Intercoronary Collateral: How to Pick-up and How to Use Wires

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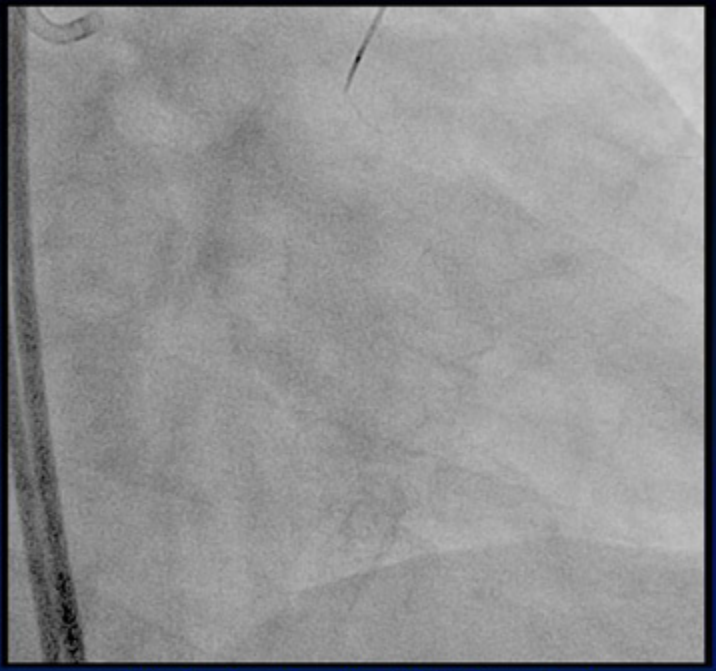
Tips and Tricks for Septal Channel Tracking

- Target septal branch is selected in RAO w/wo cranial view.
- Tip injection should be done in RAO caudal view (w/wo LAO caudal) to confirm the continuous connection.



Tip injection in RAO caudal

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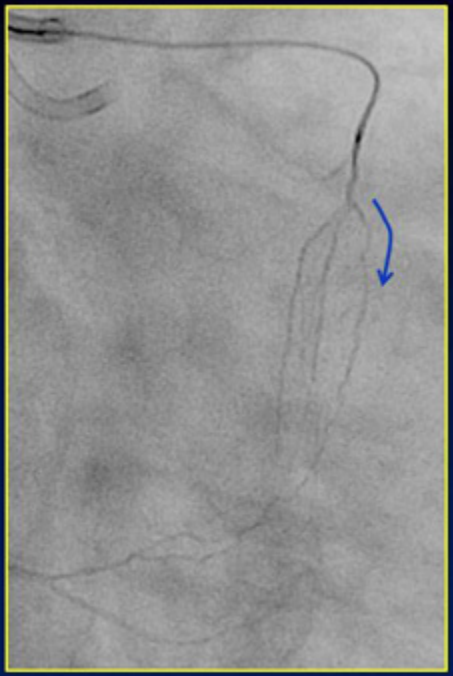
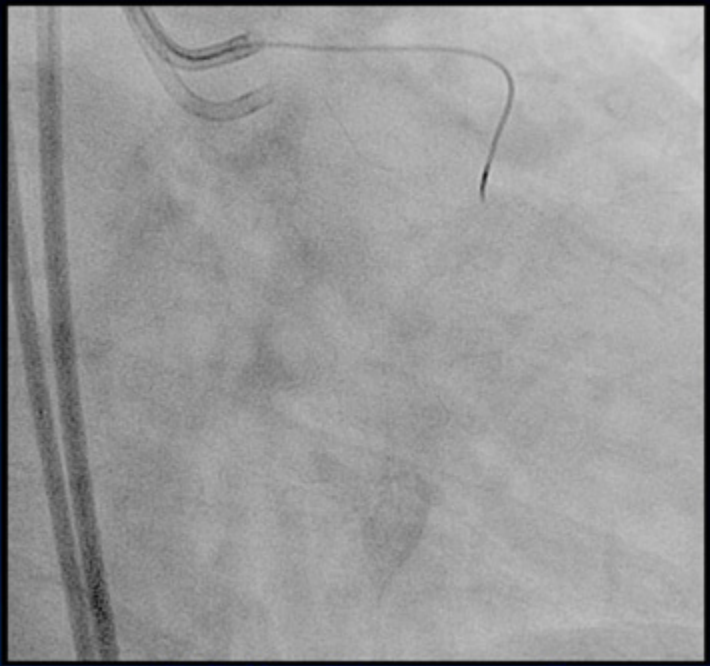
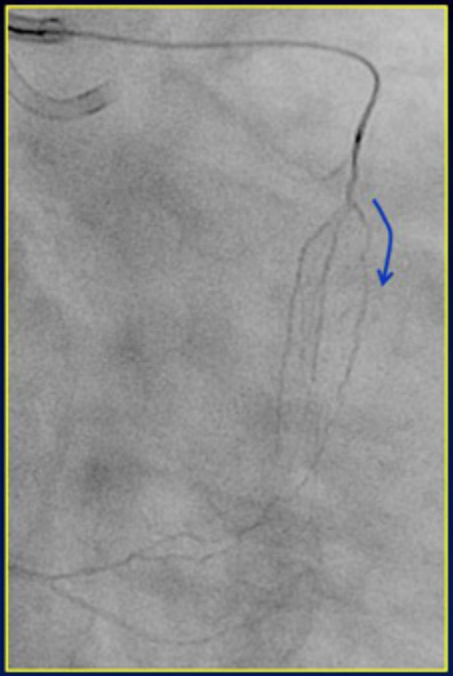
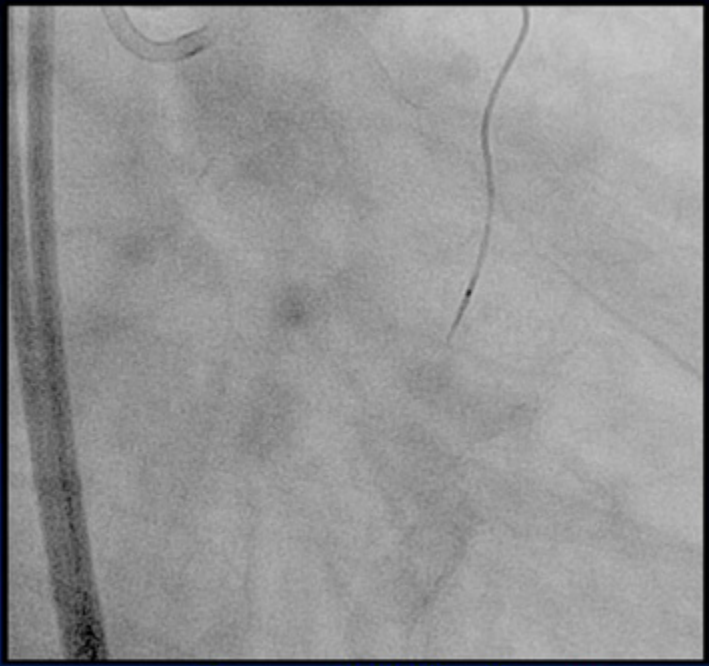
- Isolation by repeated tip injection in a target channel is important to check continuity and morphology.



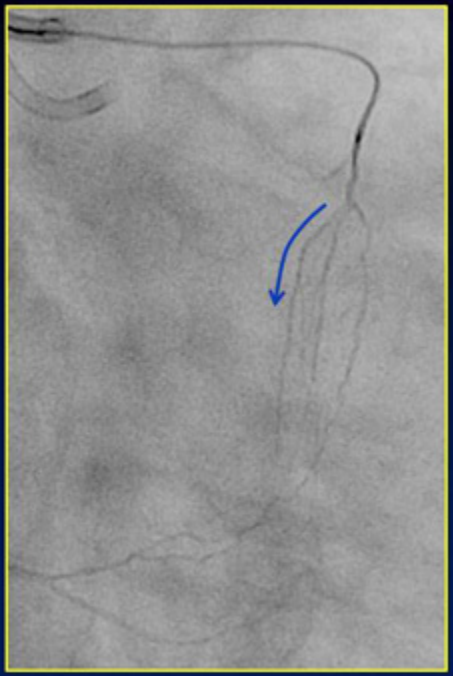


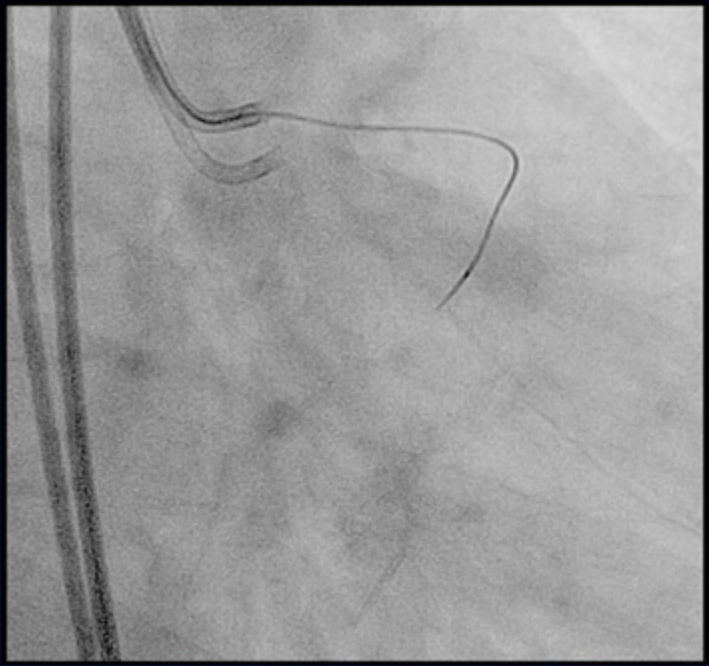
Isolation of target septal



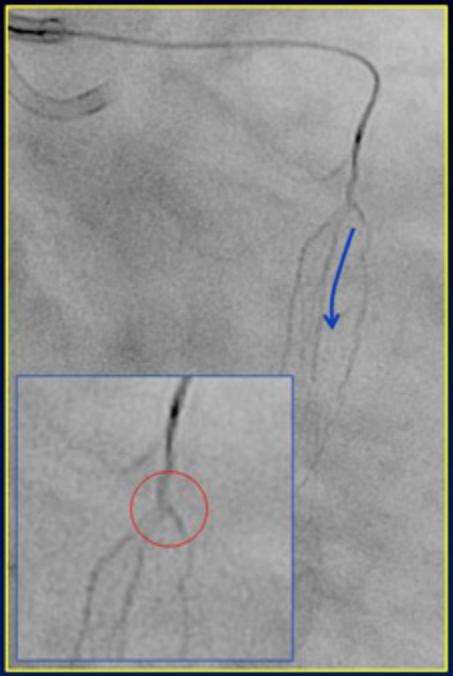


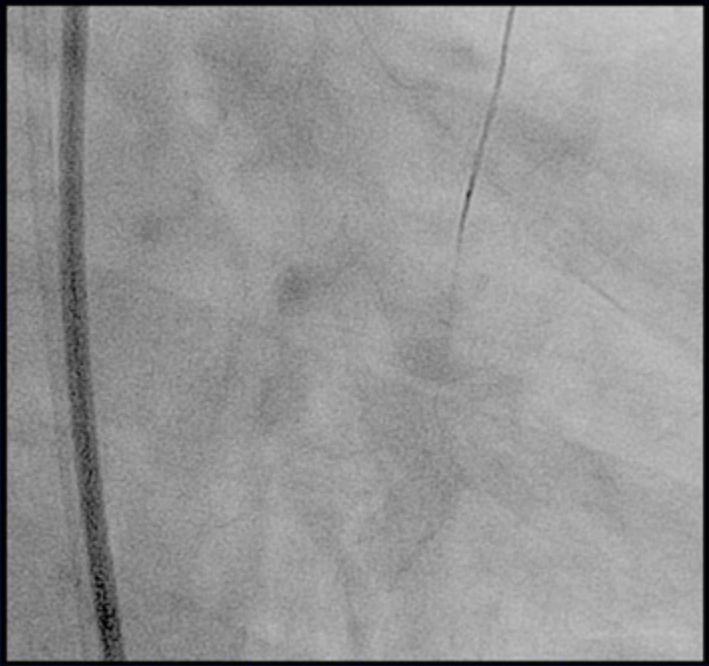
Repeated tip injection



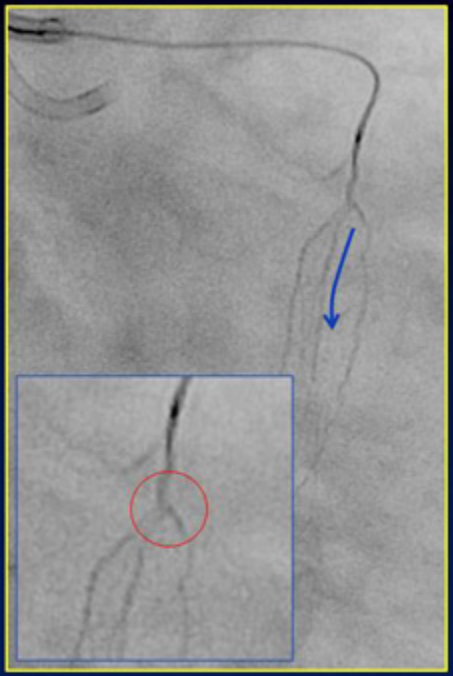


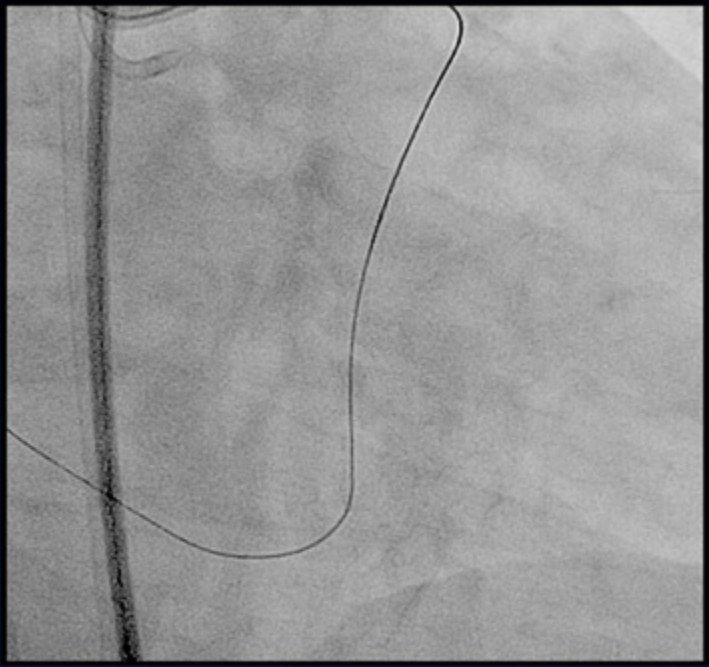
Isolation of target septal

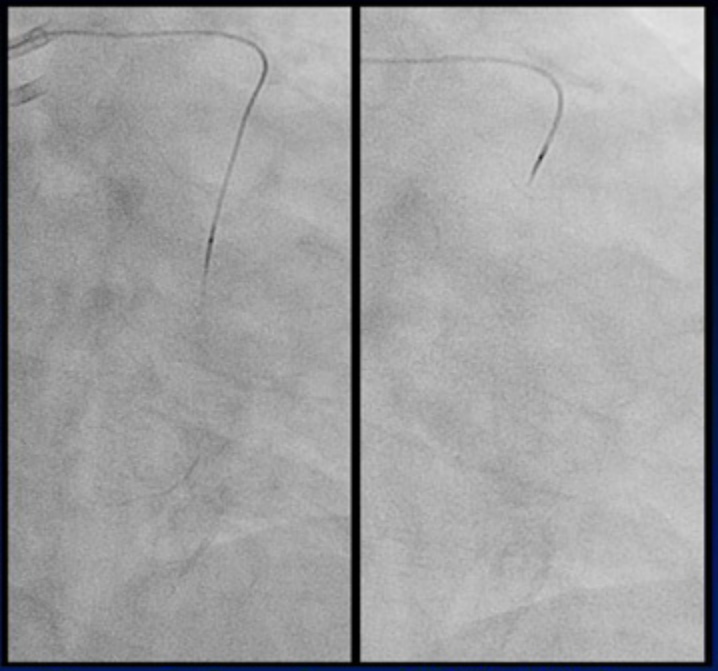




Isolation of target septal







Crossed channel

1st Tip injection

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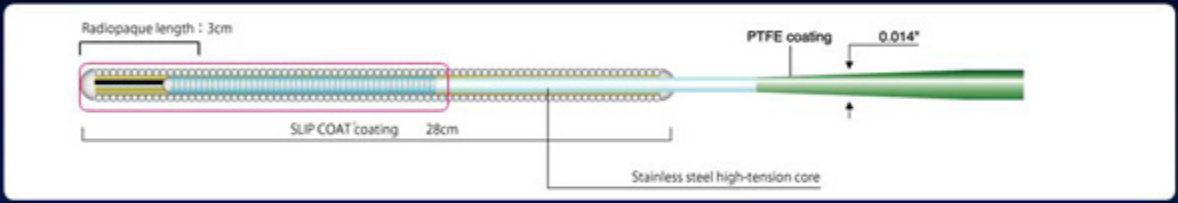
- Isolation by repeated tip injection in a target channel is important to check continuity and morphology.
- Wire selection depends on channel morphology.

Wire Selection for Septal Channel Tracking

- No more Fielder FC
- 1st choice is SION/SIONblue

New Guide Wire for Collateral Channel Tracking

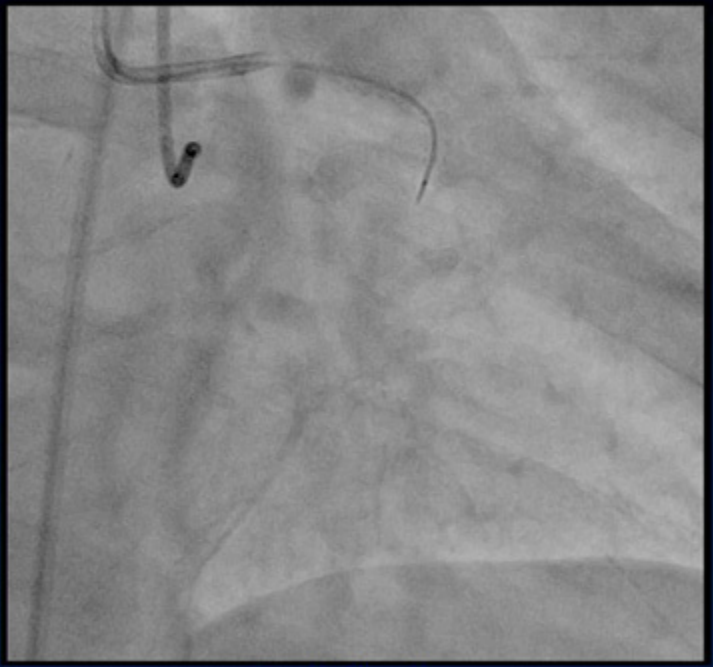
ASAHI SION, SION blue (*ASAHI Intecc*)



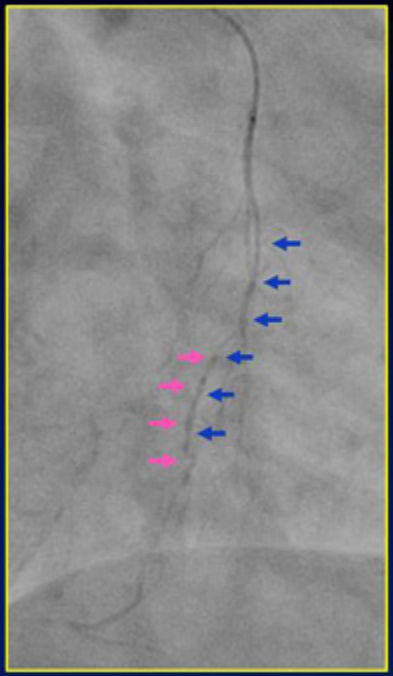
"Composite core" **Double coil design**

- **Durable tip**
- **High torque response**

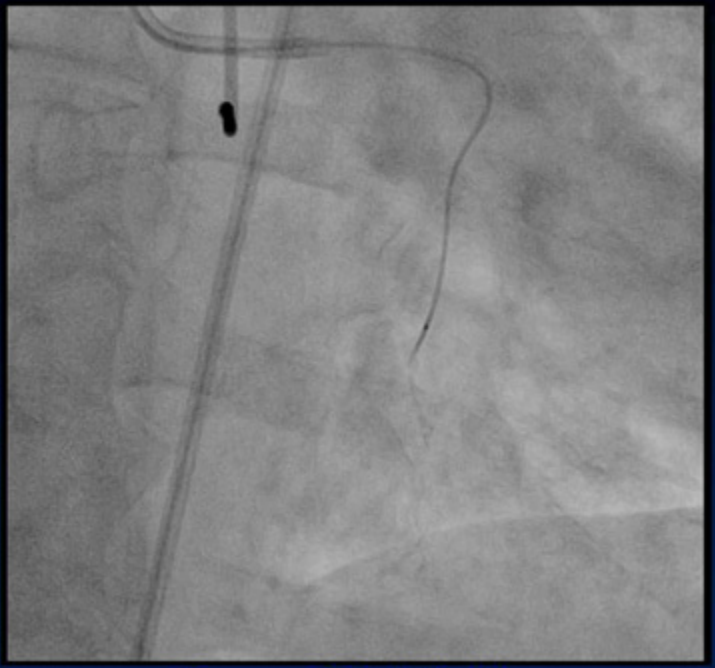
- **tip load ; SION 0.7g, SION blue 0.5g**
- **0.014" diameter design**
- **28cm Hydrophilic coating**

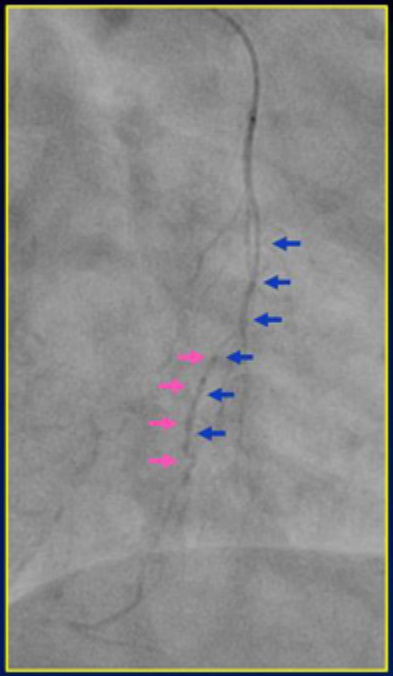


Tip injection



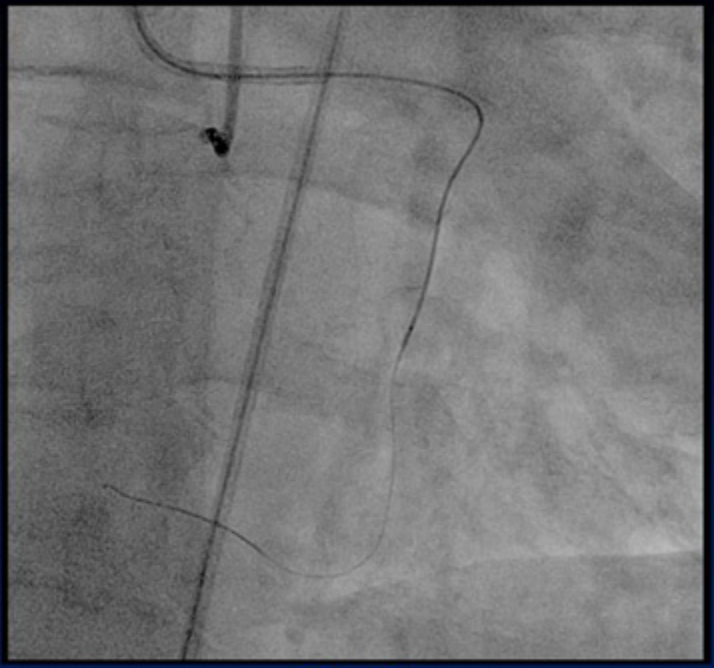
→ bends





Repeated tip injection

→ bends



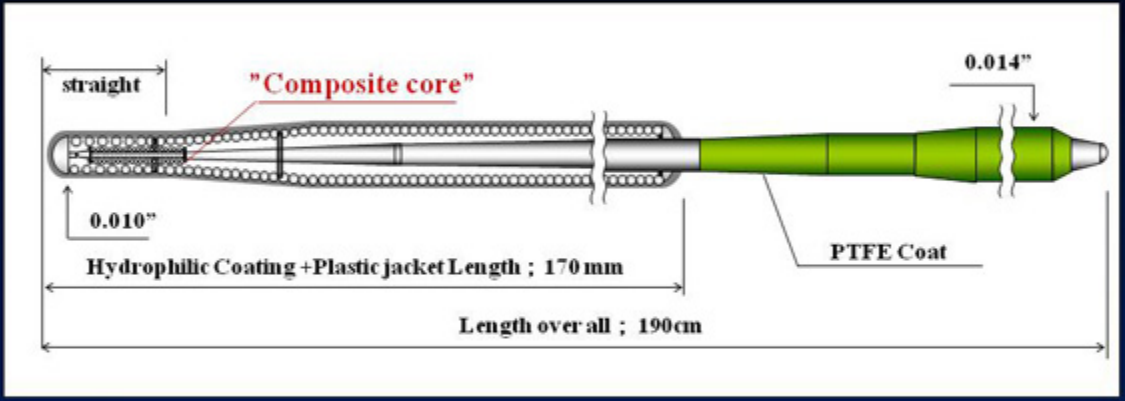
SION

Wire Selection for Septal Channel Tracking

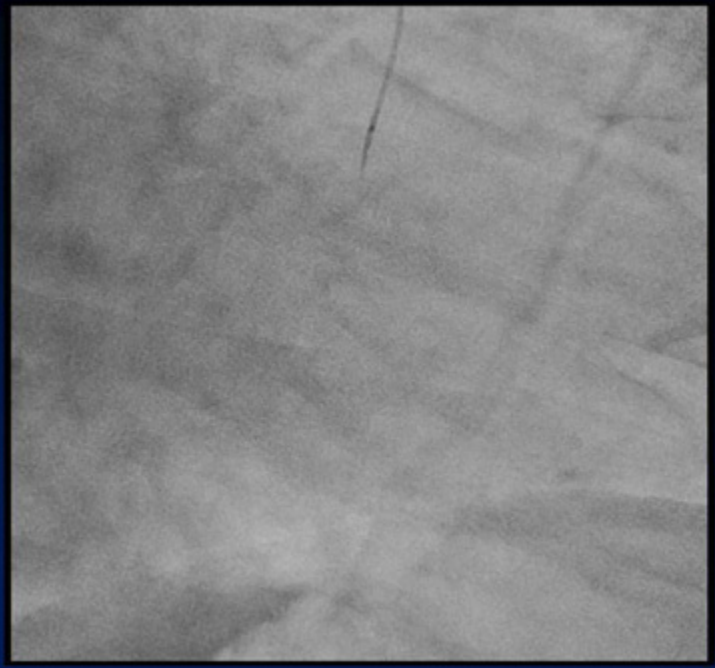
- No more Fielder FC
- 1st choice is SION/SIONblue
- If the channel is tiny or partially narrowing, Fielder XT-R

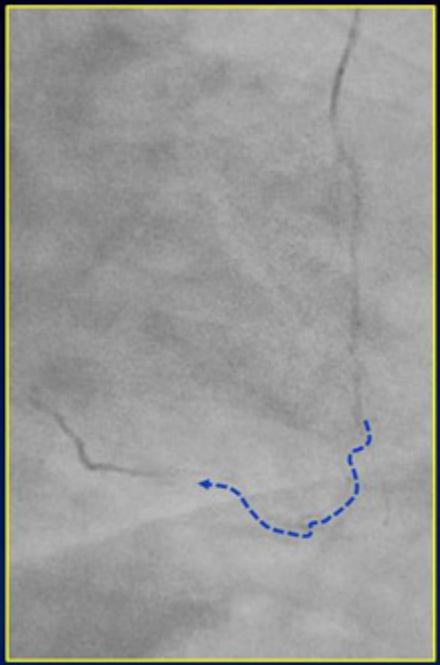
New X-treme XT-R <Revolution>

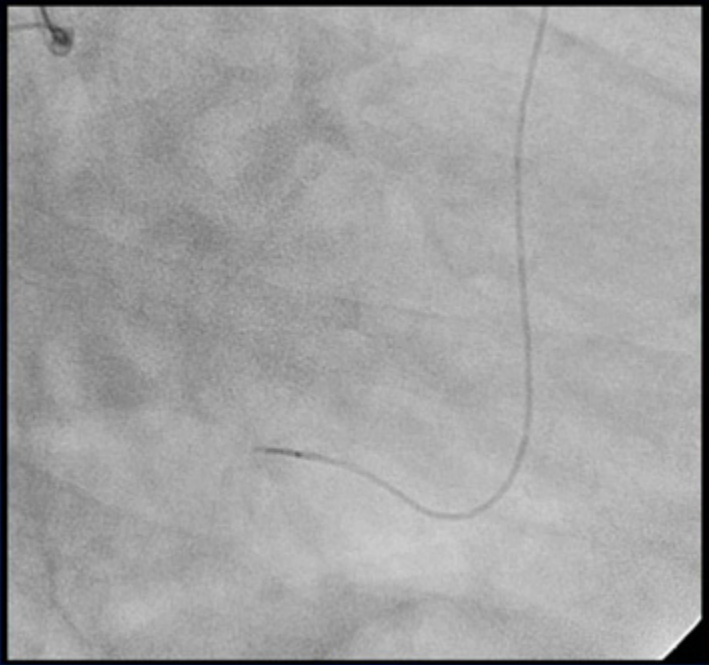
ASAHI intecc; Japan

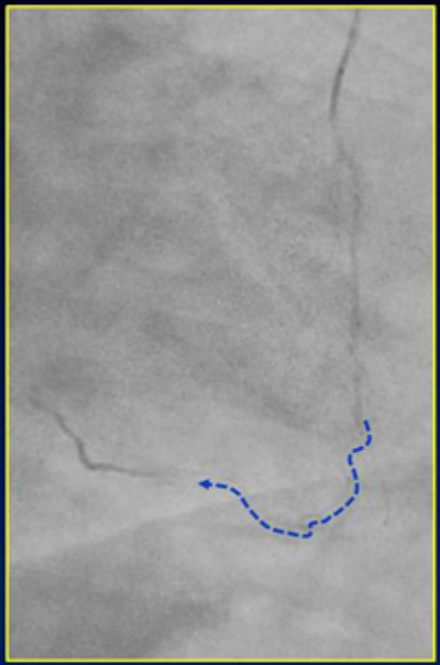


- ✓ New Fielder XT with " composite core" design
- ✓ Durable & Flexible 0.010" tip – Tip load = 0.6gf
- ✓ High torque performance for retro/antegrade approach

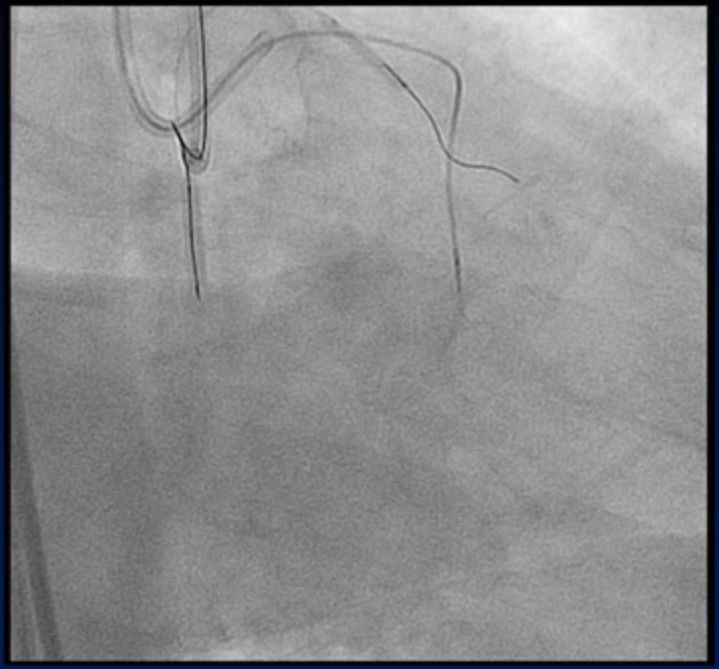


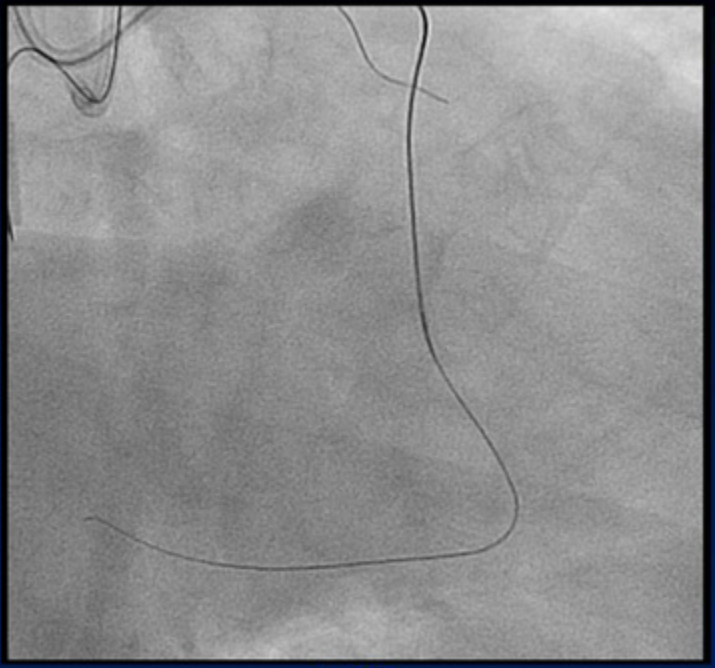






XT-R





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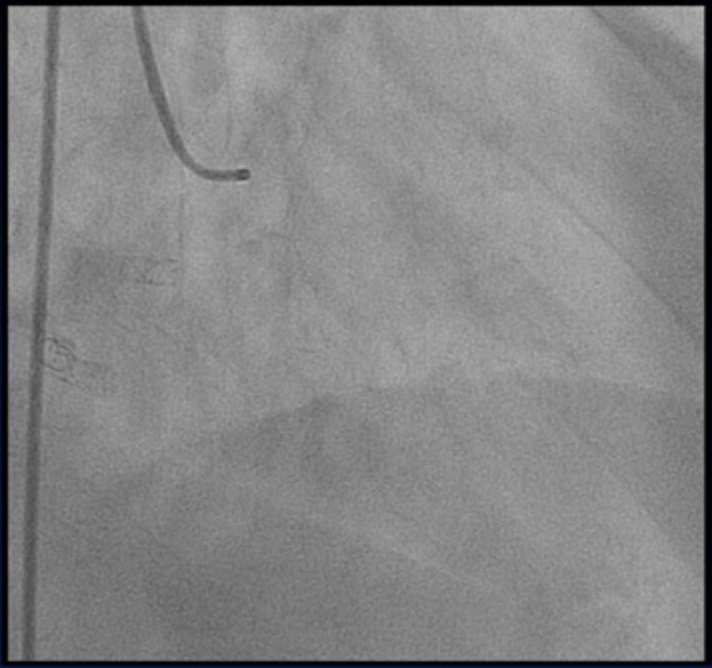

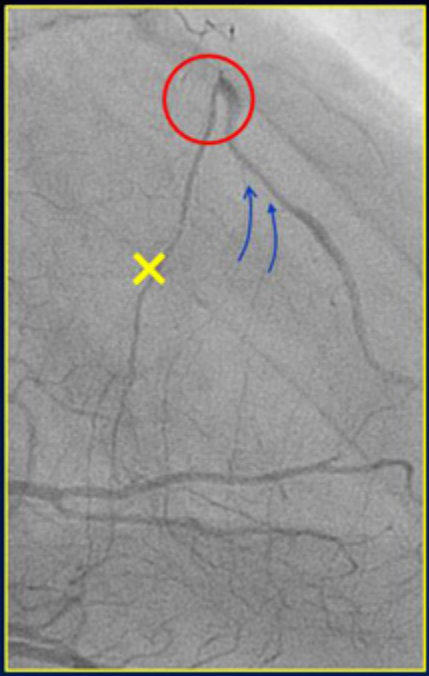

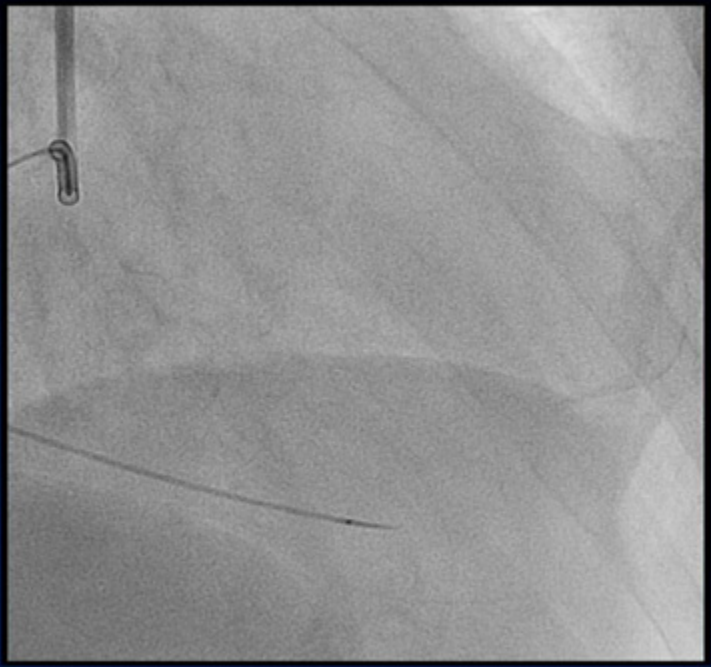

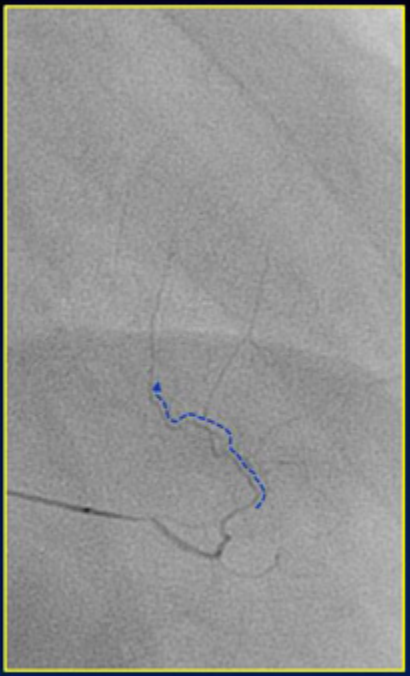

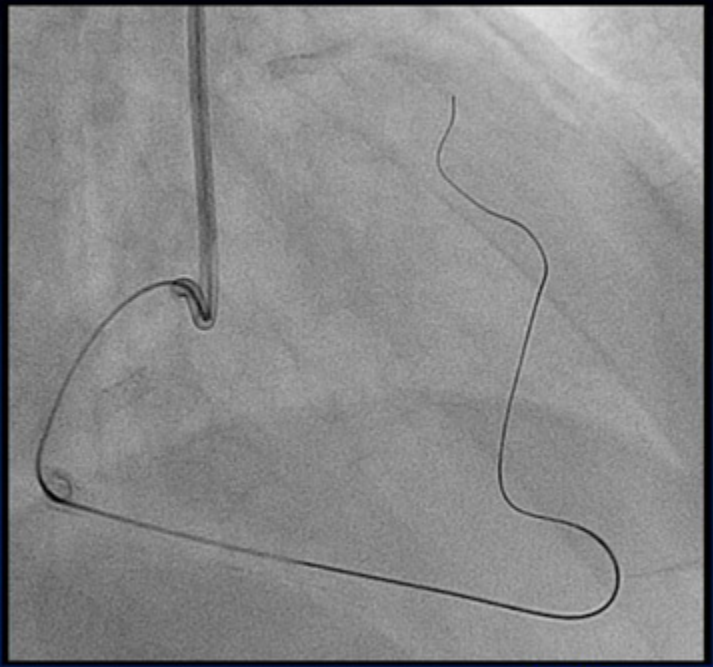

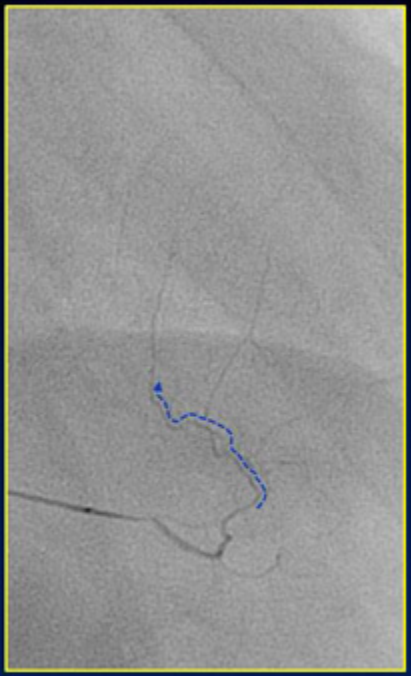

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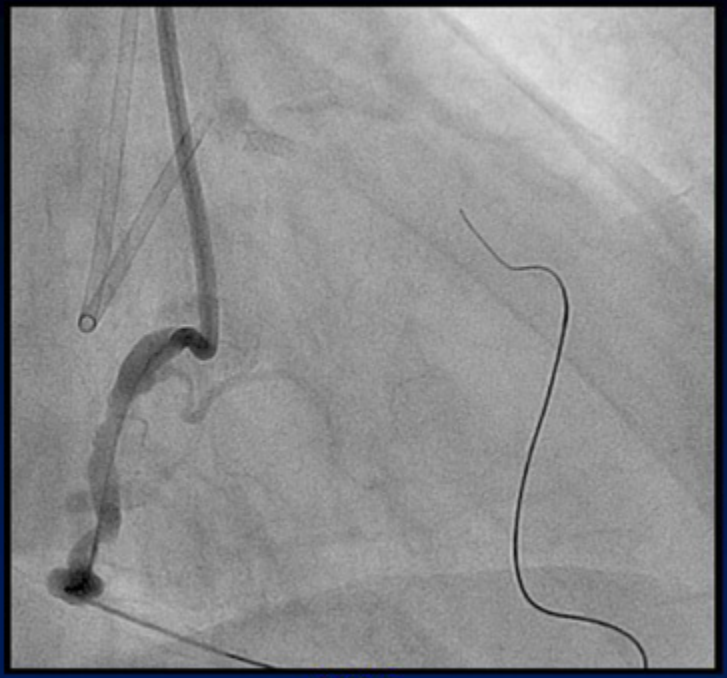

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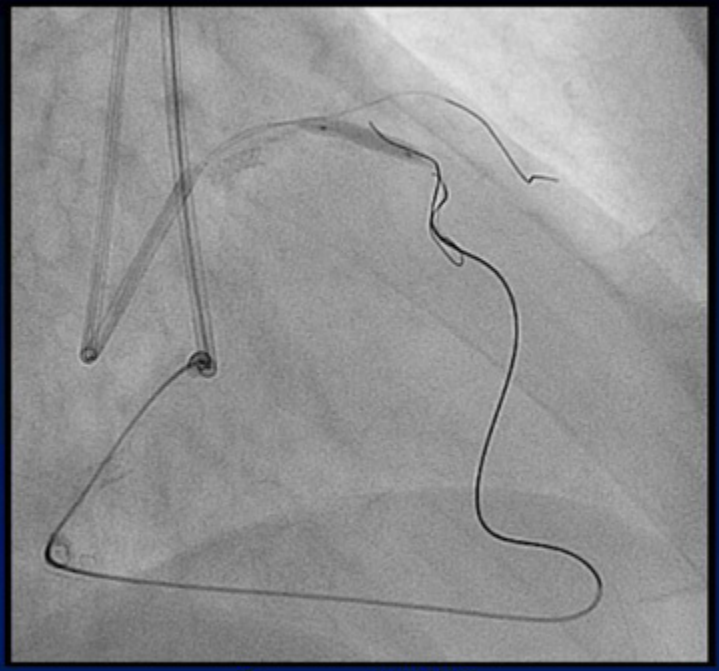
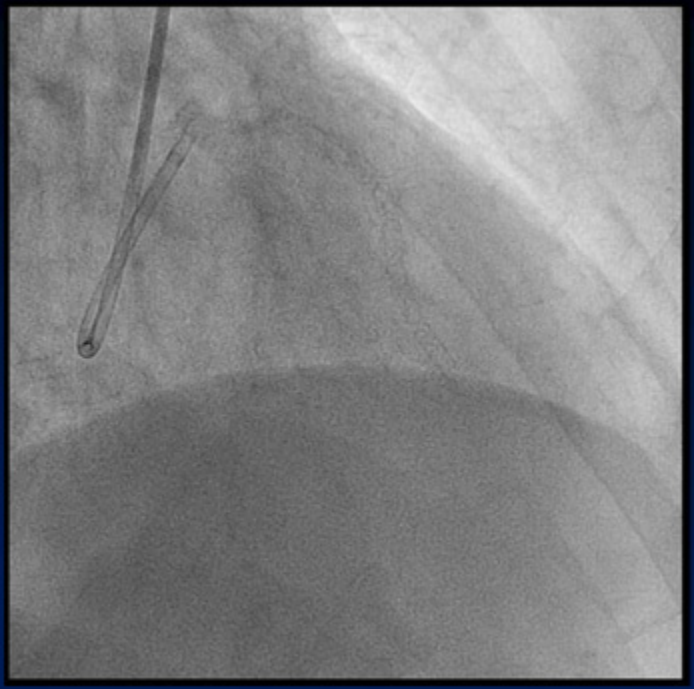


Reverse CART



Tips and Tricks for Septal Channel Tracking

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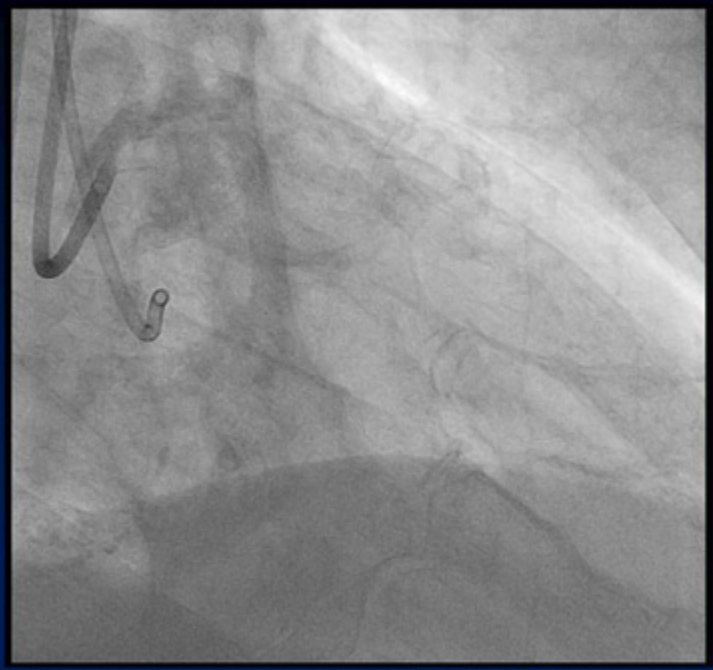
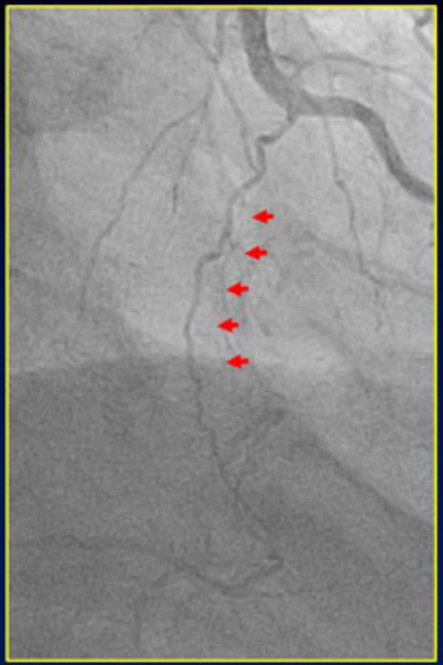
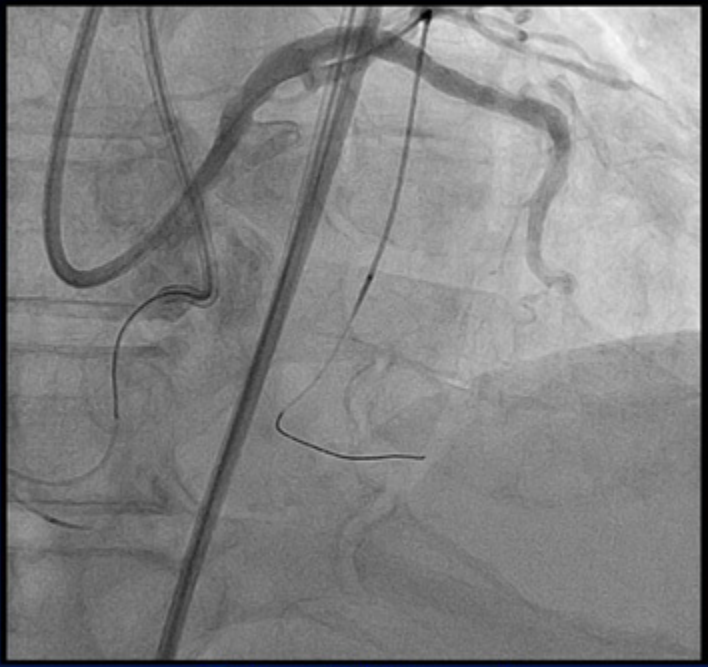
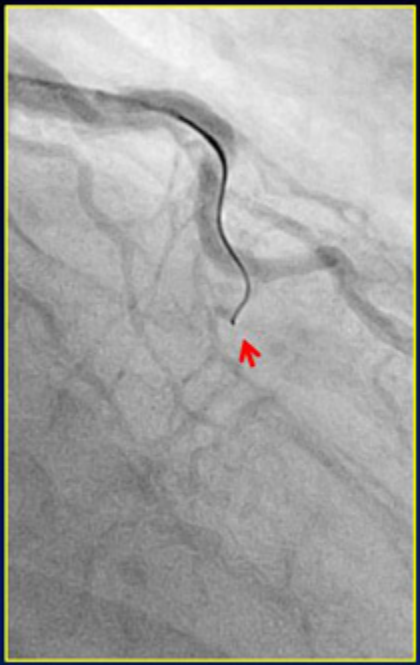
- Isolation by repeated tip injection in a target channel is important to check continuity and morphology.
- Wire selection depends on channel morphology.
- "Visible", does not always means "Possible"





Promising septal?





Epicardial channel

Tips and Tricks for Septal Channel Tracking

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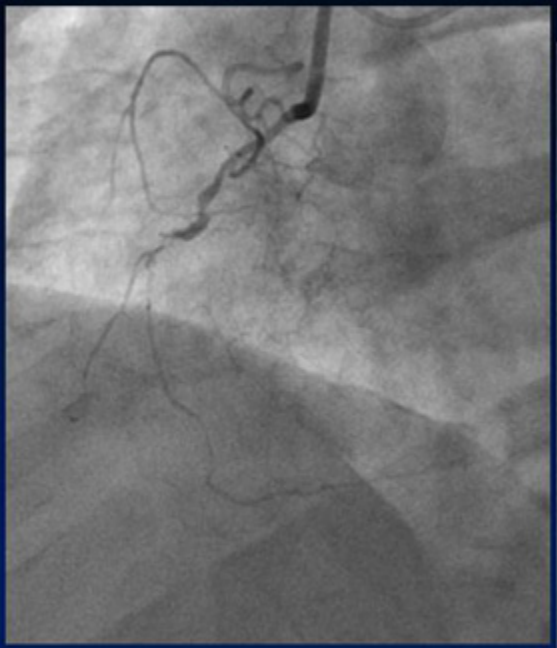
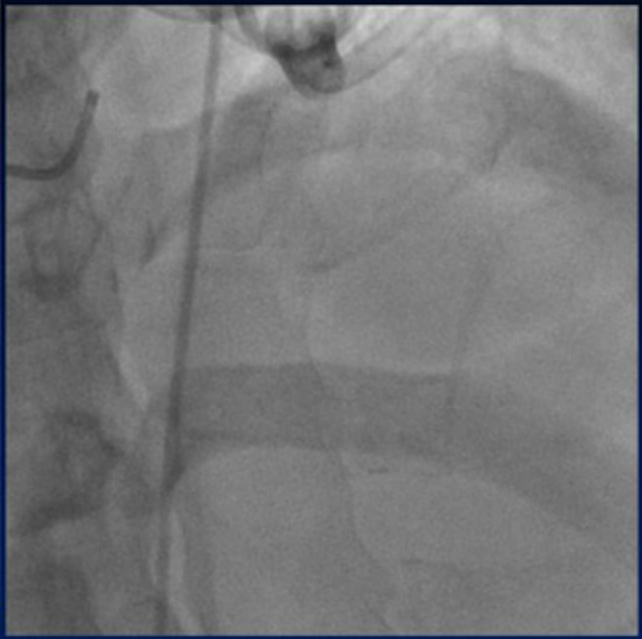
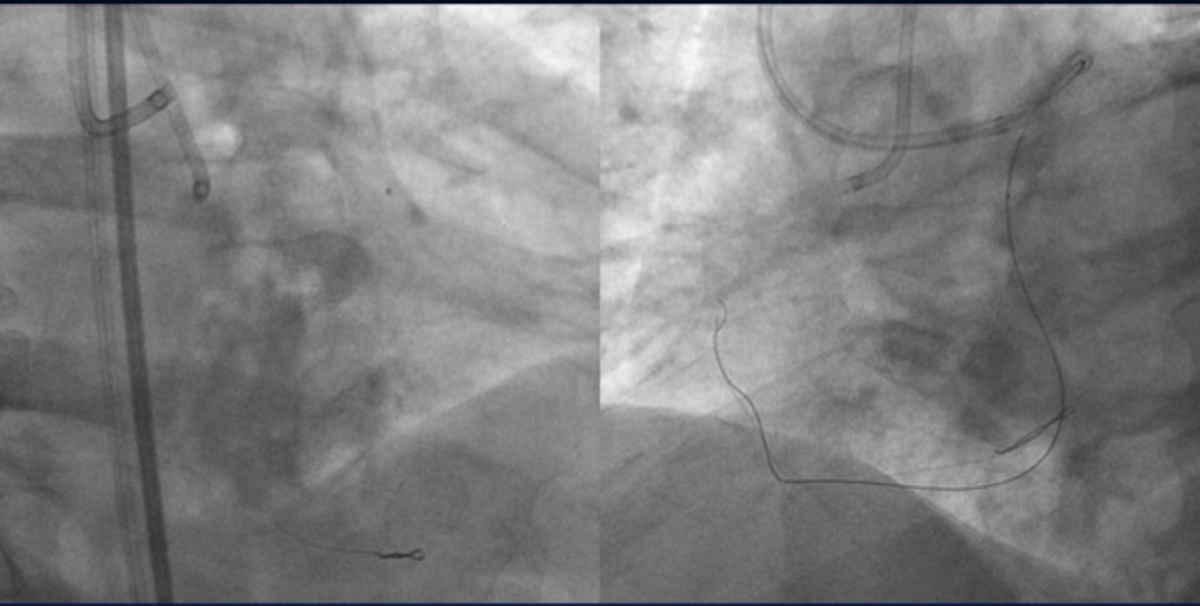
- Isolation by repeated tip injection in a target channel is important to check continuity and morphology.
- Wire selection depends on channel morphology.
- "Visible", does not always means "Possible"
- "Invisible", does not always means "Impossible"!

Invisible Septal Channel





Invisible Septal Channel



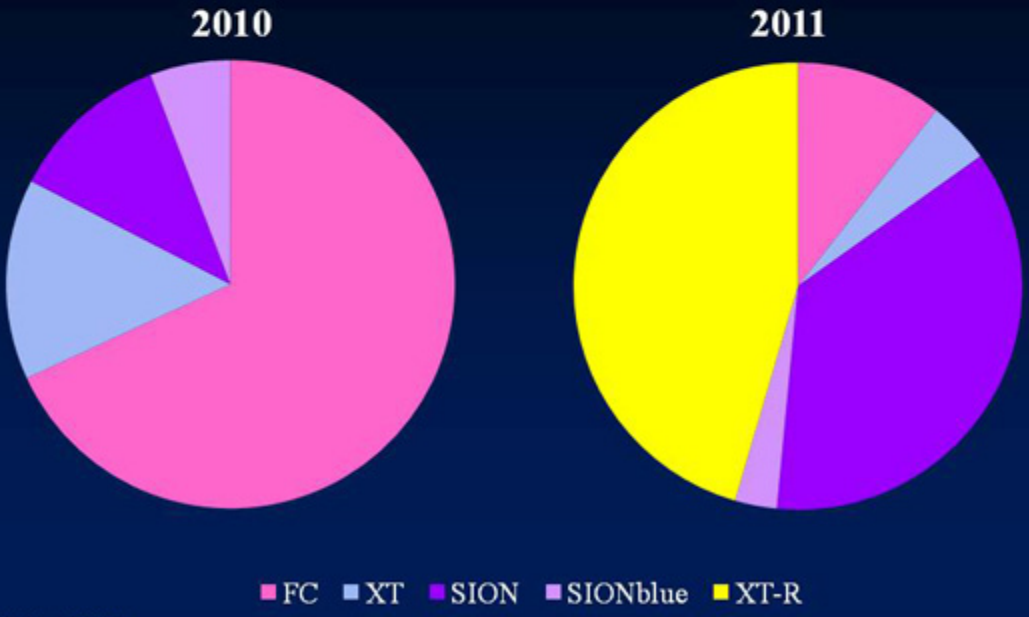
No connection by tip injection

Fielder XT

Wire Selection for Septal Channel Tracking

- No more Fielder FC
- 1st choice is SION/SIONblue
- If the channel is tiny or partially narrowing, Fielder XT-R
- When you try an invisible channel, Fielder XT-R

Change in Wire Selection for Septal Channel Tracking



Tips and Tricks for Septal Channel Tracking

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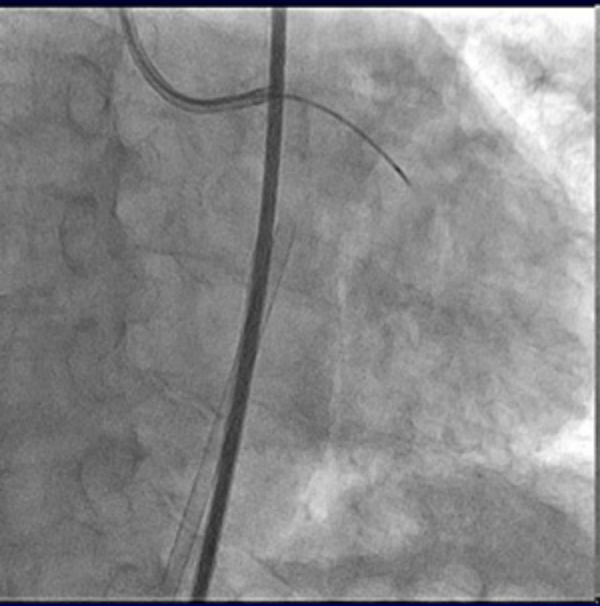
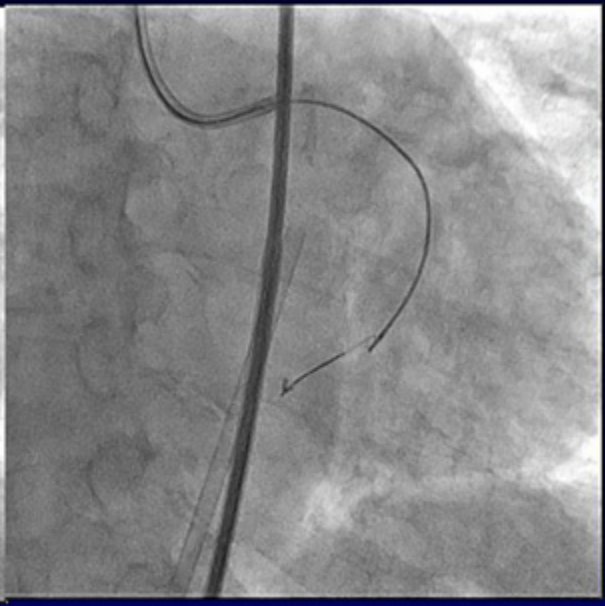
- Tip injection should be done in RAO caudal view (w/wo LAO caudal) to confirm the continuous connection.
- Isolation by repeated tip injection in a target channel is important to check continuity and morphology.
- Wire selection depends on channel morphology.
- "Visible", does not always means "Possible"
- "Invisible", does not always means "Impossible"!
- Do not persist in the 1st target channel. It's important to explore another channel when necessary.

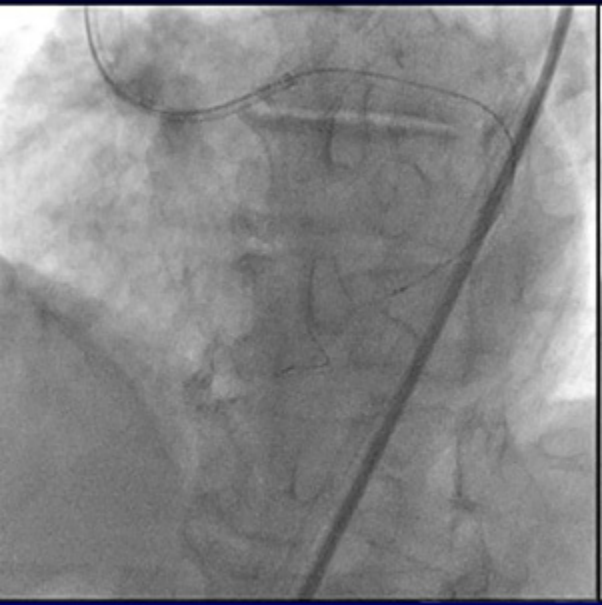
Tips and Tricks for Epicardial Channel Tracking

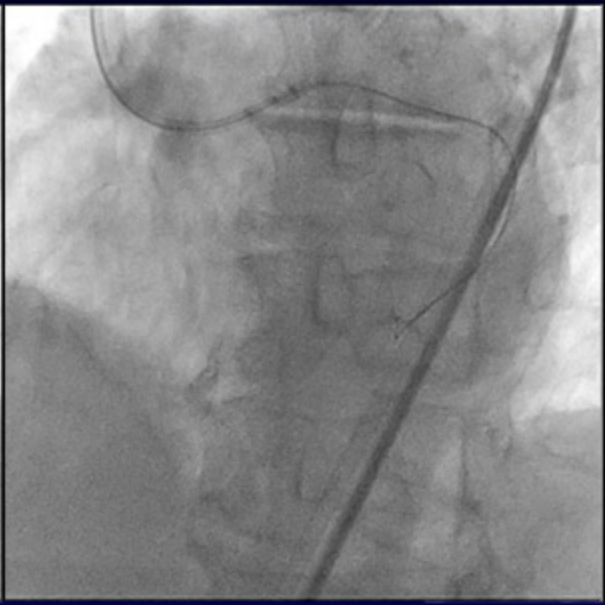
- Corkscrew-like, however vessel size is important!
- It's necessary to straighten each bend inside the channel for successful crossing.
- New wire, SION, supported by Corsair works very well in these settings.
- Repeated tip injection helps to keep in the parent vessel.





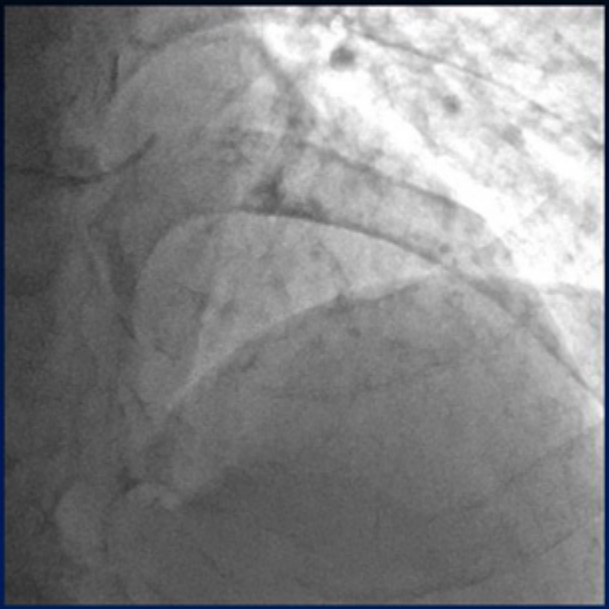
SION with Corsair

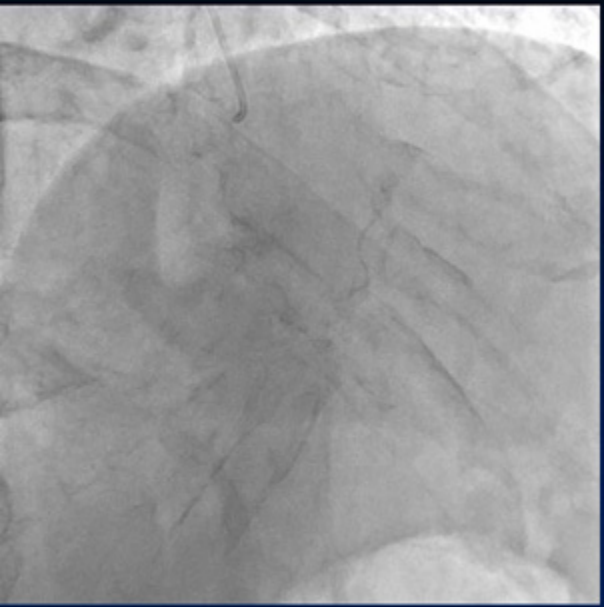


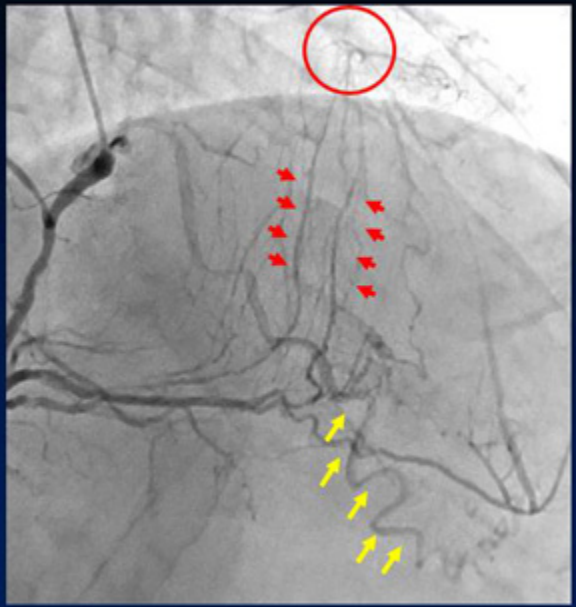


Knuckled SION

LAD-CTO, Reattempt

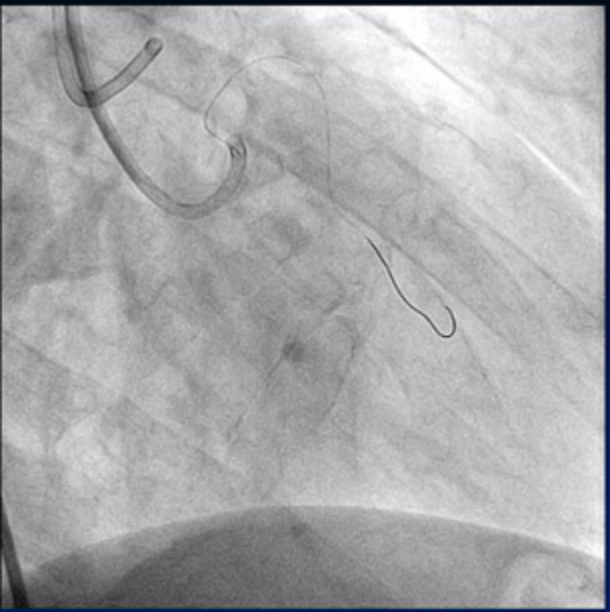


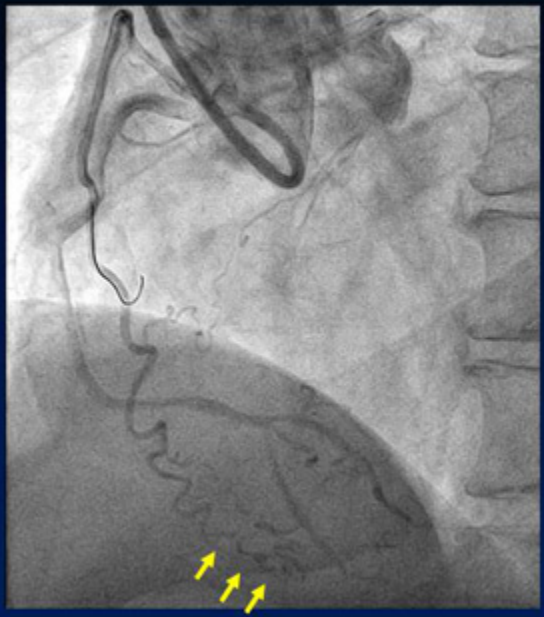


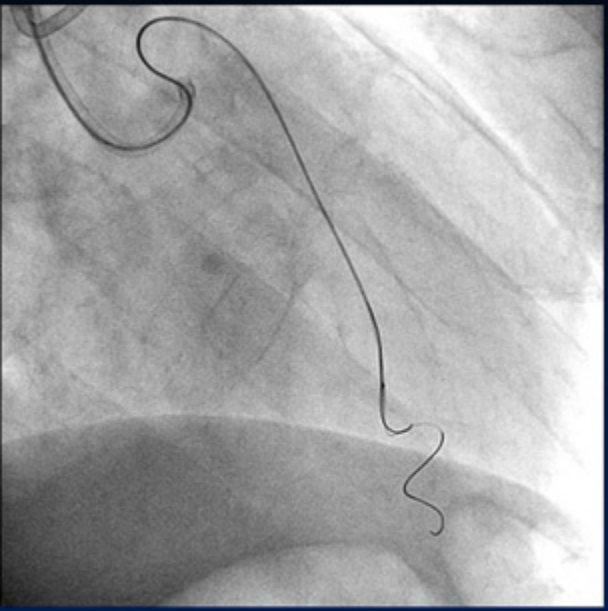


Septal

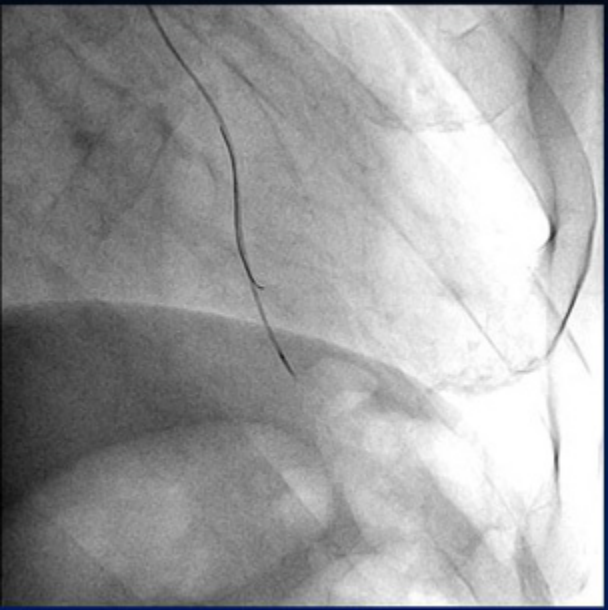
Conus branch

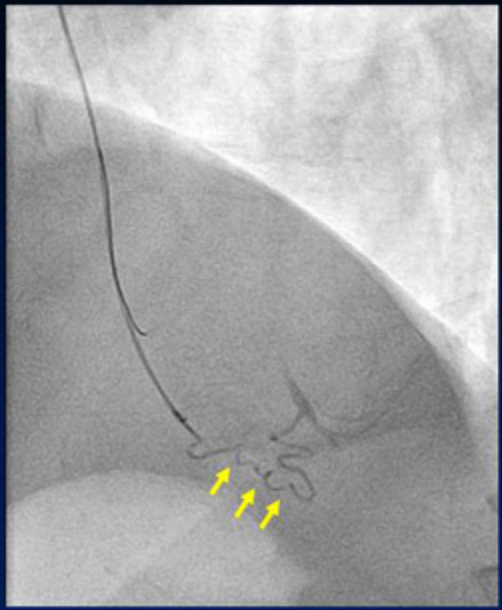




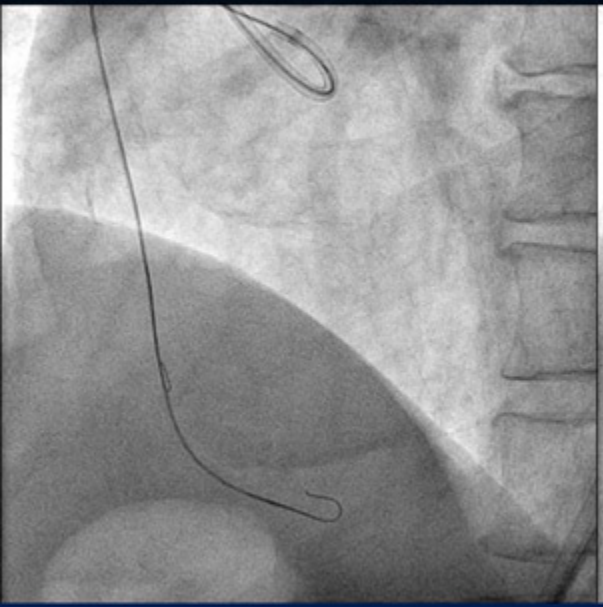


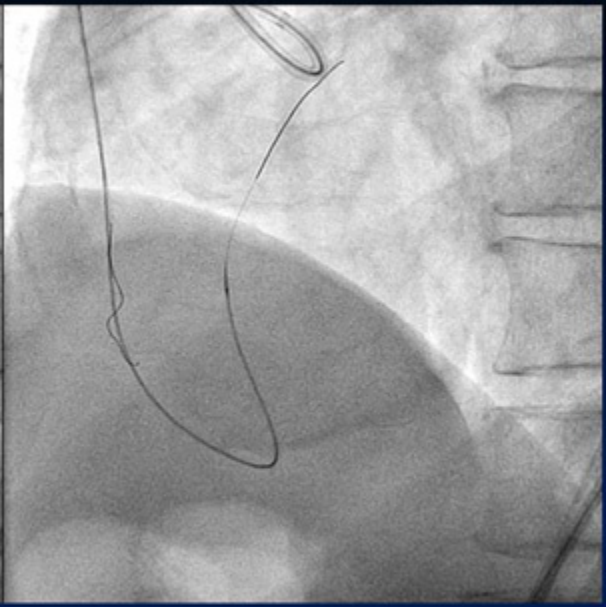
- Fielder FC as anchor
- SION with Corsair





Tip injection





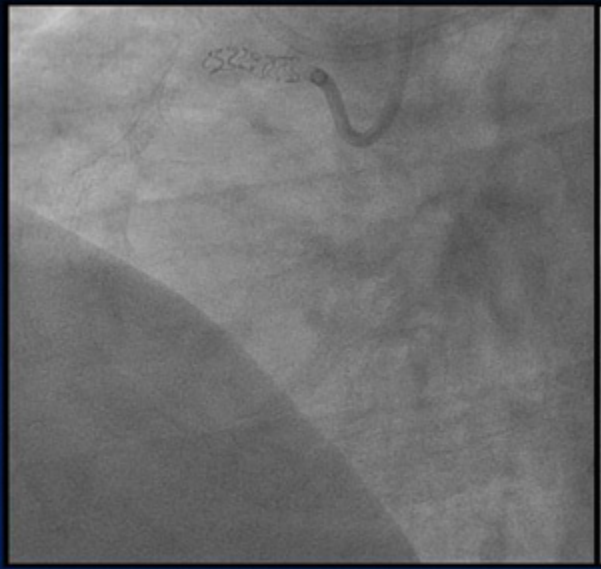
Corsair straightened bends.

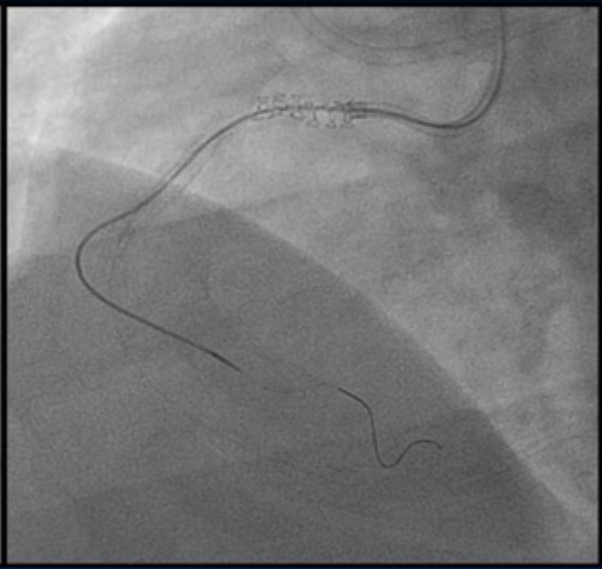
Successful crossing

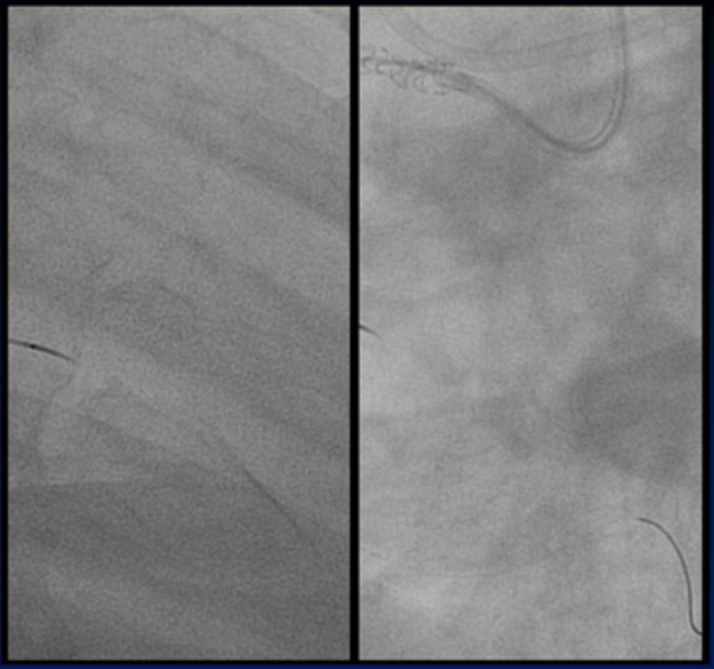
Tips and Tricks for Epicardial Channel Tracking

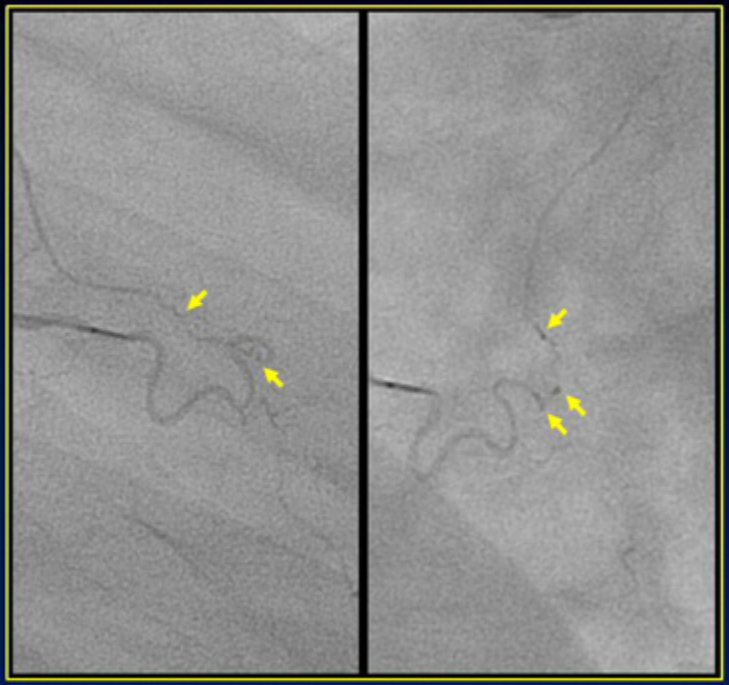
- Corkscrew-like, however vessel size is important!
- It's necessary to straighten each bend inside the channel for successful crossing.
- New wire, SION, supported by Corsair works very well in these settings.
- Repeated tip injection helps to keep in the parent vessel.
- When the channel is tiny or acute bended, XT-R is better.

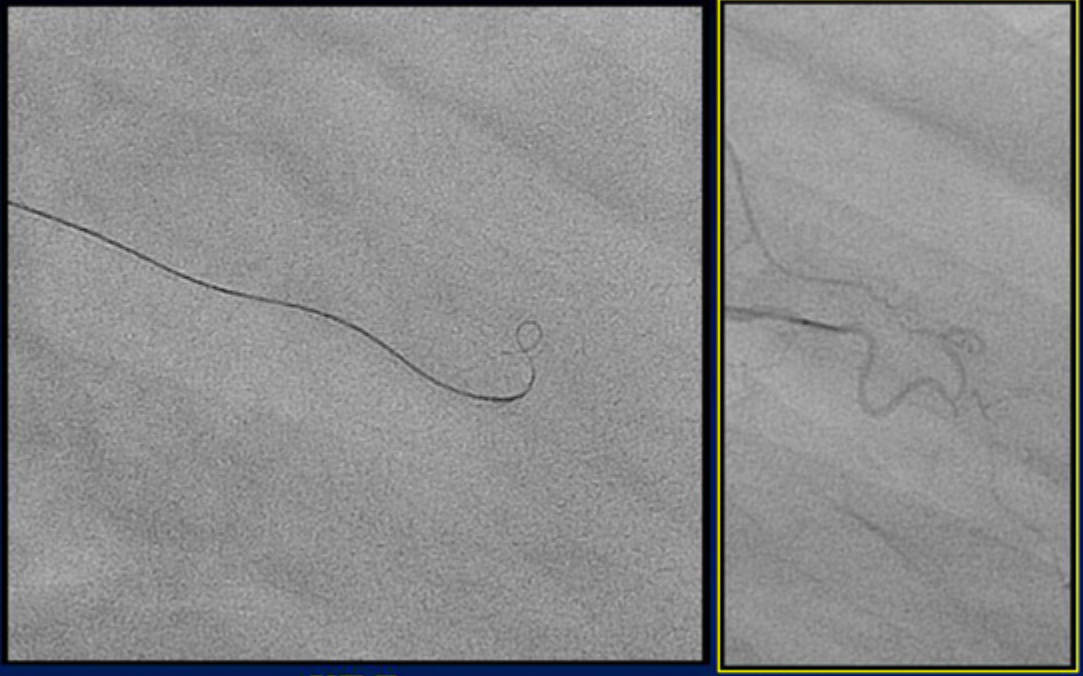
LAD-CTO, RV Channel



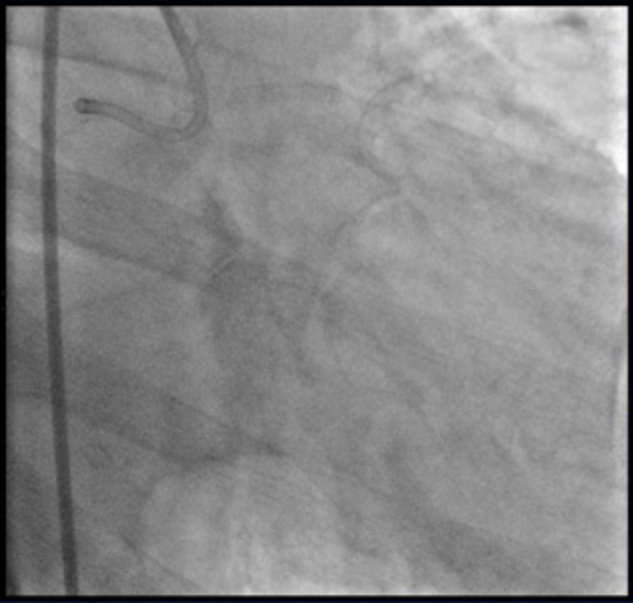


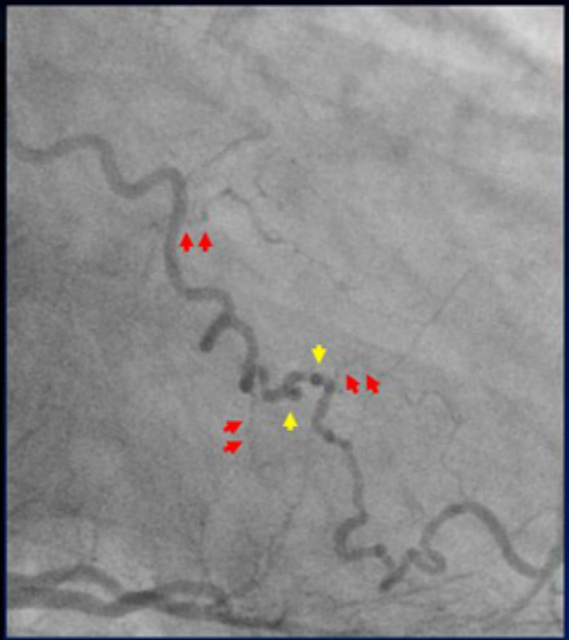






XT-R

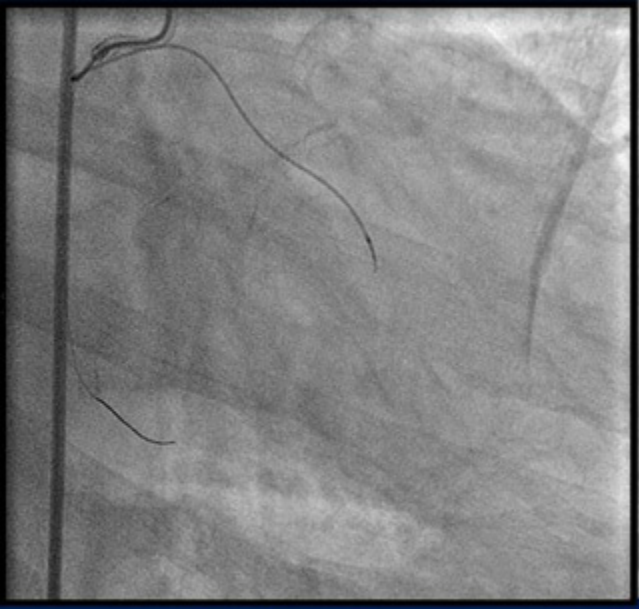


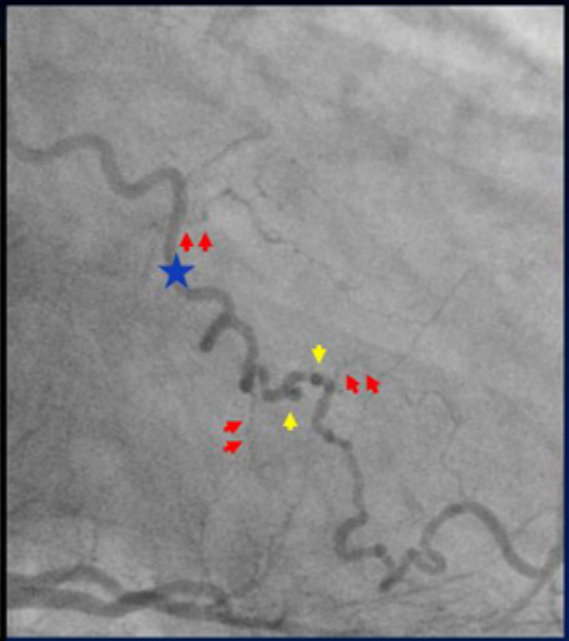


RV channel

critical bends

risk of perforation

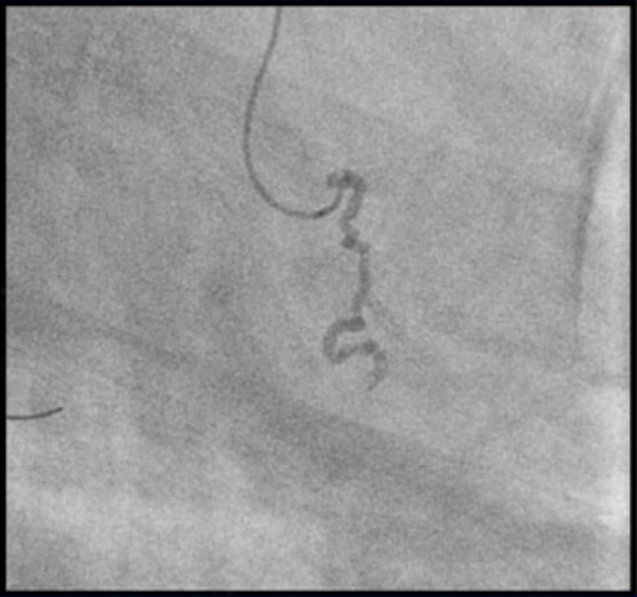


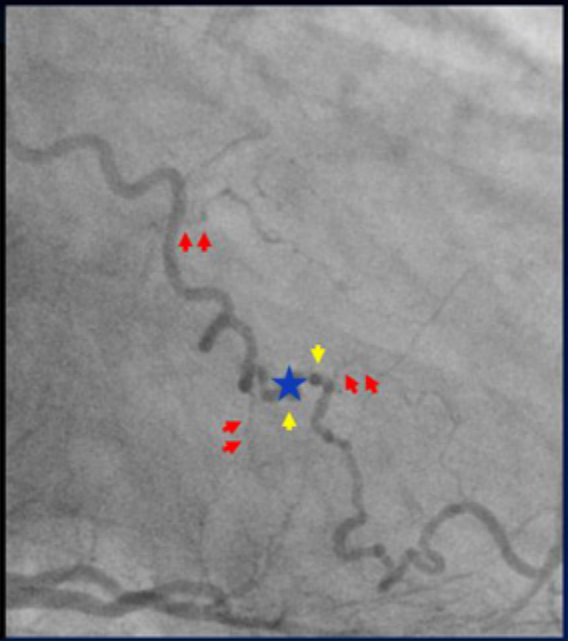


Tip injection

critical bends

risk of perforation

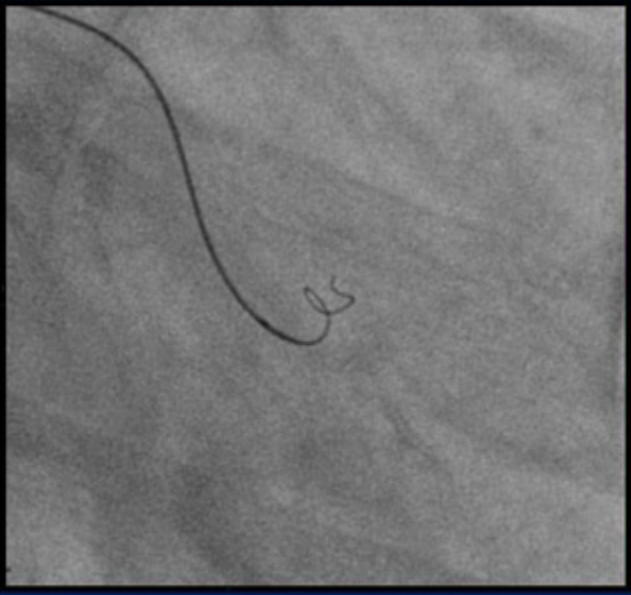


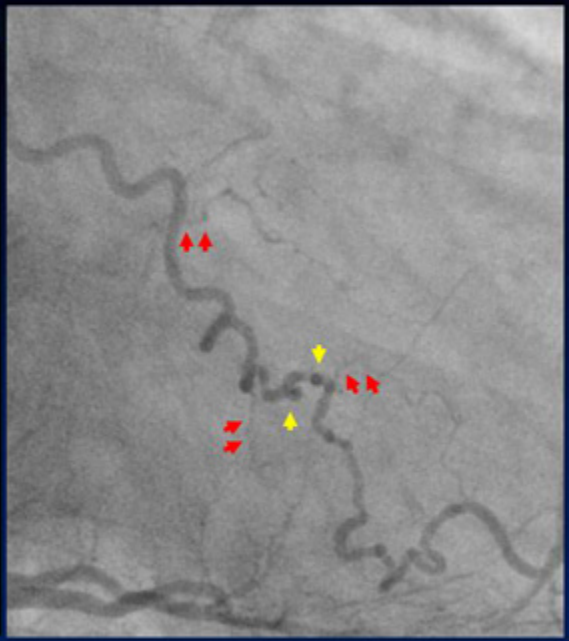


Repeated tip injection

critical bends

risk of perforation

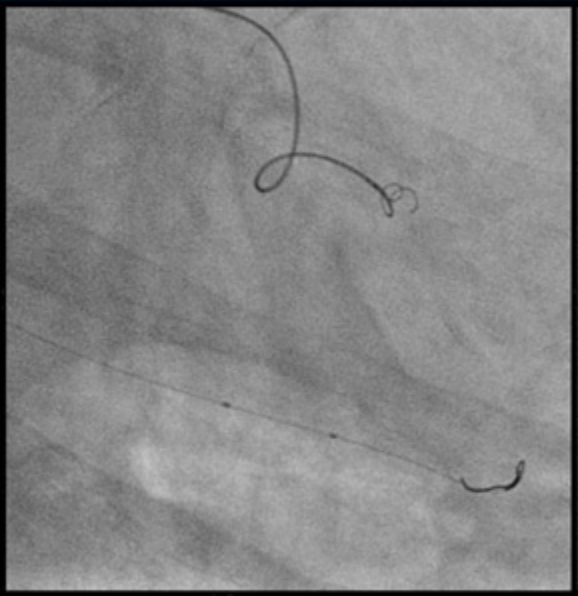


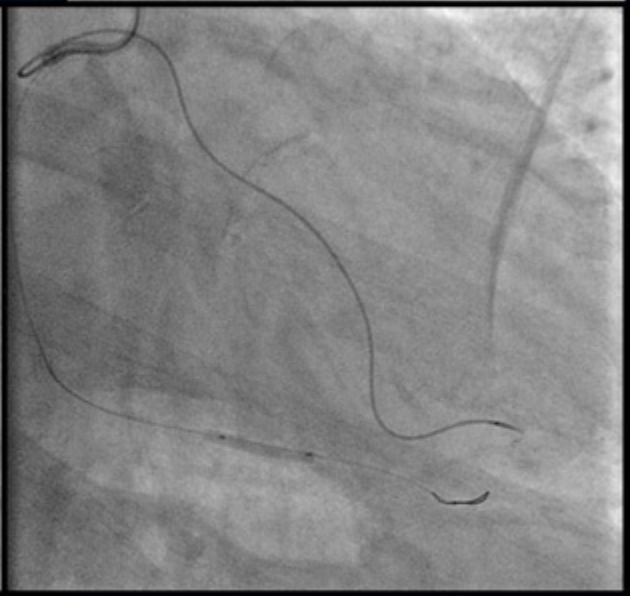


XTR

critical bends

risk of perforation





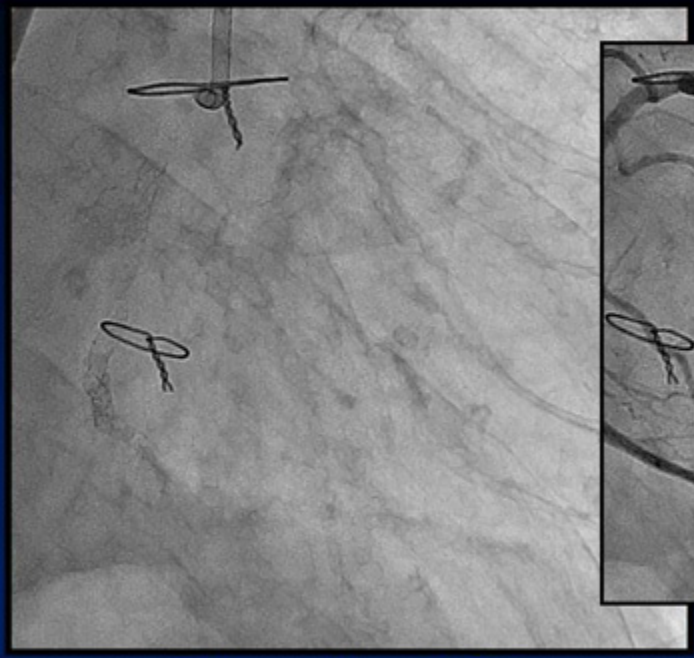
XTR under anchoring

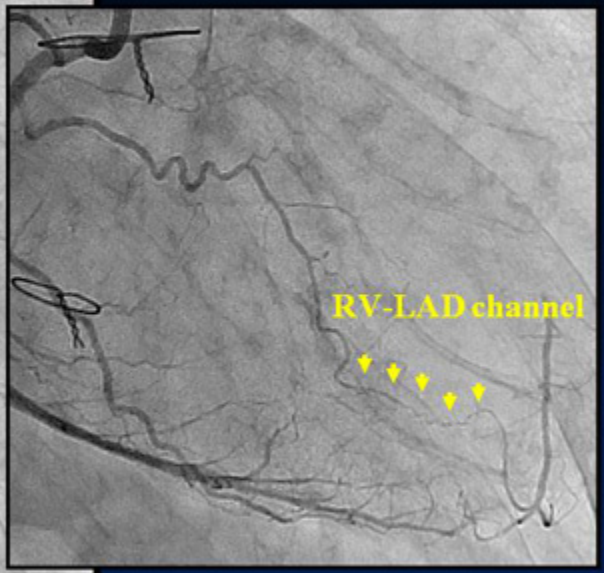
critical bends

risk of perforation

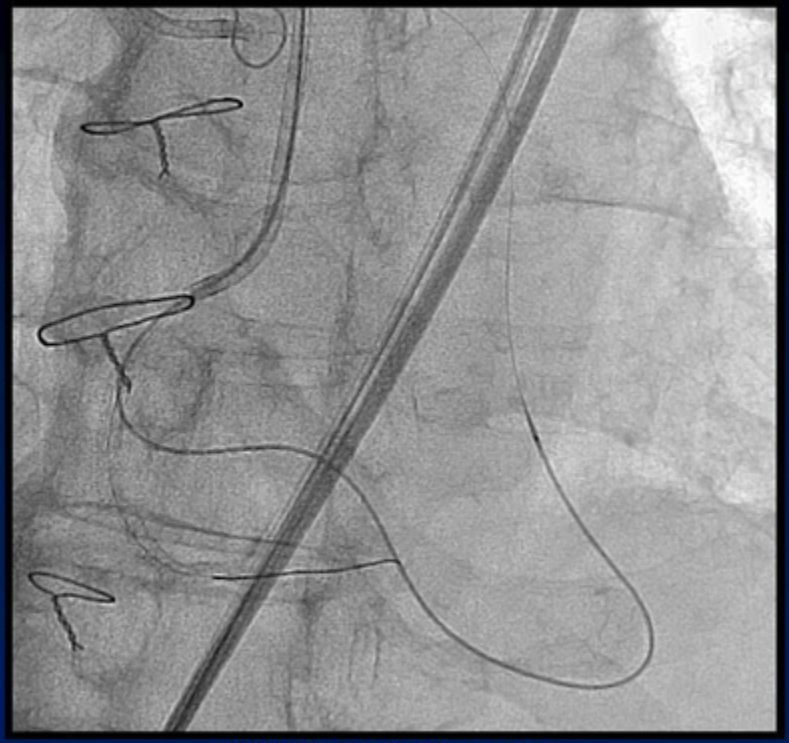
Tips and Tricks for Epicardial Channel Tracking

- Corkscrew-like, however vessel size is important!
- It's necessary to straighten each bend inside the channel for successful crossing.
- New wire, SION, supported by Corsair works very well in these settings.
- Repeated tip injection helps to keep in the parent vessel.
- When the channel is tiny or acute bended, XT-R is better.
- However, be cautious of channel rupture after Corsair removal.

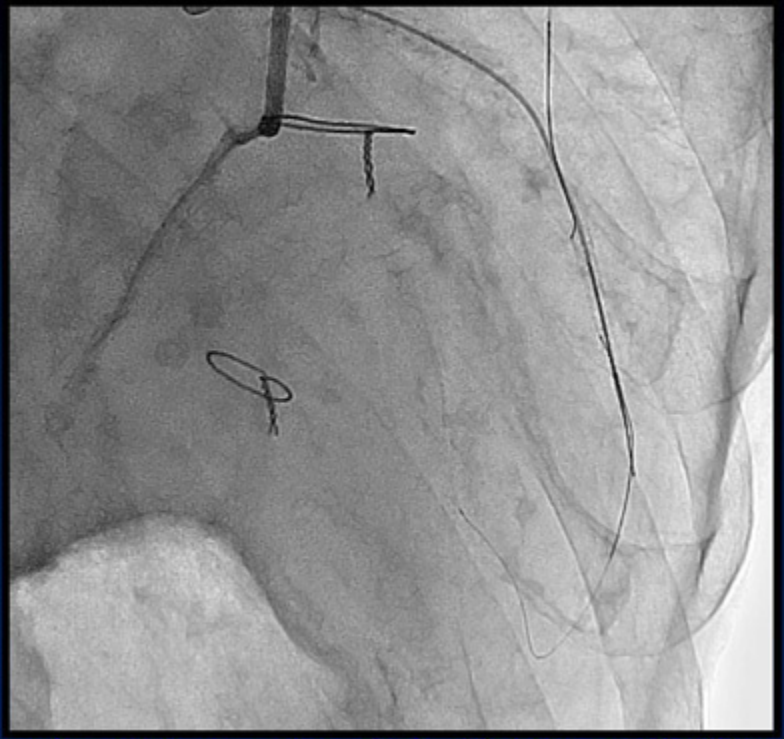




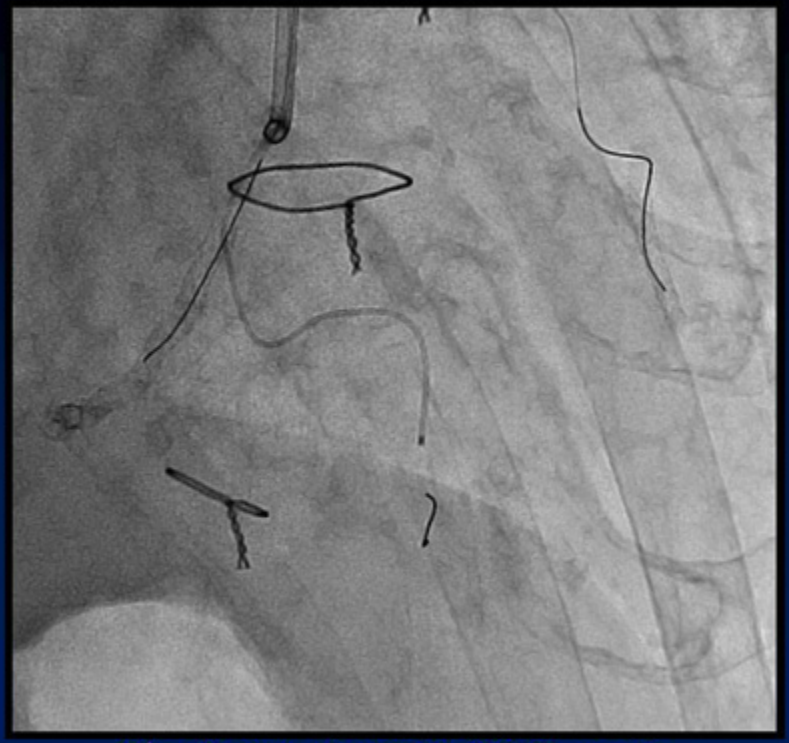
Collateral from RCA



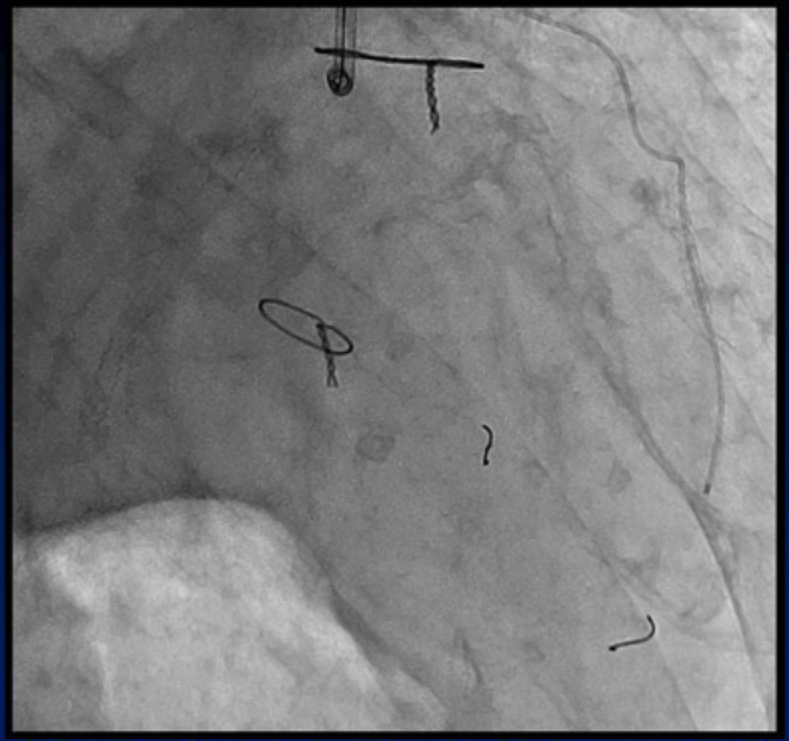
XT-R with Corsair



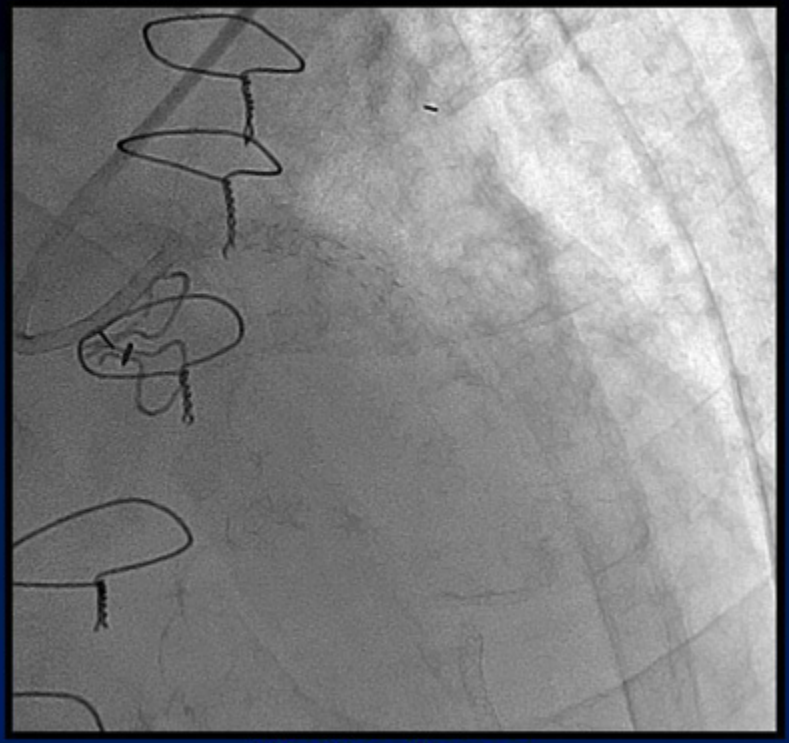
Channel rupture was revealed after removal of Corsair.



1st coil was placed in RV branch.



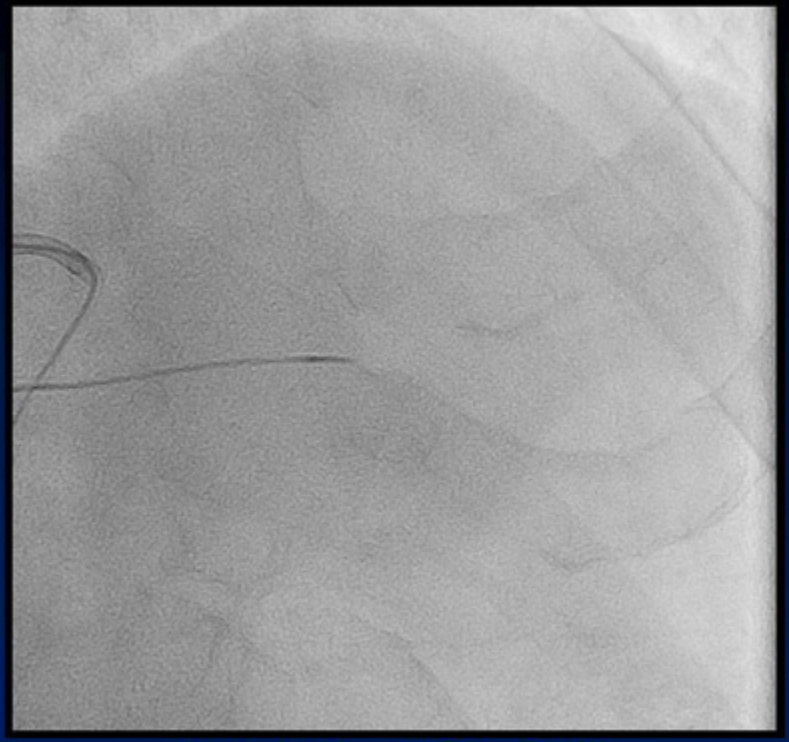
No bleeding from RCA. Then, 2nd coil was placed in apical branch.



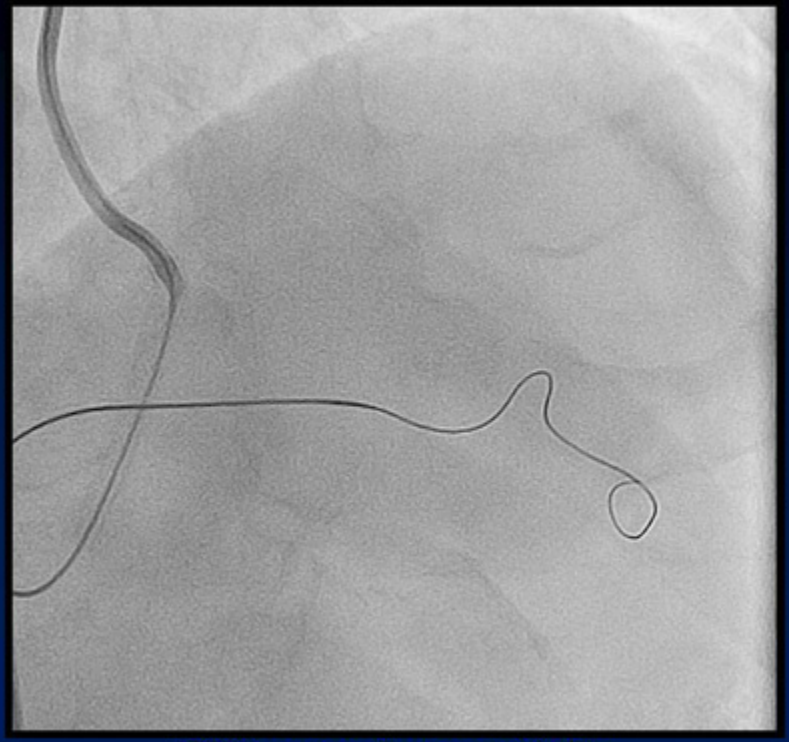
Final angiogram

XTR Disease

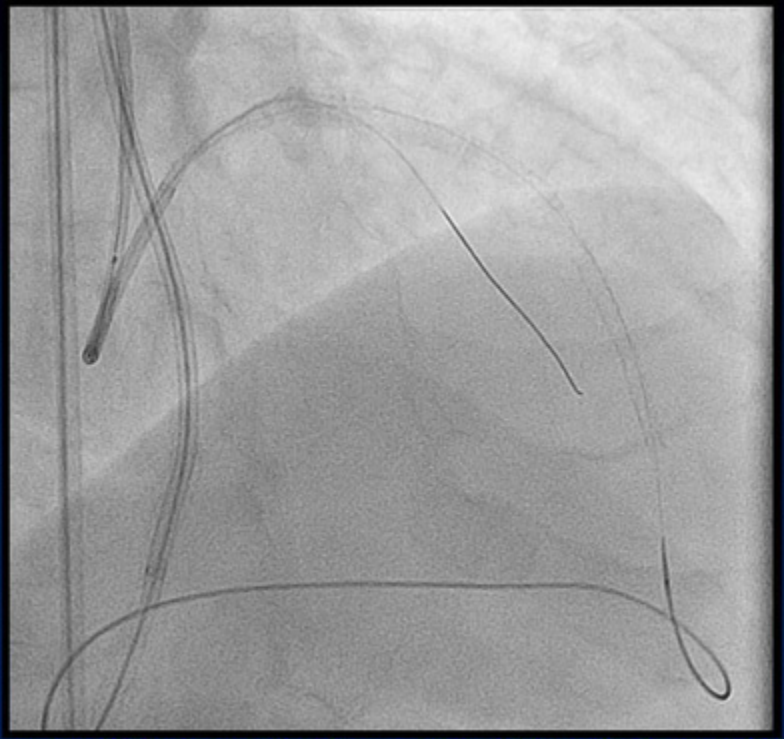
- XTR enables us to cross a tiny tortuous channel.
- Corsair easily follows the crossed XTR.
- Channel rupture is revealed after Corsair removal.



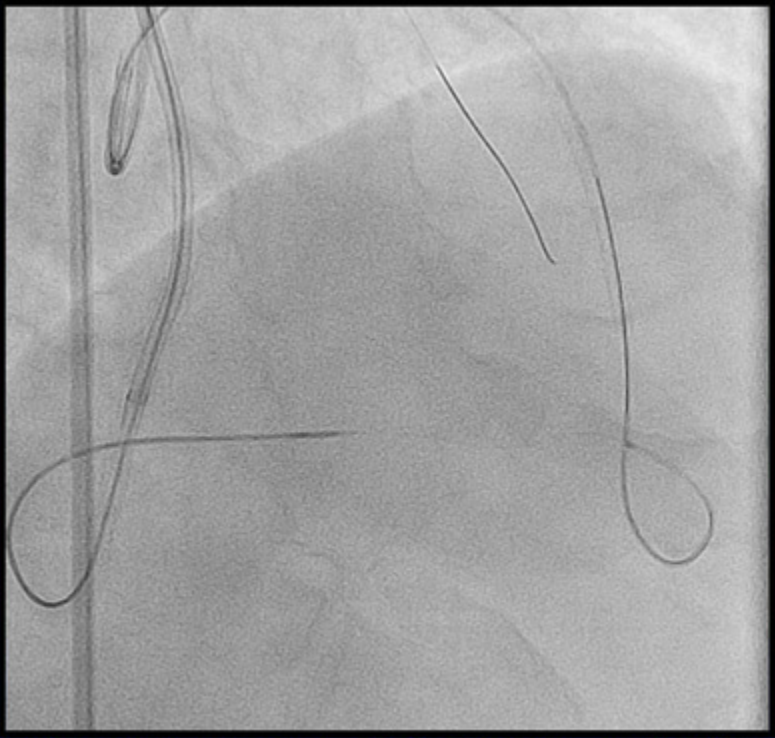
Tip injection (PD to LAD)



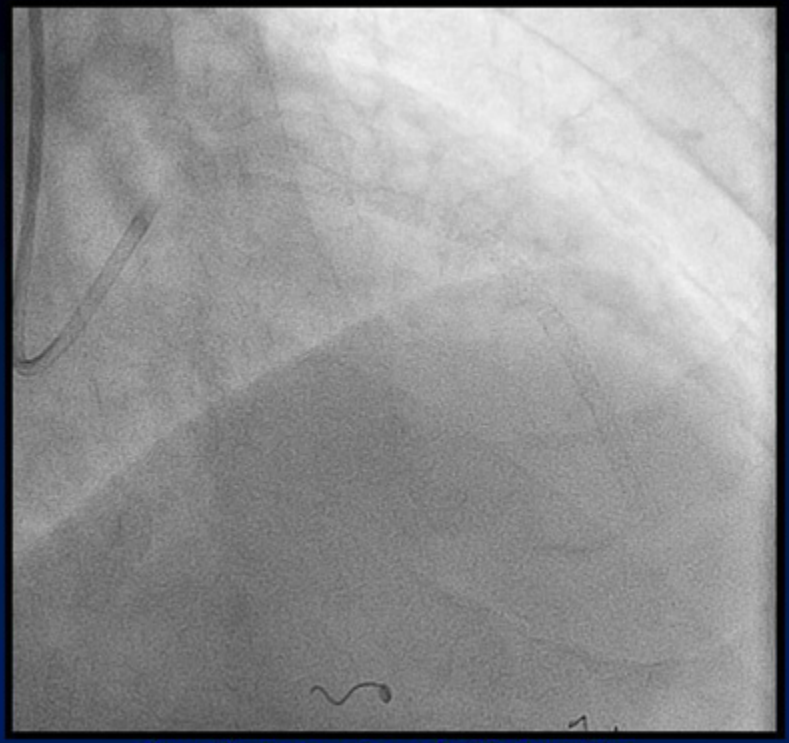
XTR crossed successfully.



Successful recanalization was achieved, however…



Channel rupture was revealed after removal of Corsair.



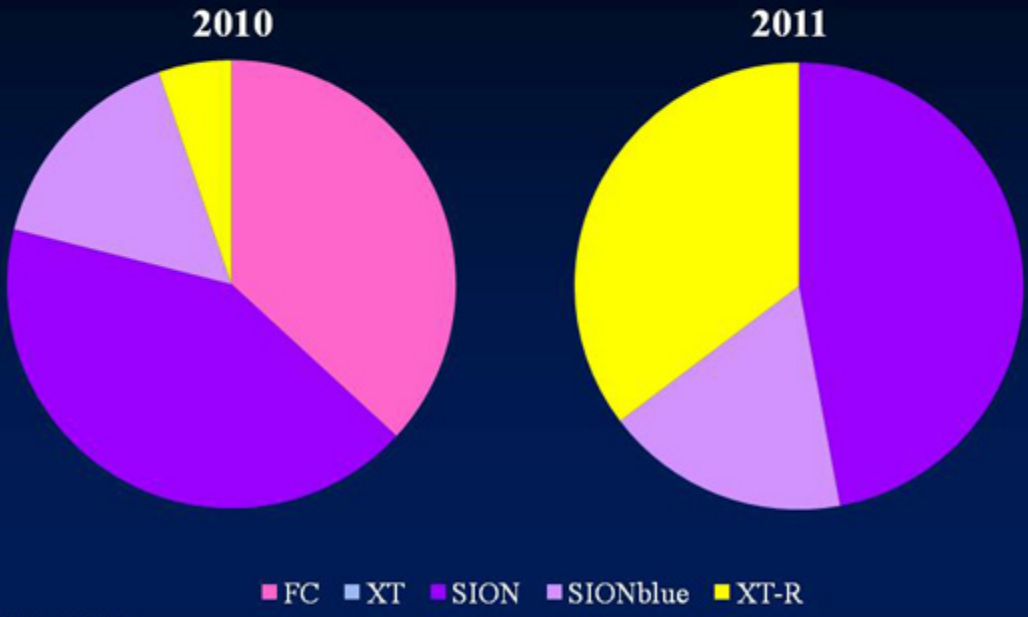
2 coils was placed bilaterally.

XTR Disease

◆ To manage this new disease,

1. Always prepare coils and MCs,
2. Anticipate it,
3. Check it before wire removal,
4. Then put coils bilaterally when necessary.

Change in Wire Selection for Epicardial Channel Tracking



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- It's necessary to straighten each bend inside the channel for successful crossing.
- New wire, SION, supported by Corsair works very well in these settings.
- Repeated tip injection helps to keep in the parent vessel.
- When the channel is tiny or acute bended, XT-R is better.
- However, be cautious of channel rupture after Corsair removal.
- When crescent ischemia happens, this channel should be abandoned.