

Technical Tips for LMT Bifurcation Stenting

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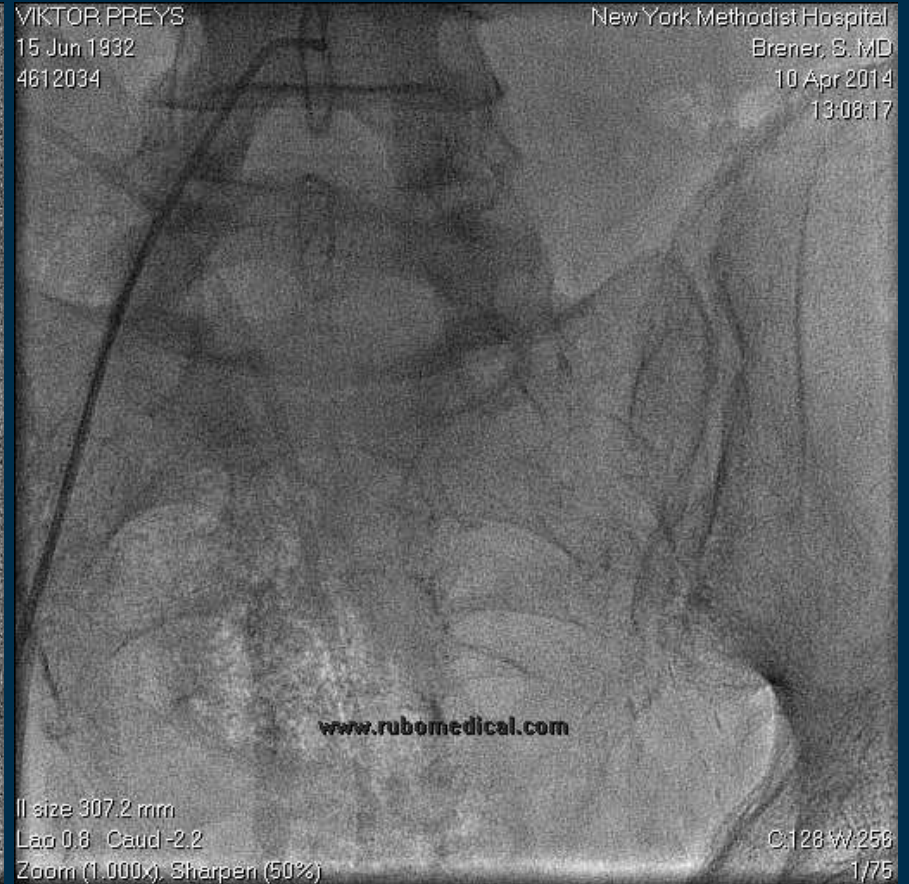
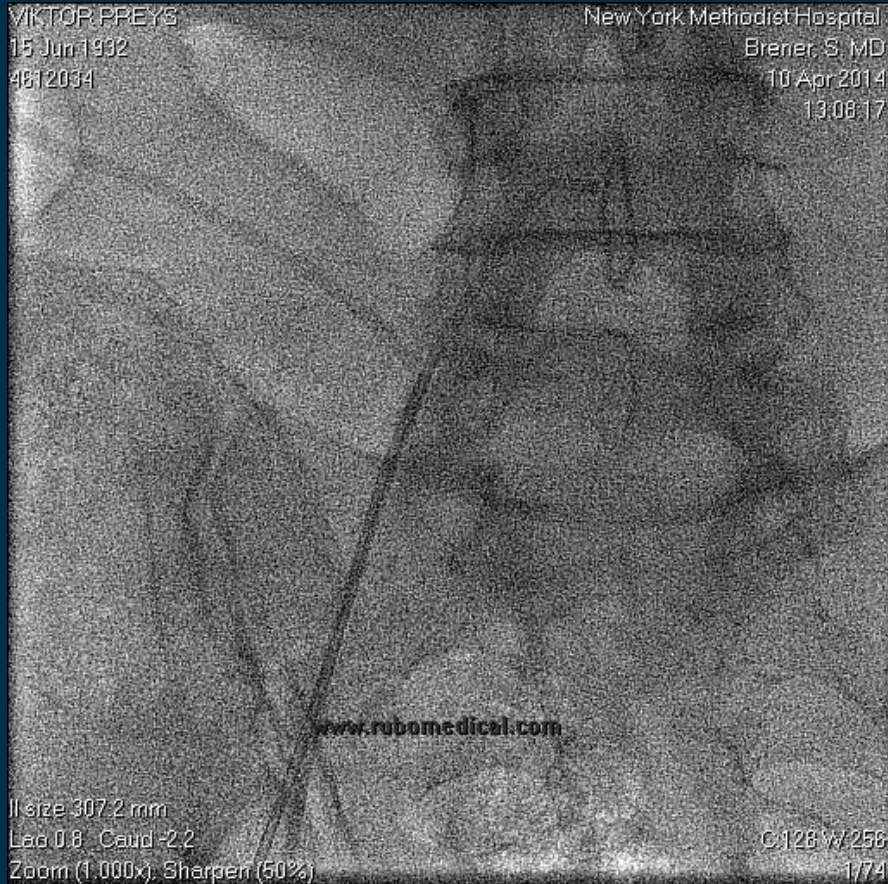
Disclosure Statement of Financial Interest

I, **SORIN BRENER MD**, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

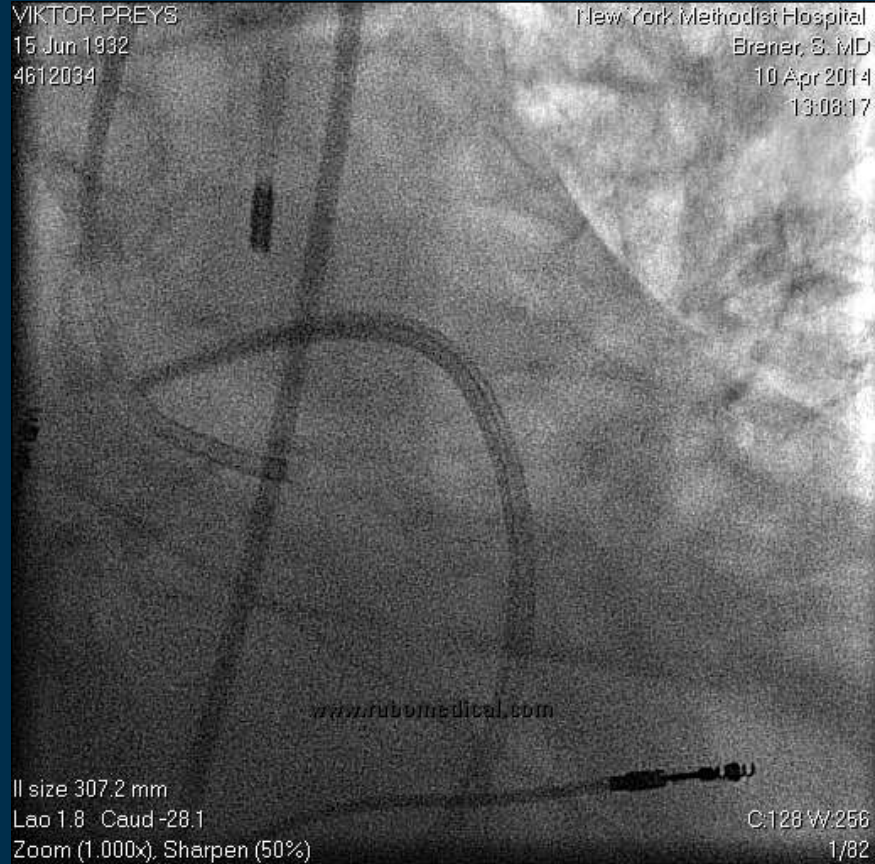
Case presentation

- **81 y/o male with CAD, CVD, PVD, severe ICM and ESRD (dialysis)**
- **BMS LMT in 10/13**
- **Restenosis in 1/14 – PTCA**
- **UA on 3/31/14. LHC showed severe ISR – scheduled for CABG**
- **Severe CP on 4/8/14 and cardiogenic shock on 4/10/14. CK-MB 110**
- **Intubated, 4 pressors, oxygenating well**

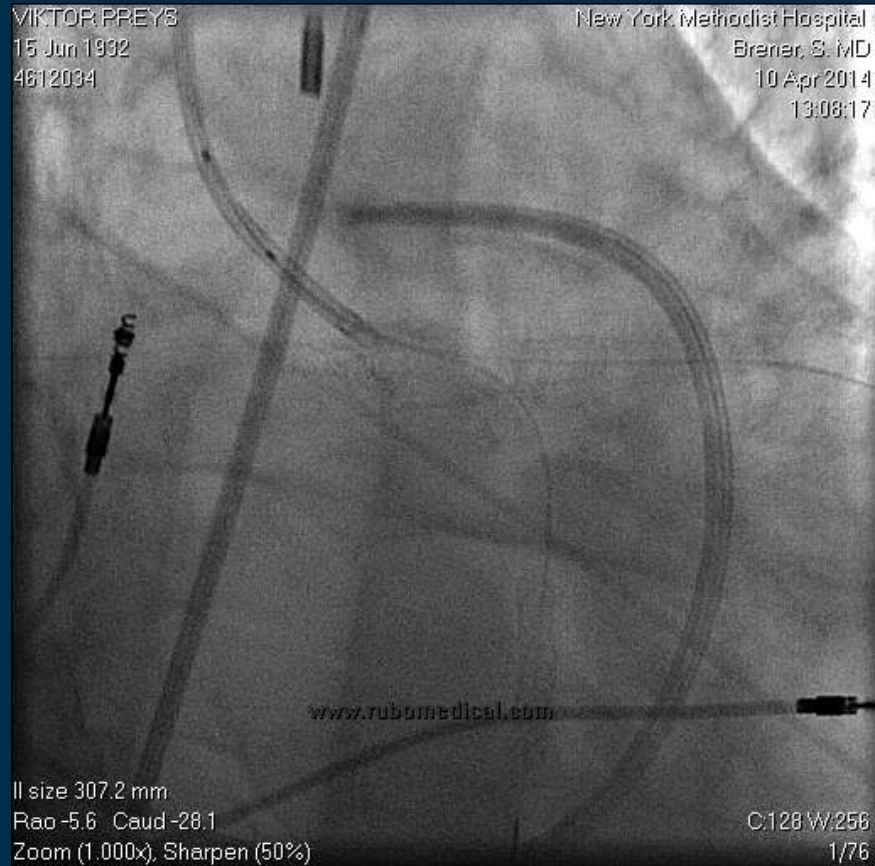
Ilio-Femoral System



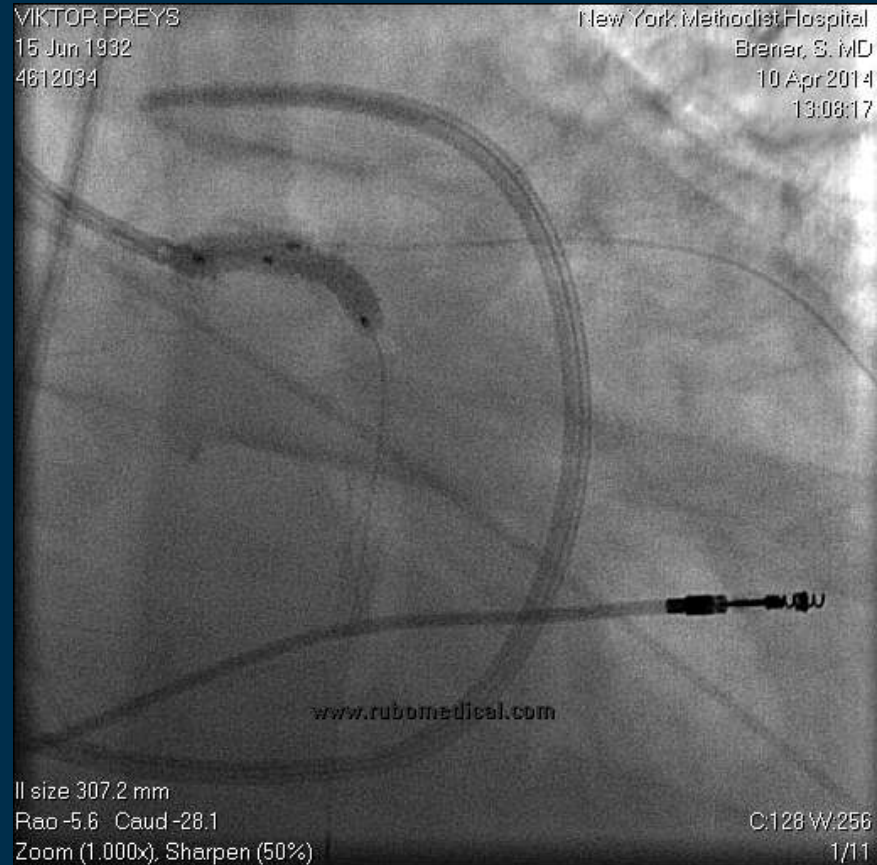
Emergency LHC



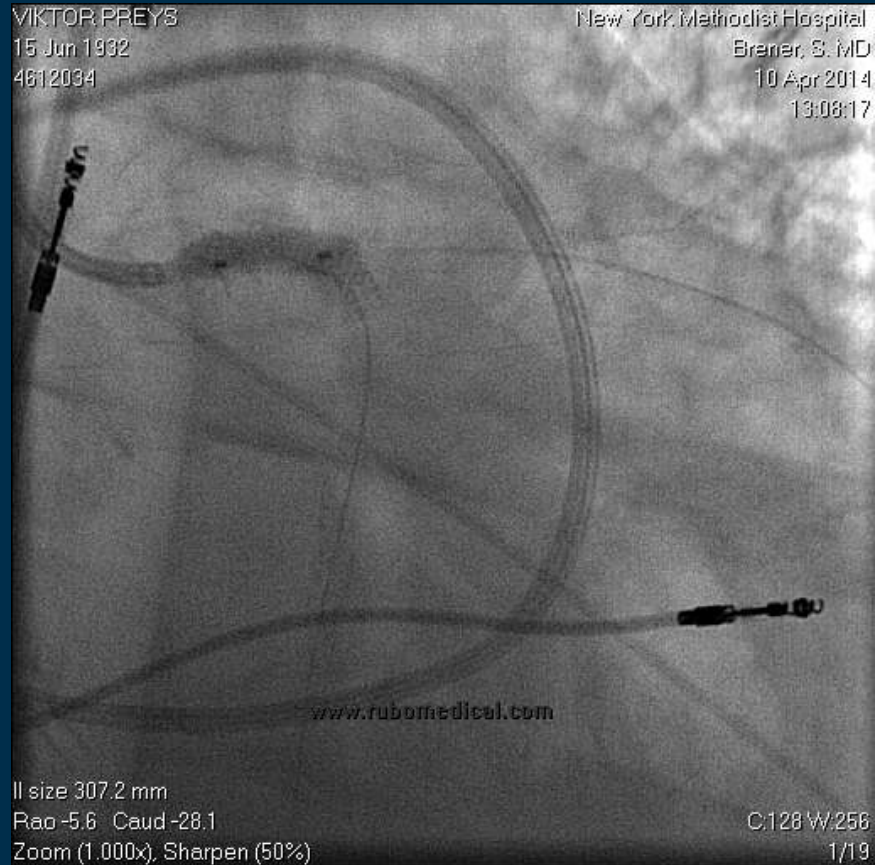
Post PTCA LMT and LAD



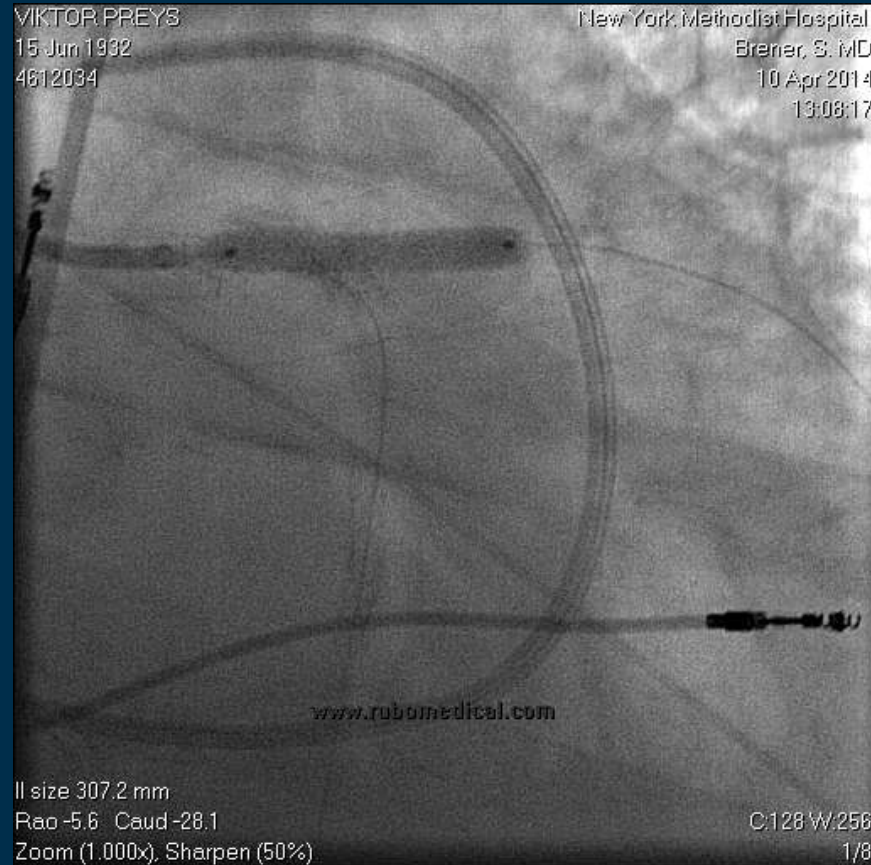
LCX Stent – Modified T



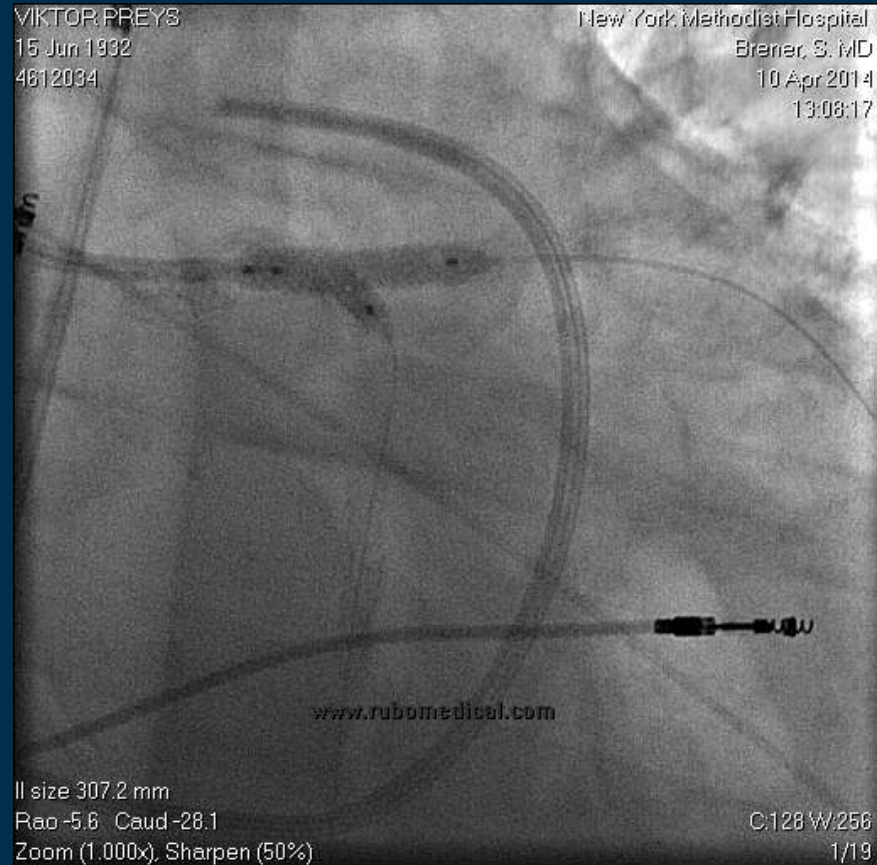
Crush LCX Stent



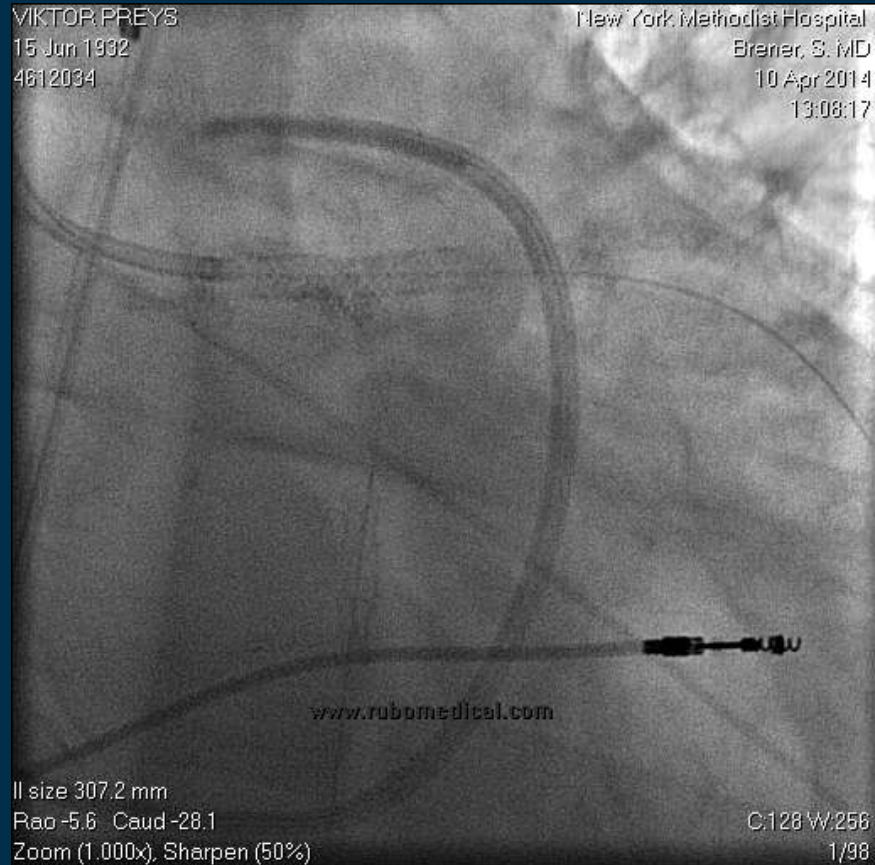
LMT to LAD Stent



Kissing Balloon Angioplasty



Before IVUS

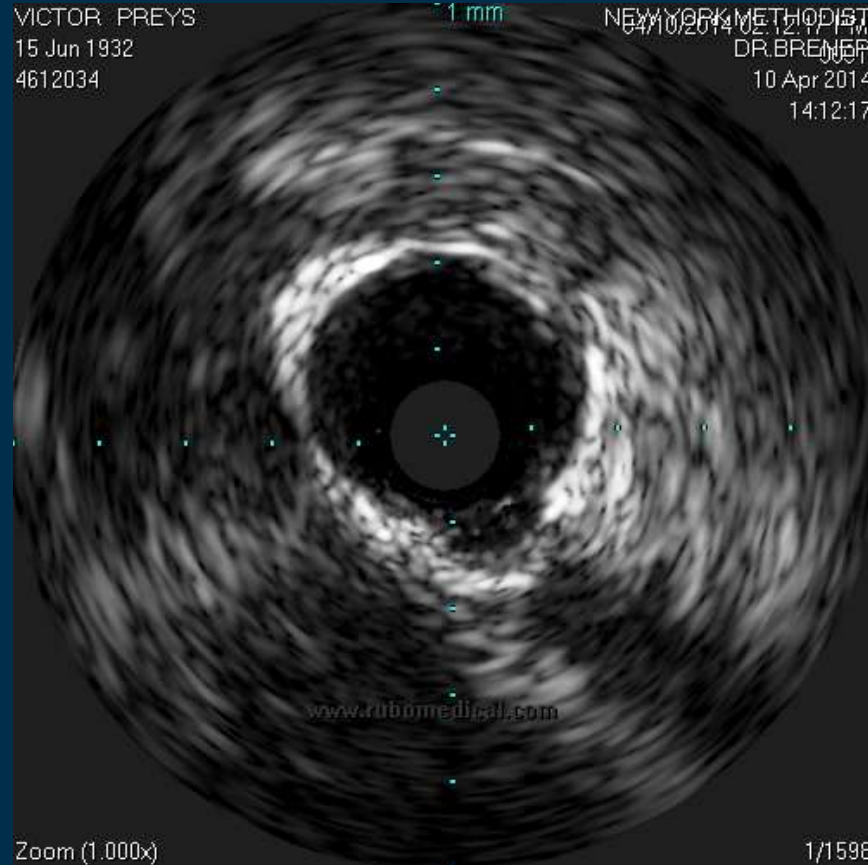


IVUS LAD

VICTOR PREYS
15 Jun 1932
4612034

1 mm

NEW YORK METHODIST
04/10/2014 02:12:17 PM
DR. BRENER
10 Apr 2014
14:12:17



Zoom (1.000x)

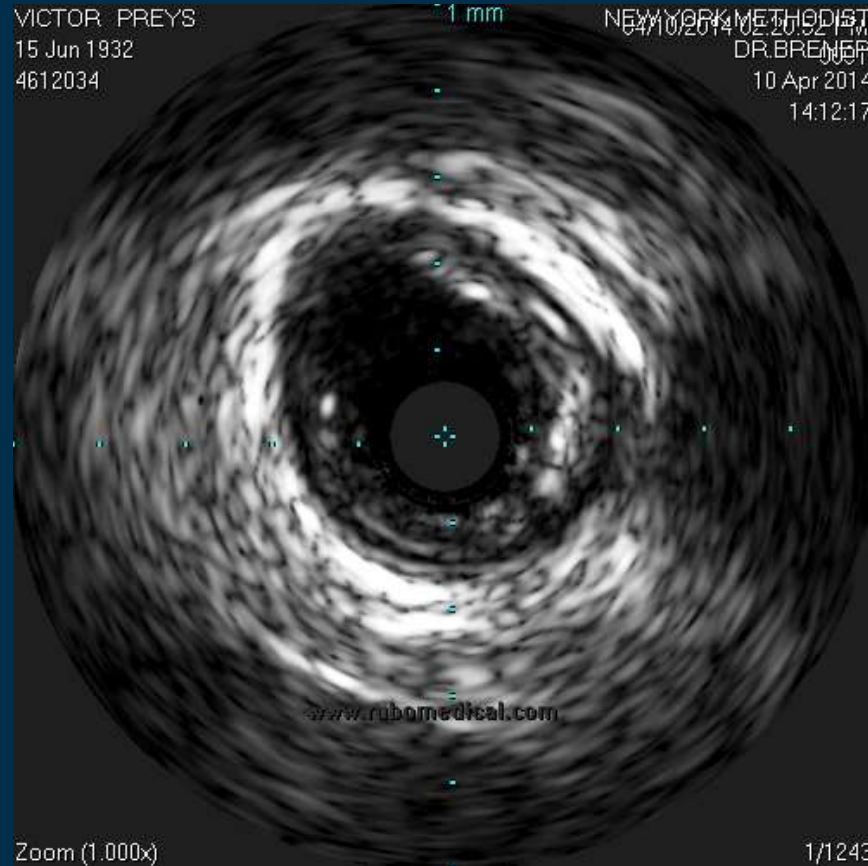
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IVUS LCX

VICTOR PREYS
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1 mm

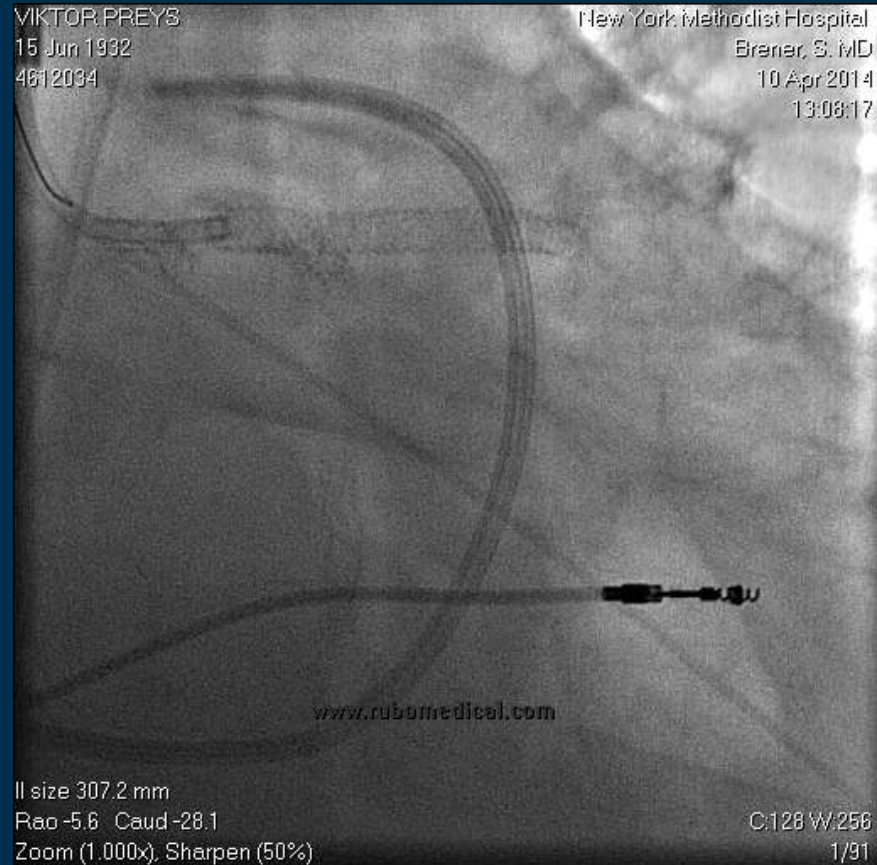
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DR. BRENER
10 Apr 2014
14:12:17



Zoom (1.000x)

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Final Result



Procedural summary

- **3.5x12 PROMUS in LCX**
- **4.0x20 PROMUS in LAD**
- **KBA with two 3.5x15 balloons**
- **4.5x20 NC balloon after IVUS**
- **PWP decreased from 38 mmHg to 17 mmHg**
- **Off 2 pressors at end of case**

Final thoughts

- Evaluate hemodynamic status before PCI LMT, particularly if RCA compromised
- Try to use one stent technique but be prepared for alternatives
- IVUS mandatory for bifurcation lesions
- LMT PCI is easier than many other lesions – just plan ahead!