Tornus for Balloonfailures Nicolaus Reifart

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Balloon does not follow wire (up to 30% of CTO)

- Achor wire (Ironman)
- Anchor balloon
- Exchange guide (or 5 in 6 System)
- Laser Rotablator

• Final balloon failure: 3-5 %

Balloon does not follow wire (up to 30% of CTO)

- Achor wire (Ironman)
- Anchor balloon
- Tornus
- Exchange guide (or 5 in 6 System)
- Laser Rotablator
- Final balloon failure: < 1%

Tornus "exchange" catheter (2.1 and 2.6 F)

• Metal catheter with 8 stainless steel wires of spiral structure.



•Spiral structure provides Screw motion.

*Flushing is not possible because of clearance gaps between each single wire.

USE of Tornus

- Dock-wire (or intra guiding balloon-anchor) mandatory
- Fix wire with Torquer
- Insert twisting Tornus counterclockwise (20 rotations then release)
- Retrieve twisting clockwise

CTO RCA

- 3 years documented CTO
- Angina CCS III due to disease progression (CX)
- PCI 3 weeks ago not successful (wire did not cross)

EuroIntervention

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A novel penetration catheter (Tornus) as bail-out device after balloon failure to recanalise long, old calcified chronic occlusions

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Results of Tornus in Balloon Failures

- 12/2004-11/2007 **2881 PCI**
- 421 CTO preocedures
- 44 successive balloon failures
- Balloon failures in CTO: 39/421
- (Ironman-backup applicable in 30/44)



Results of Tornus* in CTO Balloon Failures 2005-07 (44/421) • Tornus passed completely 35 (79.5%) and 9 incompletly • Overall T-enhanced success 91% No complications

* Not yet available in Europe

N. Reifart EuroIntervention 2008

Conclusion

- Problems to pass with balloons are rare today but still a reason for unsuccessful PCI of CTO in 3-5% of the failures
- It occurrs mostly in RCA lesions
- Tornus is a very useful and easy to use device to overcome these problems