Retrograde Approach

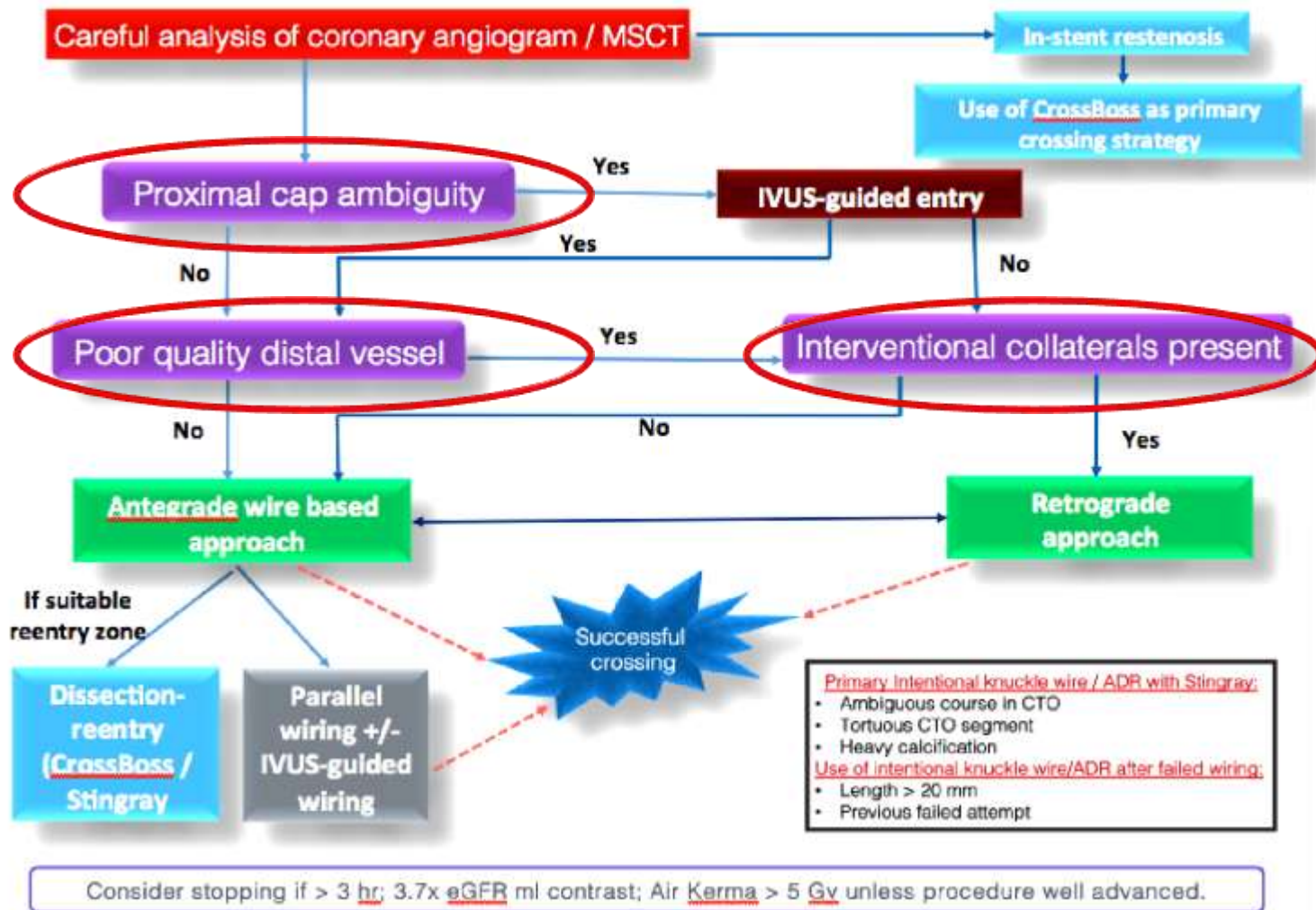## -- APCTO Algorithm --

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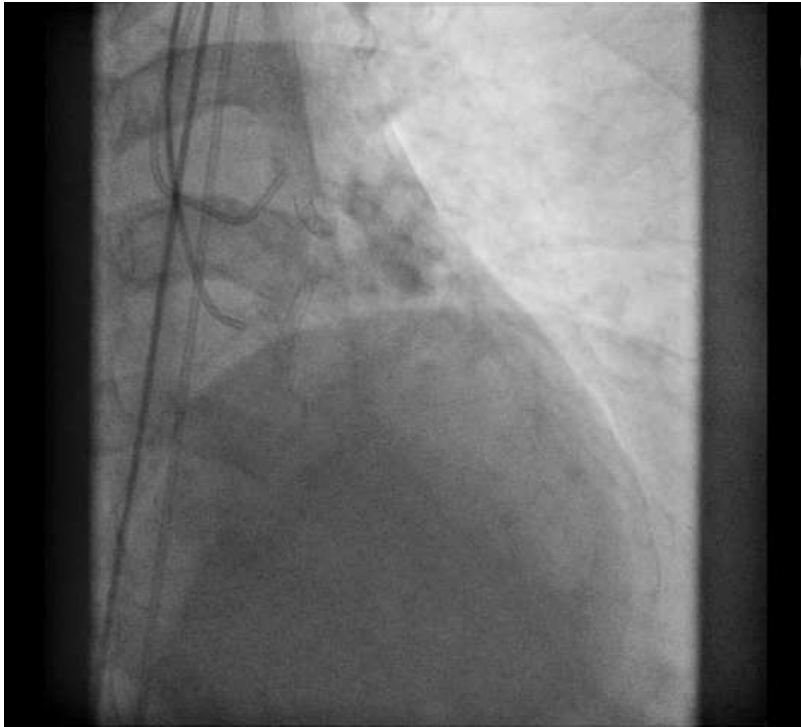
Disclosure

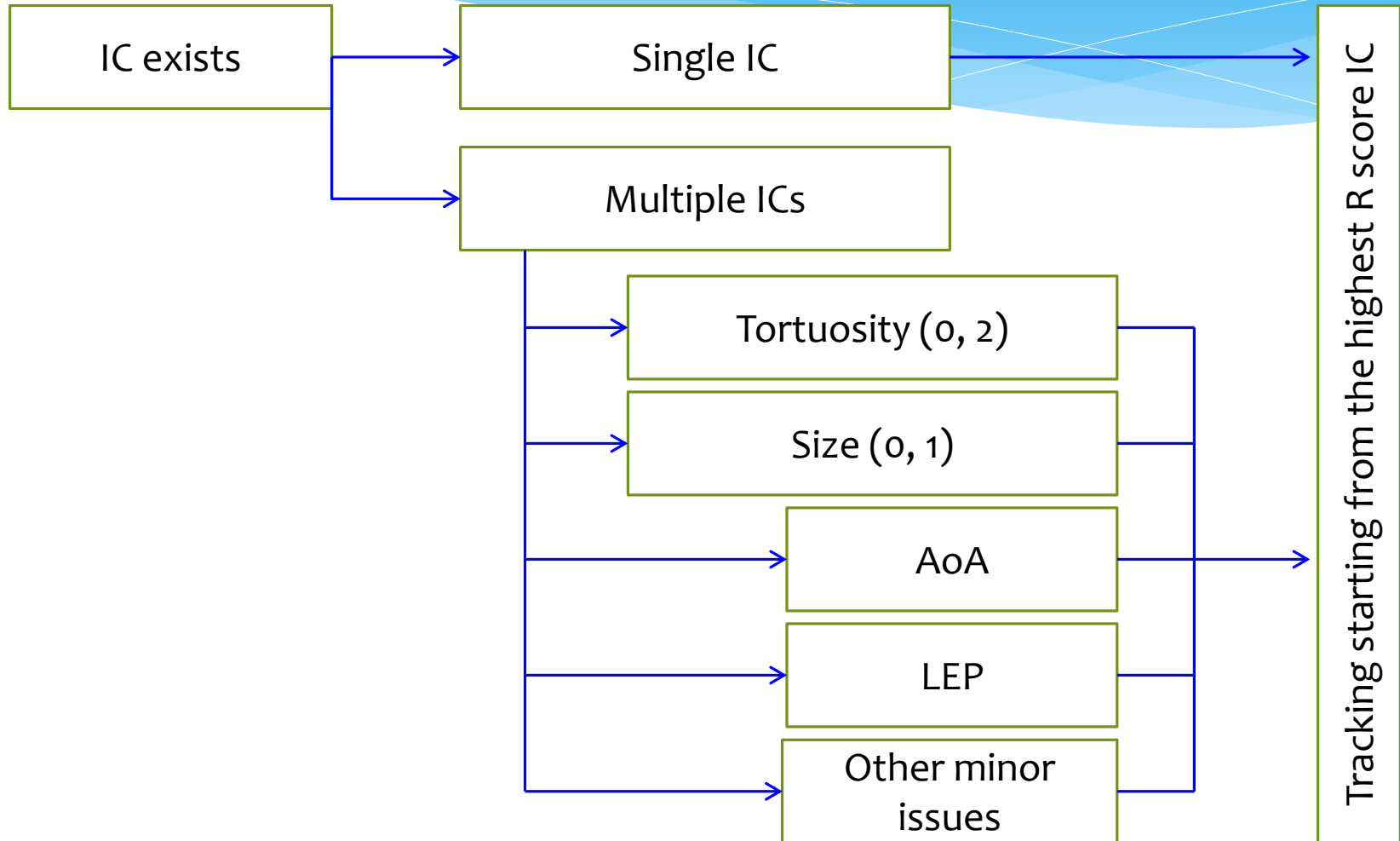* I have nothing to disclose

When to start retro?

Consider stopping if > 3 hr; 3.7x eGFR ml contrast; Air Kerma > 5 Gv unless procedure well advanced.
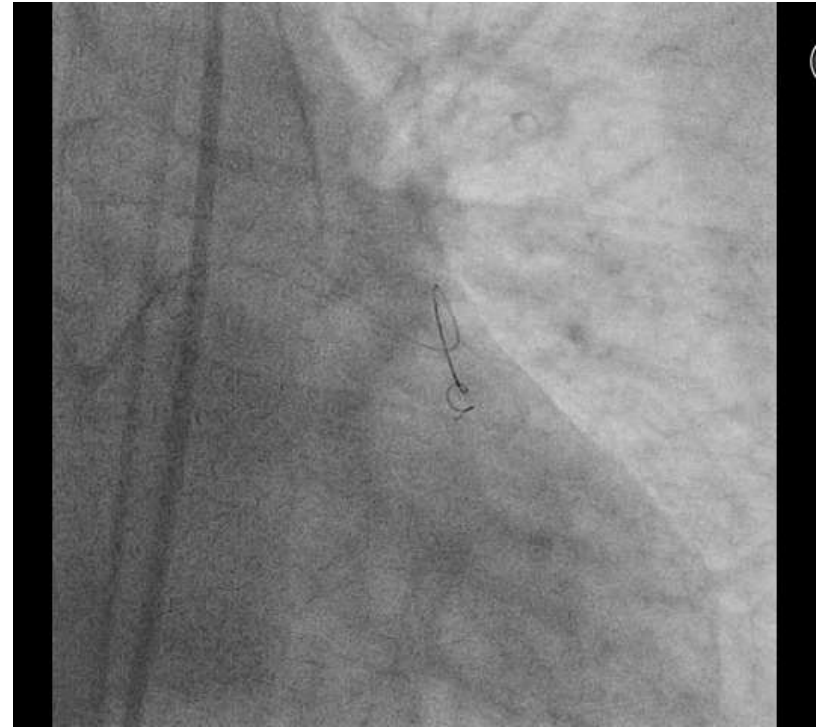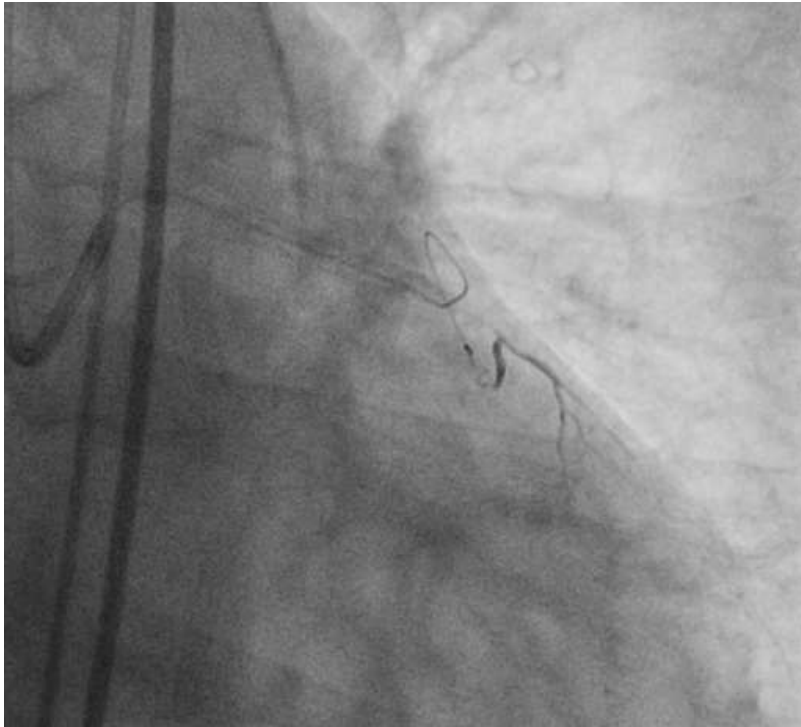
Good diagnostic imaging

IC selection

IC tracking

Crossing mode of CTO segment
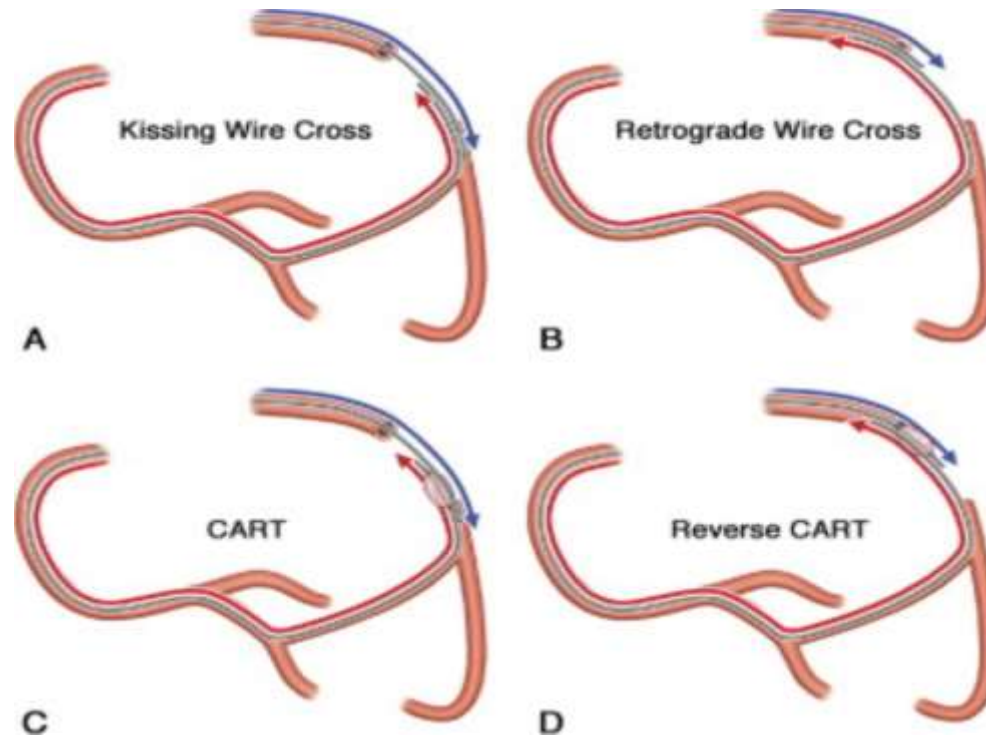
APCTO retrograde sub-algorithm
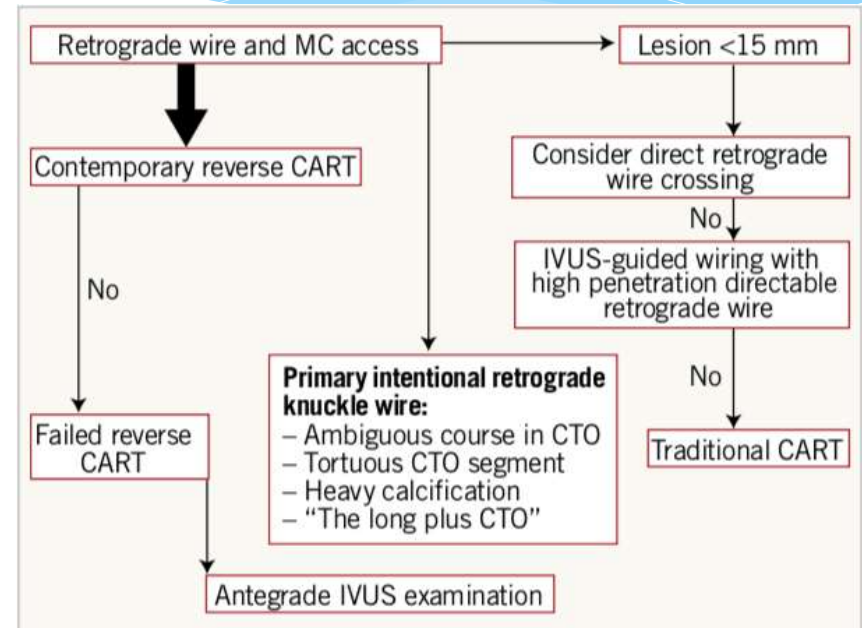
Direct retrograde wire crossing
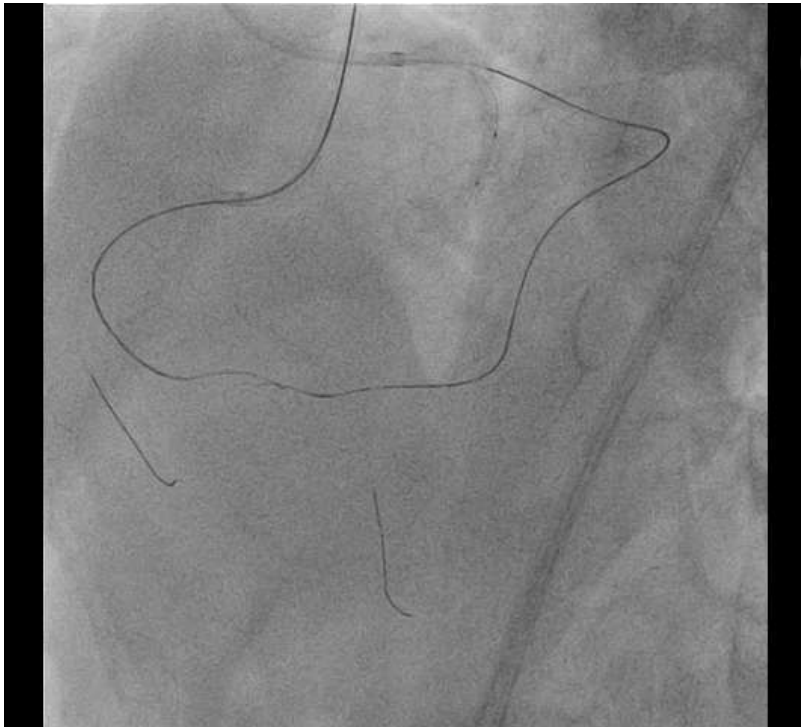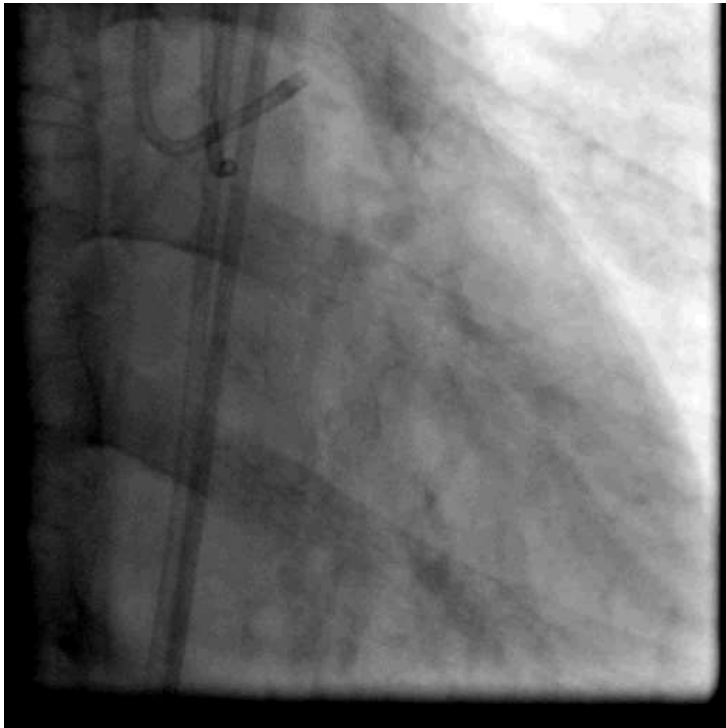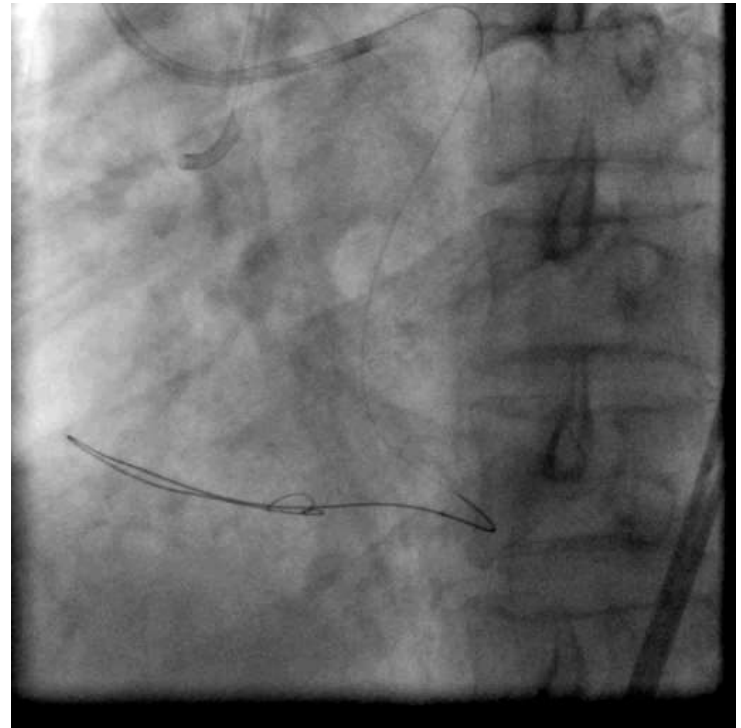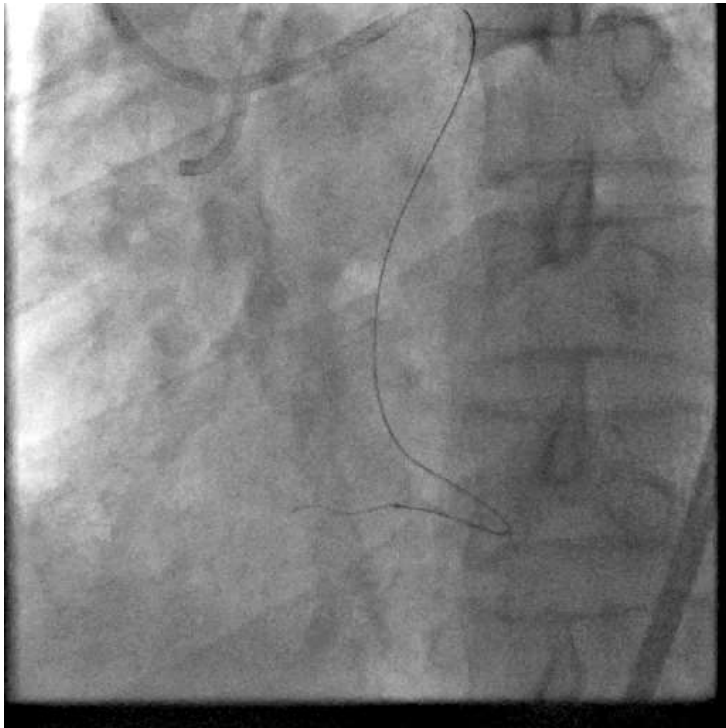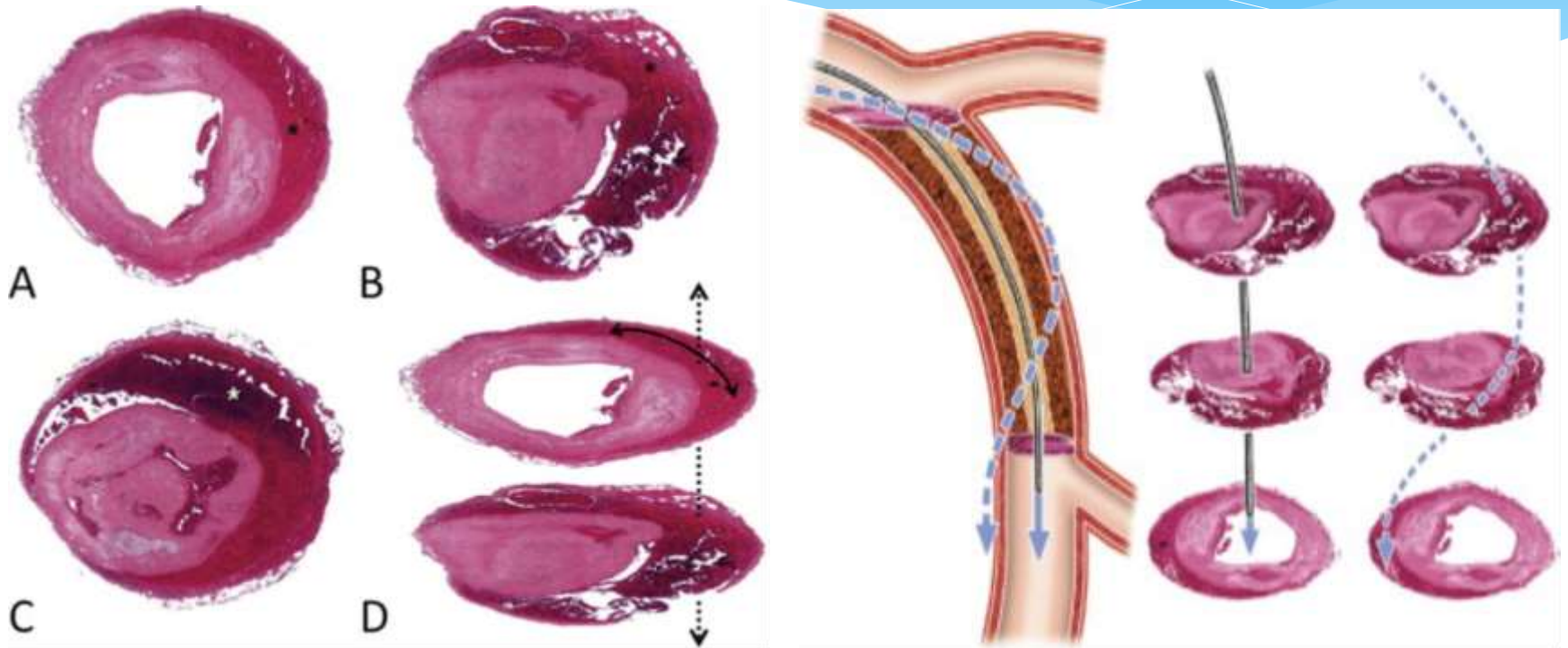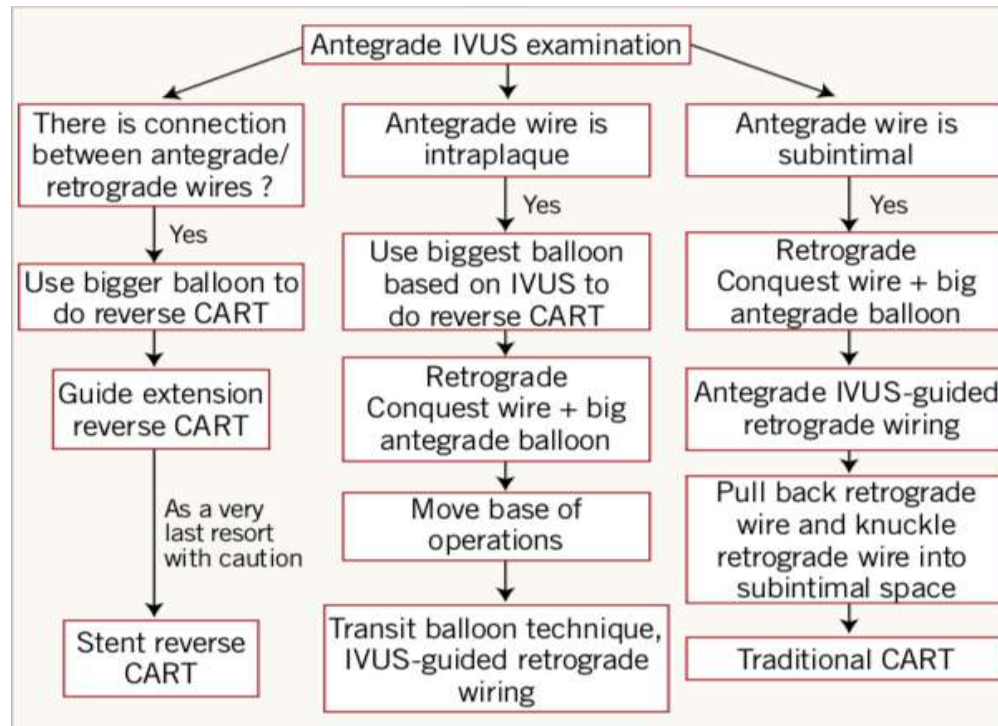
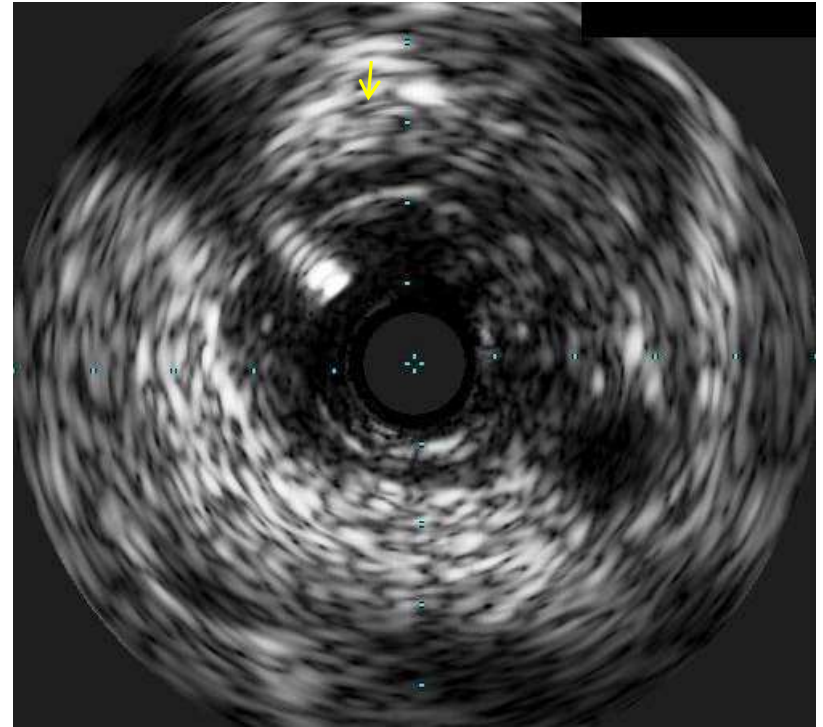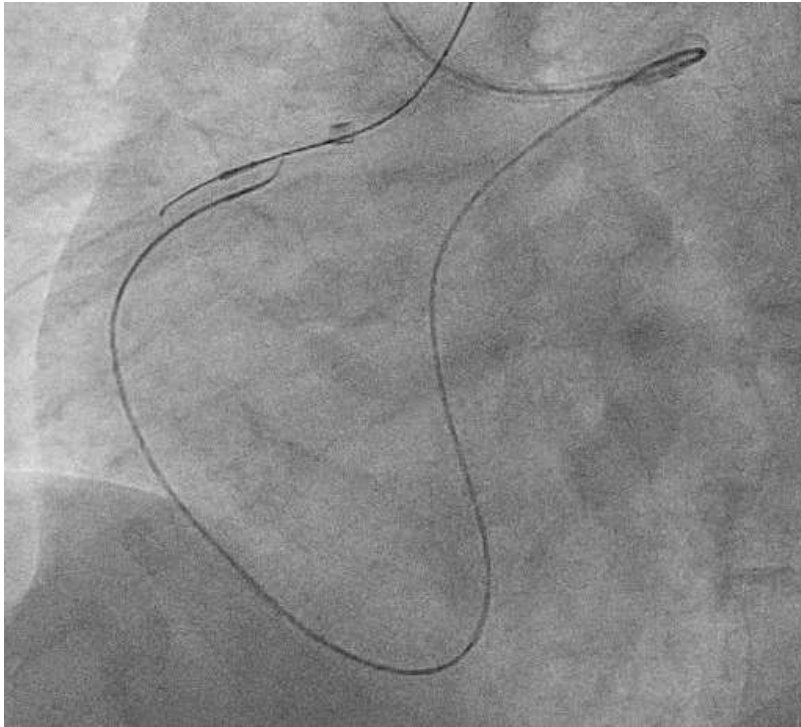# Direct RWC followed by kissing

Long-plus CTO
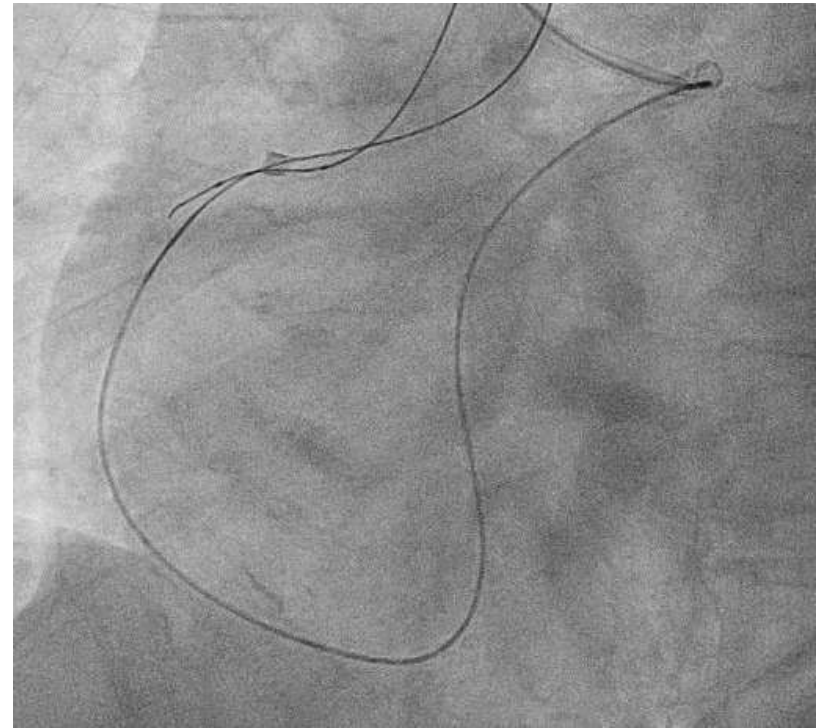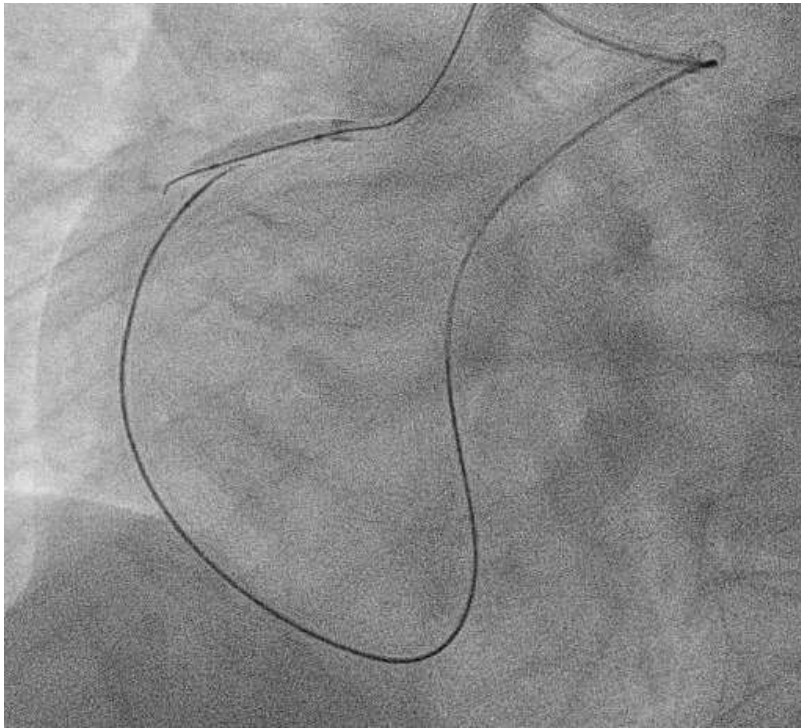
Time to knuckle: always from retro
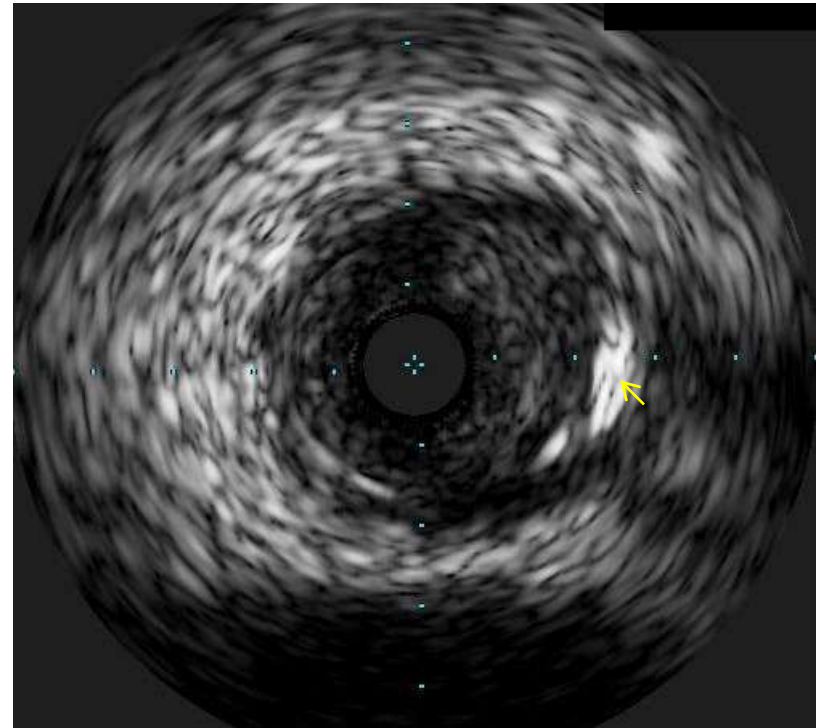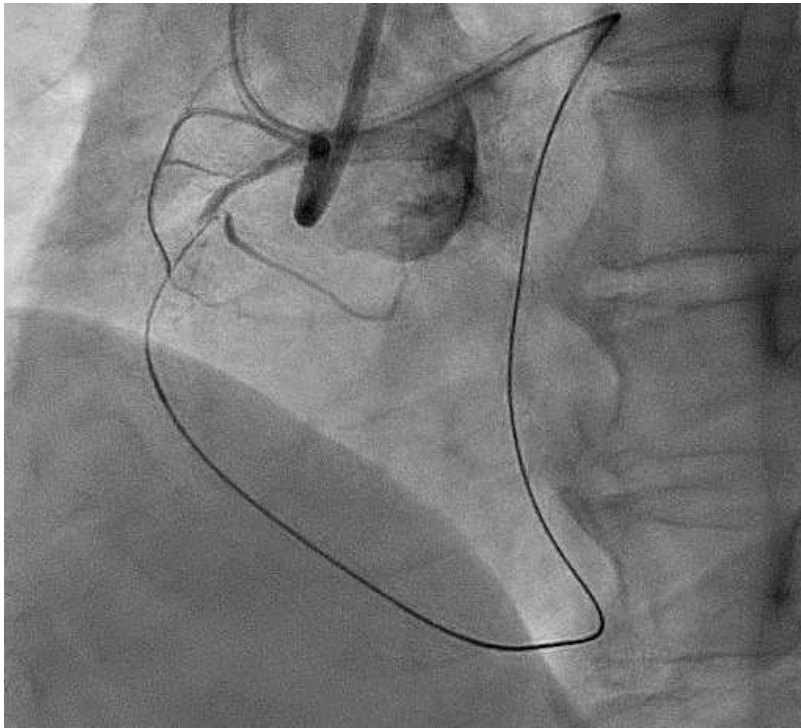
Wire positions in r-CART

Algorithm if initial r-CART failed
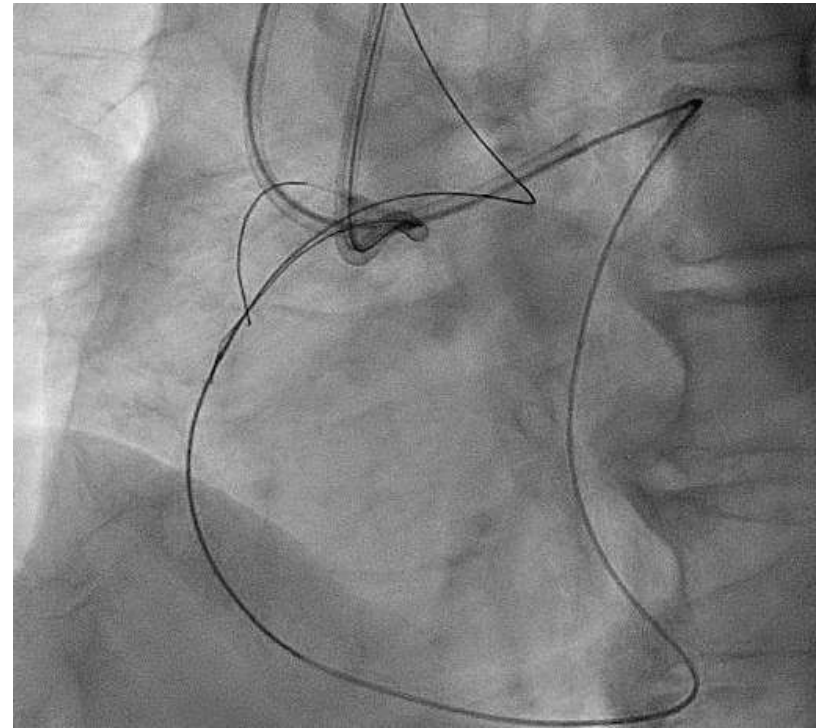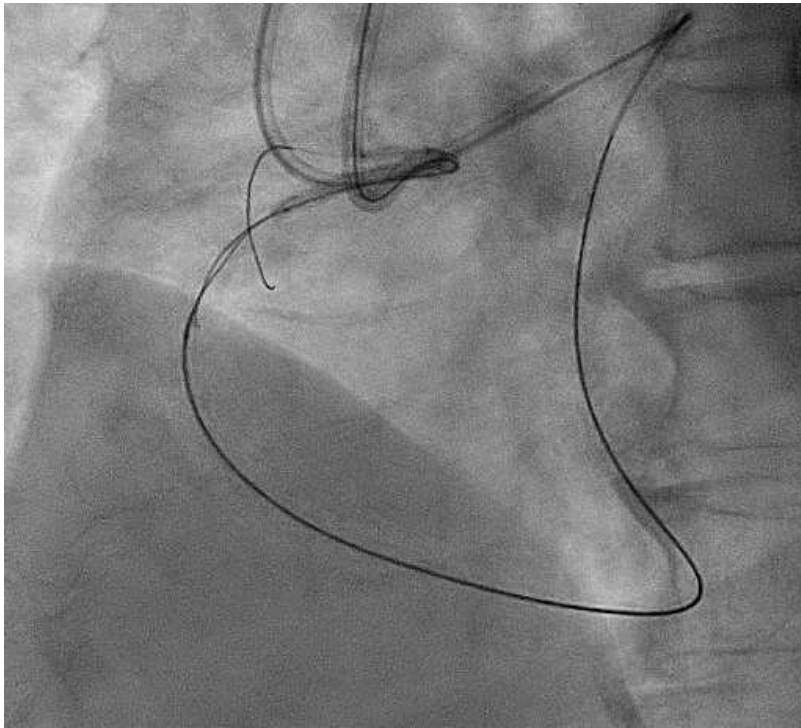
Connected/in the same space
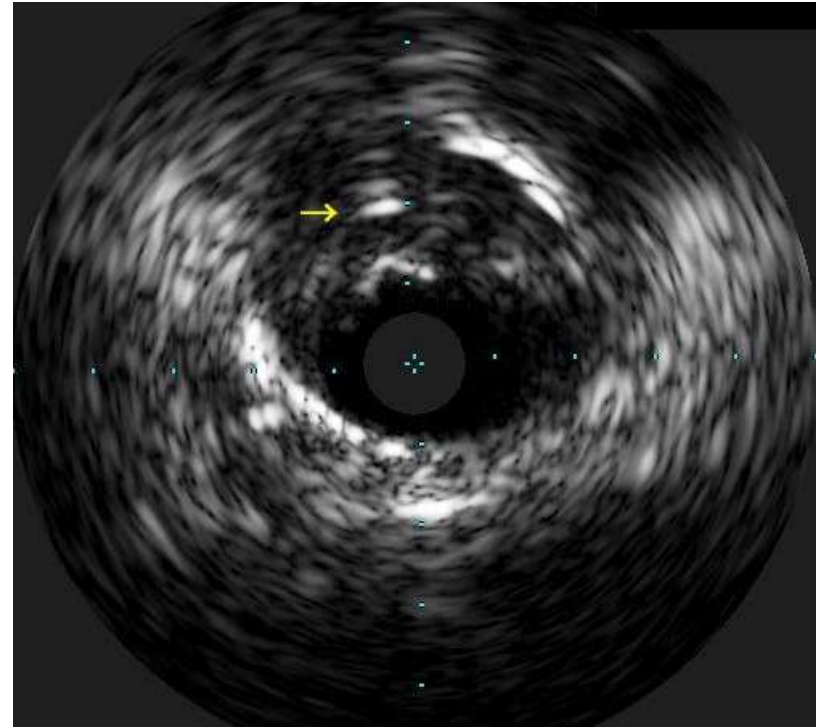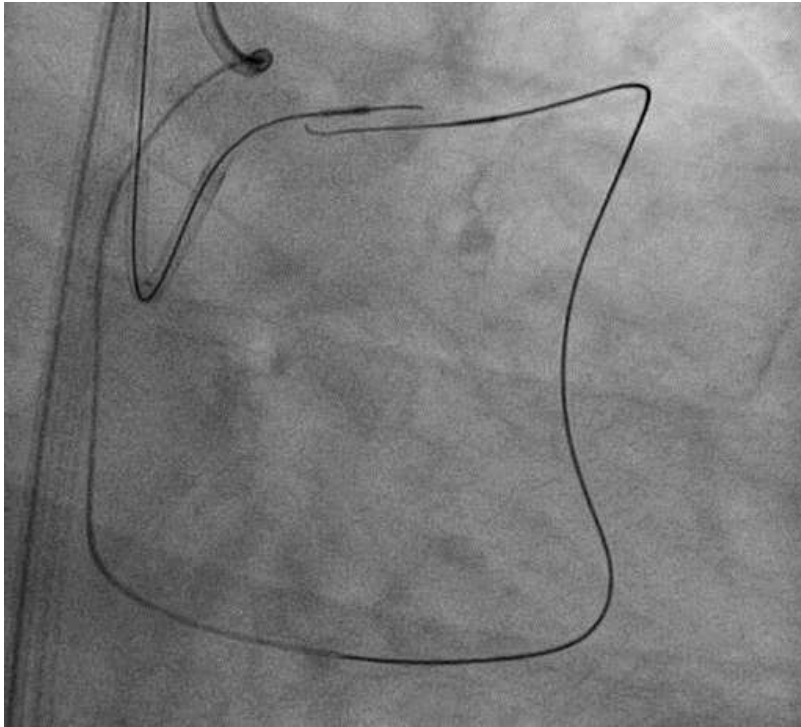
Larger balloon r-CART

Not connected and ante intra-plaque

Larger balloon r-CART

Not connected and ante subintimal

Retro puncture under IVUS guide