

# Don't Lose the Wire!!

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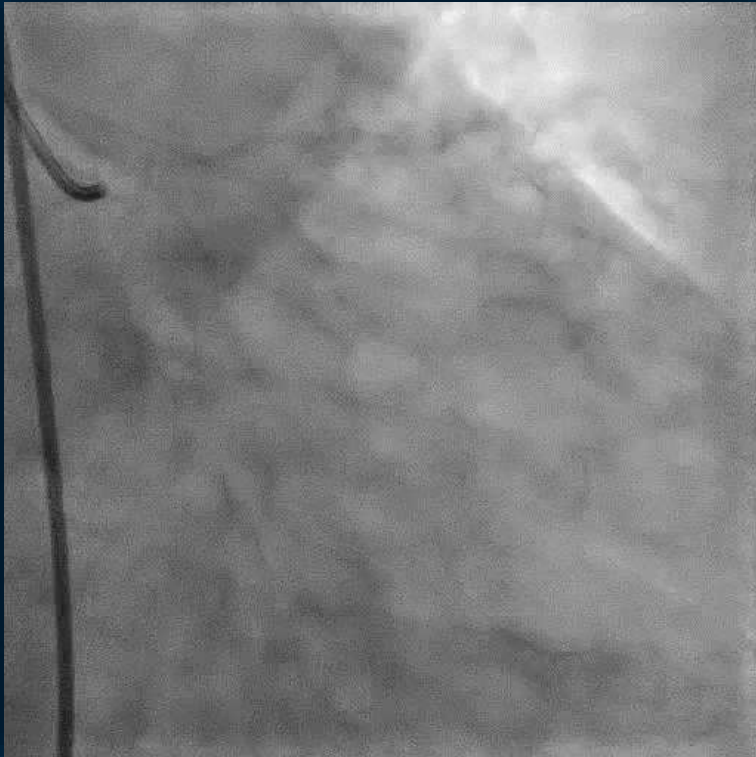
# Disclosure

- No conflicts of interest

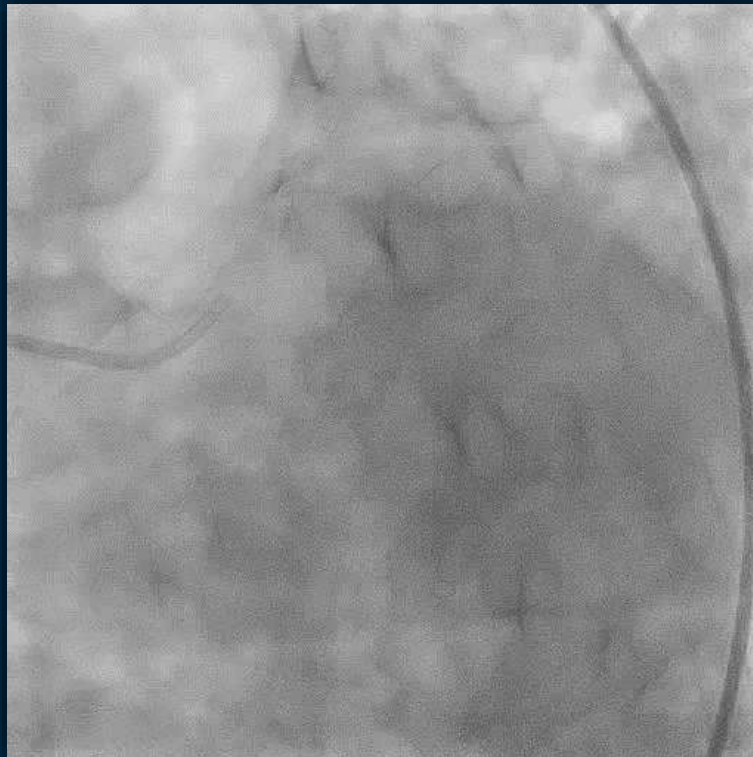
# Madam R

- Underlying
  - T2DM
  - Hypertension
  - ESRF on hemodialysis for 1 year
- Presented with typical angina for 3 days
  - ECG: T inversion inferior leads
  - Trop T 375
  - EF 40%, TAPSE 1.8cm, mild MR/TR
- Treated as NSTEMI

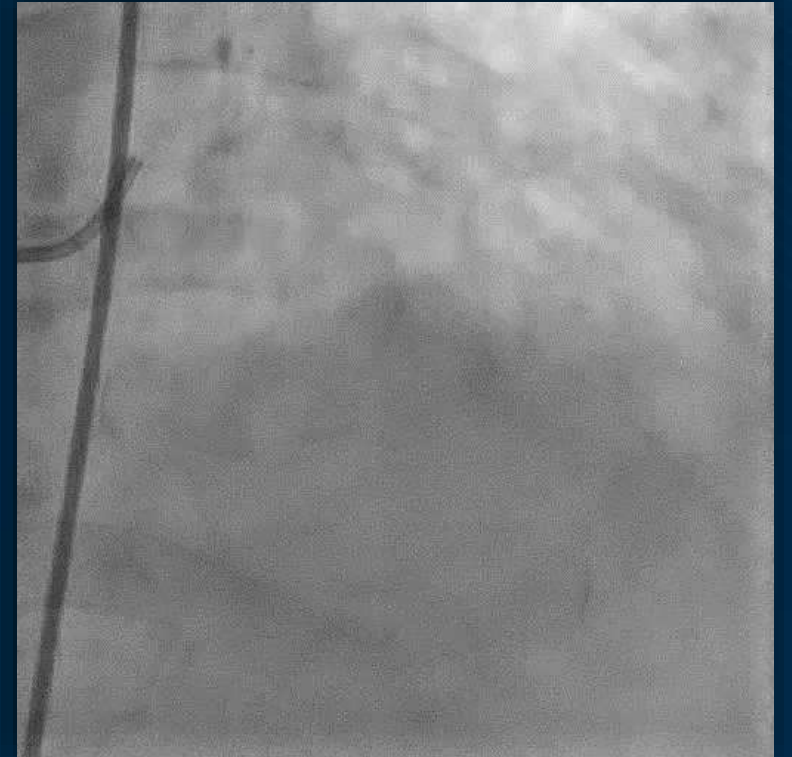
# Coronary Angiogram



- Moderate disease mid LCx

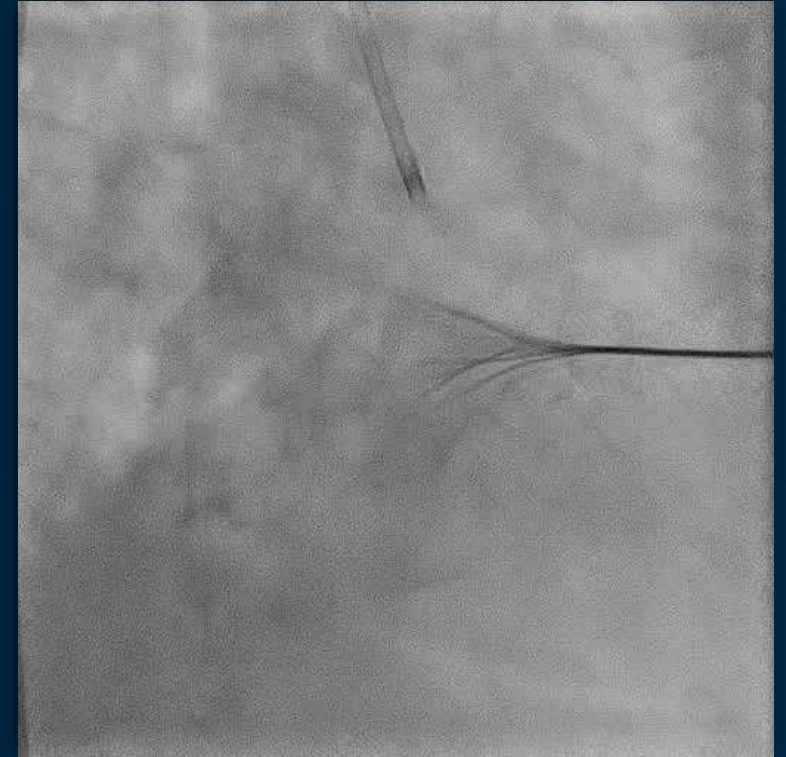
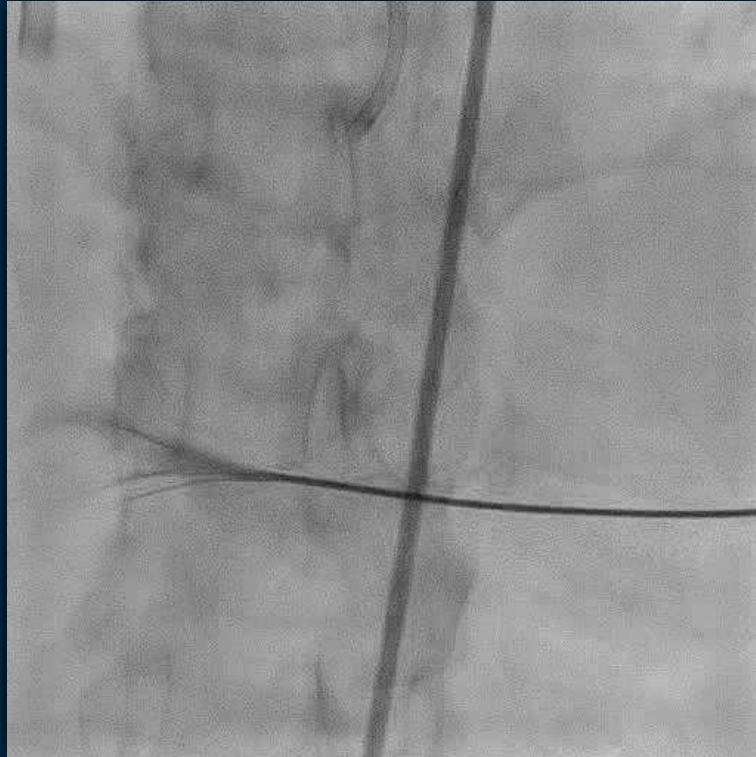
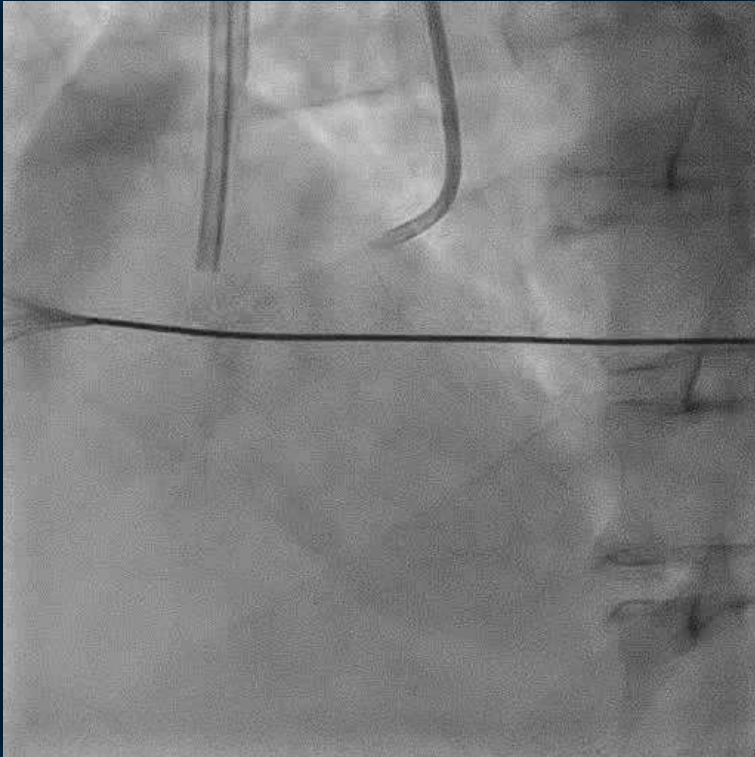


- Normal LMS



- Severe disease proximal LAD (calcified)

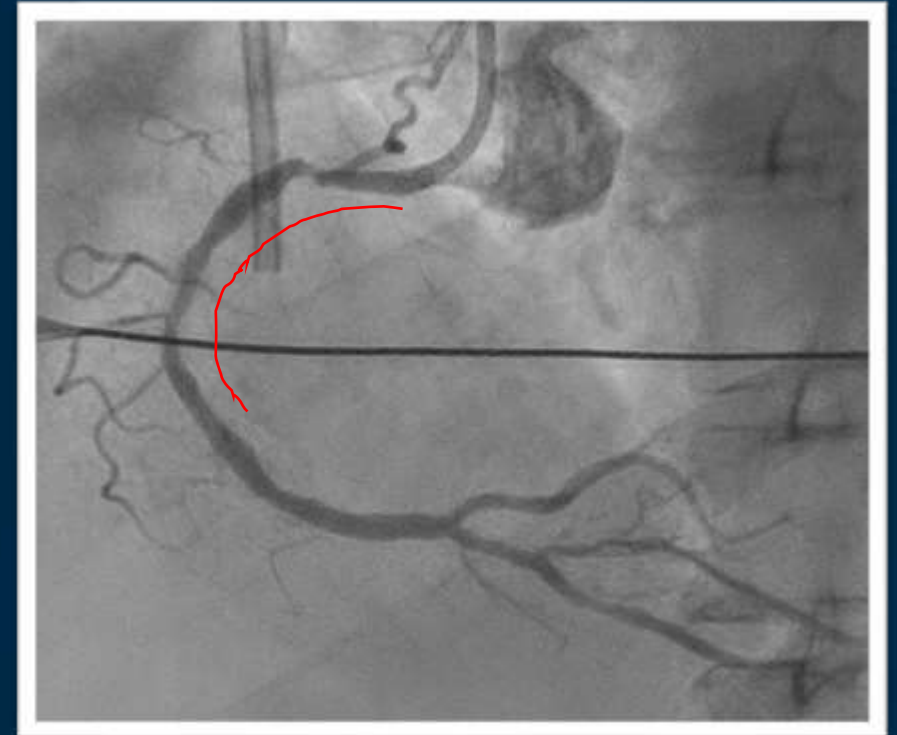
# Coronary Angiogram



- Severe disease proximal & mid RCA (calcified), dominant vessel

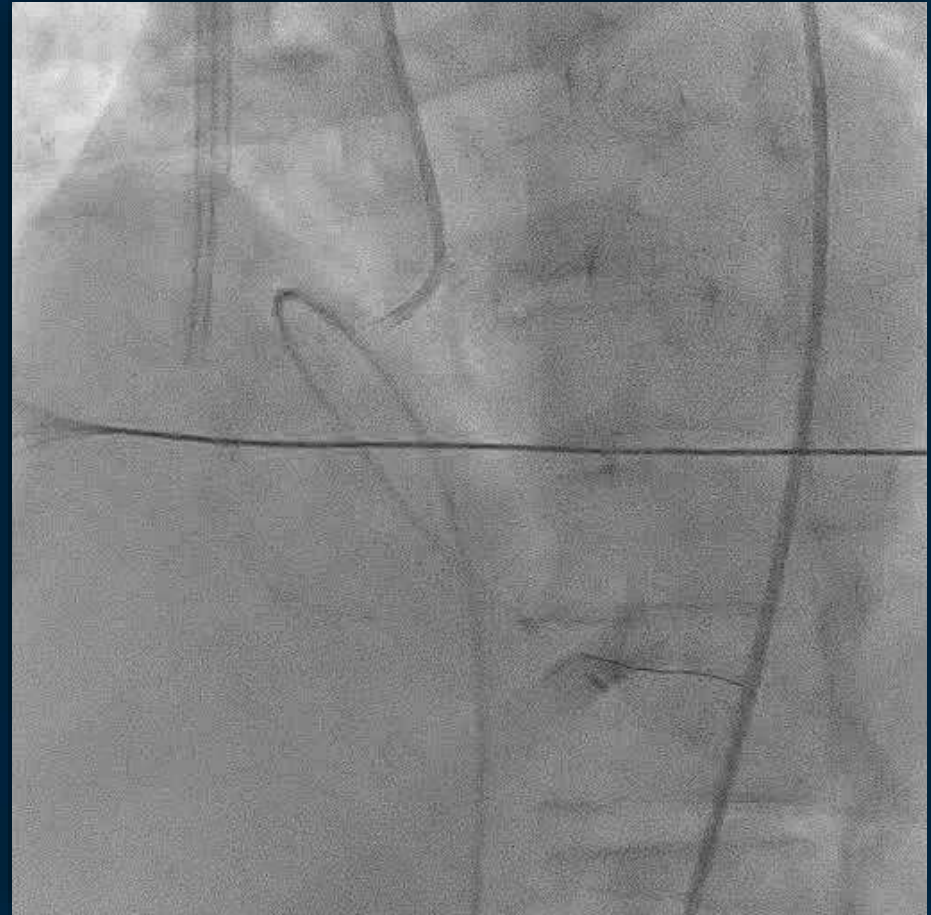
# Heart Team Discussion

- Patient refused for CABG
- Opted for multivessel PCI
- Plan?
  - PCI RCA first as ECG changes in inferior leads
  - Imaging
  - Calcified lesion, atherectomy?
  - DES

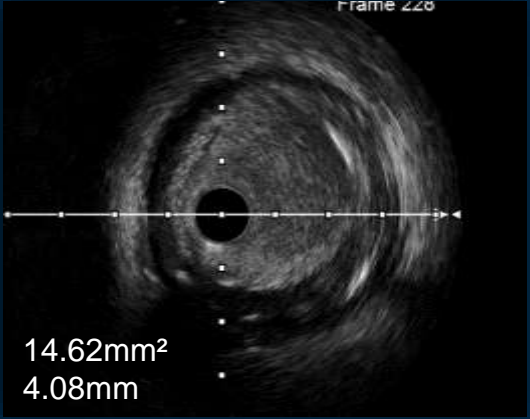
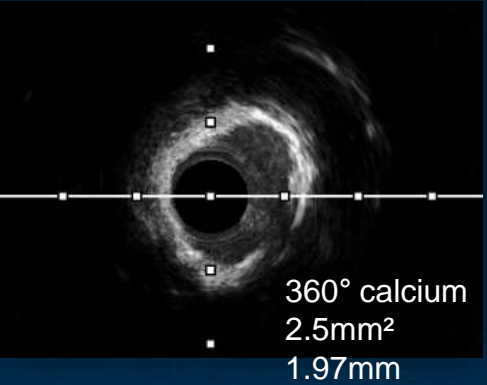
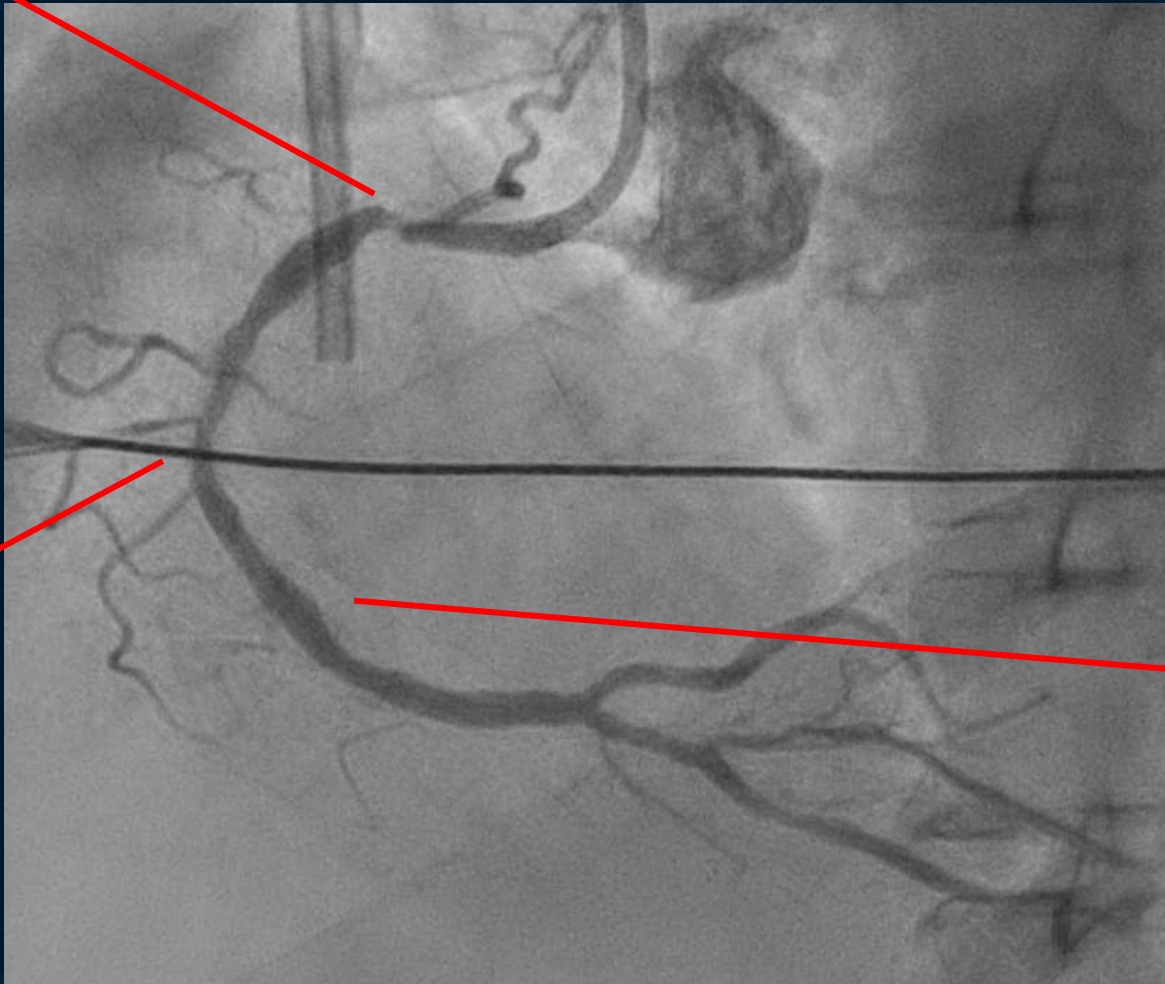
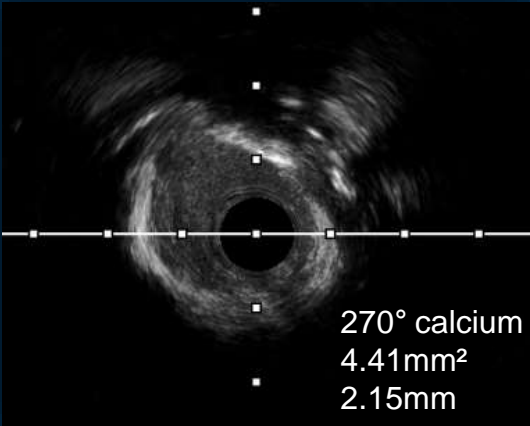


# Staged PCI RCA

- JR 3.5 7Fr guide
- Wired down with Runthrough floppy
- IVUS
- TPM backup pacing

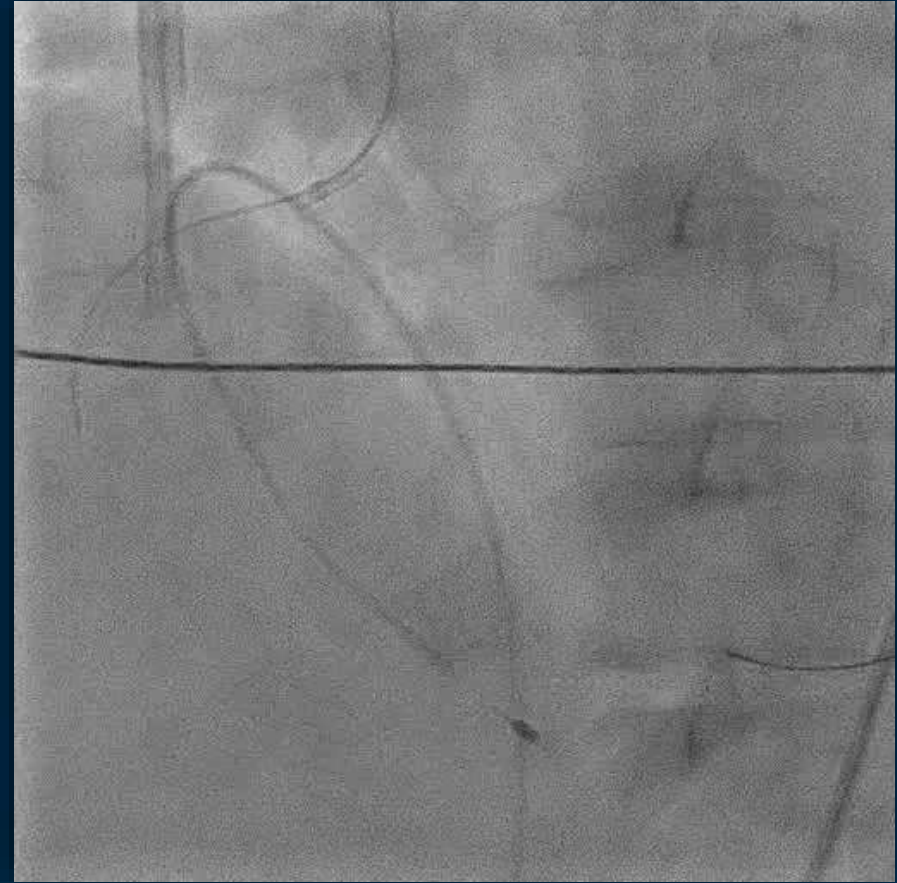
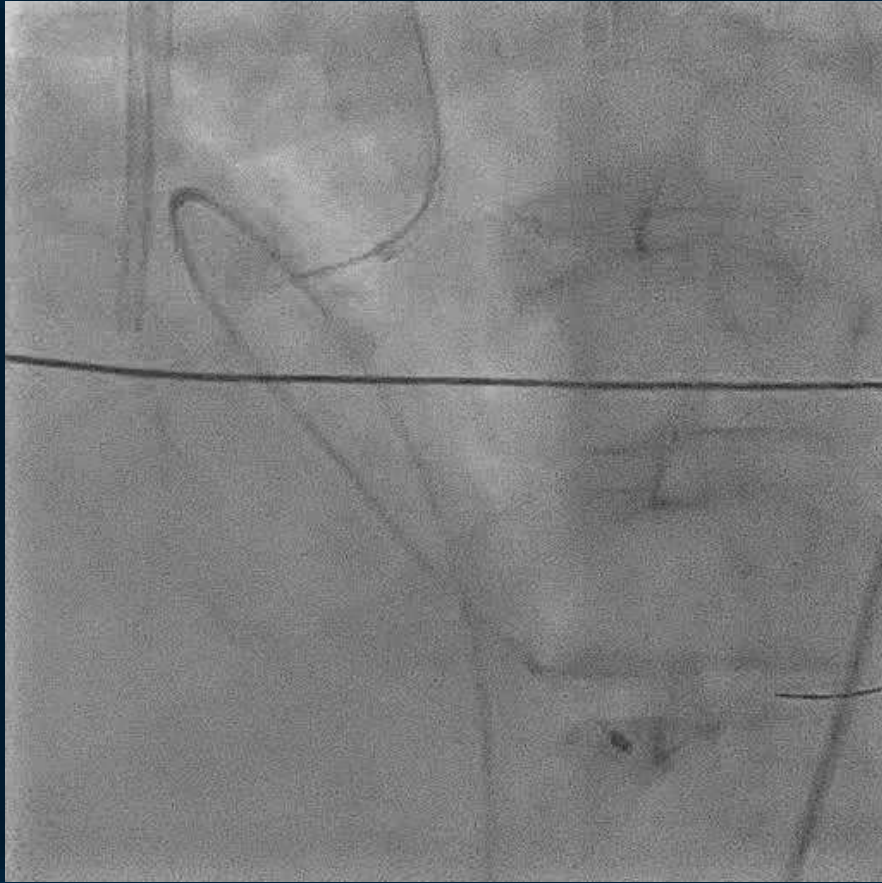


# IVUS Pre-OAS



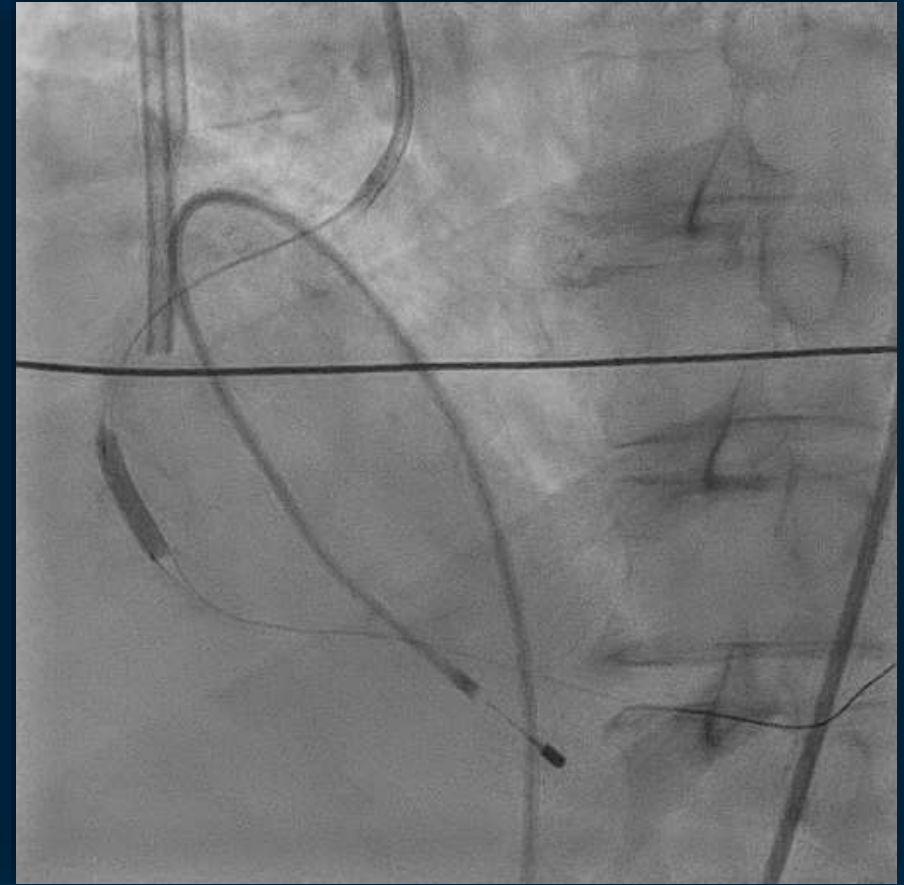
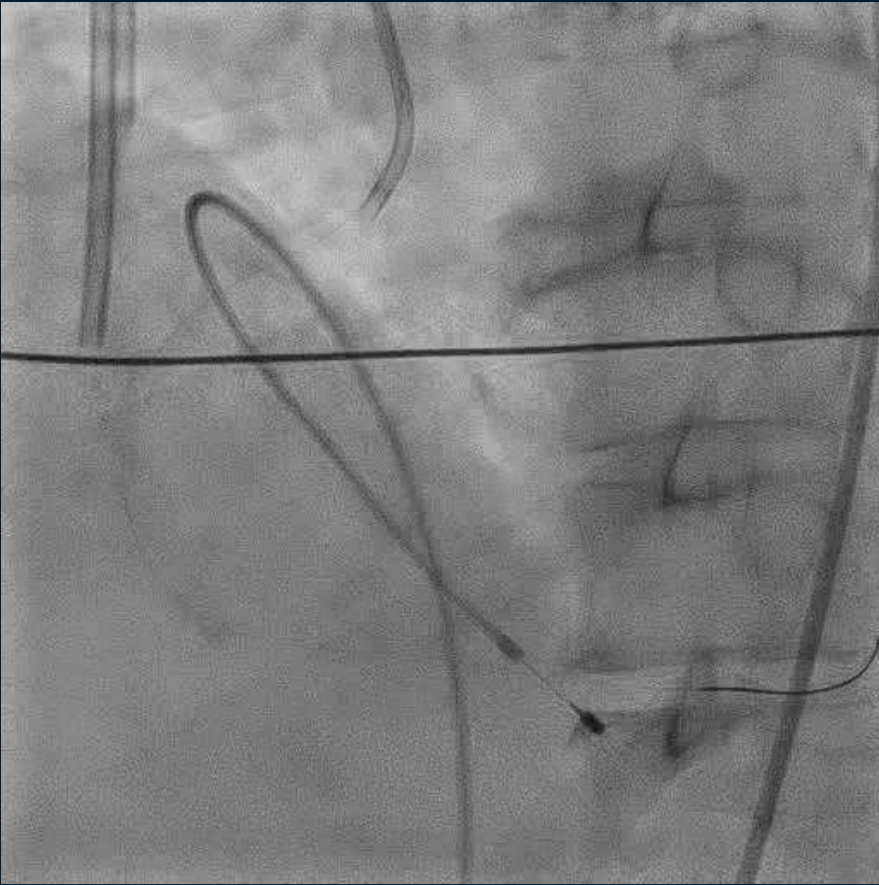


# OAS



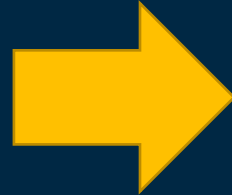
OAS done with 80,000 rpm & 120,000 rpm

# Post OAS + Scoreflex NC

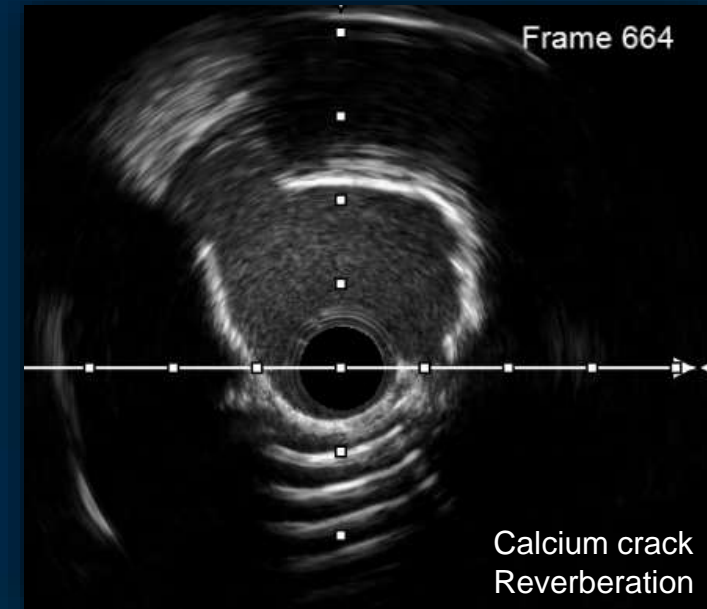
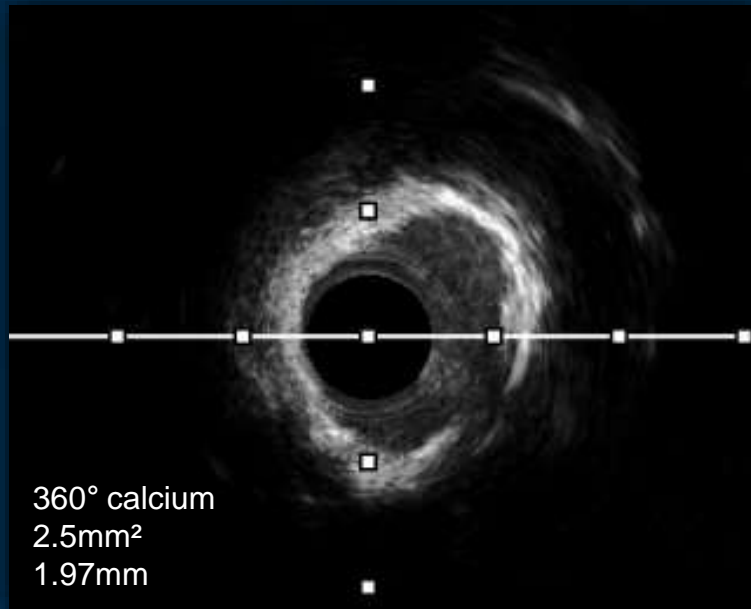


Scoreflex NC 3.0 x 15mm & Scoreflex NC 3.5 x 15mm

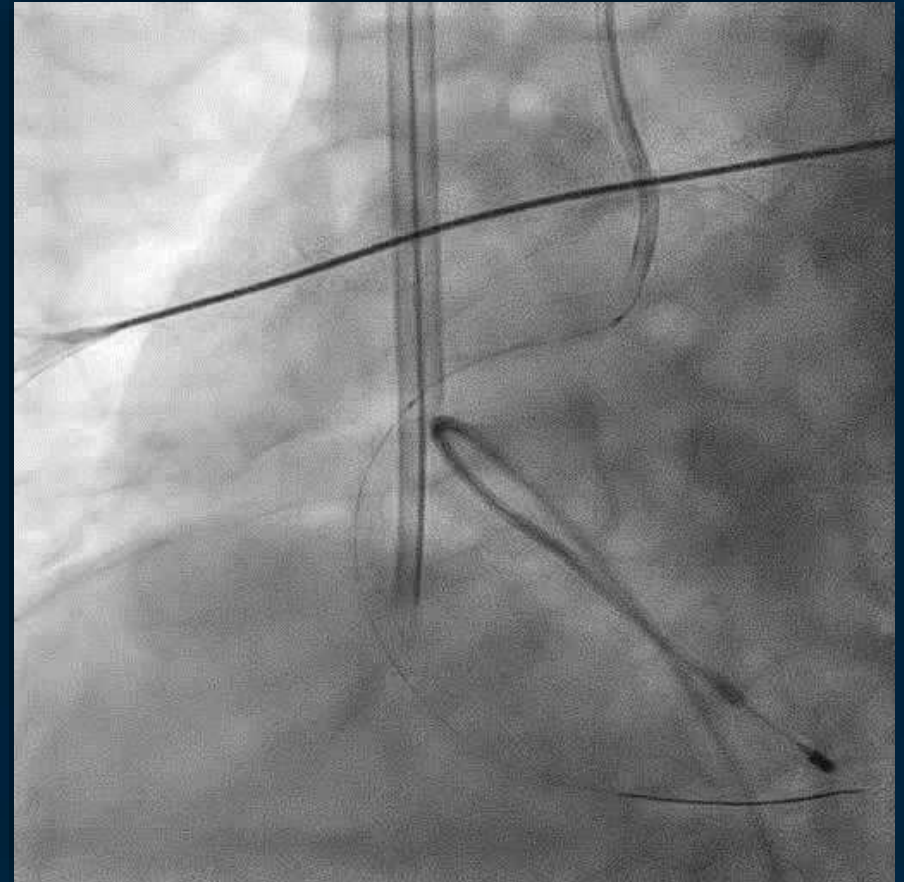
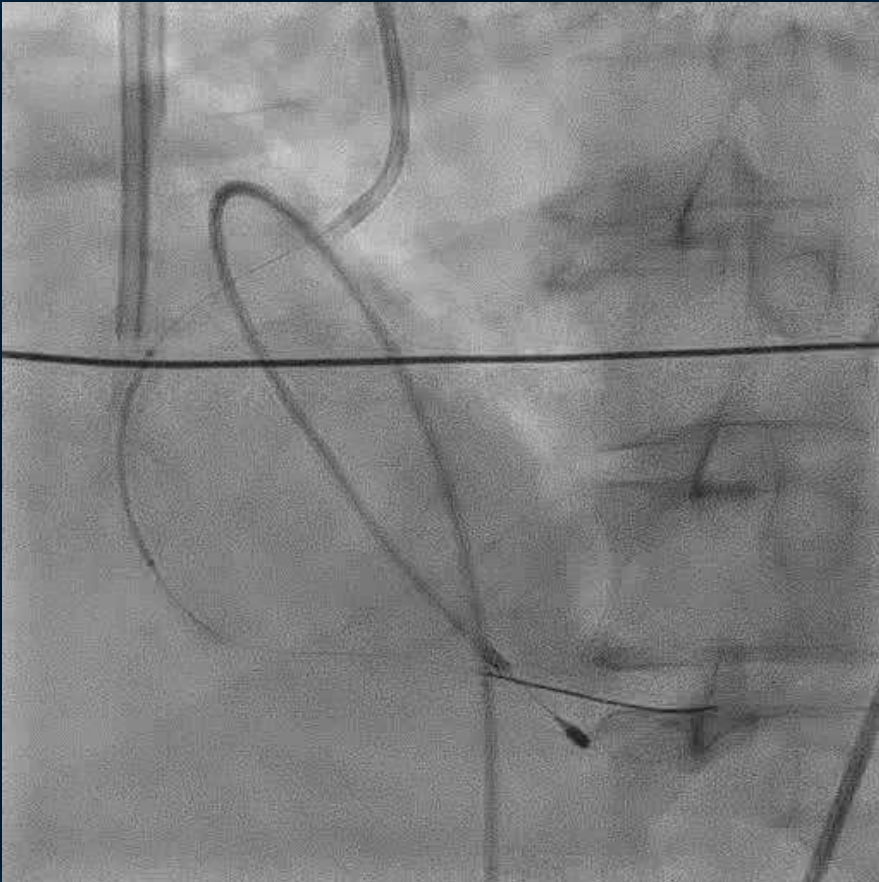
# Post OAS with Scoreflex NC



# IVUS Post OAS & Scoreflex



# DES 3.5 x 28mm



Measurement shot

## 2<sup>nd</sup> stent

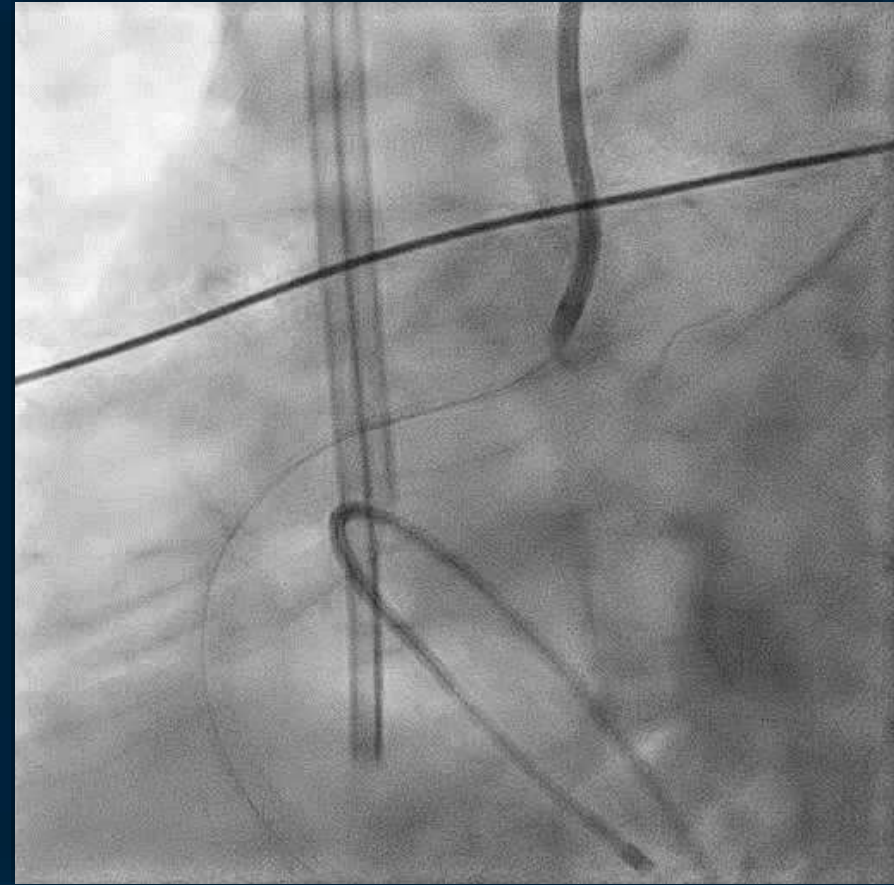
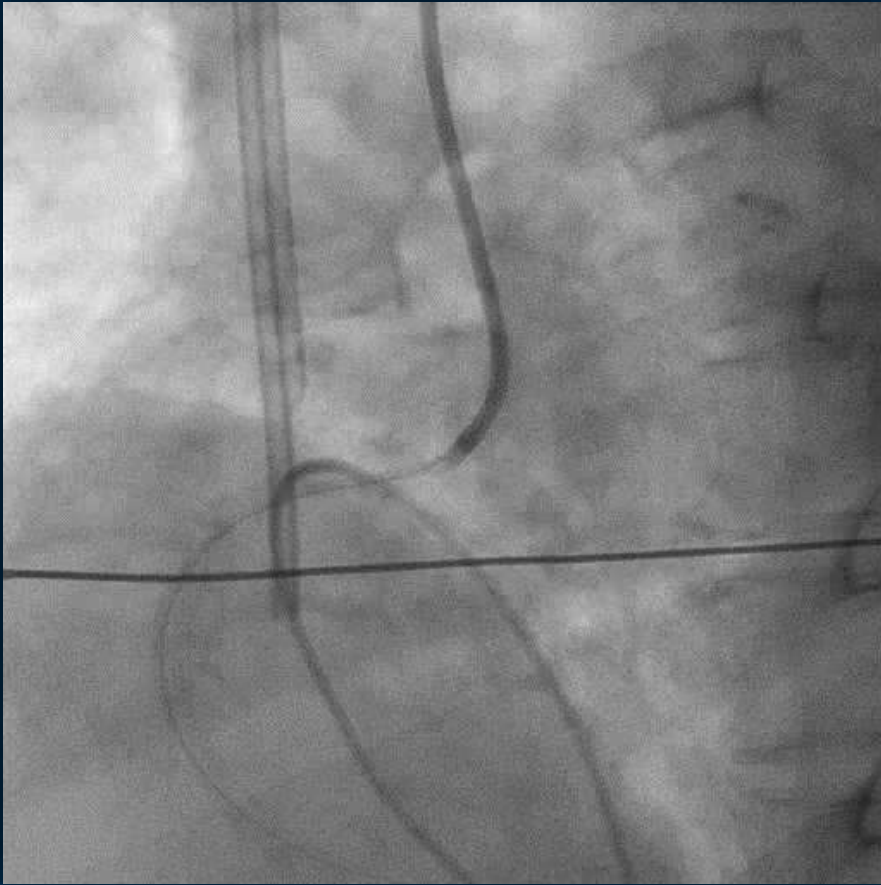
- Had some difficulty to deliver 2<sup>nd</sup> stent down
- Wanted to remove stent, predilate further the proximal RCA



# Where is the stent??

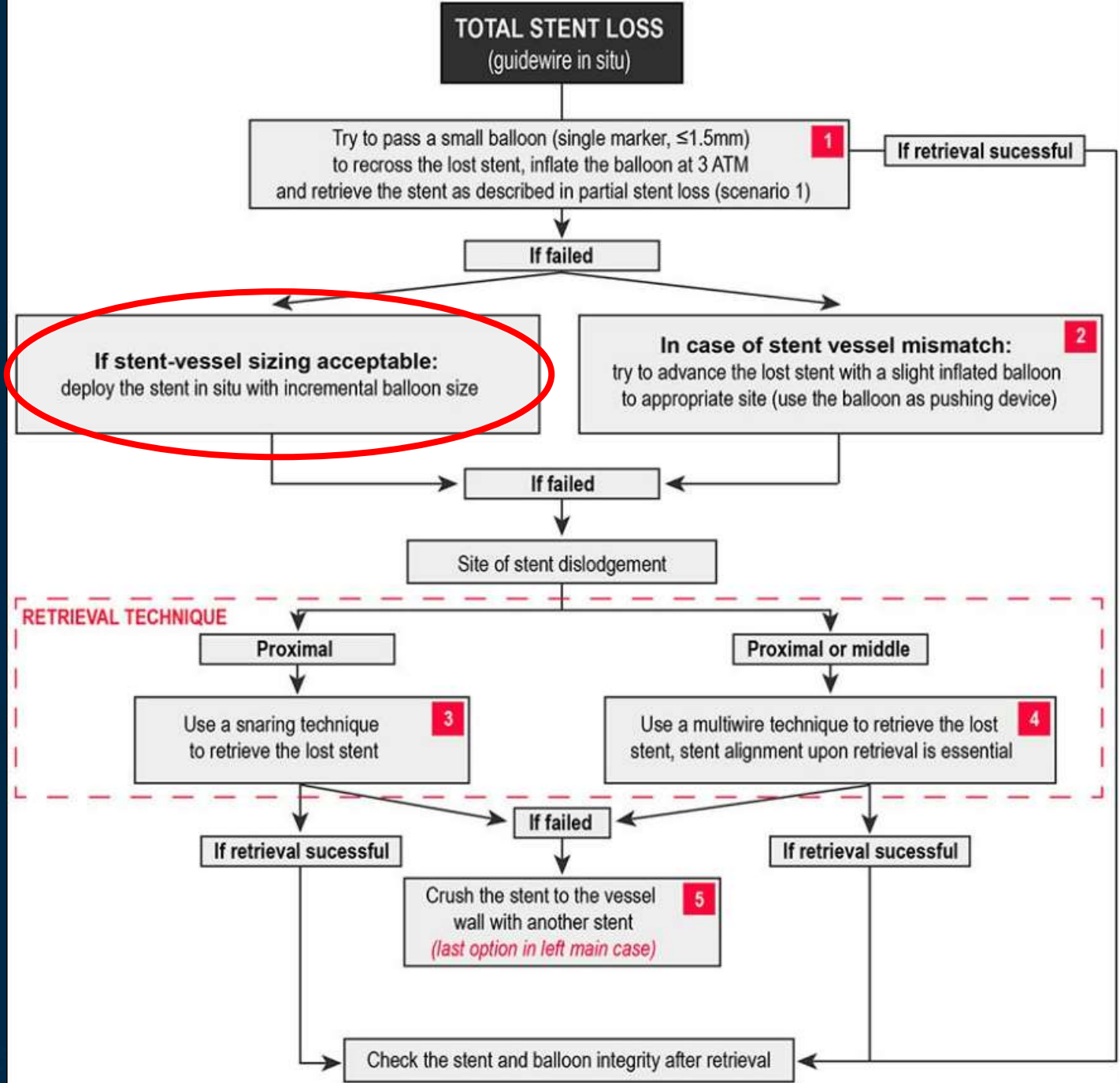


## 2<sup>nd</sup> Stent dislodged

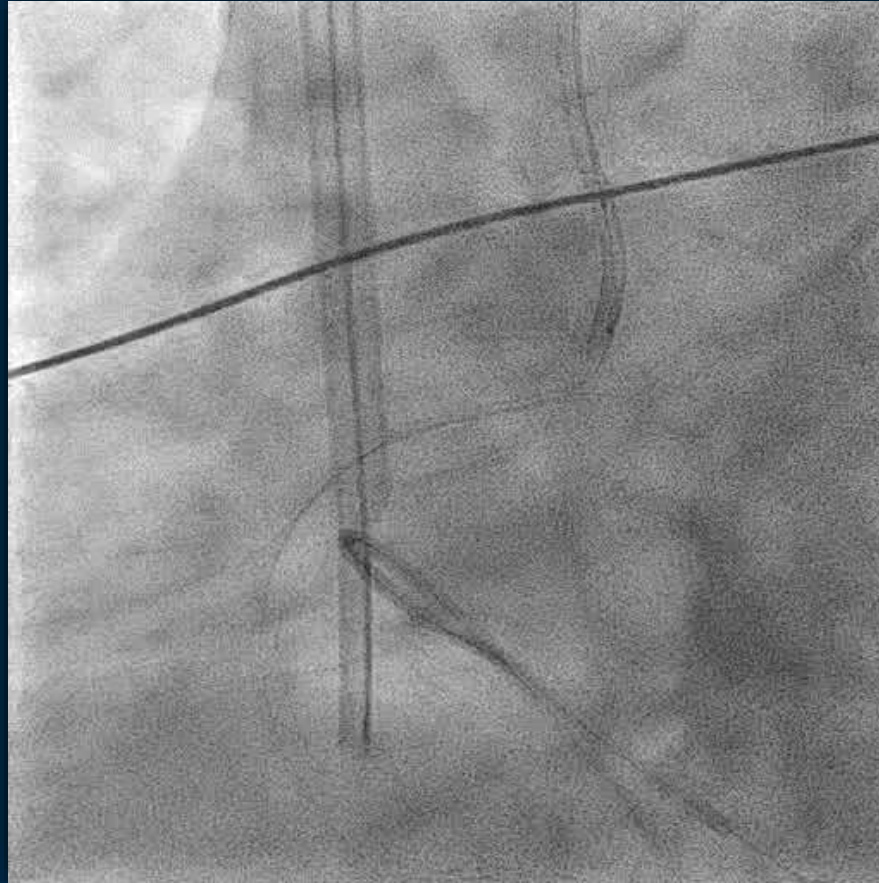


Is it overlapped with 1<sup>st</sup> stent?  
Is it covering ostial RCA?





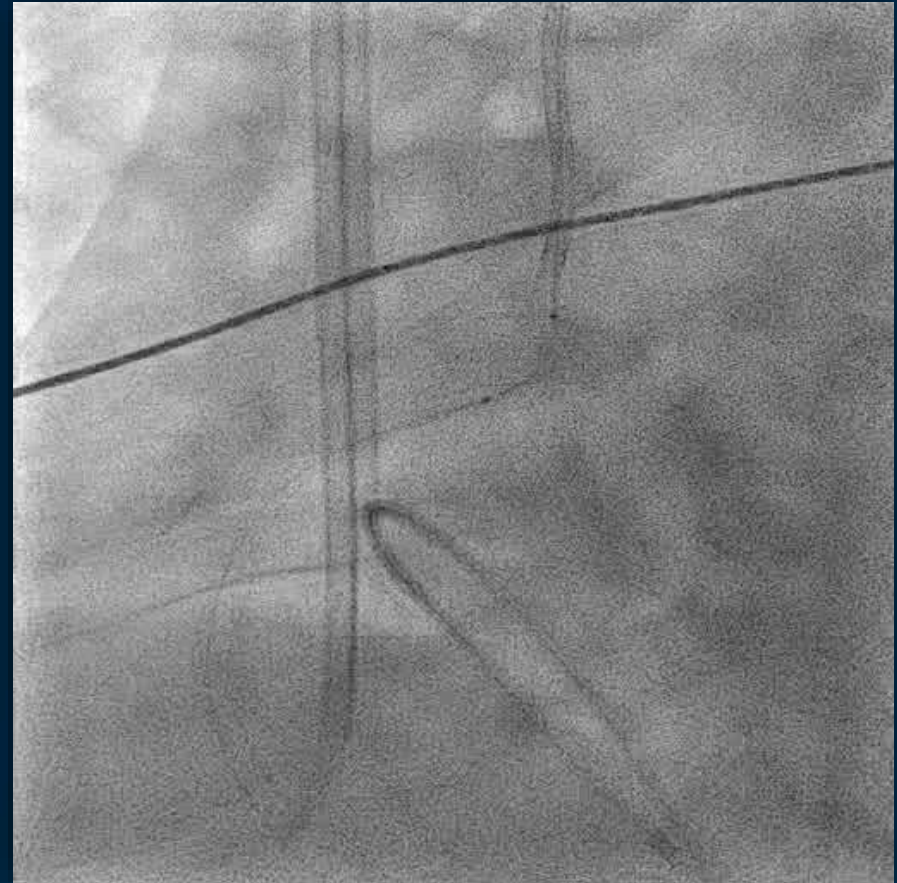
# Re-balloon



Ryurei 2.0 x 15mm

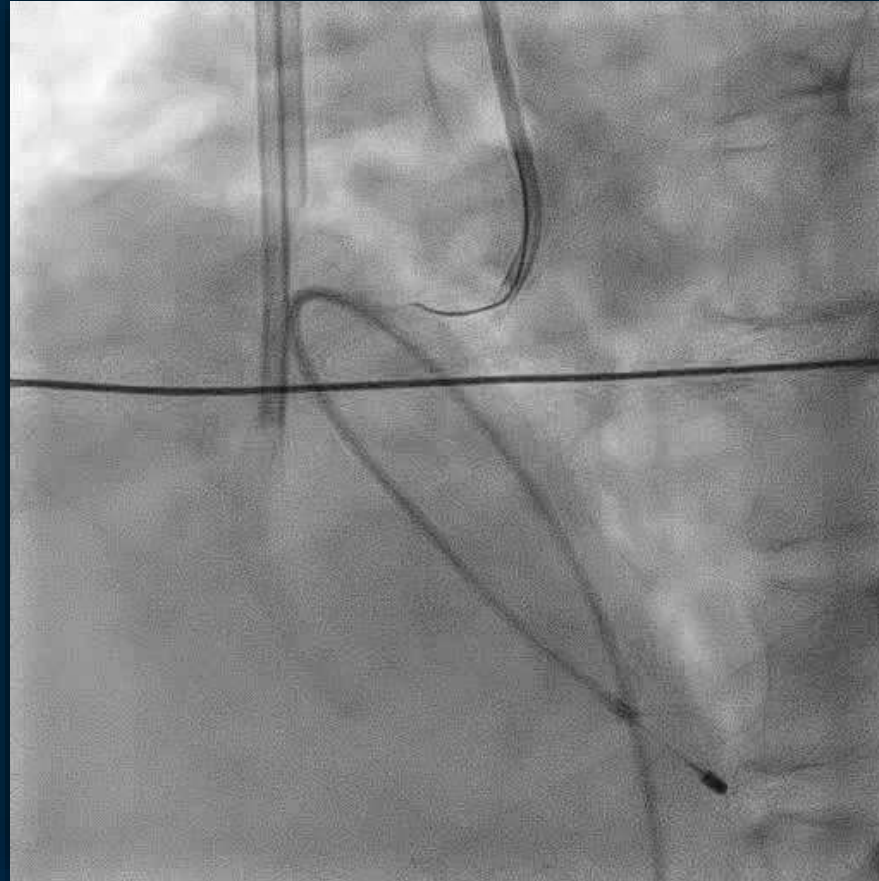
# While taking balloon out...

- Prevent longitudinal stent deformity
- Disengage catheter
- Prevent deep diving of catheter



**Don't Lose the Wire!!!!**

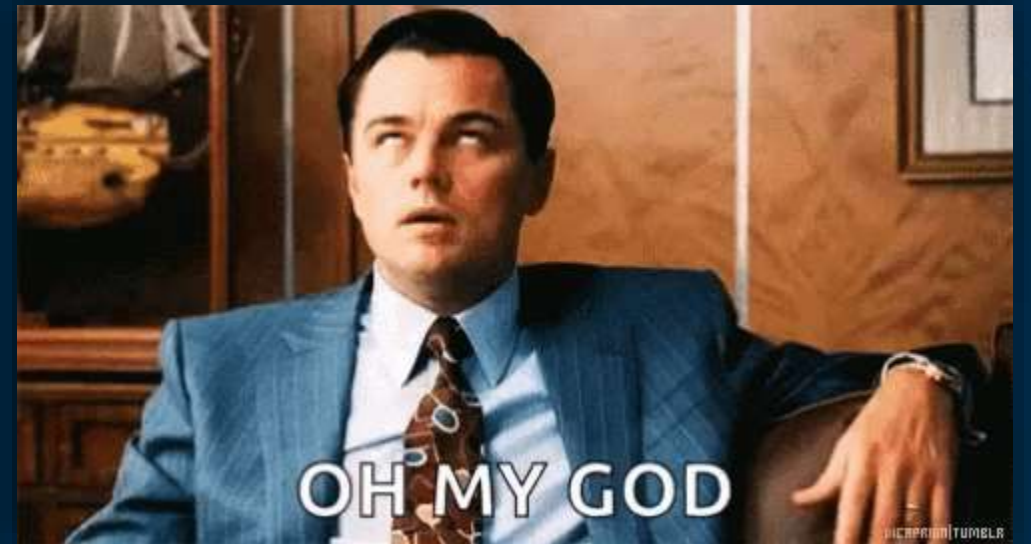
# System flipped out



# System flipped out

- 1<sup>st</sup> stent not optimized- need post-dilatation
- 2<sup>nd</sup> stent partially inflated at 2.0 size
- And.....

**It's floating!!**



# TOTAL STENT AND GUIDEWIRE LOSS (off guidewire)

Pass a coronary guidewire distally to secure the vessel

Try to use a snare to retrieve the lost stent  
(use of biopptome/forceps, successful in some reported cases)

1

If retrieval successful

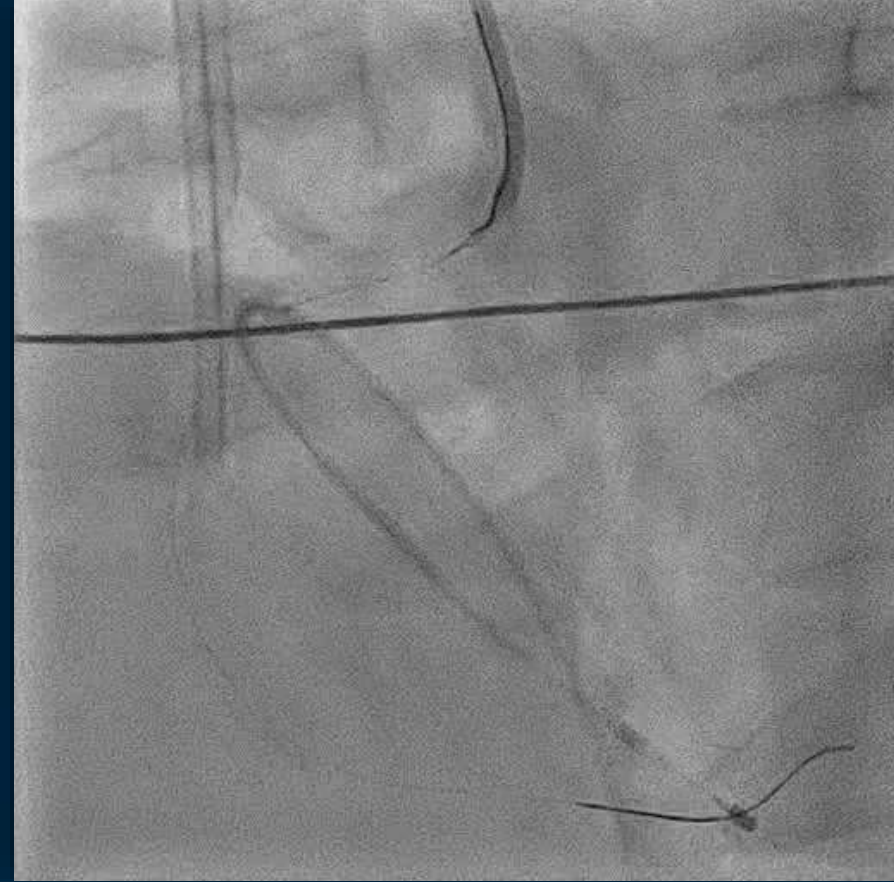
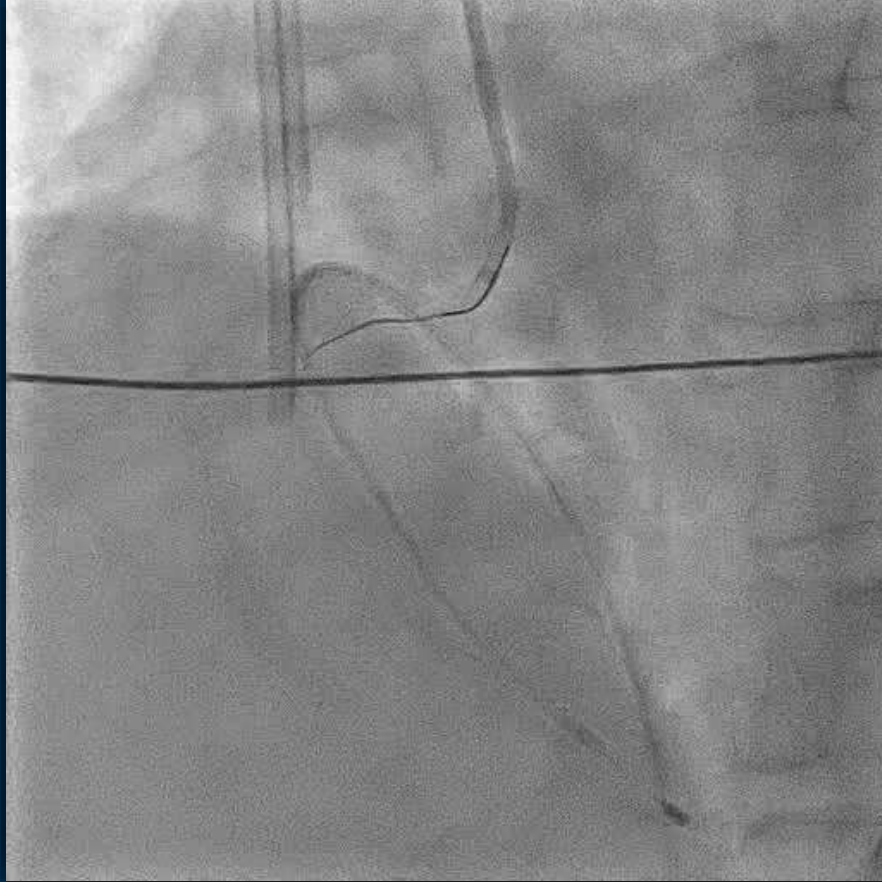
If failed

Crush the stent to the vessel wall with another stent  
*(last option in left main case)*

2

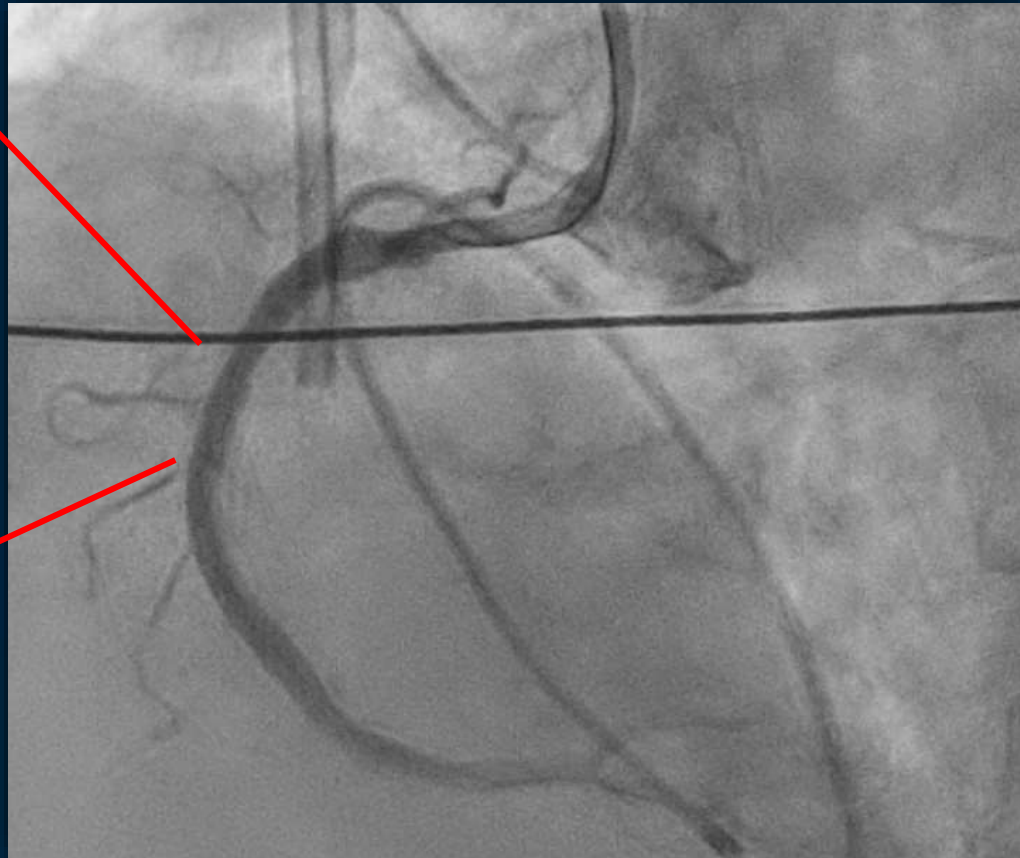
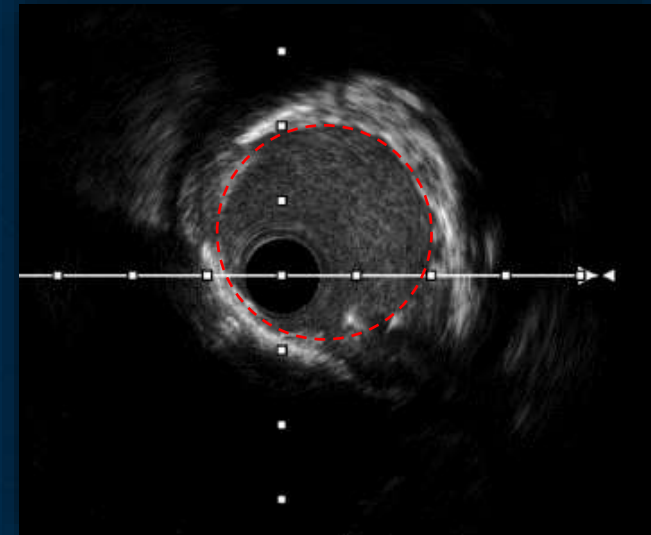
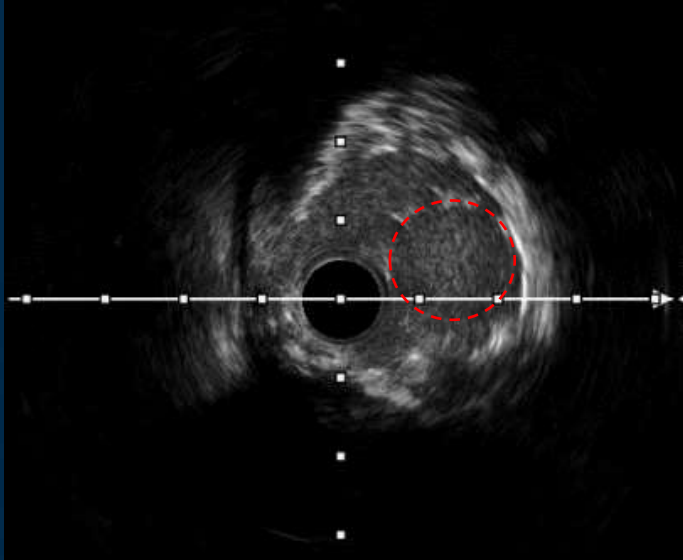
Check the stent and balloon integrity after retrieval

# Rewire the floating stent

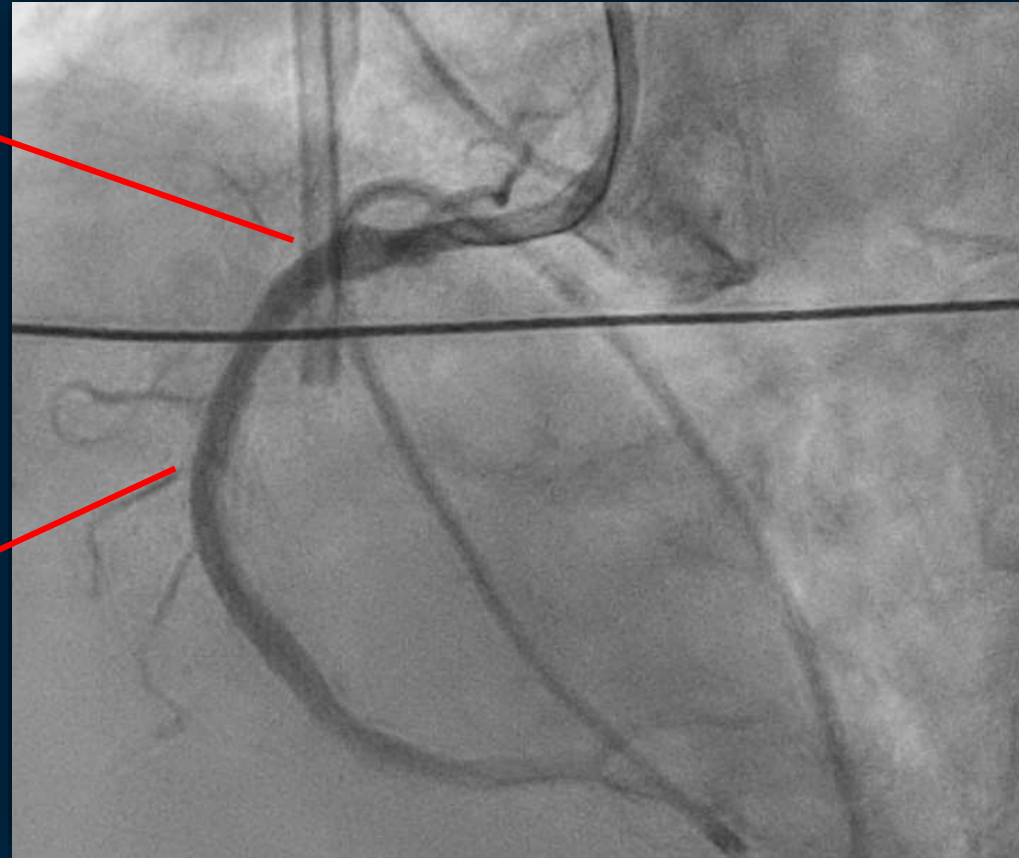
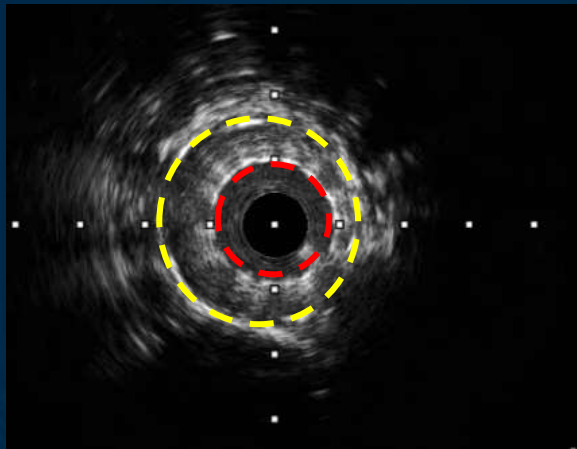
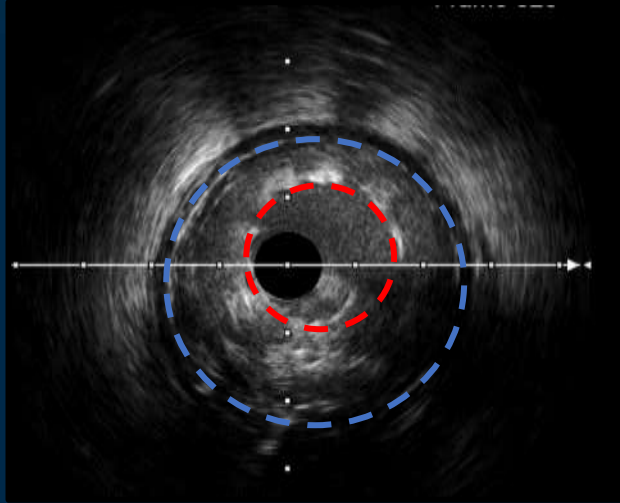




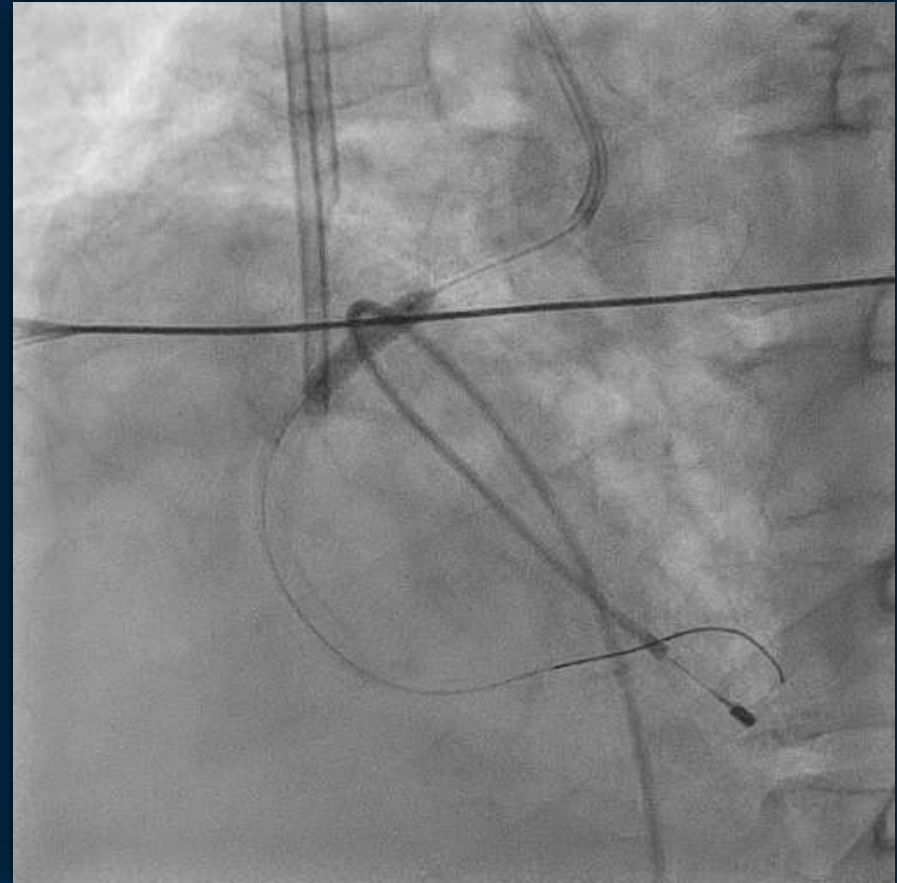
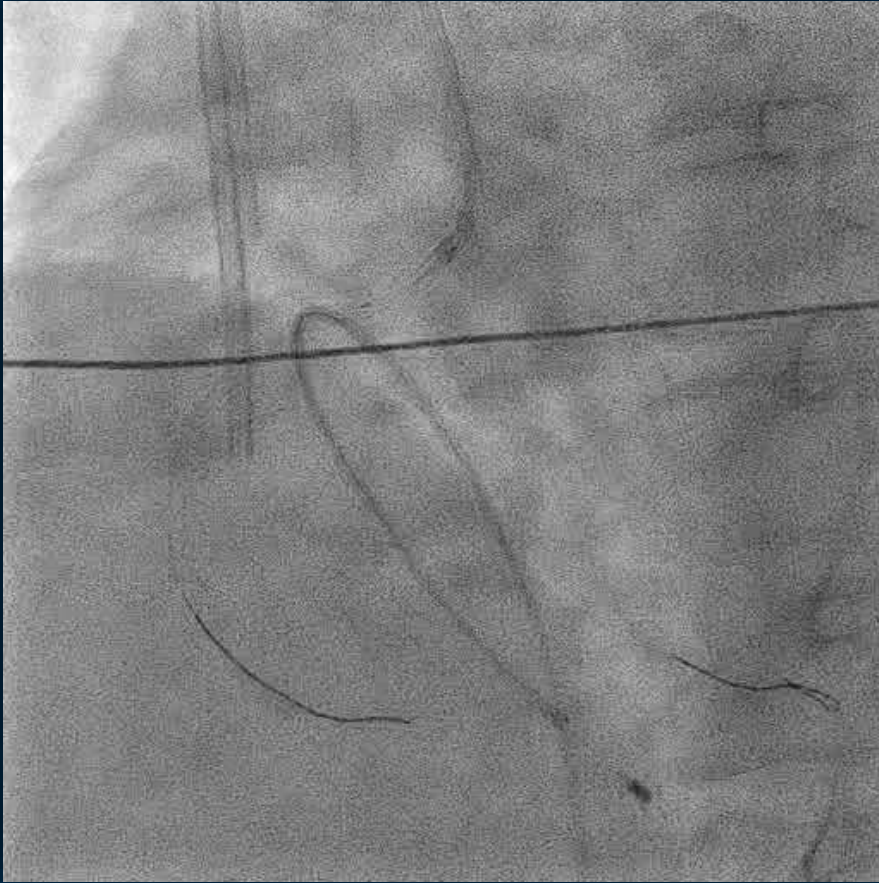
# Floating stent



# Reattempt wiring



# Post-dilatation

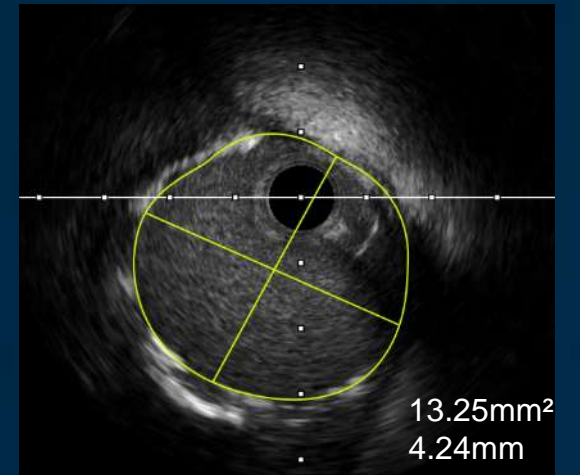
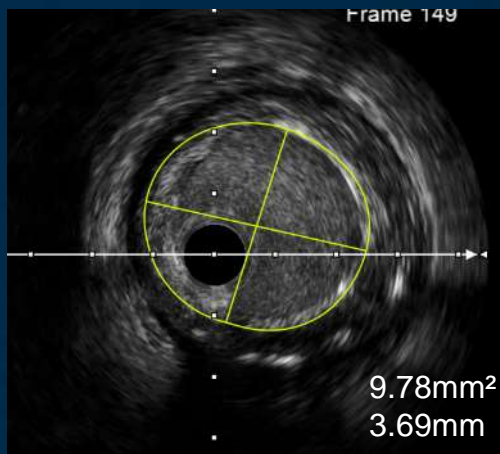
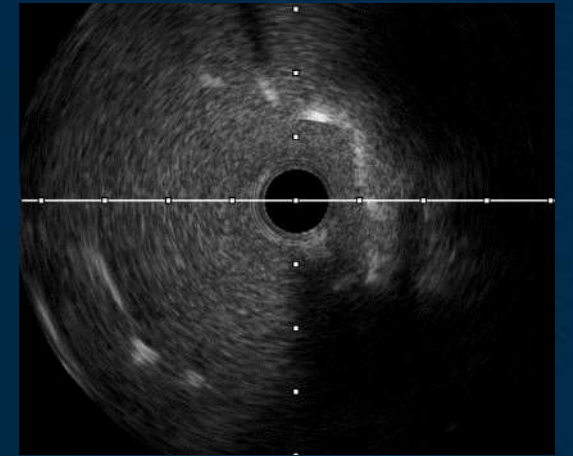
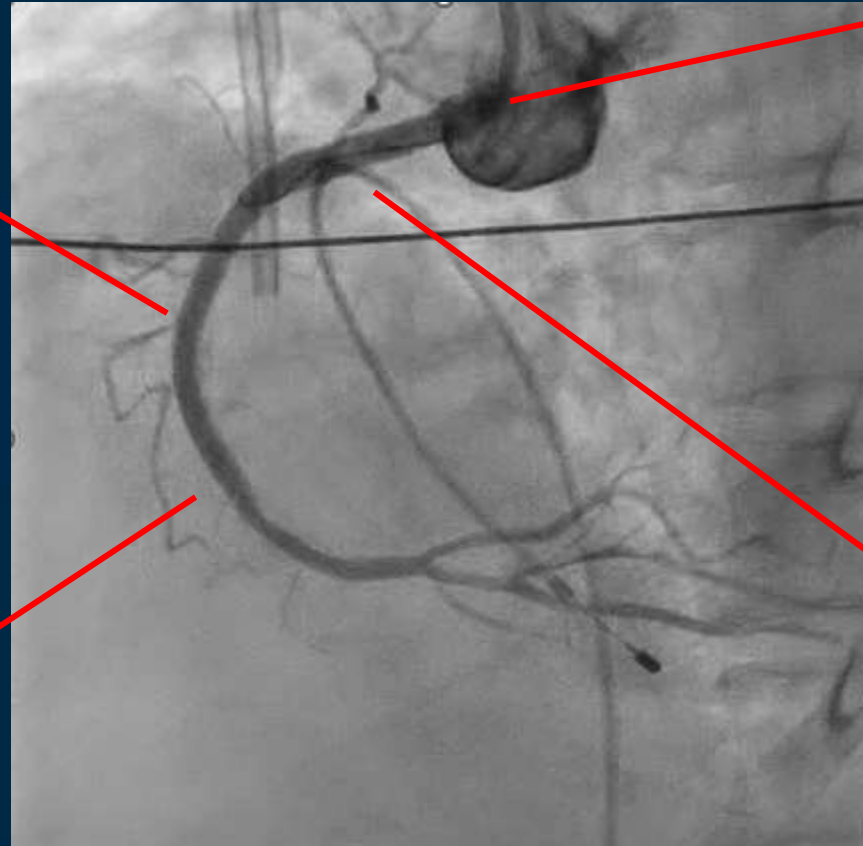
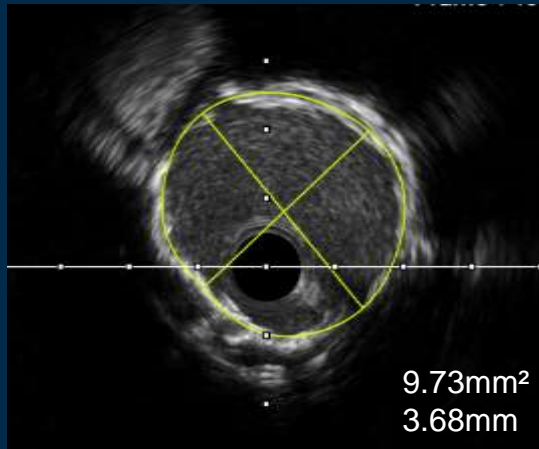


NC 3.5 x 15mm & NC 4.0 x 15mm

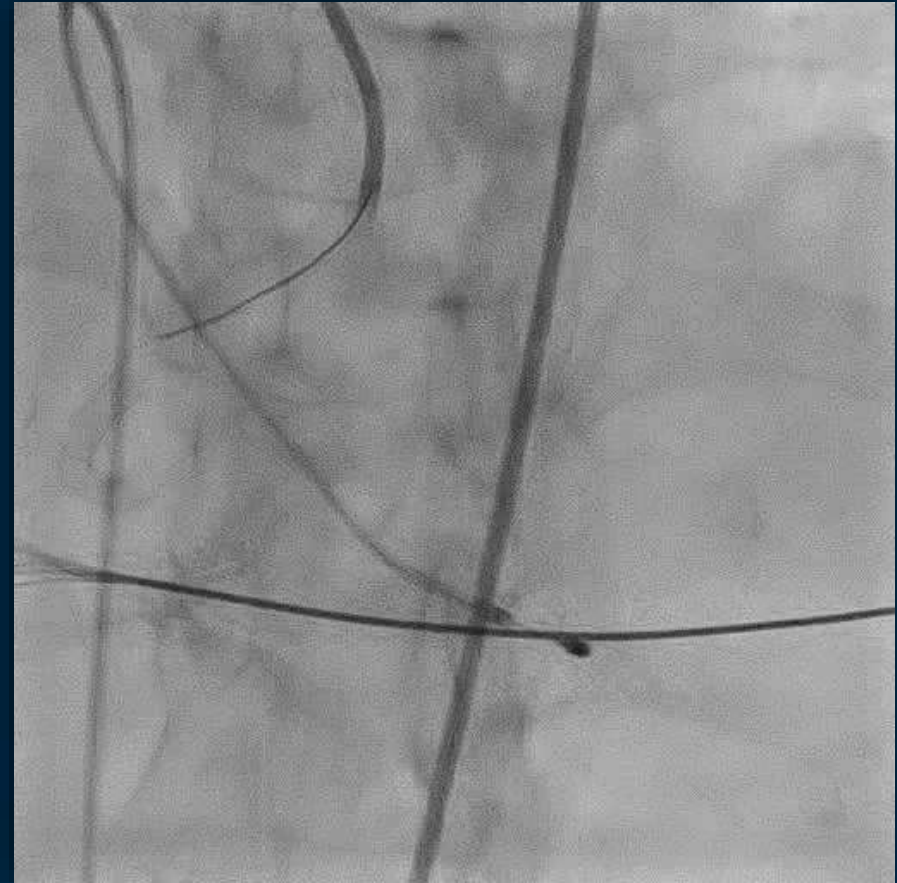
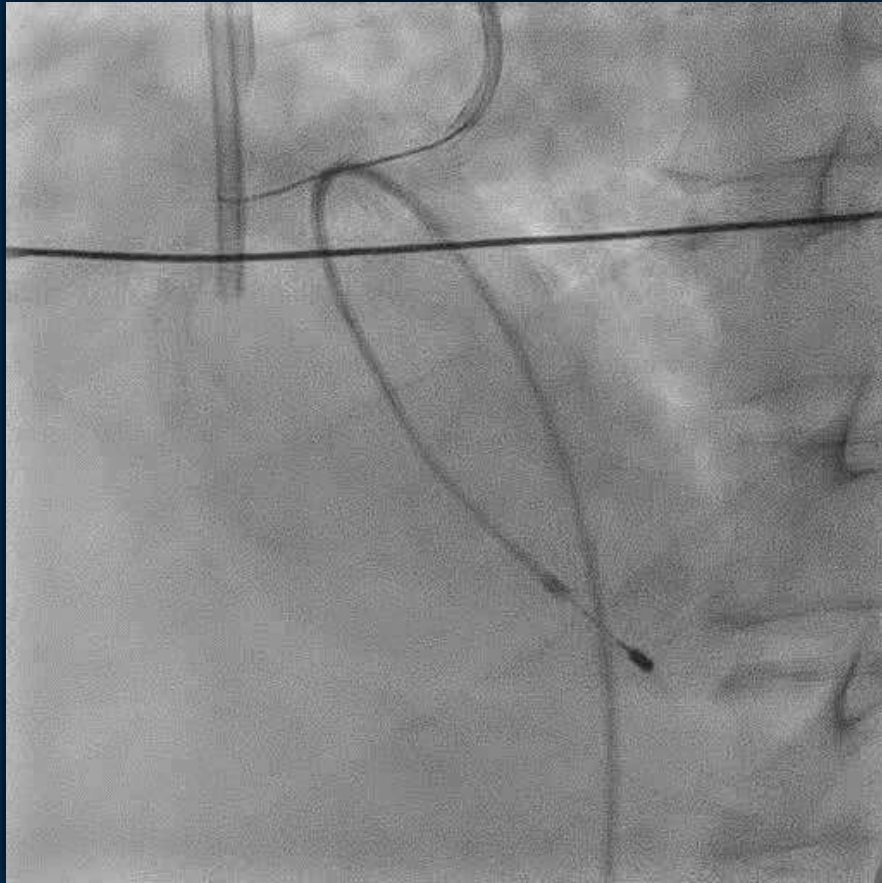
# Flare Ostium 4.5 x 8mm



# Final IVUS run

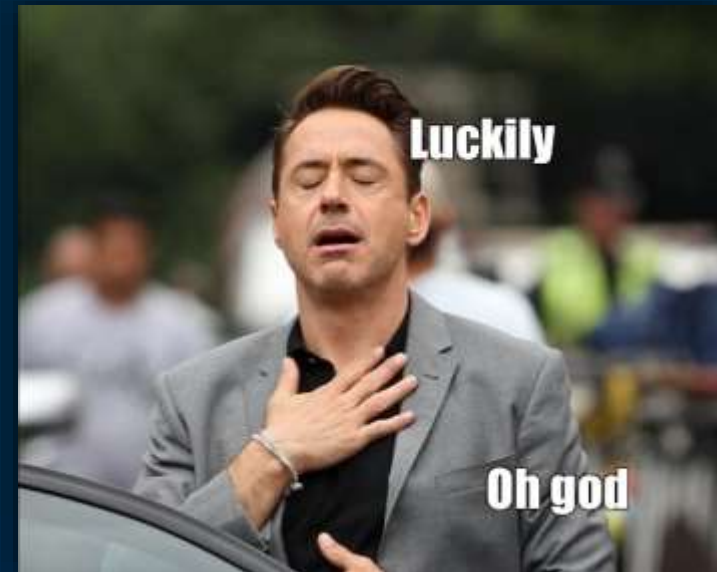


# Last shot



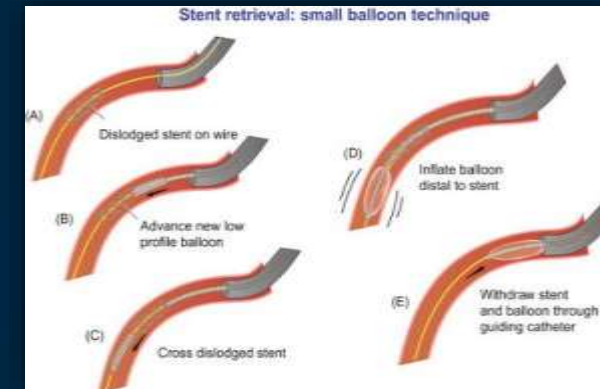
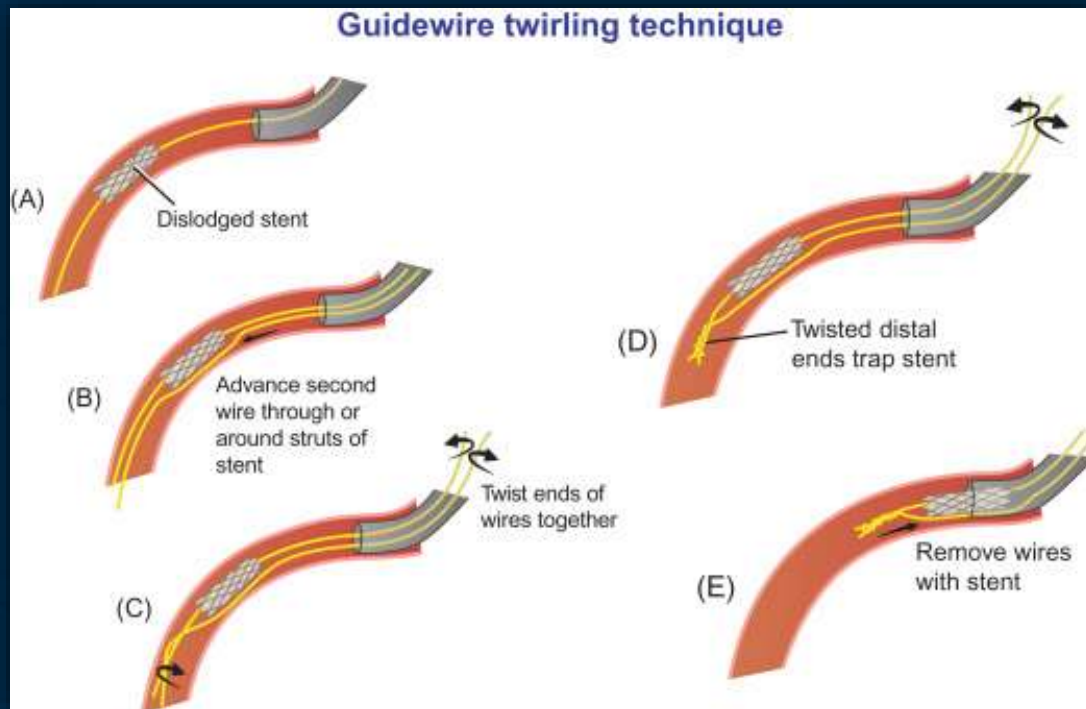
# Discussion Points

- Don't lose the wire!



# Discussion Points

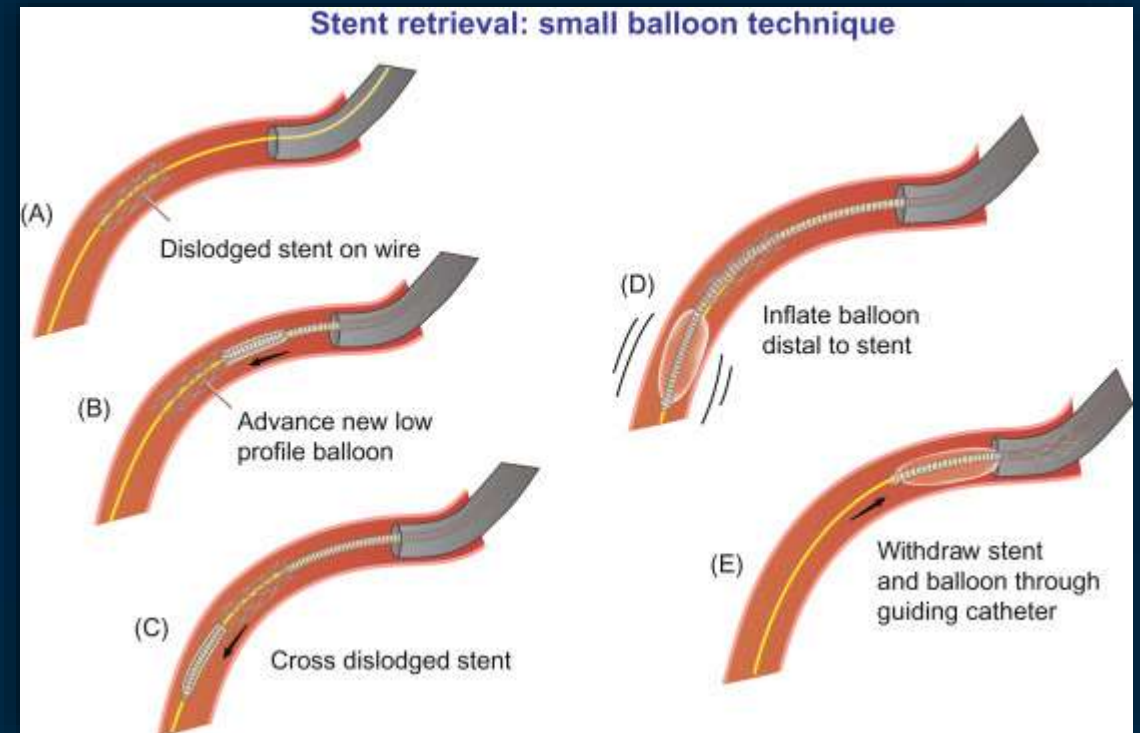
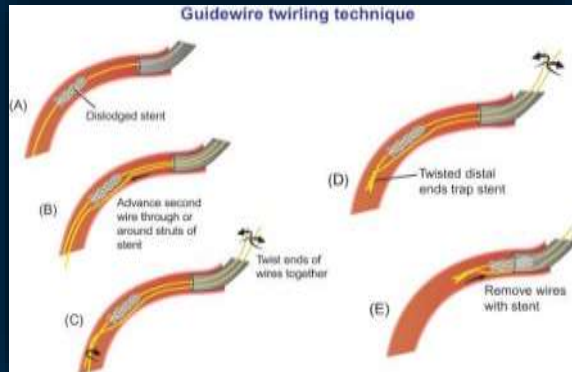
- Don't lose the wire!
- Stent dislodged with guidewire in-situ





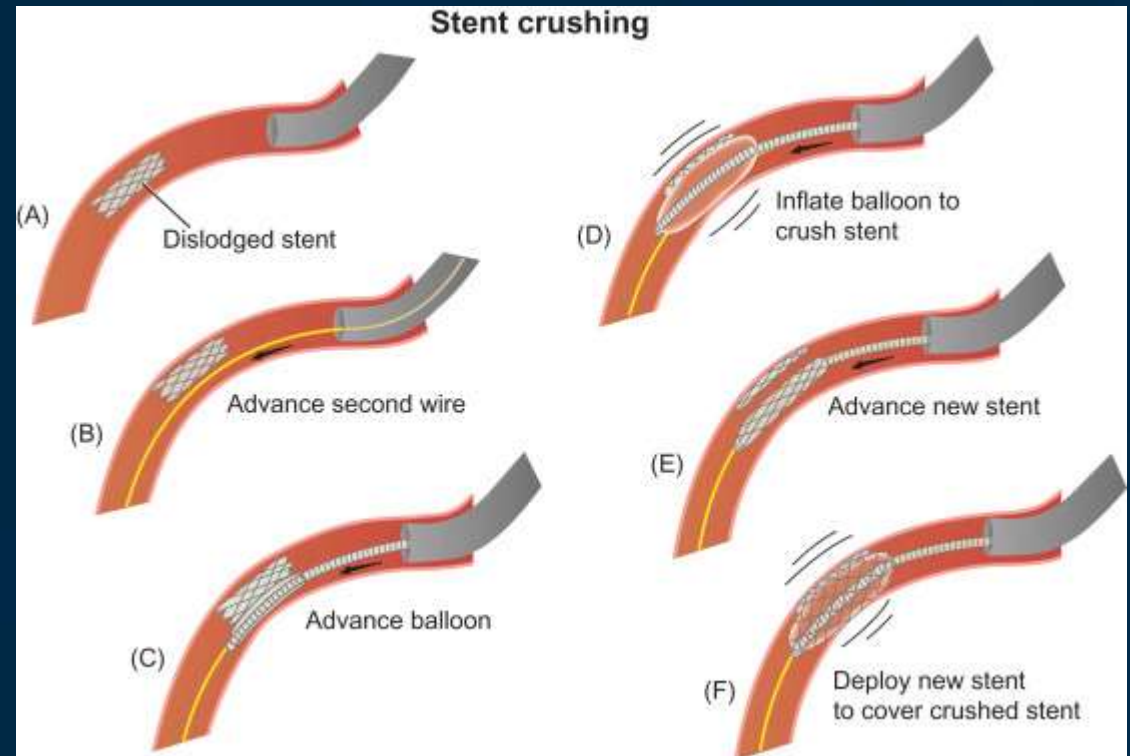
# Discussion Points

- Don't lose the wire!
- Stent dislodged with guidewire in-situ

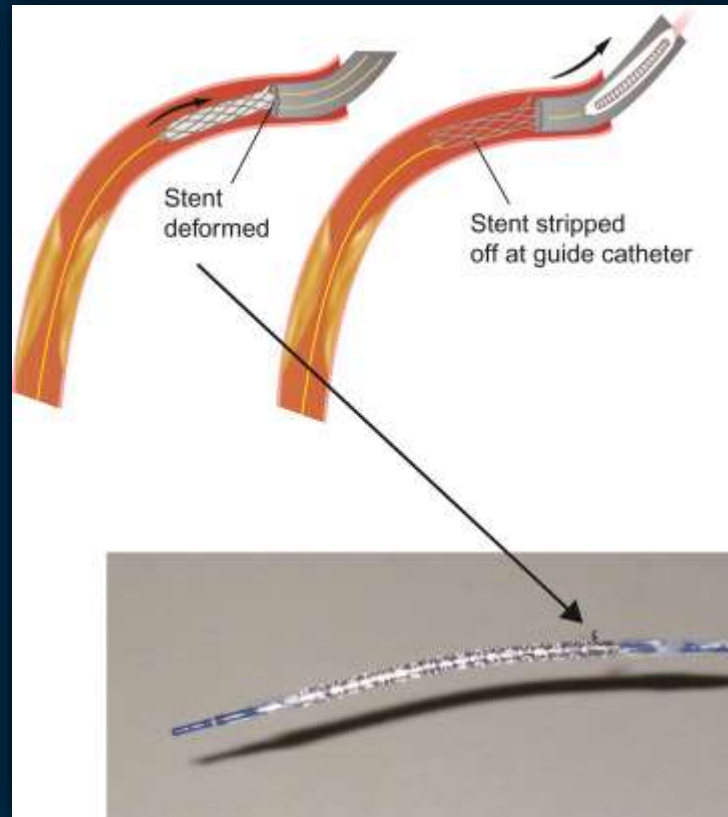


# Discussion Points

- Don't lose the wire!
- Stent dislodged with guidewire in-situ
- Whole system dislodged



# Why stent dislodged?



# Conclusion

**Don't lose the wire!**