
Complex Stenting Made Simple – An Illustrative Case Using the Ultimaster™ Stent

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Conflicts of Interest

- None



AFRICA

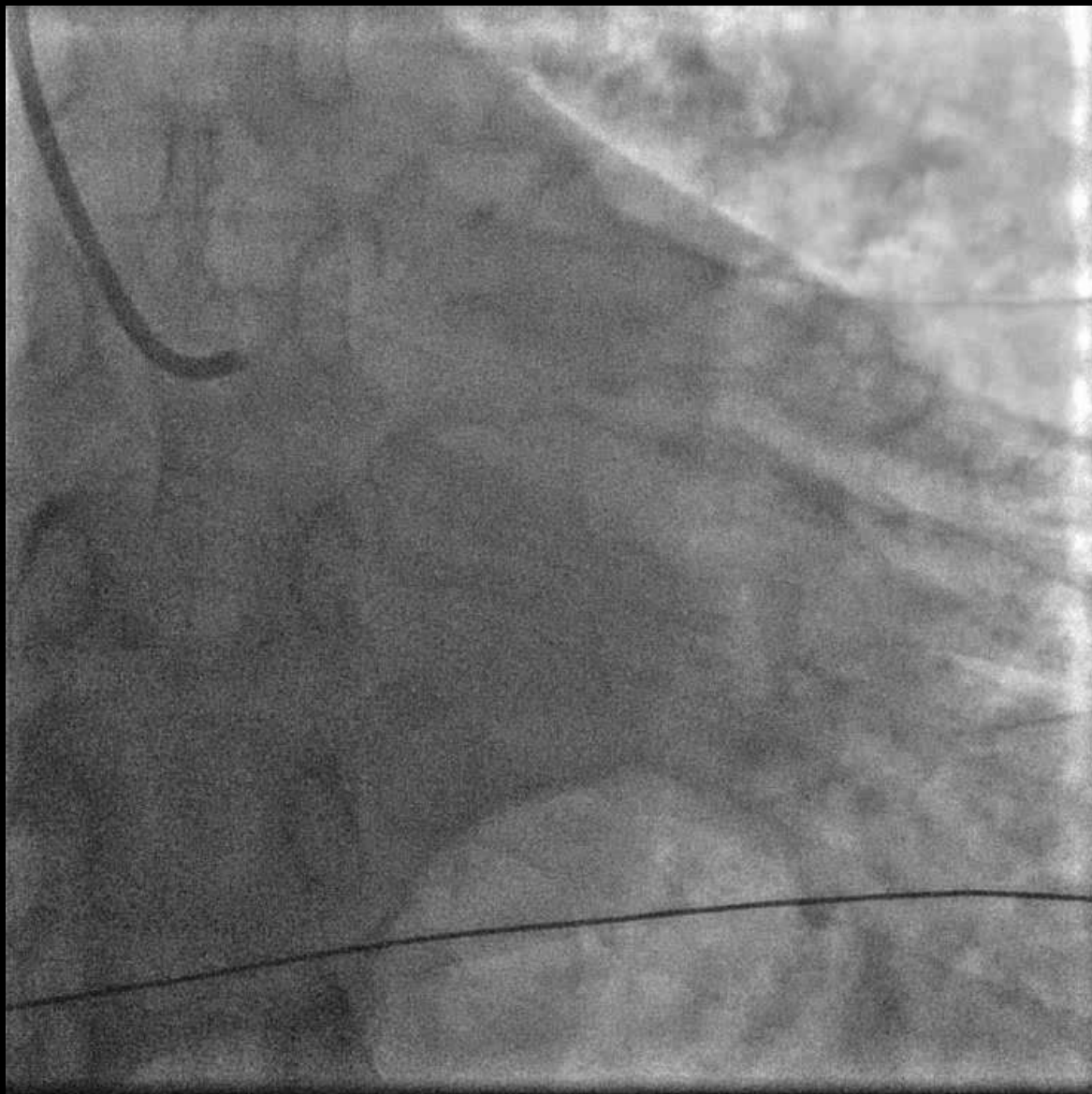
CHINA

AUSTRALIA

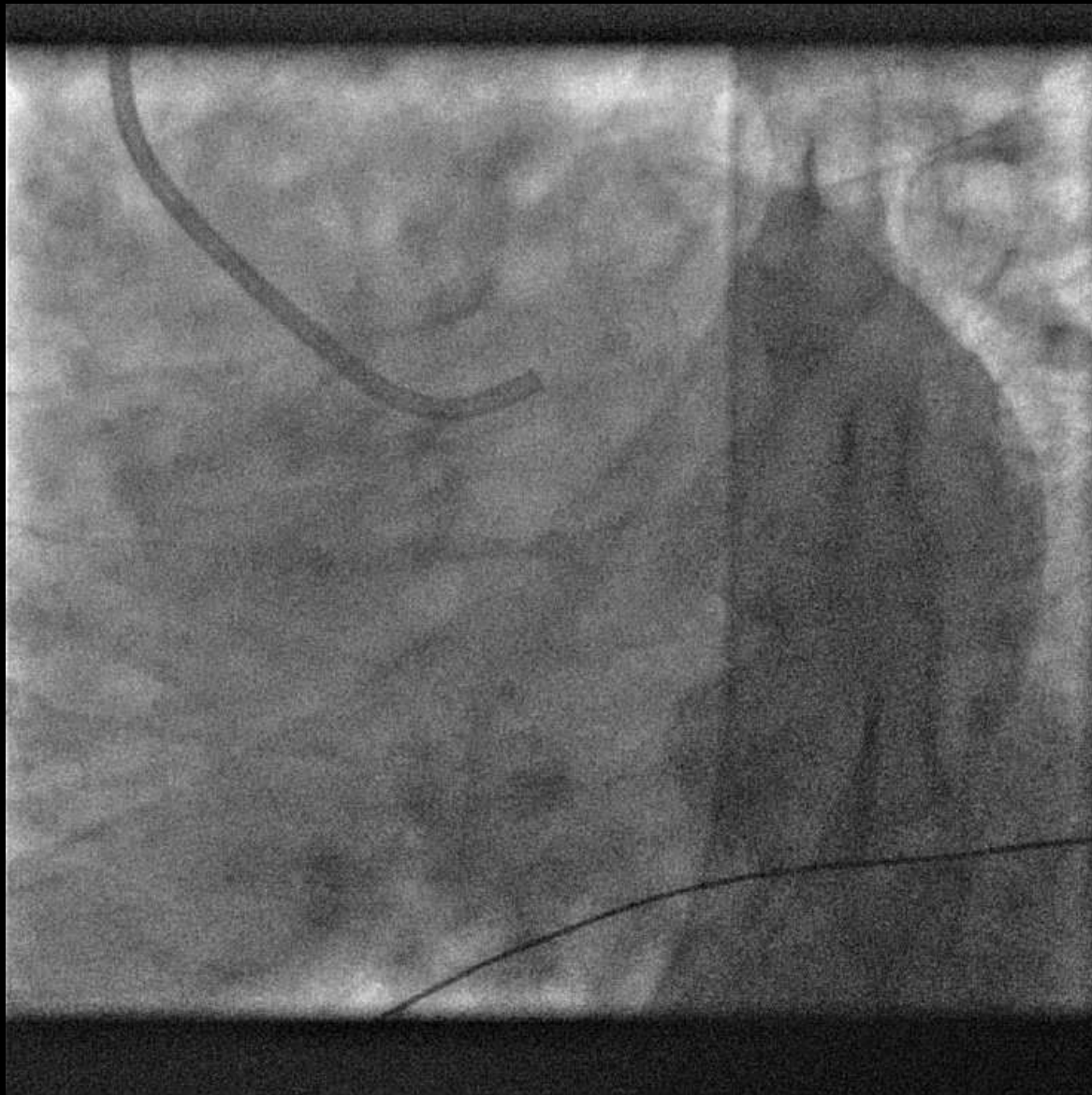
Tan Tock Seng Hospital

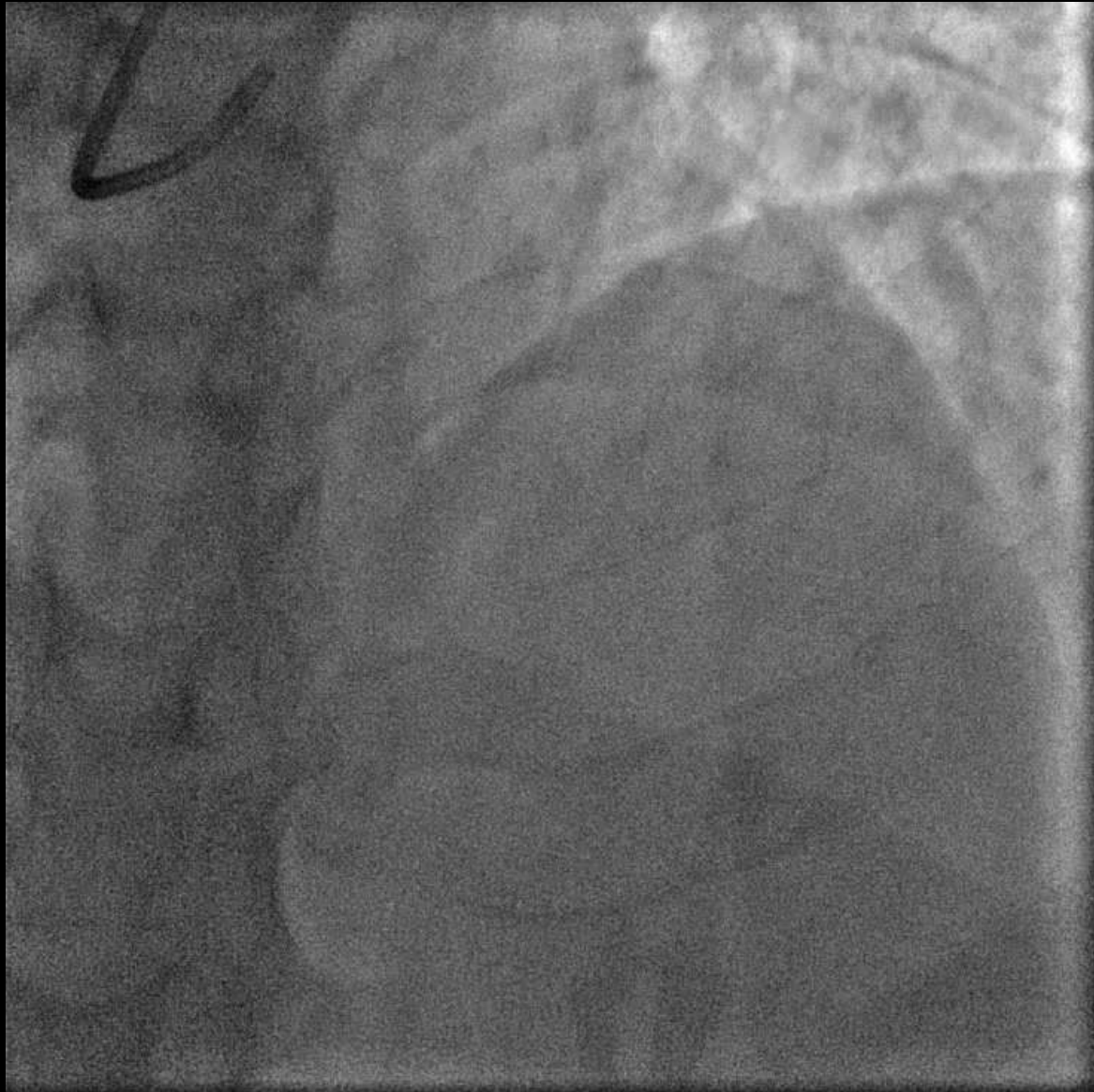
Case

- 50 year-old man, diabetes
- Presents with NSTEMI
- EKG showed “Wellen’s” changes anterior leads
- History of some non-compliance to medications



- Radial approach
- Ostial and proximal left main disease along with LCx and LAD

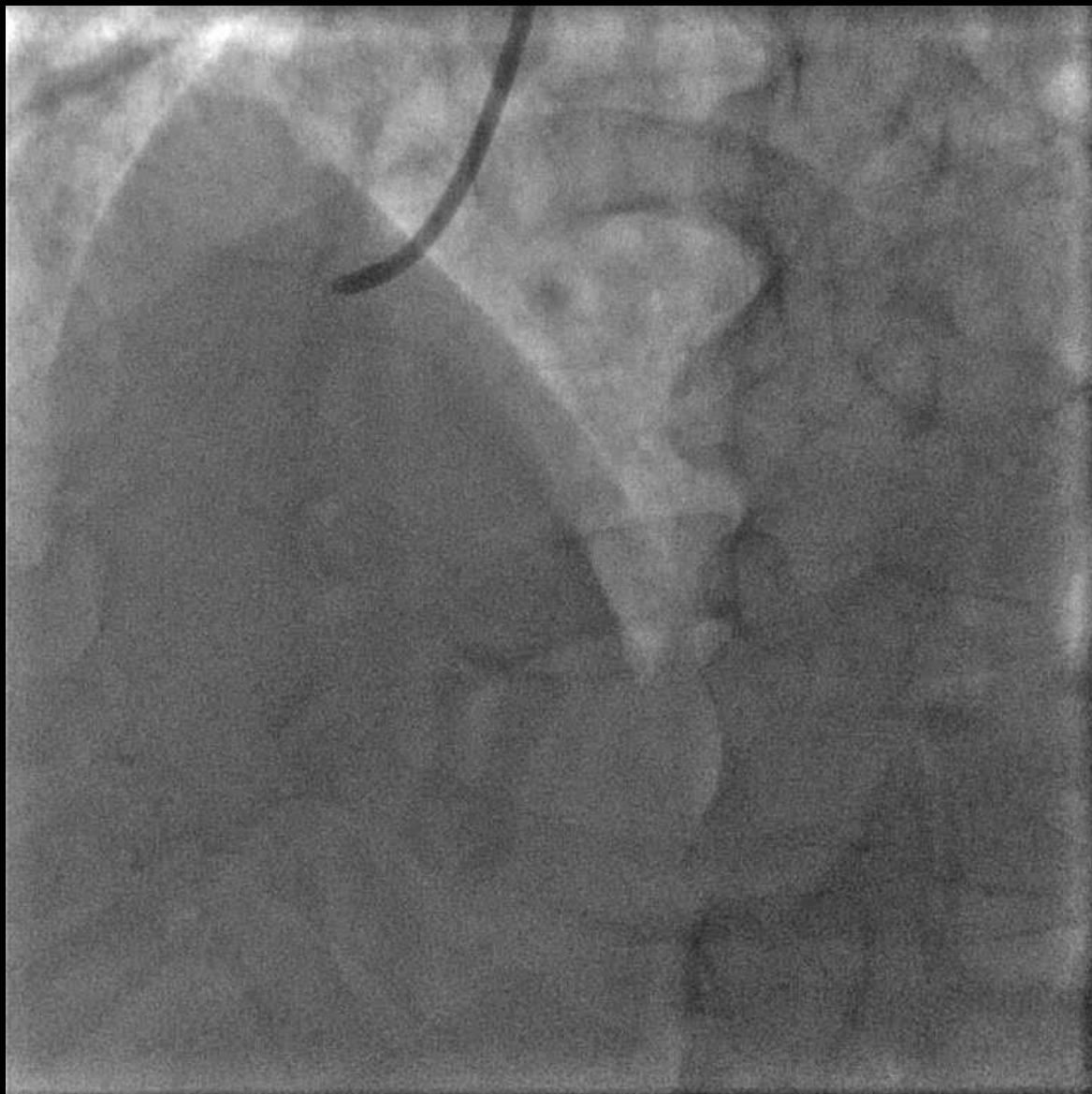


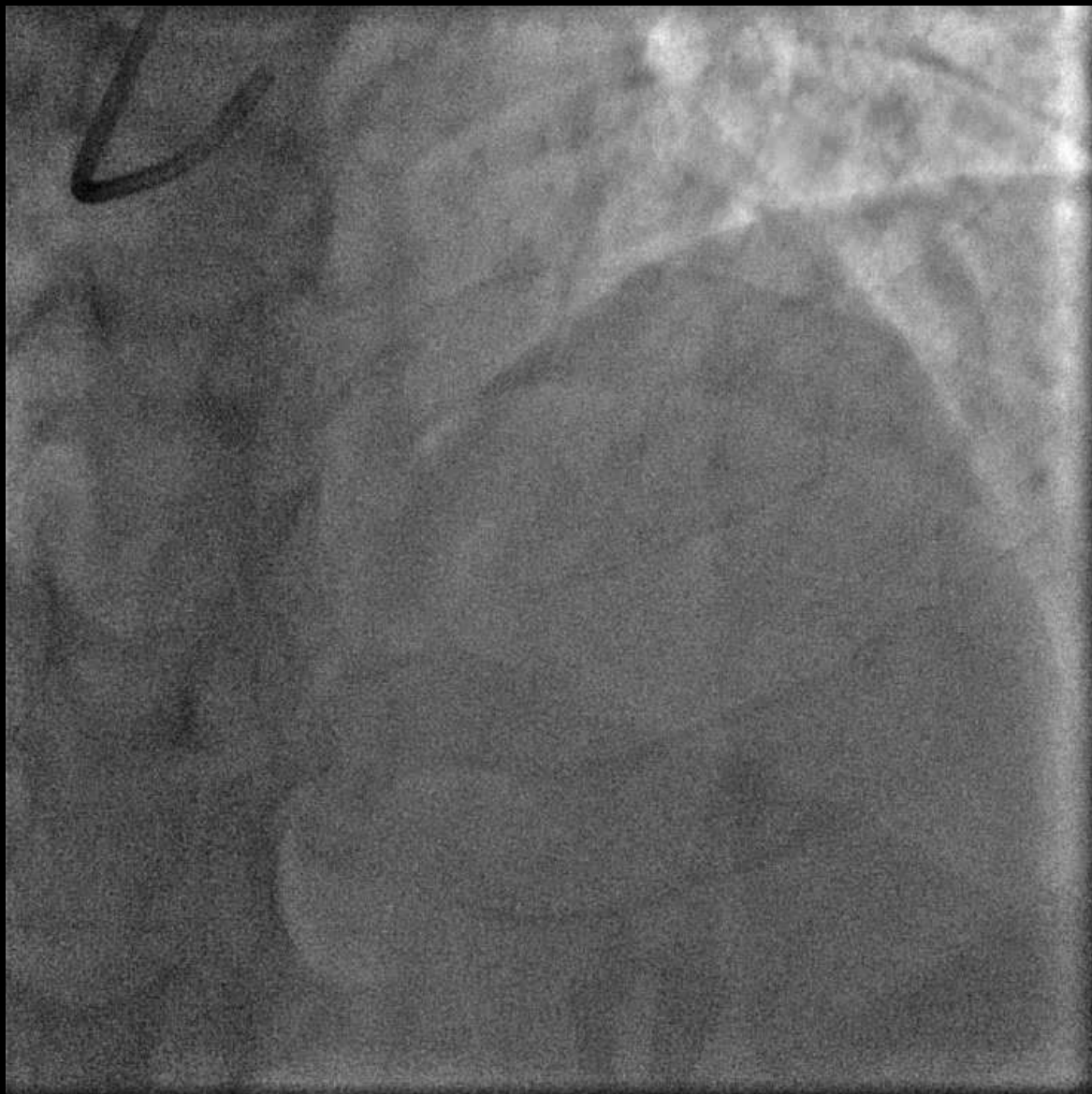


- Ostial and proximal left main disease
- Critical proximal LAD
- Distal LAD diffuse disease – makes LIMA to LAD impossible



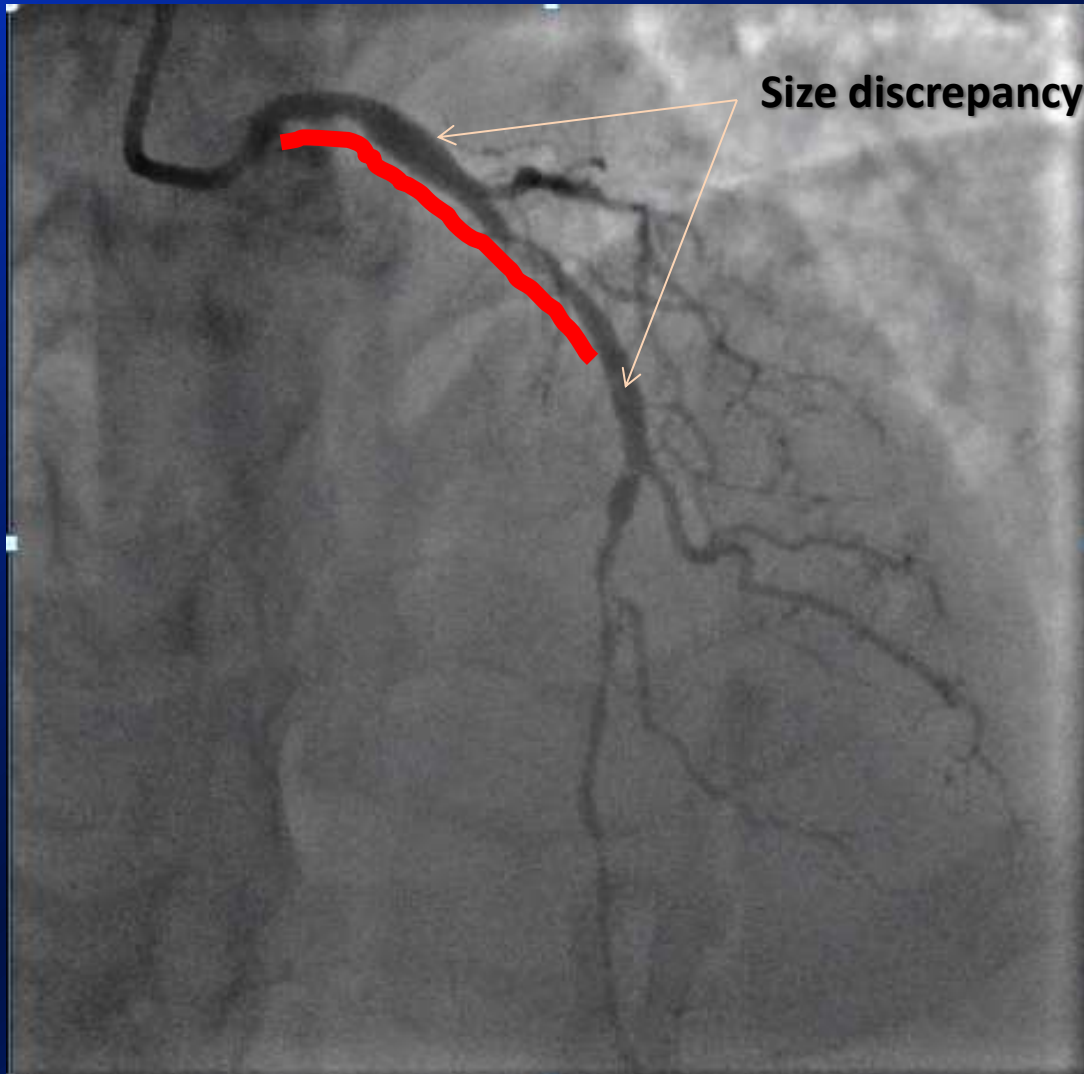






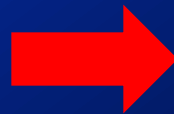
- Strategy – stent the LAD and left main
- Stent the distal RCA
- Drug-eluting balloon angioplasty of the LCx
- Planned to cover the ENTIRE left main including ostium
- “Cross over” strategy with “keep LCx open” approach (very small vessel)

Issues with the Case

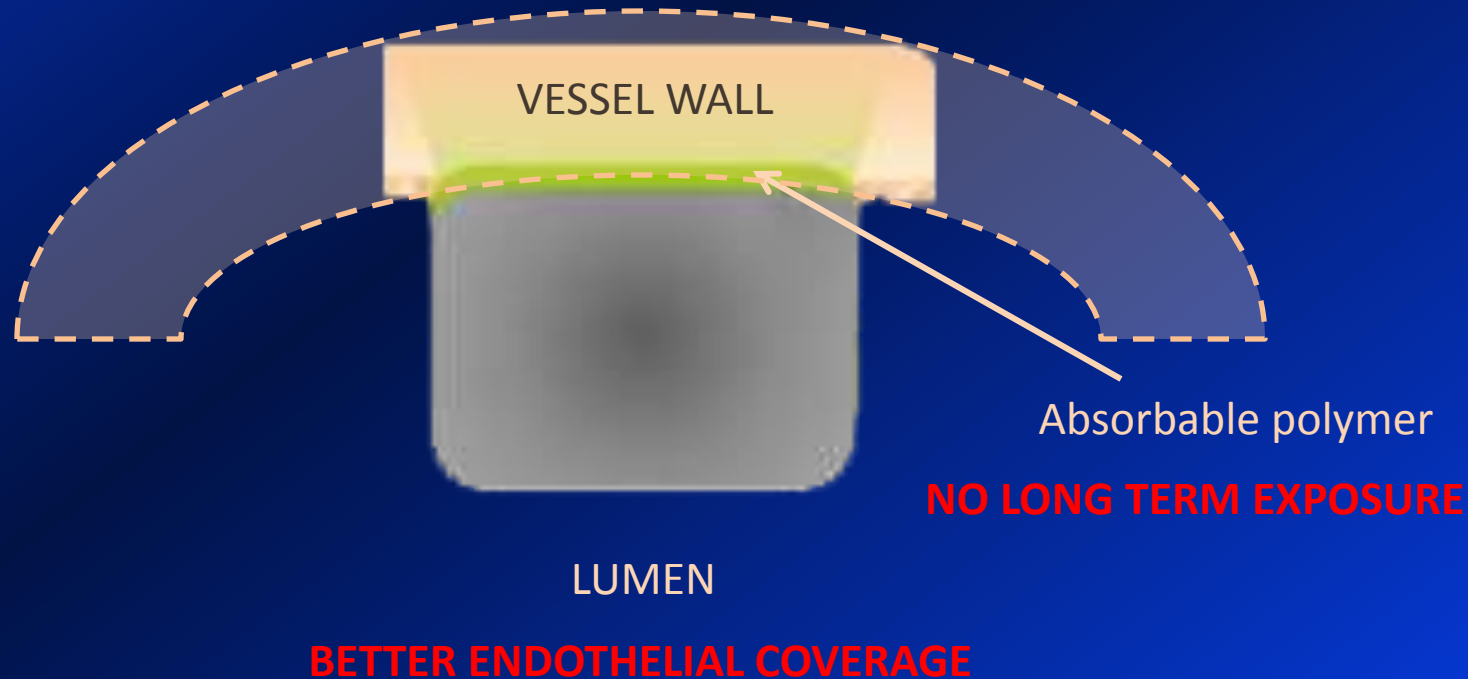


Issues with the case

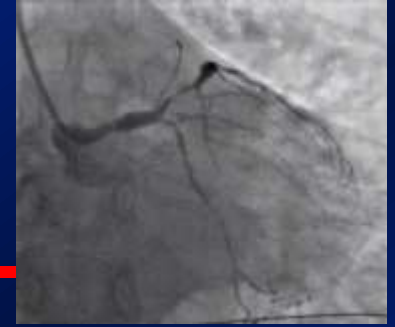
- Long lesion



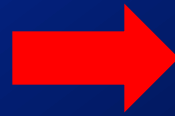
Need a drug-eluting stent



Issues with the case

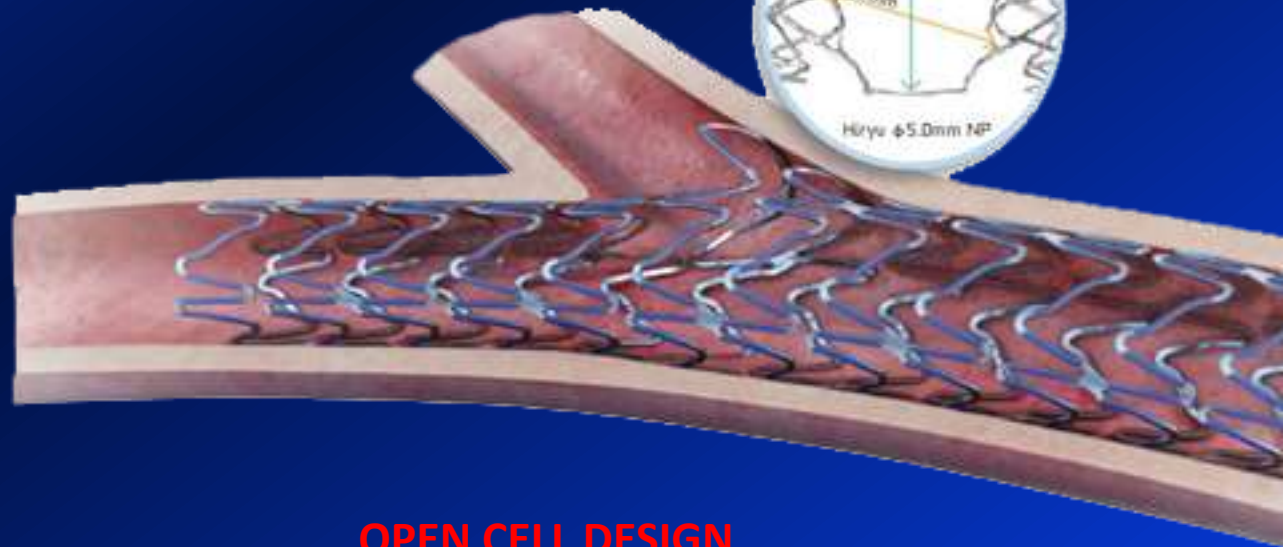
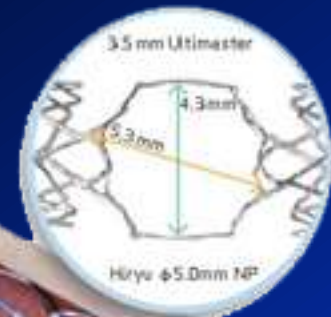


- Stent across LCx



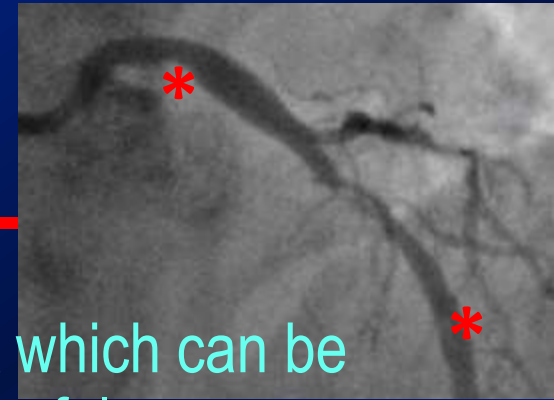
Need stent with good side branch access

SIDE BRANCH AREA 14.5 mm²

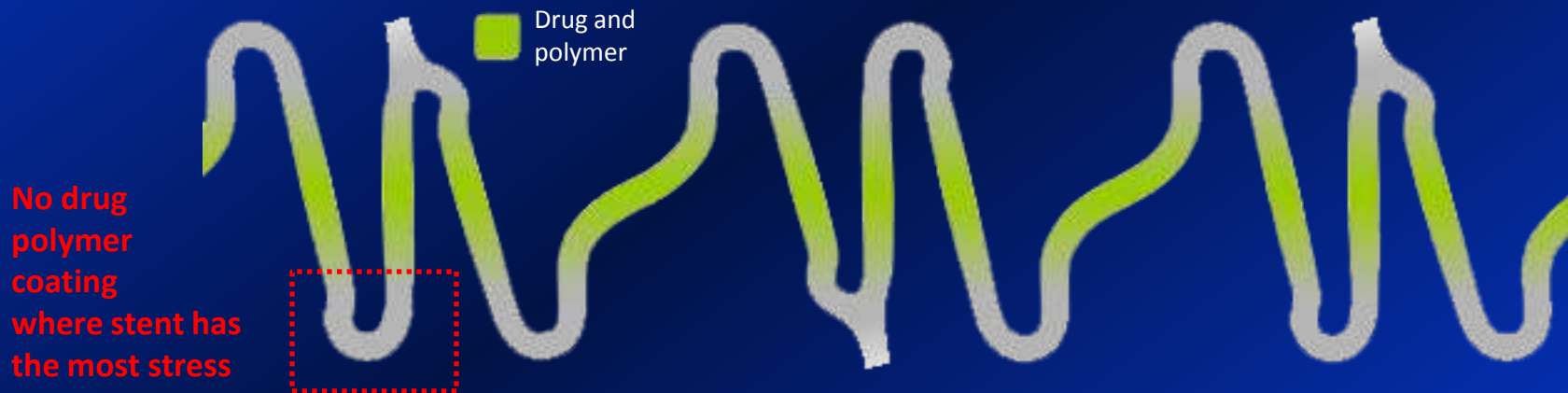


OPEN CELL DESIGN

Issues with the case



- Size discrepancy between proximal and distal vessel → Need stent which can be expanded safely



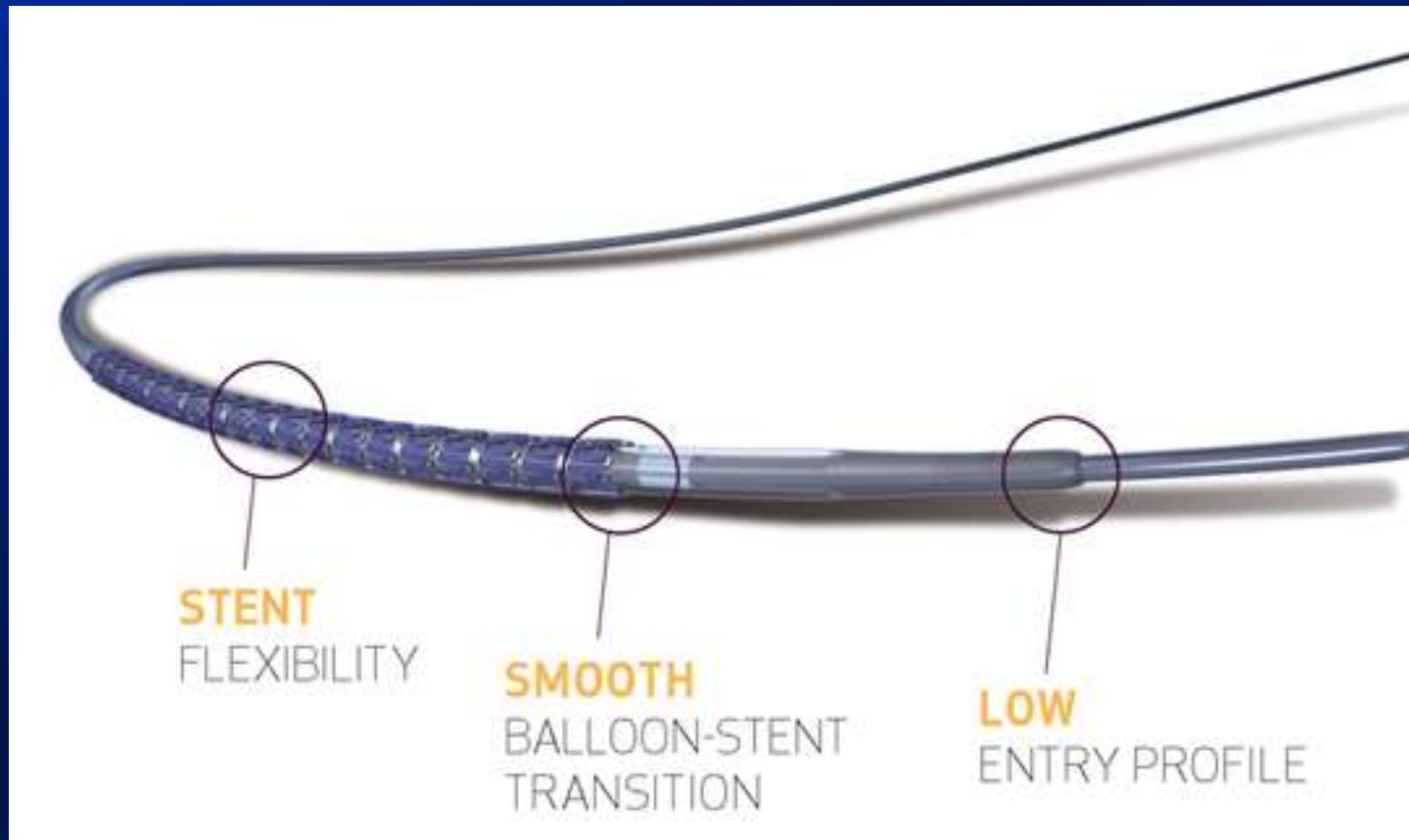
No drug polymer coating where stent has the most stress

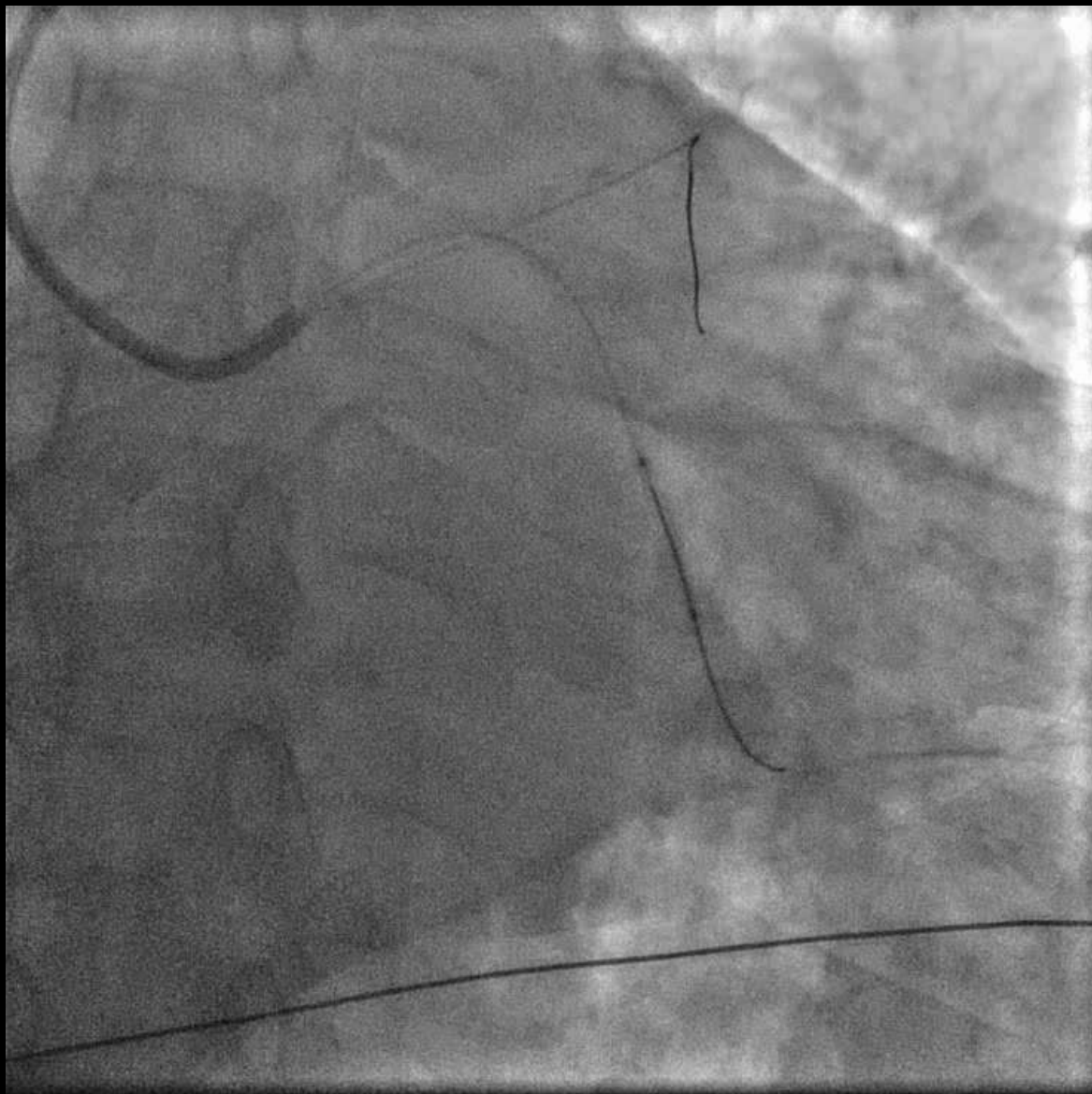


GRADIENT COATING – ↓s RISK OF POLYMER CRACKING AND DELAMINATION

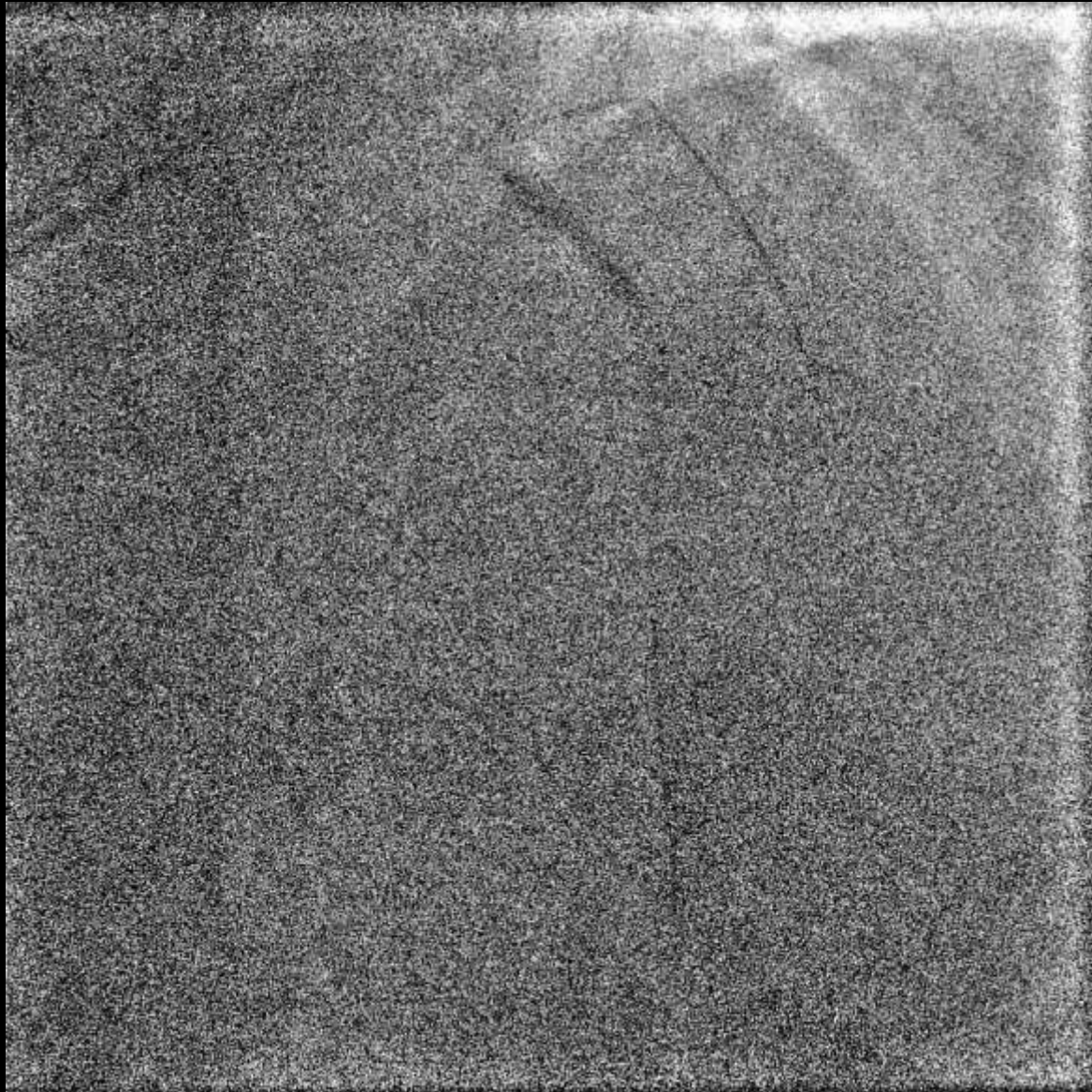
Issues with the case

- Judkins guide for ostial left main stenting → Need a trackable stent

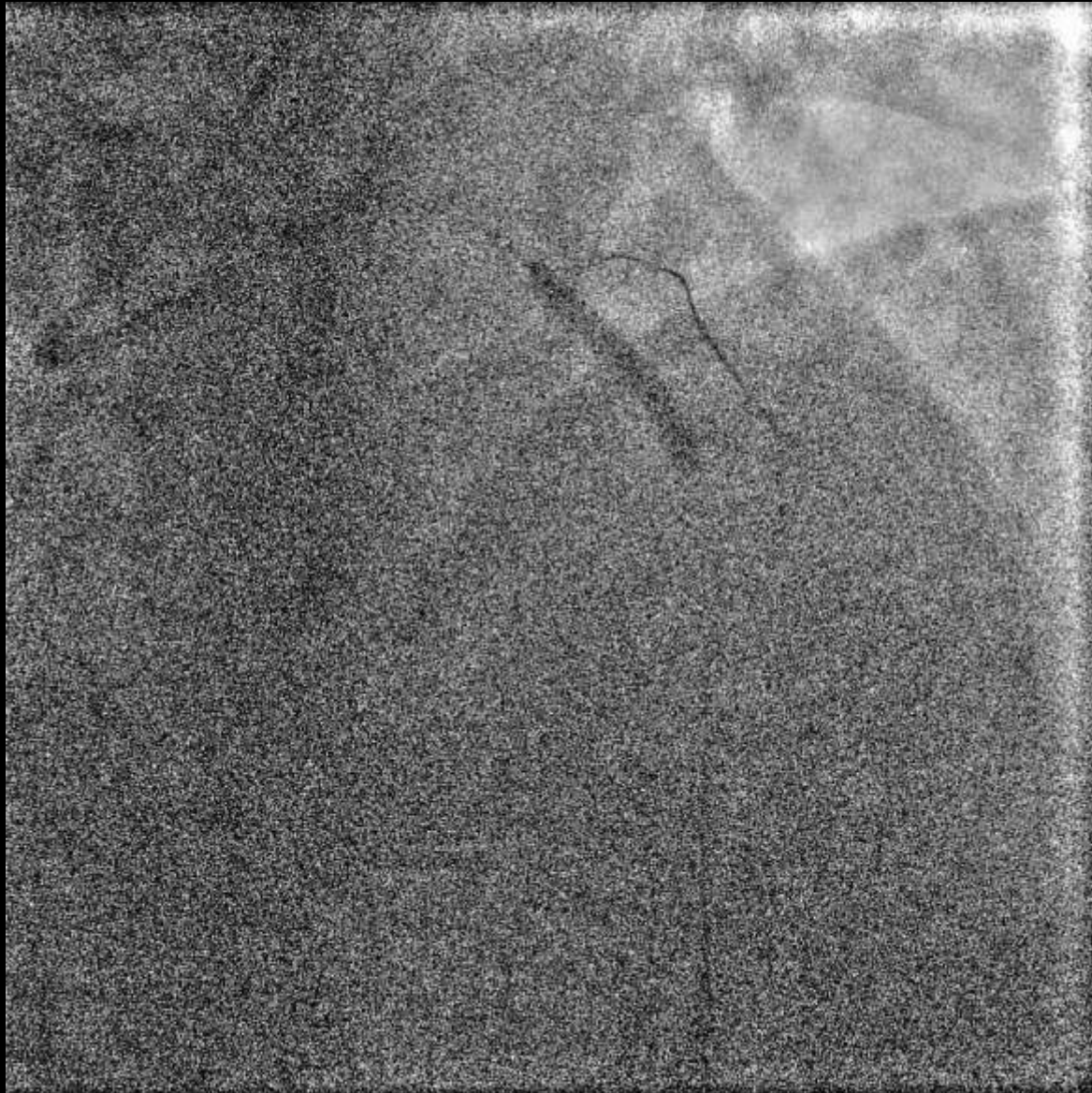




- Radial approach 6F JL 3.5 guider
- Drug-eluting balloon angioplasty of LCx



- LAD predilated



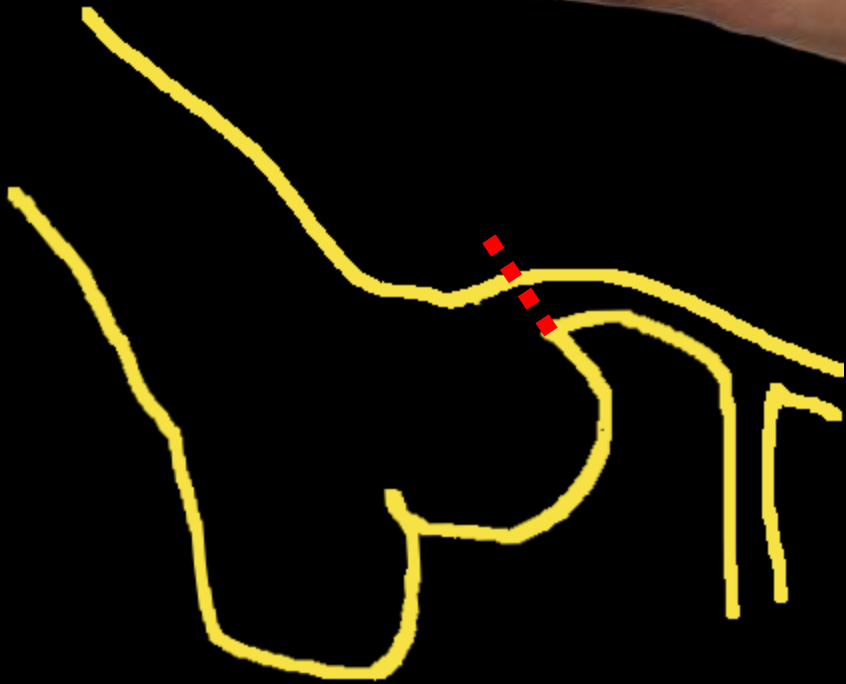
- LAD stented with Ultimaster 3.5 x 24 mm drug-eluting stent



- Ultimaster 4.0 x 24 mm drug-eluting stent in left main
- "Anchor" wire in aorta



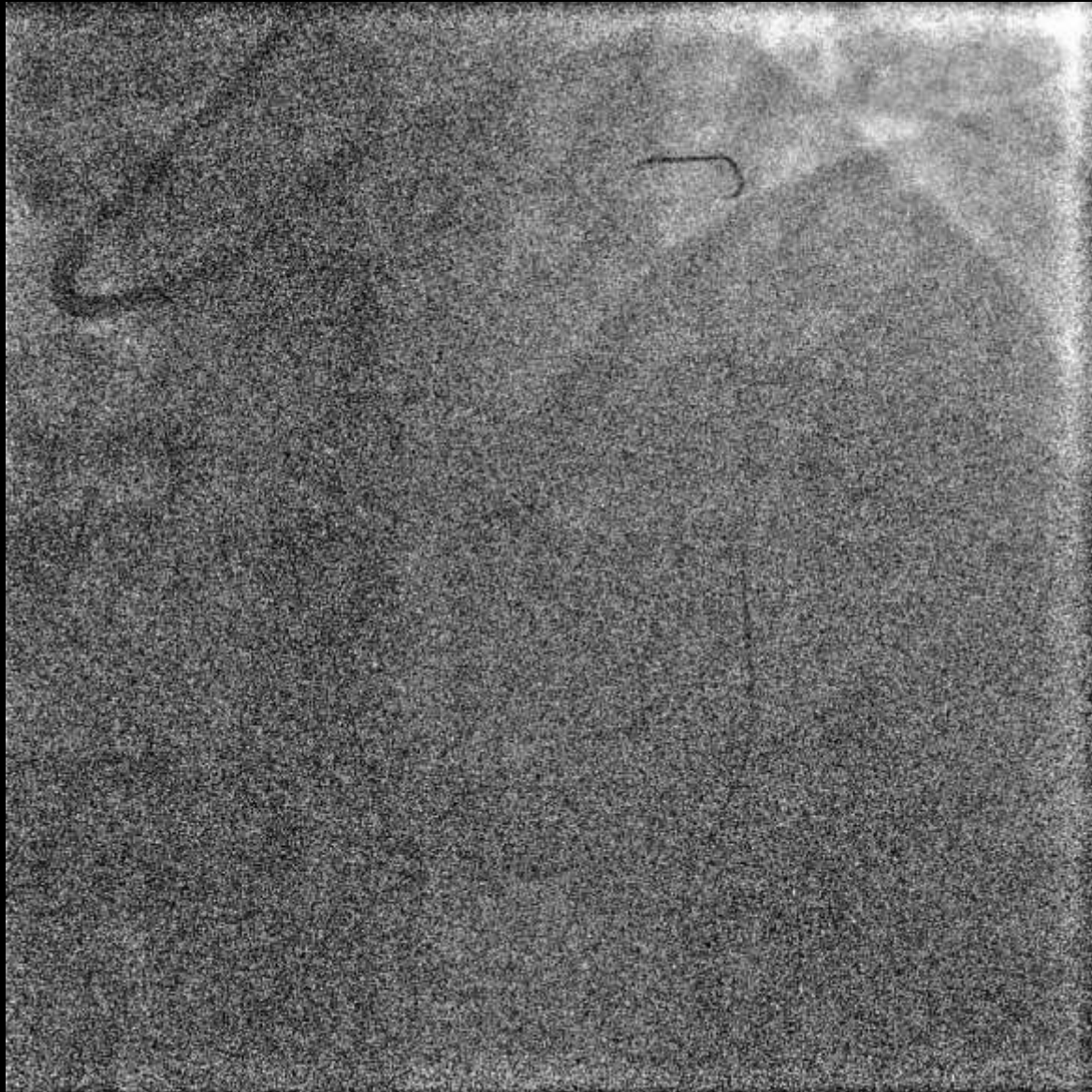
- Ultimaster 4.0 x 24 mm drug-eluting stent in left main
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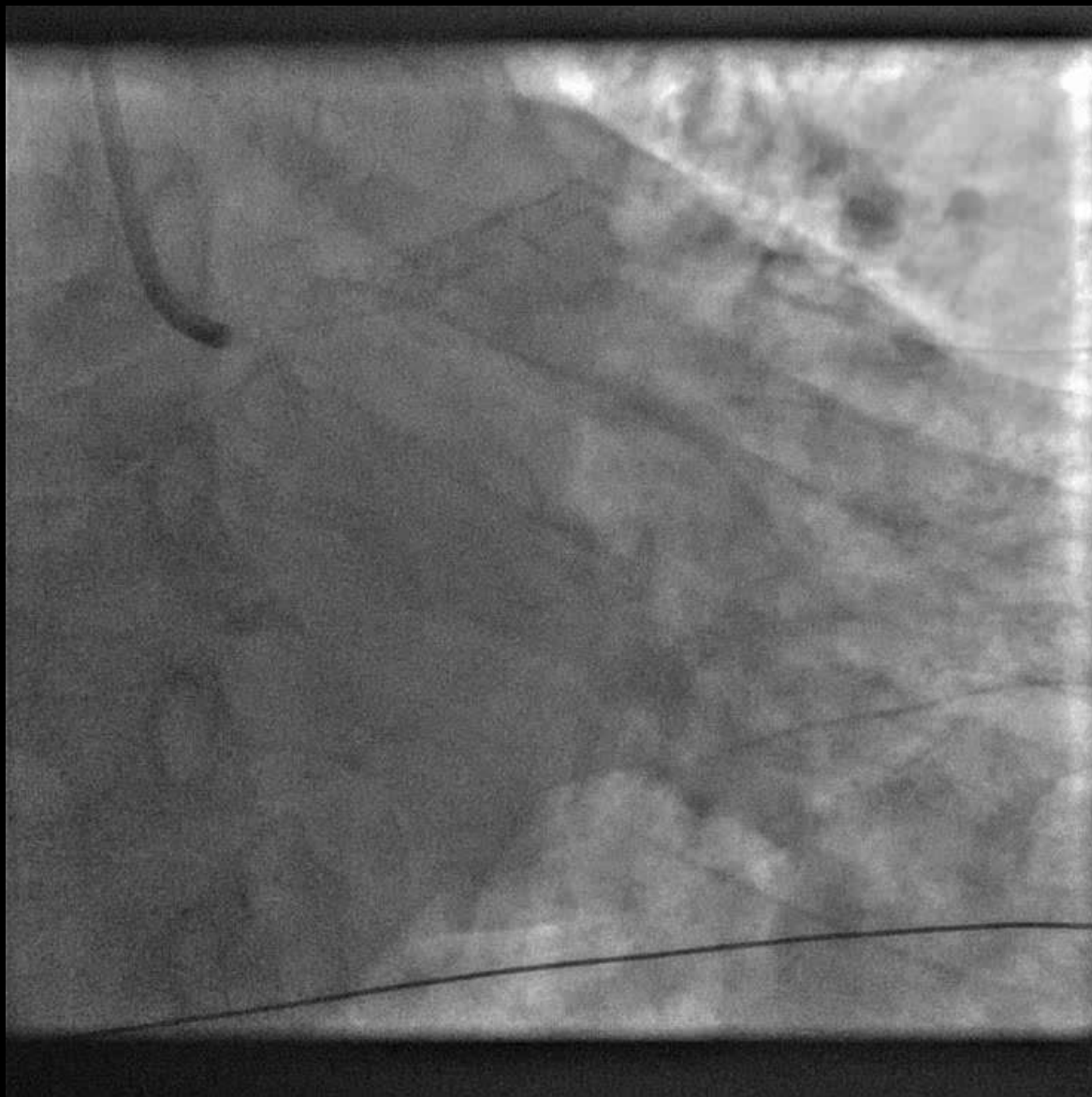
- Stent deployed

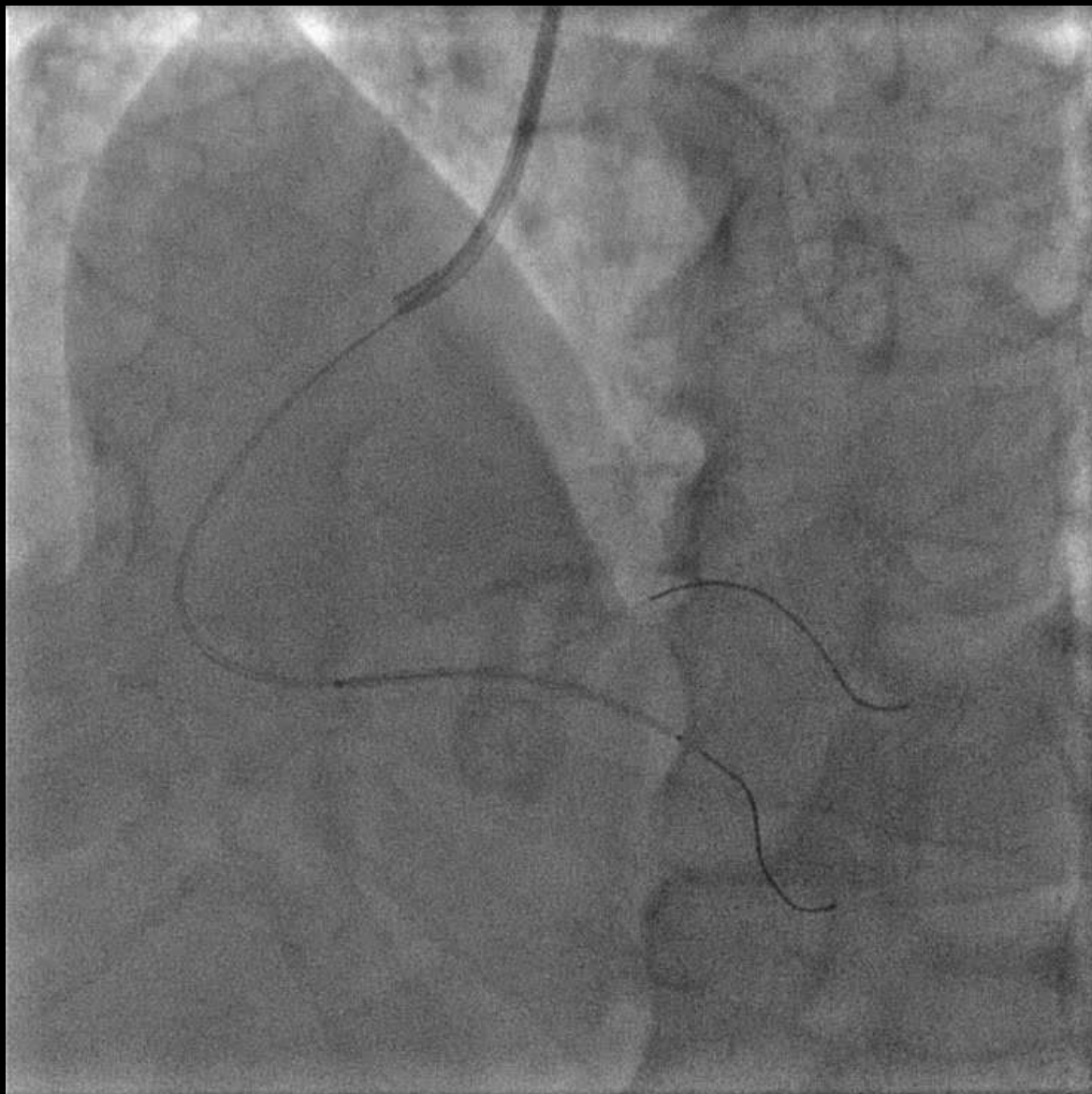


- The stent balloon was pulled back and dilated to 16 atm.

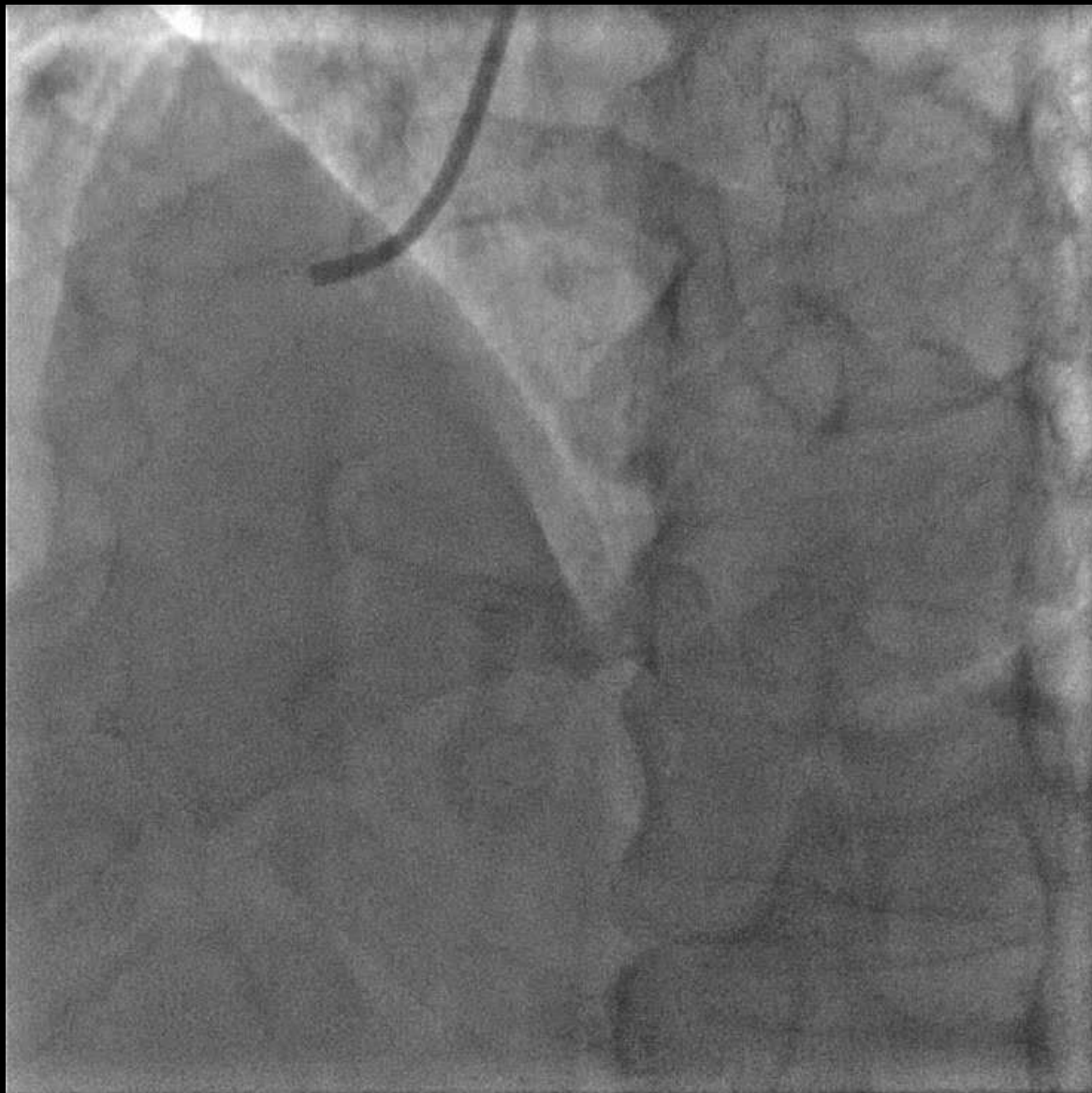


- Final result after post dilated at high pressure



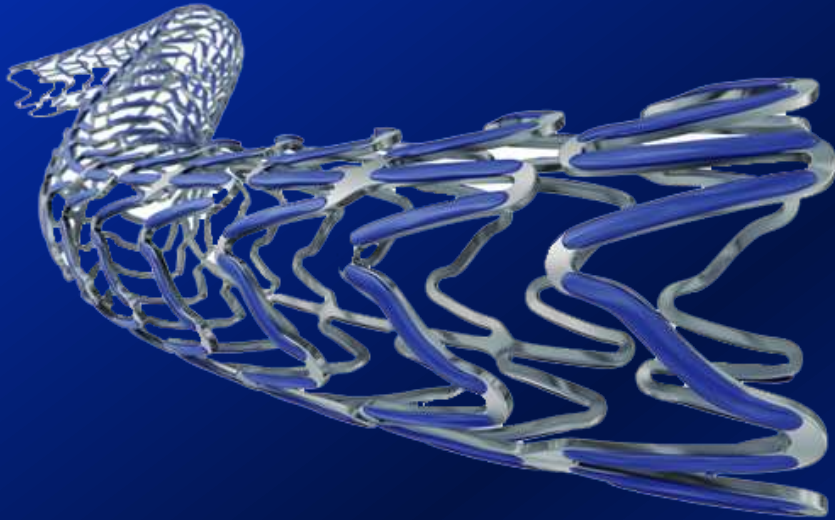


- Ultimaster 2.5 x 33 mm drug-eluting stent in distal RCA and RPD



- RCA final

Ultimaster™ Stent



- Cobalt chromium, 80 microns
- Open cell design
- Abluminal poly (DL-lactide-co-caprolactone) polymer
- Polymer degrades in 3-4 months

Conclusion

- Complex lesions are common and stent choice can make a difference
- Ultimaster stent is a good choice for tackling such lesions
 - Biodegradable polymer
 - Trackability
 - Adapts to complex anatomy
 - Sizing



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谢谢

SALAMAT

DANK

Cảm ơn

شكراً

Спасибо

Gracias

شكراً

감사

MERCI!

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ကျေးဇူးတင်ပါတယ်

ありがとうございます