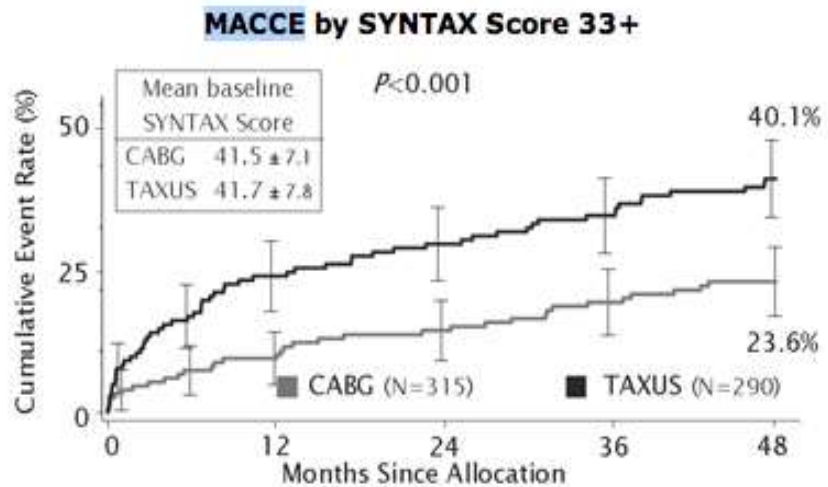


Plan?

# Syntax and STS Score

- ▶ Syntax score



The cumulative MACCE rate is displayed for the SYNTAX Trial group this score corresponds to.

- ▶ STS Score

- ▶ Risk of Mortality 0.64%

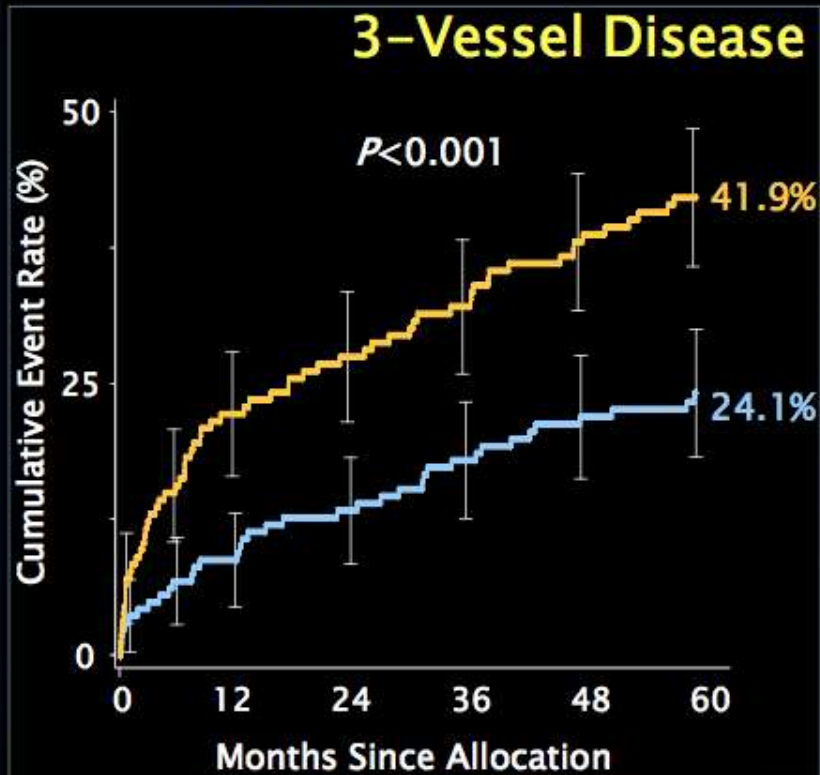
- ▶ Risk of Morbidity / Mortality 10.8%

# MACCE to 5 Years by SYNTAX Score Tercile

## 3VD Subset *High Scores* $\geq 33$

SYNTAX

■ CABG (N=166)  
 ■ TAXUS (N=155)



	CABG	PCI	P value
Death	8.8%	17.8%	0.02
CVA	2.6%	5.1%	0.31
MI	1.9%	8.7%	0.008
Death, CVA or MI	12.5%	26.2%	0.002
Revasc.	12.6%	28.2%	<0.001



Advised for CABG again...

Declined again..

# Myocardial Perfusion Study Viability Study

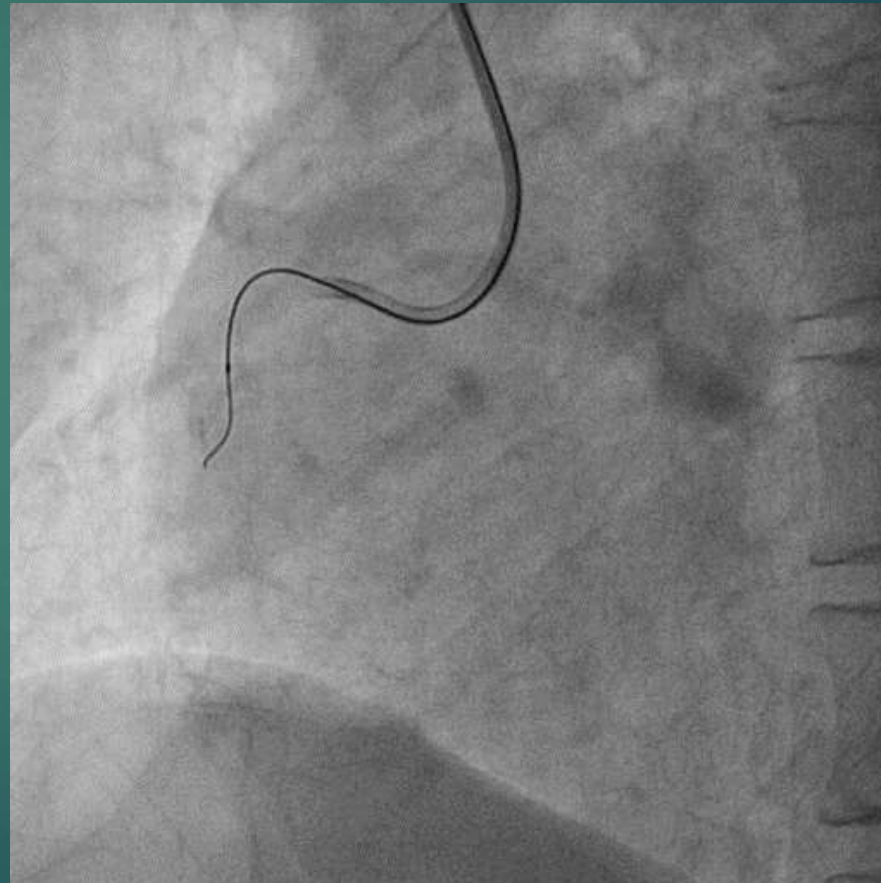
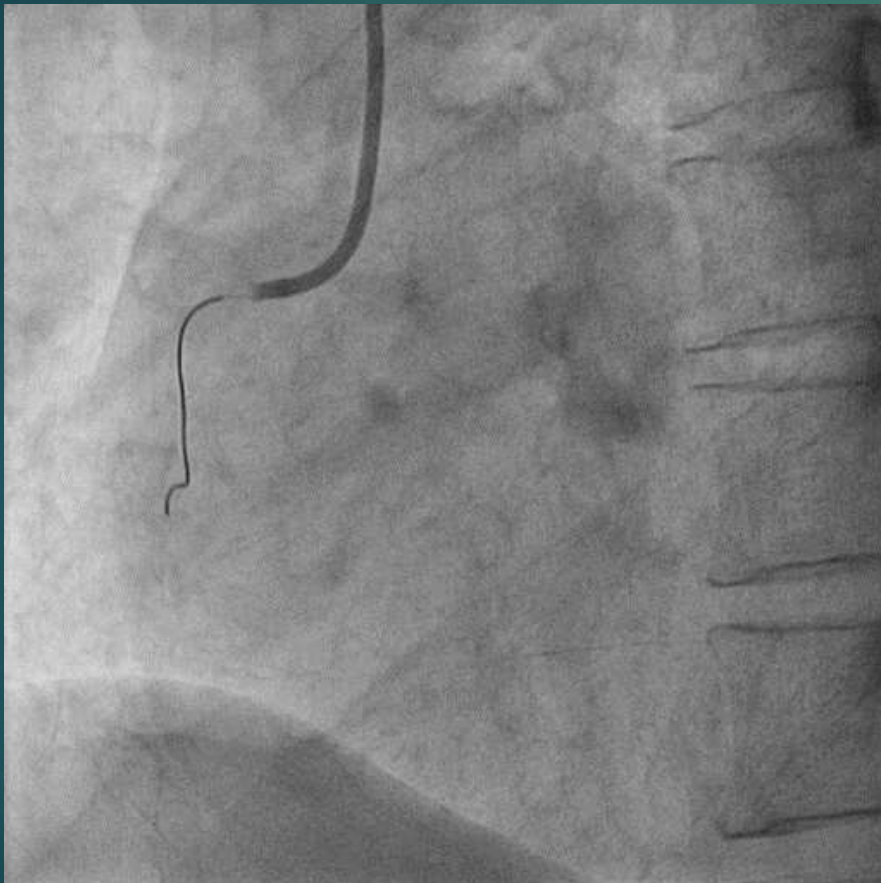
▶ Viable Myocardium

# In view of 3VD, which to do first?

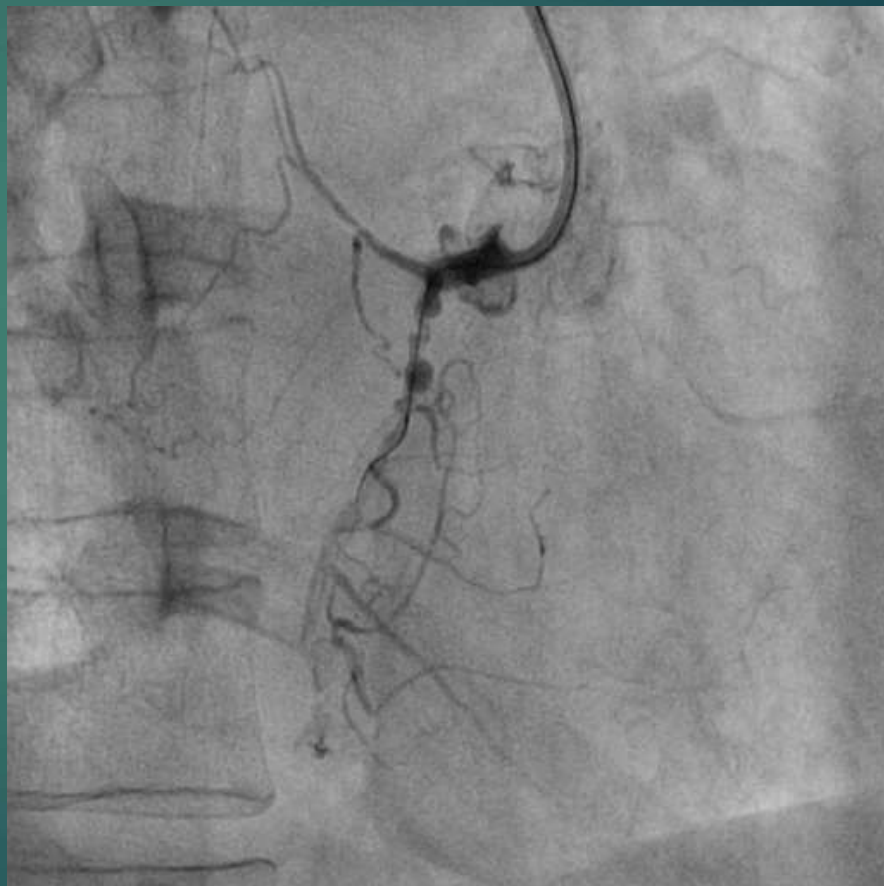
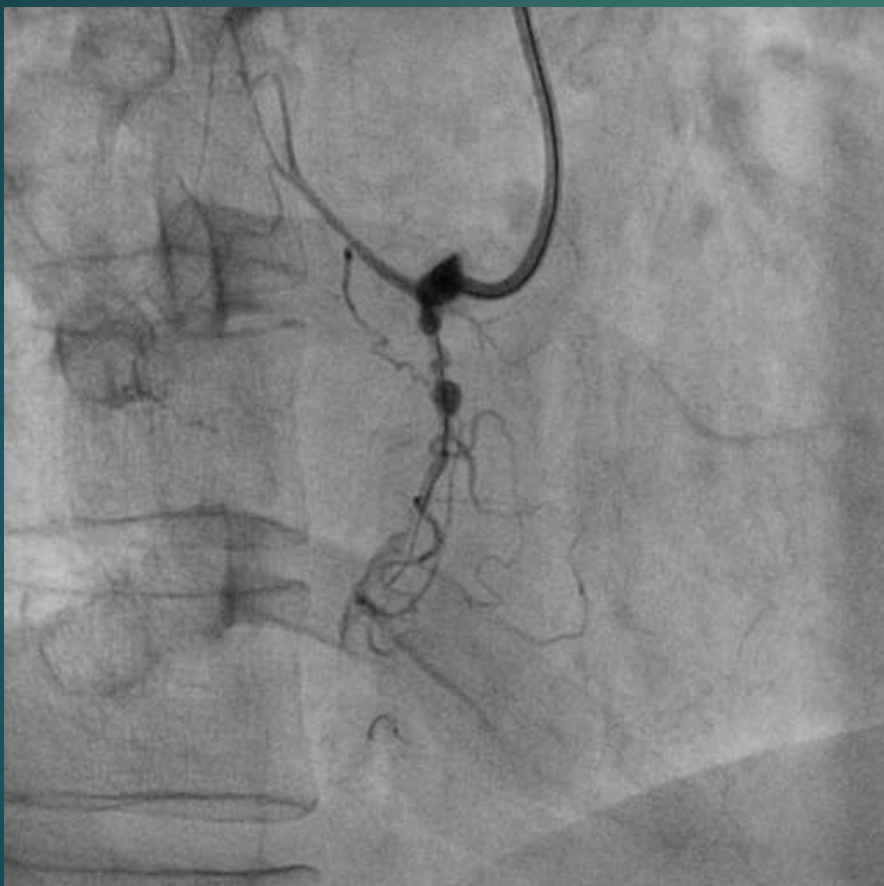
Opted to do RCA first for

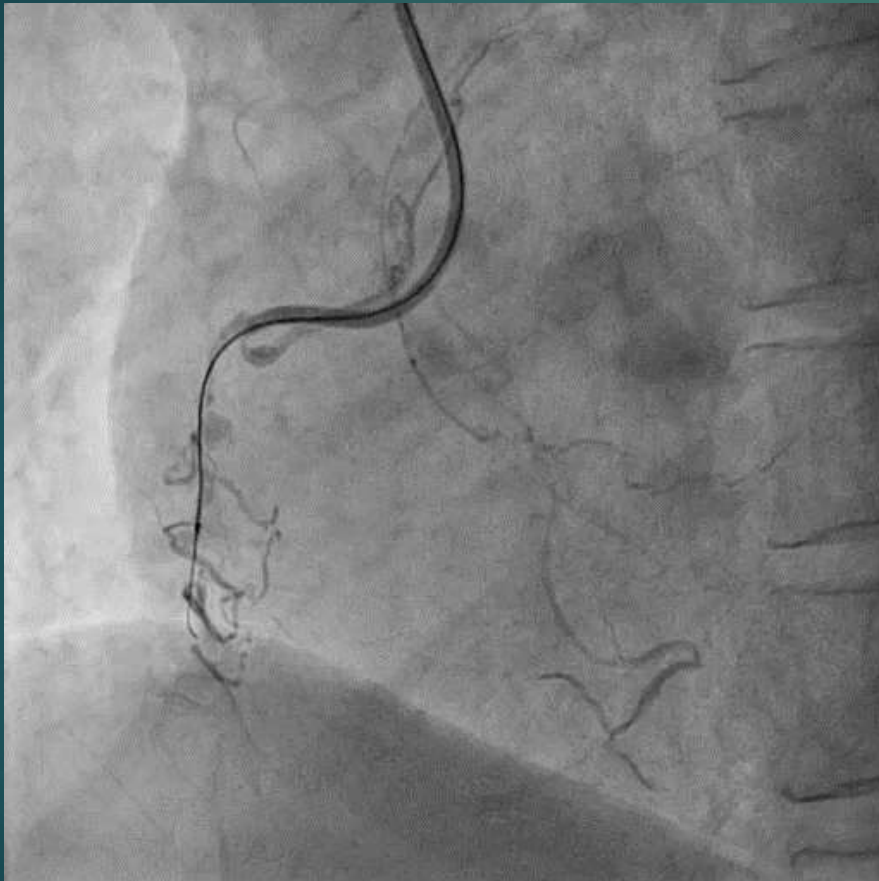
- i) support
- ii) demonstrate better contralateral
- iii) option for retrograde approach

# Coronary Angioplasty to RCA

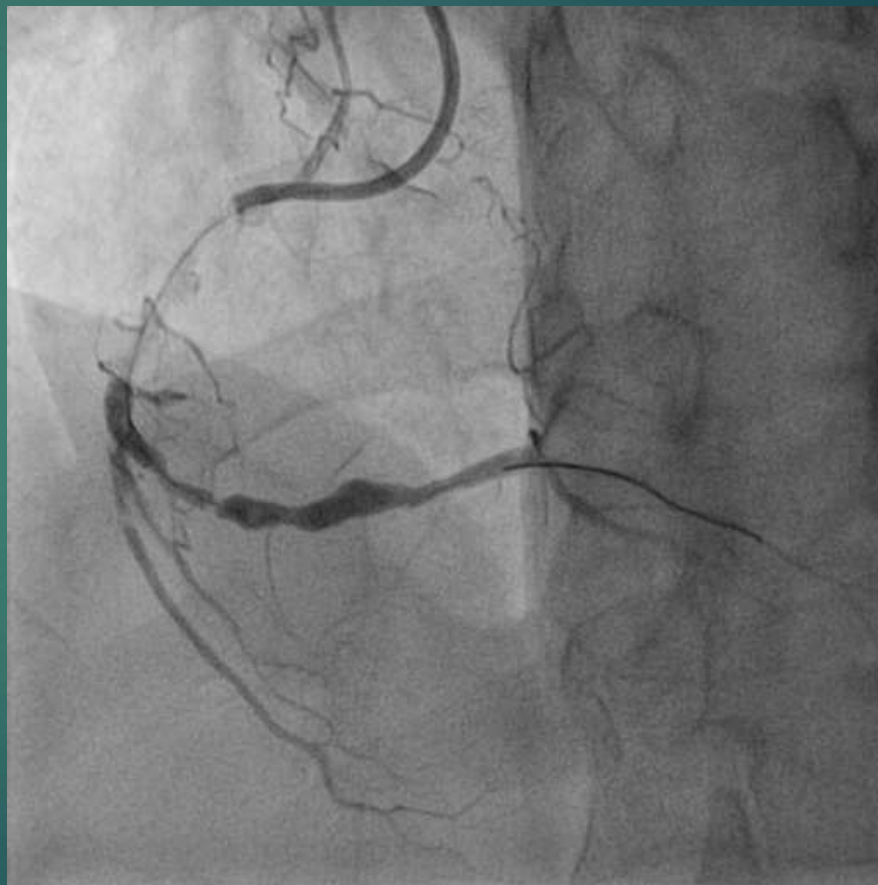
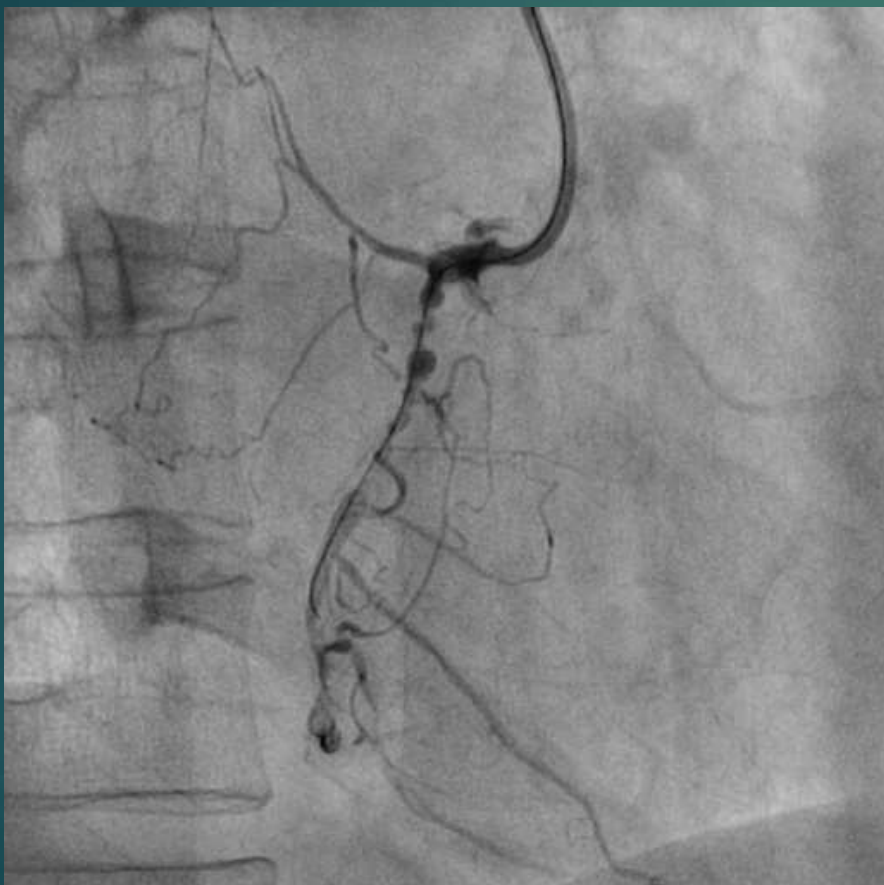


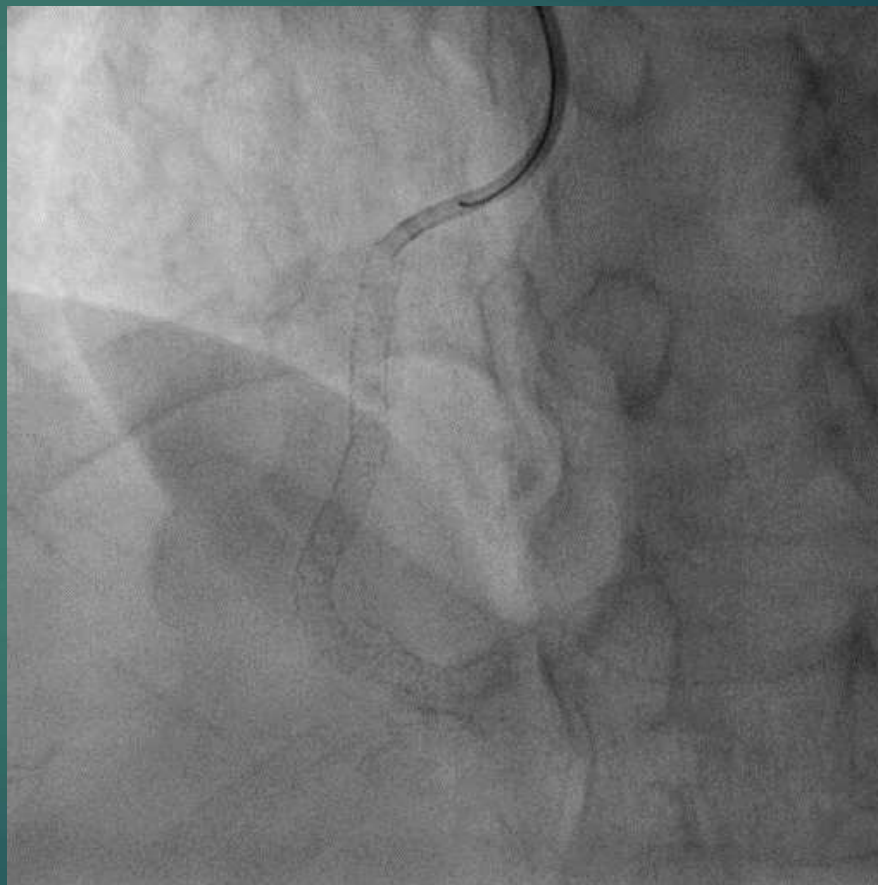
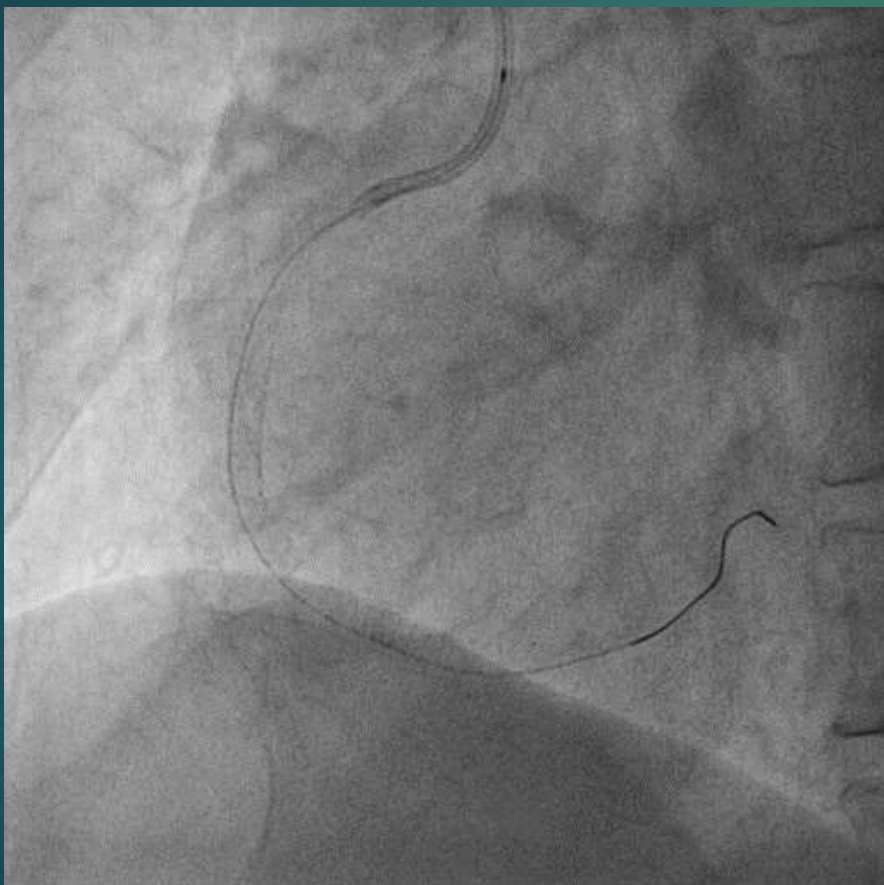


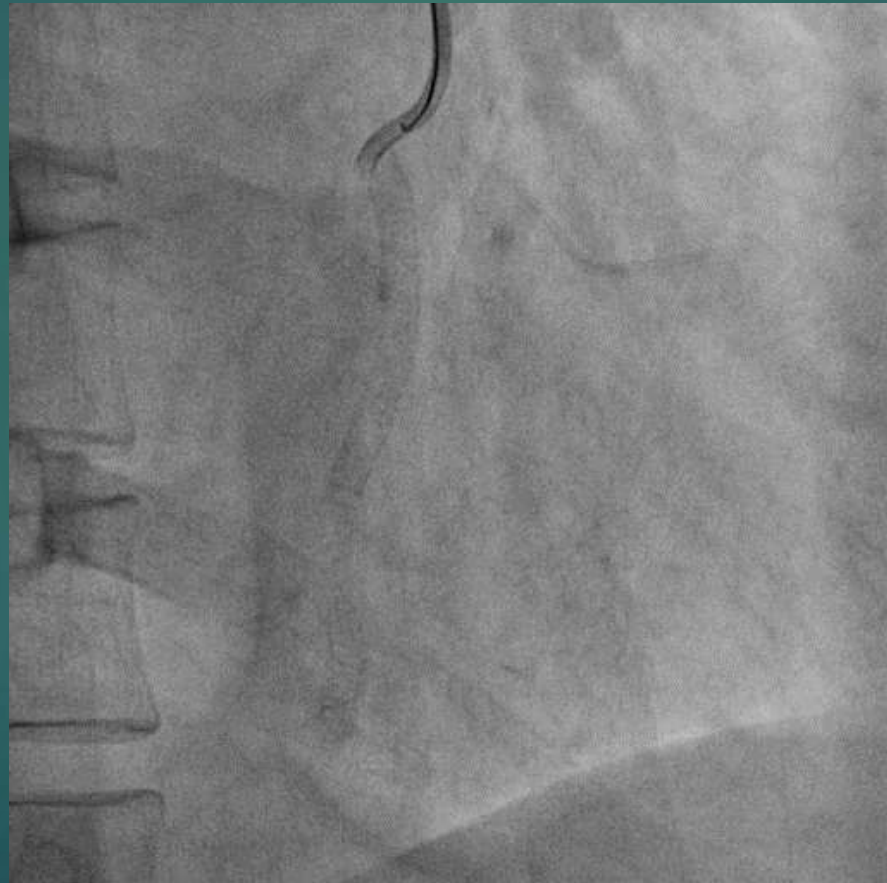




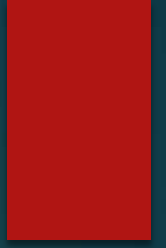
- ▶ Severe tortuosity
- ▶ Used multiple wires
- ▶ Fielder XTA, Gaia II, Conquest PRO
- ▶ False lumen
- ▶ Crossed with Fielder XTA again

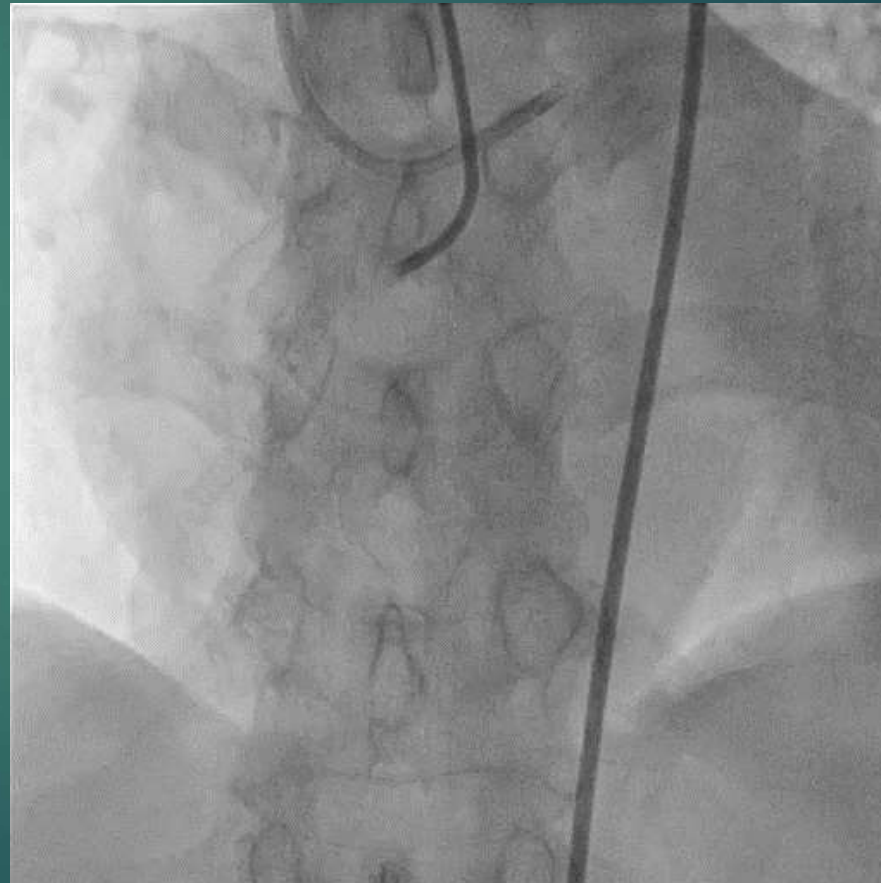
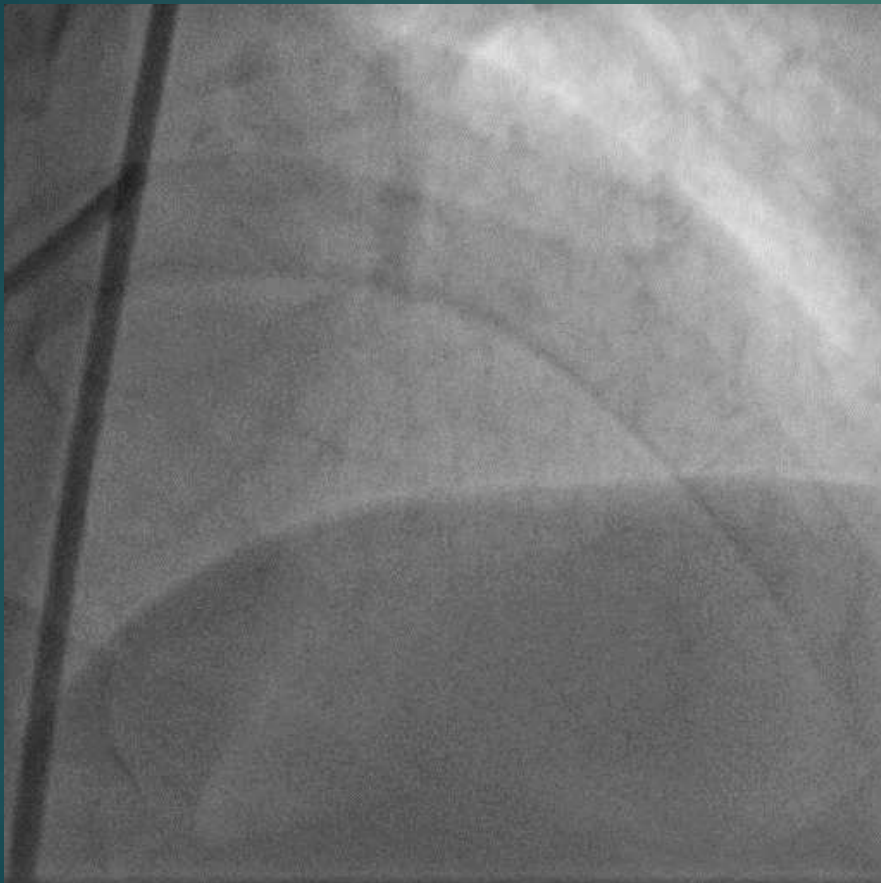


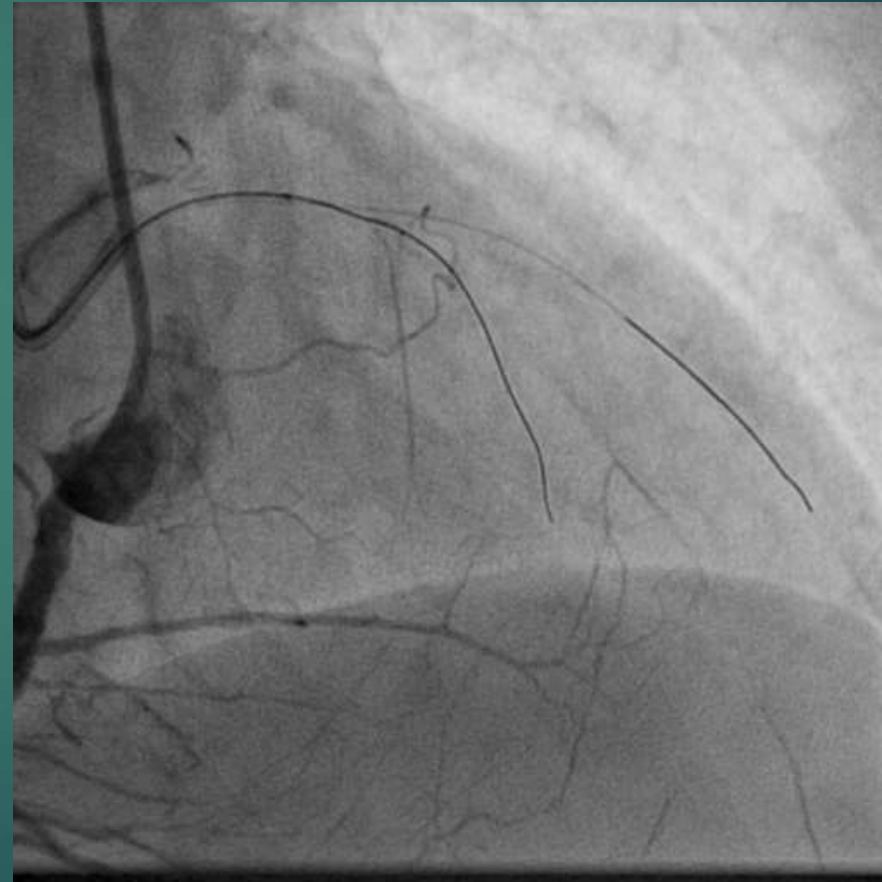
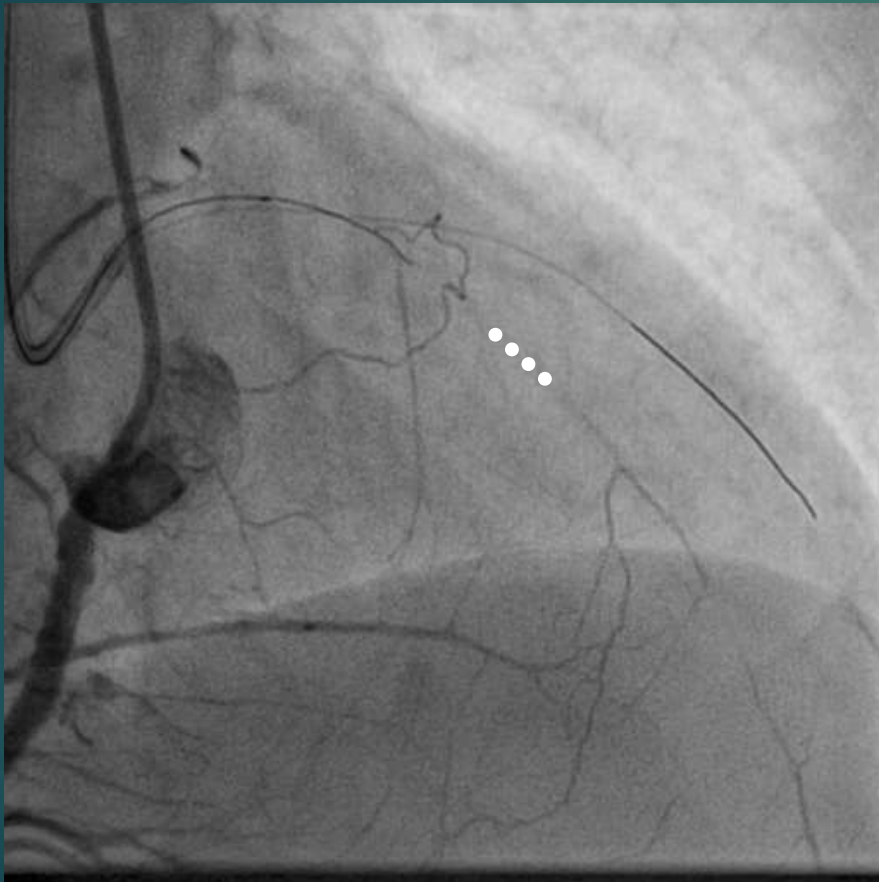




# Stage approach for the LCA







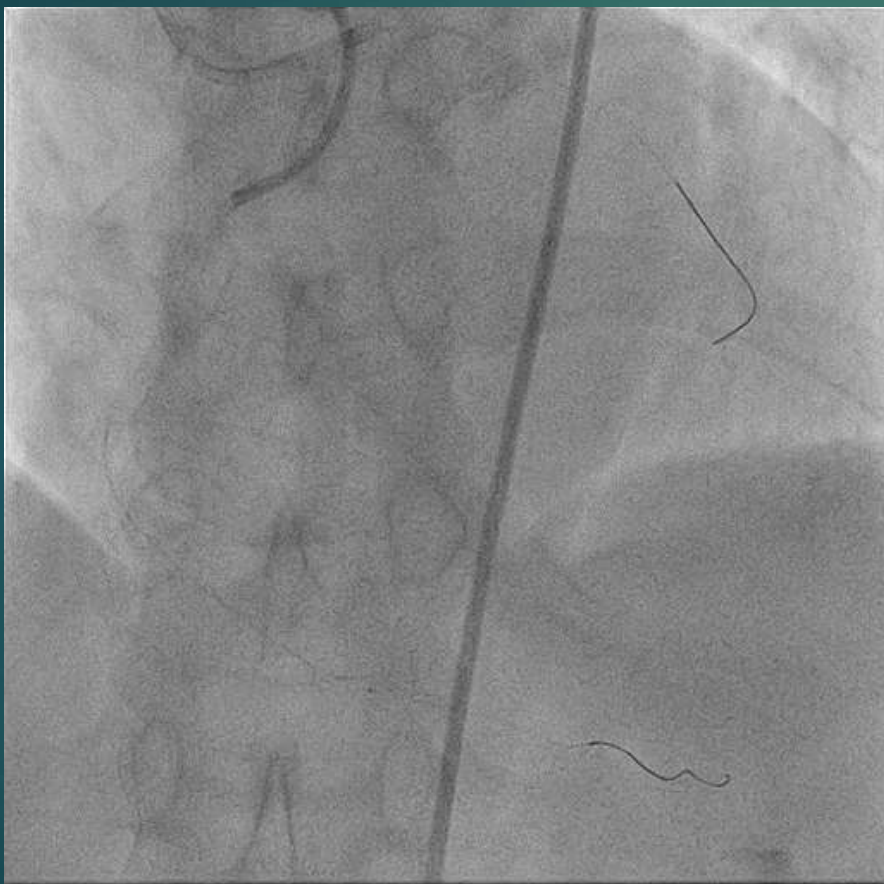
Unable to  
view entry  
point

Some small  
collaterals

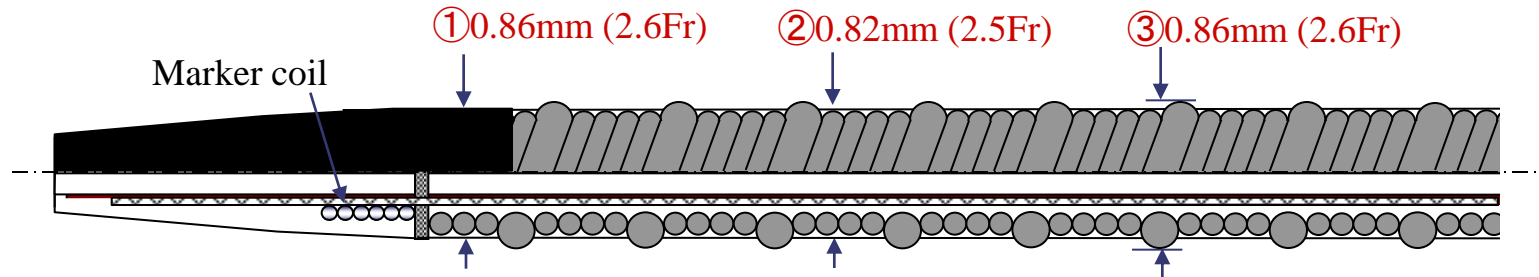
Tried  
anterograde  
approach -  
failed

Changed to  
retrograde  
approach





# CORSAIR CHANNEL DILATOR

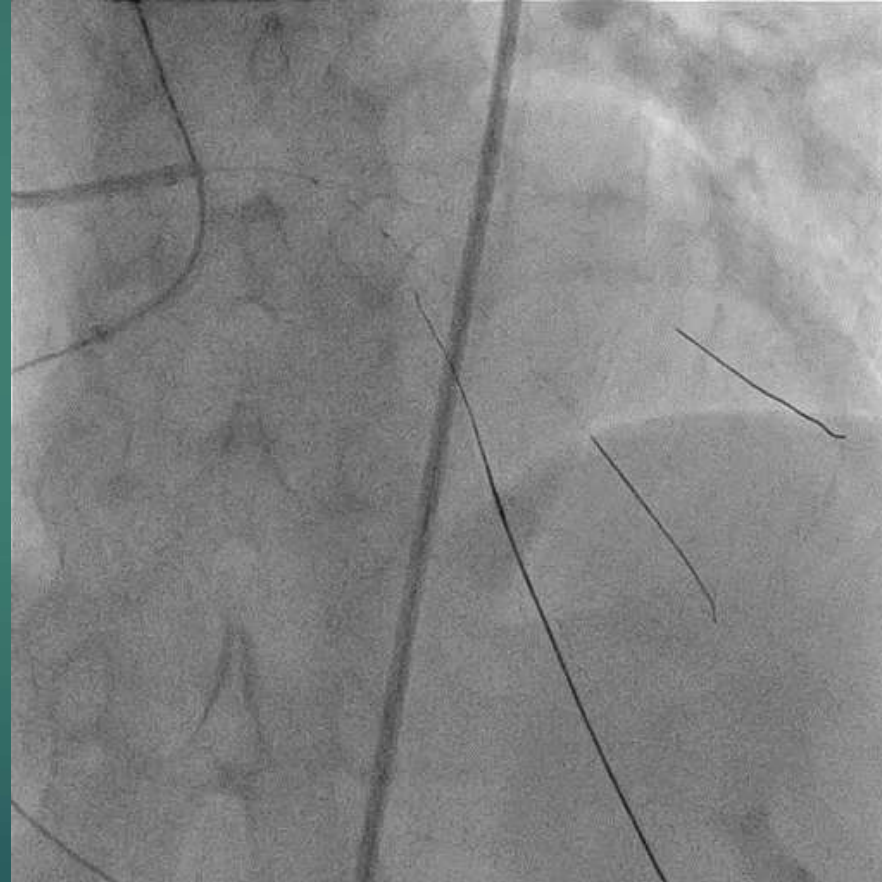
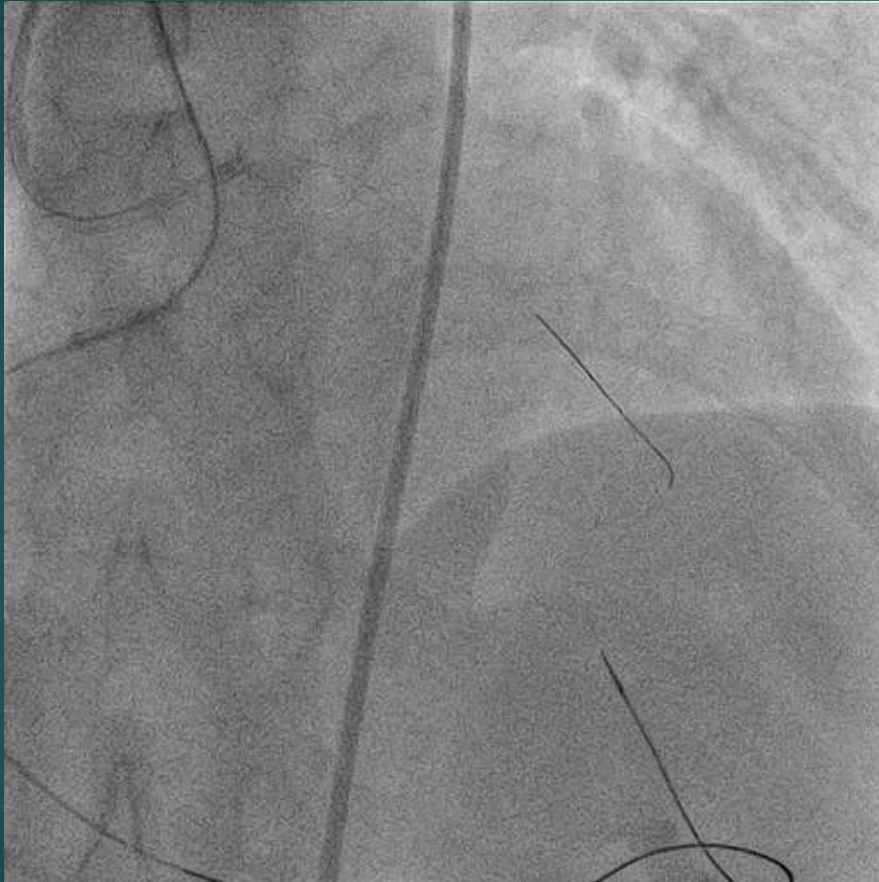


- Tapered Soft Tip
- 20cm Screw Head Structure
- Hydrophilic Polymer Coating
- PTFE Inner Layer

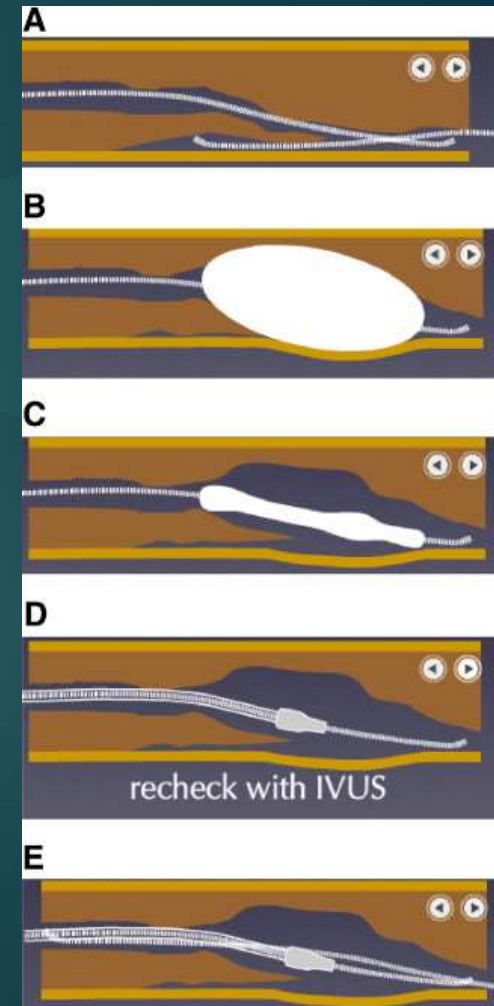
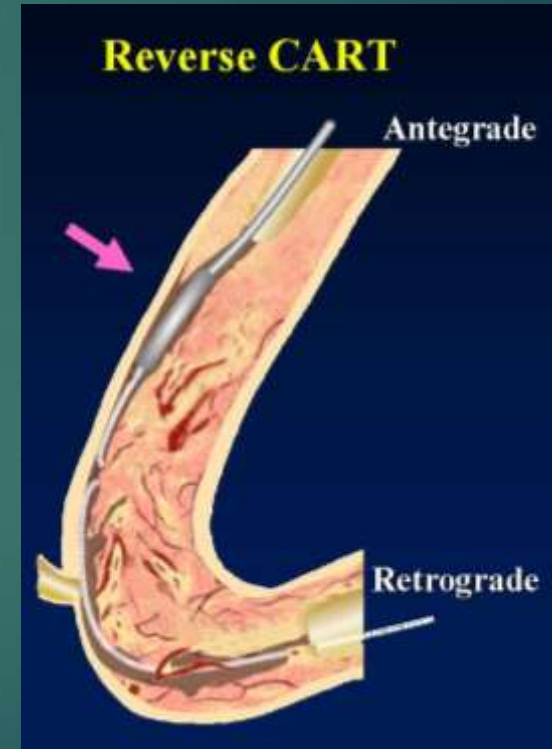
Should not be over-rotated (>10 consecutive turns without releasing)



Unable to do simple Kissing wire technique – changed to R-CART



# Reverse CART Technique ?

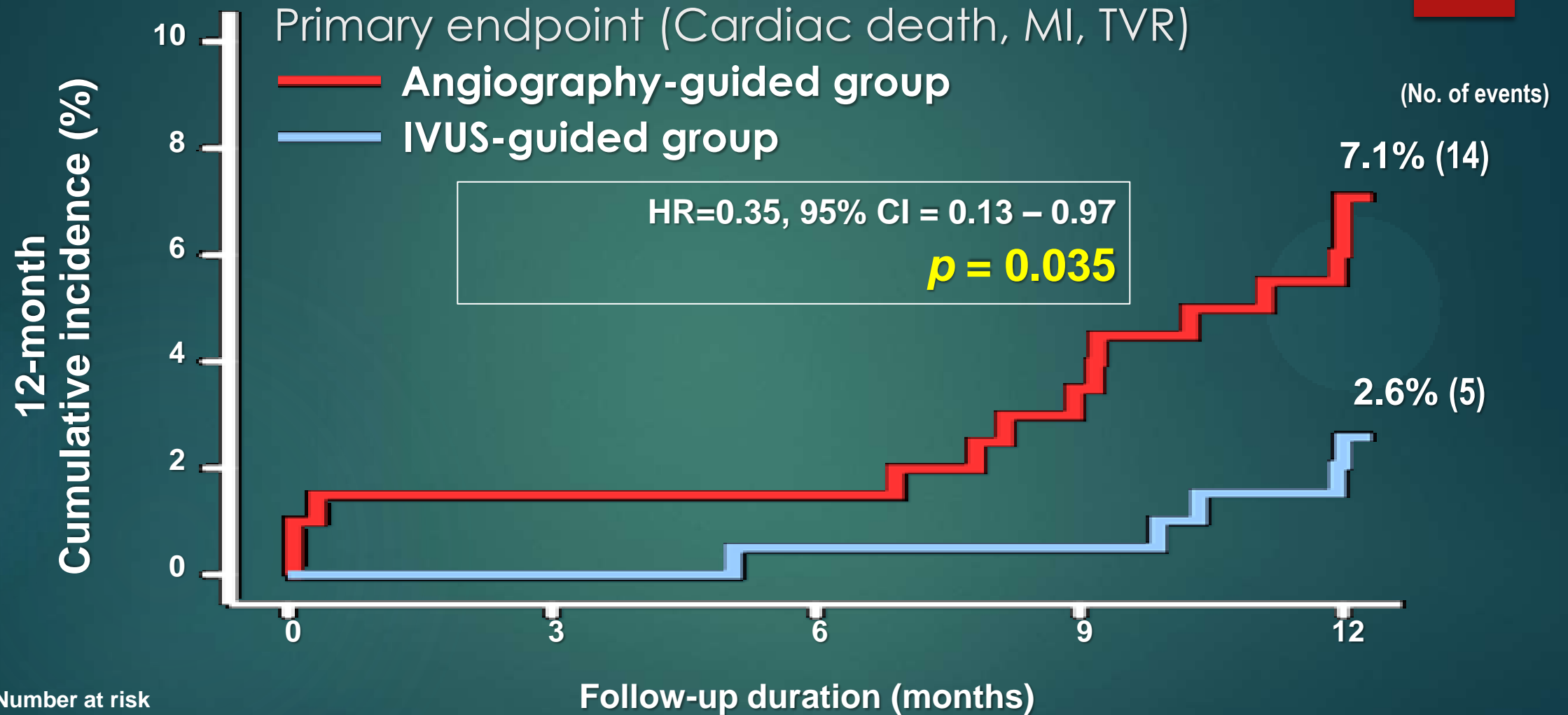




# IVUS guided CTO PCI

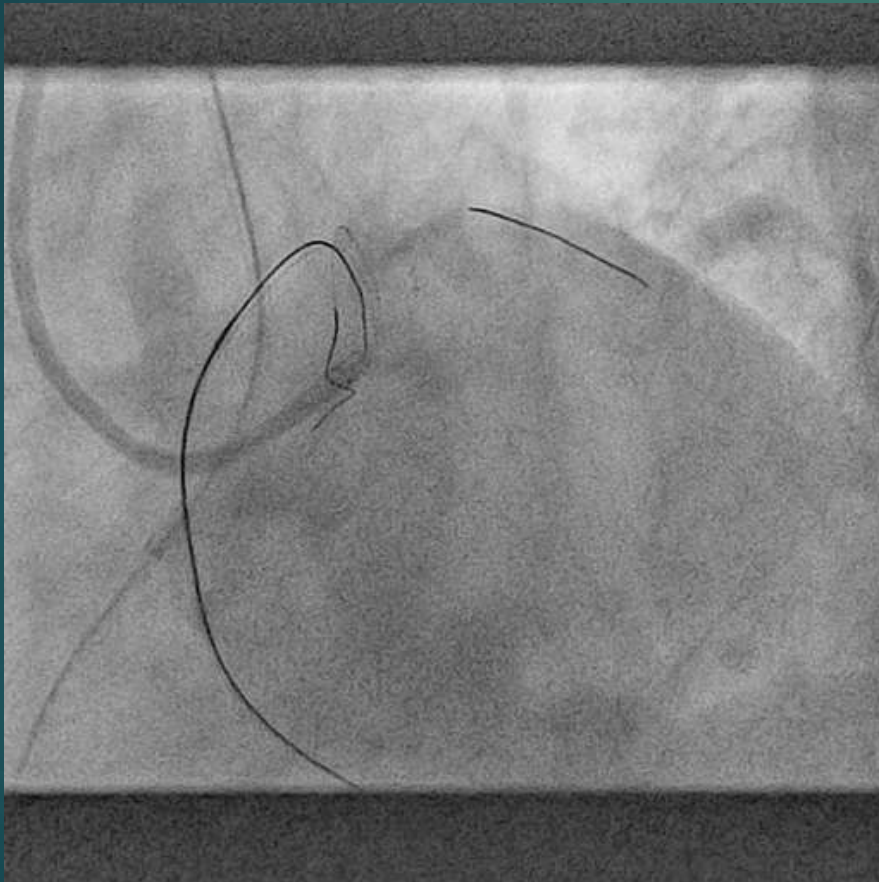


# Clinical Impact of IVUS-GUIDED CTO Intervention on the Clinical Outcomes



Number at risk

Angiography-guided	201	198	179
IVUS-guided	201	198	186



- ▶ Manage to advance retrograde wire to EBU3.5 7F with some difficulty
- ▶ Unable to advance corsair into the EBU guide for externalization
- ▶ Retrograde wire in anterograde guide but unable to externalize



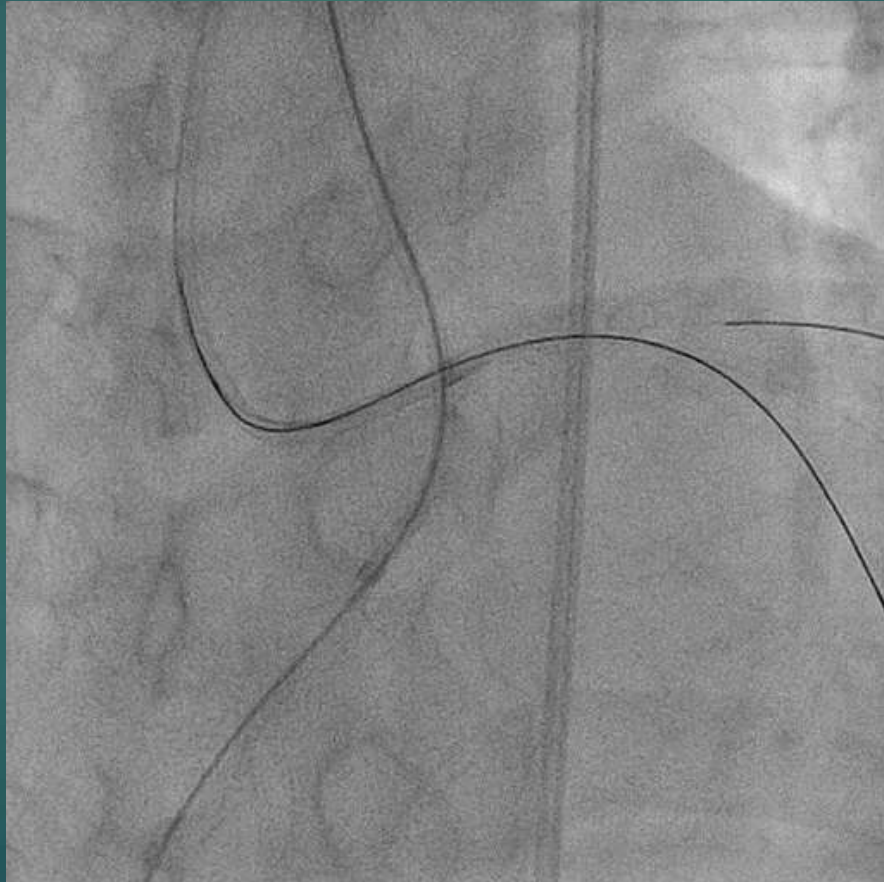
# Tip-In Technique

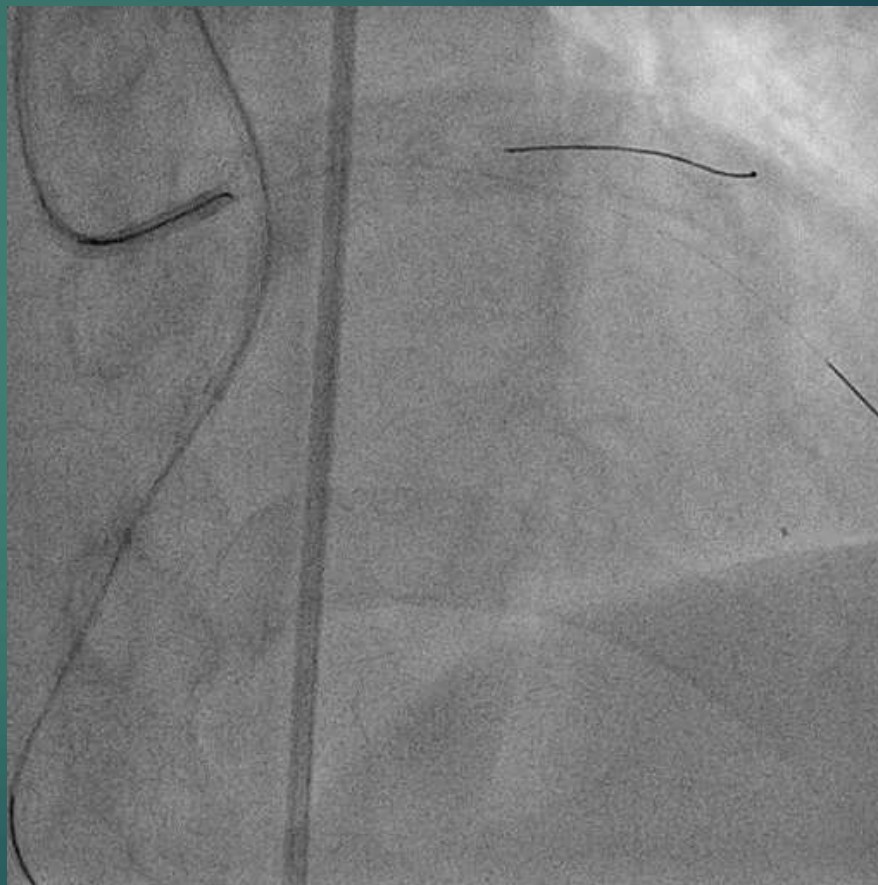
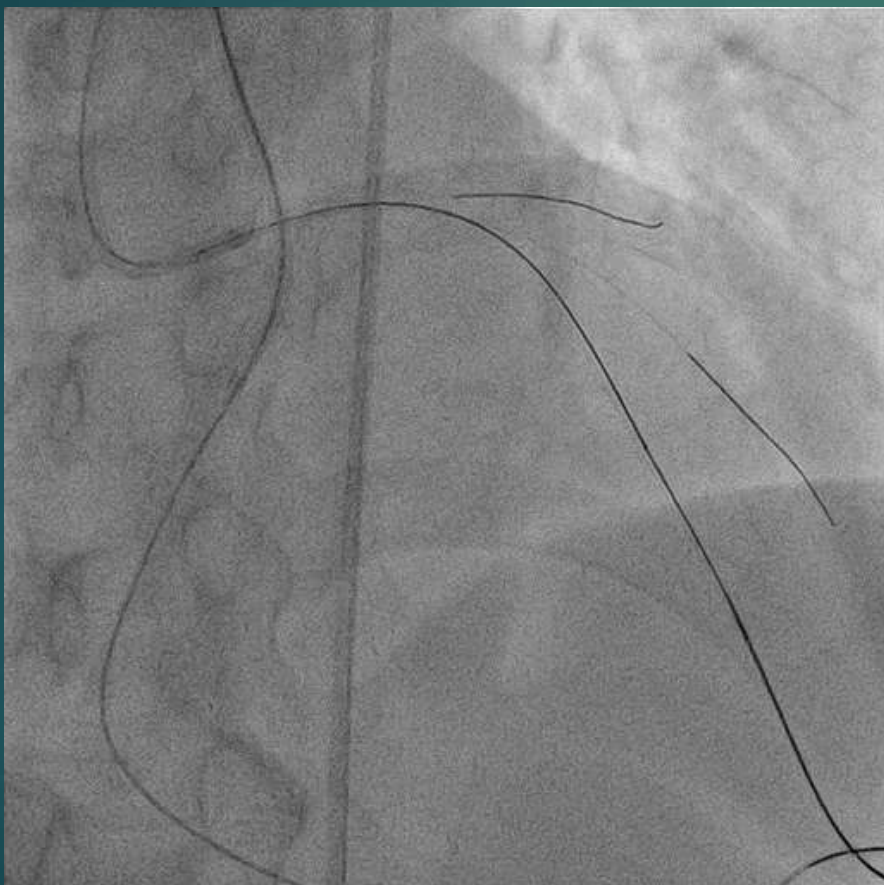
Advance the  
anterograde  
finewire

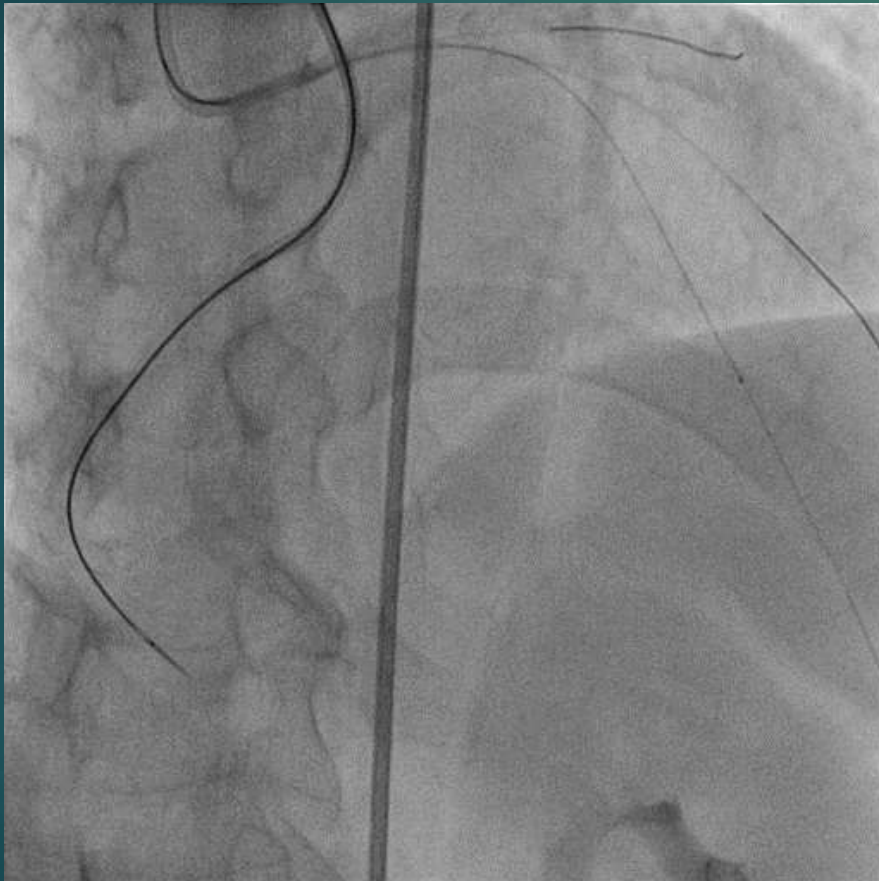


Align the  
microcatheter  
and retrograde  
wire









- ▶ Now, anterograde wire is in the LAD
- ▶ Prior to removal of corsair, take a cine to ensure no perforation/dissection of the donor septal branch

