Common & Uncommon CTO Complications

Barry D. Rutherford, MD Saint Luke's Mid America Heart Institute, Kansas City, Missouri, USA TCT AP 2016

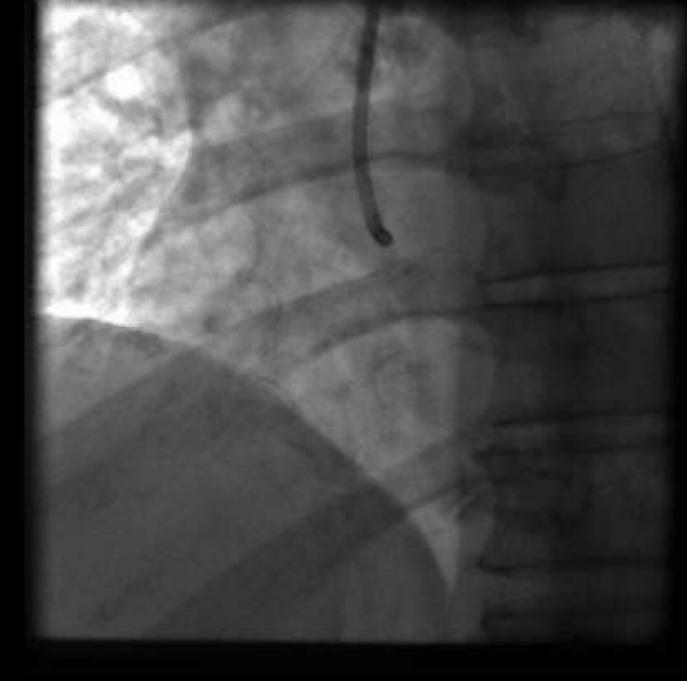
Disclosures

Barry D. Rutherford, MD

- Abbott Vascular Speaker's Bureau
- Medtronic Speaker's Bureau
- Volcano Corp. Speaker's Bureau

"Sometimes I feel if I don't get complications, then I am not trying hard enough"

> Antonio Colombo Hawaii, 1997



59-Year-Old Male

CTO of RCA

Review of Common & Uncommon CTO Complications Critique

- Never undertake "drive-by" CTO PCI
- Careful evaluation of the angio (30-40 min)
- Always use double guide injections
- One-dimensional operator not acceptable
- Skills in antegrade, dissection/re-entry, retrograde
- Discuss with colleagues

64-Year-Old Female

Functional CTO of RCA



64-Year-Old Female Functional CTO of RCA

Start Time: 8:39 am 8:44 am, Heparin 5,500 Units 9:45 am, ACT 211 9:50 am, Heparin 3,000 Units 10:03 am, ACT 312 10:46 am, Pt transferred out of cath lab **Procedure time: 2 hours, 7 minutes** Fluoro Time: 34 minutes **Contrast Volume: 290 cc's Visipaque**

STUPID, STUPID, STUPID

2/10/16 51-Year-Old Female

CTO of RCA Factor V Leiden **Deficiency** on Long-term Coumadin Therapy



51-Year-Old Female – CTO of RCA

Factor V Leiden Deficiency on Long-term Coumadin Therapy

Critique

- Set up initial freeze frame as road map
- No repeat injections
- IVUS guidance is mandatory
- With aortic root dissection, always stent across the ostium
- Consider visualizing the LMCA
- Surgical intervention almost never necessary

2/11/16 51-Year-Old Female

CTO of RCA Factor V Leiden **Deficiency** on Long-term Coumadin Therapy



51-Year-Old Female – CTO of RCA Factor V Leiden Deficiency on Long-term Coumadin Therapy

Post intervention: Large, retroperitoneal bleed

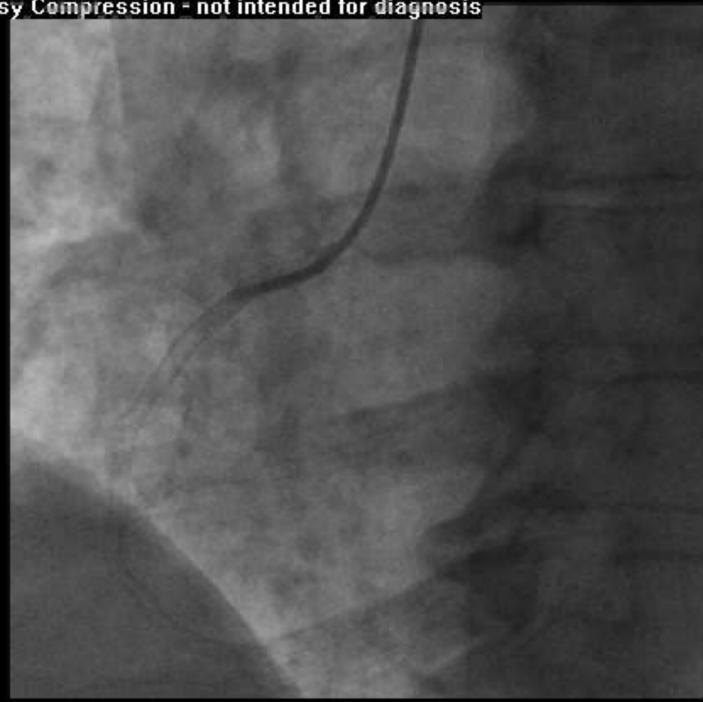
ASA, Plavix and Coumadin withheld

Developed severe retrosternal chest pain

 Taken back to cath lab at outside facility for repeat angiography

2/14/16 51-Year-Old Female

CTO of RCA Factor V Leiden **Deficiency** on Long-term Coumadin Therapy



Radiation Dermatitis





30 days

16-21 weeks depigmentation and atrophy 3-6 months ulceration

Prevention of Radiation Dermatitis

- Alert to staged procedures
- Knowledge of previous fluoro times
- Physician alerts at 2 Gy intervals
- >5 Gy skin dose
 - Patient education regarding radiation exposure
 - Skin monitoring and skin care
 - Documentation of patient
 - Notification to PCP
- > 10 Gy or > 50 min fluoro time
 - Consider aborting the procedure

>15 Gy is "Sentinel Event" reported to Dept of Health

Review of Common and Uncommon CTO Complications

Safety Devices: Emergency Kit

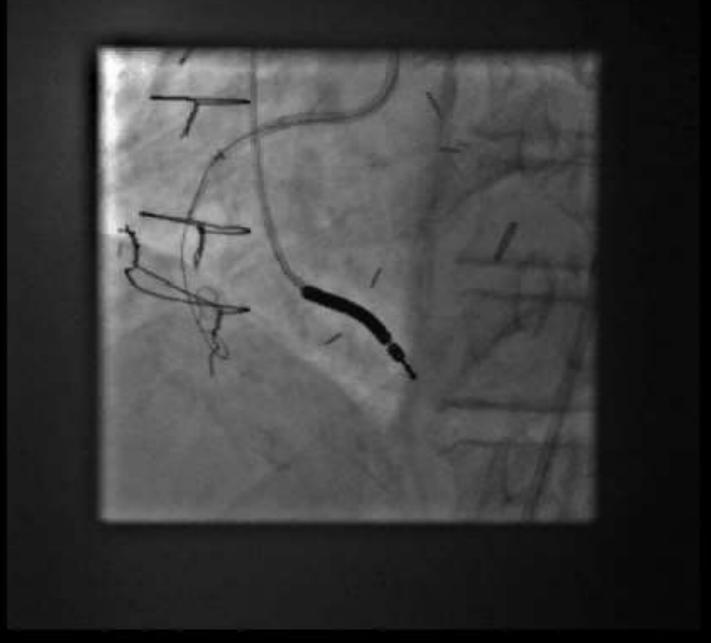
- Covered stents
- Embolization coils and delivery systems
- Pericardiocentesis trays
- Thrombectomy devices
- Hemodynamic support systems





78yearold Male

CTO of RCA



78-year-old Male, CTO of RCA Post procedural Echocardiogram

10

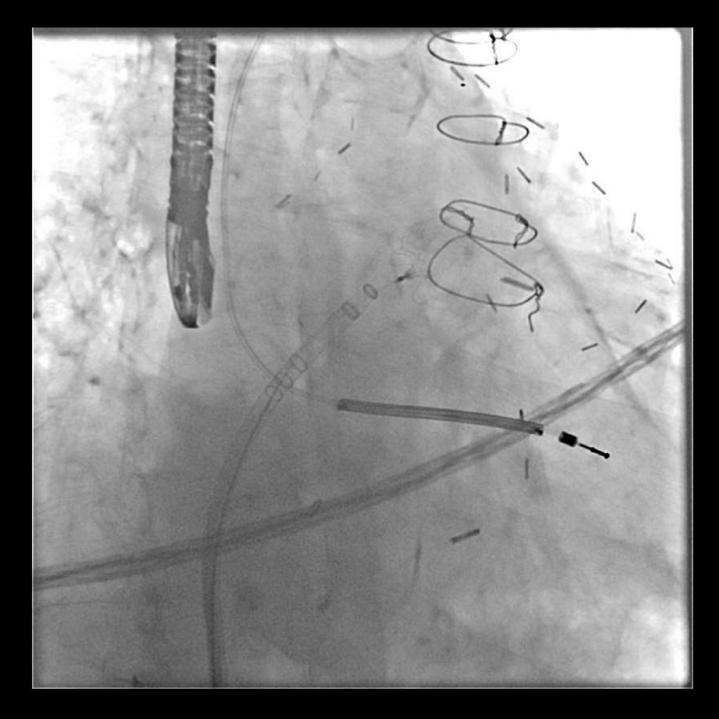
Large hematoma in Rt AV groove with RV compression



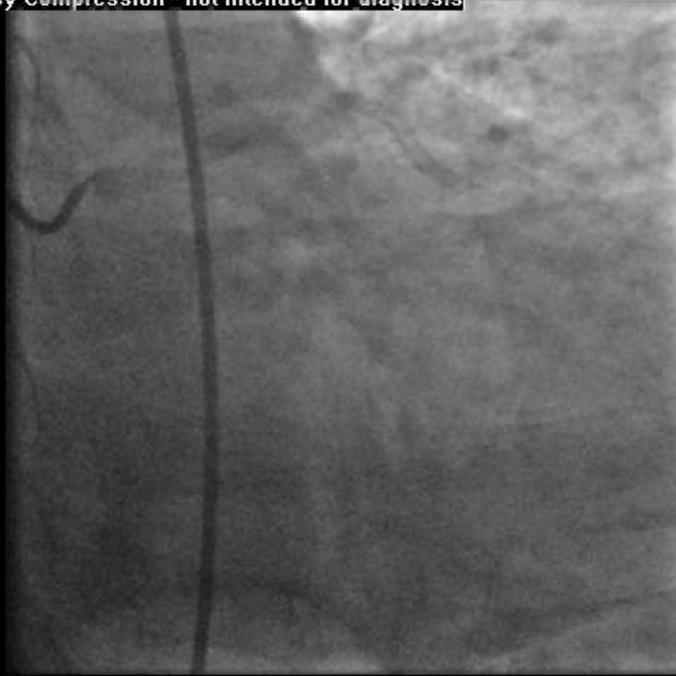
78-year-old Male

CTO of RCA

WATCHMAN Device



63-yo Male CTO of RCA



Management of Coronary Perforation

DO NOT PANIC!

- Prolonged balloon inflation (do not remove balloon)
- Reverse heparin: DC Angiomax (do not use in CTO's)
- Echocardiogram pericardiocentesis (remember echo later if suspicion of perforation)
- Access other femoral artery (ping-pong guides)
- Alert cardiac surgery team

Punishment should fit the crime – most guidewire perforations are minor events, but this is a MAJOR event

Management of Coronary Perforation

- Thrombus injection
- Adipose tissue injection
- Gel foam
- Polyvinyl alcohol (PVA) AngioDynamics™
- Thrombin injection
- Coils:
 - Cook: Hilal-Embolization MicroCoil[™] (2mm);
 - Boston Scientific: VortX[™] Diamond-18 (3x3.3mm)
 - Boston Scientific: Renegade[™] Delivery Catheter (Tip 2.5 Fr)
- Covered Stent (JoStent)
 - Diameter 3.0-5.0
 - Length 12-26

63-yo Male CTO of RCA



63-yo Male

CTO of RCA

Follow up

