3 vessel disease Unusual use of a Rotablator

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3 VD

- 84 yo male patient
- Dyslipidemia, HTN
- Stable effort angina
- Normal LVEF
- Coronary angiography 5F right radial

3 VD



3 VD



3 VD



Strategy

- No CABG (refused by patient)
- Limit revascularization to major vessels
- Long LAD stenting in place of a CABG anastomosis
- Treat the Circonflex bifurcation with the principles of provisional SB stenting strategy
- Neglect the Diagonal and distal RCA



6F EBU 3.5

CTO technique and Rotablator for a bifurcation



BMW 0.014"



2 X 30 mm

CTO technique and Rotablator for a bifurcation





2.5 X 38 mm







2.25 X 12 mm

CTO technique and Rotablator for a bifurcation



Provisional strategy for Cx2,Mg2,Cx3 1,1,1 bifurcation lesion

Principles of bifurcation stenting

- Minimize the stent number
- 1 layer fully apposed, avoid overlapping
- Respect the original anatomy of the bifurcation = 3 diameters

CTO technique and Rotablator for a bifurcation



BMW 0.014" Finecross + 0.014"



Finecross + Fielder XT



Rotawire 1.5 burr





BMW 0.014" Fielder XT



2 BMW 0.014"



Balloon 2 X 30 mm





Balloon 2 X 30 mm



Stent 2.5 X 8 mm



Stent 2.5 X 38 mm

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POT balloon 3 X 8 mm

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Kissing 2 X 2.5 X 8 mm NC

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