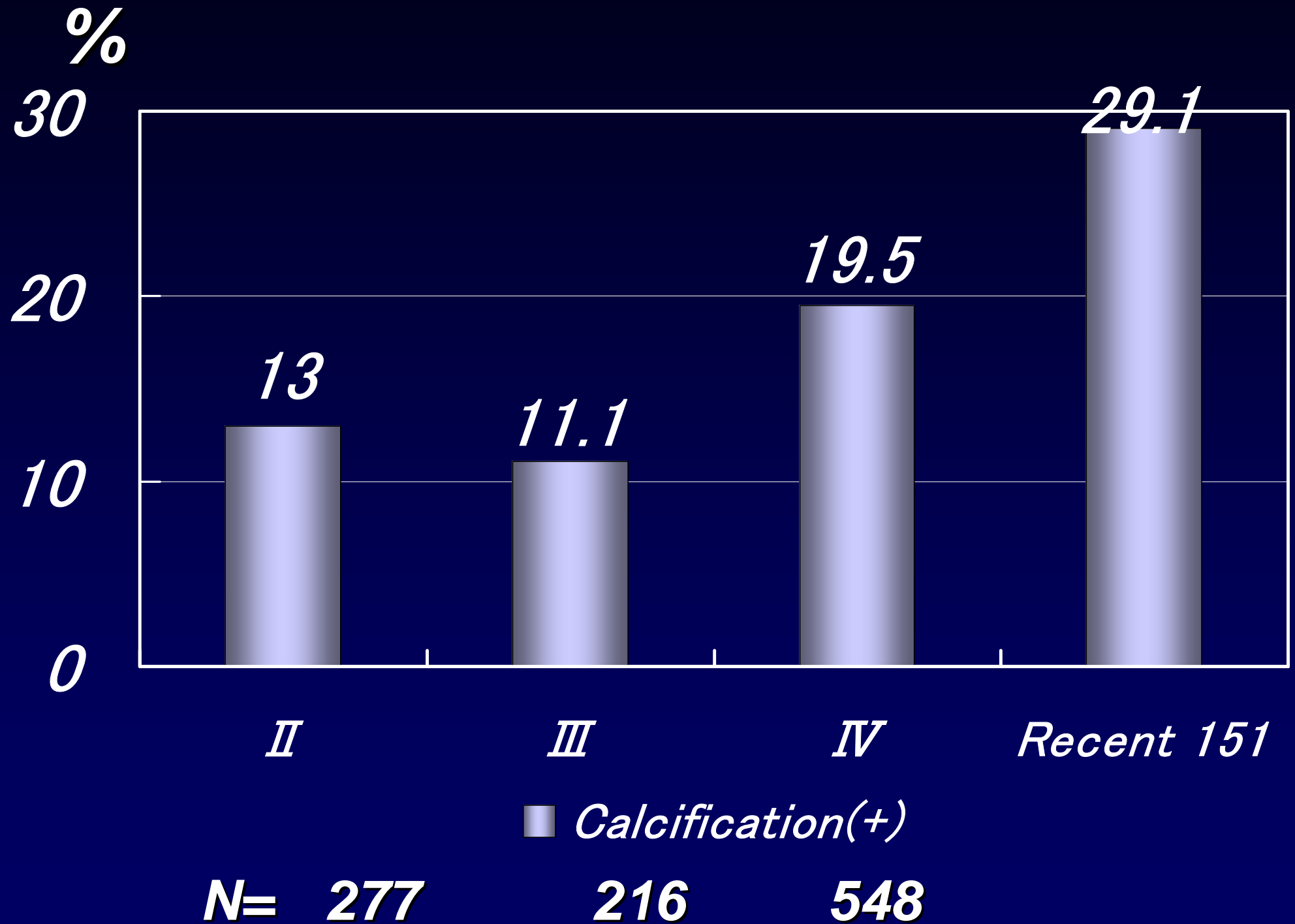
$P < 0.001$



■ Calcification(+) ■ Calcification(-)

-Multivariate predictors of procedural failure

<i>Mod IV (SR:89.0%)</i>	<i>P value</i>	<i>odds ratio (95% CI)</i>
<i>Signification</i>	<i><0.001</i>	<i>5.30 (2.11-13.36)</i>
<i>Stenosis</i>	<i>0.011</i>	<i>4.02 (1.37-11.81)</i>
<i>Age (>12Mo)</i>	<i>0.141</i>	<i>2.05 (0.79-5.32)</i>
<i>Length of occlusion</i>	<i>0.170</i>	<i>1.74 (0.79-3.81)</i>
<i>Stent type</i>	<i>0.309</i>	<i>1.69 (0.62-4.64)</i>
<i>Chronic hemodialysis</i>	<i>0.521</i>	<i>1.75 (0.32-9.70)</i>
<i>Artery branch</i>	<i>0.758</i>	<i>1.16 (0.46-2.93)</i>
<i>Previous MI</i>	<i>0.847</i>	<i>1.12 (0.36-3.49)</i>
<i>Coronary vessel disease</i>	<i>0.582</i>	<i>0.83 (0.43-1.60)</i>



A



Easy to make re-entry

B

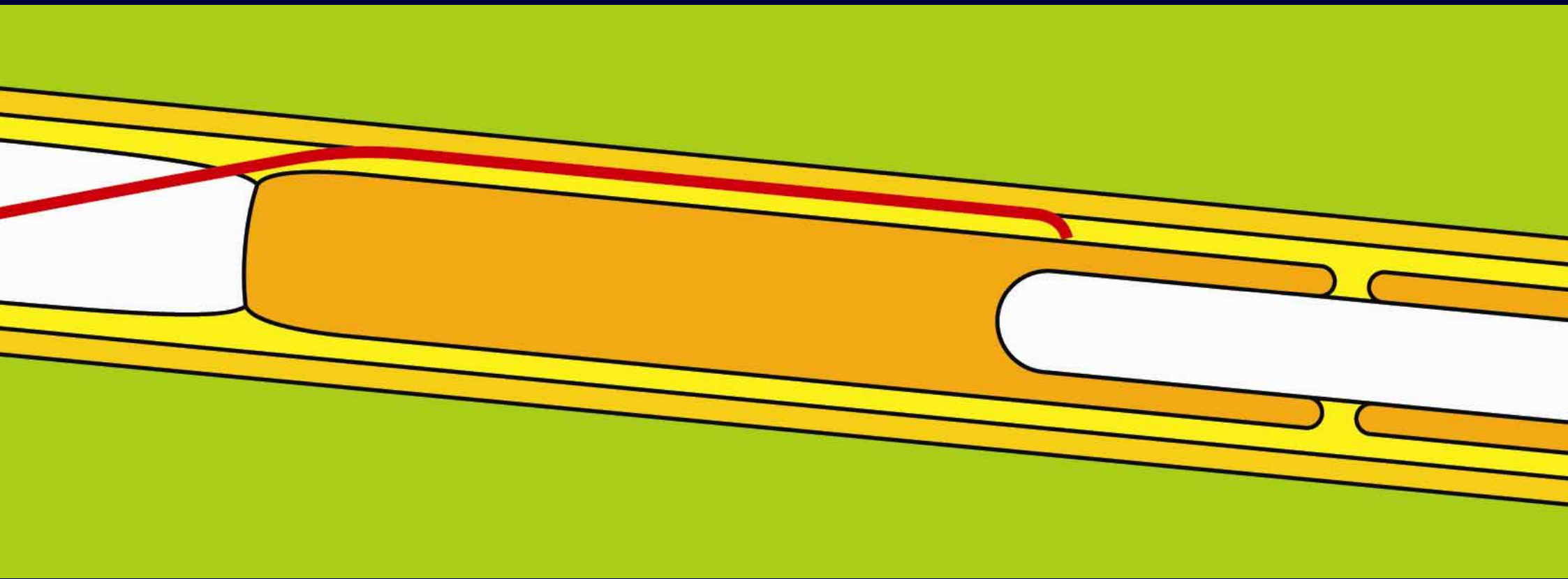


Difficult to make re-entry

actively easy using steep tip guidewire in the softer

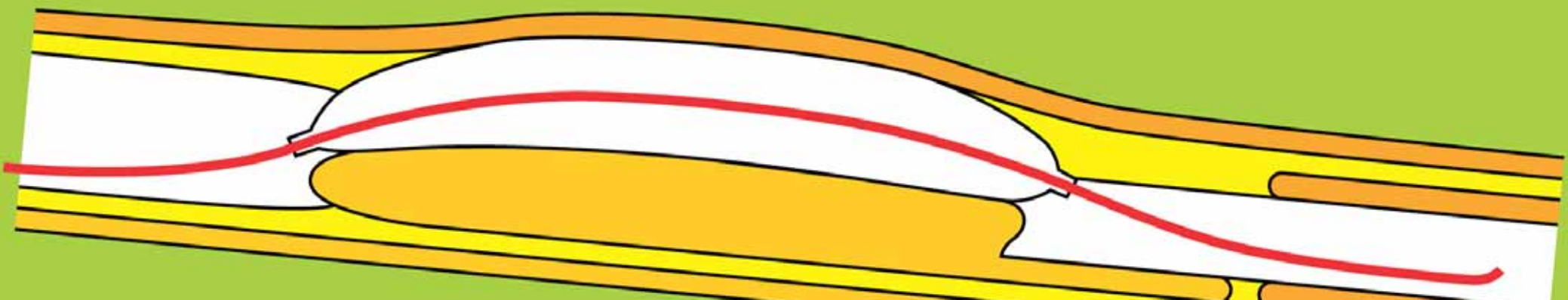
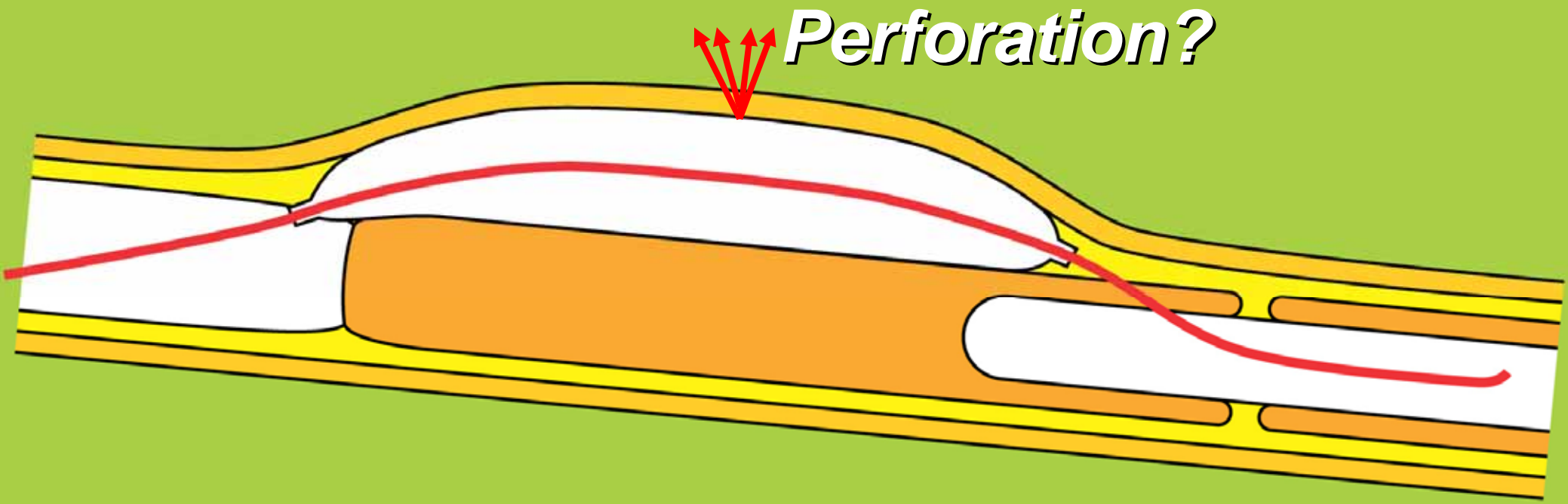
Calcified Lesion of CTO

Difficulty of Re-Entry

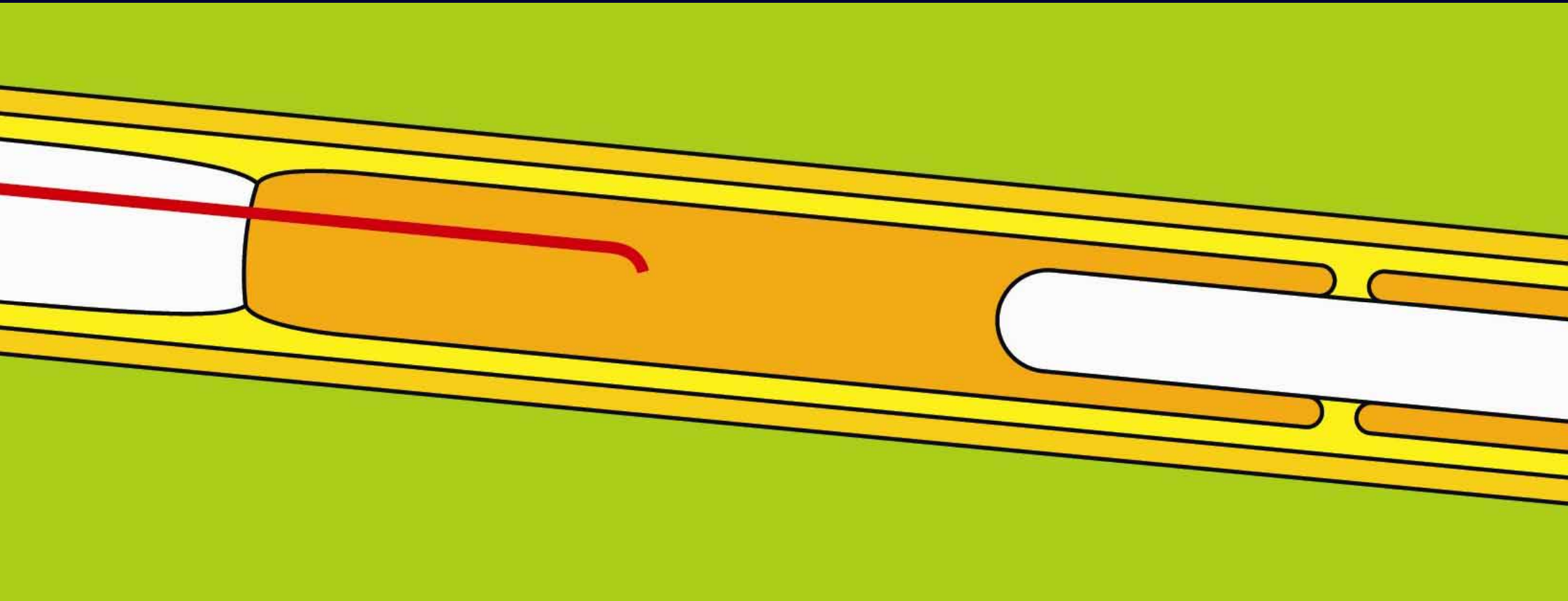


in the Subintimal Space Next to the Heavily Calcified

Calcification



Carotid Artery in Carotid Lesion Should Be...



Hydrophilic Coating

0.014"

Stainless Core Wire

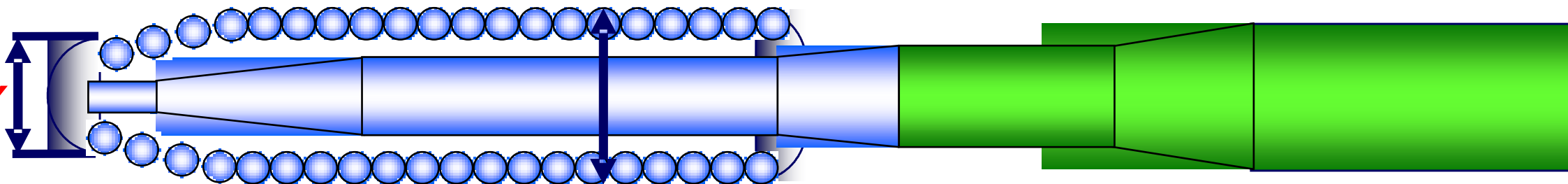
200mm Radiopaque Spring Coil

PTFE Co

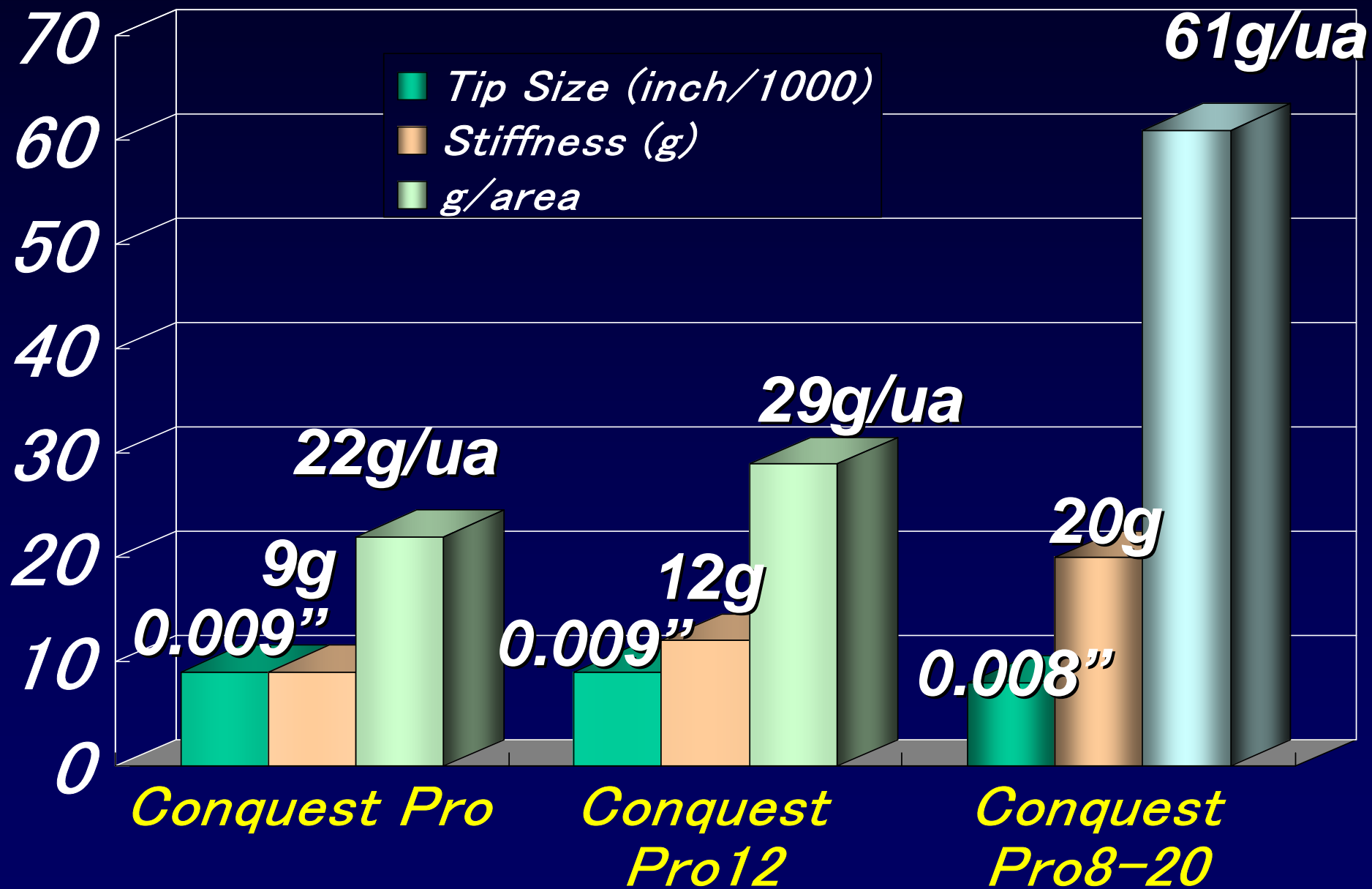
stiffness: 9g & 12g

Conquest Pro 8-20

0.014"

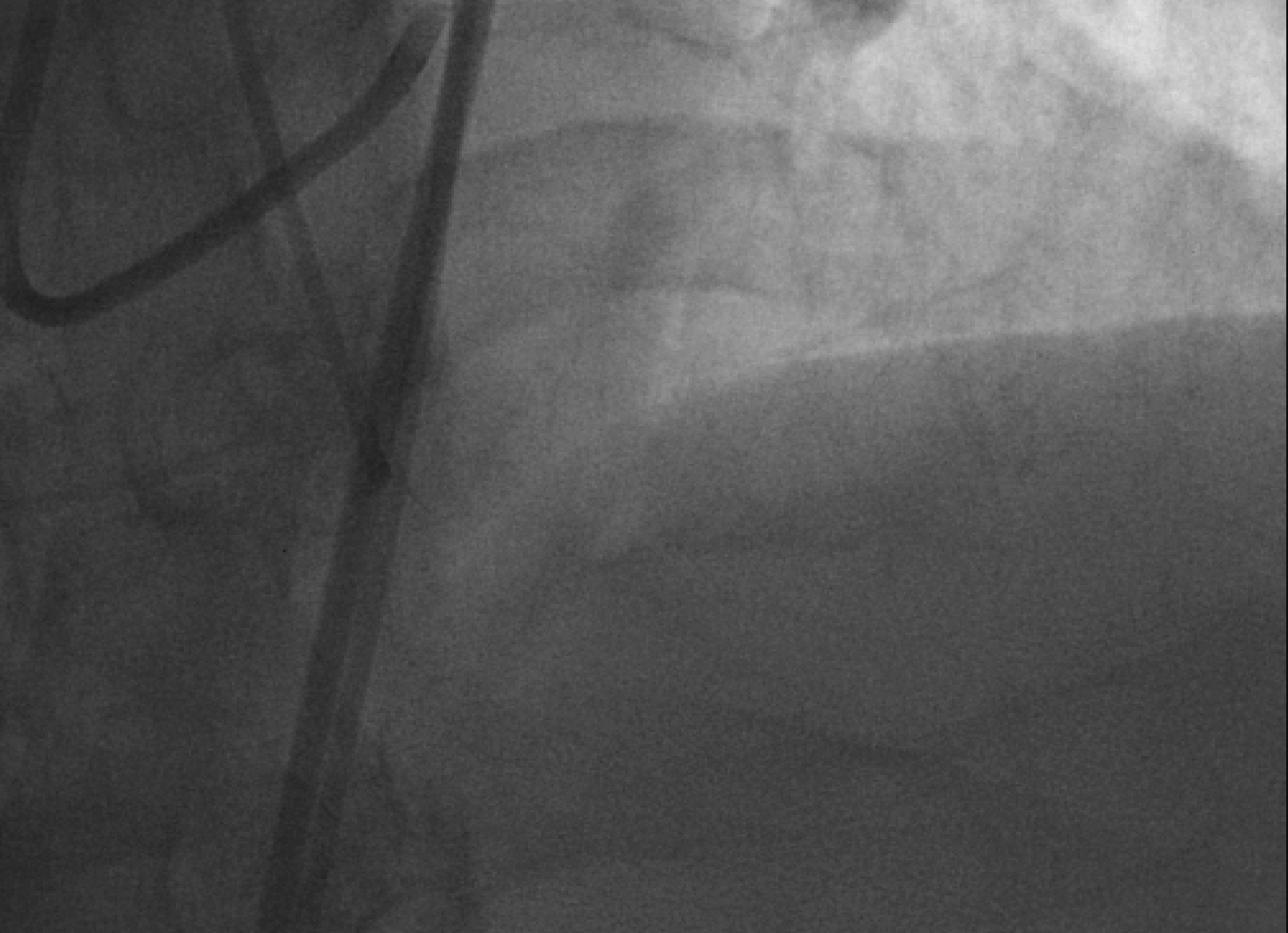


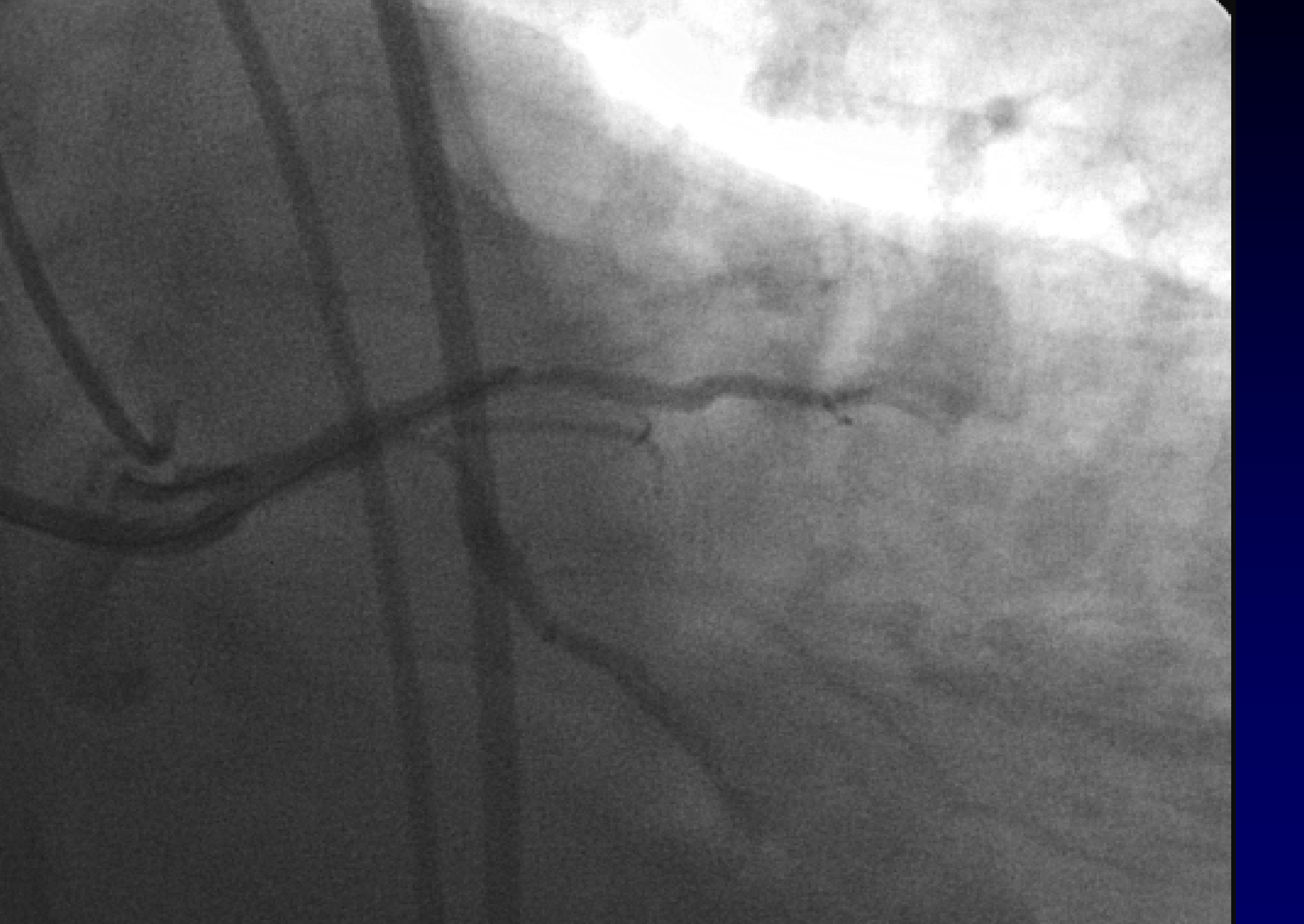
the New Wire (Conquest Pro 8-2)



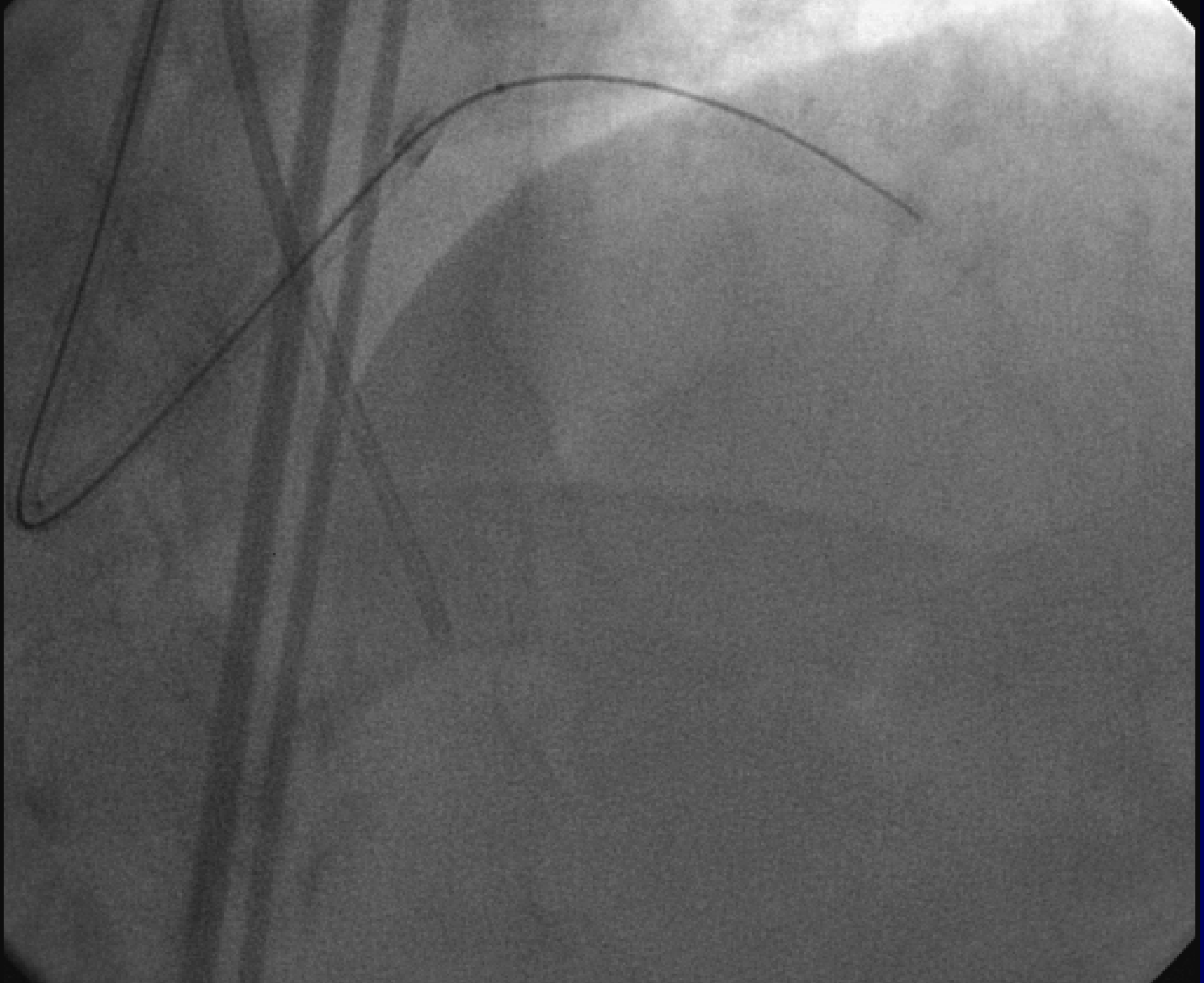
ua=unit area= $0.014'' \times 0.014'' \times \pi/4$

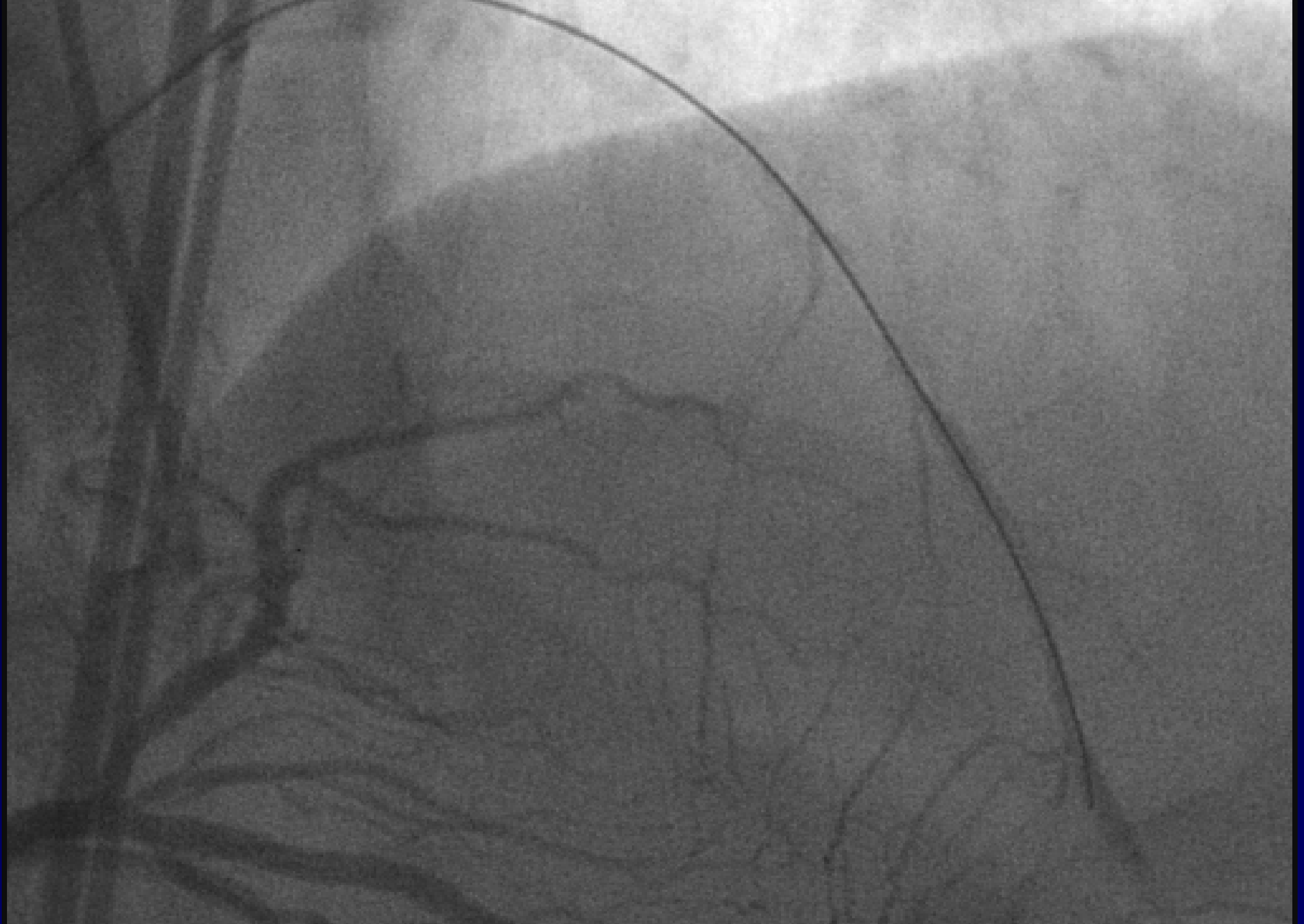




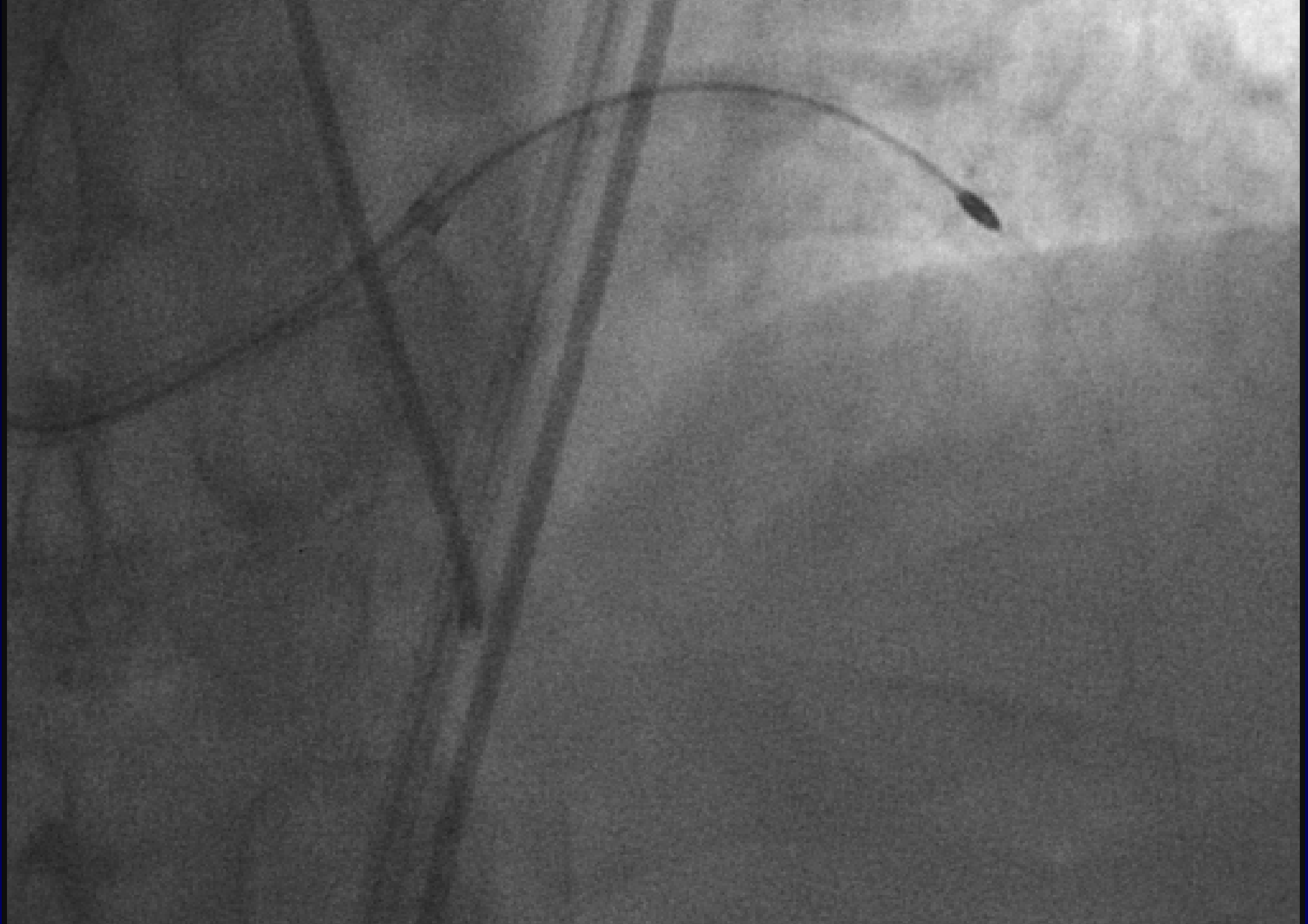




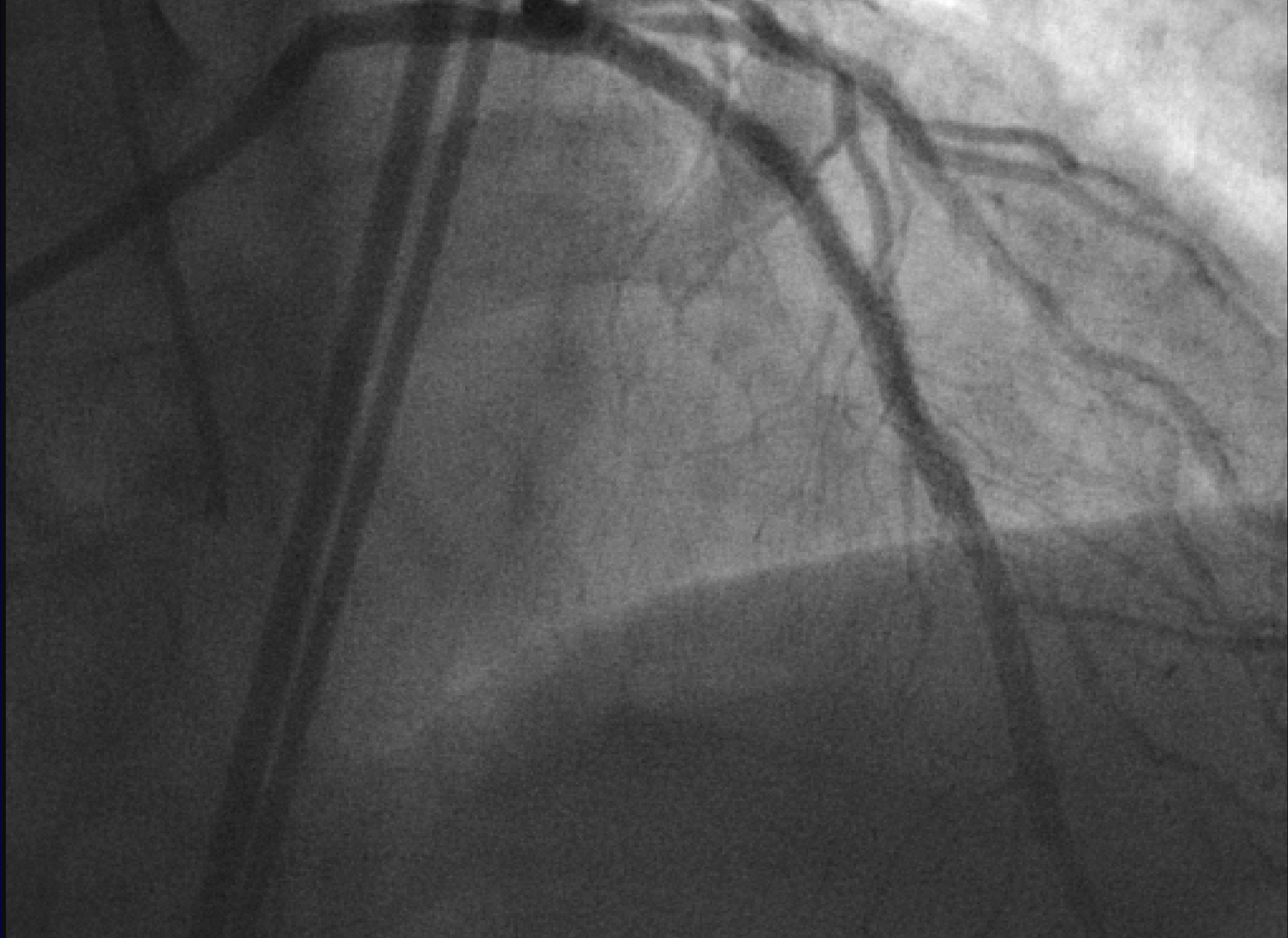












Lesion Characteristics

Lesion – no.(%)	27
RCA	20 (74.1)
LAD	5 (18.5)
LCX	2 (7.4)
Calcification – no.(%)	17 (63.0)
Ortuosity – no.(%)	5 (18.5)
Long lesion (>20mm) – no.(%)	17 (63.0)
Bridge collateral – no.(%)	9 (33.3)

Procedural success rate

37.0% (10/27 lesions)

- Major complication -

Death 0 case

AMI 0 case

CABG 0 case

- Coronary events with GW -

Penetration outside vessel 5 cases

Extravasation 2 cases

Cardiac tamponade 0 case

Conquest Pro 8-20

Summary

Success rate (37%) may not low in the difficult situation

We are exploring the indications and how-to-use of Conquest Pro 8-20

tentative Indications

Hard lesion which can not be crossed by Conquest Pro 12

And calcified lesion which pathway can be seen

And/or relatively short straight lesion

Success rate is improving

Retrograde approach

tial retrograde approach 33 lesions

Reach the distal point

of occlusion segment

60.6% (20/33 lesions)

procedural success

70.0% (14/20 lesions)

Final Retrograde Guidewire

<i>Final GW</i>	
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<i>Whisper</i>	<i>7</i>
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<i>Miracle</i>	<i>6</i>
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<i>ConPro</i>	<i>5</i>
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<i>ConPro8-20</i>	<i>2</i>
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Conquest Pro in the Retrograde Approach

In general, distal fibrous cap is softer than proximal fibrous cap.

In many cases (about 1/3) of retrograde approach, Conquest Pro Guidewire was necessary as a retrograde guidewire to penetrate distal fibrous cap.