The Management of Guide and Extension Catheter: Tips and Tricks.

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Importance of GC



Most important factors of GC for Complex PCI

Back up support
Coaxial Engagement
Anti Heat Deformation
Safety
Maneuverability

These factors are essential for stable procedure, especially in long, complex cases

Guiding Catheter Size Influence

5-6 Fr guides

Small arterial puncture
 PROS
 Permit active support
 Less contrast

7-8 Fr guides

- Better passive support
- Better visualization
- Better trque transmission
- Radial approach by specific sheath.



✓ Larger arterial puncture
 ✓ Pressure damping (w/o SH)
 ✓ More contrast

Dampening of Arterial Pressure



Only diastolic pressure: Ventricularization Both systolic and diastolic pressures: Dampened pressure

 \rightarrow GC with side hole is strongly recommended in complex cases.



Back-up type (EBU, XB, SPB, etc)

Short-tip Judkins



A long segment of the shaft of the back-up type catheter rests against the contralateral aortic wall whereas only a short segment of the judkins left does so. On the other hand, the direction of the GC is different according to the GC shape.



LAD ostial stumpless CTO

Short tip judkins left 3.5 SH



LCLARZULY





(a)

Balloon anchoring in SB can make bigger support power.

(b)







-up type B, SPB, etc)

ip Judkins



LAD

PWT with SB balloon anchoring



LCX

Back-up type (EBU, XB, SPB, etc)

AL >1.5 for rotablator or CTO











RCA

Back-up type (AL, SAL, AR, HS, etc)

Judkins Case with ostial lesion





-up type , AR, HS, etc)

dkins 1 ostial lesion

Proximal RCA diffuse lesion

























Reverse CART with guide extension catheter



Reverse CART with guide extension catheter

Rendezvous in antegrade GC

1.00

GE advancement with balloon anchoring

Stenting with GE

Stenting with GE

Stenting with GE





- > Guiding catheter can make our procedure simple by appropriate use
- Selection of GC is associated with making stronger back up force and setting coaxial position of the system.
- Appropriate GC selection is an important point to prevent dampened pressure and dissection by the tip of GC, especially, in case with an ostial lesion.
- > Balloon anchoring in SB or guide extension catheter can cover poor back up force of GC.
- However, in diffuse or calcified lesion, distal balloon anchoring should be needed to deliver the guiding extension catheter itself.