

Retrograde Approach

-- APCTO Algorithm --

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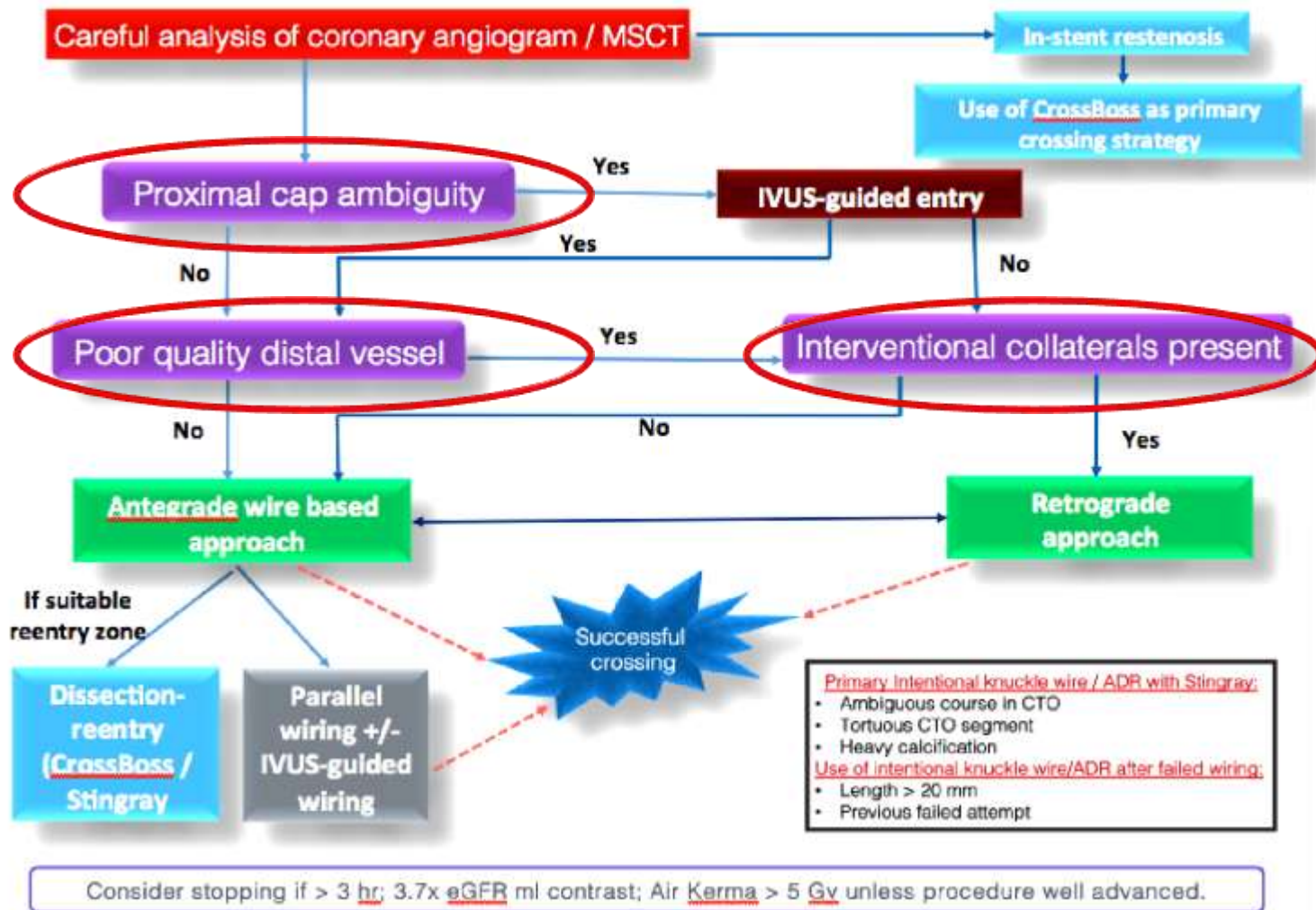
Professor of Medicine

National Taiwan University Hospital

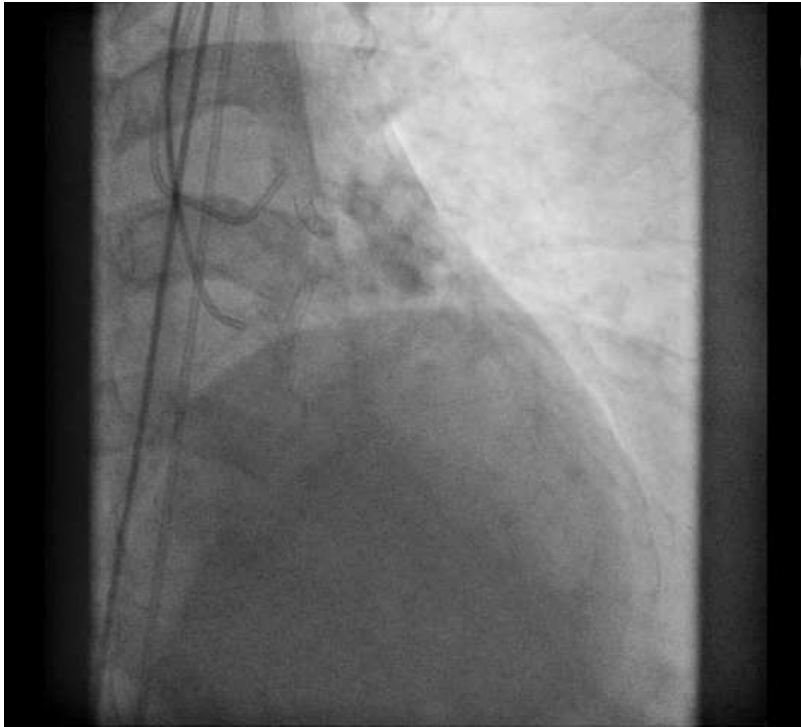
Disclosure

- * I have nothing to disclose

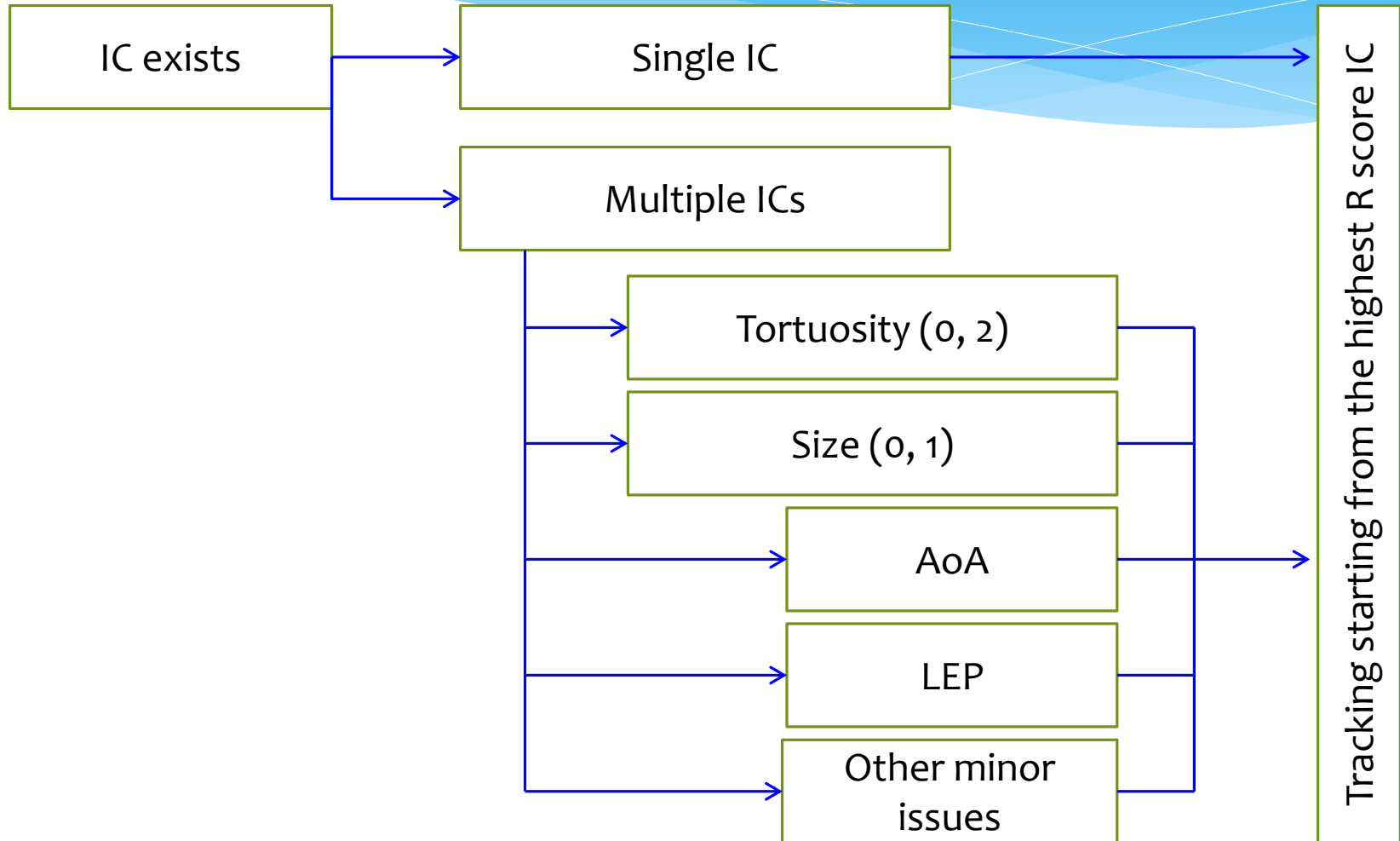
When to start retro?



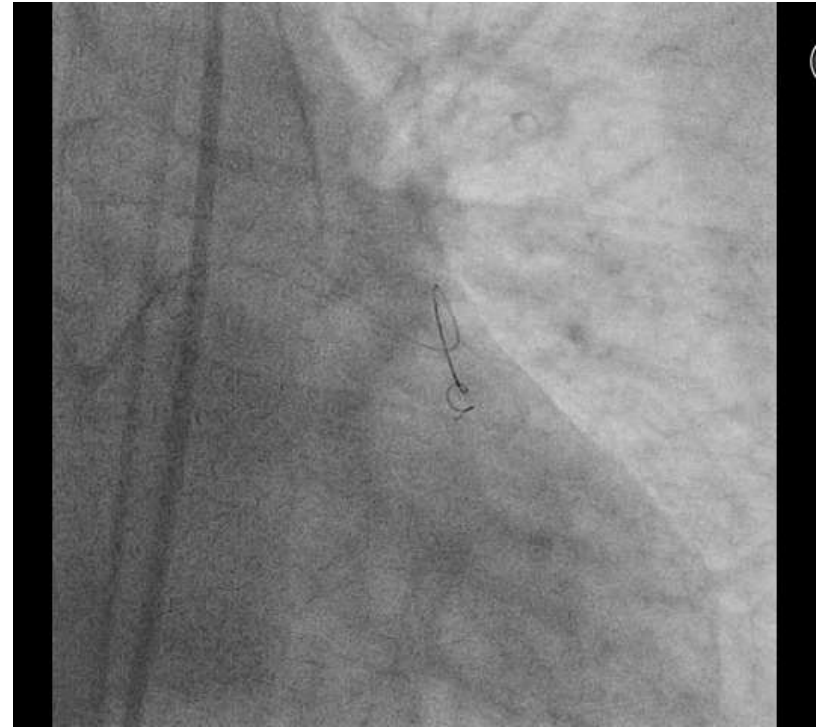
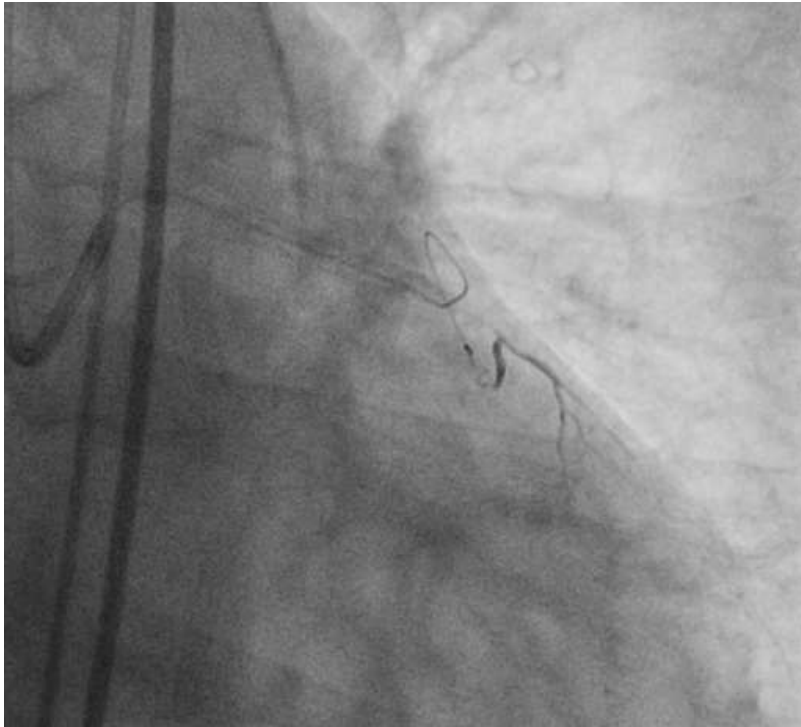
Good diagnostic imaging



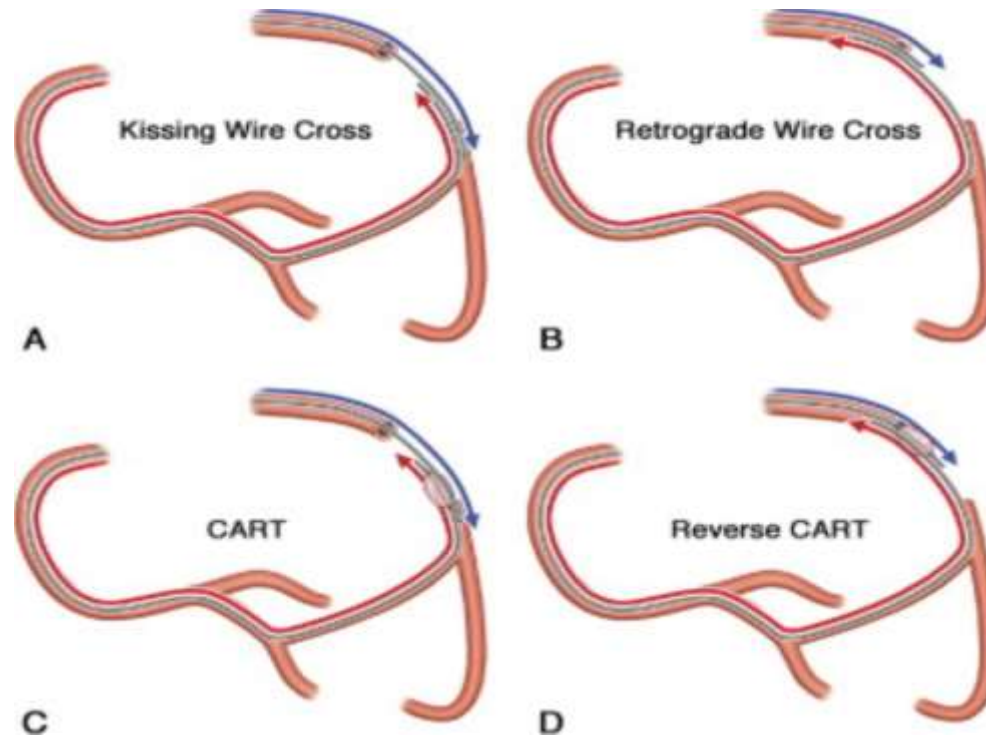
IC selection



IC tracking



Crossing mode of CTO segment



APCTO retrograde sub-algorithm

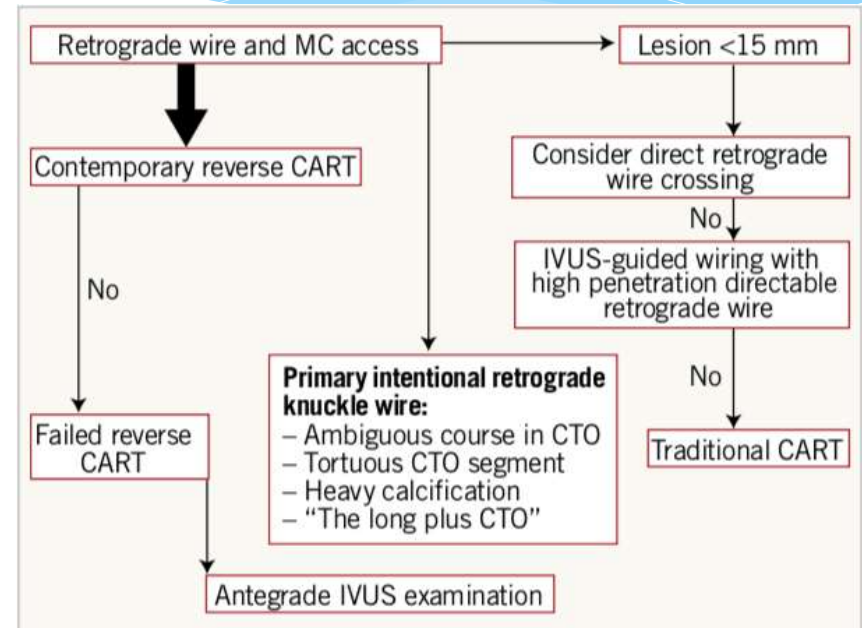
EXPERT REVIEW
CORONARY INTERVENTIONS

Retrograde algorithm for chronic total occlusion from the Asia Pacific Chronic Total Occlusion club

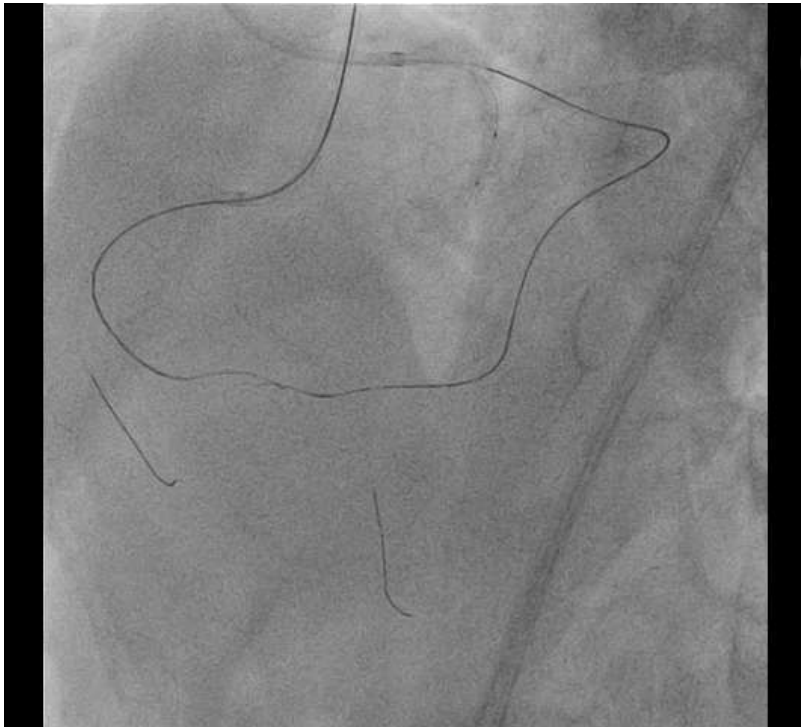


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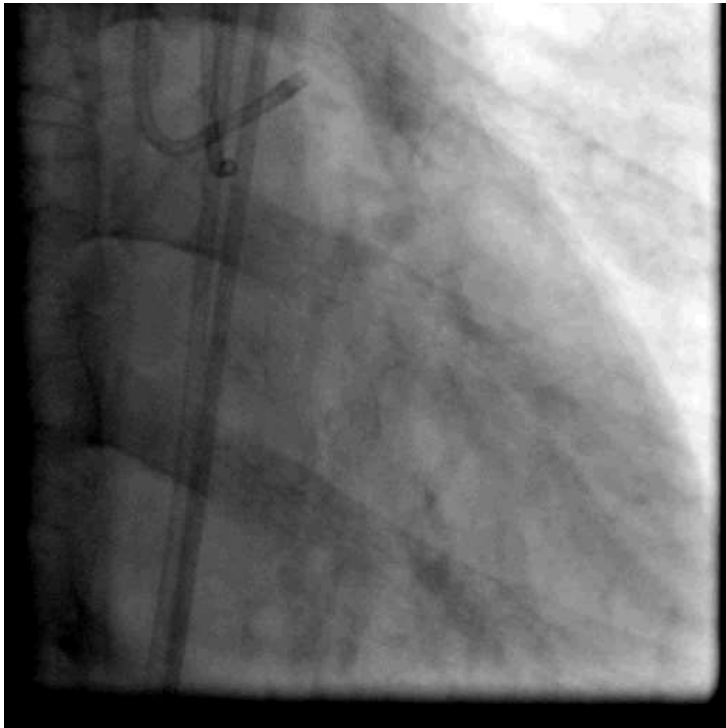
Direct retrograde wire crossing



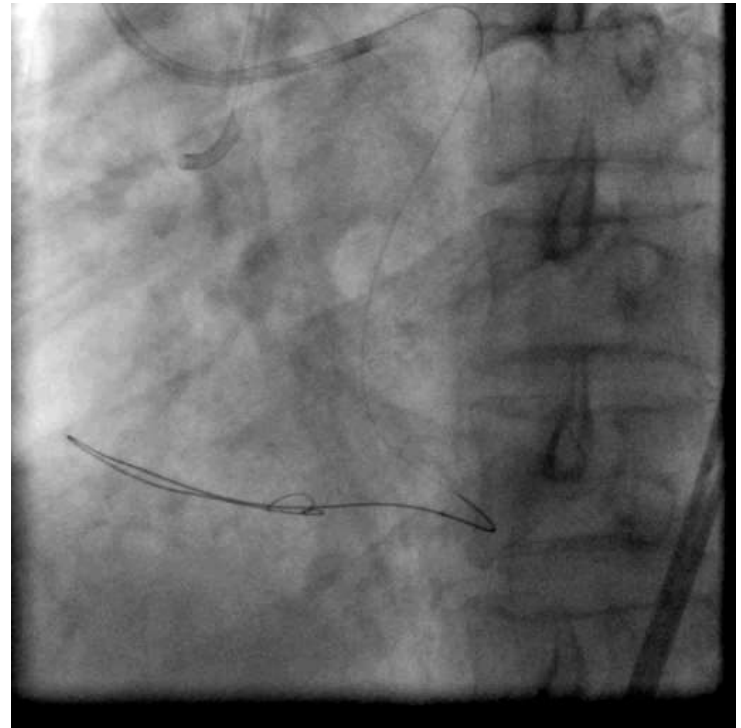
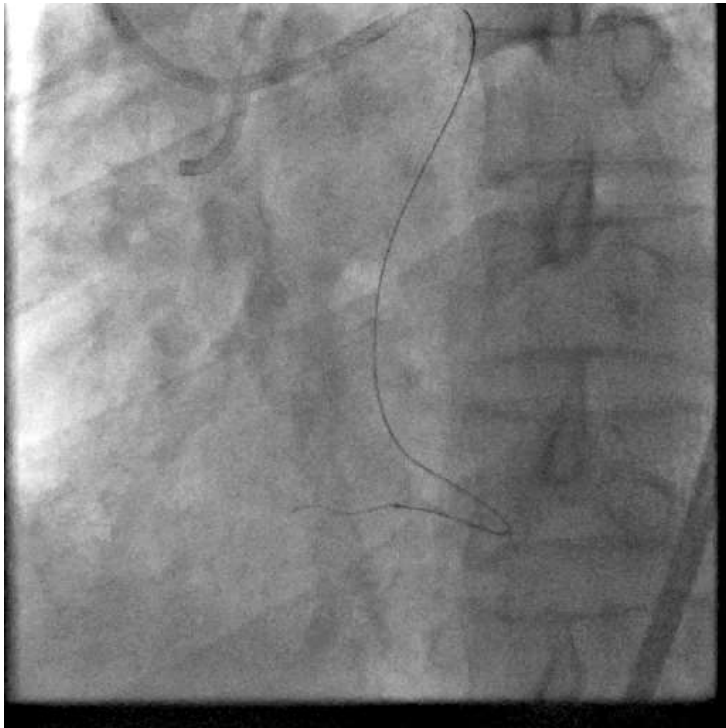
Direct RWC followed by kissing



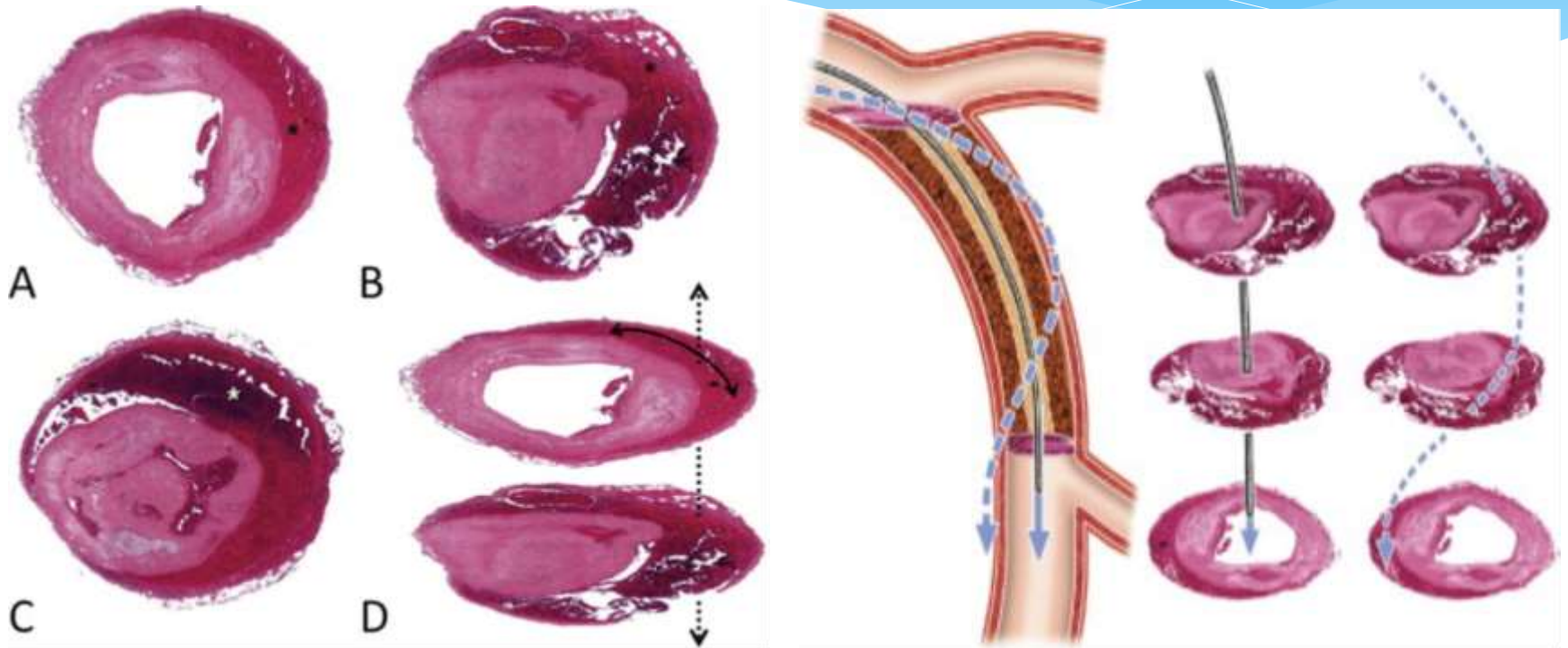
Long-plus CTO



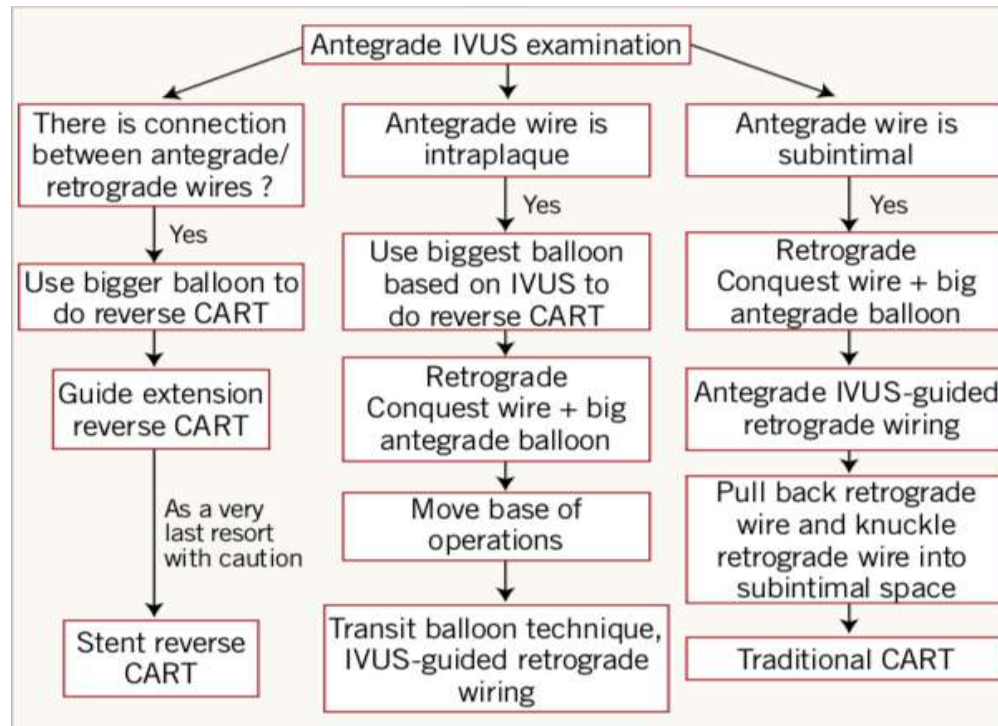
Time to knuckle: always from retro



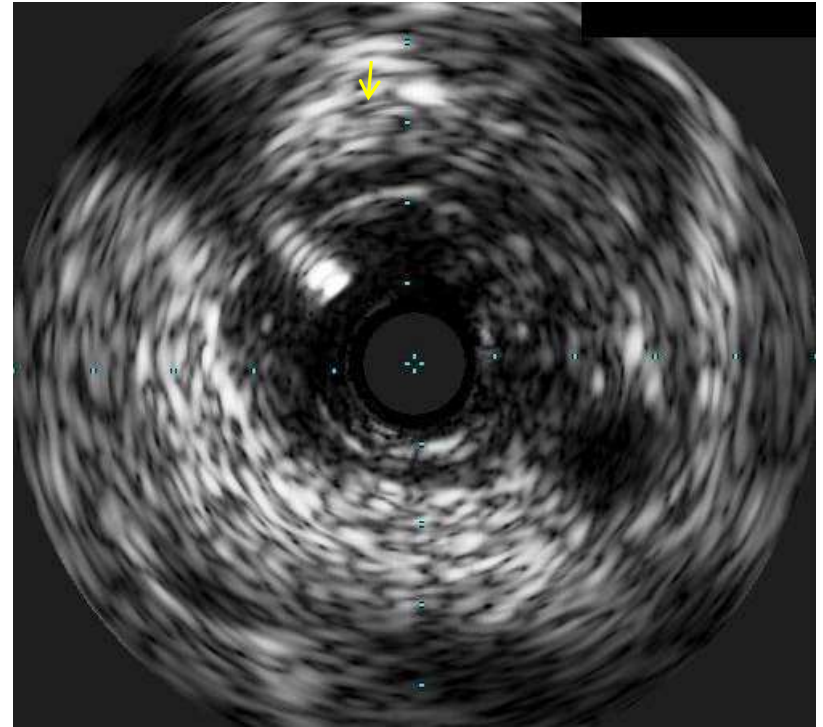
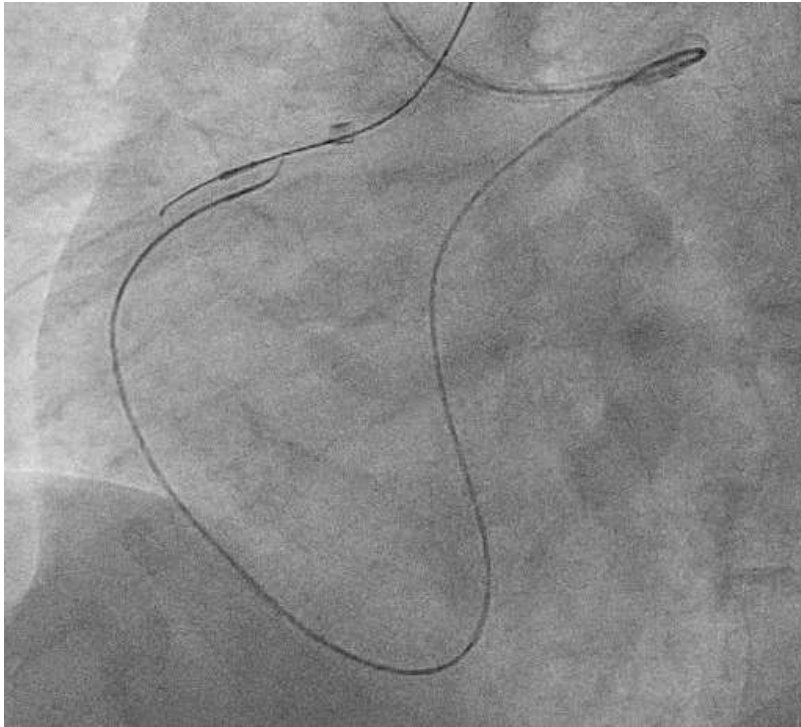
Wire positions in r-CART



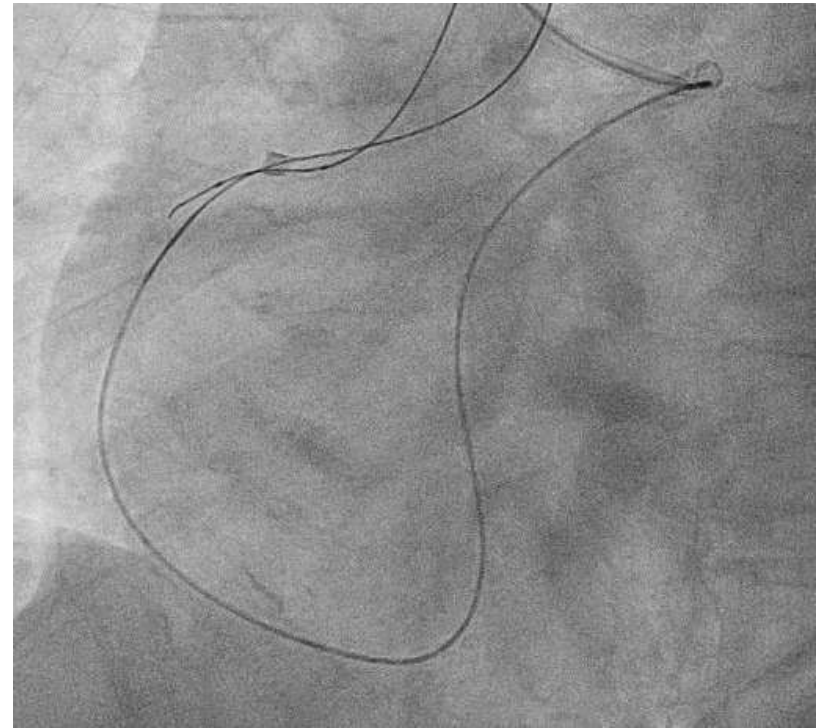
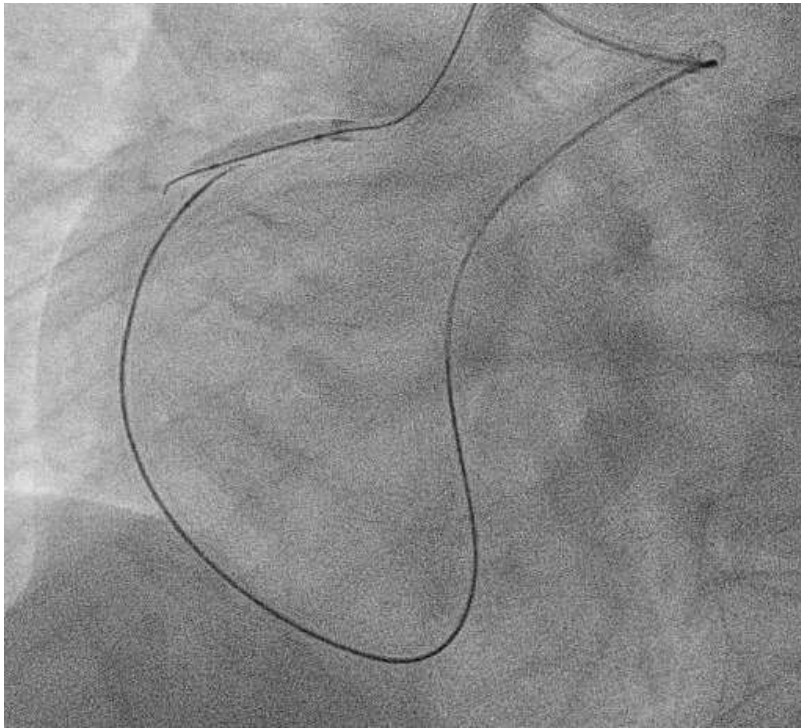
Algorithm if initial r-CART failed



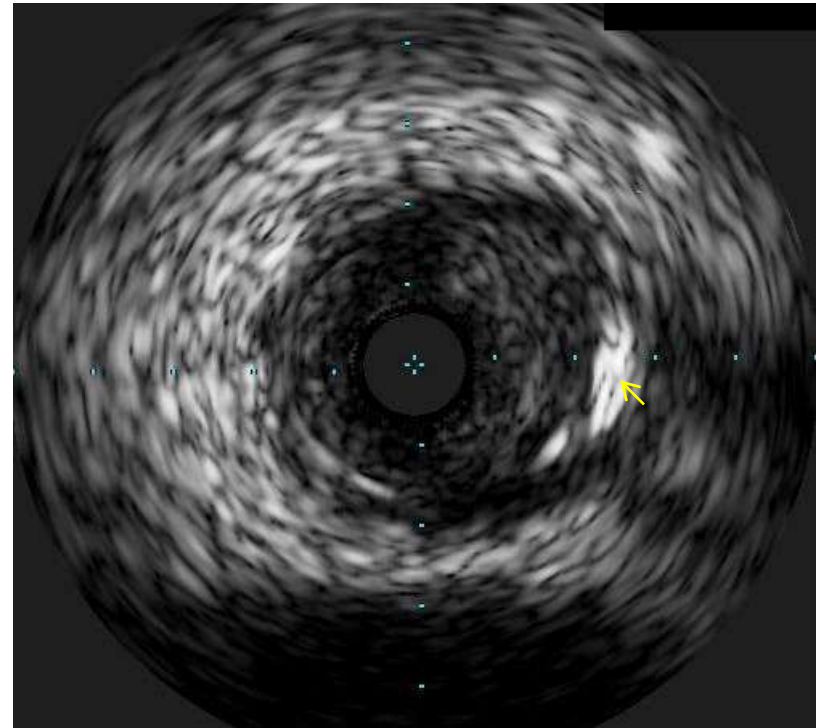
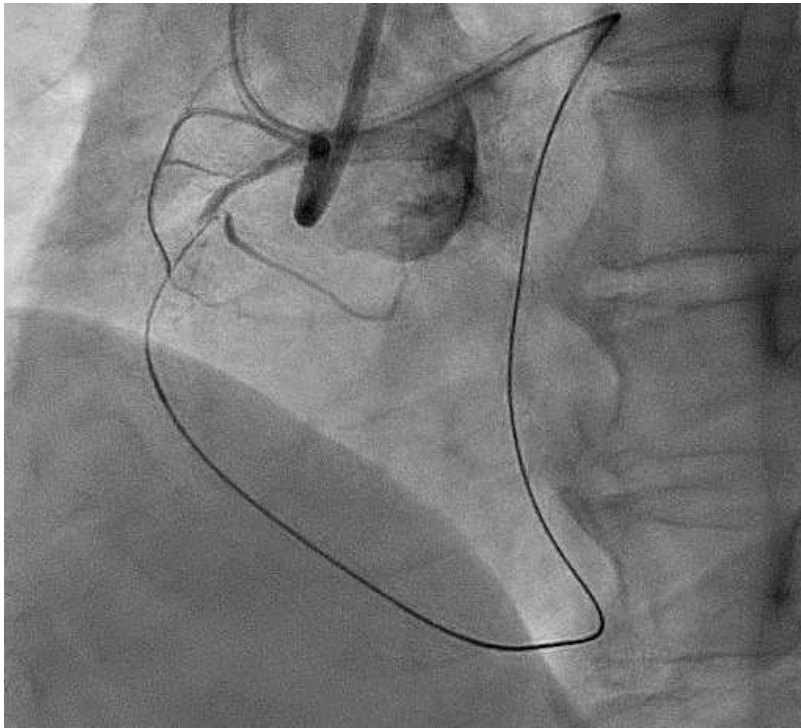
Connected/in the same space



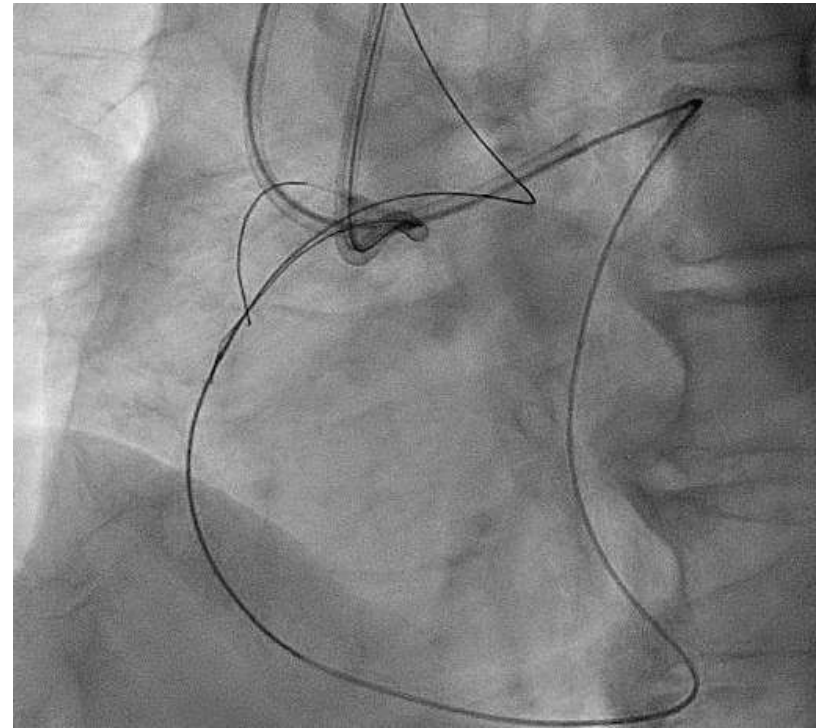
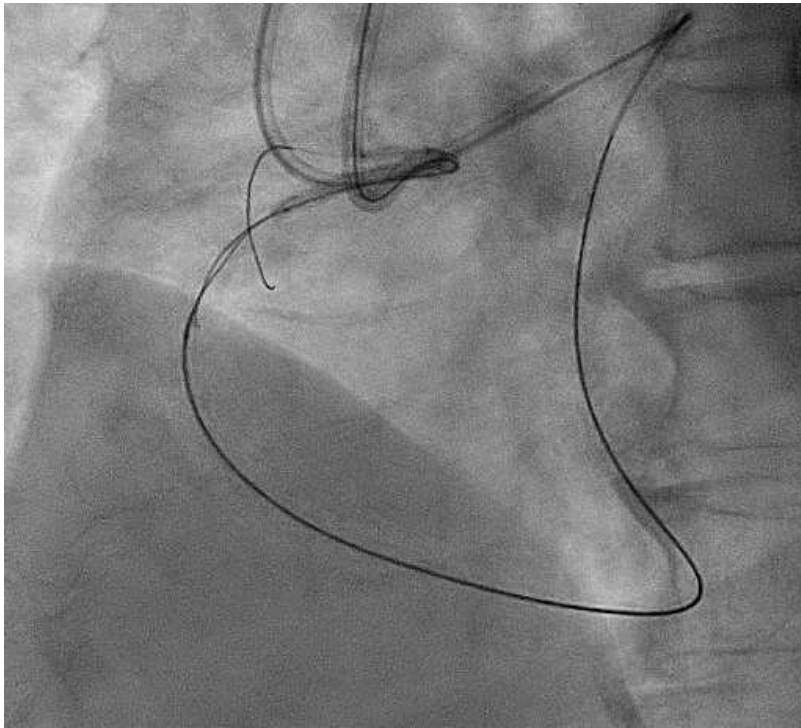
Larger balloon r-CART



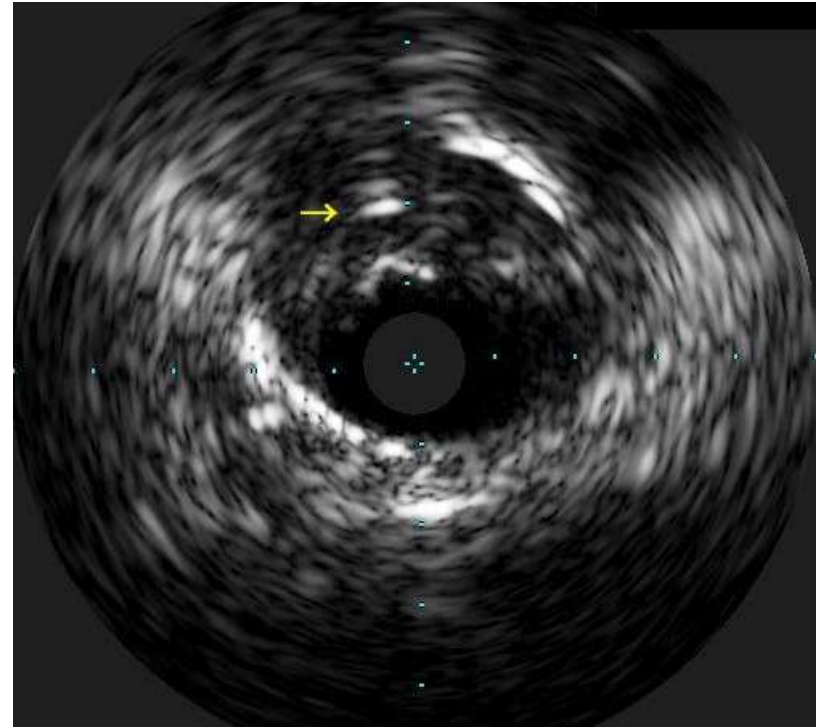
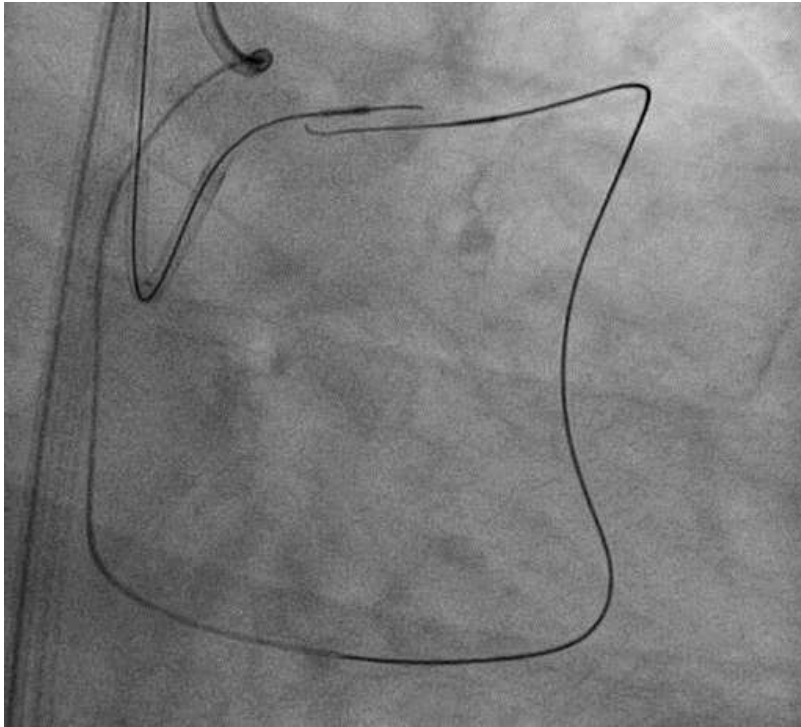
Not connected and ante intra-plaque



Larger balloon r-CART



Not connected and ante subintimal



Retro puncture under IVUS guide

