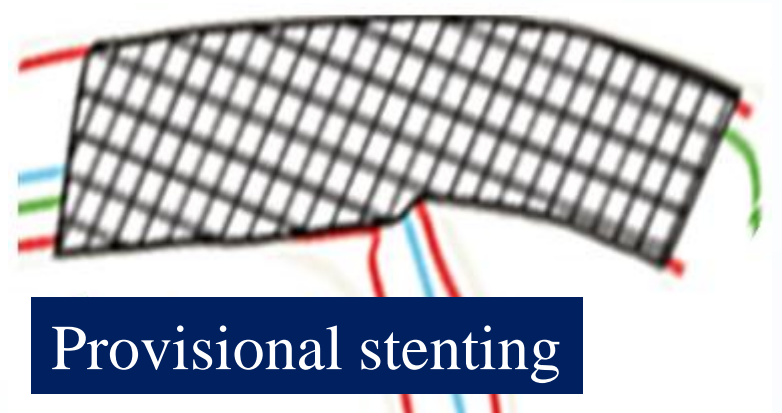
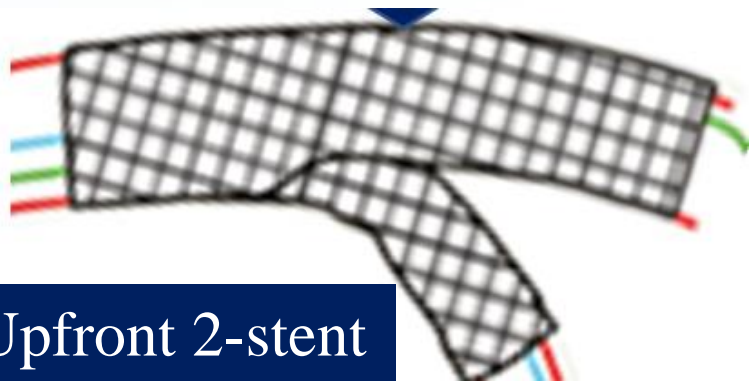
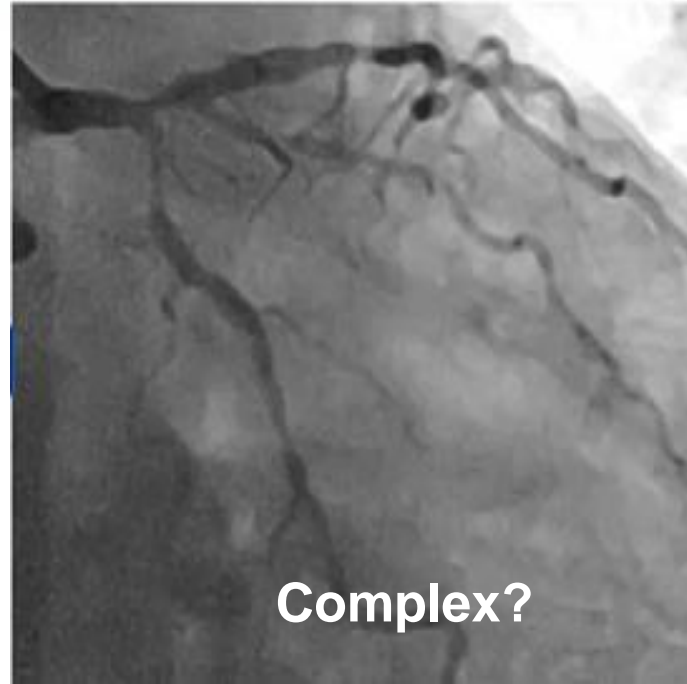
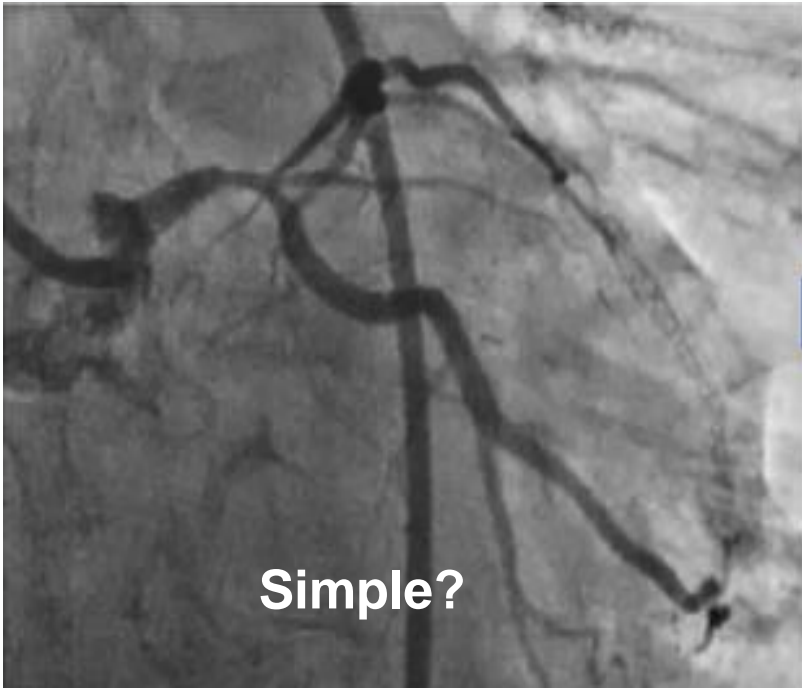


How To Perform Complex LM Bifurcation PCI? : Tips and Tricks

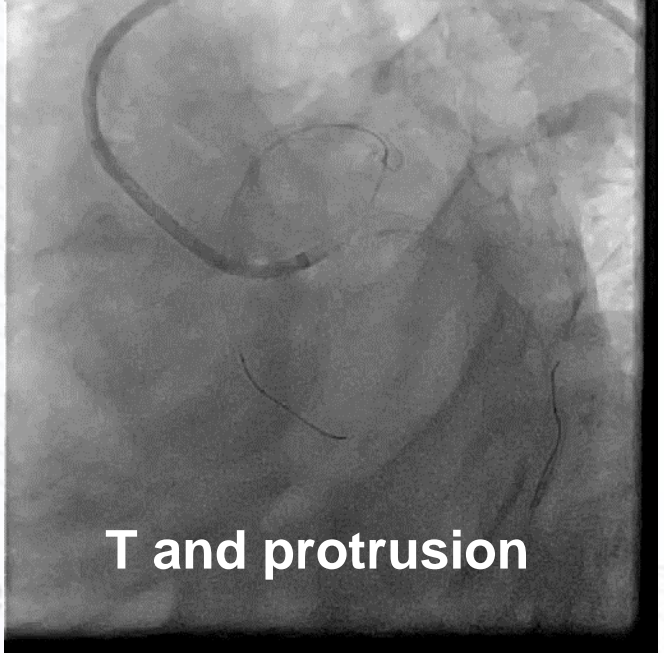
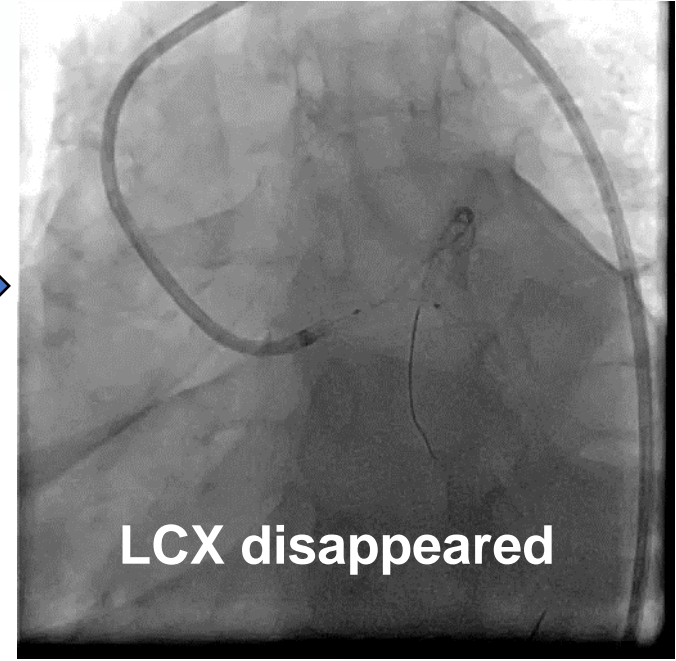
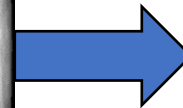
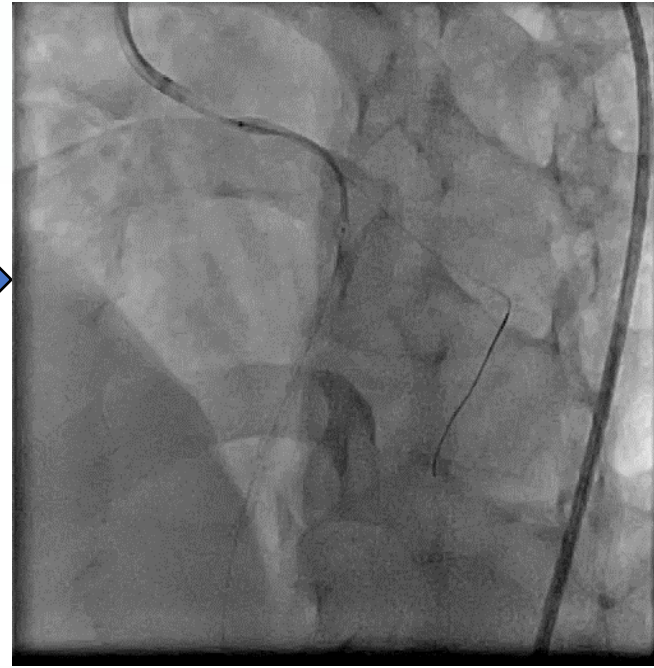
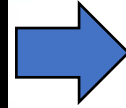
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Nanjing, China**

Disclosure

I, (Shao-Liang Chen), have nothing to disclose



TIPS (1): Careful selection of stenting approach



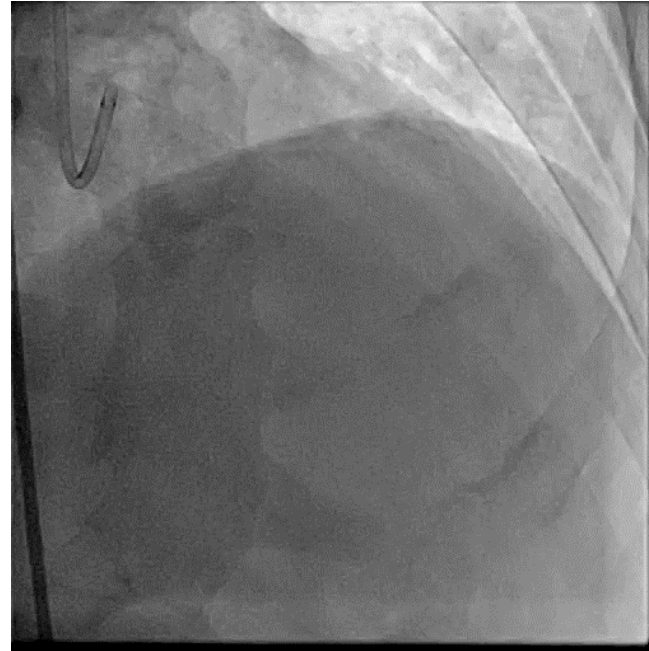
- Medina 1,1,1 bifurcations
- Clinical sequence:
 - TVMI (CK-MB >10 times increase)
 - 1-year F/U: severe angina (CCAS III)
 - Cutting balloon+DCB for CX
 - Kissing (NC balloon in LAD)

TIPS (2): Stenting selection based on risk classification

Baseline angiography of left coronary



AP caudal



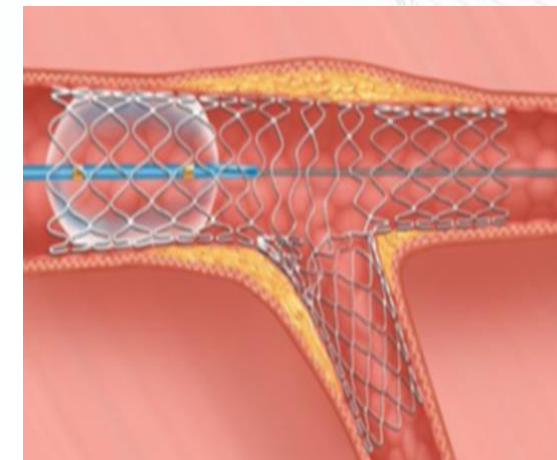
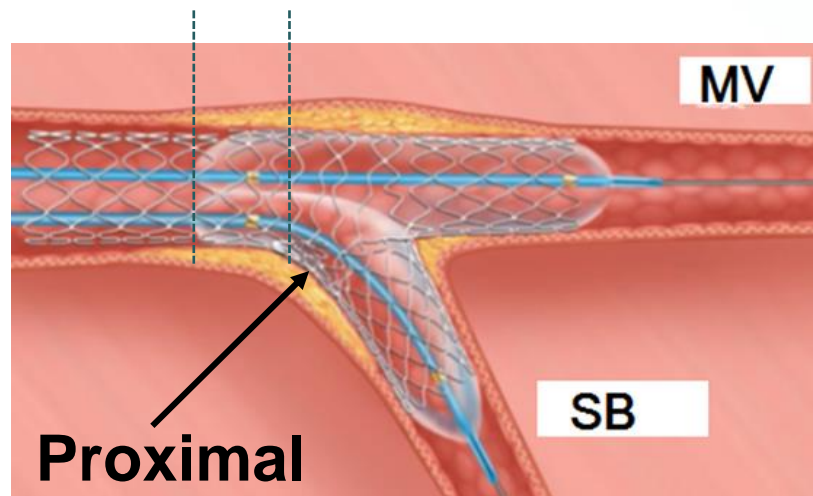
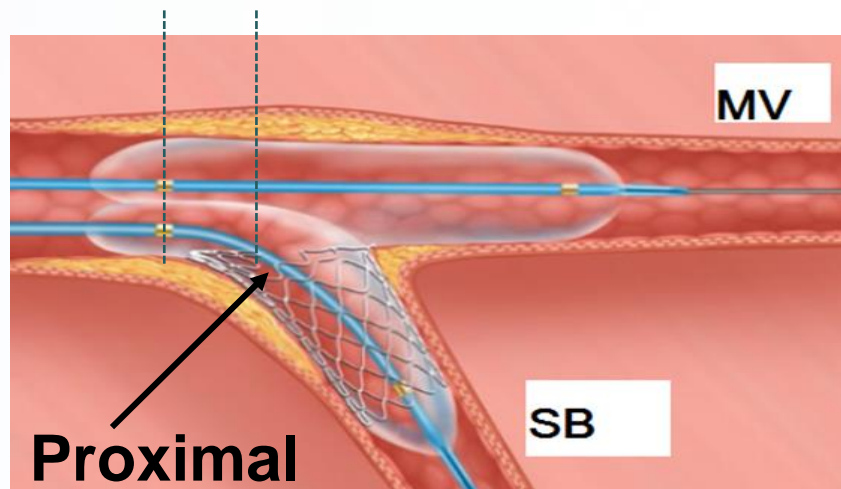
RAO cranial



Spider view

Complex Medina 111, DK crush stenting

Key points of DK crush stenting



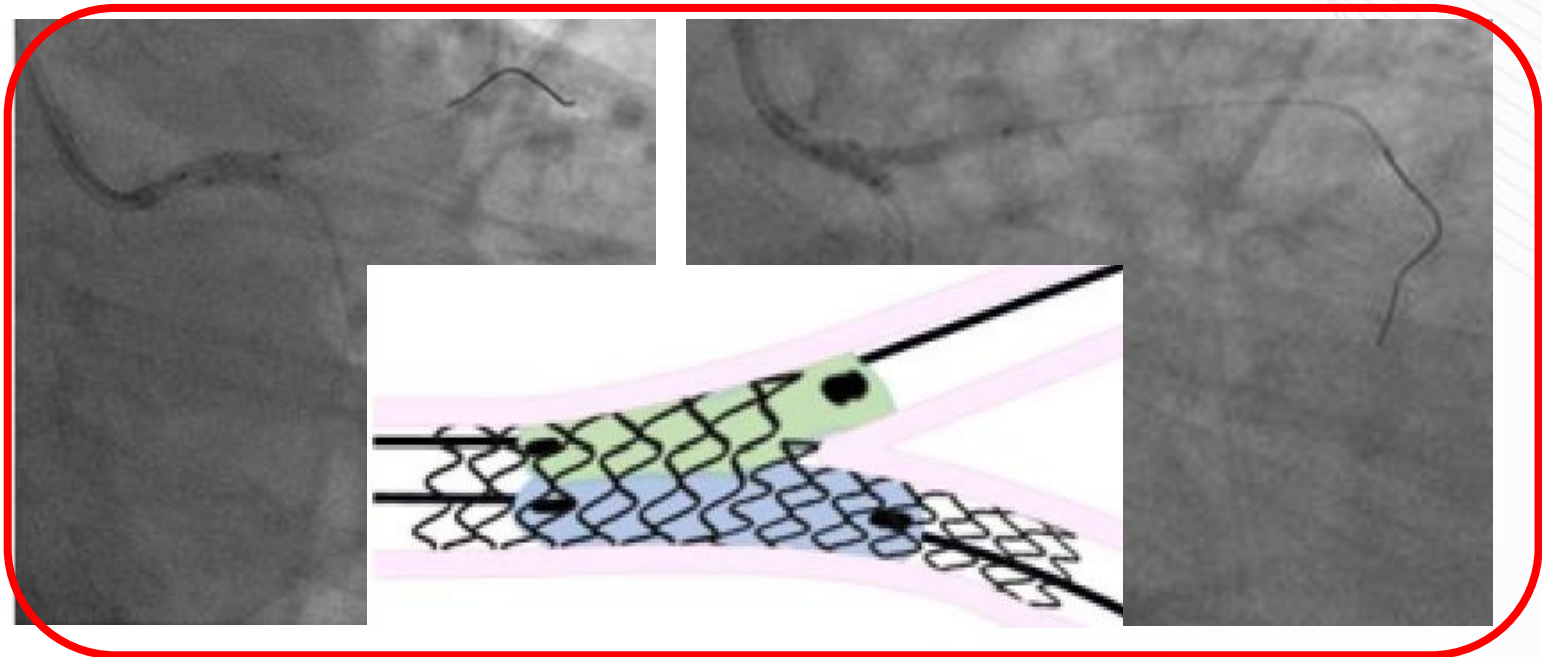
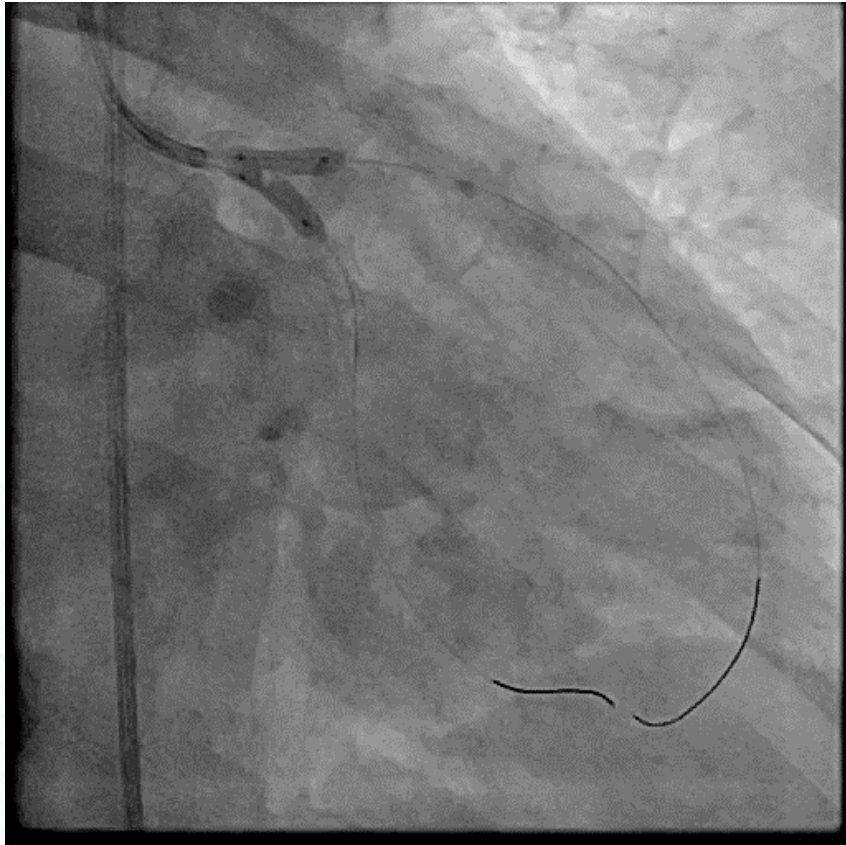
1. Short protrusion-SB stent
2. Optimize SB steent
3. Balloon crush
4. Rewire from proximal cell
5. Alternative inflation-16atm
6. 1st kissing

1. Stenting MV
2. Rewire from proximal cell
3. Alternative inflation
4. 2nd kissing

Short overlapping of 2 balloons

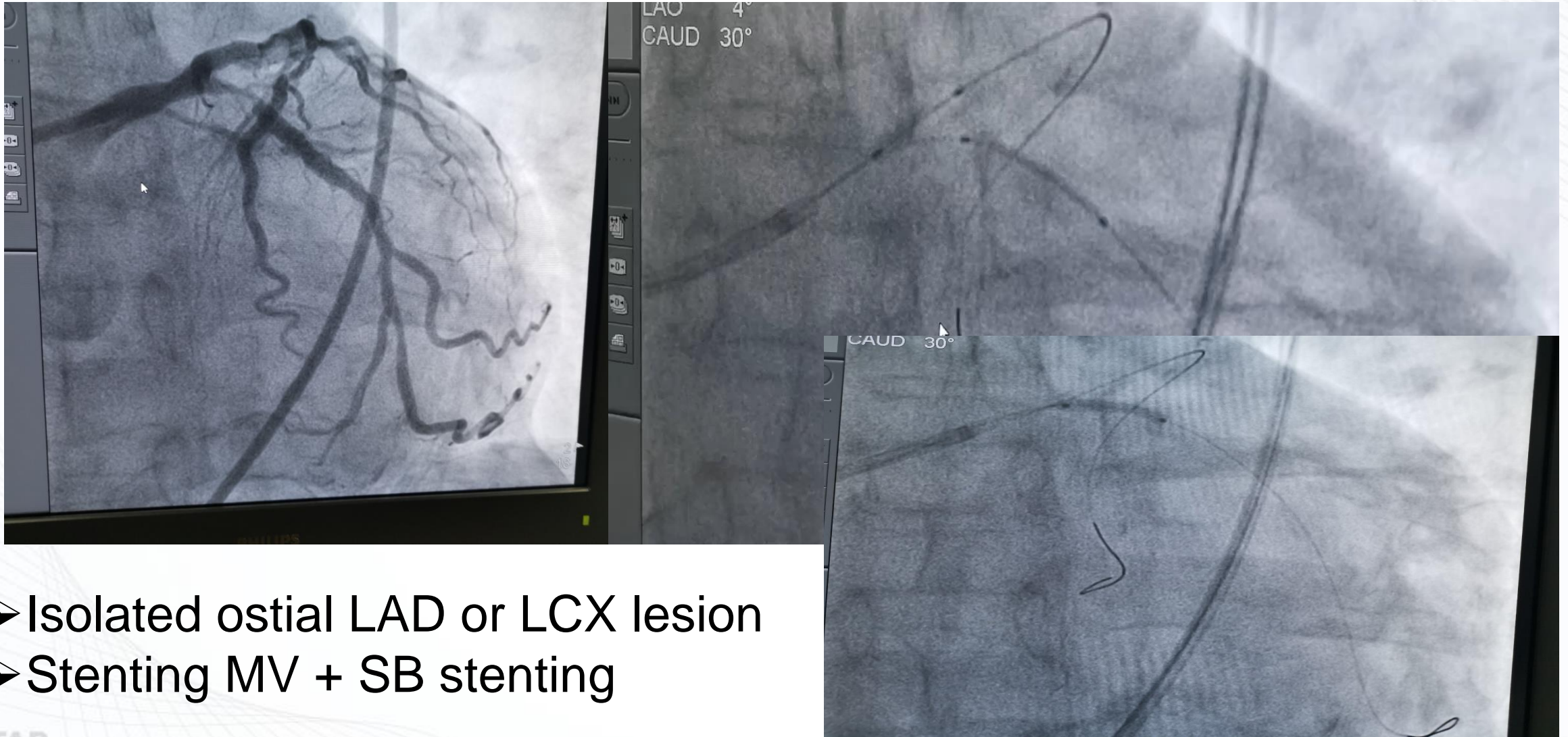
POT

TIPS (3): Quality of kissing inflation



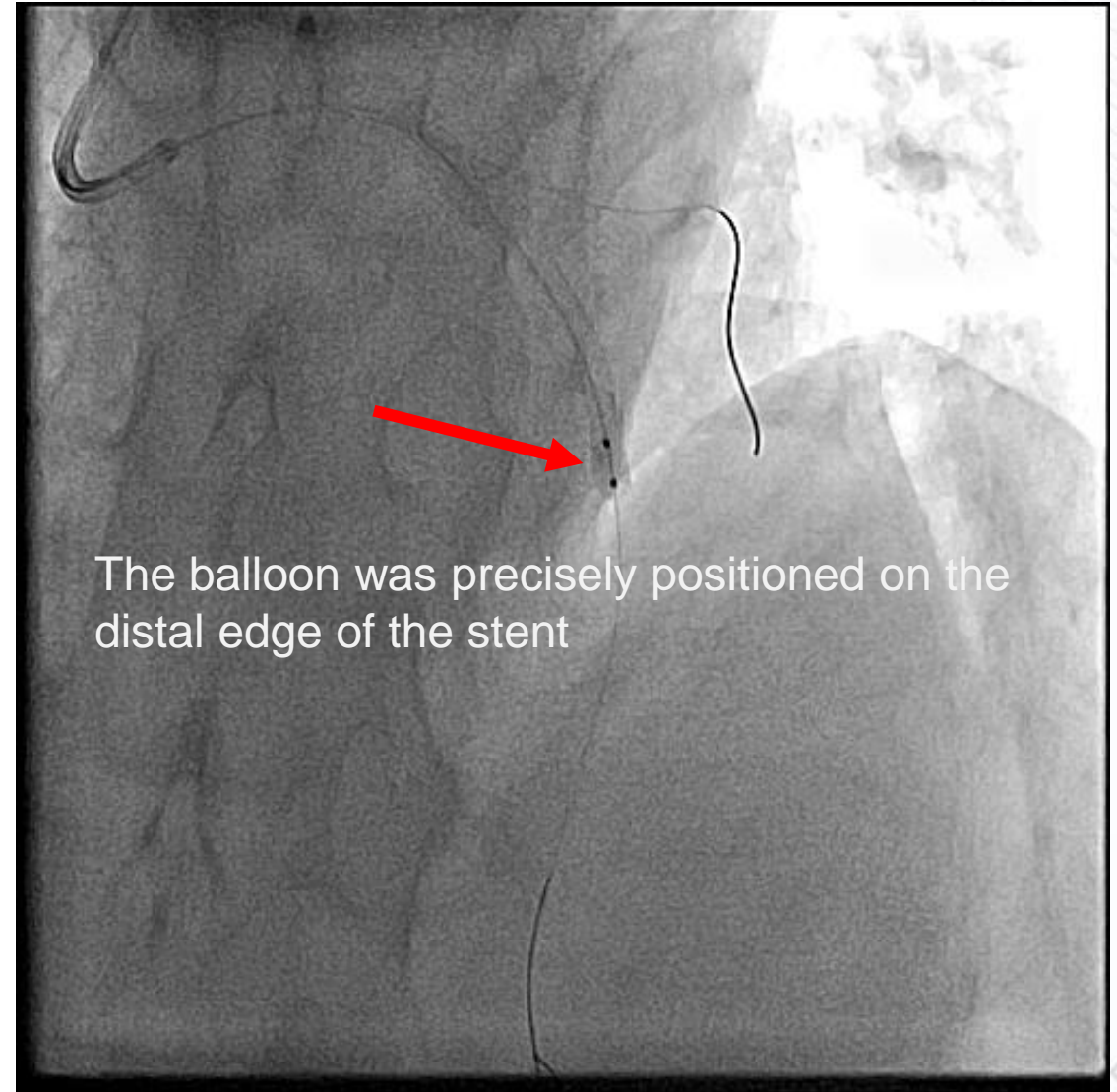
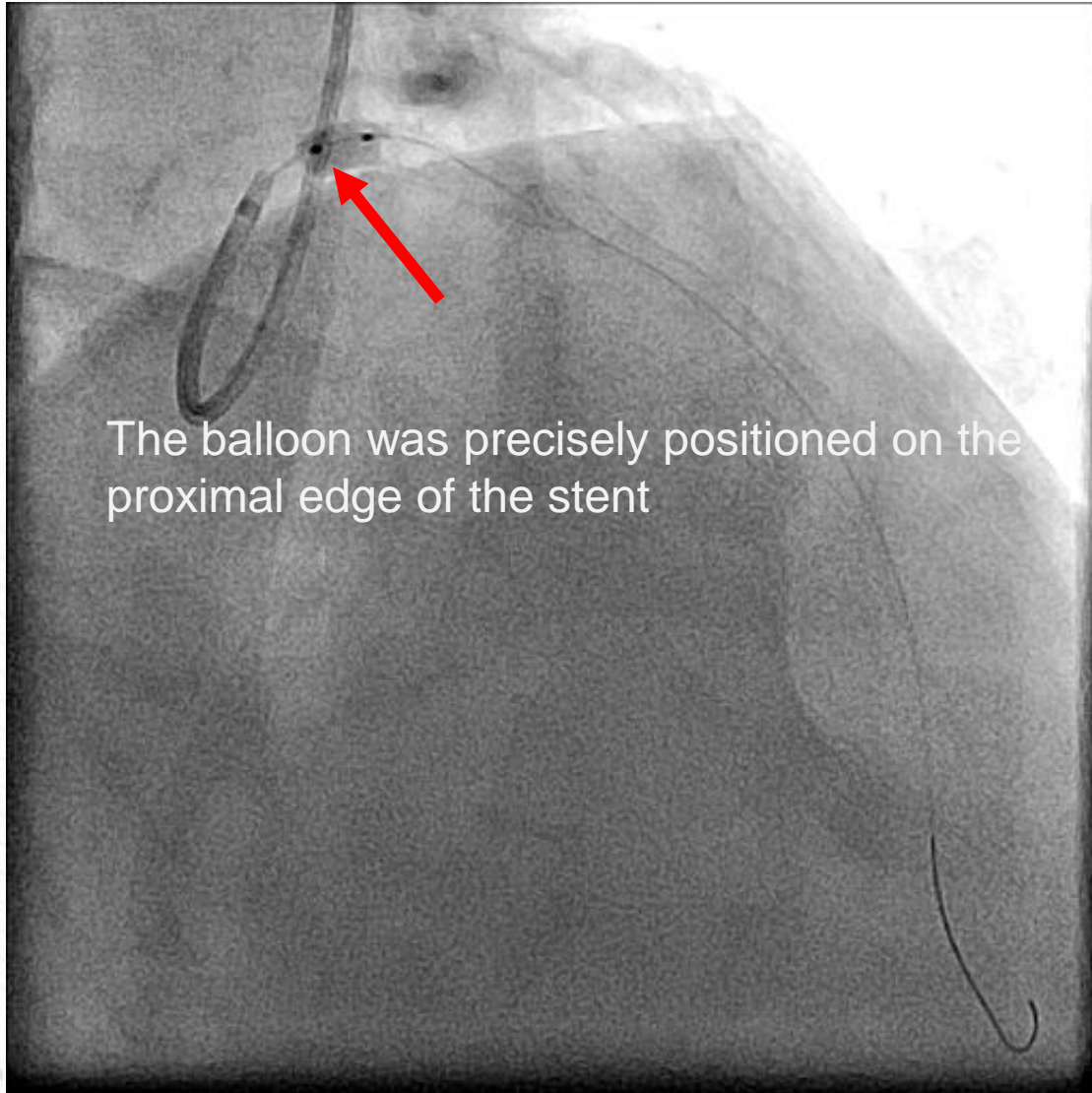
- long-overlapping
- balloon twisting
- respect original anatomy of carina

TIPS (4): stop-and-pull back

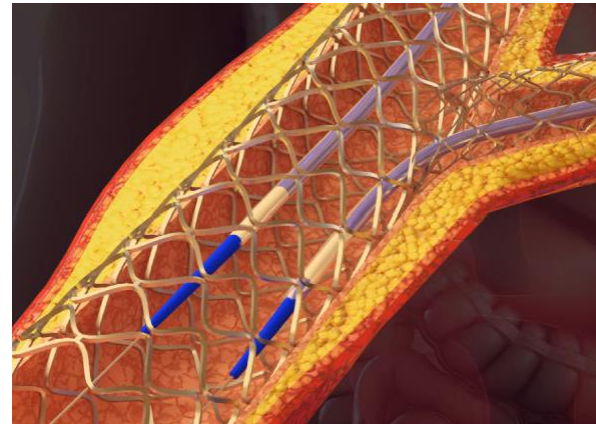
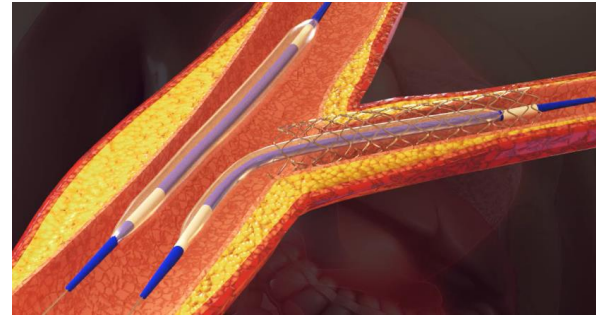
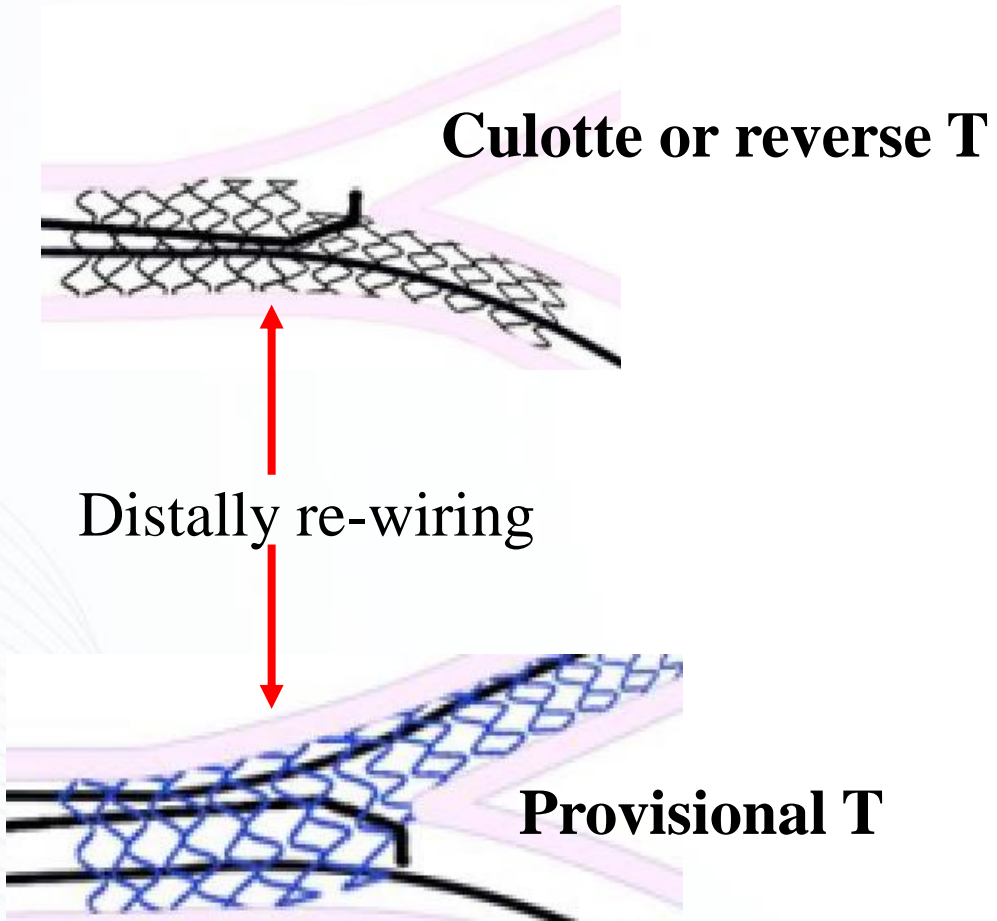


- Isolated ostial LAD or LCX lesion
- Stenting MV + SB stenting

TIPS (5): correct POT is critical



TIPS (6): Re-wiring



**Proximal-central
Re-wiring**

Conclusion

LM bifurcations (Medina 0,1,1;1.1.1)

