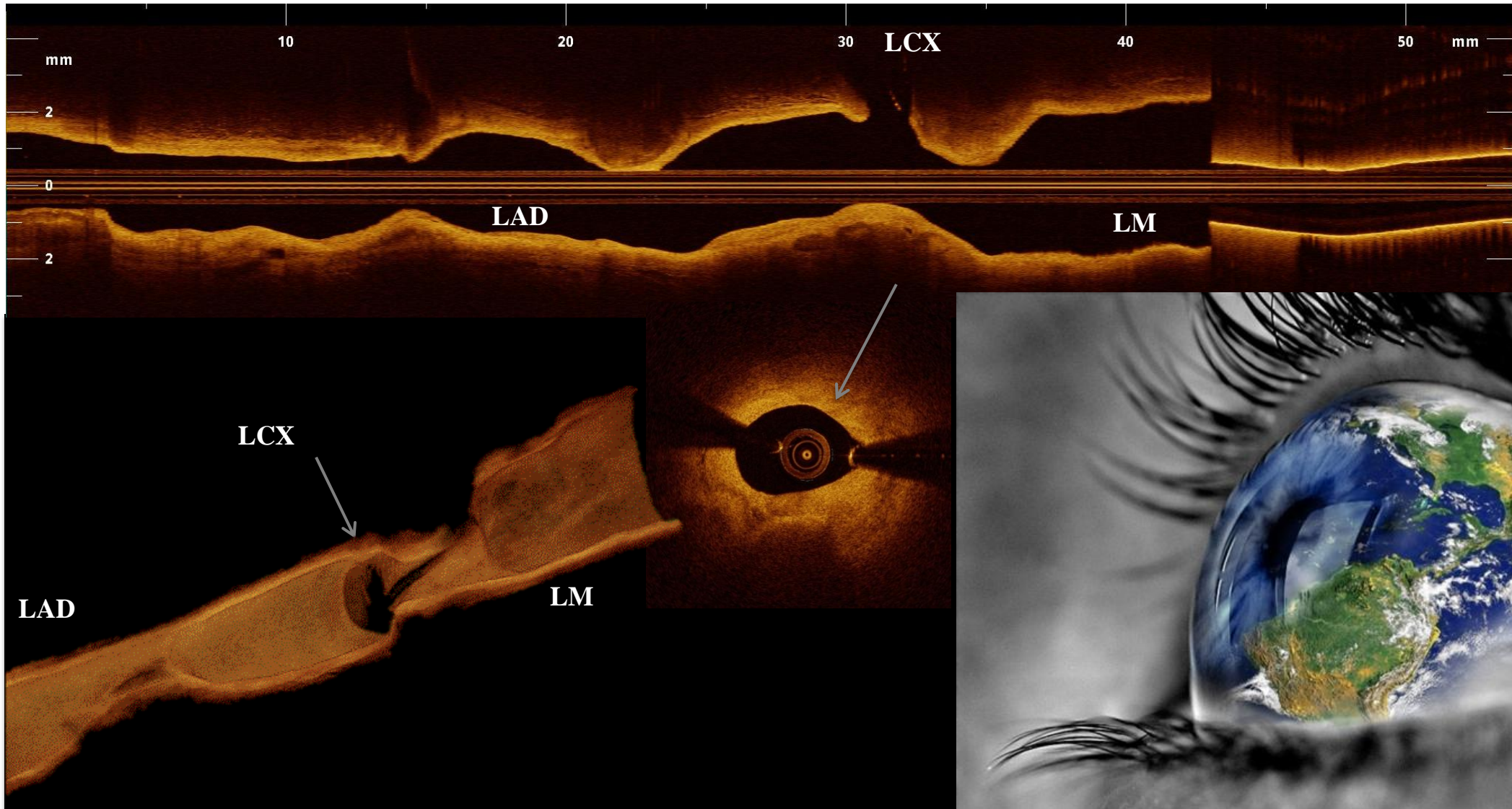


OCT TO OPTIMIZE CORONARY INTERVENTIONS: New Tools, New Findings and Clinical Evidence



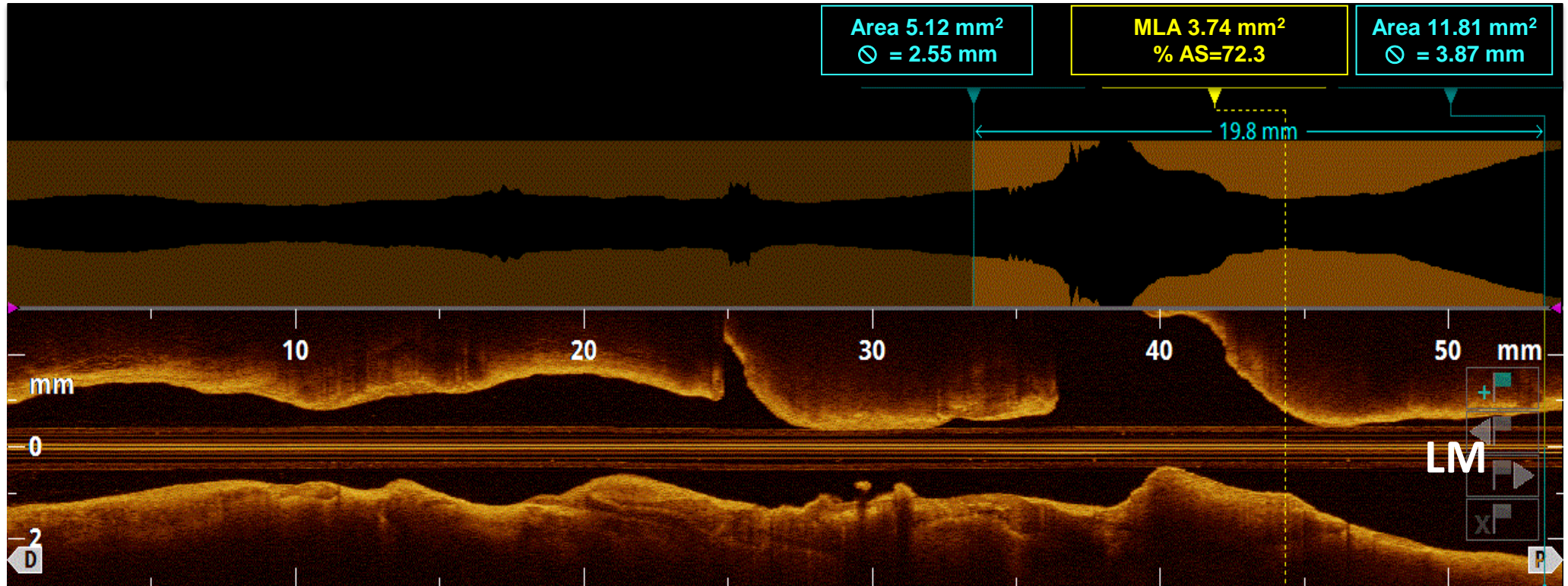
Accepted Principles in Daily Practice

Angio is least accurate to decide and mapping stent implantation in complex setting ie: LMCA, bifurcation, ostial lesions, ACS, presence of haziness and with novel bioabsorbable vascular scaffold

IVUS and OCT have been developed with the aim of overcoming these limitations

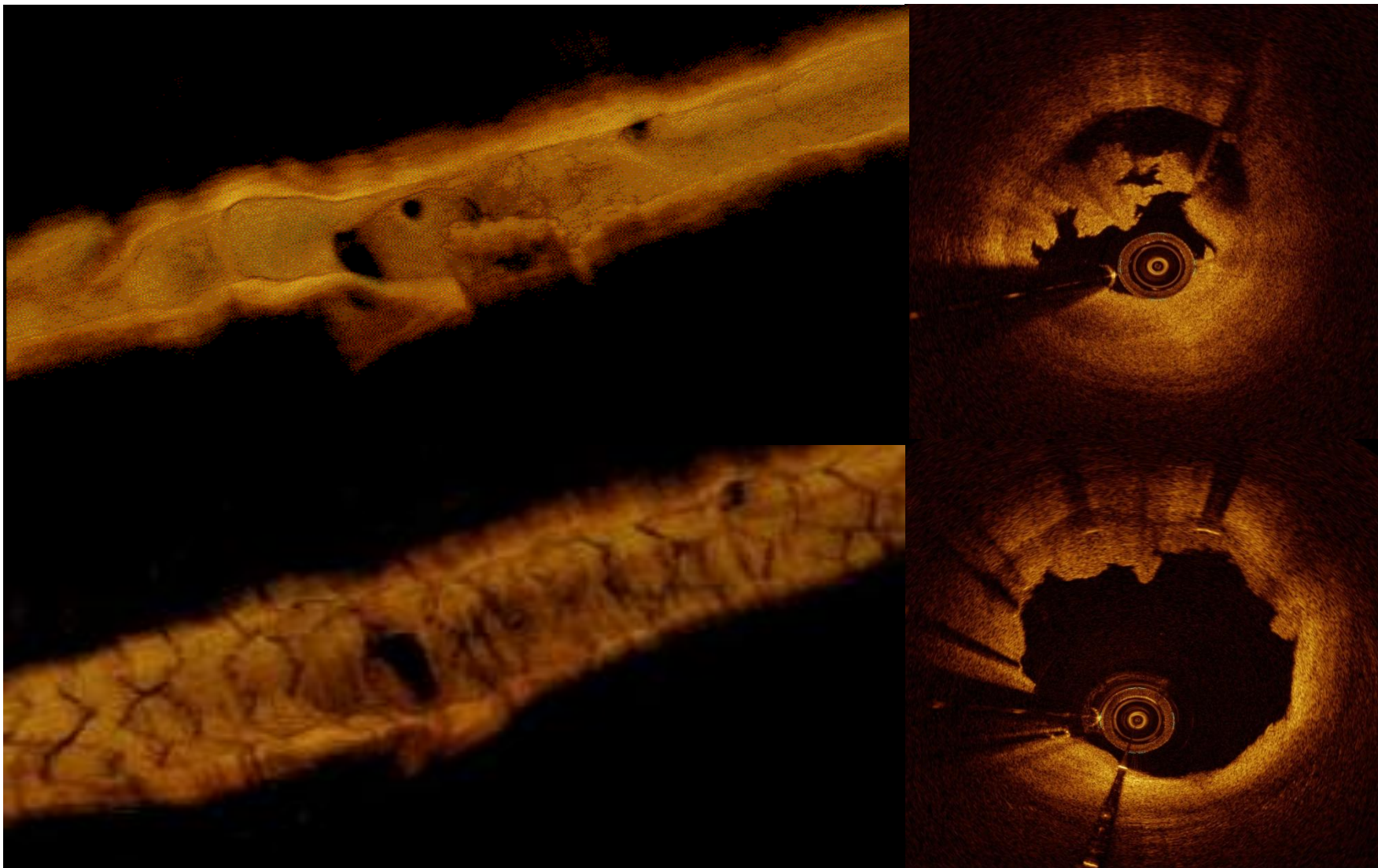
Lumen Profile Display – Minimum Lumen Area (MLA)

From auto-traced boundaries, lumen profile shows variations in MLA, MLD along the artery



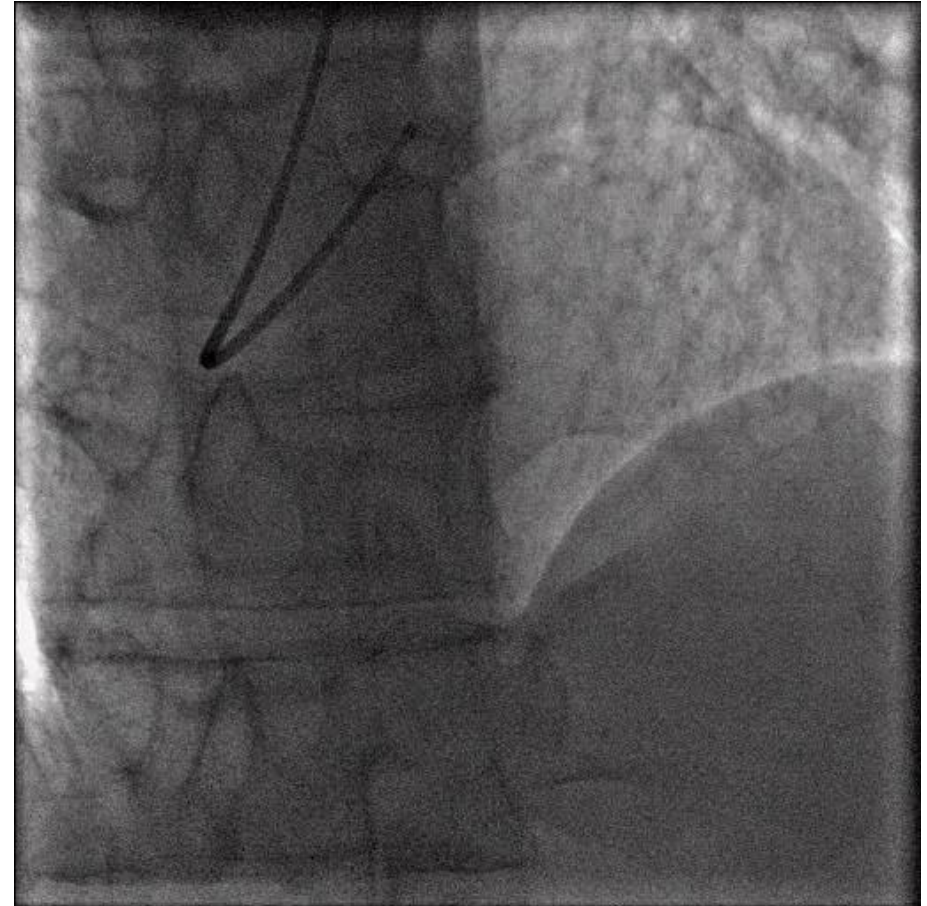
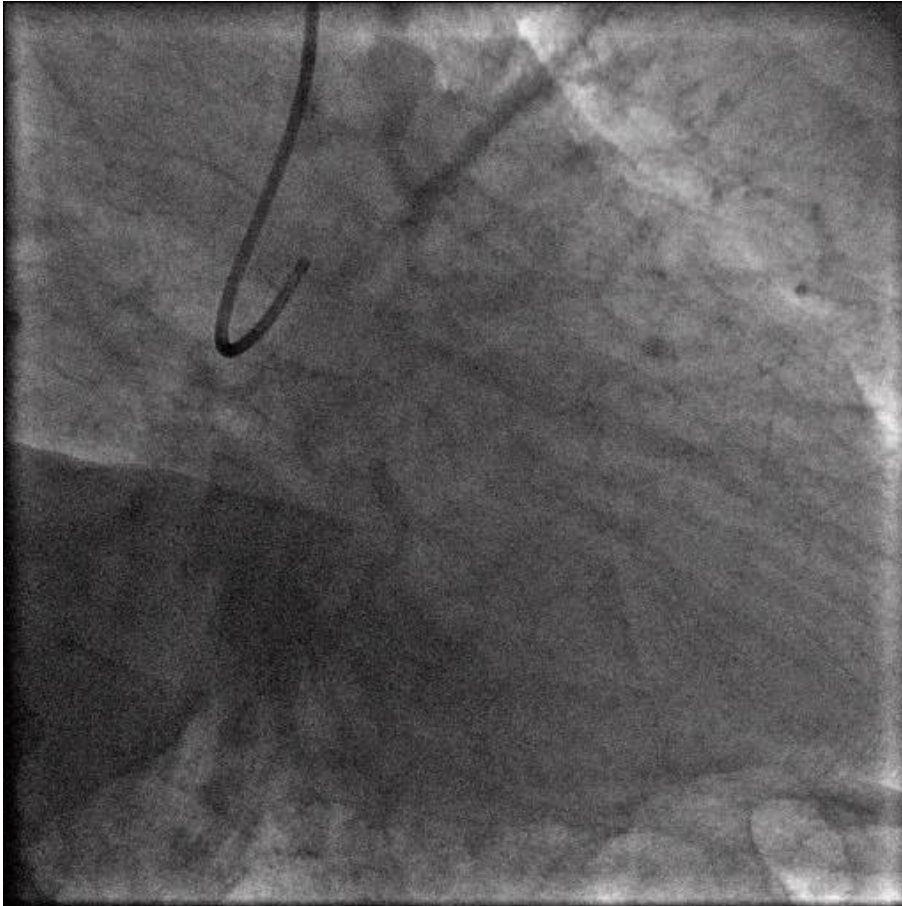
- The software will automatically find the Minimum Lumen Area frame between any user-defined reference frames
- When MLA is first checked, the blue reference frames are set at 10% and 90% of the pullback length

Immediate 3D Navigation View branches and stent geometry assessment

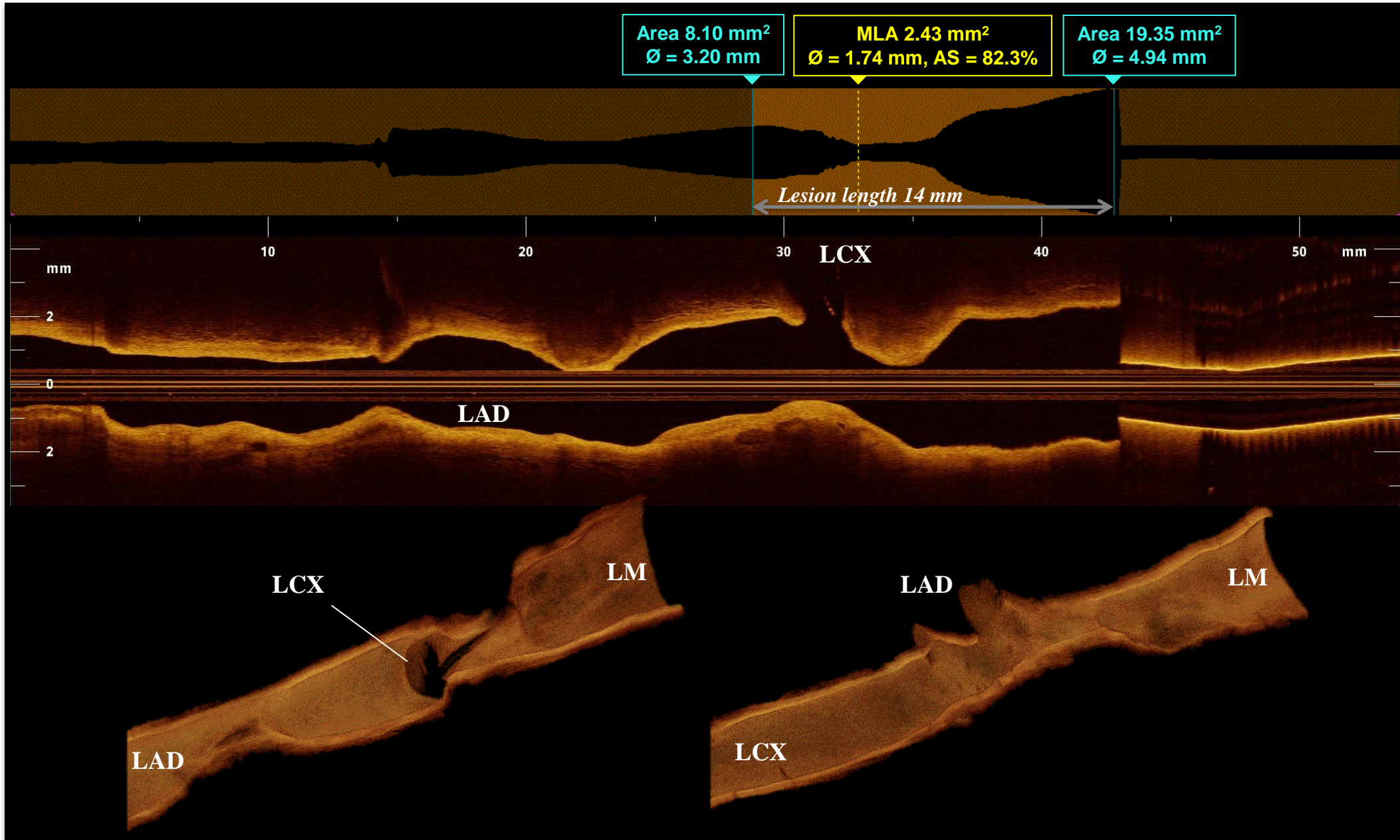




Should Complex Lesions be Imaged ?

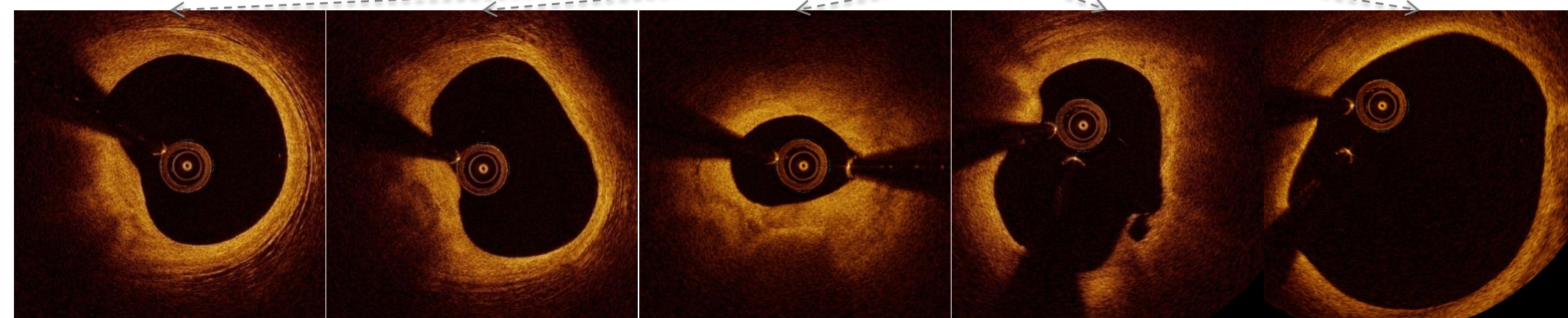
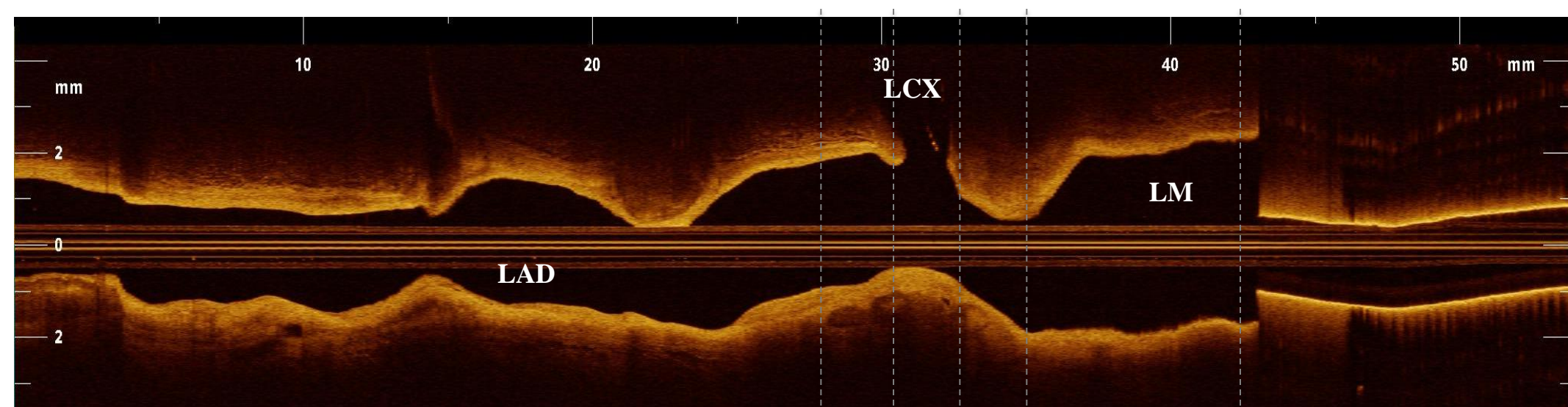


Stent strategy/ Stent length/Stent size



LAD-LM pullback pre-PCI

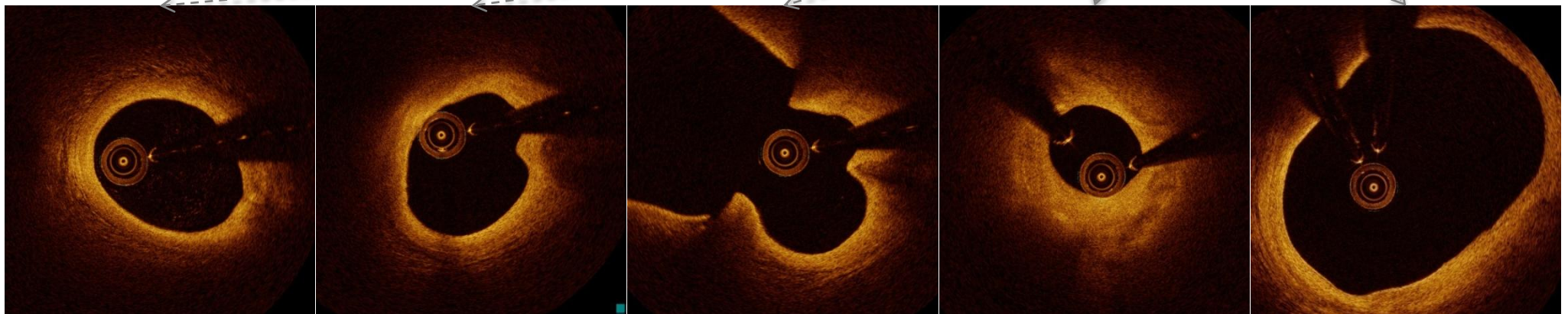
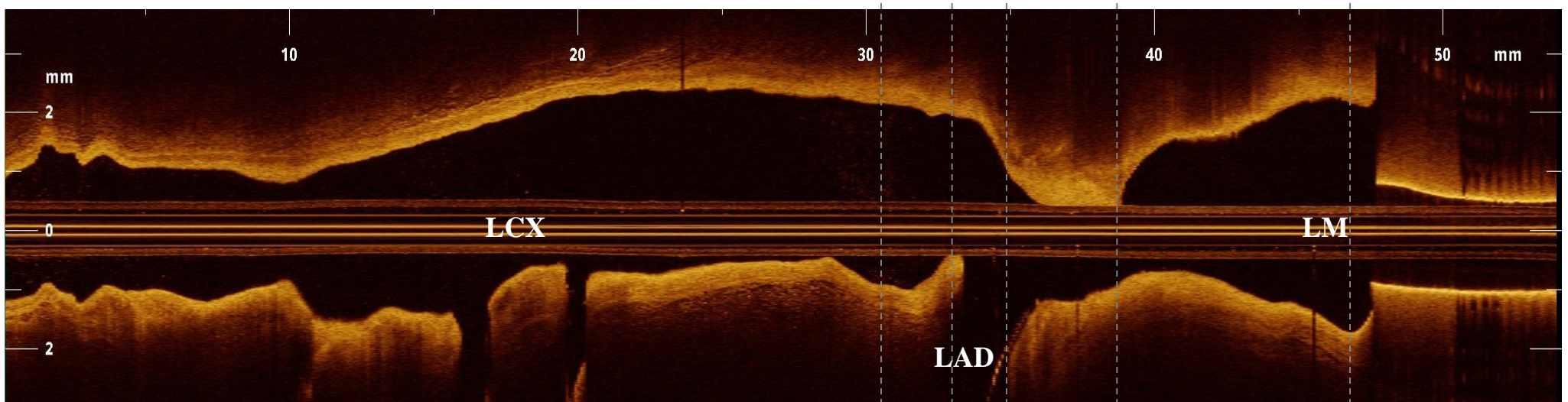
1) True extent into LAD ostium? 2) Outer wall bifurcation? 3) Carina spared?



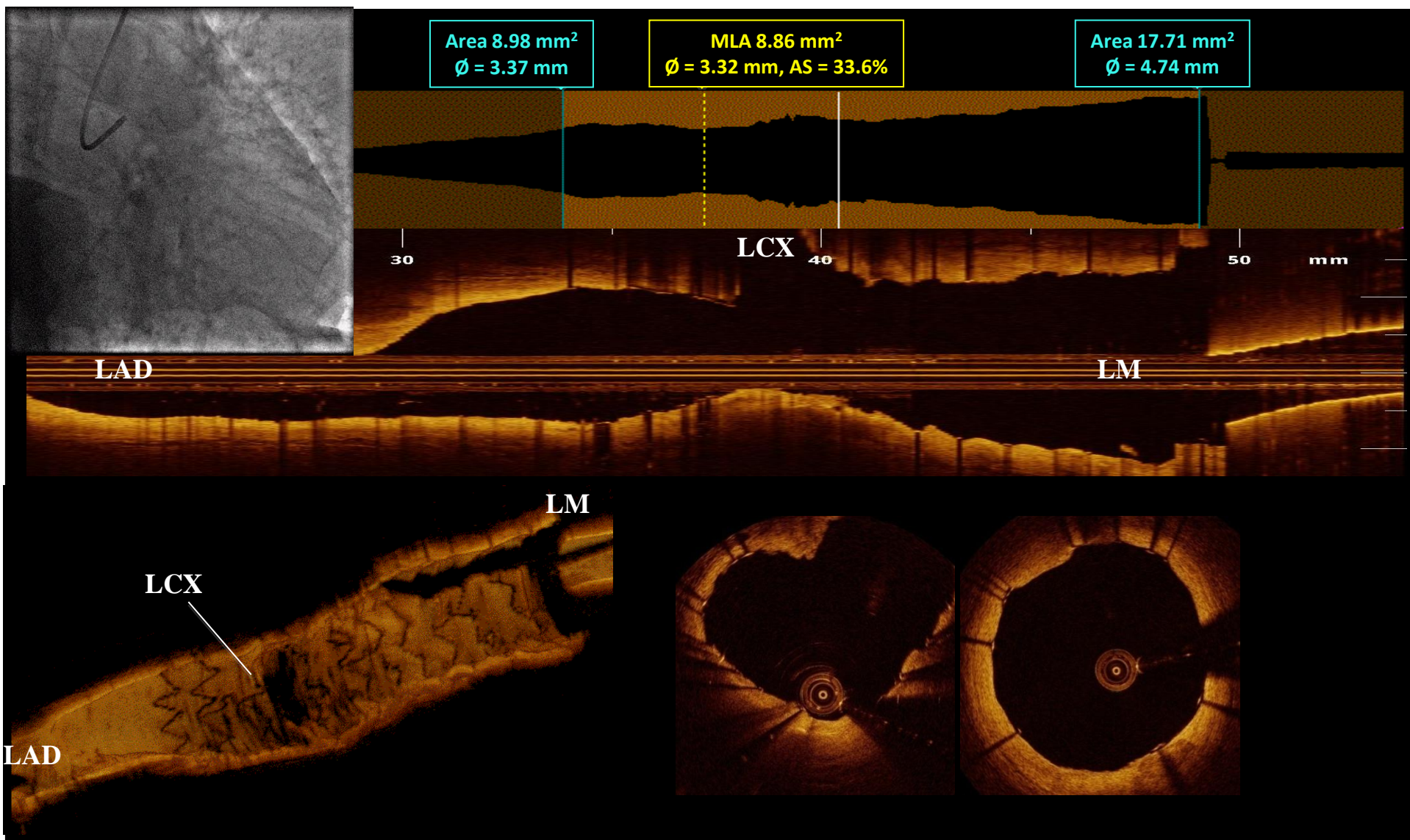
**Landing Zone
Distal**

**Landing Zone
Prox**

LCX-LM:1) Plaque/carina shift ? 2) Additional stent at the ostium?



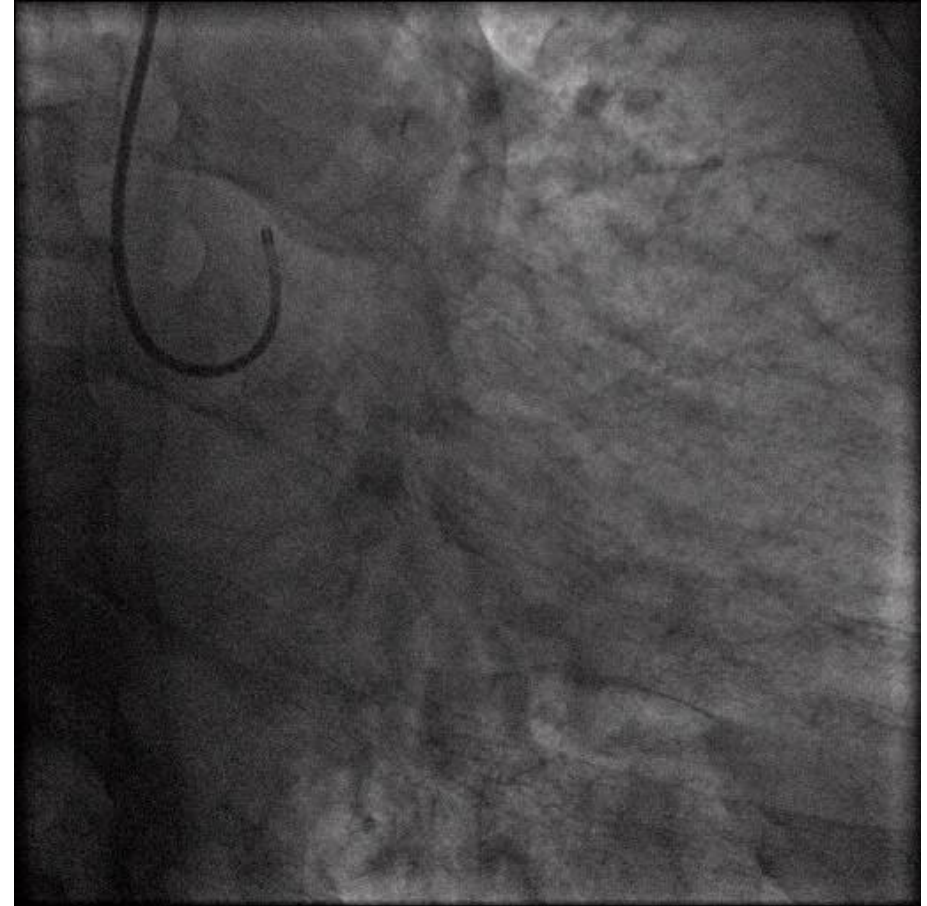
Strut apposition, MCSA, no dissection, wide MLCA at LCx ostium



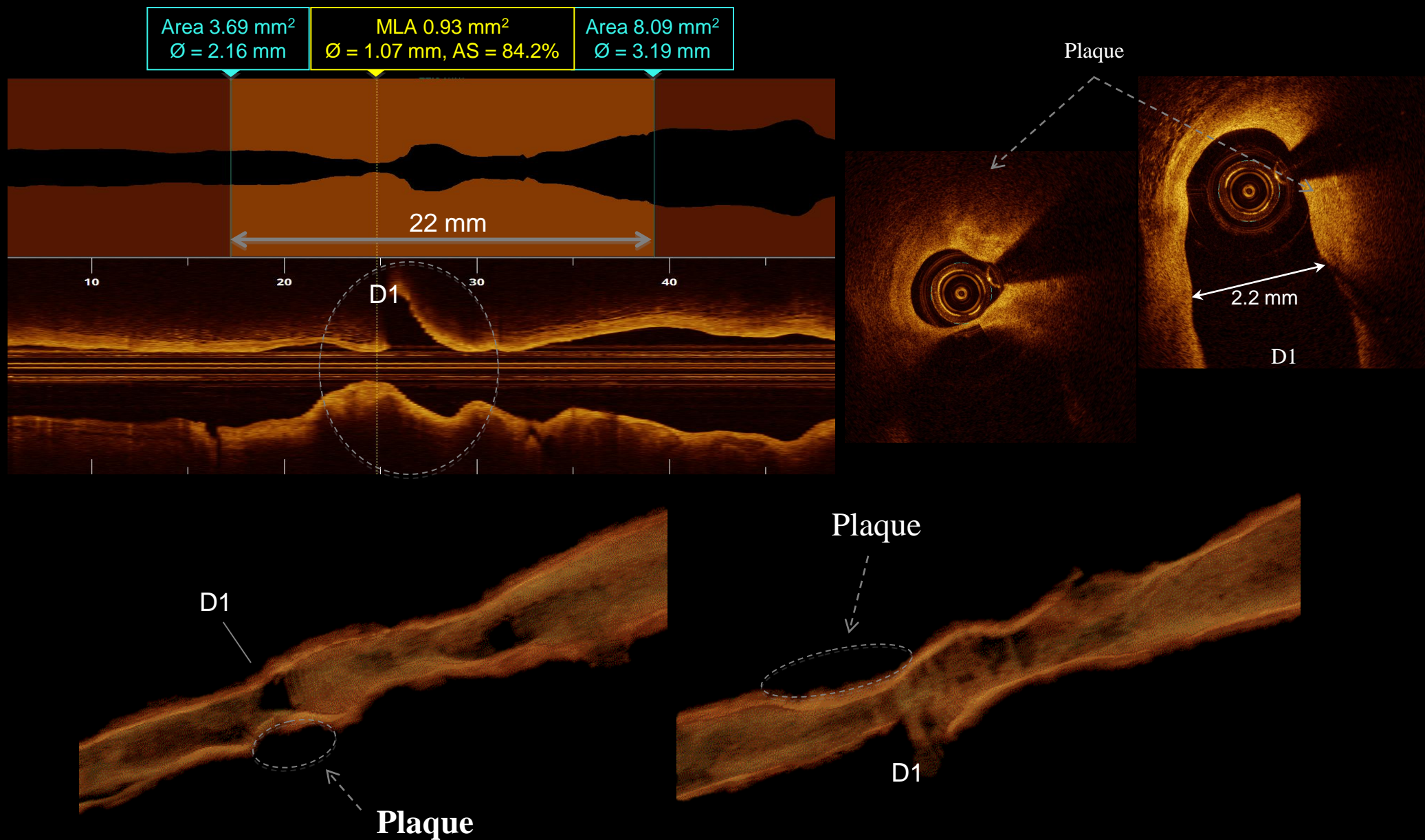
Bifurcation lesions



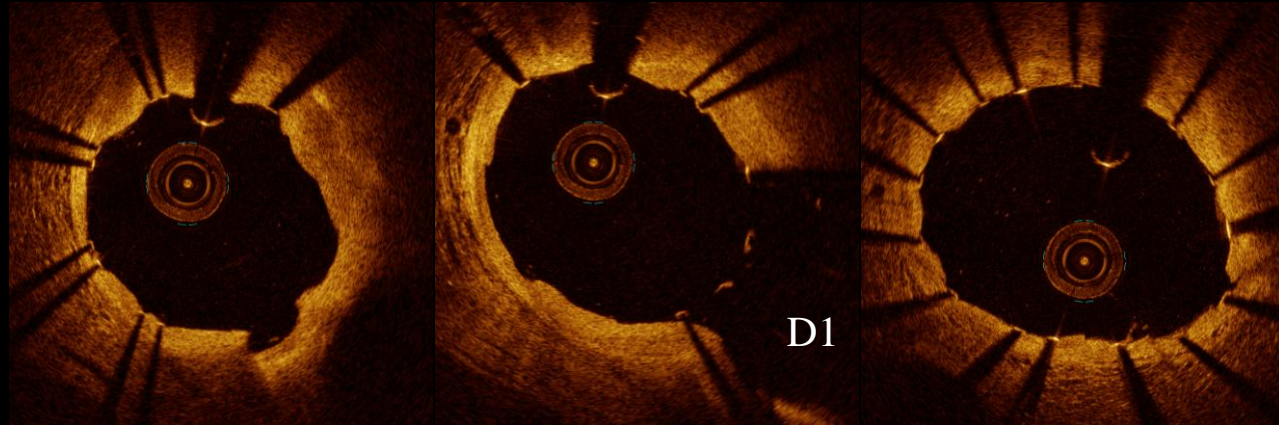
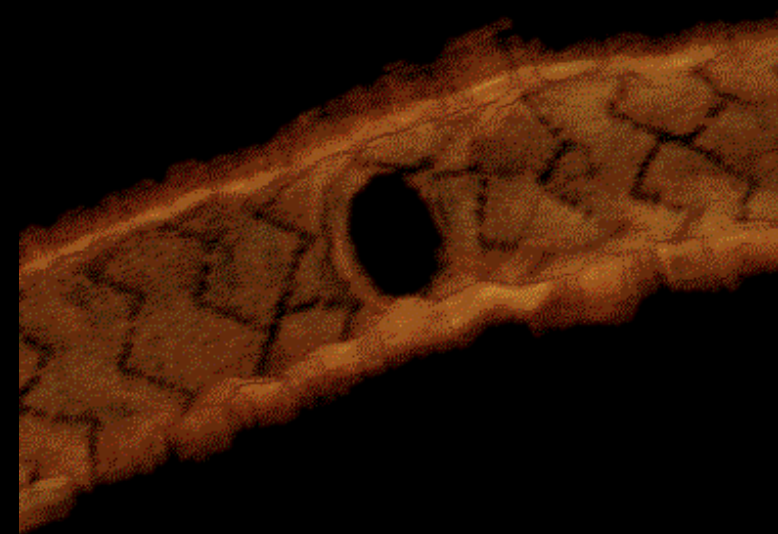
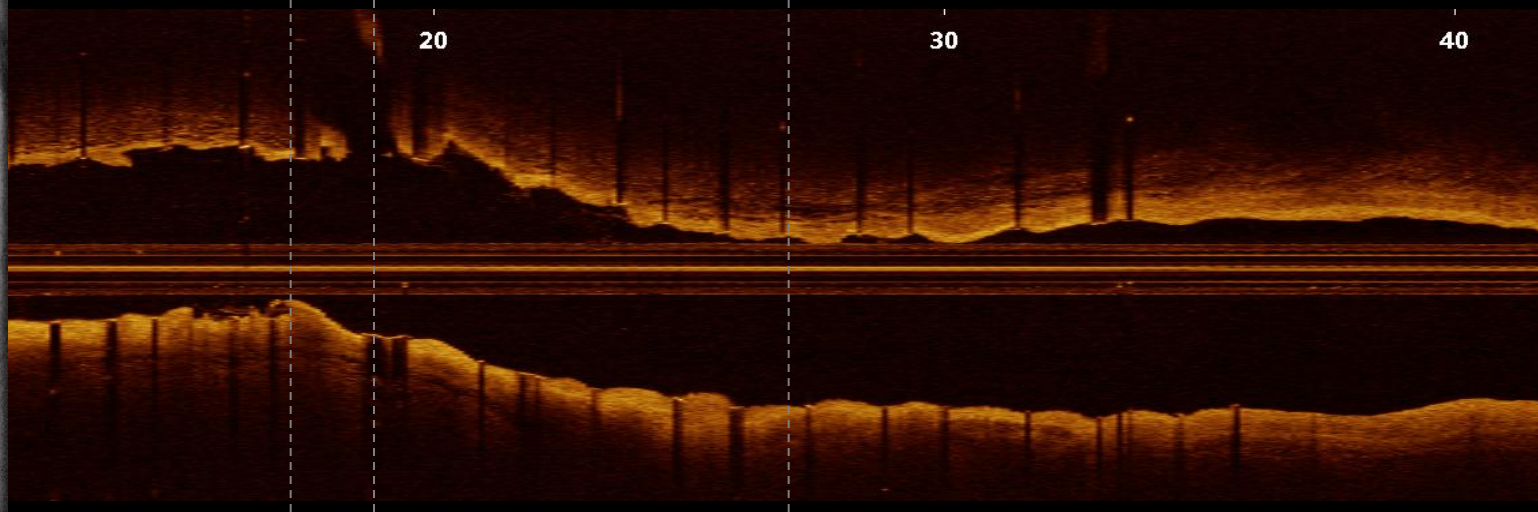
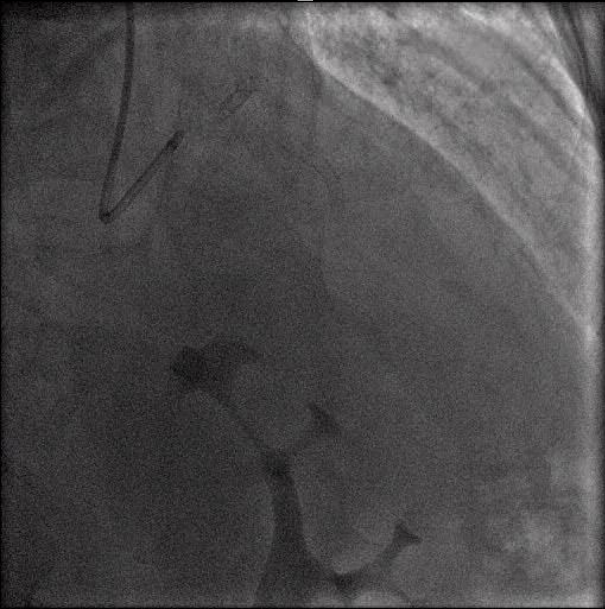
69 y.o. Stable AP



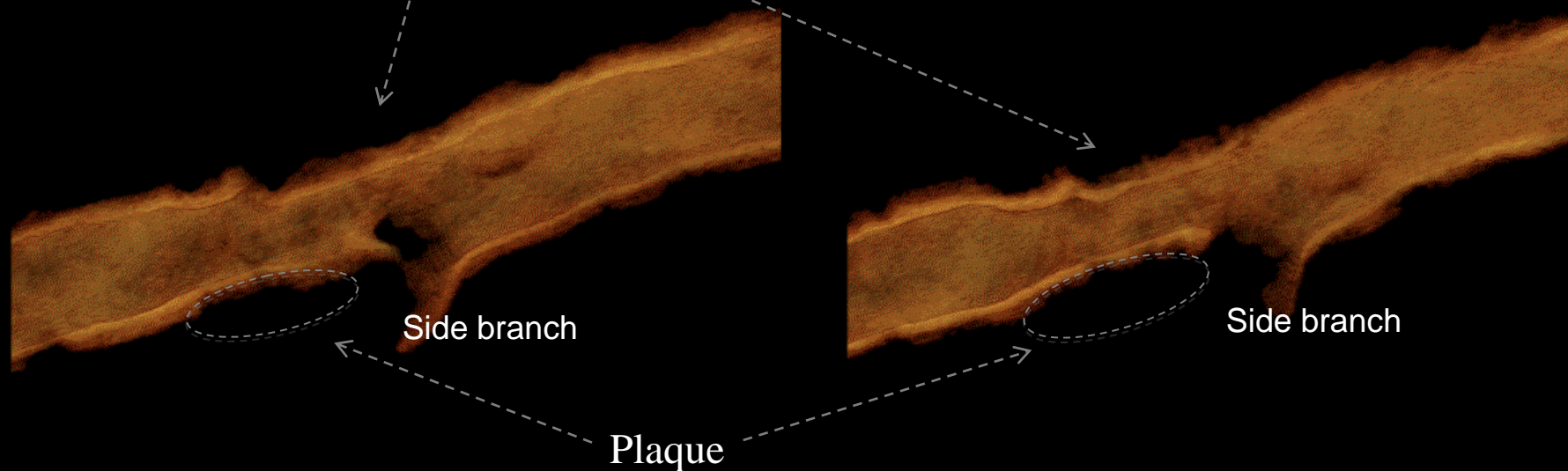
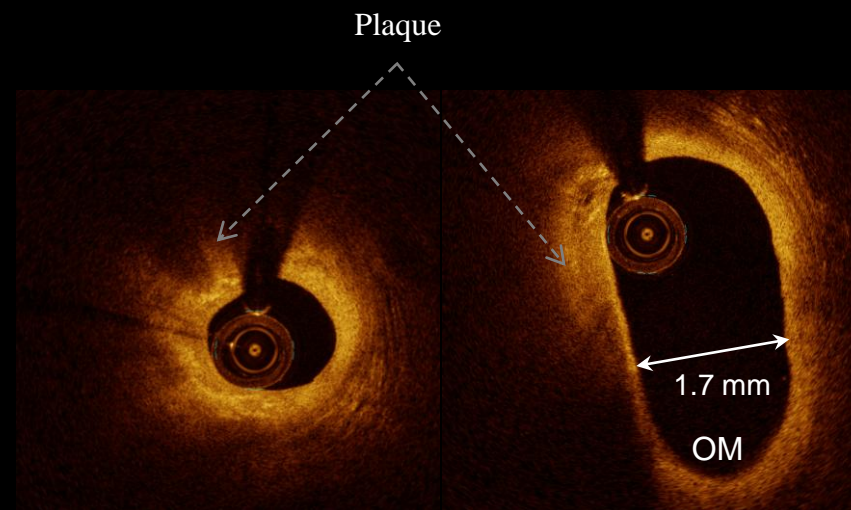
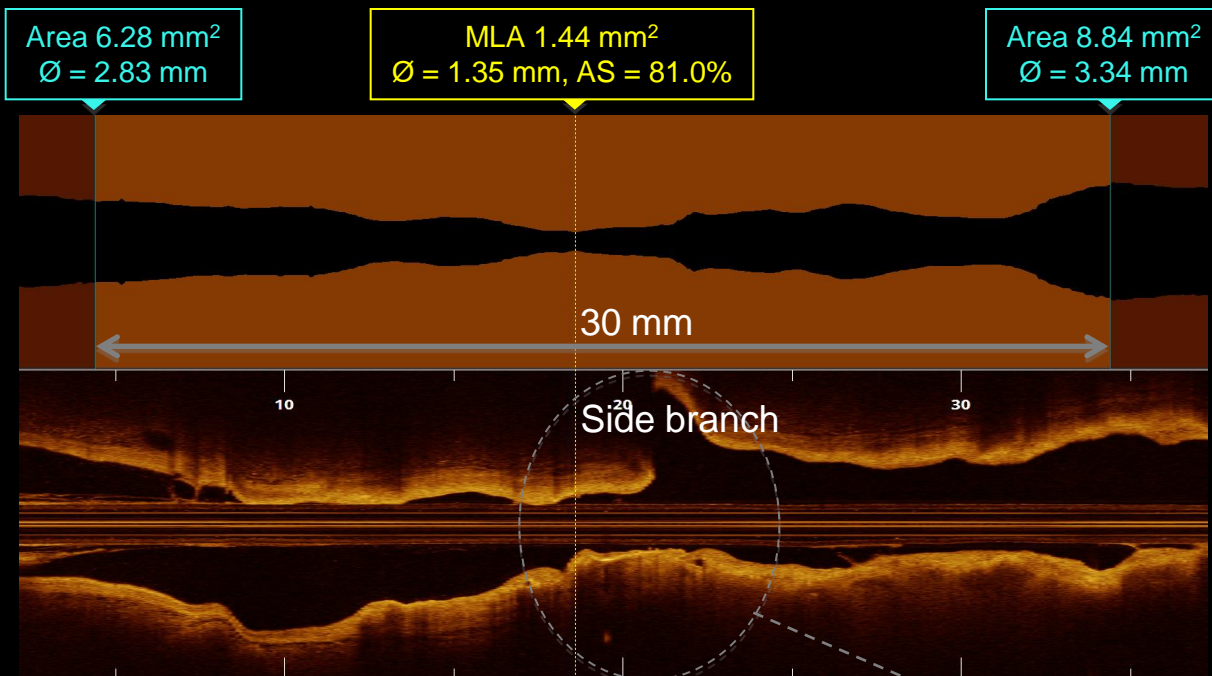
LAD-D1: Plaque on the opposite wall to the SB. Carina spared of disease



Optimal Stent Expansion, patent D1 without plaque / carina shift



LCx-M1: Plaque even on the same side of the SB. Carina involved



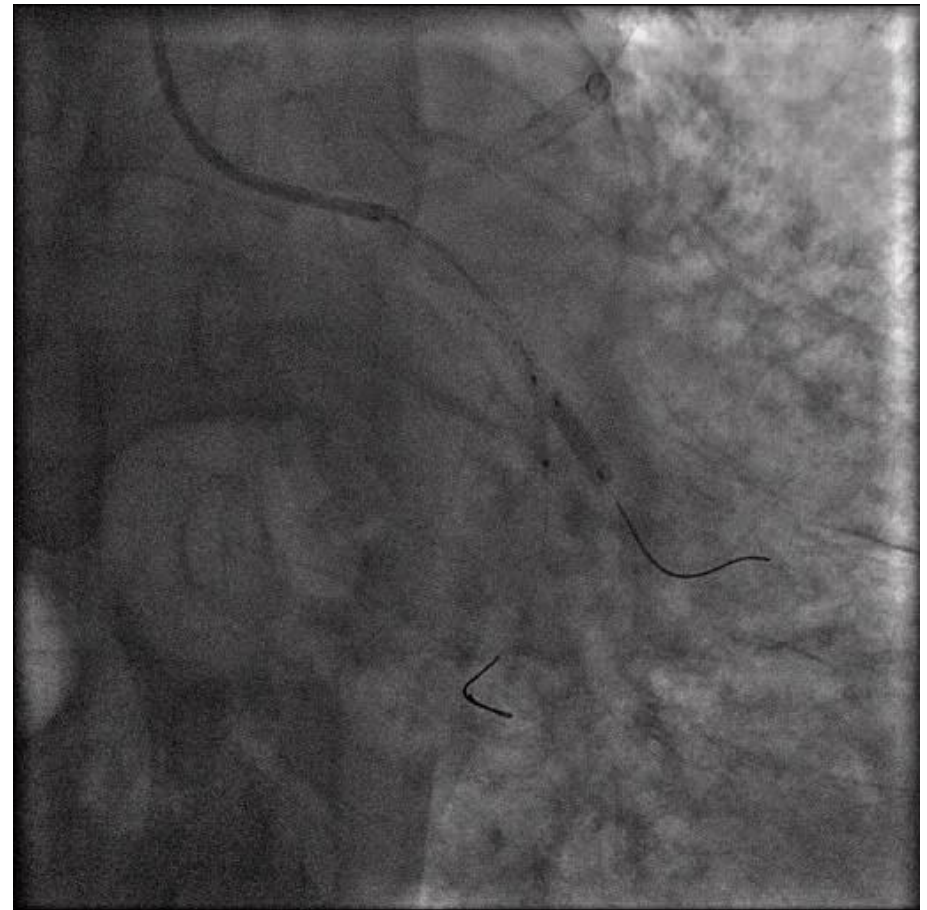
Provisional stenting → Plaque shift

Bioabsorbable polymer EES 3.0/28 mm



KBT

Balloon 2.5/2.0 mm



Plaque shift resolved by FKB

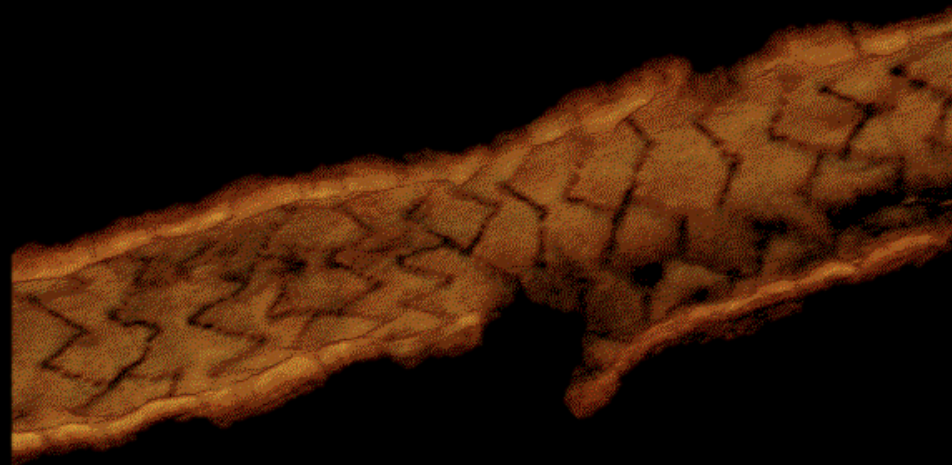
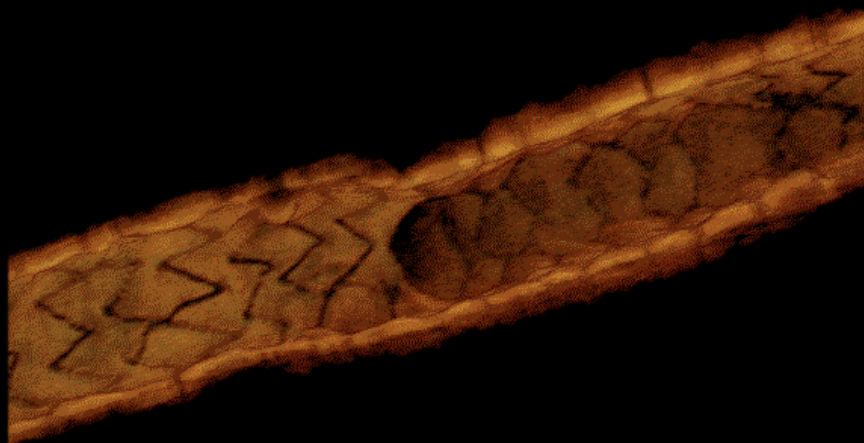
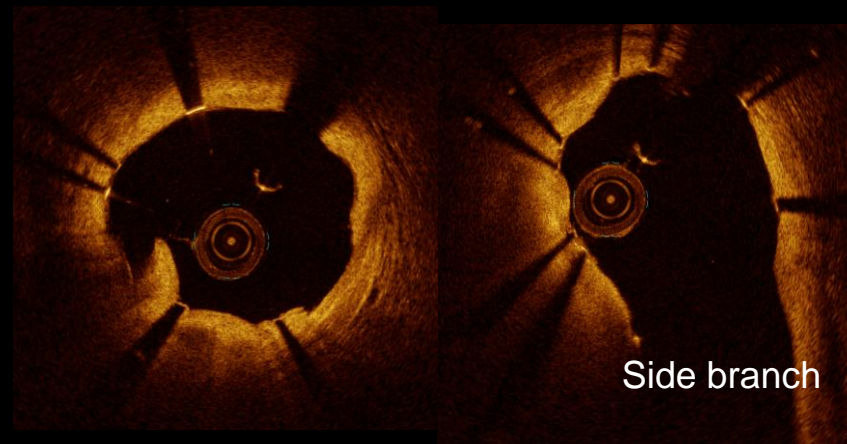
Area 6.40 mm²
Ø = 2.85 mm

MSA 5.56 mm²
Ø = 2.64 mm, AS = 24.5%

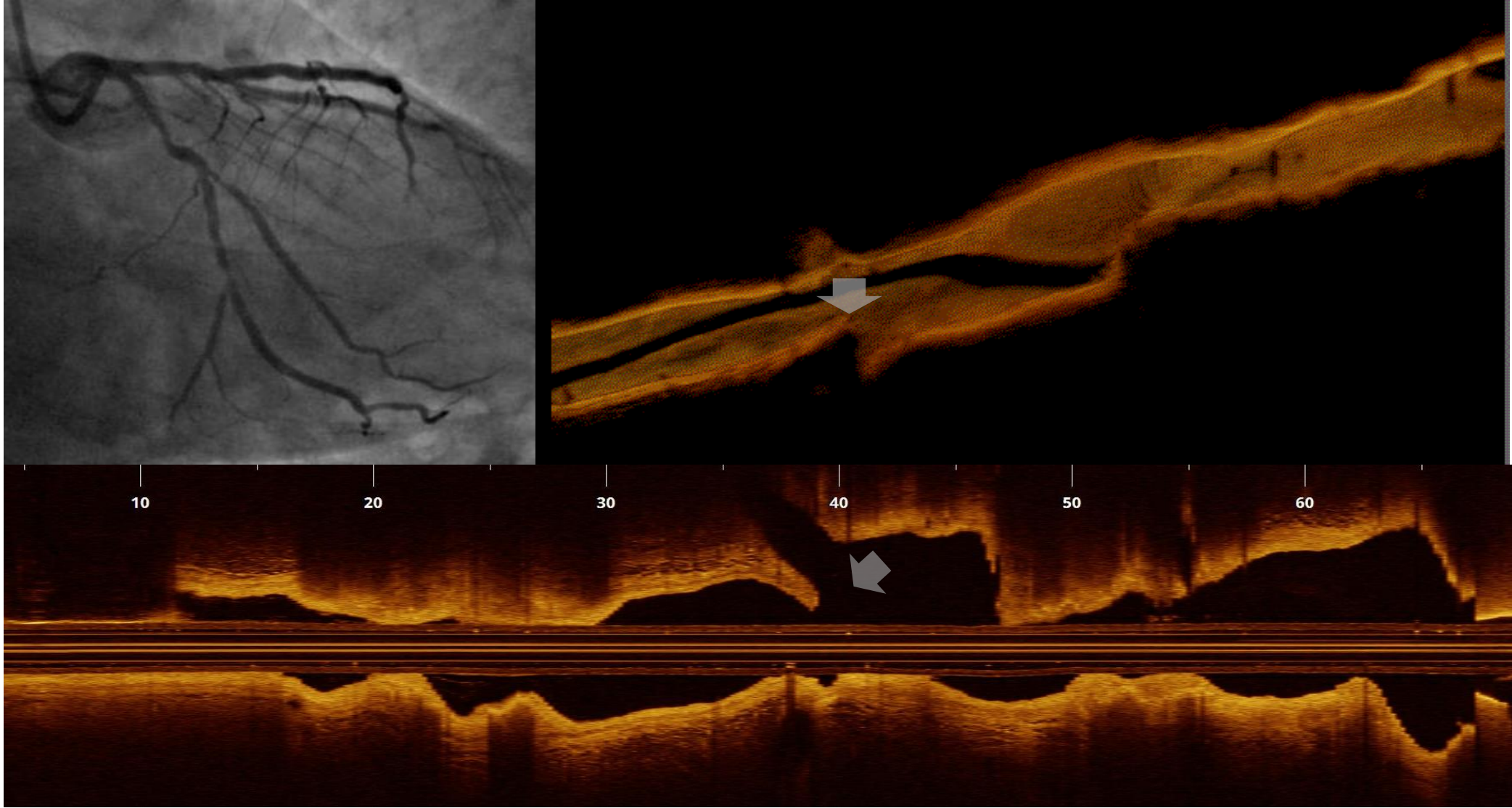
Area 8.32 mm²
Ø = 3.25 mm

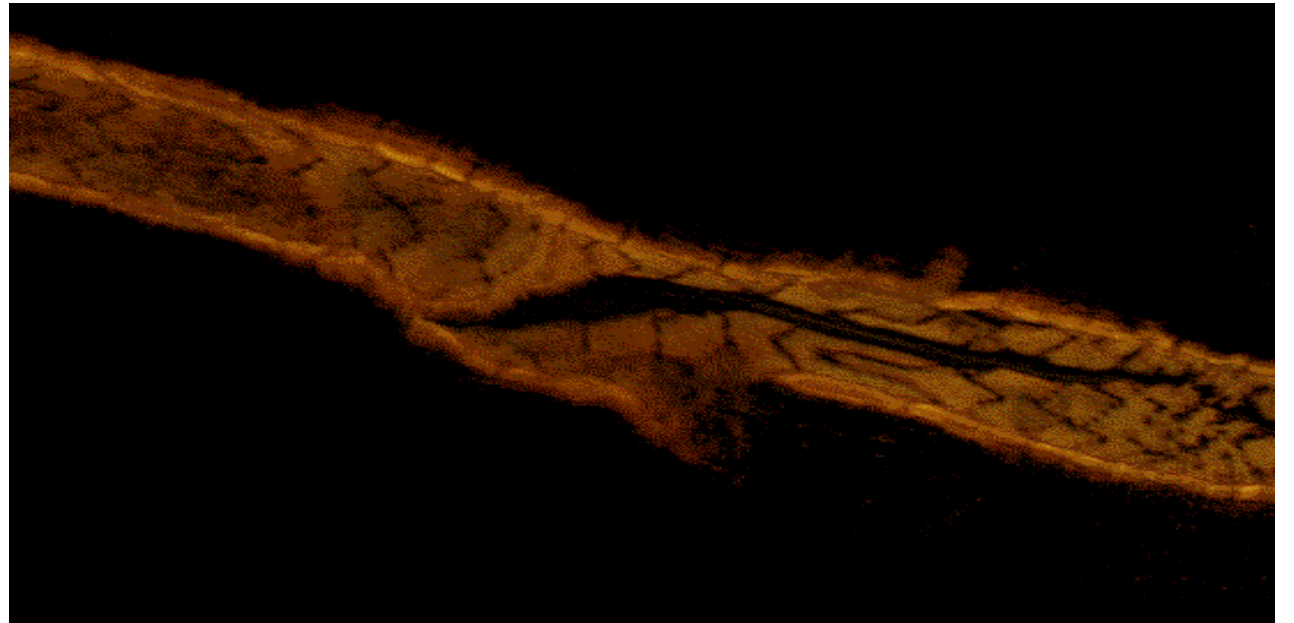
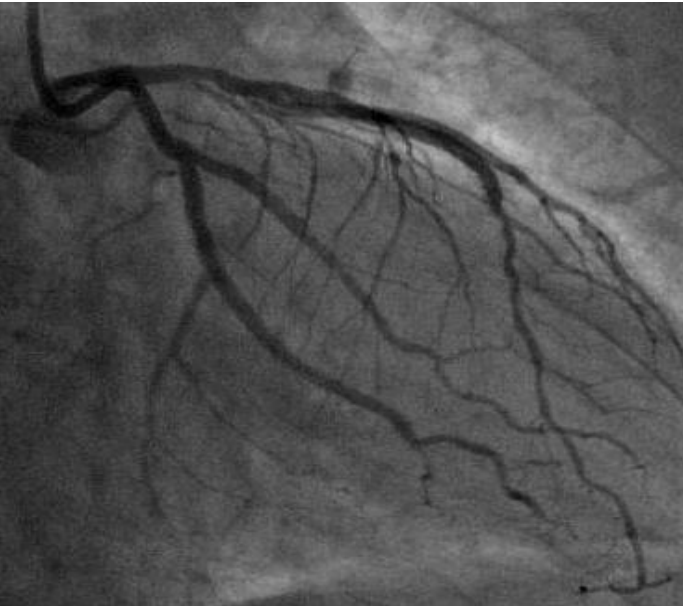
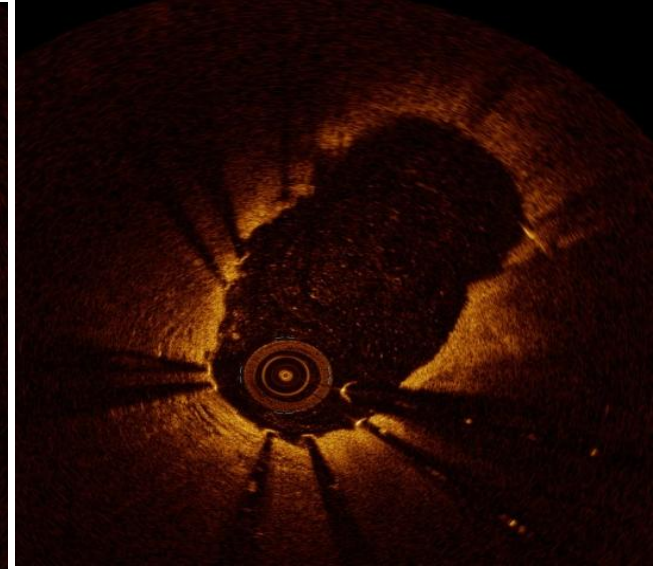
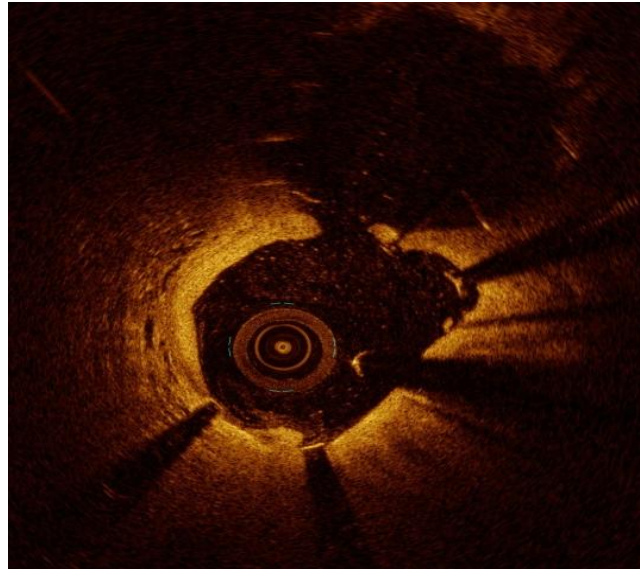
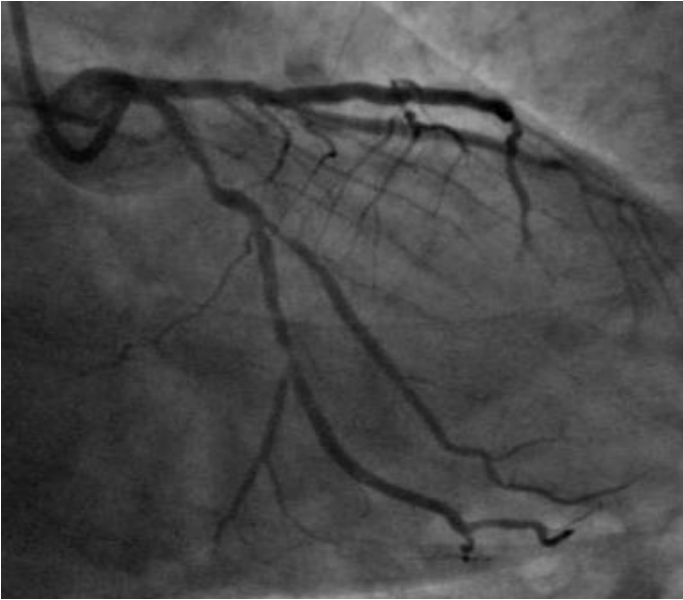
28 mm

Side branch



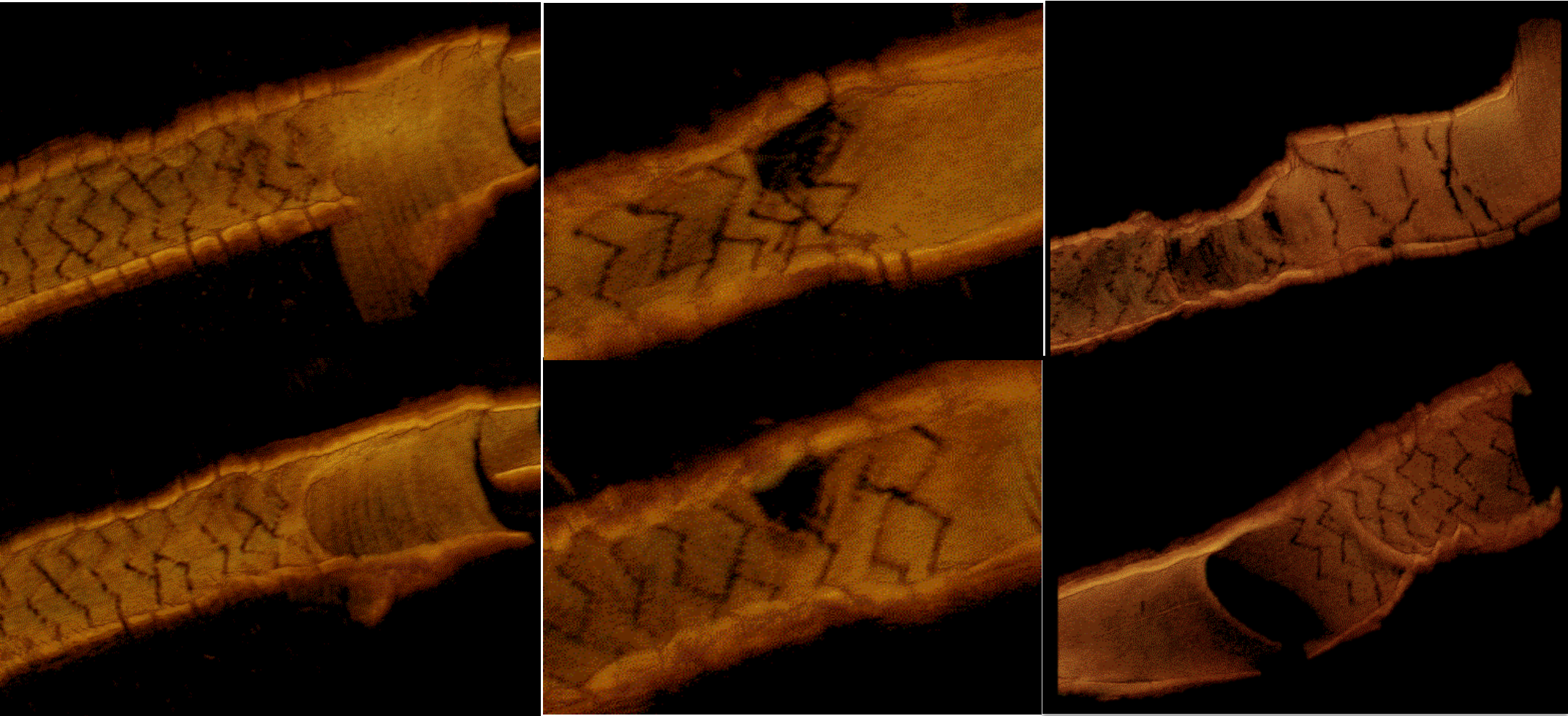
Eyebrow carina



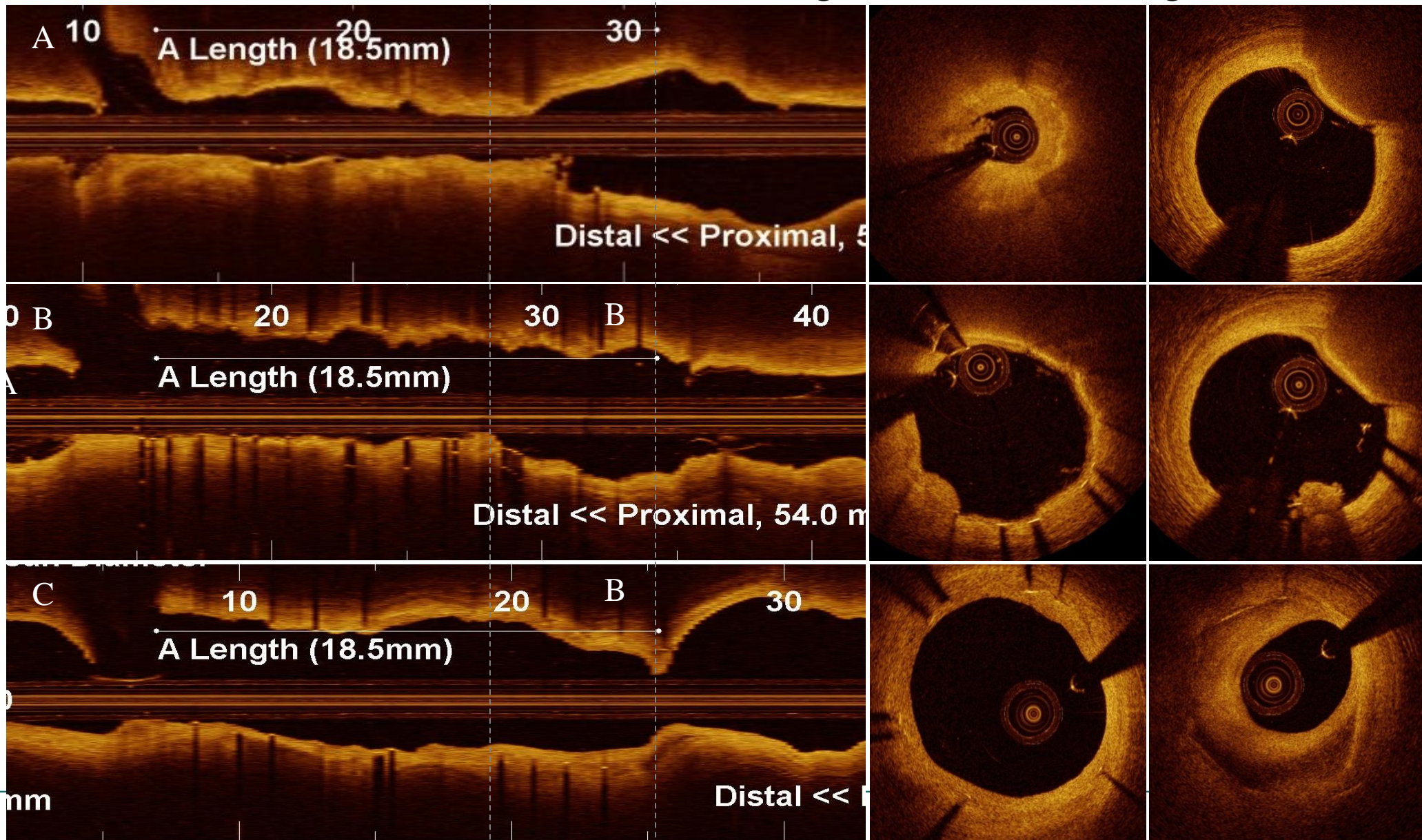


Post-stent assessment: Landing Zone, Branches, Distorsion

The value of 3D navigation



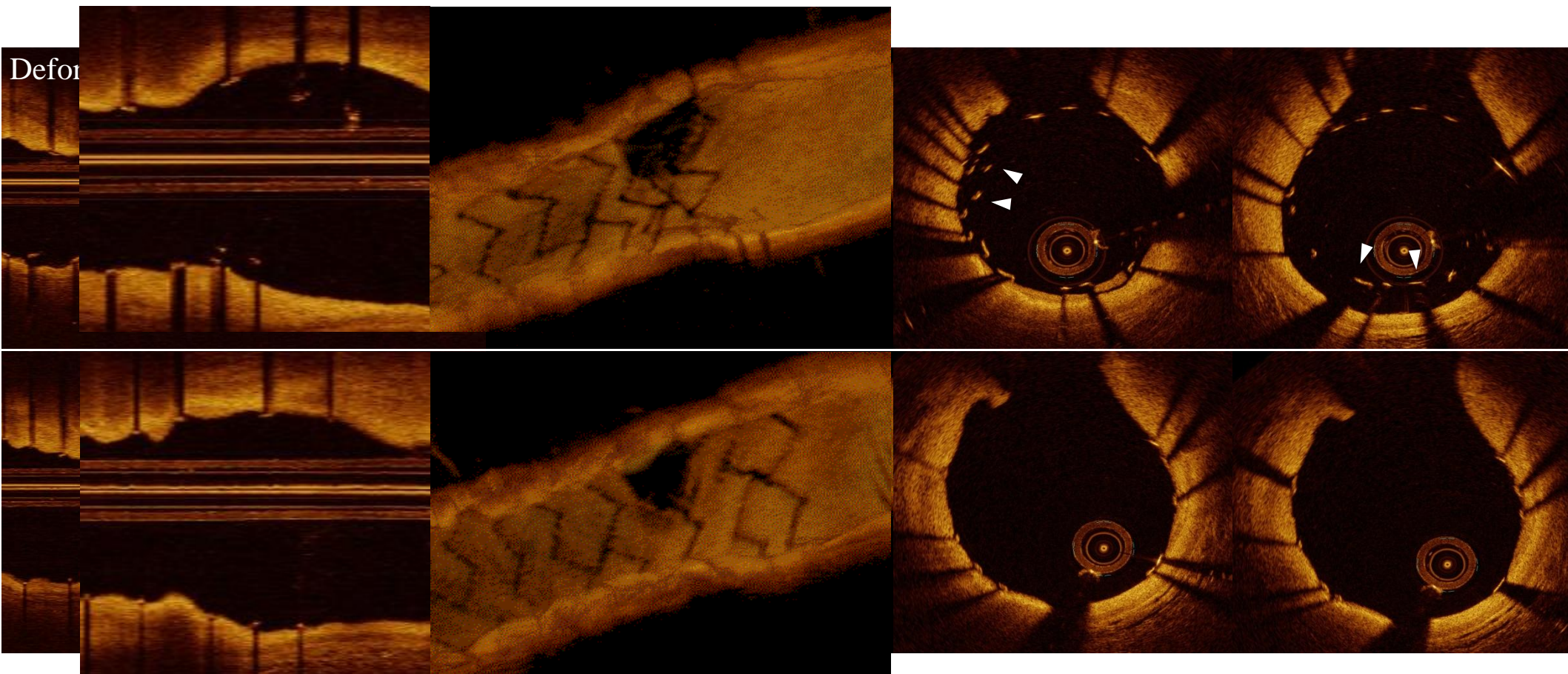
To Avoid DES Failure: detecting TFCA at Landing Zone

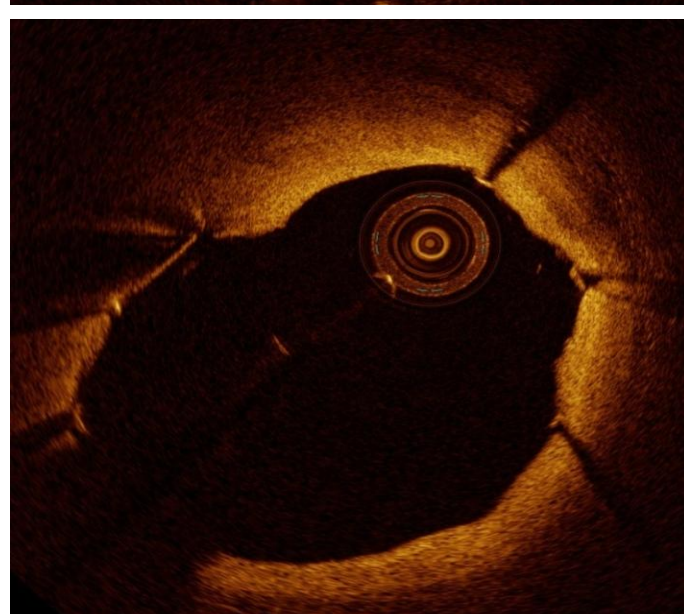
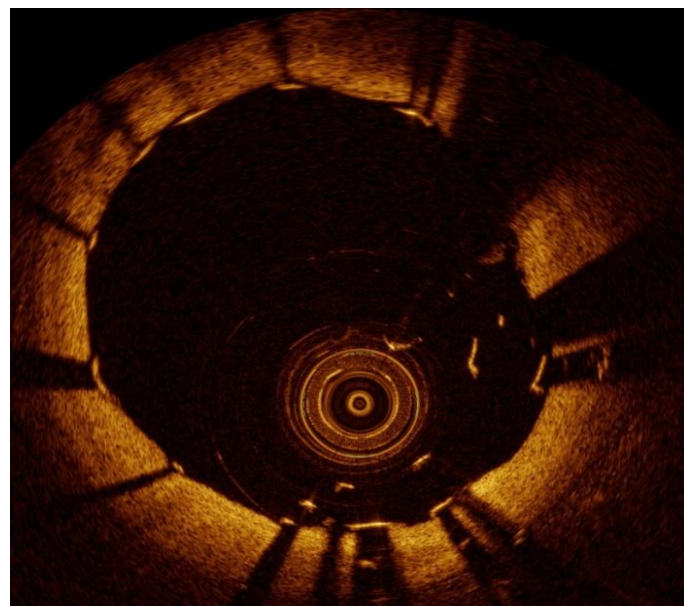
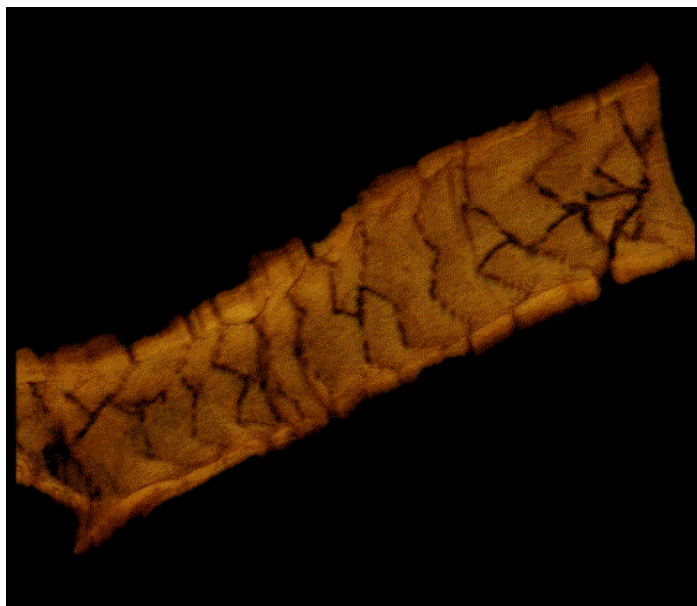
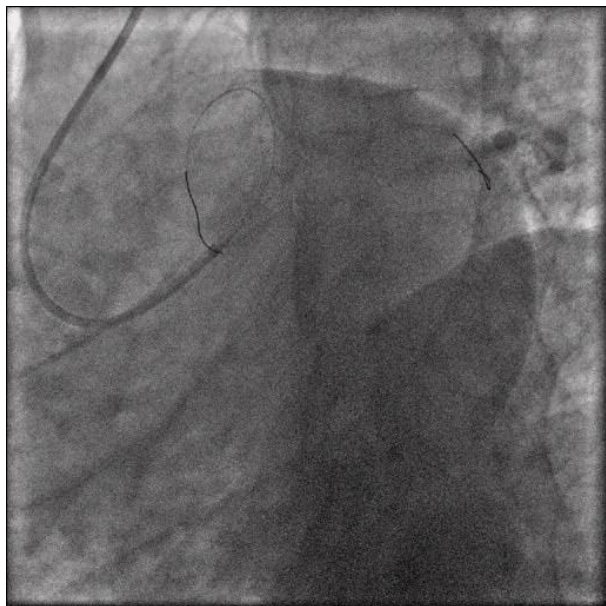


Automatic 3 Dimensional Reconstruction

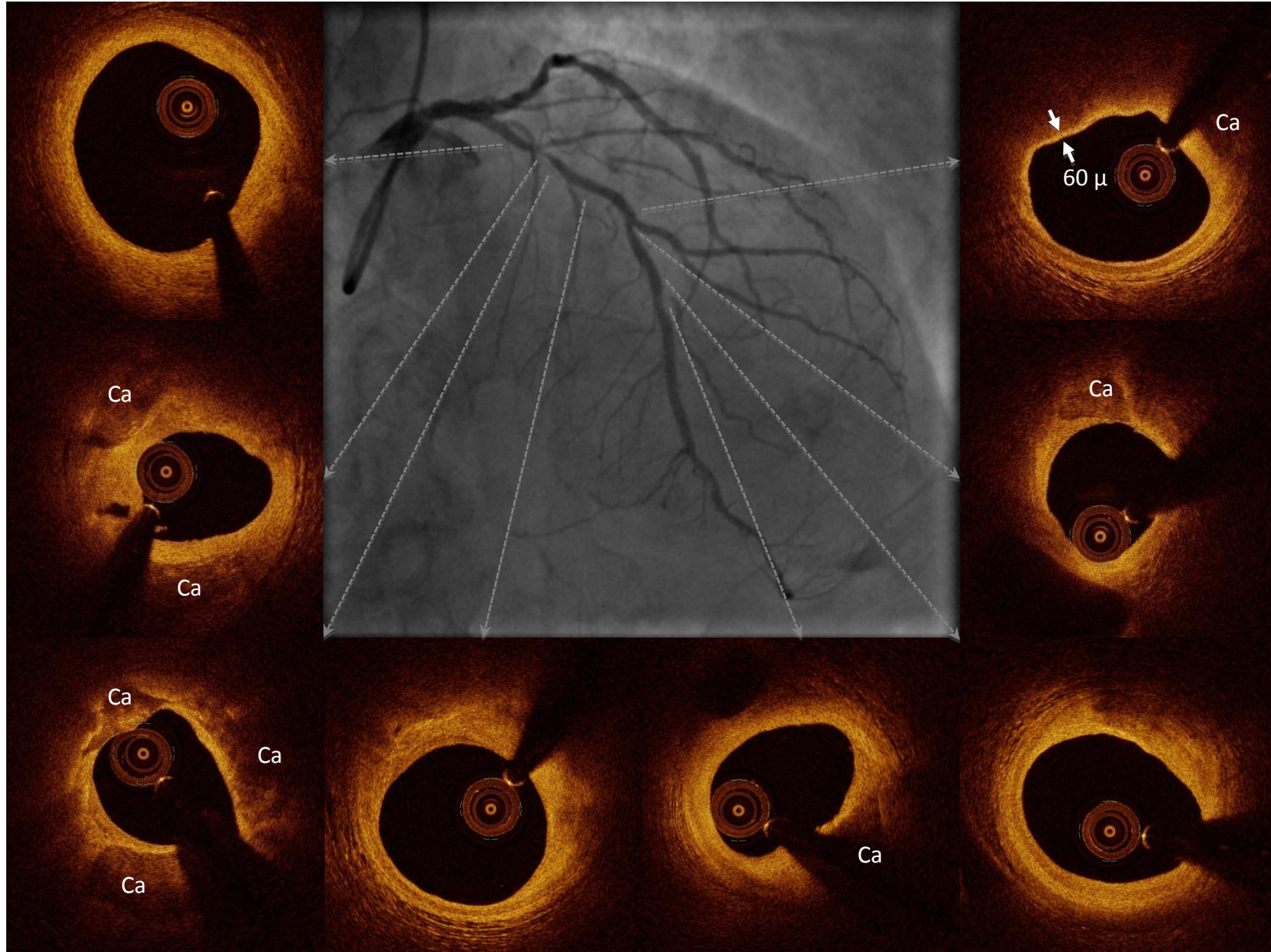
DES 3.0 x 28 mm

Malapposition and deformation at the entrance



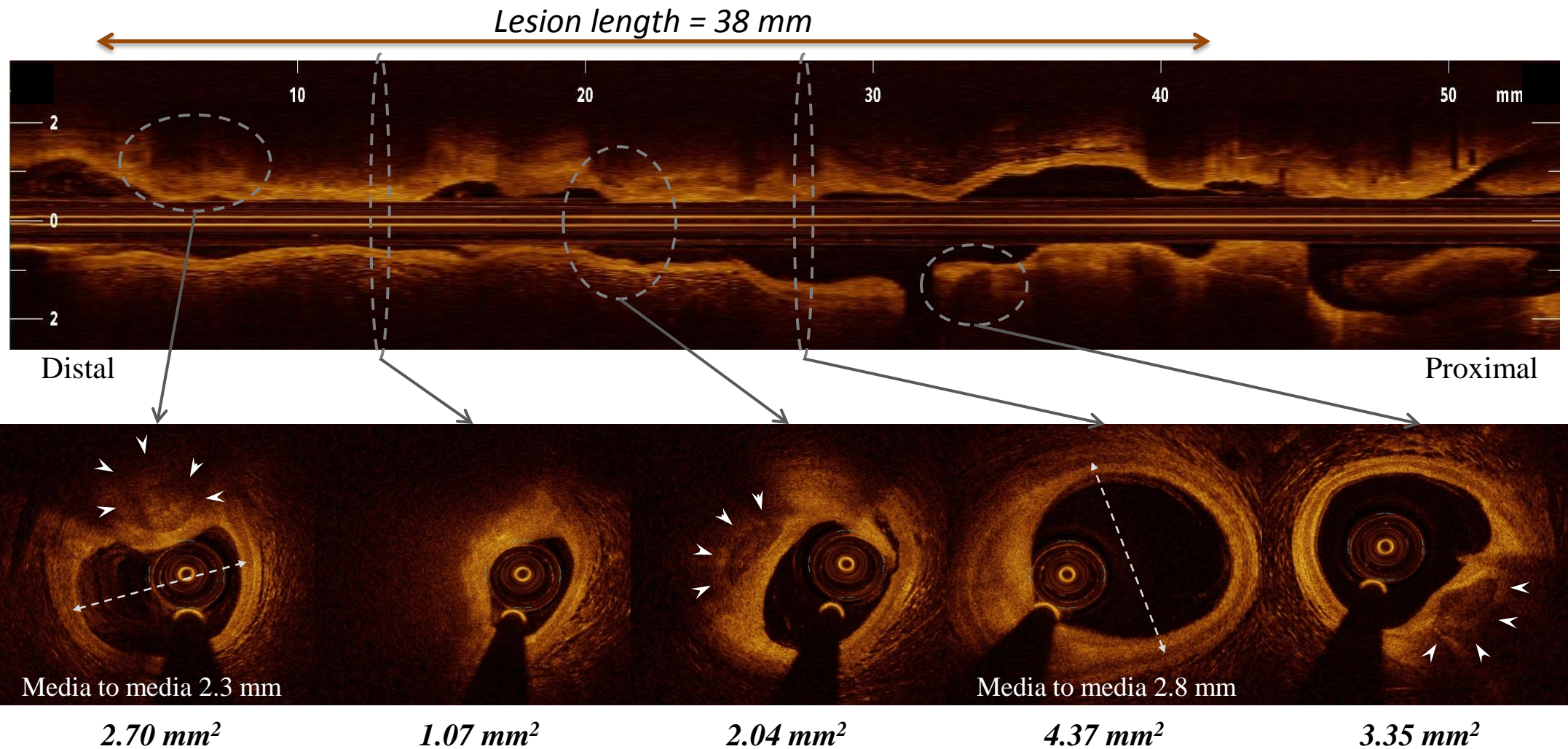


Different lesions across the target vessel

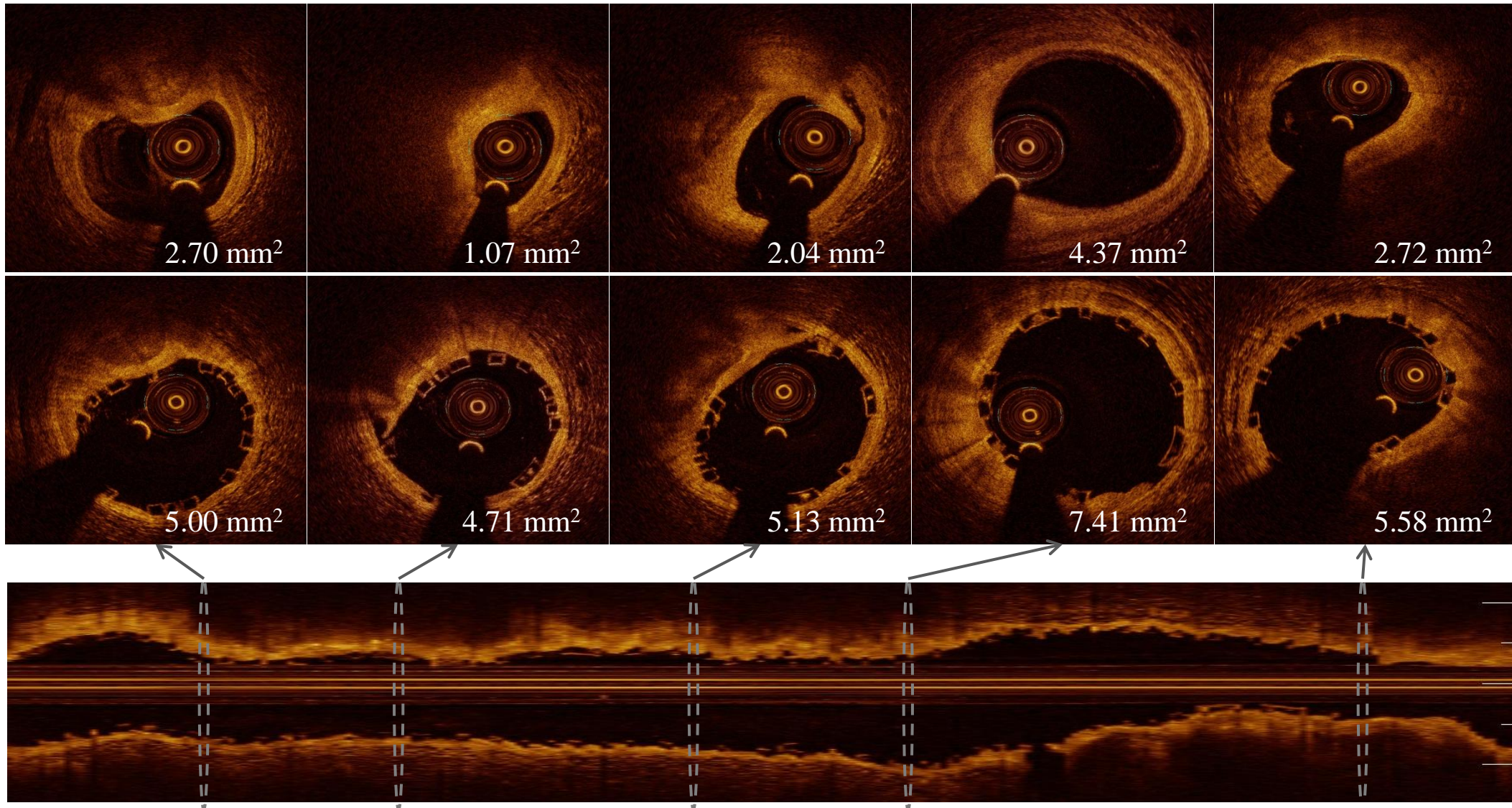


Mapping for accurate stent position in diffused disease

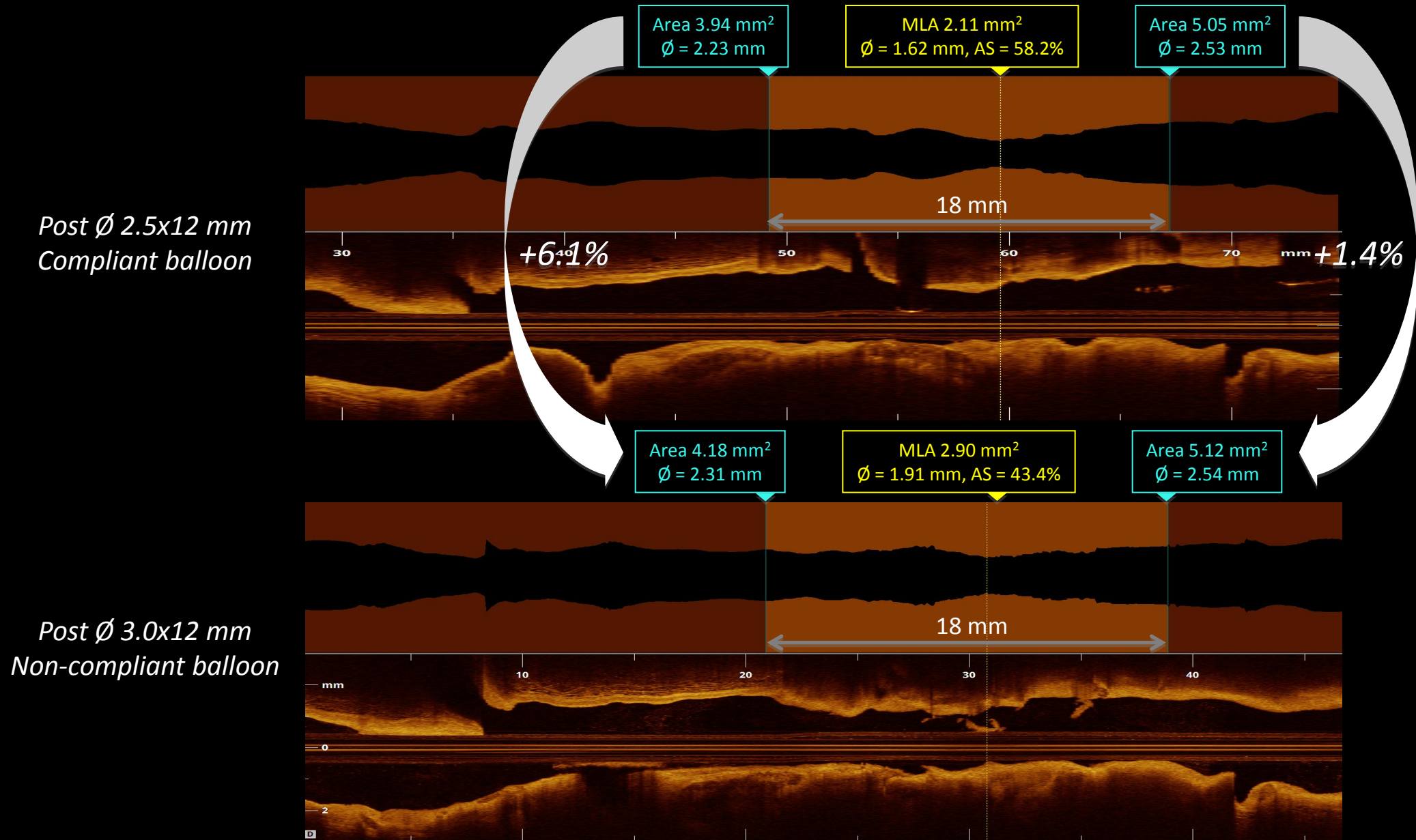
Lesion preparation for multiple BVS



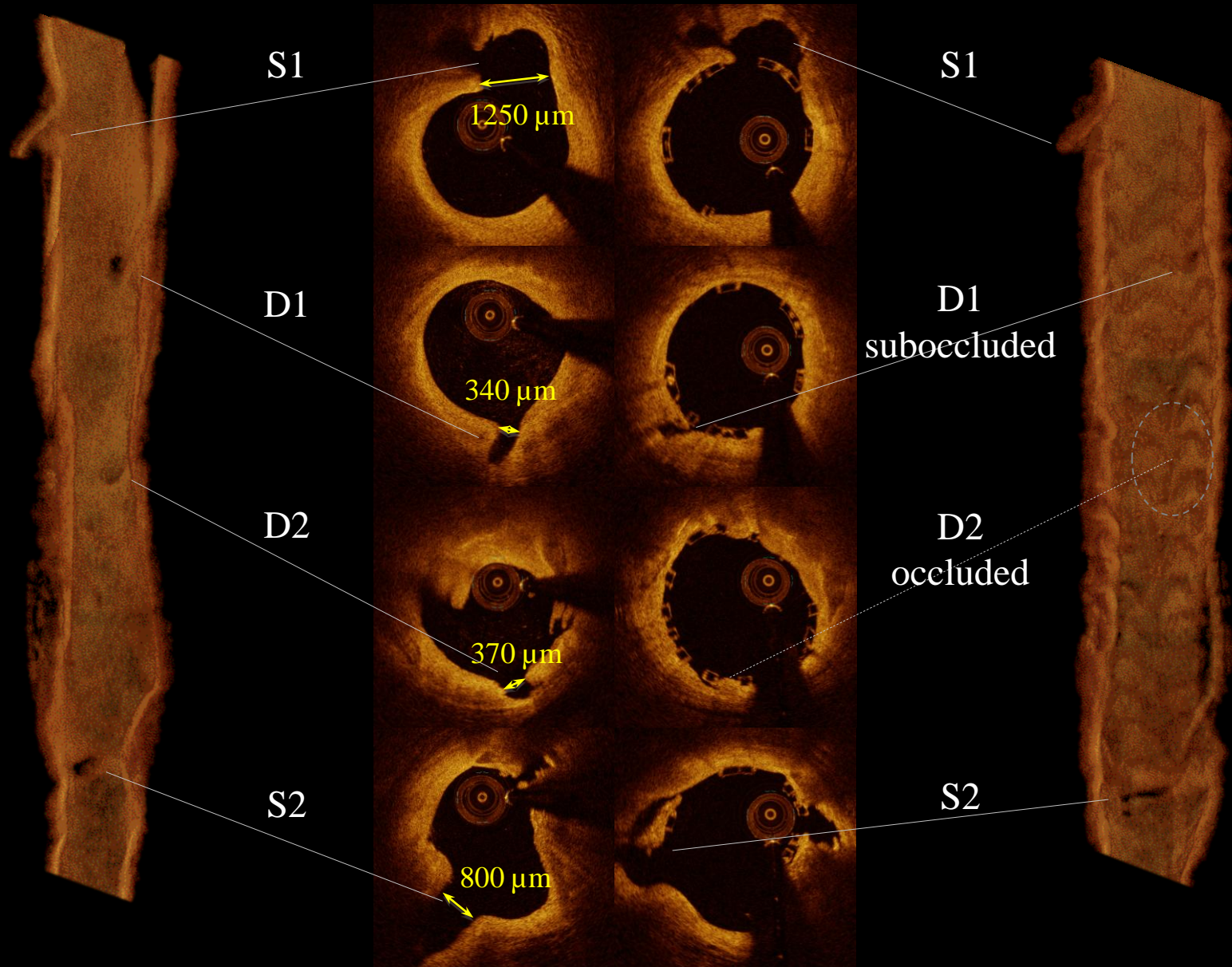
Plaque type, burden and preparation may impact on BVS results



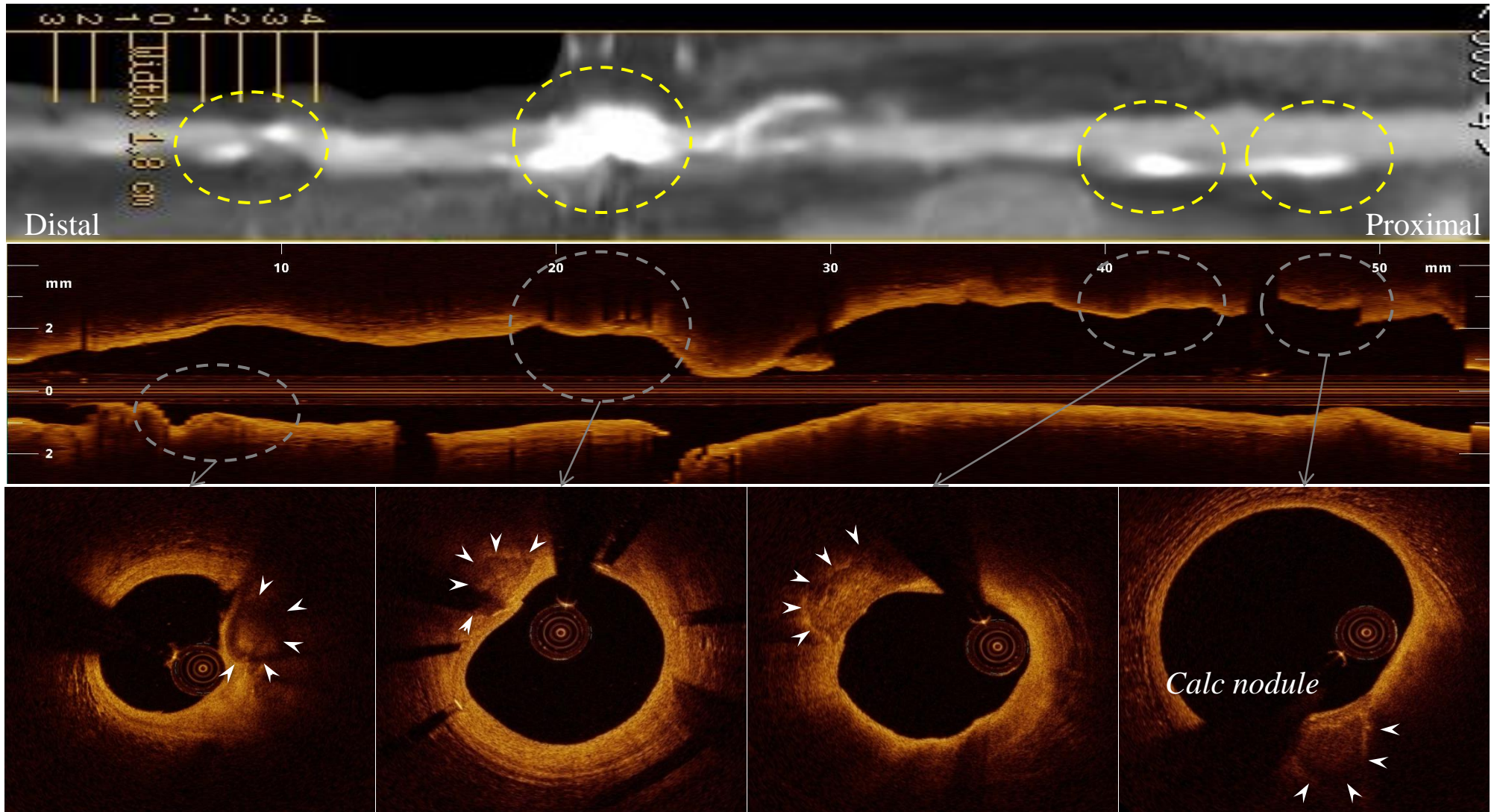
Lesion Preparation for BVS



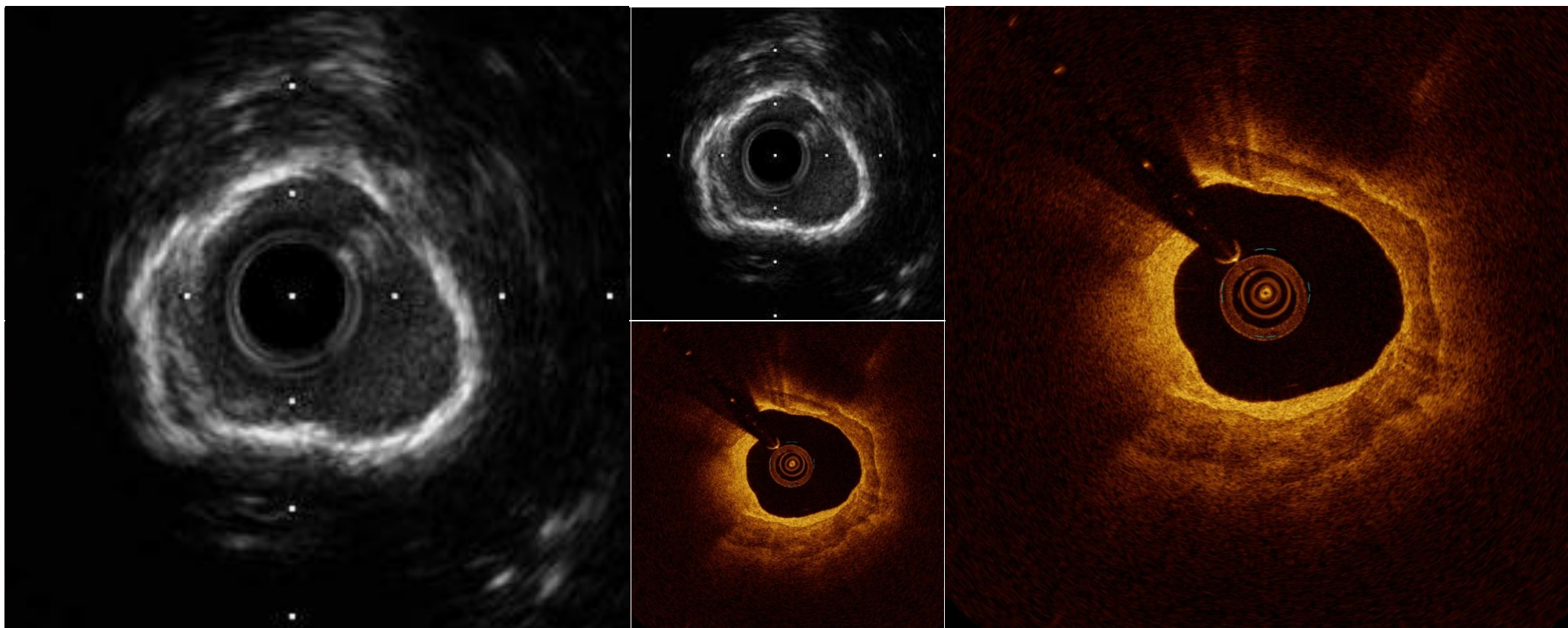
Before and after BVS implant



Can OCT detect calcium?



Calcified Left Main Disease: pair assessment with IVUS™ and Optis™



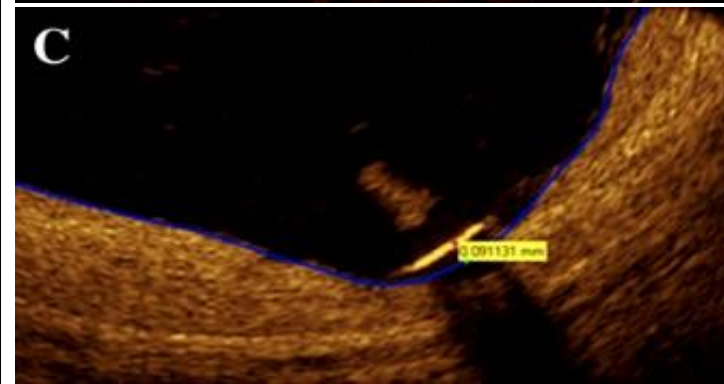
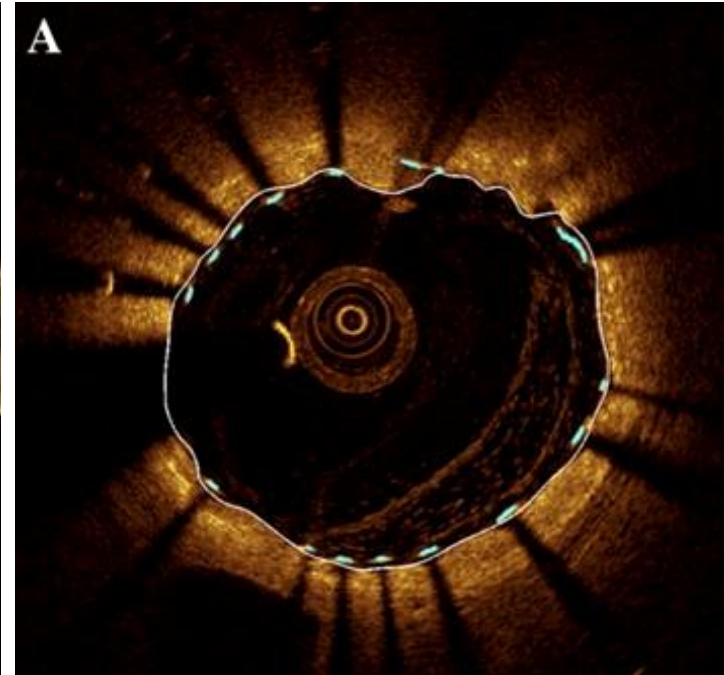
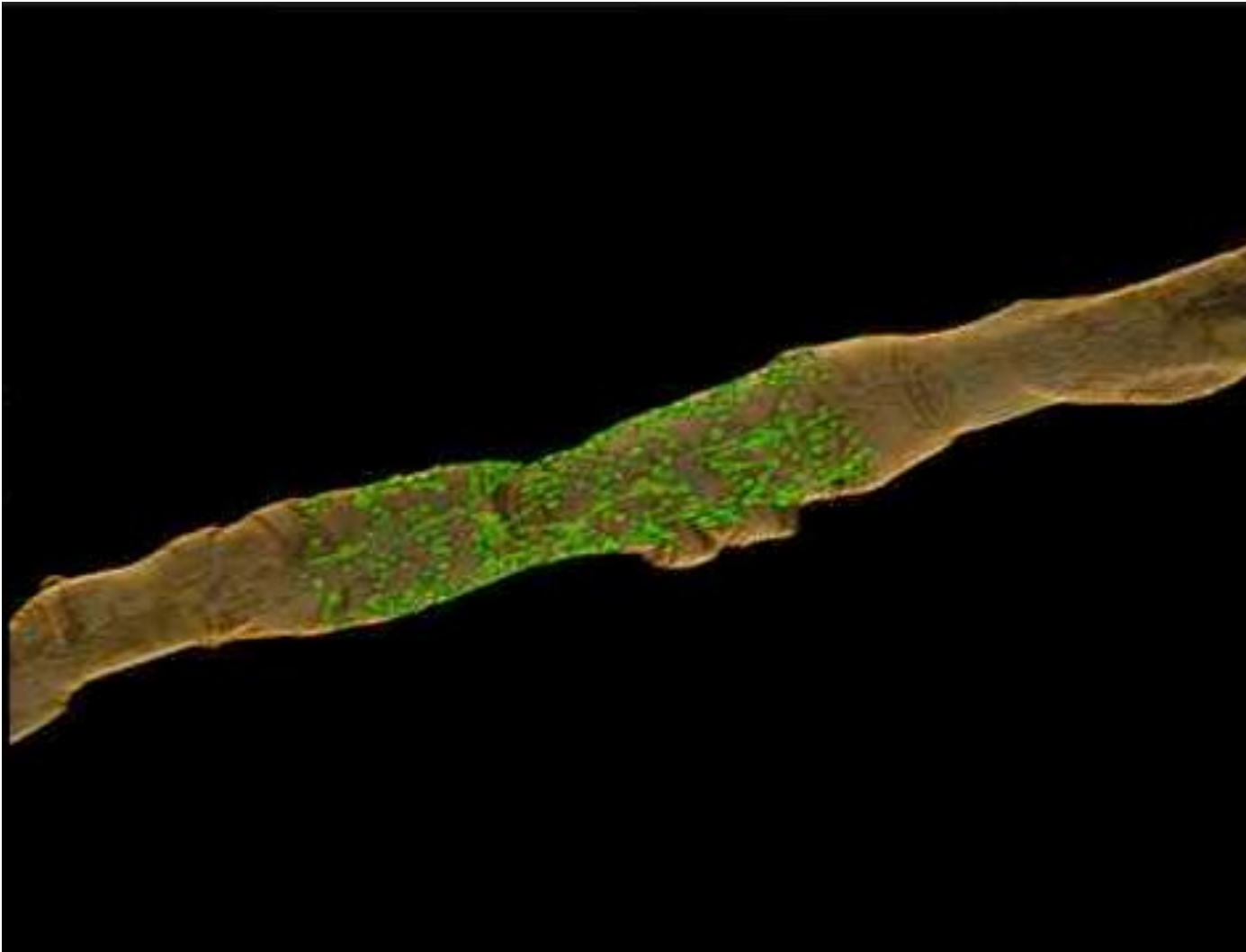
Azienda Ospedaliera
Papa Giovanni XXIII
Bergamo

Sistema Sanitario



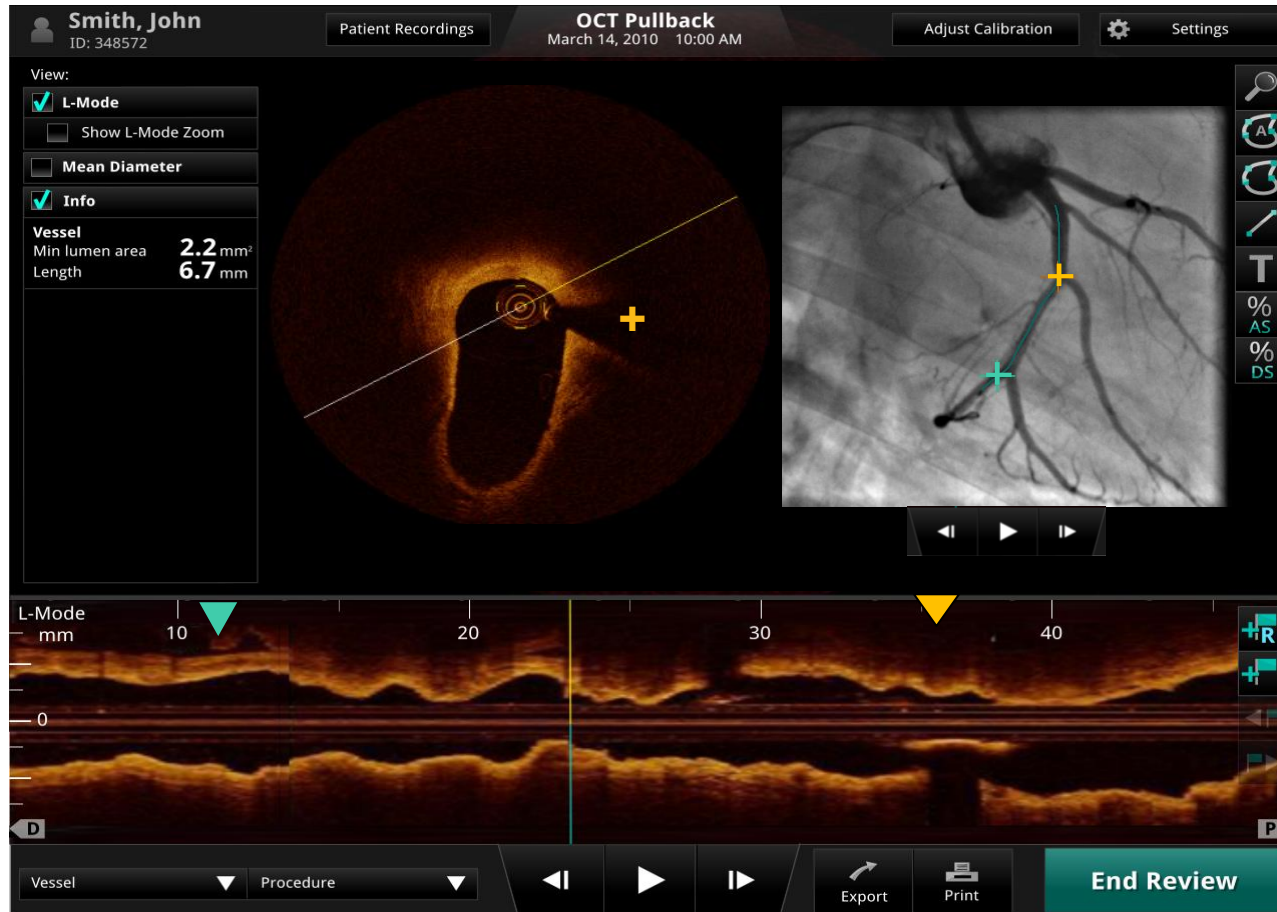
Regione
Lombardia

Full Automatic Analysis of Stent Strut Apposition and Coverage



Coregistration

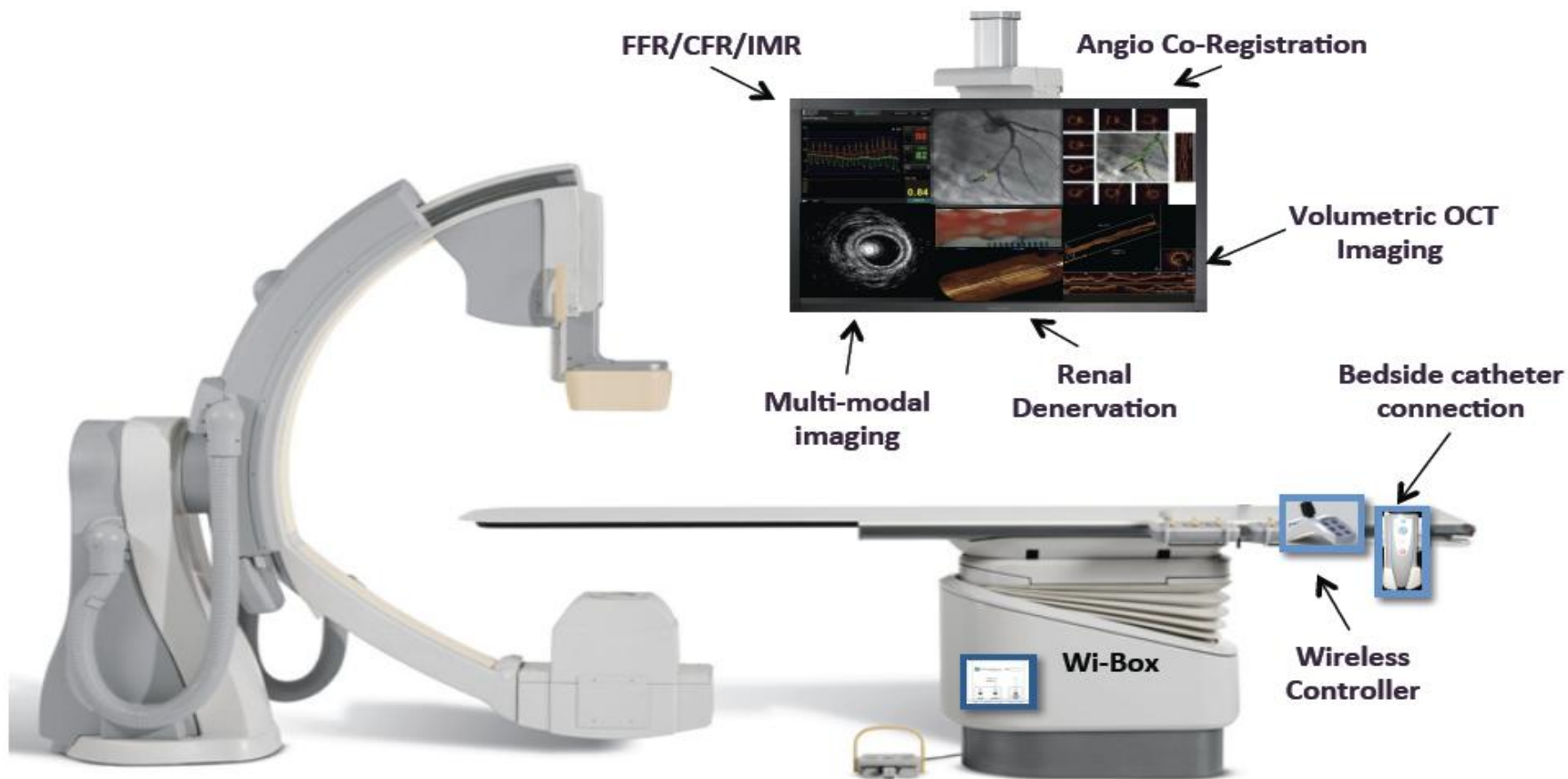
- Real-time coregistration of OCT and angiography image with single click



Proximal marker corresponds to current OCT frame

Distal markers corresponds to bookmarked frames

Integrated System



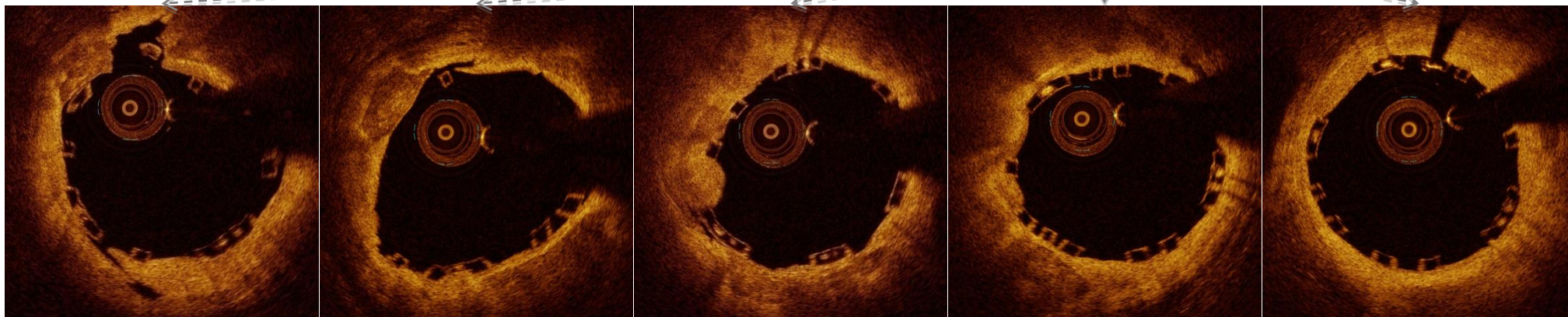
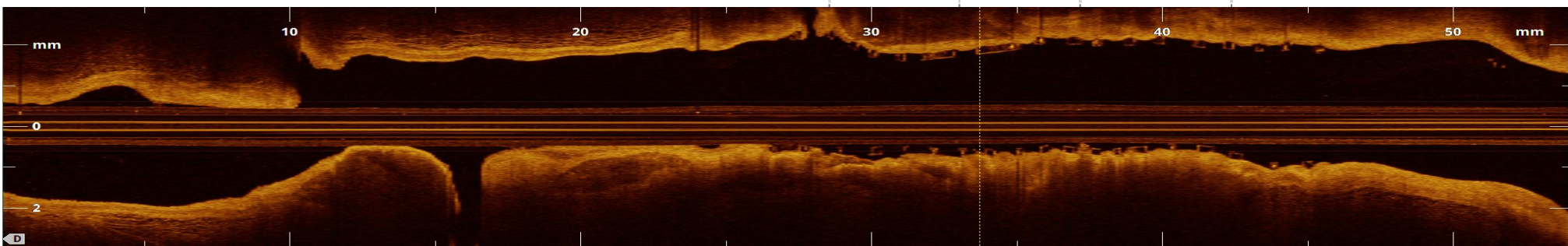
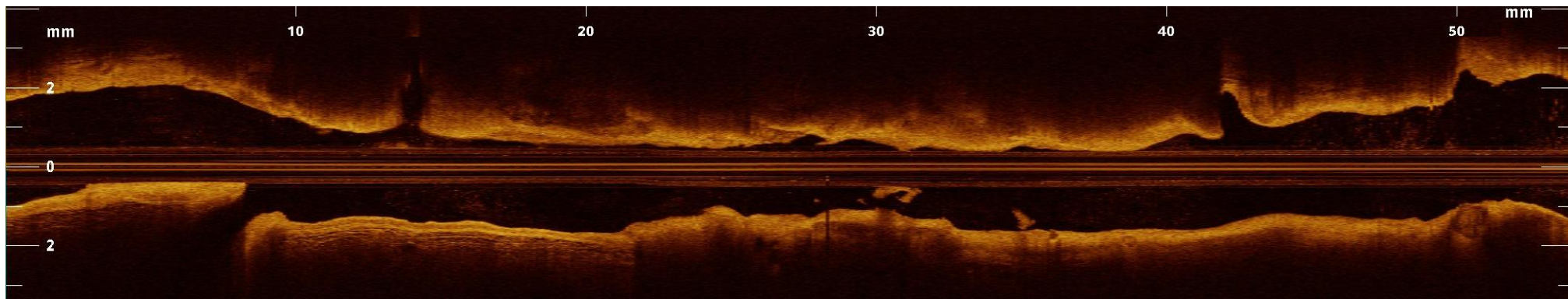
Adjunctive technologies are available tableside at the
Interventional Cardiologist's fingertips

OCT to Optimize Stent Interventions: New Tools, New Findings and Clinical Evidence

- Angio (eyeball, QCA) is no longer the gold standard in challenging cases
- Morphology is useful to guide technical aspects in complex PCI (including LM, bifurcation, ACS and new BVS implant).
- OCT best for mapping and positioning the planned stent with high quality point-to point longitudinal view (automatic lumen profile and stent measures) and great software capabilities (3D navigation, angio co-registration).
- Impact on outcome of this innovative technology remains to be proved.



Bioabsorbable Vascular Scaffold: Lesion preparation



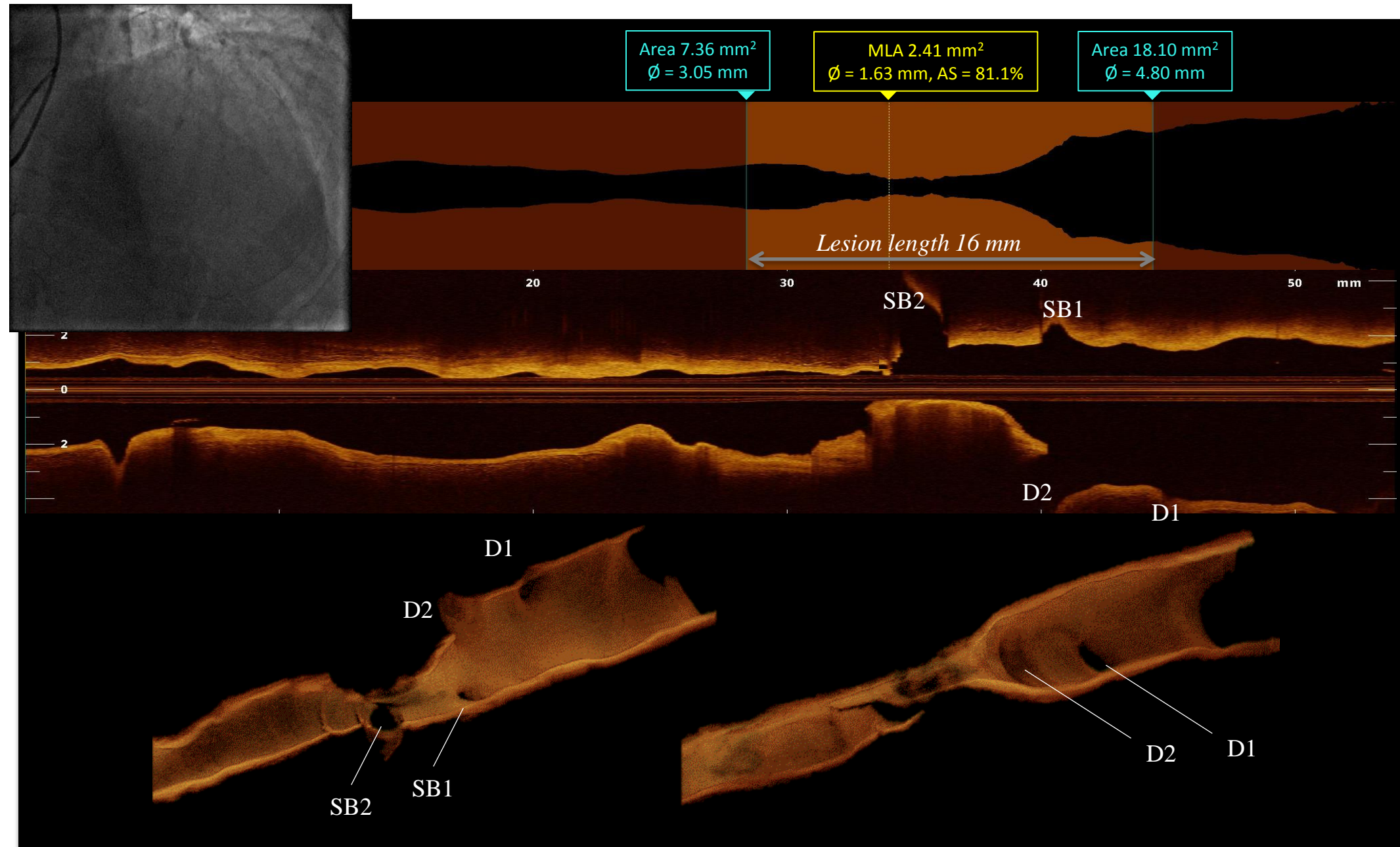
Azienda Ospedaliera
Papa Giovanni XXIII
Bergamo

Sistema Sanitario



Regione
Lombardia

Automatic Lumen profile and 3D for stent planning



Automatic Lumen profile and 3D for post-stent assessment

