# Common & Uncommon CTO Complications

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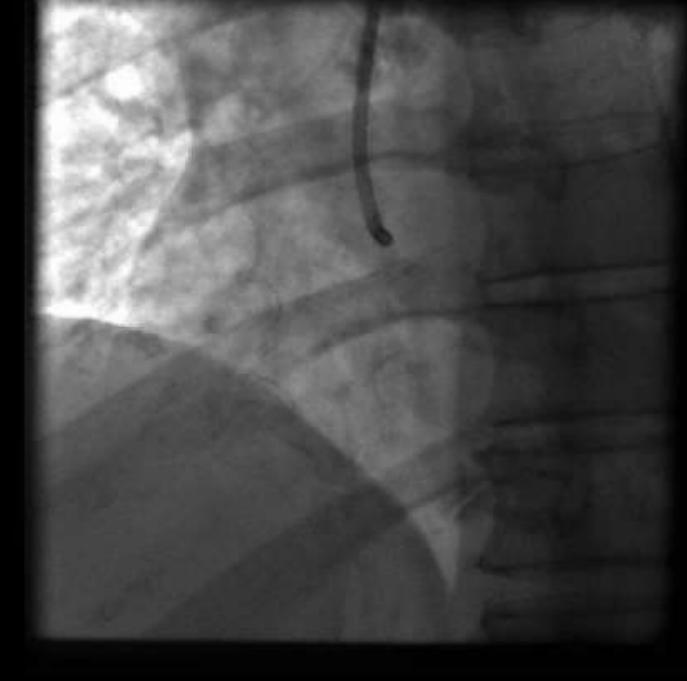
#### Disclosures

#### **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

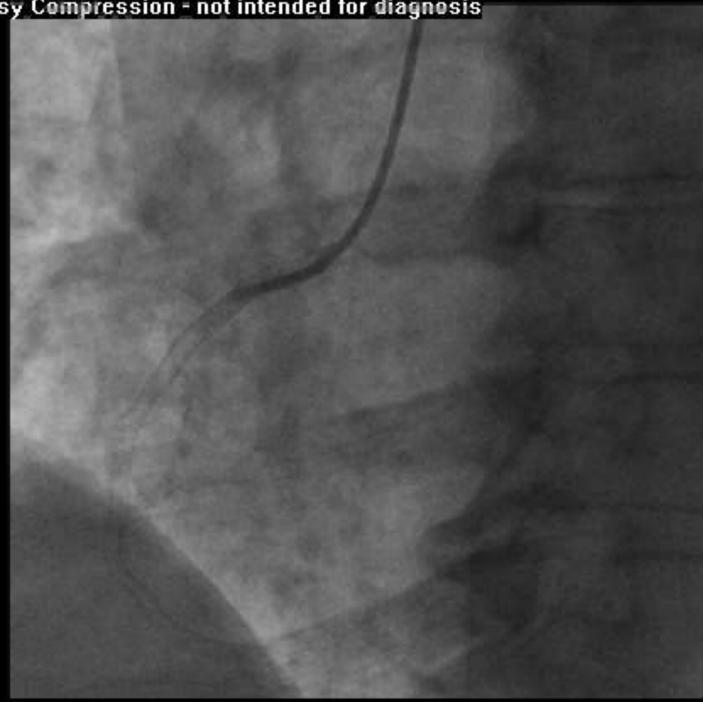
ASA, Plavix and Coumadin withheld

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

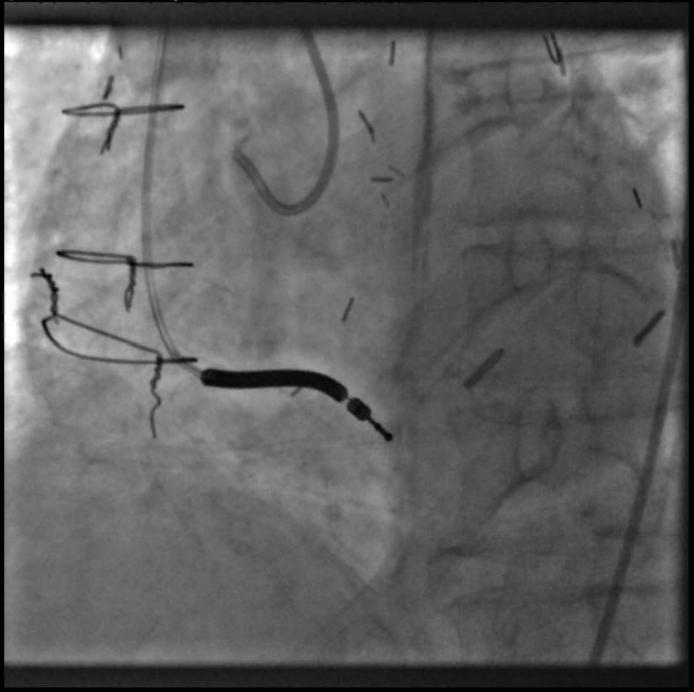
>15 Gy is "Sentinel Event" reported to Dept of Health

Review of Common and Uncommon CTO Complications

Safety Devices: Emergency Kit

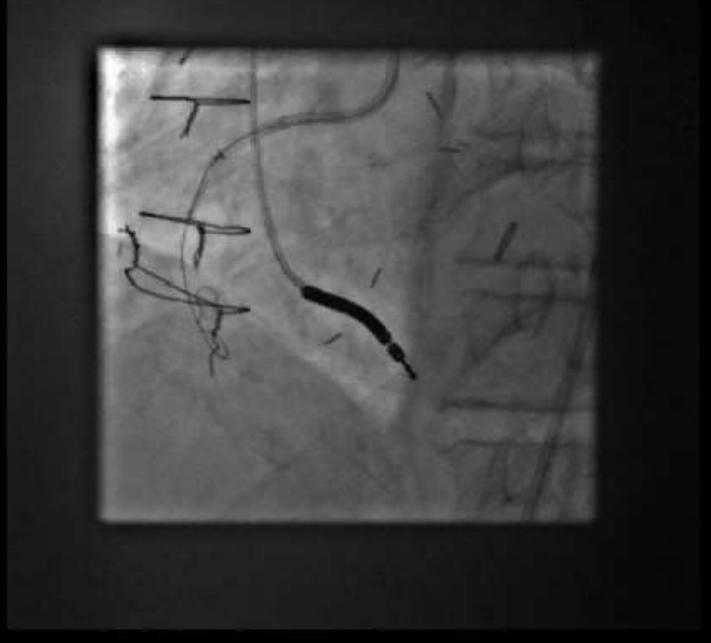
- Covered stents
- Embolization coils and delivery systems
- Pericardiocentesis trays
- Thrombectomy devices
- Hemodynamic support systems





**78**yearold Male

CTO of RCA



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

10

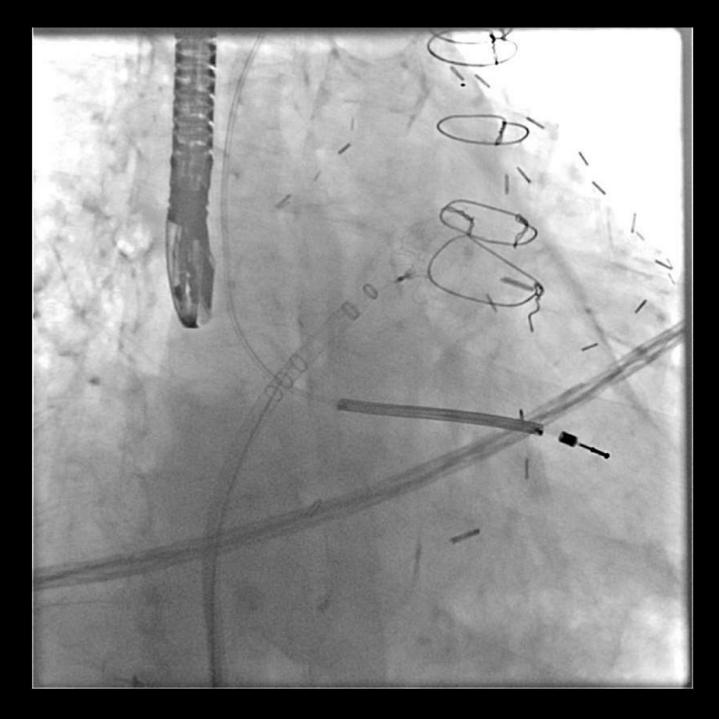
Large hematoma in Rt AV groove with RV compression



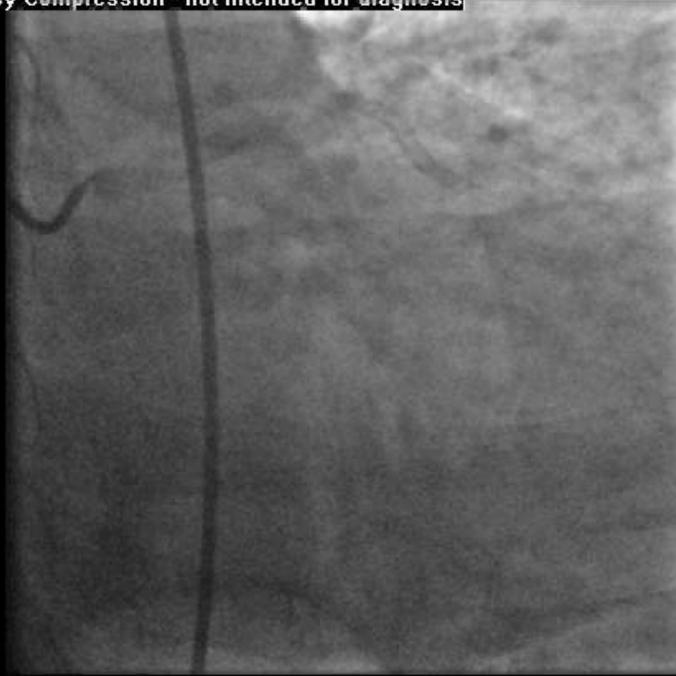
### 78-year-old Male

# 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<sup>™</sup> (2mm);
  - Boston Scientific: VortX<sup>™</sup> Diamond-18 (3x3.3mm)
  - Boston Scientific: Renegade<sup>™</sup> 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

