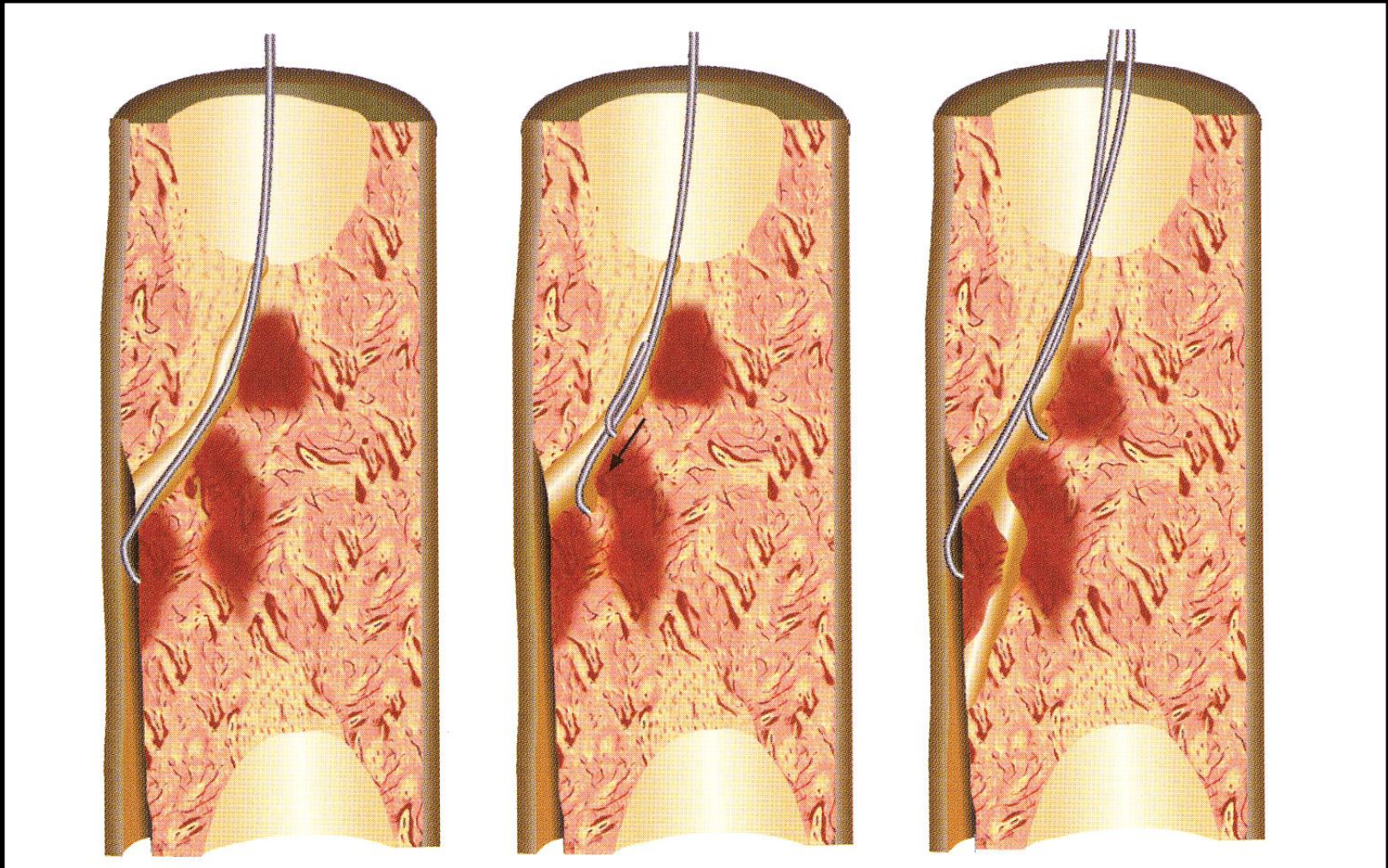


Tips and Tricks of Parallel Wire and IVUS Guided PCI

Yuji HAMAZAKI, M.D., Ph.D.

Showa University Hospital, Tokyo, Japan

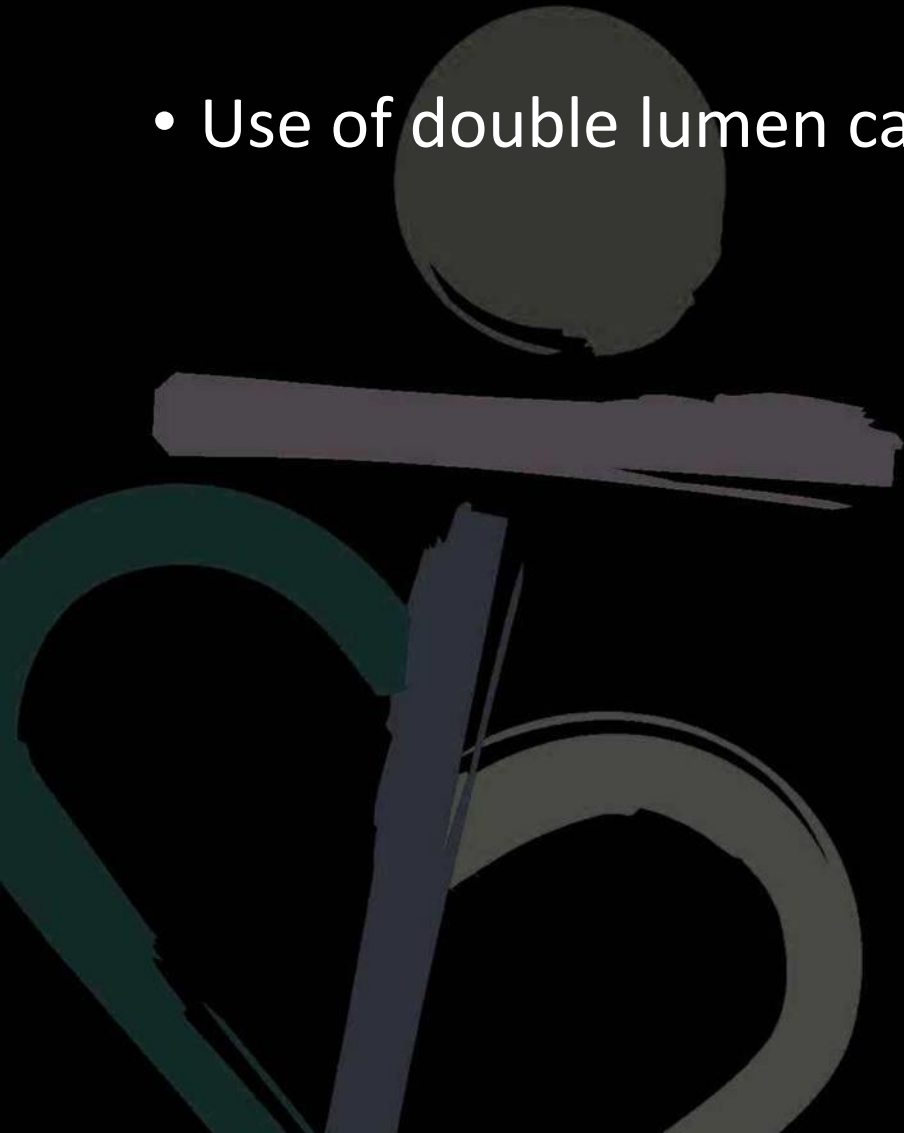
Parallel wire technique



Parallel wire technique is used after 1st GW is advanced into non-ideal route. 1st GW is left and used as a landmark for 2nd GW. And then, wiring using 2nd GW attempts to get distal lumen.

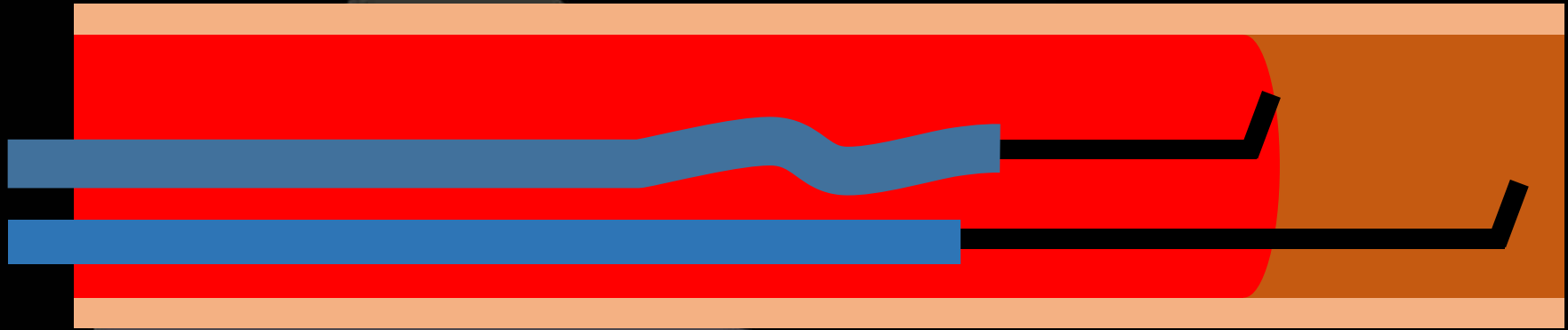
Tips and Tricks of Parallel Wire

- Use of double lumen catheter

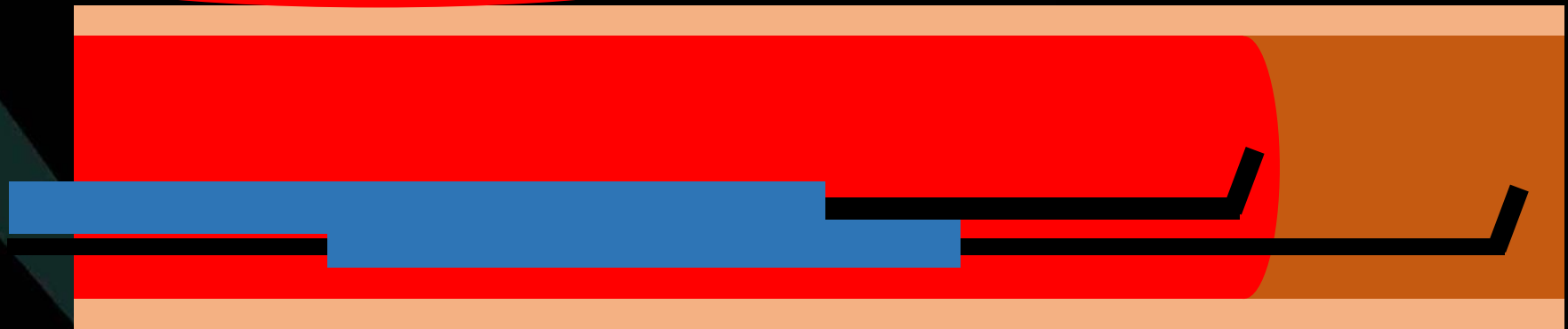


Option of parallel wire technique

With 2 micro catheters(See-saw wire technique)



With double lumen catheter



DLC available in Japan

Crusade

Shaft Profile

2.0F 3.1F 3.2F Length 140cm

5mm

OTW GW

RX GW

Basic structure **ASAHI SASUKE**

Usable Length : 145cm

Distal Shaft Distal Shaft

6.5mm 2.5cm

4.0mm 200mm 3.3Fr

Tip	Outer Diameter			Inner Diameter		Usable Length	Recommended GW	Hydrophilic Coating Length
	Distal	Proximal	Tip	Shaft				
2.3Fr. (0.75mm)	2.5Fr.-3.3Fr. (0.84mm-1.08mm)	3.2Fr. (1.05mm)	0.40mm (0.016inch)	0.43mm (0.017inch)	145cm	0.36mm (0.014inch)	38cm	

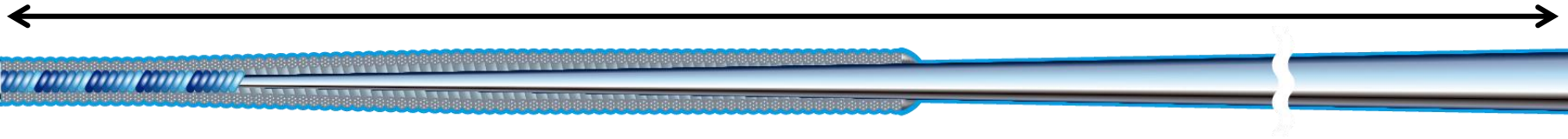
Your dreams. Woven together.
ASAHI INTECC

Tips and Tricks of Parallel Wire

- Use of double lumen catheter
- Guide wire selection
 - GaiaNext series



SLIP-COAT® Hydrophilic coating: 40cm



- **Length** : **190cm**
- **Hydrophilic coating length** : **40cm**
- **Coil length** : **15cm**
- **Radiopaque length** : **15cm**

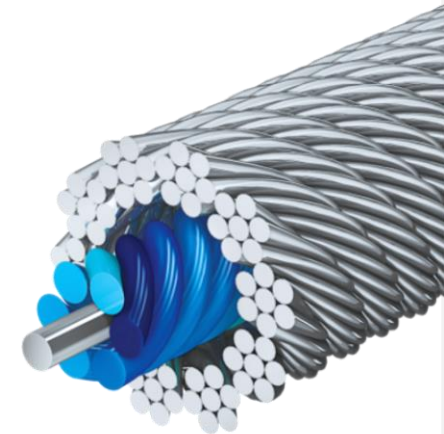
Coated with SLIP-COAT® coating

ASAHI Gaia Next

PTCA GUIDE WIRE

XTRAND coil

- ✓ Decreased breakage risk within the occlusion
- ✓ Improved resistance in case of trapping into the lesion
- ✓ Increased torque in both clockwise and counter clockwise rotation



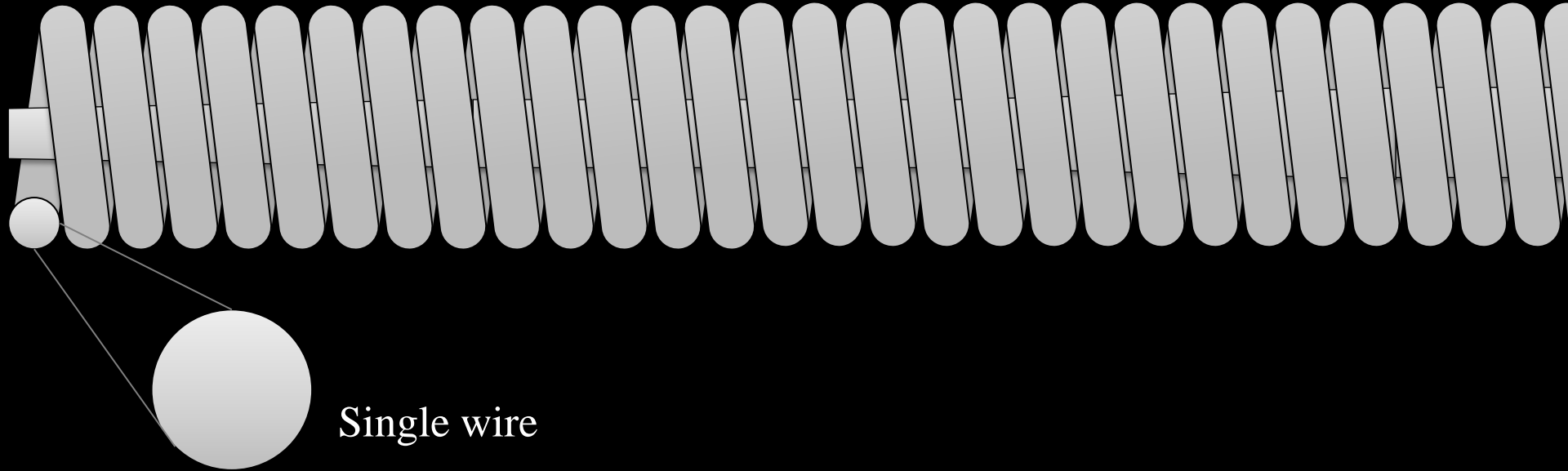
ASAHI Gaia Next 1 <2.0gf> 0.36mm/0.27mm
(0.014inch/0.011inch)

ASAHI Gaia Next 2 <4.0gf> 0.36mm/0.30mm
(0.014inch/0.012inch)

ASAHI Gaia Next 3 <6.0gf> 0.36mm/0.30mm
(0.014inch/0.012inch)

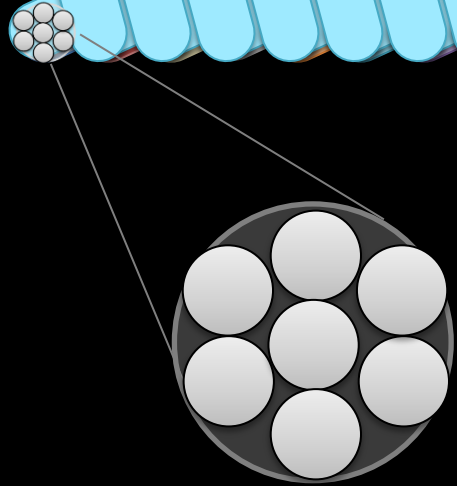
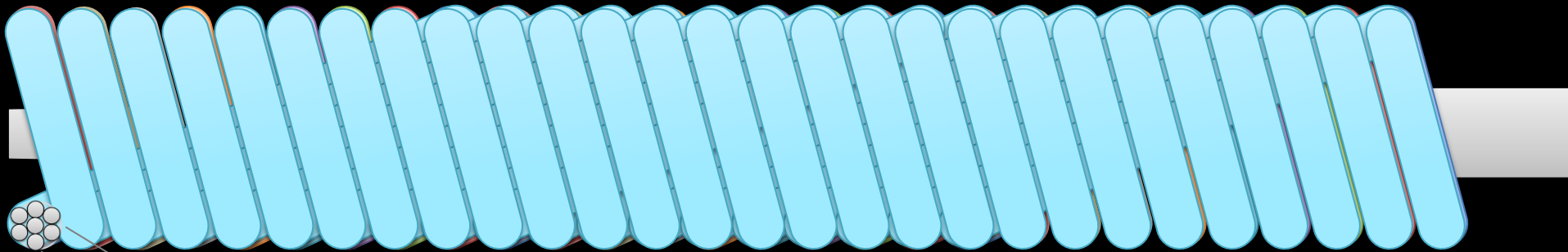
What`s XTRAND coil

Conventional coil

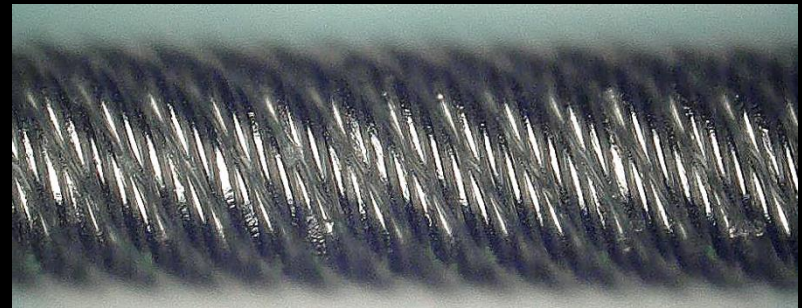


What`s XTRAND coil

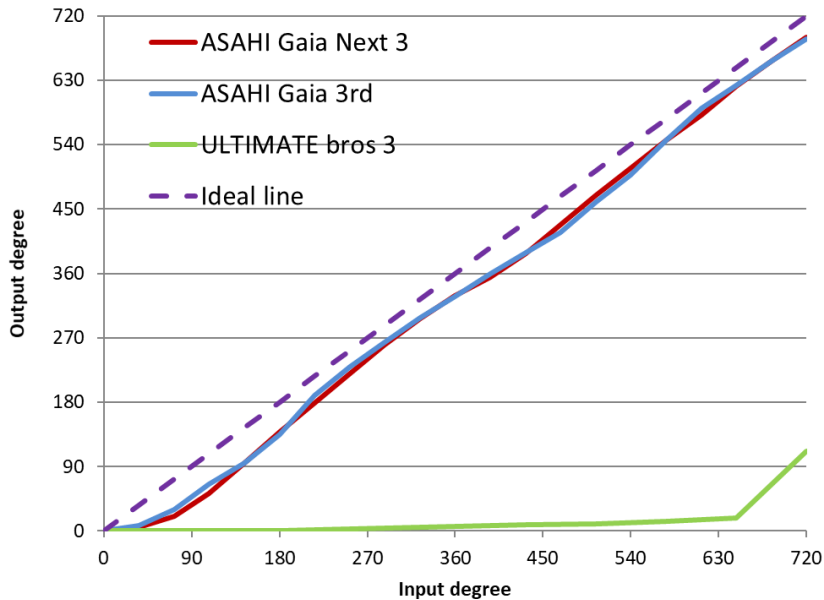
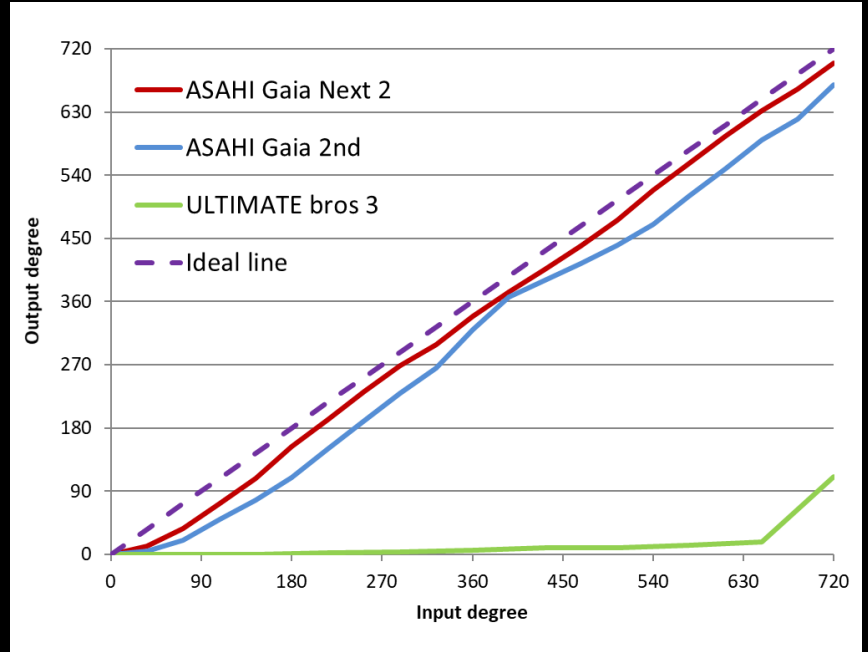
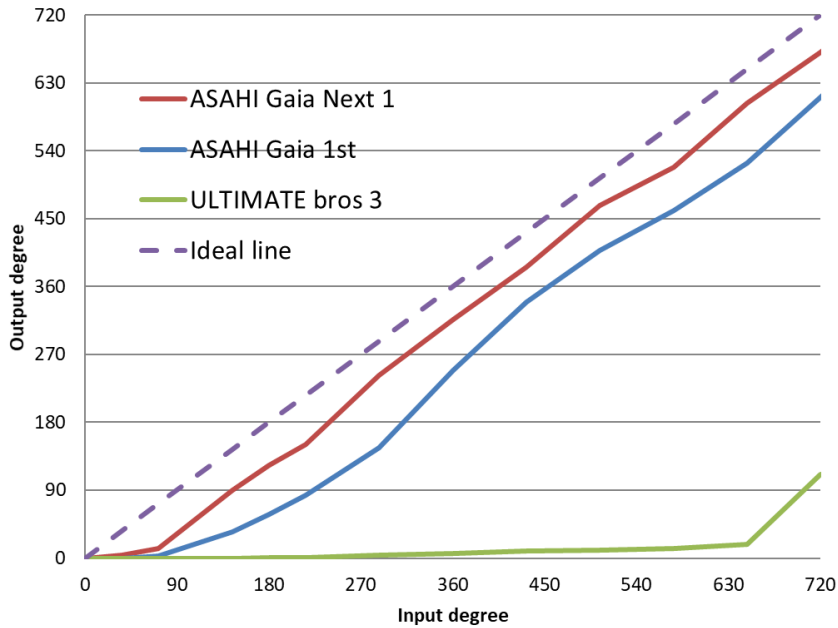
XTRAND™ coil



Ropecoil
consist of plural line

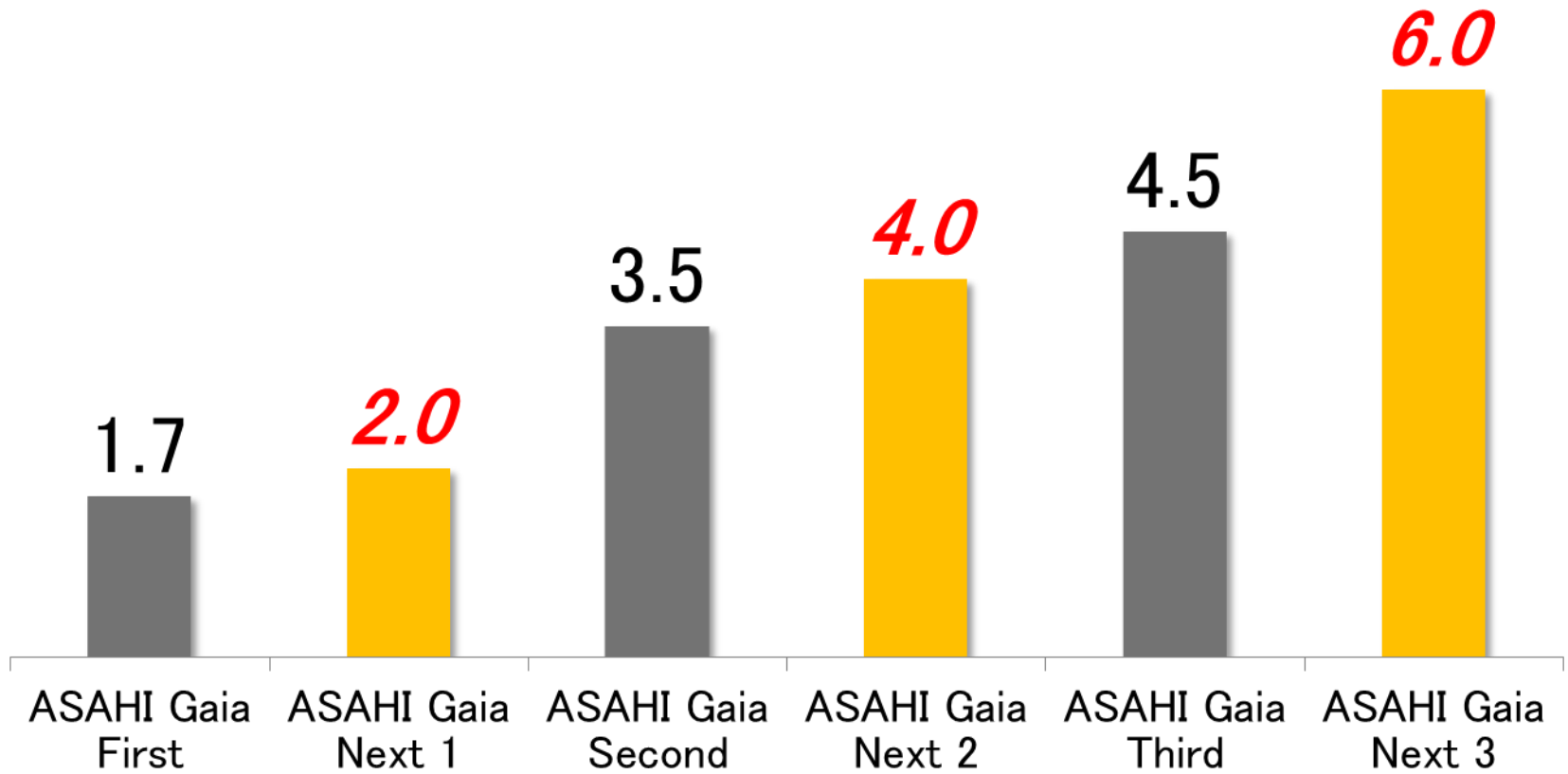


Torque response of Gaia Next



✓ Test data shows Gaia Next1 and Next 2 have more 1:1 torque response than Gaia 1 and 2.

Line-up



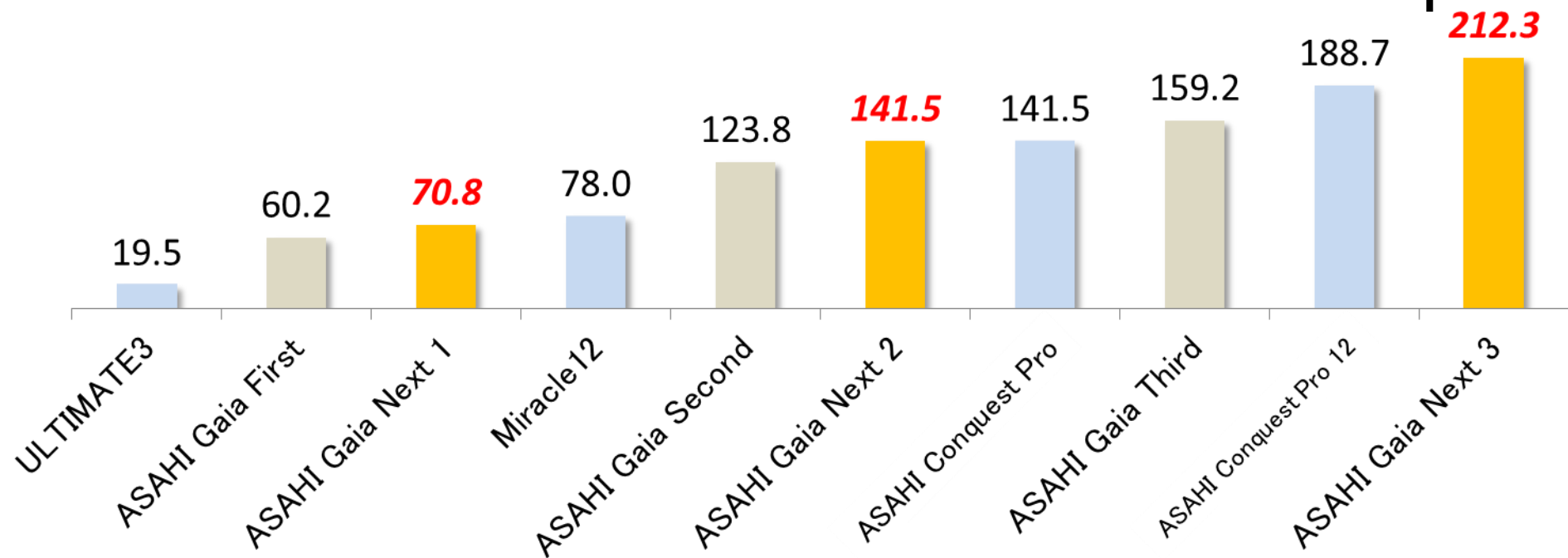
このデータは、朝日インテック株式会社が、社内標準テストを行うことで得られたものです。そのテスト方法は業界標準的なものではない場合があります。
このデータの取得に用いたサンプル品にその後改良が加えられている場合があるため、このデータは市場の製品が同一の性能を有することを保証するものではありません。

Penetration force

Conventional GW

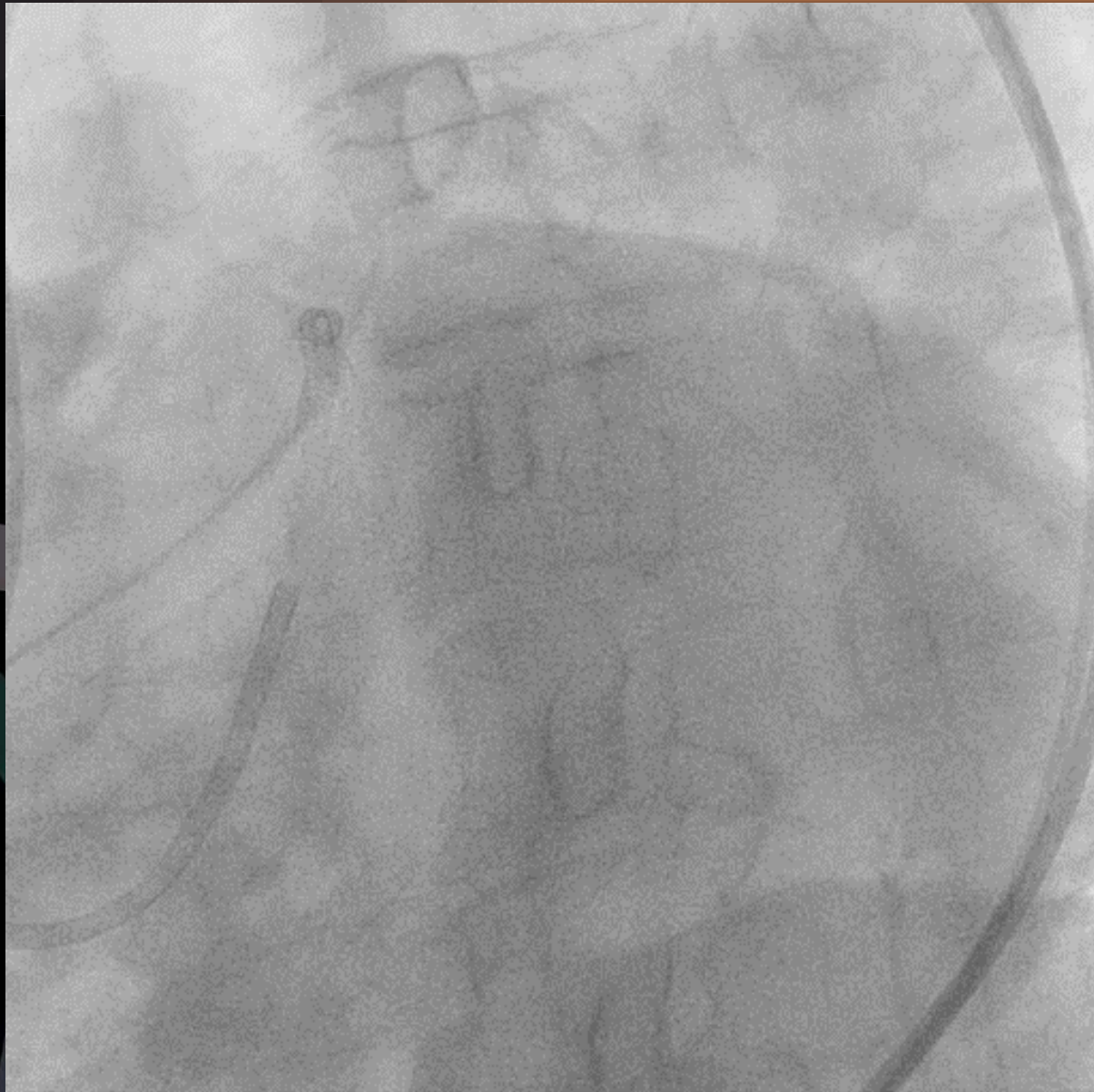
Gaia micro-cone tip

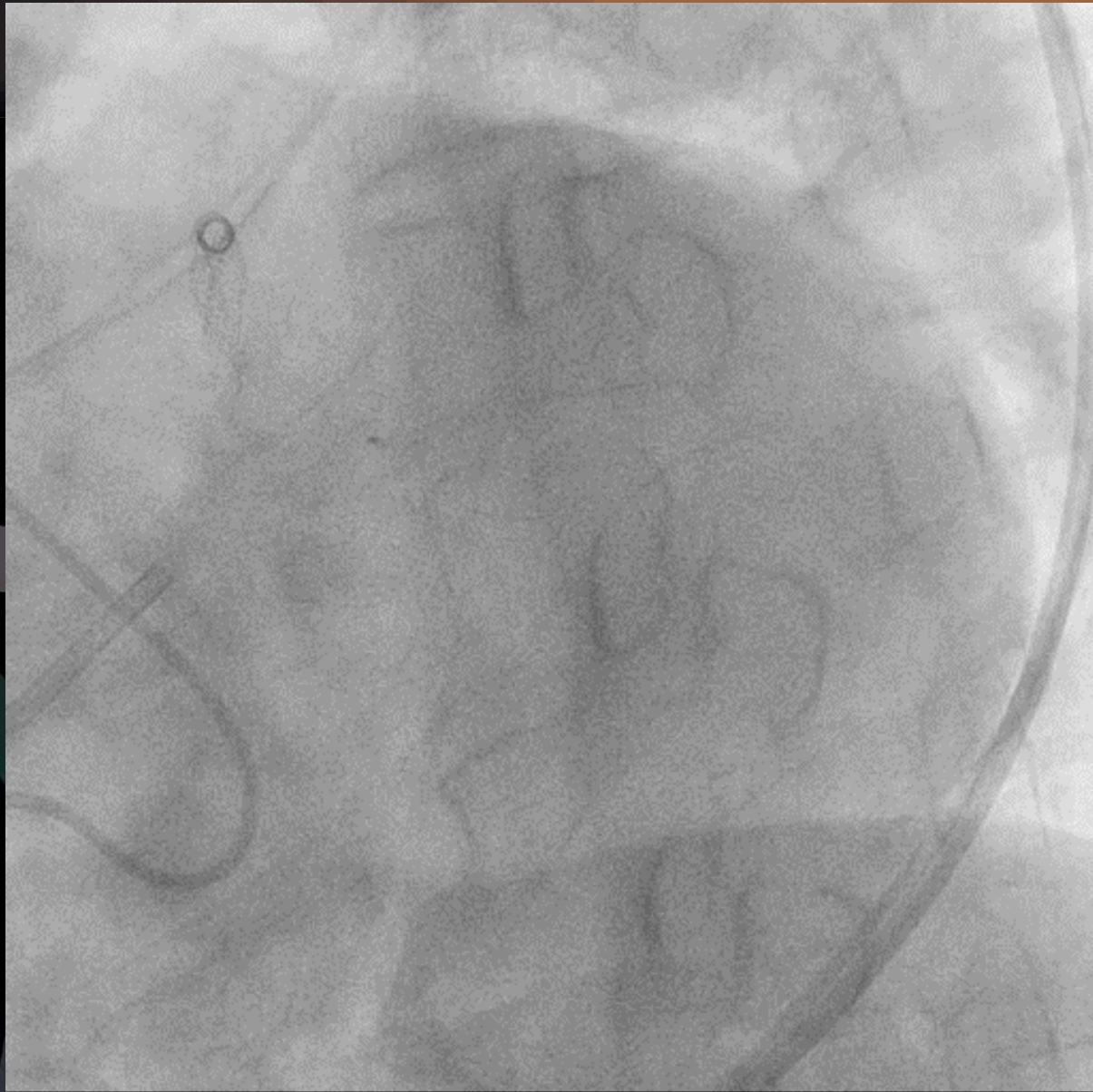
Penetration Force(kg/inch²)

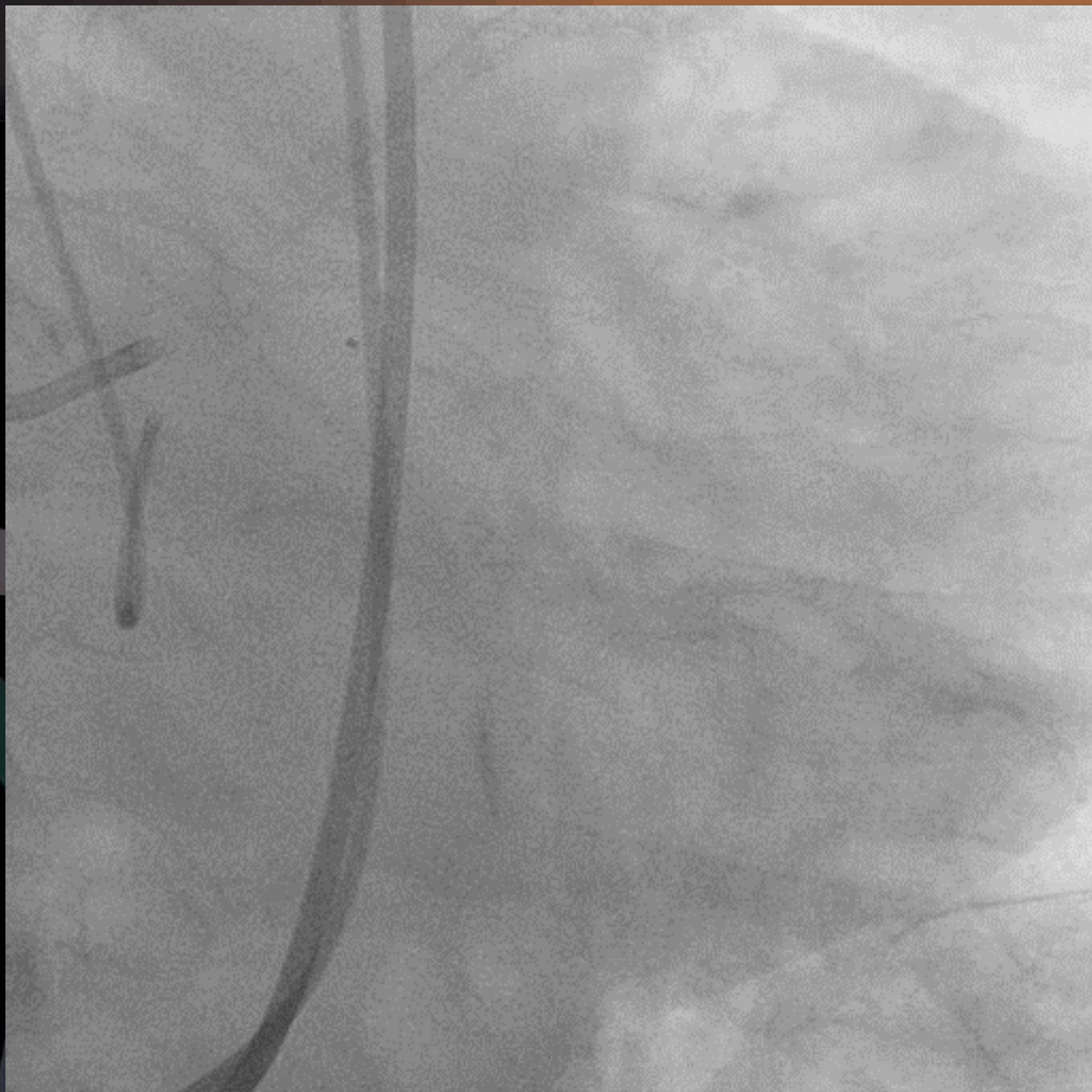


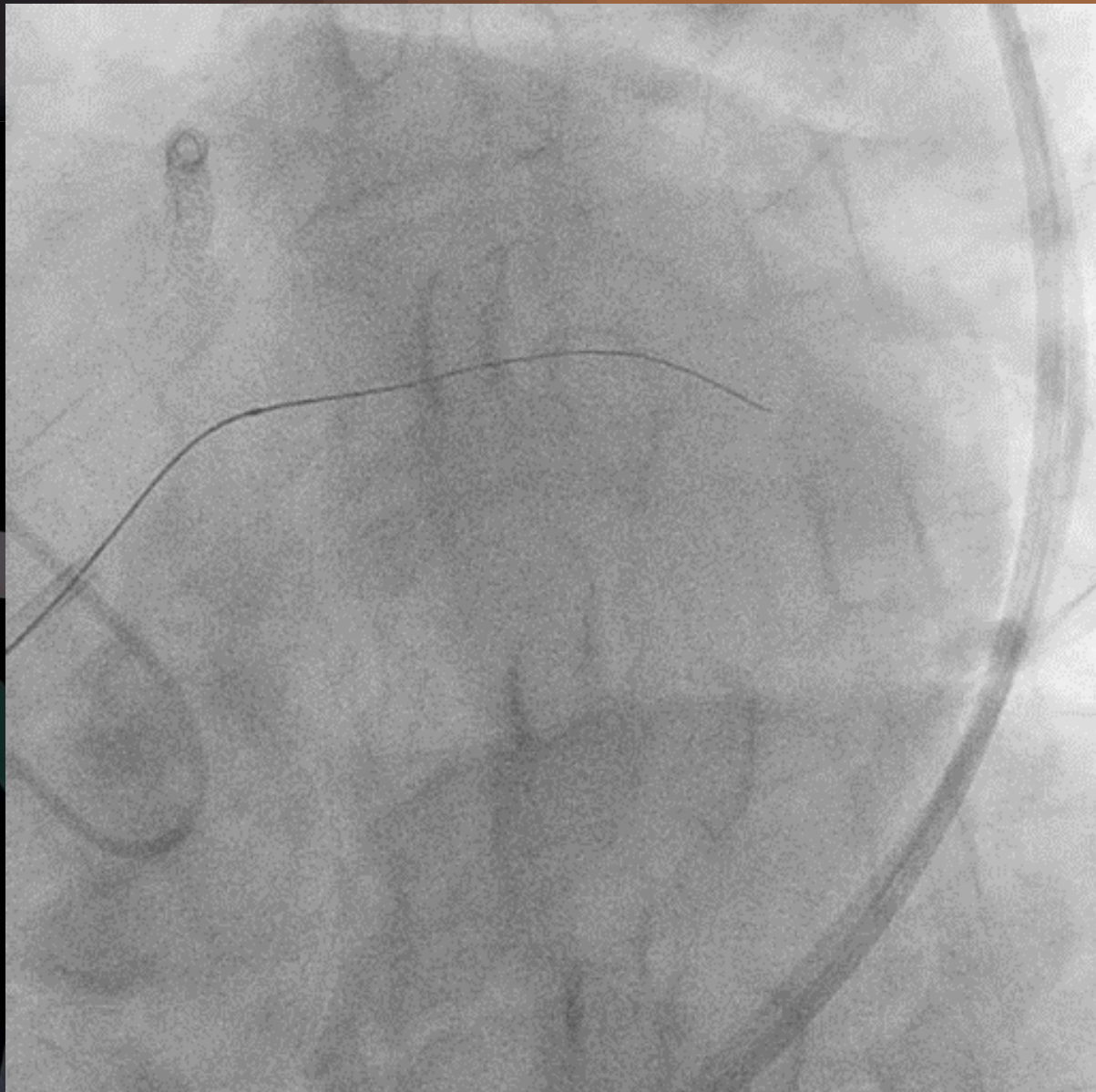
Tips and Tricks of Parallel Wire

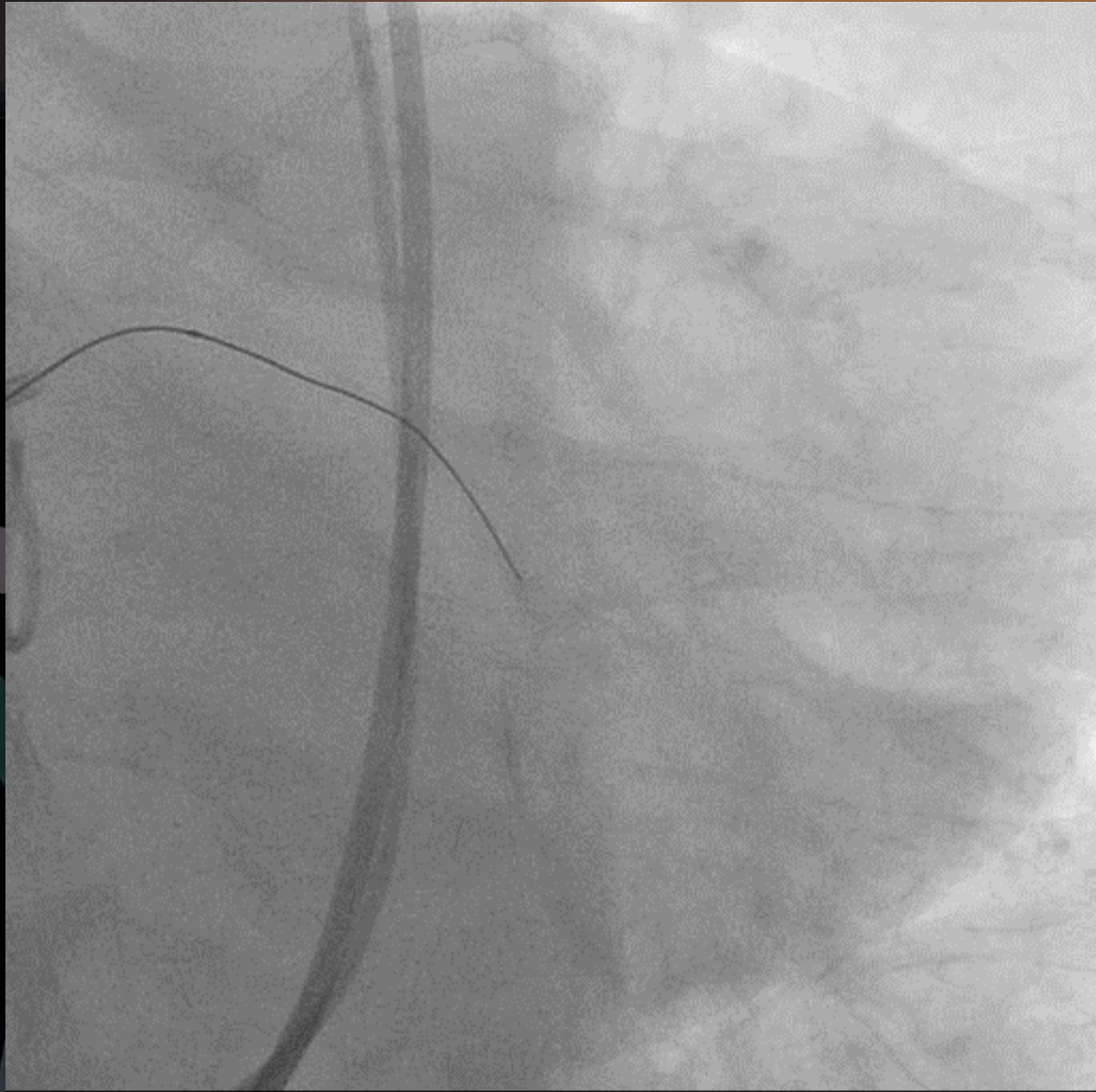
- Use of double lumen catheter
- Guide wire selection
 - GaiaNext series
- How to correct GW position
 - Multiple projection is used
 - Wiring is performed on the projection that distance between GW and target vessel is the farthest.

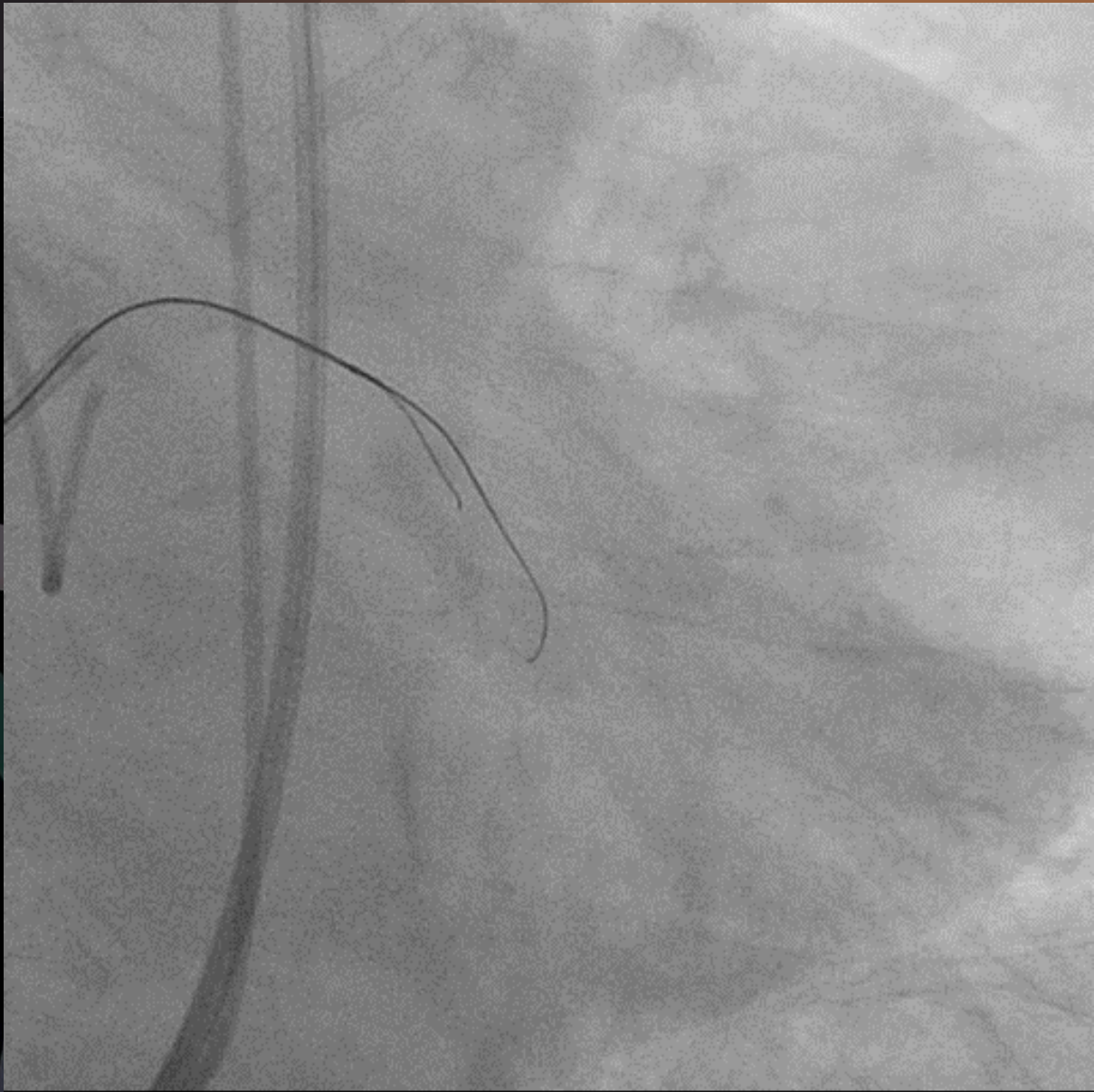


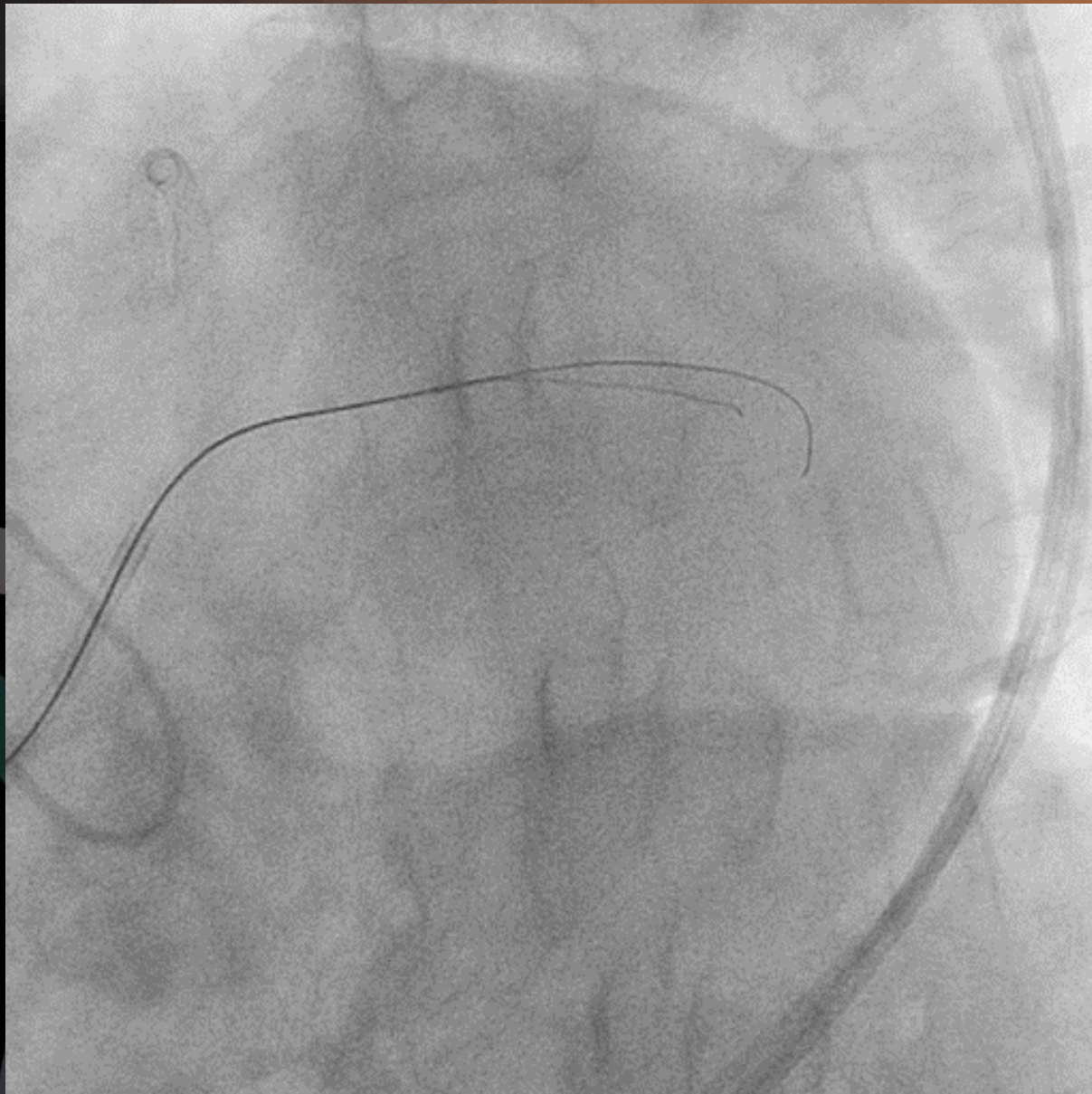


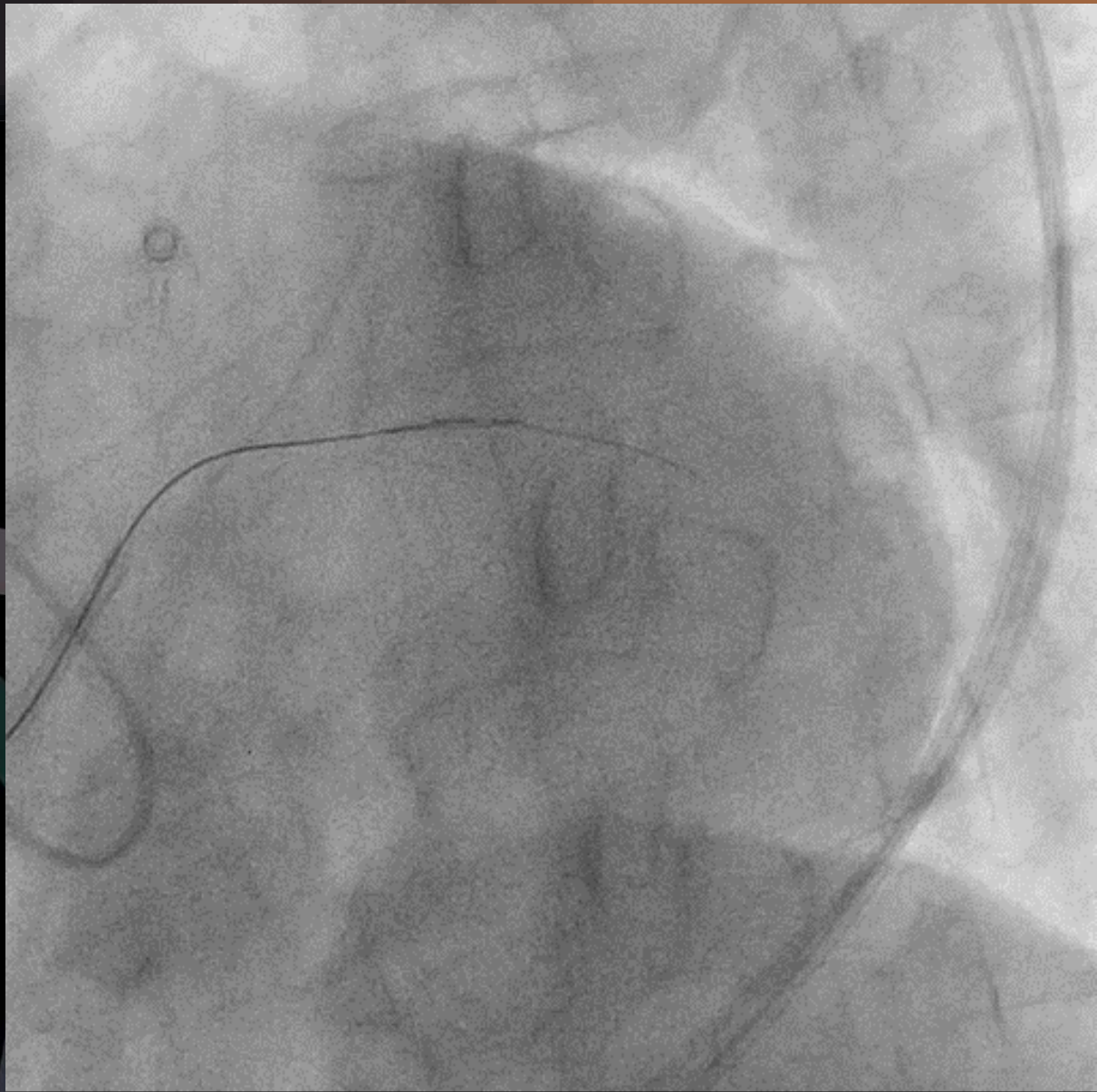


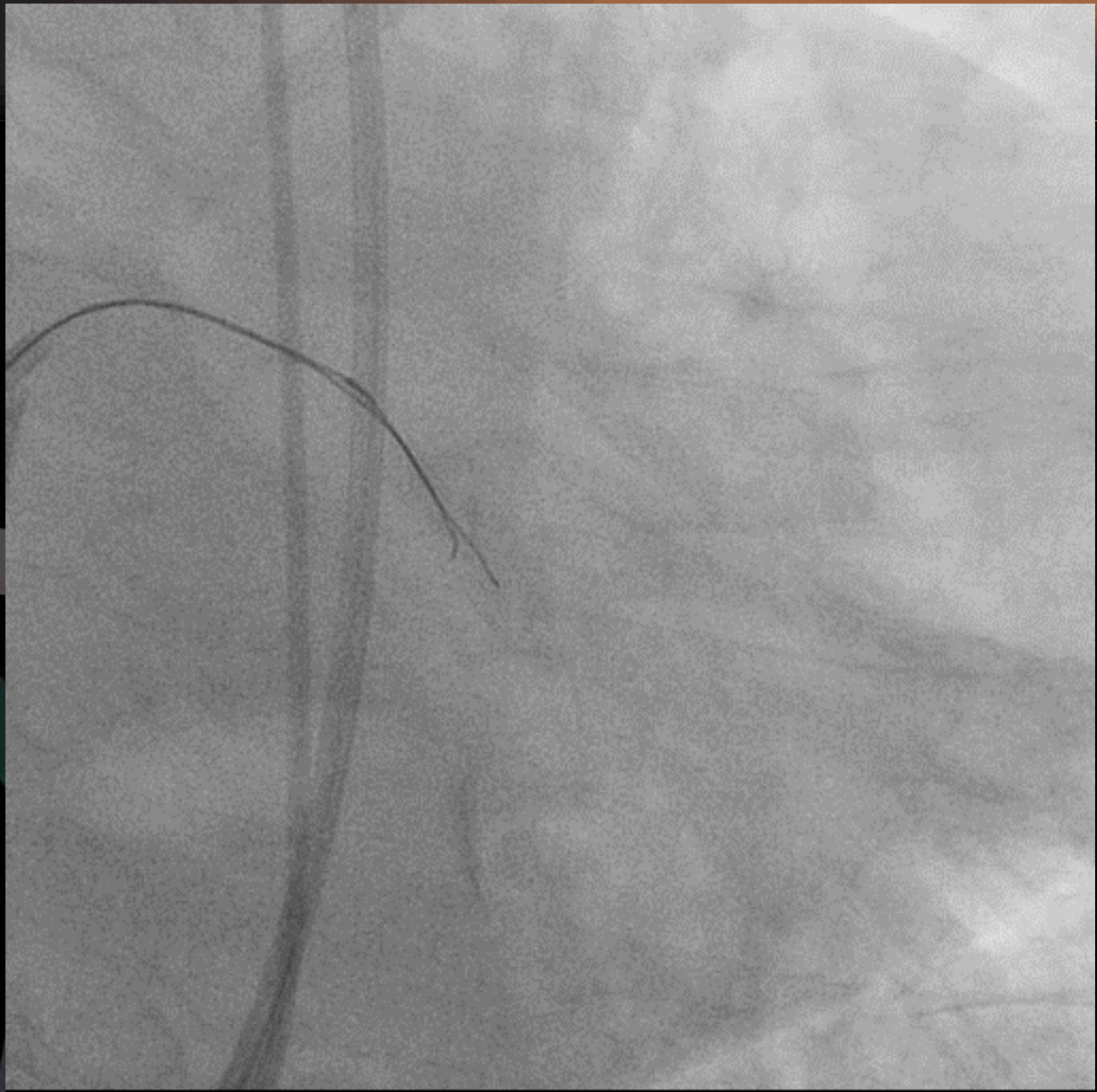


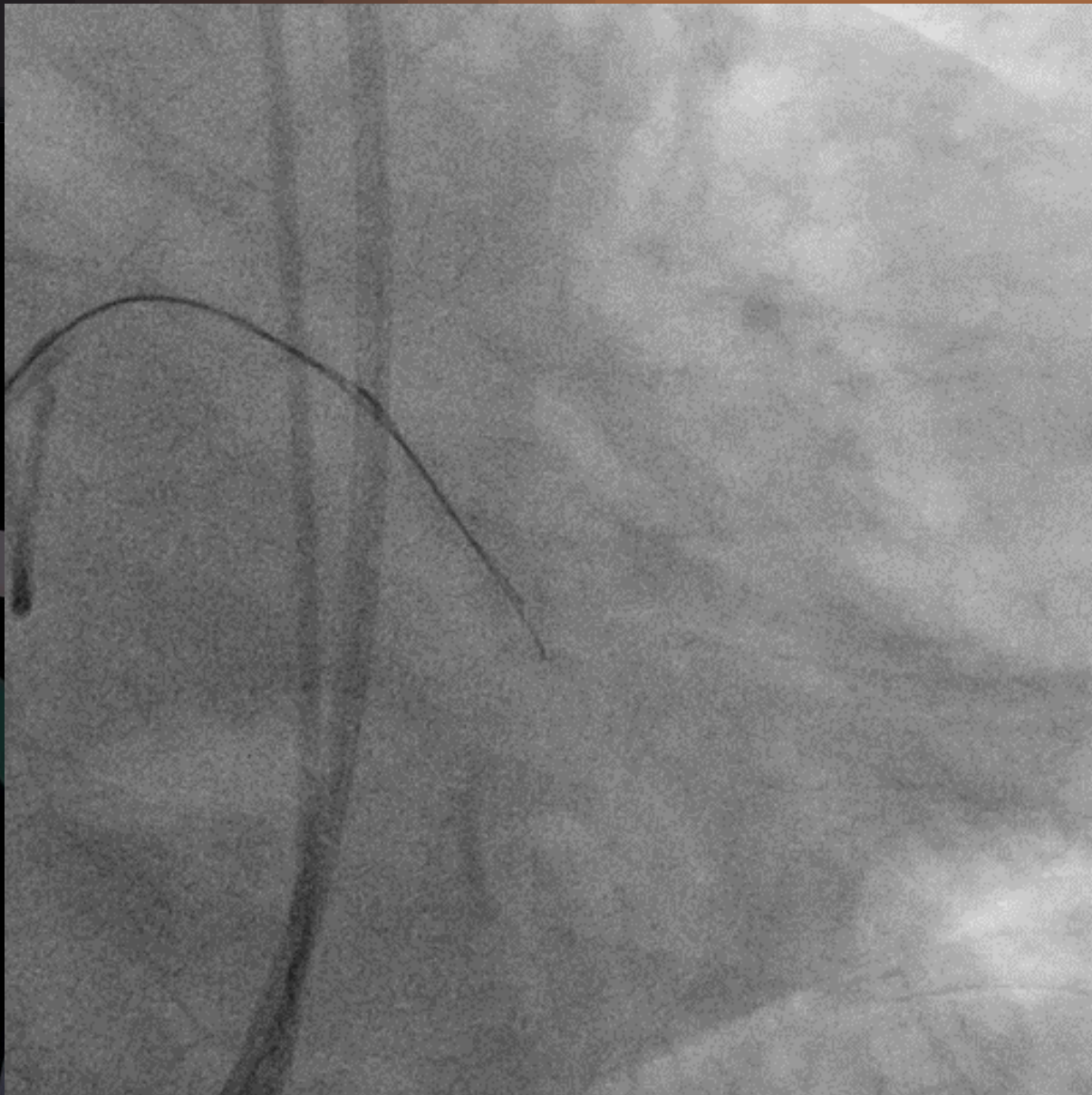


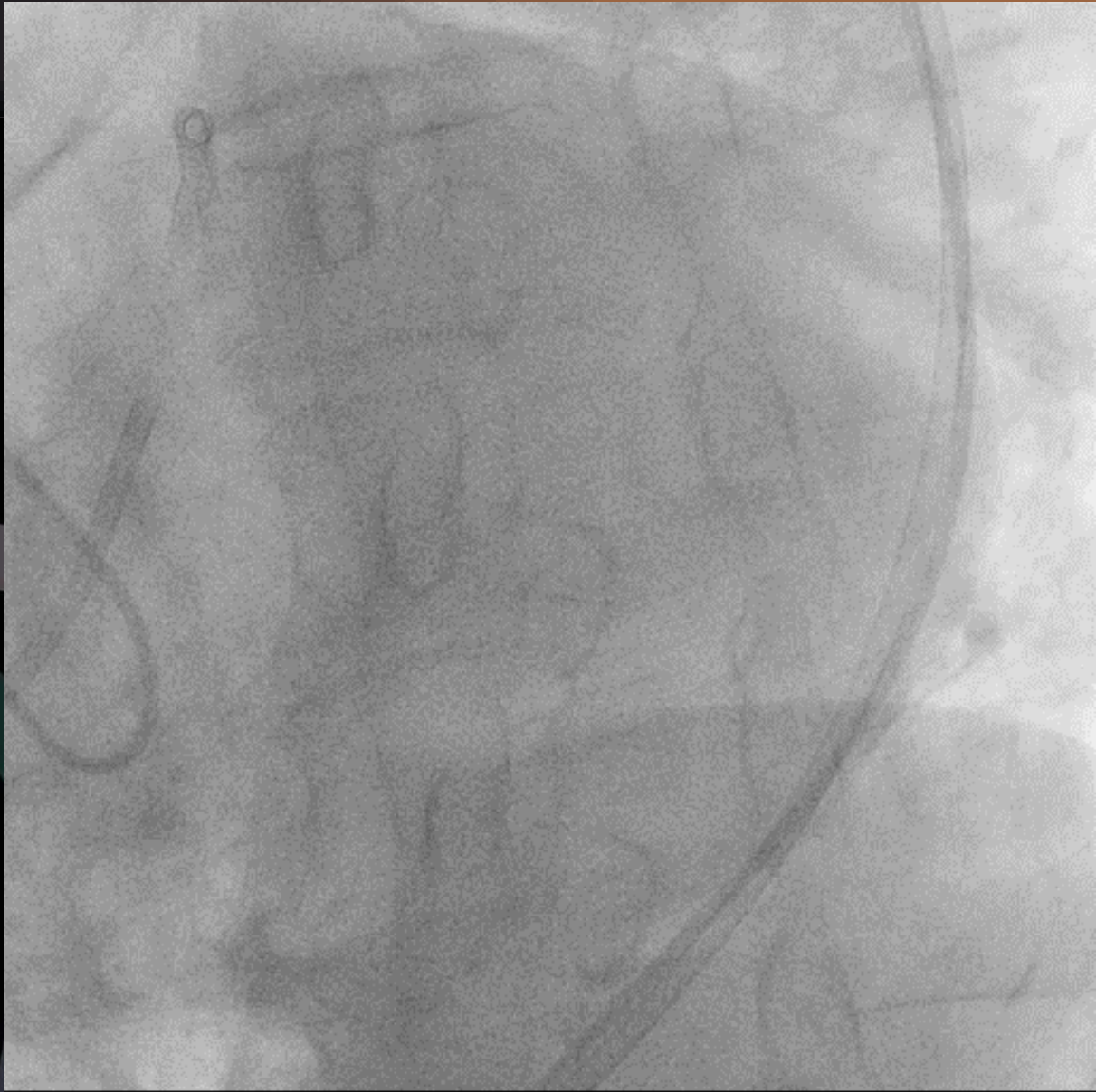










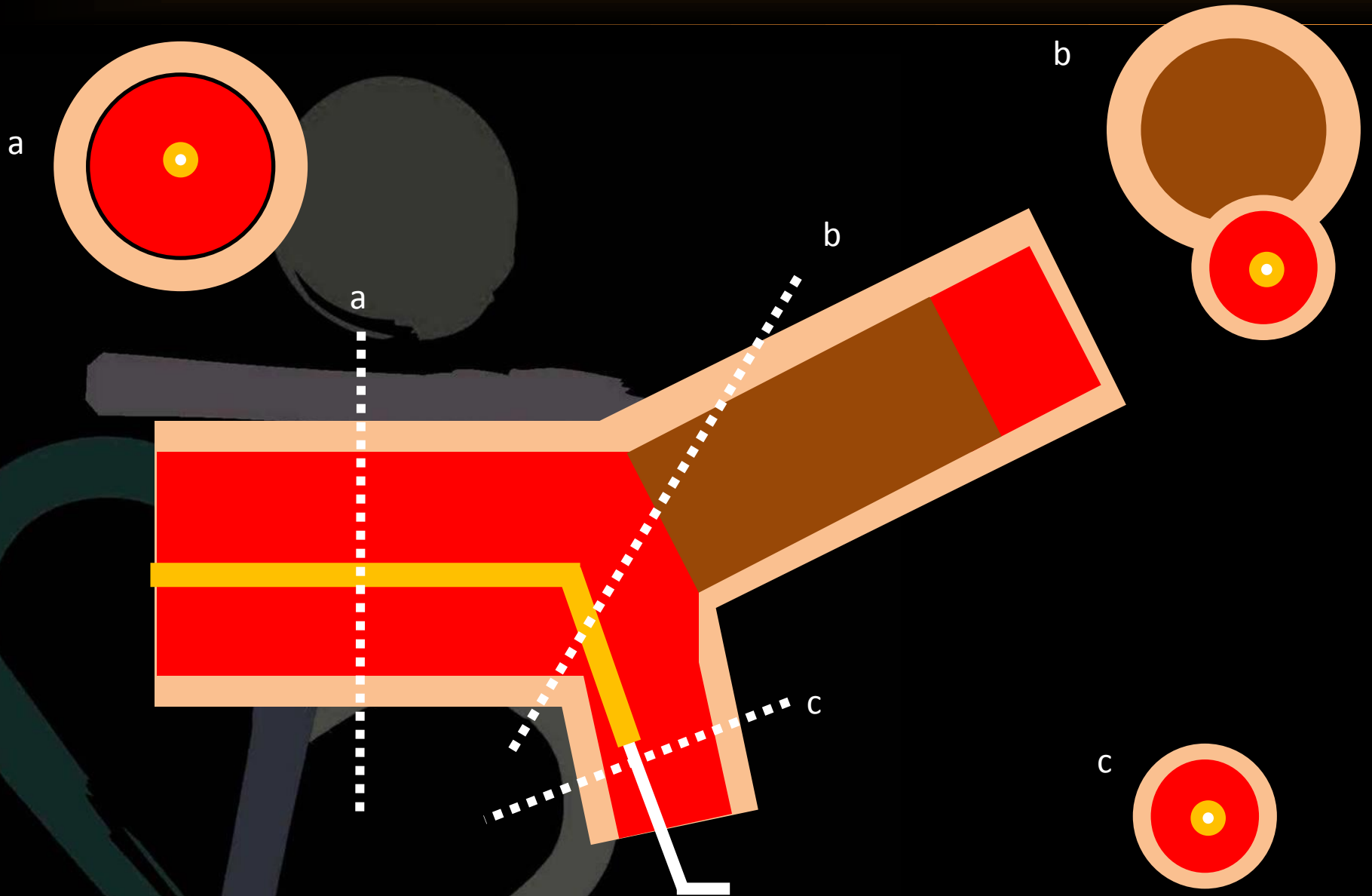




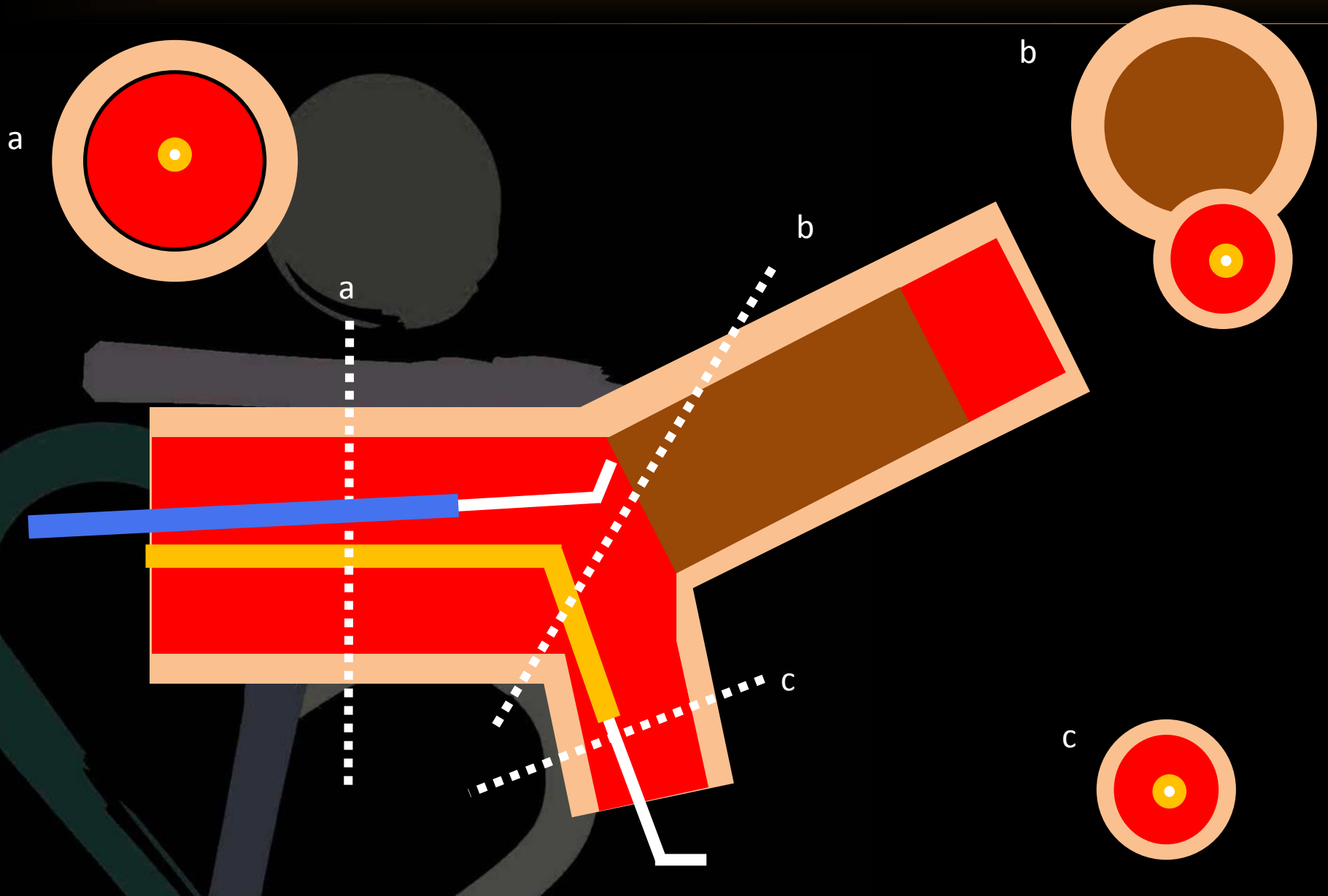
Tips and Tricks of IVUS guided PCI

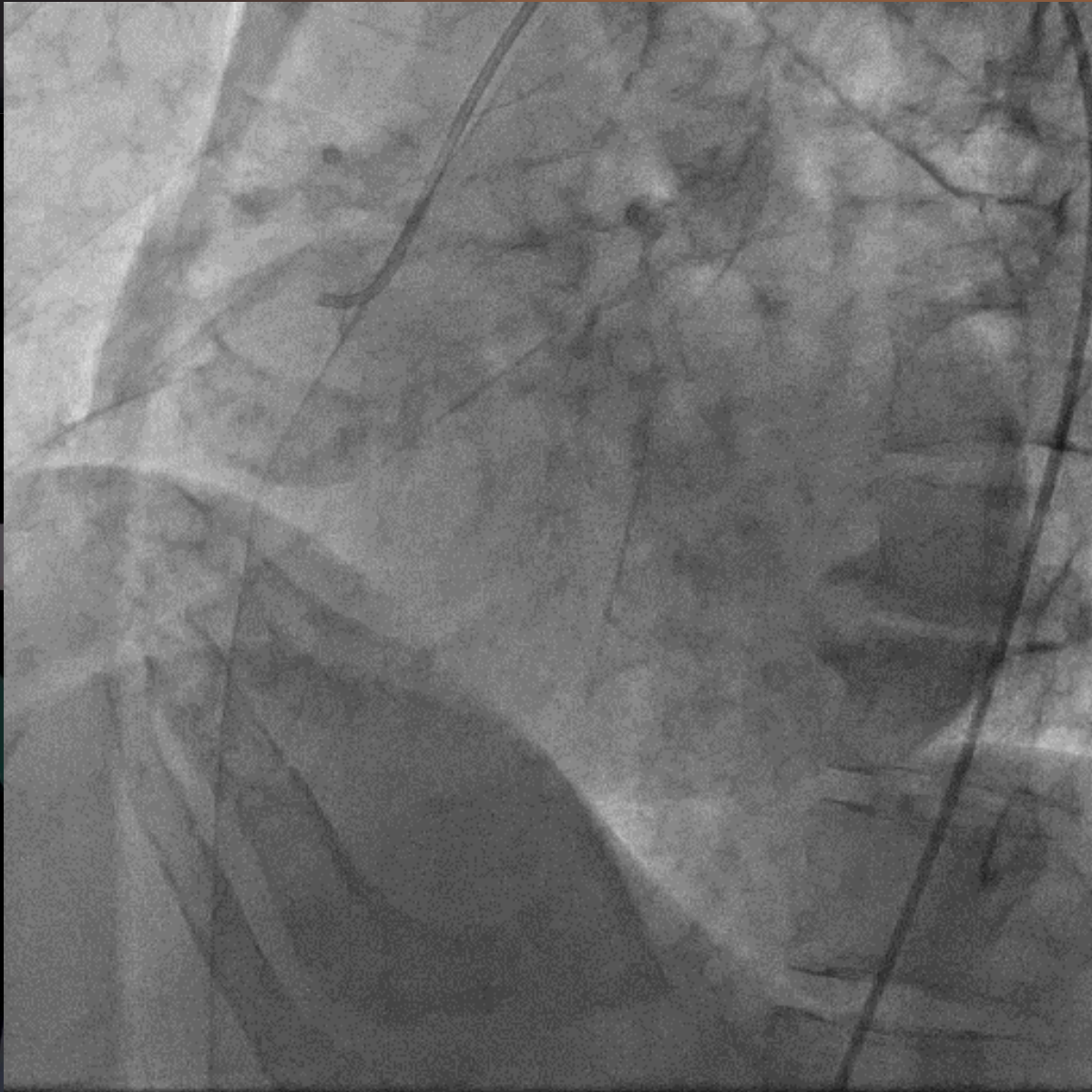
- Role of IVUS in CTO PCI
 - IVUS guided entry
 - IVUS guided wiring
- IVUS is left at wiring point during wiring and wiring is performed under IVUS image
- Advantage of use of IVUS
 - Ideal entry point

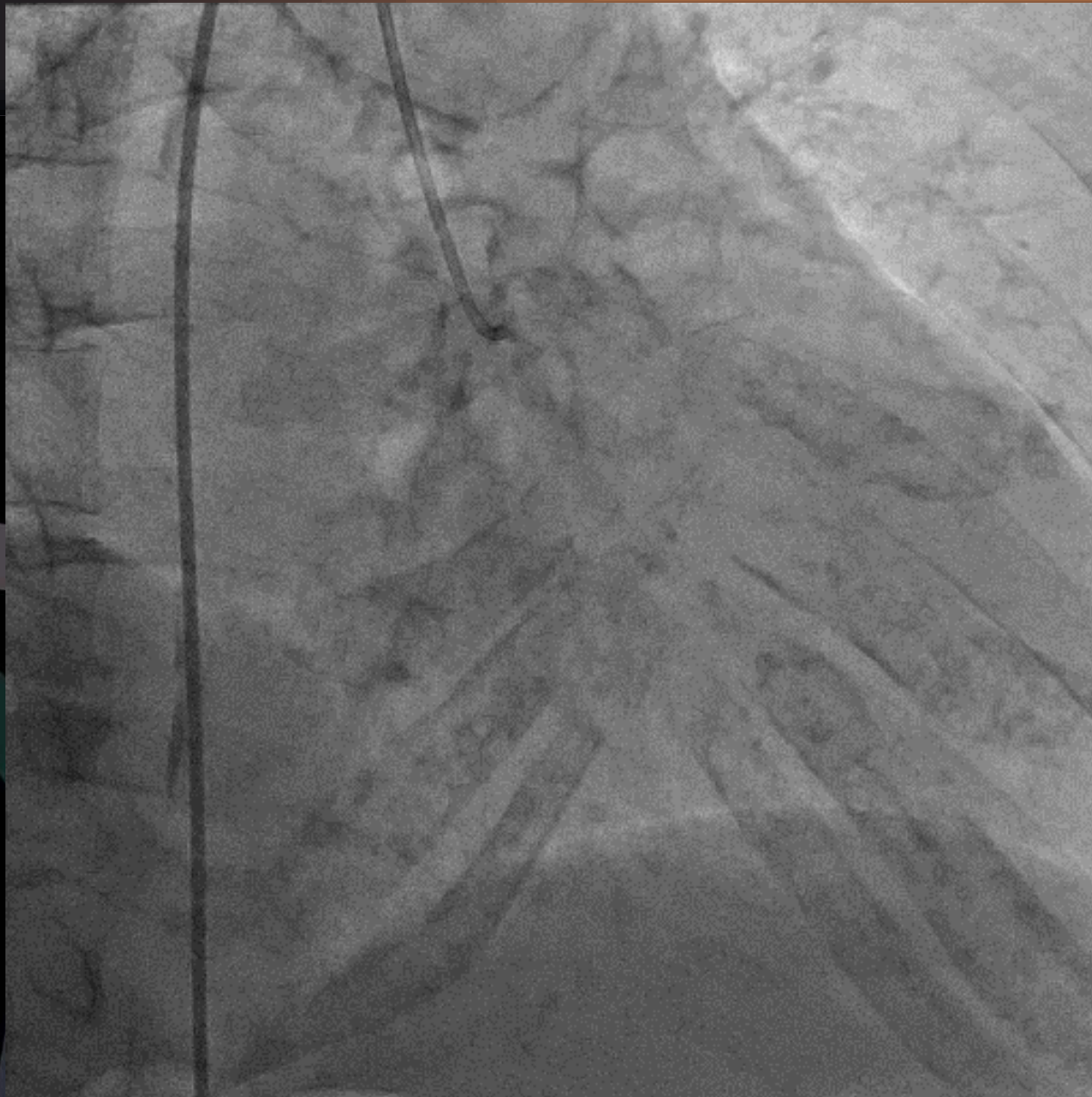
Ideal entry point of IVUS guided entry



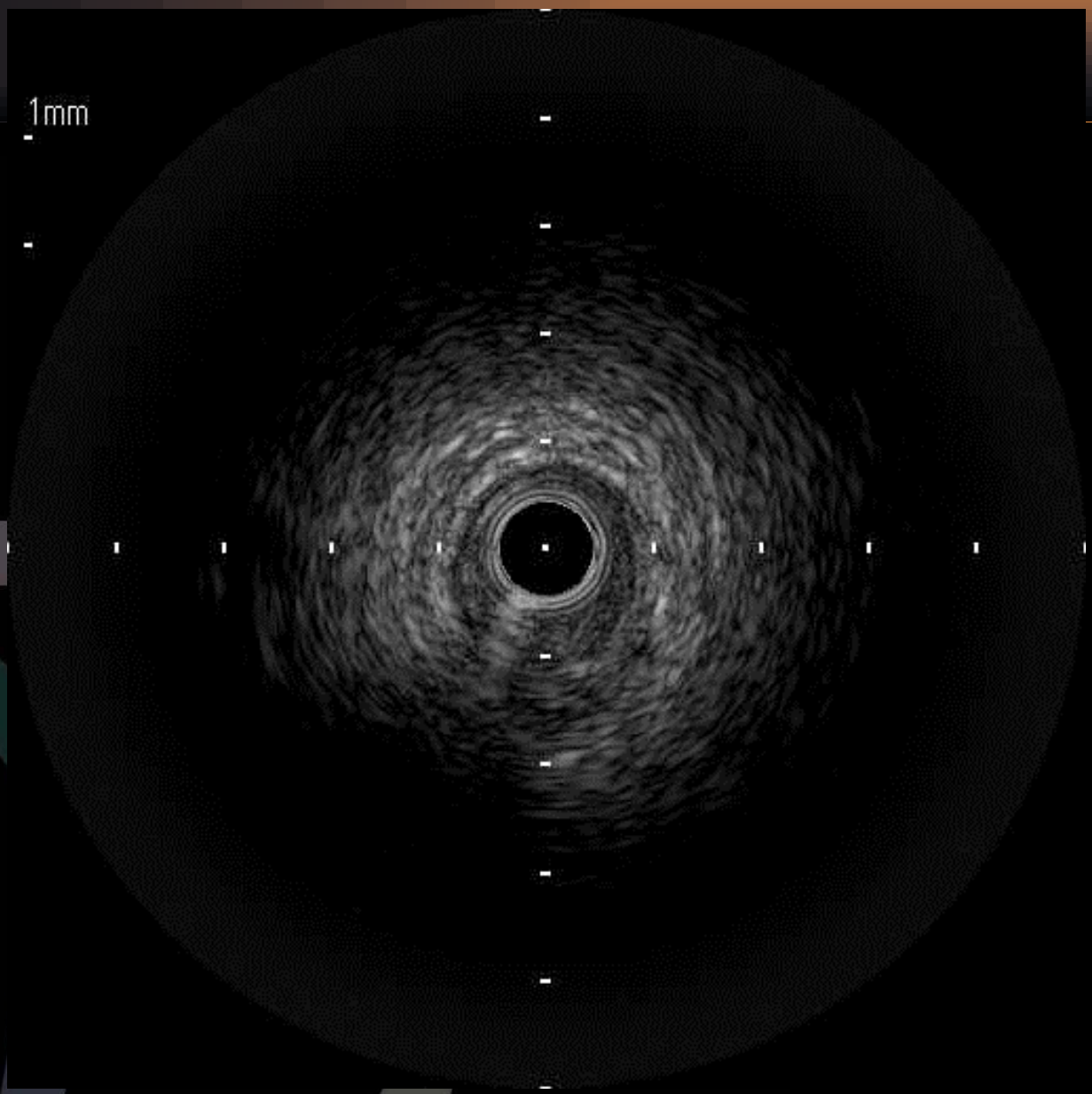
Ideal entry point of IVUS guided entry











1mm

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

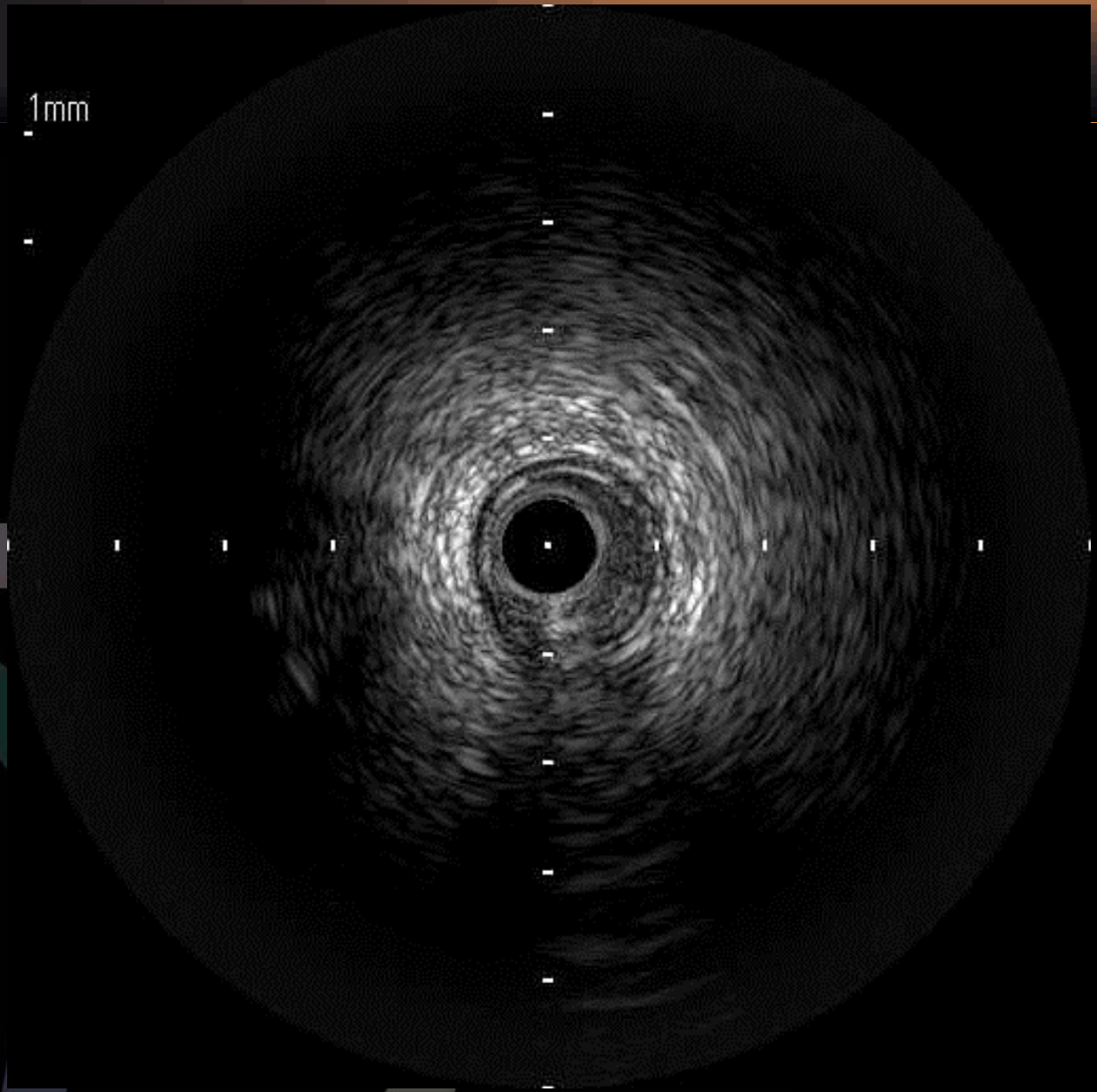
-

-

-

-

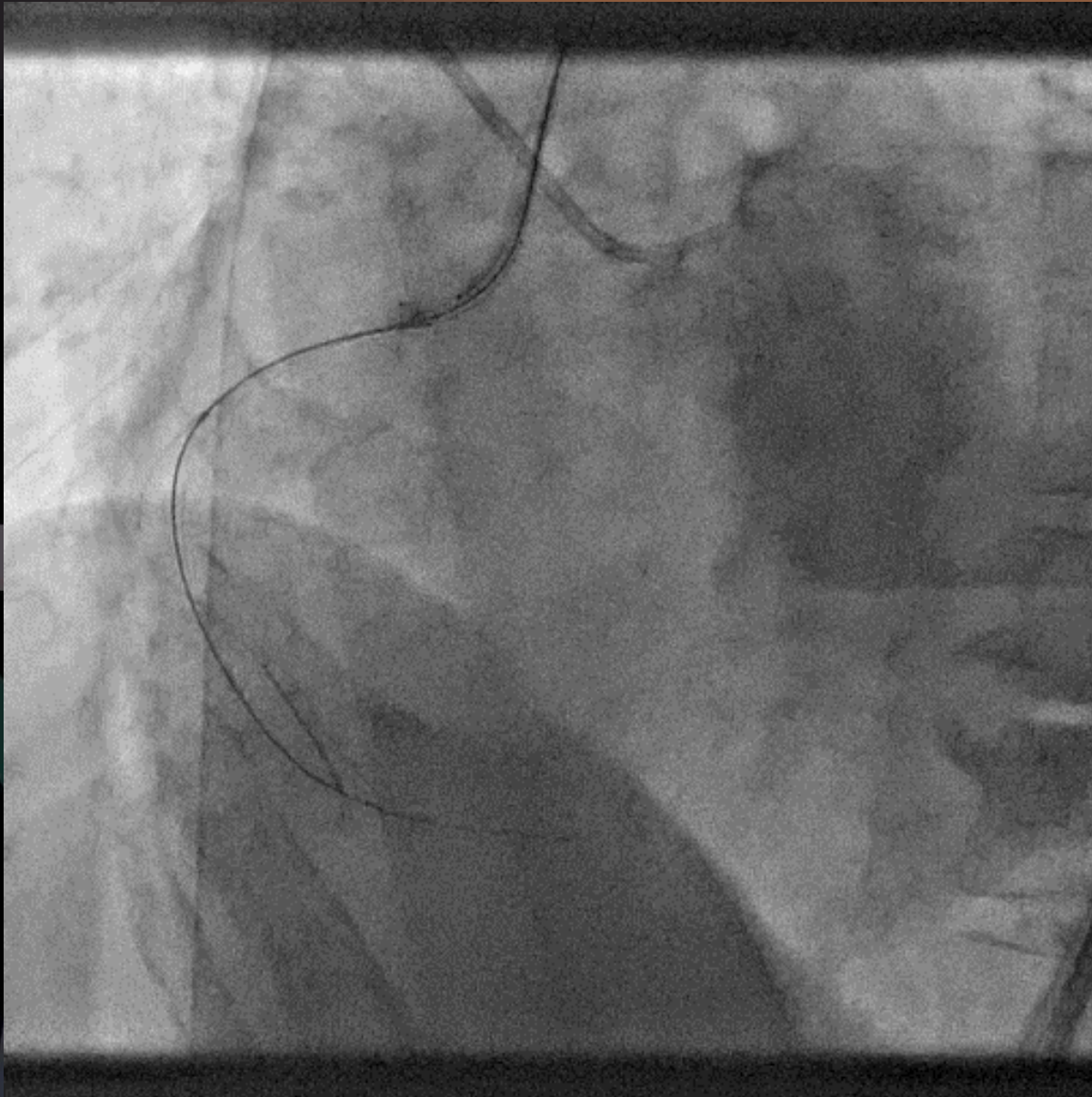




1mm

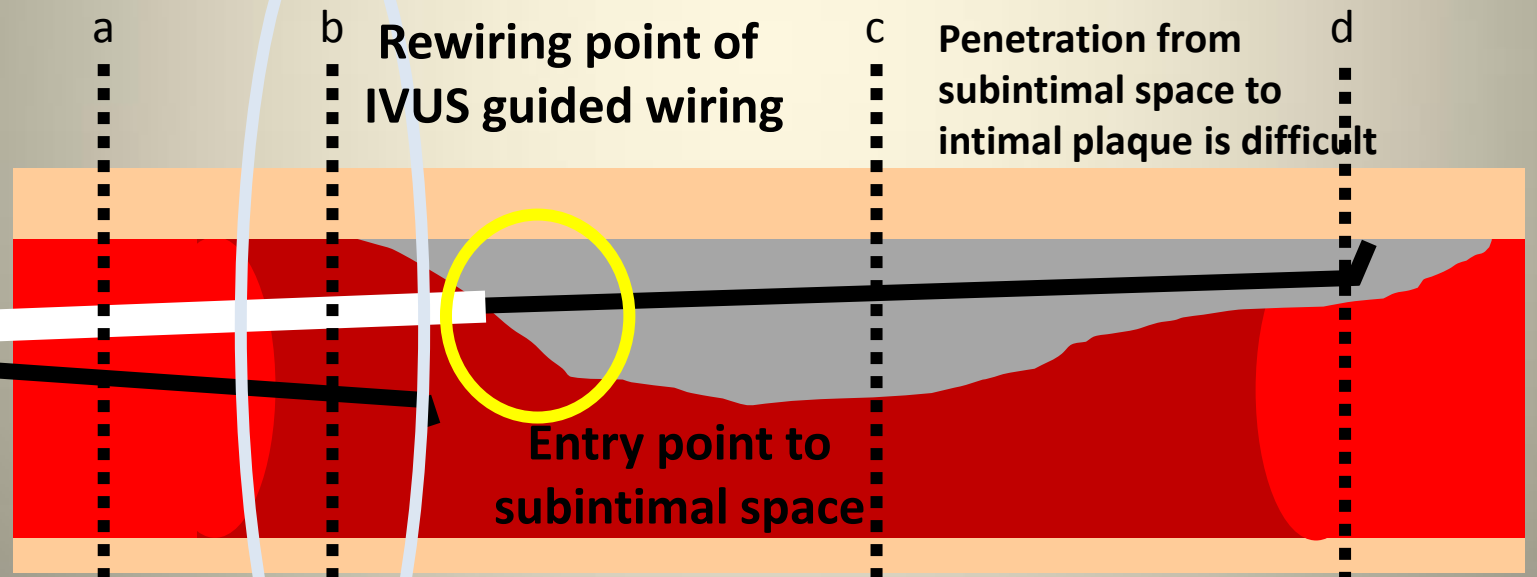
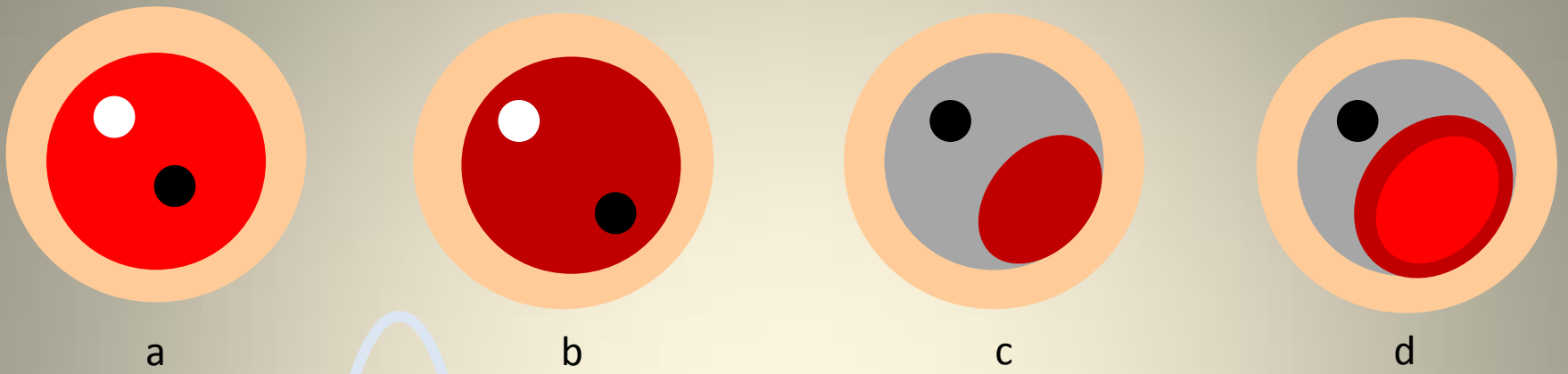








Ideal entry point of IVUS guided wiring

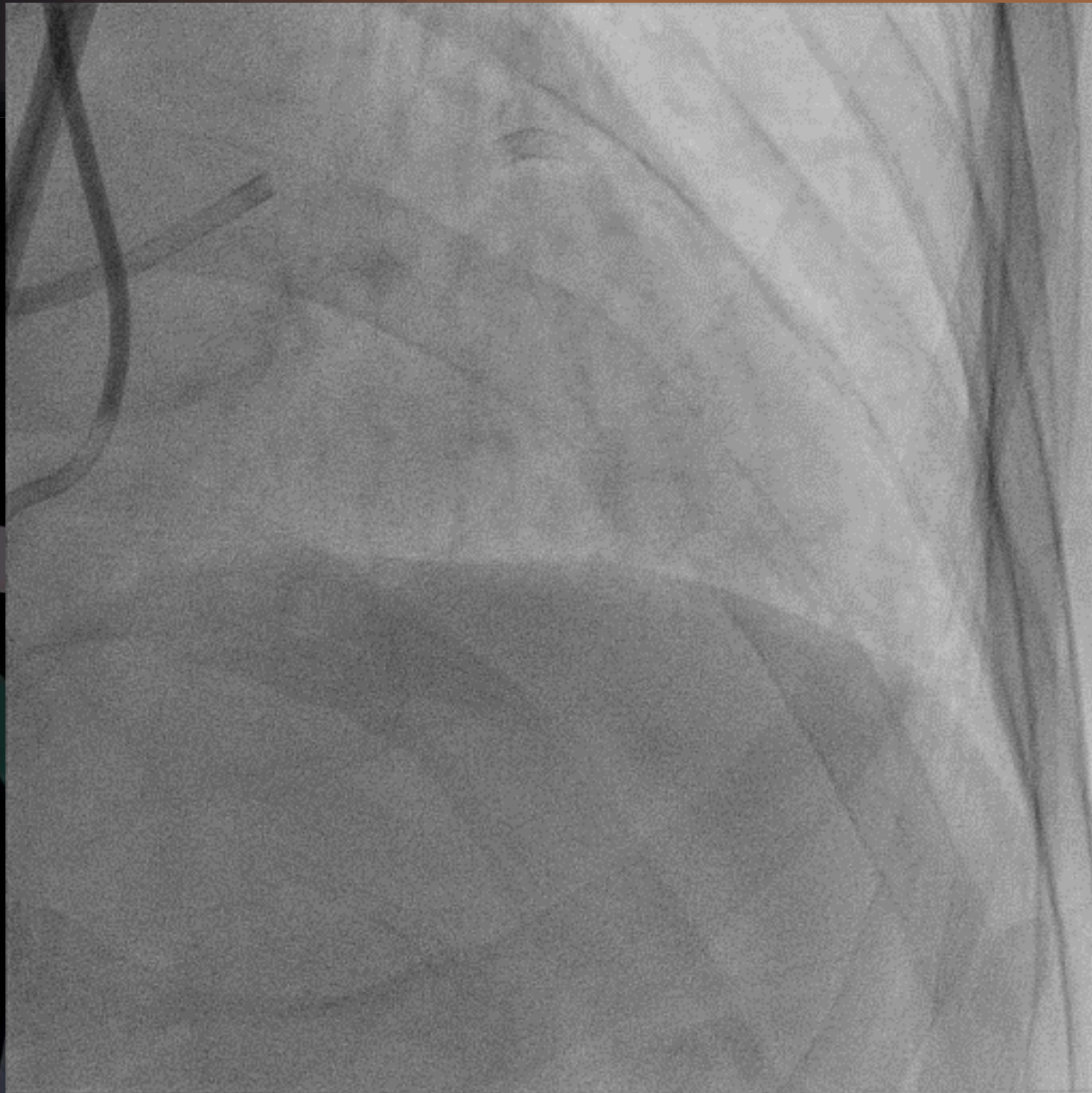


Rewiring point of IVUS guided wiring

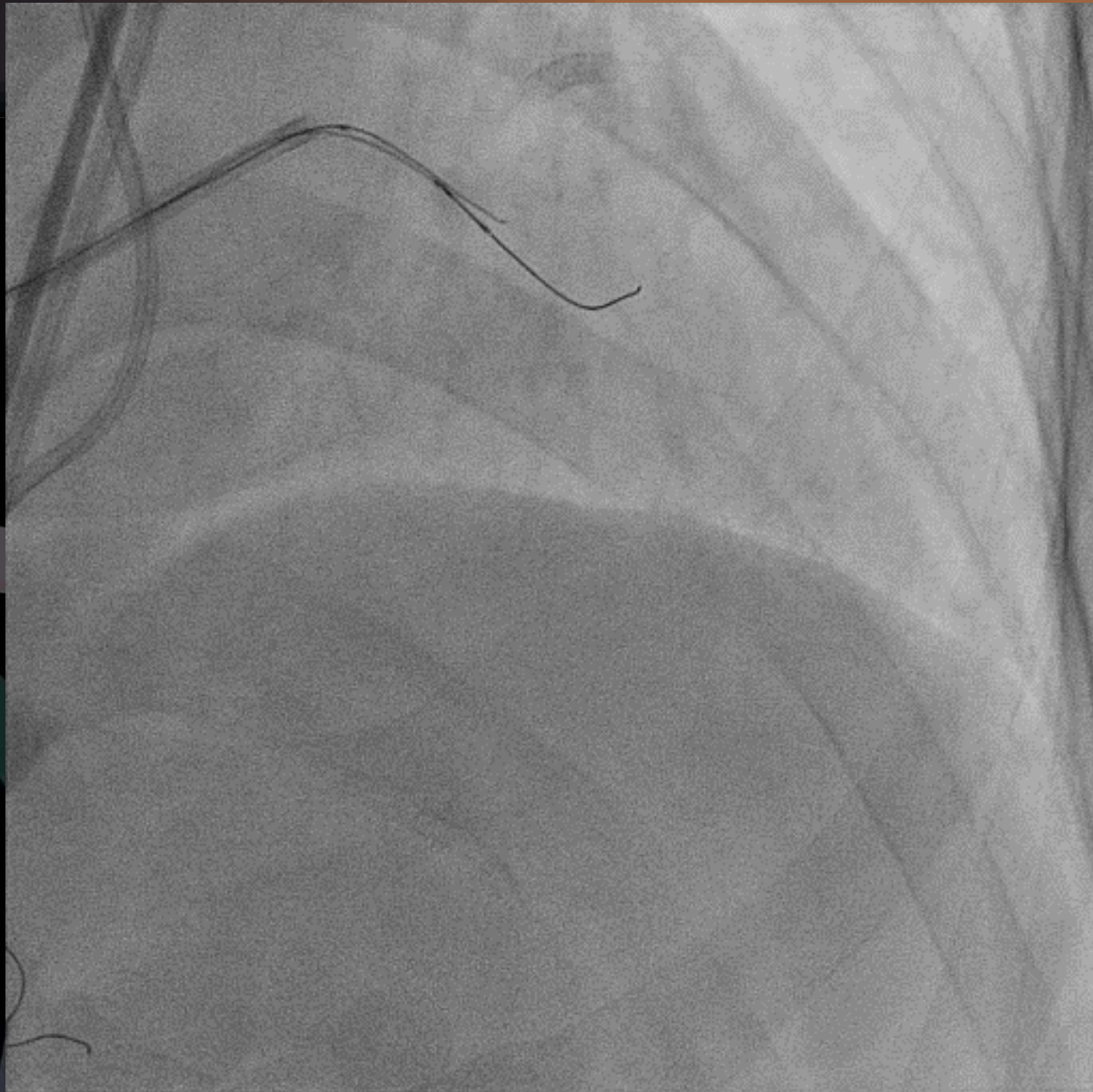
Penetration from subintimal space to intimal plaque is difficult

Entry point to subintimal space

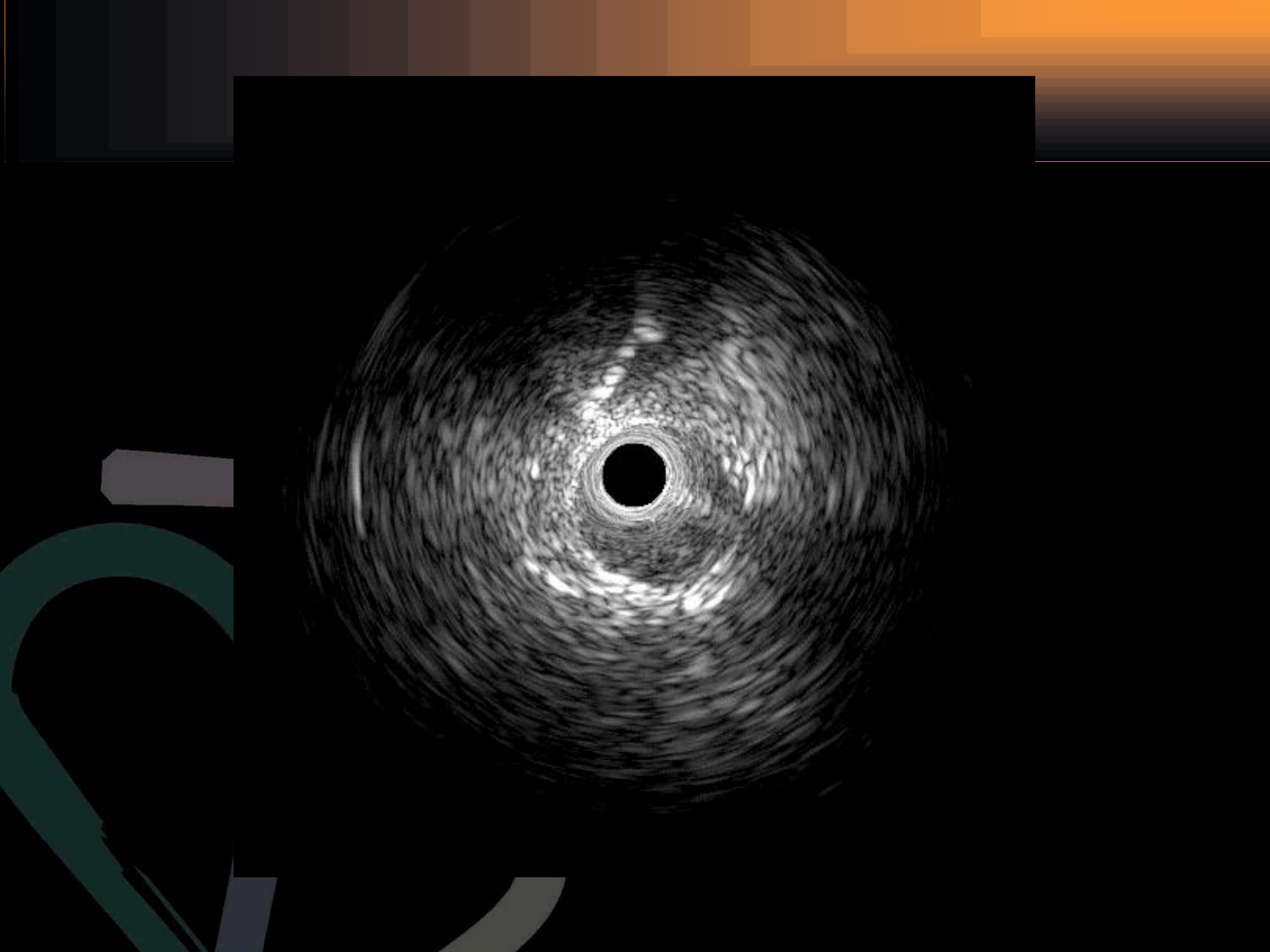
**Rewiring must be done in intimal plaque to advance GW to intimal plaque.
 Role of IVUS is identifying entry point of 1st GW into subintimal space.
 Rewiring starts at proximal site of this entry point based on IVUS findings.**

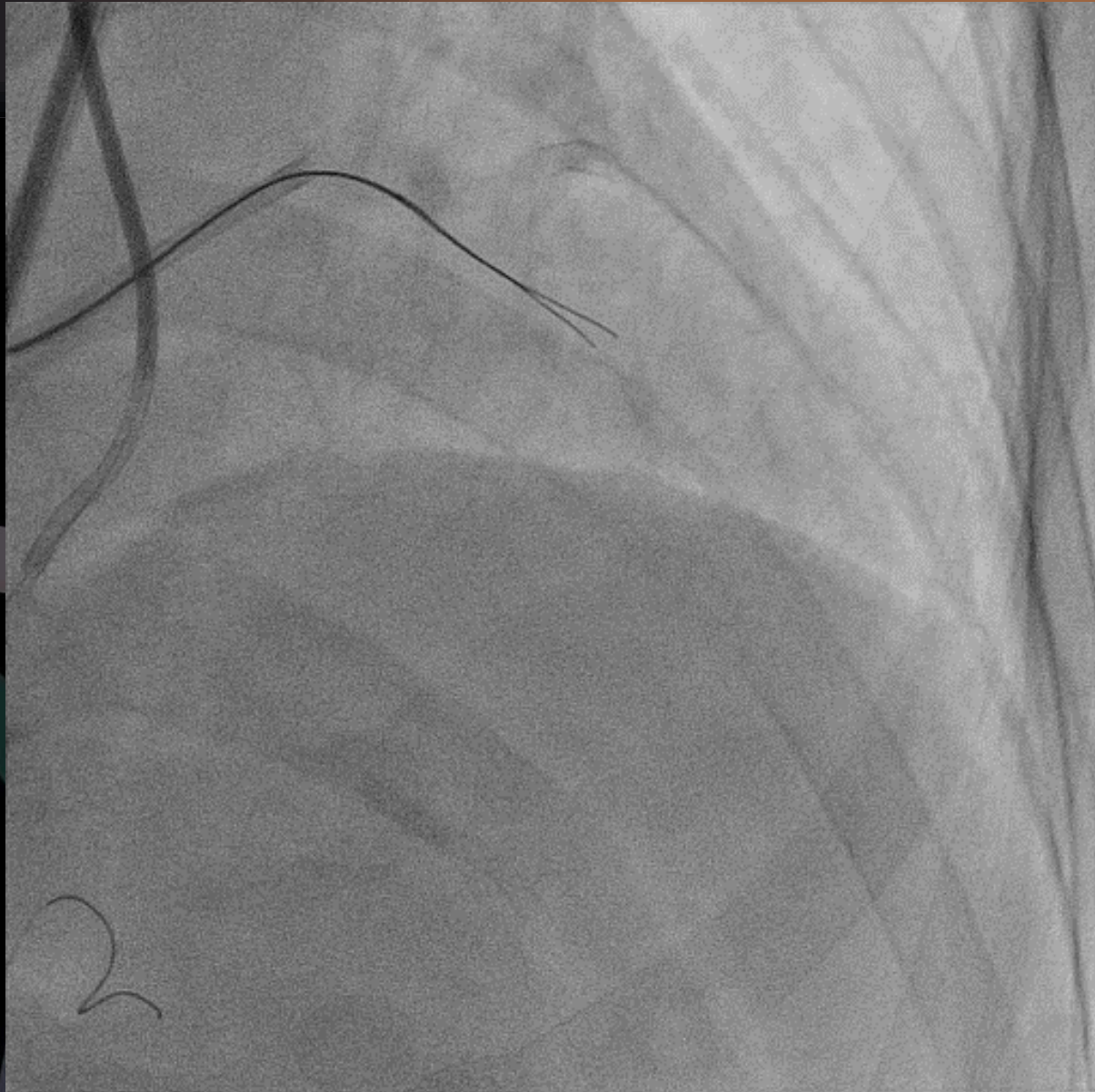


Target lesion of this patient was CTO beyond 1st septal branch and diagonal branch.
This is no stamp CTO with branches.

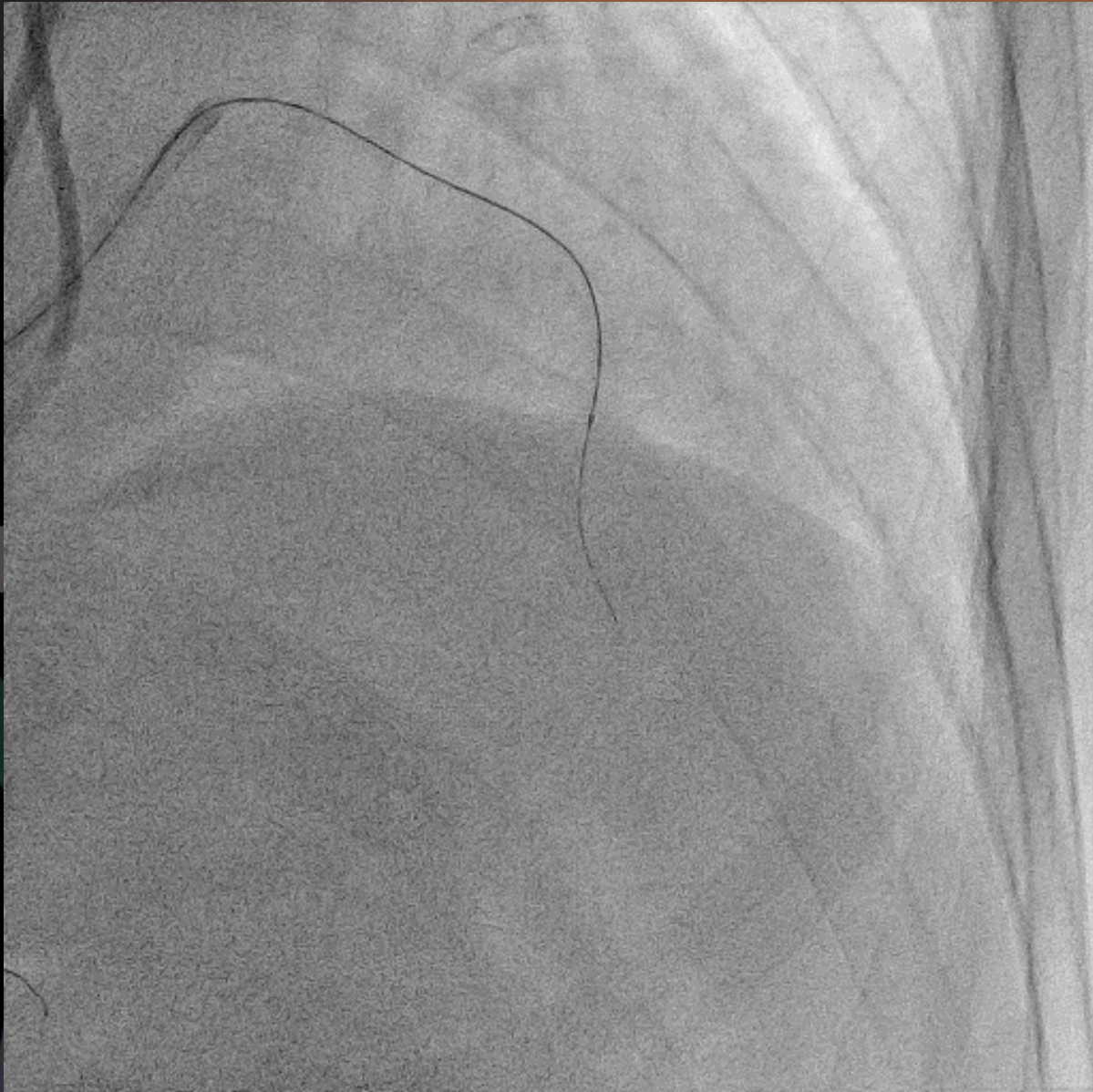


To get ideal entry point of CTO, IVUS pulled back from septal branch was used.

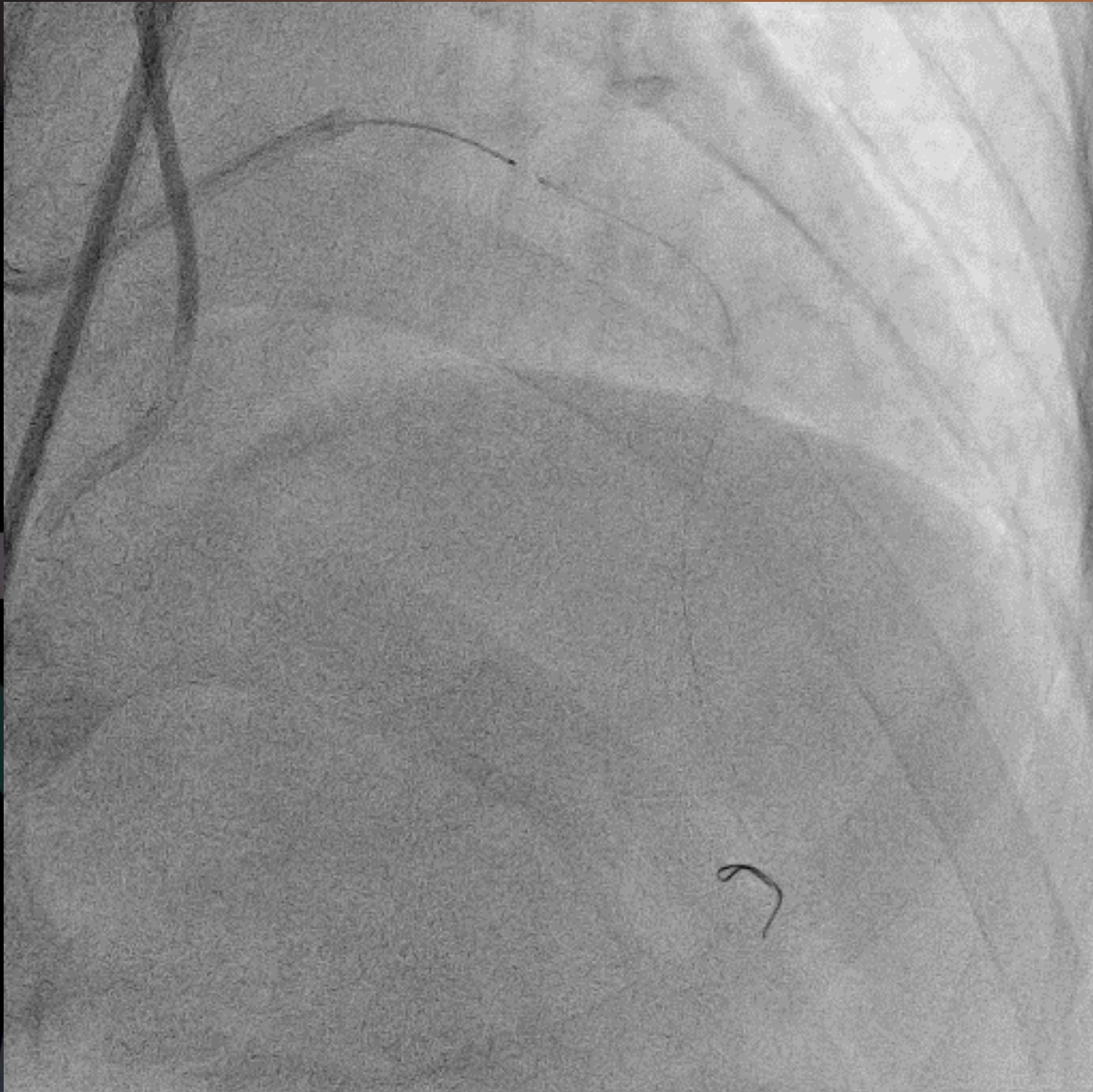




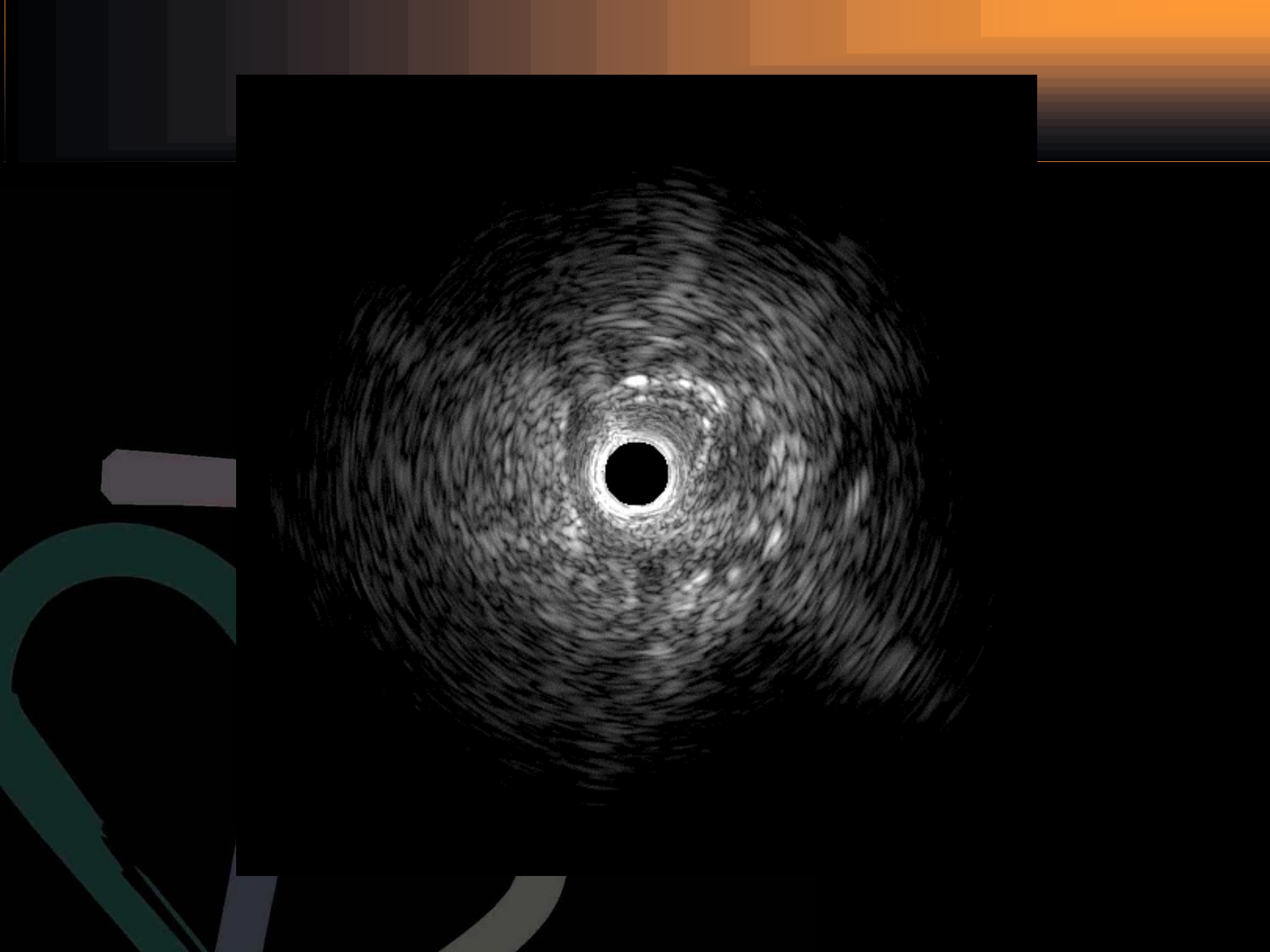
GW crossing was not easy and parallel wire technique was used.

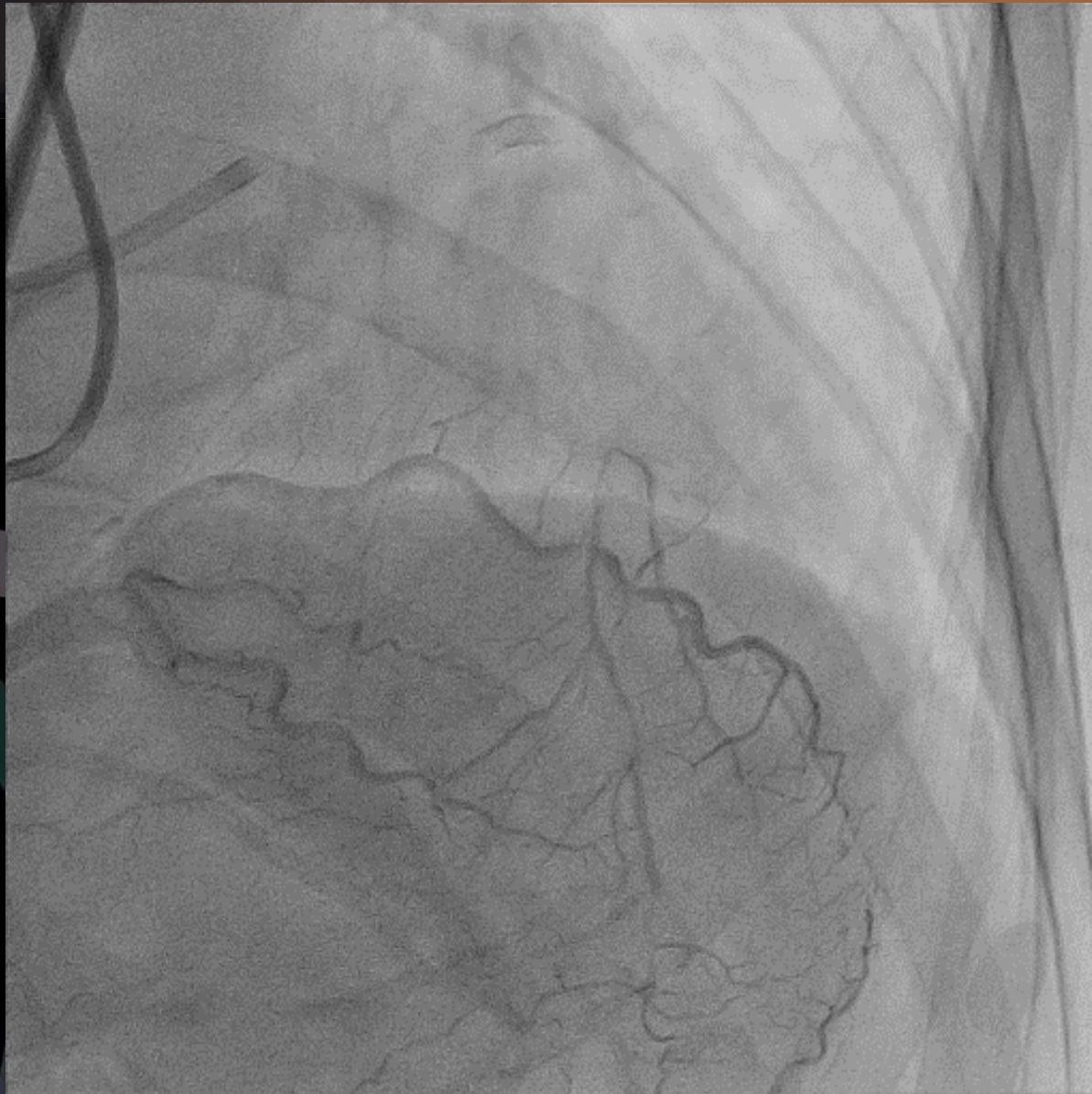


Finally GW got distal true lumen.

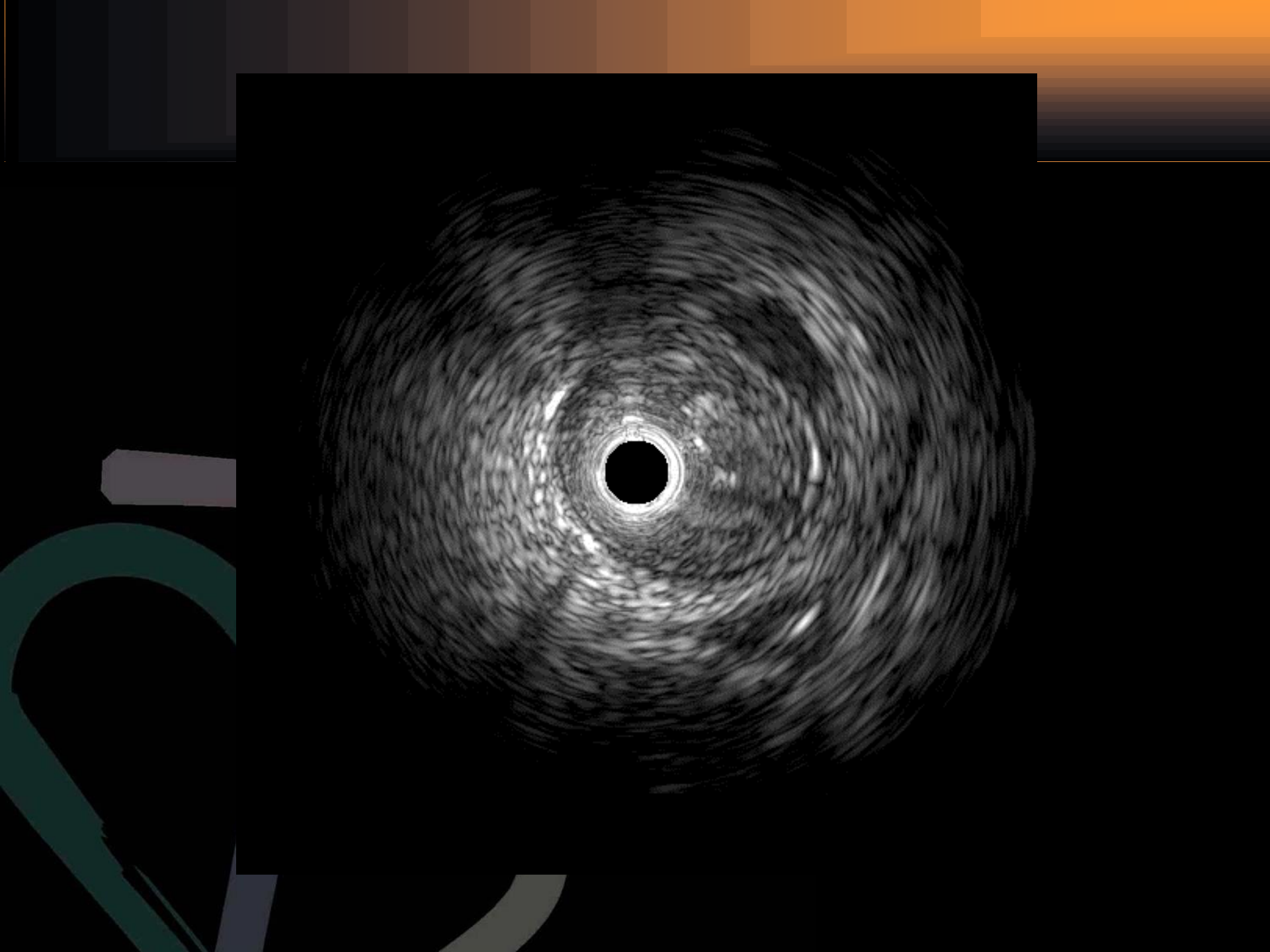


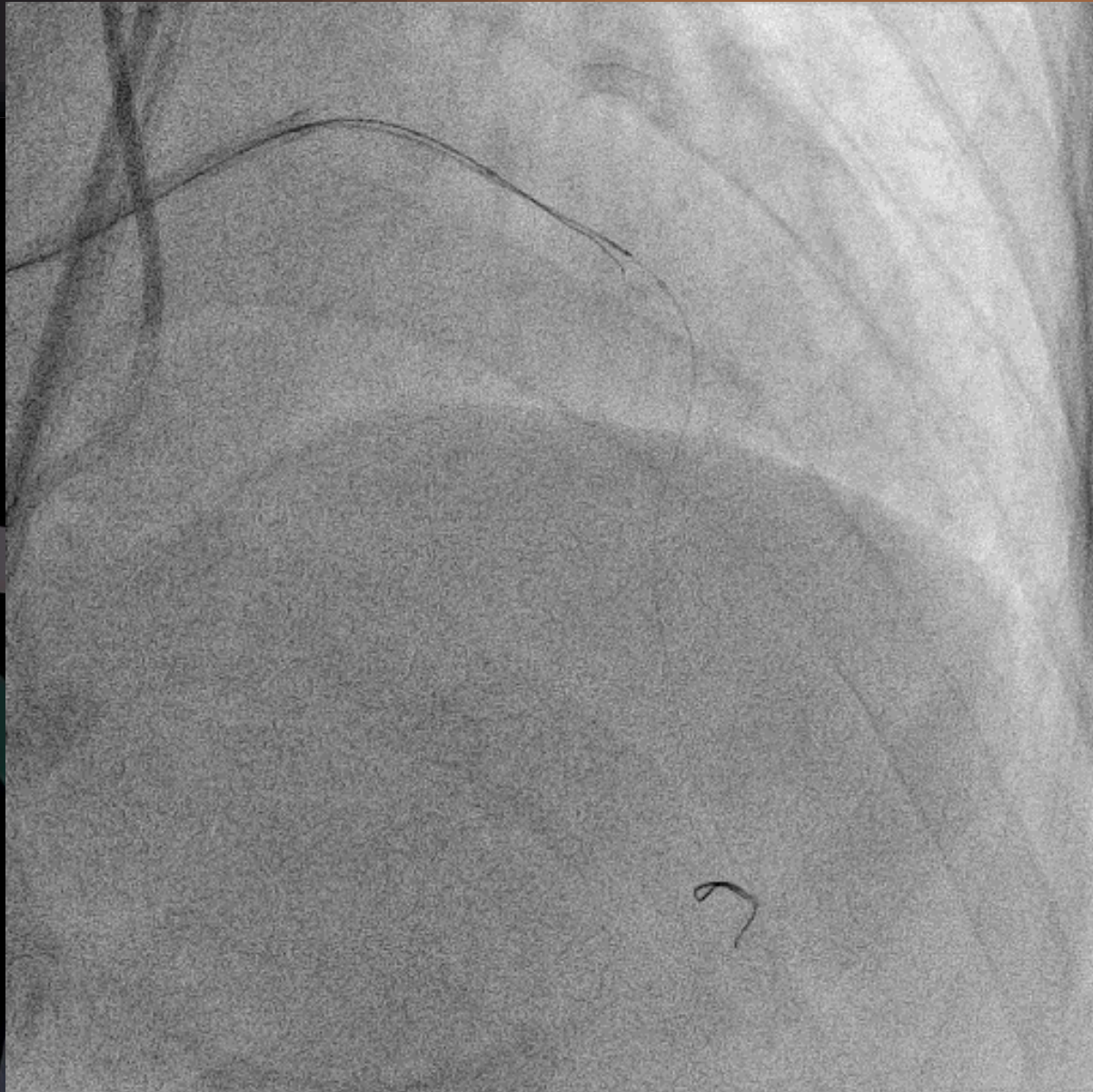
IVUS was used to confirm GW position.



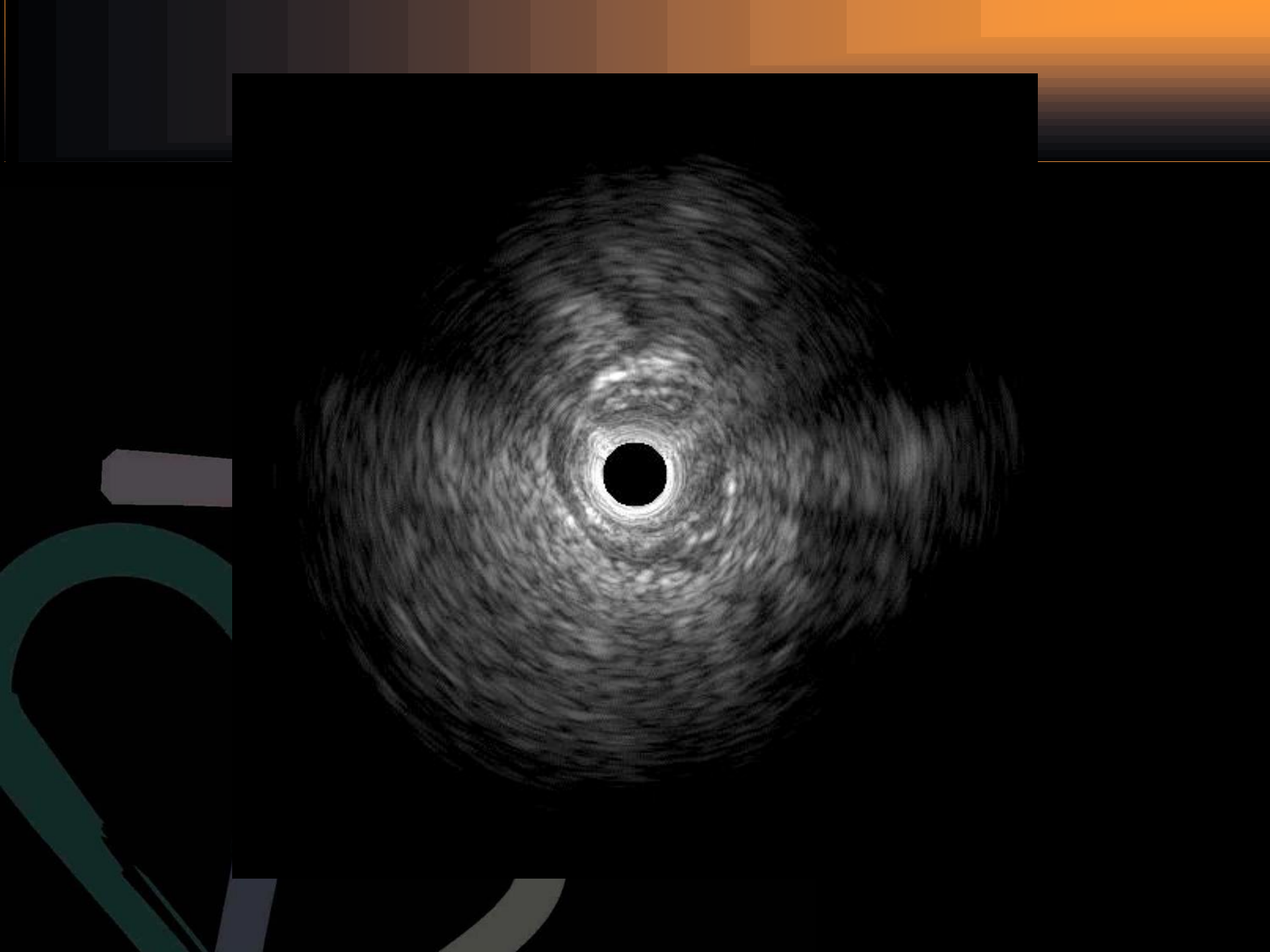


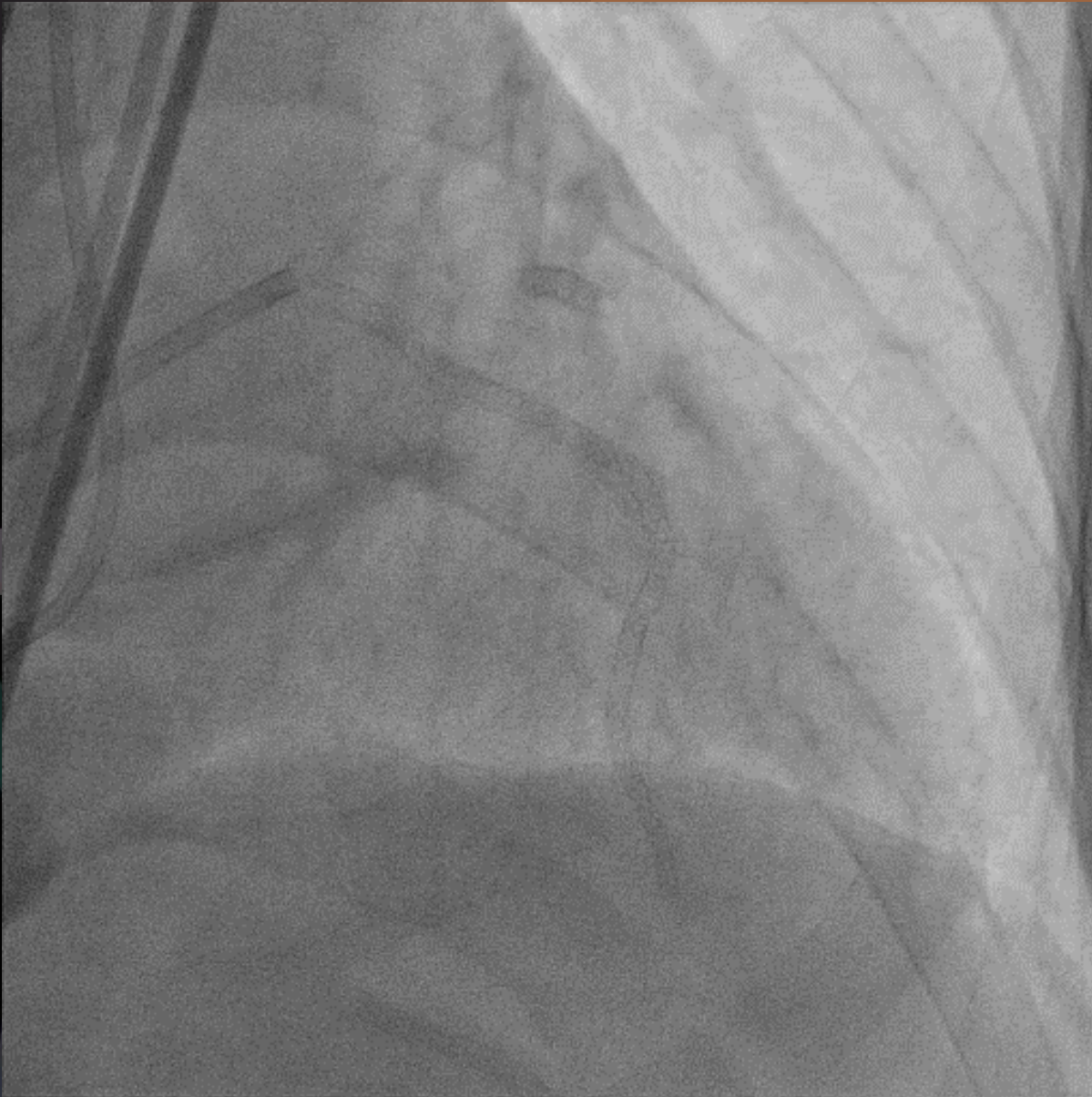
Mid LAD had diagonal branch and septal branch. If stenting using this GW was performed, these branches would be lost.





IVUS guided rewiring was used and Gaia1st could get true lumen.





After CTO crossing, stenting was performed. Final CAG showed good recanalization without sacrifice of all branches

Summary

- Tips and tricks of Parallel wire
 - Use of Double lumen catheter
 - Use of GaiaNext series
 - How to correct GW position
 - Multiple projection is used
 - Wiring is performed on the projection that distance between GW and target vessel is the farthest.
- Tips and tricks of IVUS guided PCI
 - Role of IVUS in CTO PCI
 - IVUS guided entry
 - IVUS guided wiring
 - IVUS is left at wiring point and wiring is performed under IVUS image
 - Advantage of use of IVUS
 - Ideal entry point

*Thank you for
your attention*

