# Treating CTO Lesions with Imaging Guidance

## Hakujikai Memorial Hospital Yasushi Asakura M.D.



# **Step by Step Approach Antegrade Approach** with Single Wire **Parallel Wire Technique Retrograde** Approach **IVUS Guided Wiring**



## **Step by Step Approach**

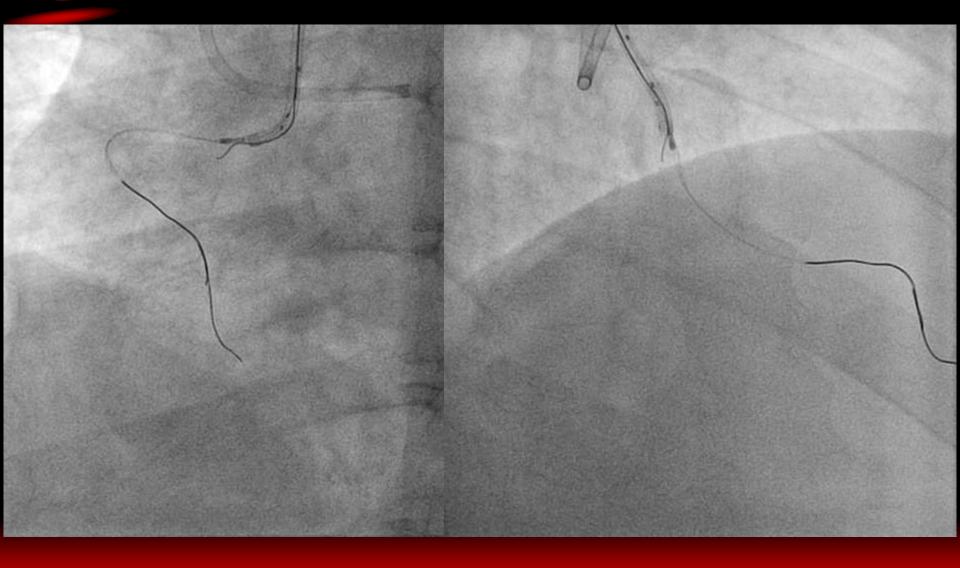
**Antegrade Approach** with Single Wire **Parallel Wire Technique Retrograde Approach IVUS Guided Wiring** 



### Case



## **IVUS Guided Wiring**





## IVUS





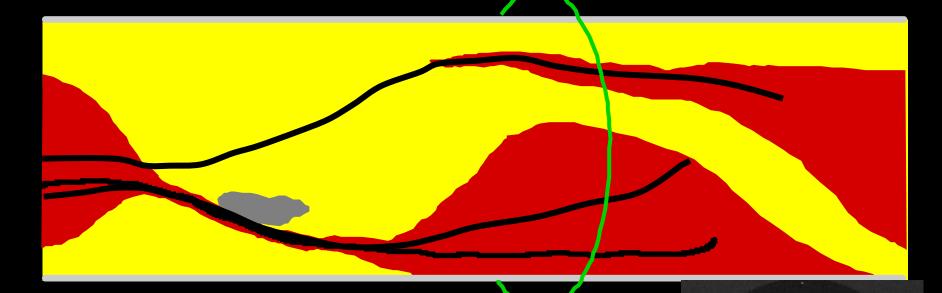






# **Step by Step Approach Antegrade Approach** with Single Wire **Parallel Wire Technique Retrograde Approach IVUS Guided Wiring**

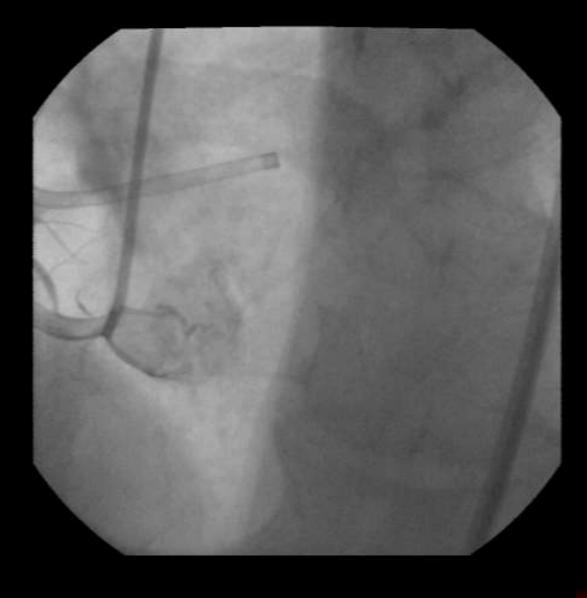
## Where should the 2<sup>nd</sup> wire run?



## Re-Entry X Fresh Start 0

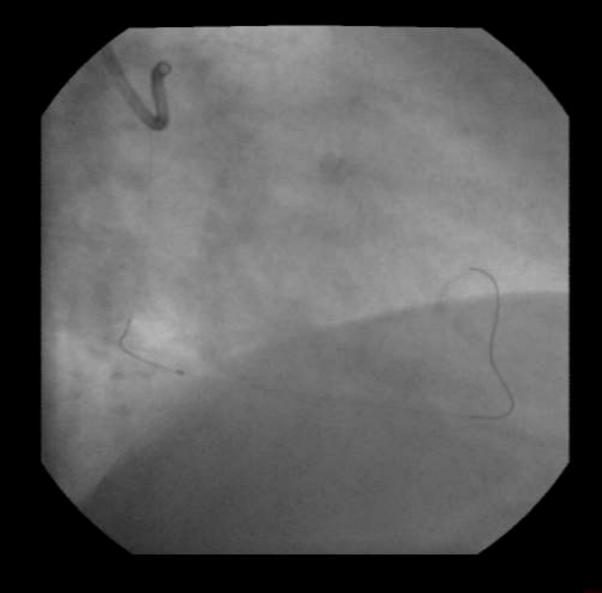






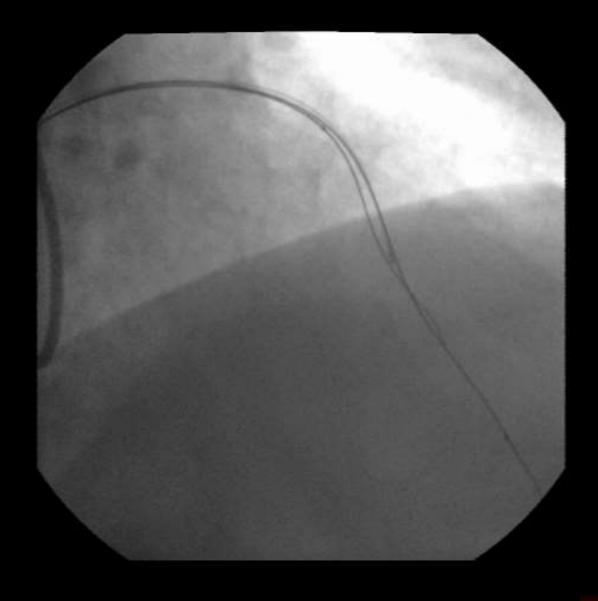


### Retrograde Approach ↓ Failure





### IVUS Guided Wiring





### Successful Wiring

Confienza Pro 8-20



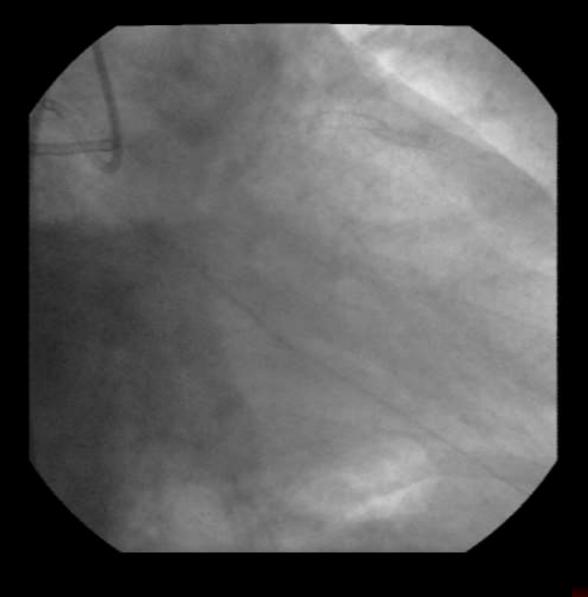


## IVUS





### Final

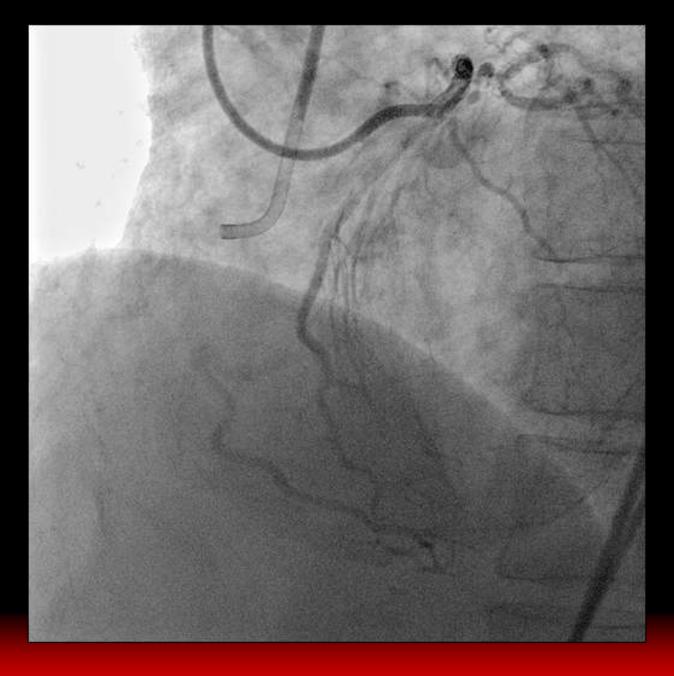


## Trajectory should be in the intima!



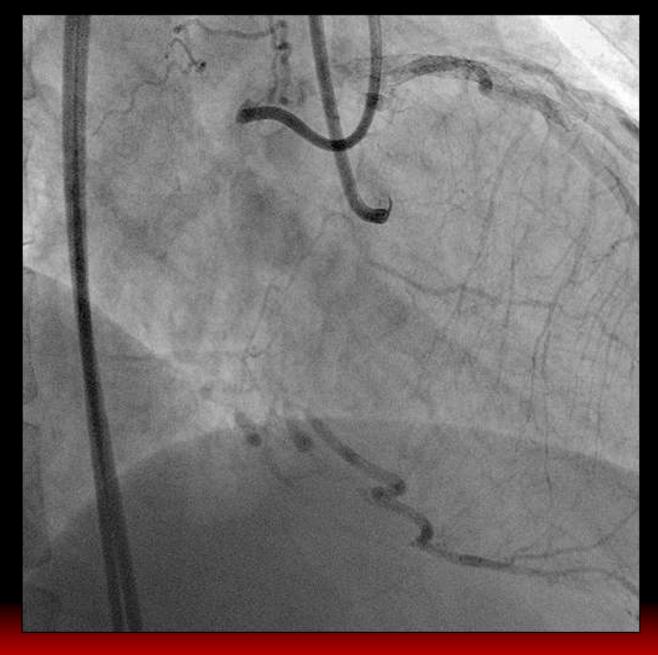




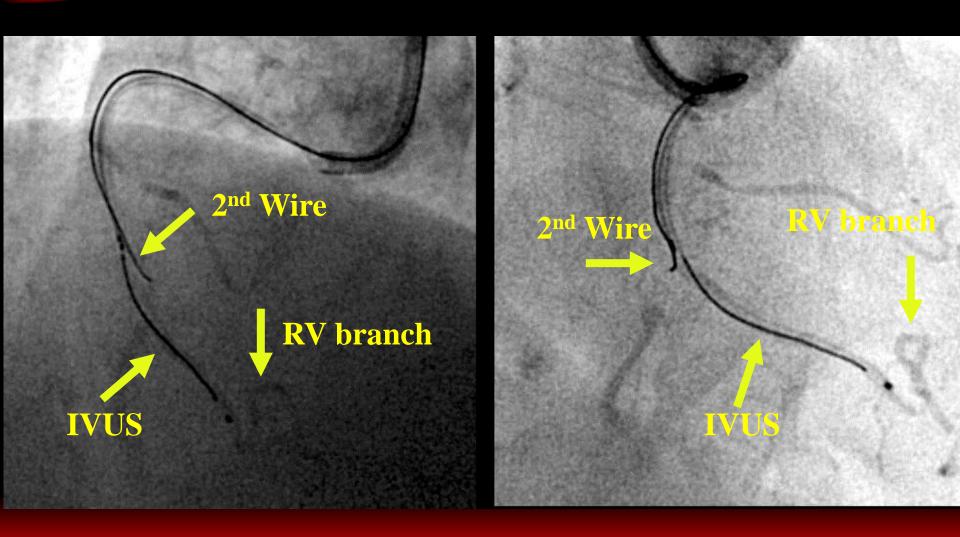




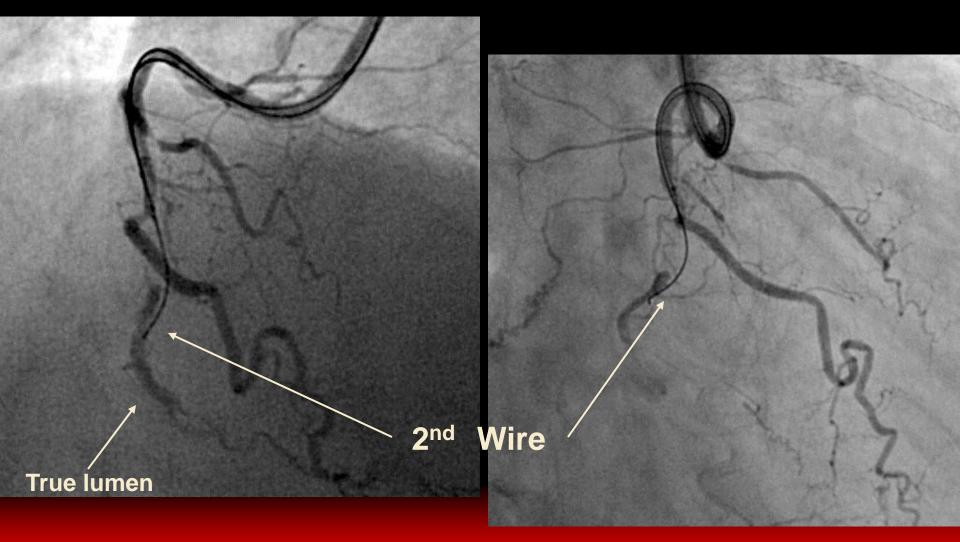
## **RAO view**









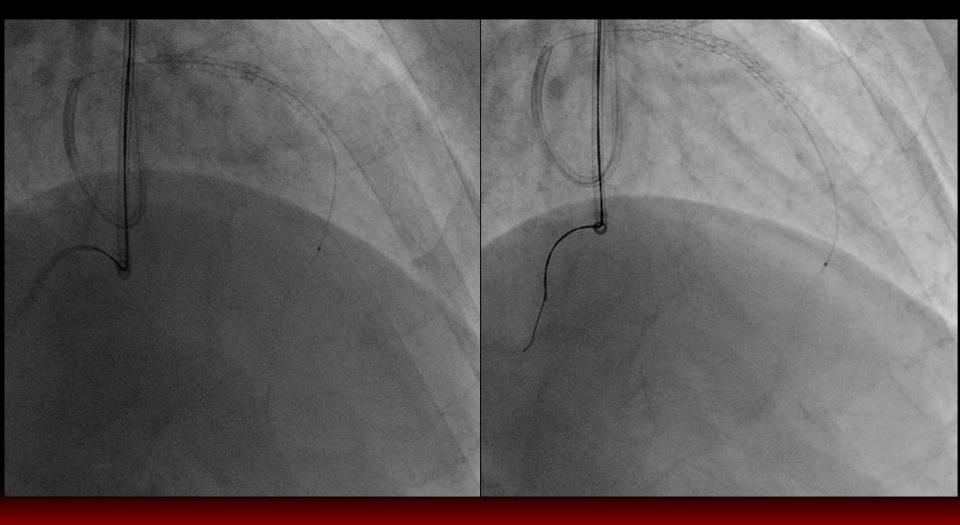


# **Parallel Wire Technique**





## **Retrograde Approach**



## **IVUS guide CTO-PCI**

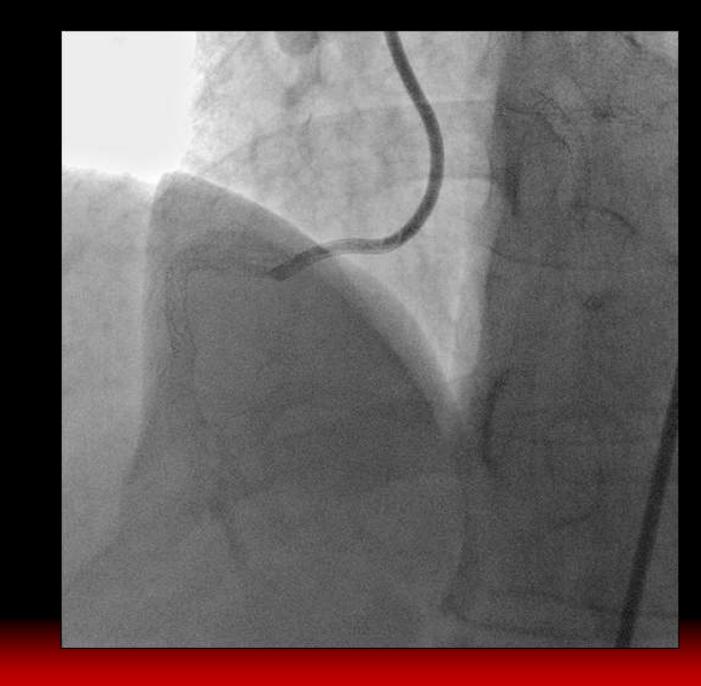
2nd Wire

IVUS catheter (in subintimal layer)

**RV** branch



## Final



# **3** Dimensional Orientation

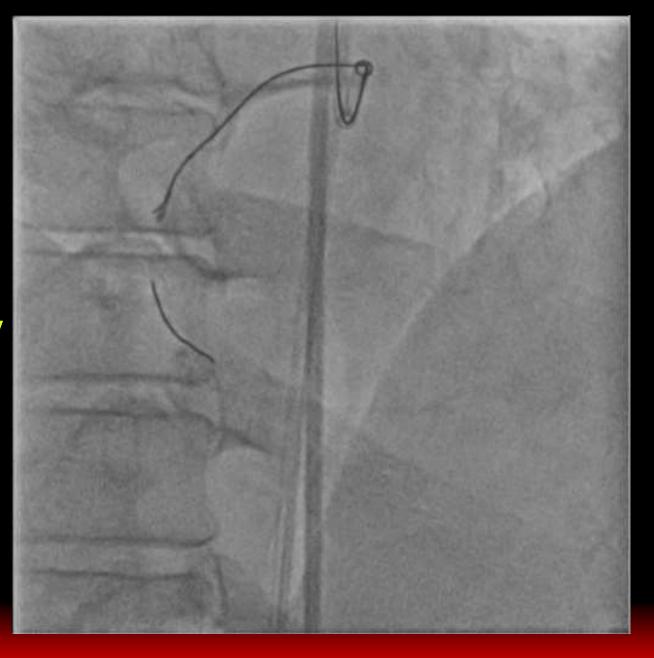
### **RAO View**

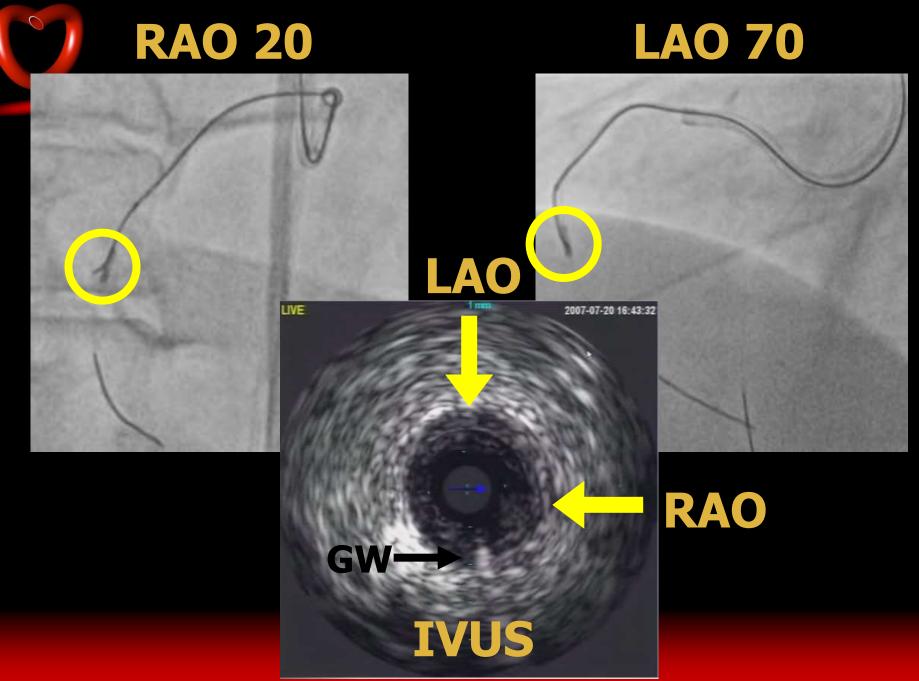
# IVUS Left Right

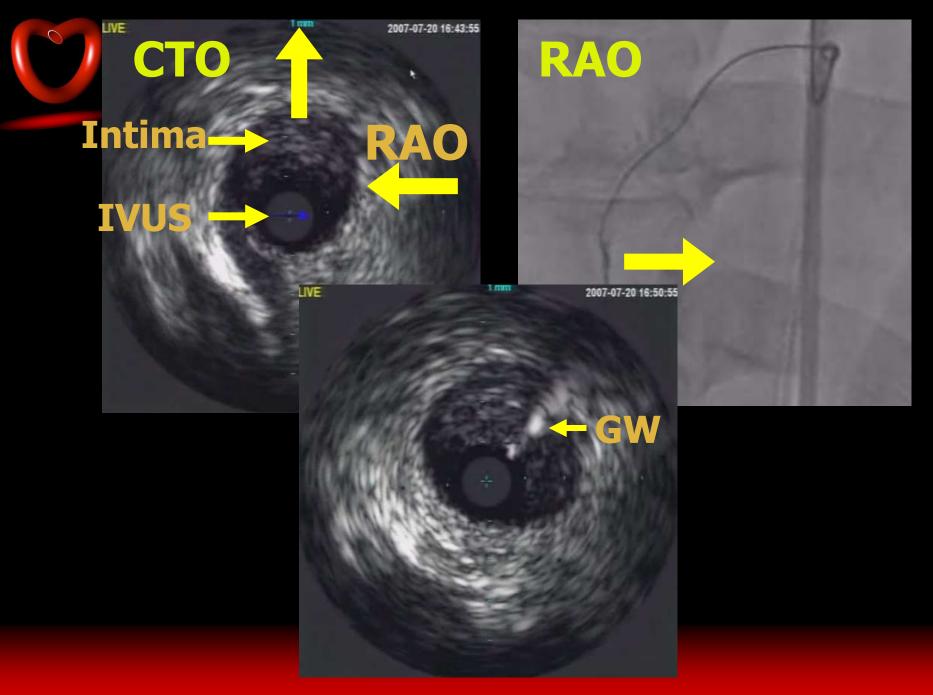
#### O View Hakujikai Memorial Hospital



## Case Rotational Angiography

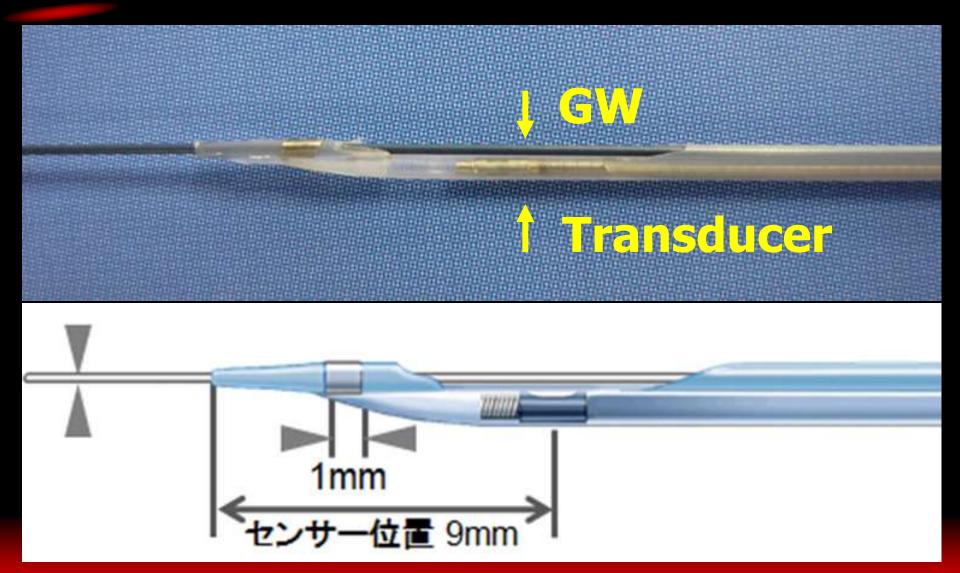








## Navi Focus





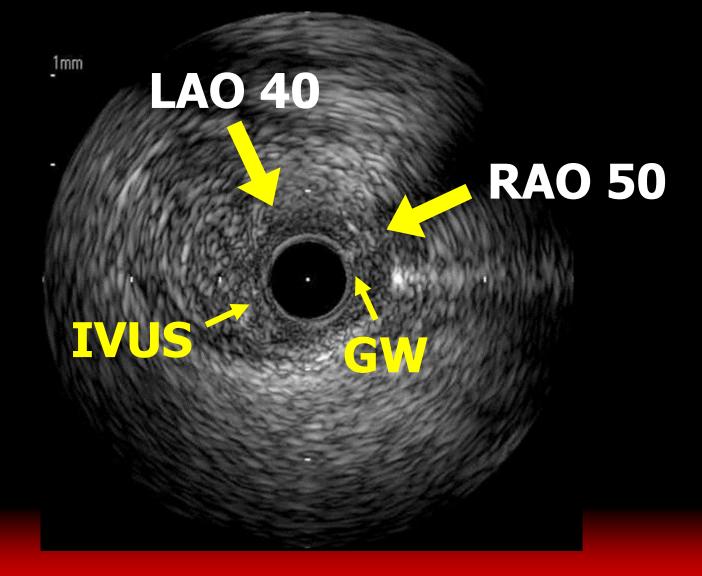


**Overlap** 

### GW Left

## **IVUS** Right

## Navi Focus



## Summary

1. In an antegrade approach, IVUS is used in order to identify the entry.

2. IVUS guided wiring is the last resort in CTO PCI.

3. This technique should be done before false lumen is enlarged.

4. The 2<sup>nd</sup> wire should go through intima from begin to end.

5. Three dimensional recognition is important in this strategy.