

Our Minor? Tips of TRI

Kobe city

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Requirement for radial artery puncture

- Concentration
- Relaxation
 - Patient
 - Operator
 - Stuff
- and Technique



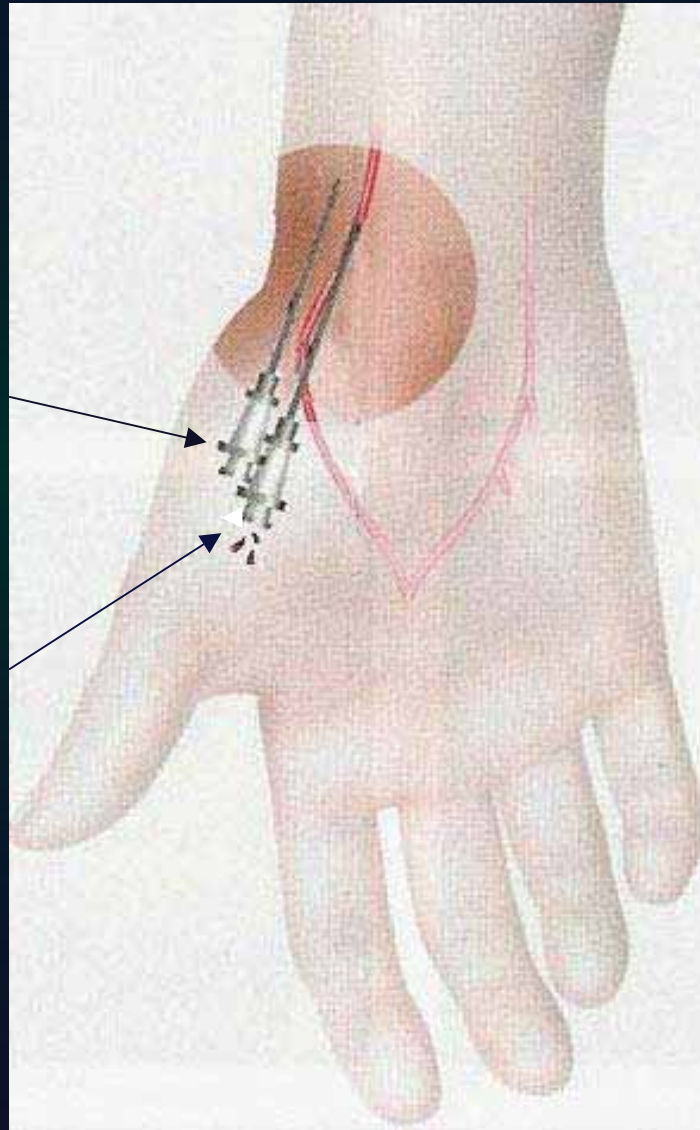
Puncture Technique

- Needle Selection
 - 22G > 20G
- If first try of puncture can not success.
 - *Change the needle*
 - *Change the operator*
 - We selected buddy needle technique

Buddy needle puncture

Leaving first needle,
not get the radial artery

Second needle get the
radial artery easily,
guide of first needle



Common Technique (Guiding Catheter)

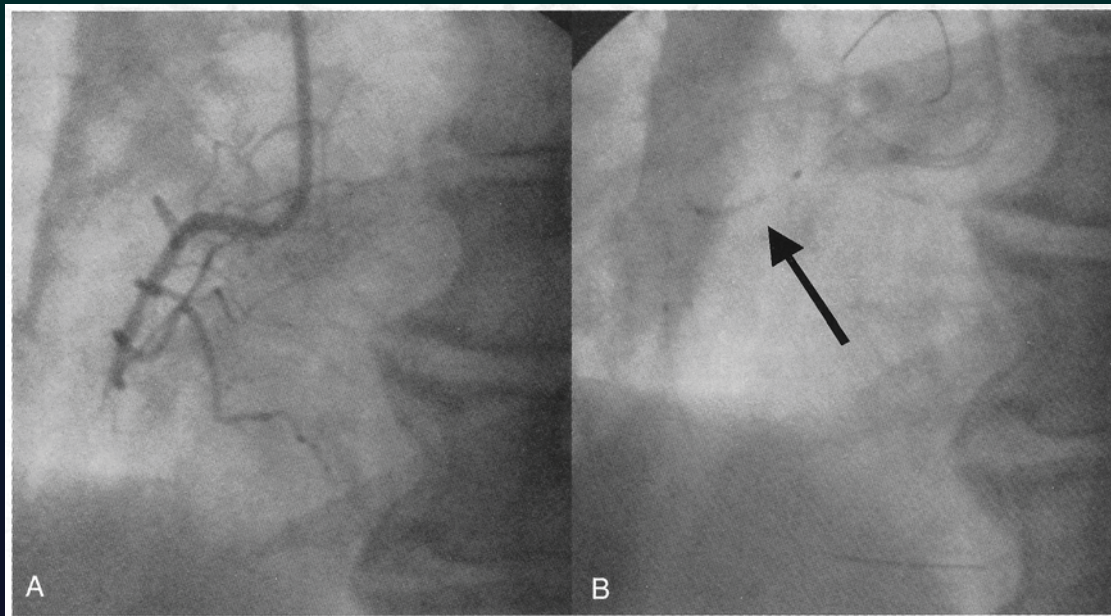
- Change of Guiding Catheter
 - Long tips, Amplatz type
 - IKARI type
 - Down sizing (to 5F)
- Deep-engage of Guiding Catheter
 - with GW/Balloon support
 - with/without Anchoring technique

Common Technique (Guide Wire)

- Parallel wire (Buddy wire)
 - Addition of Support type
 - Such as Grandslum etc.

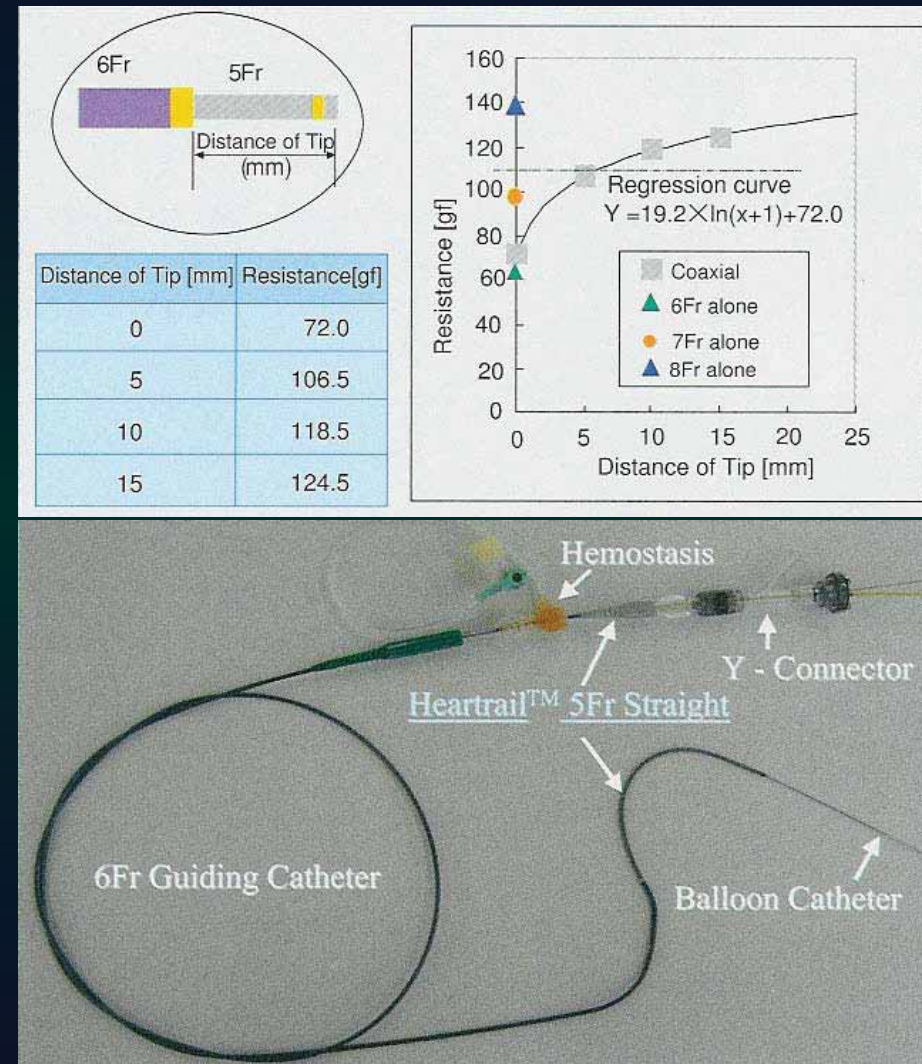
Common Technique (with Balloon Catheter)

- Anchoring technique
 - “Tamai-shiki”
 - Fujita S, Tamai H, Kyo E et al. New technique for superior guiding catheter support during advancement of a balloon in coronary angioplasty: the anchor technique. *Catheter Cardiovasc Interv.* 2003 59:482-8

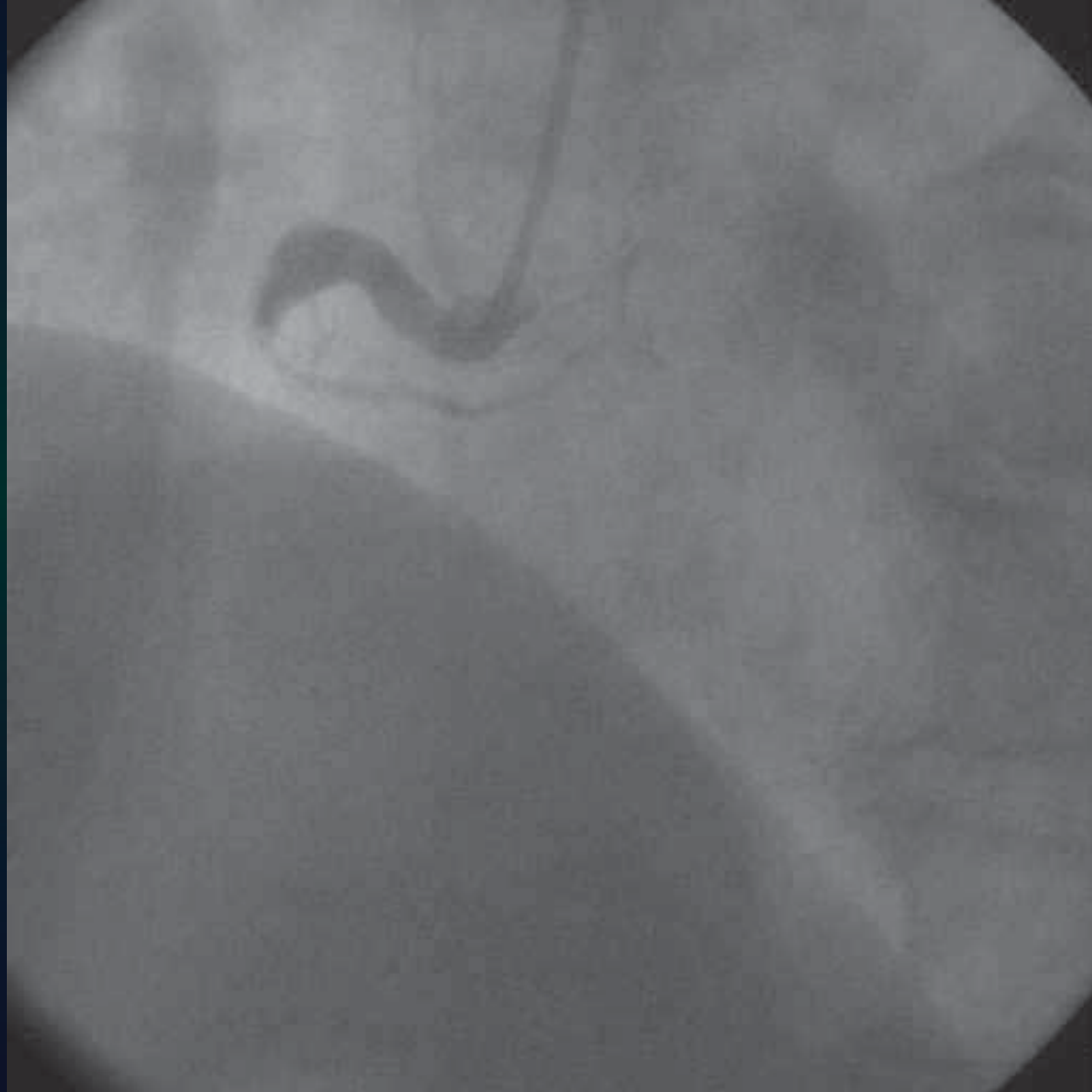


Common? Technique (5 in 6F)

- Help more powerful backup for guiding catheter
- Caution !
 - Careful of air shot
 - Pressure monitor not visible



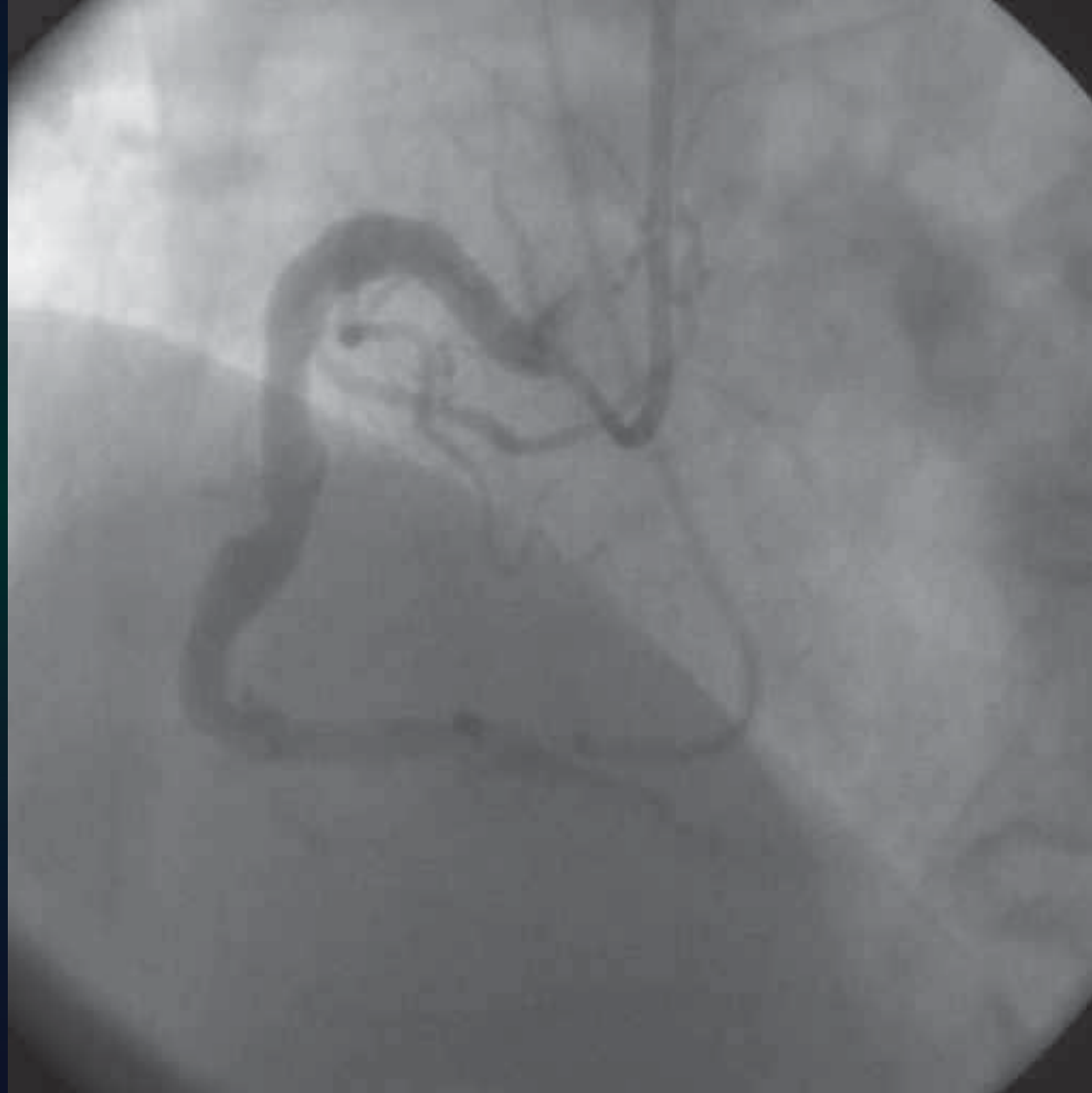
5F in 6F



5F in 6F



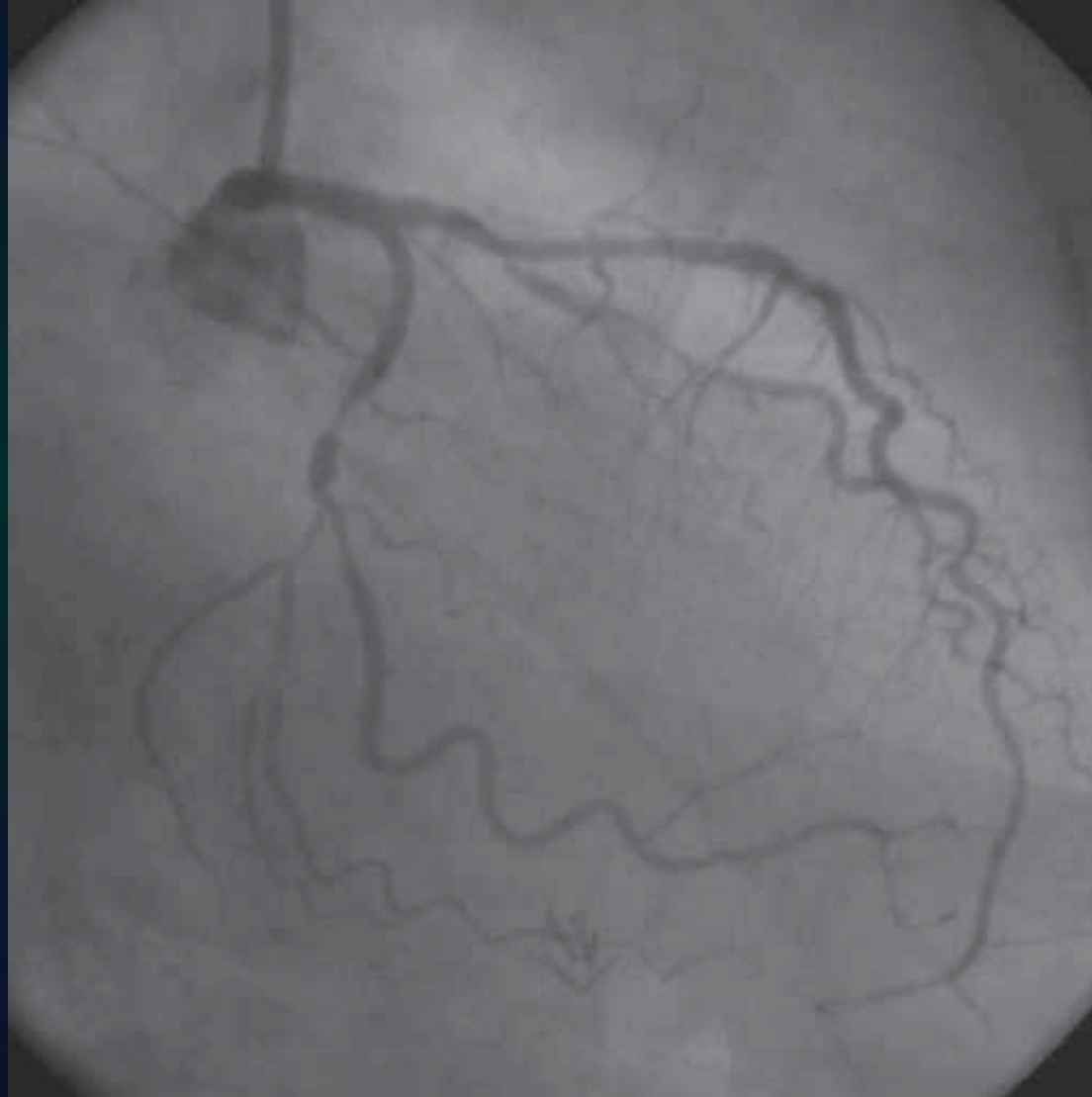
5F in 6F



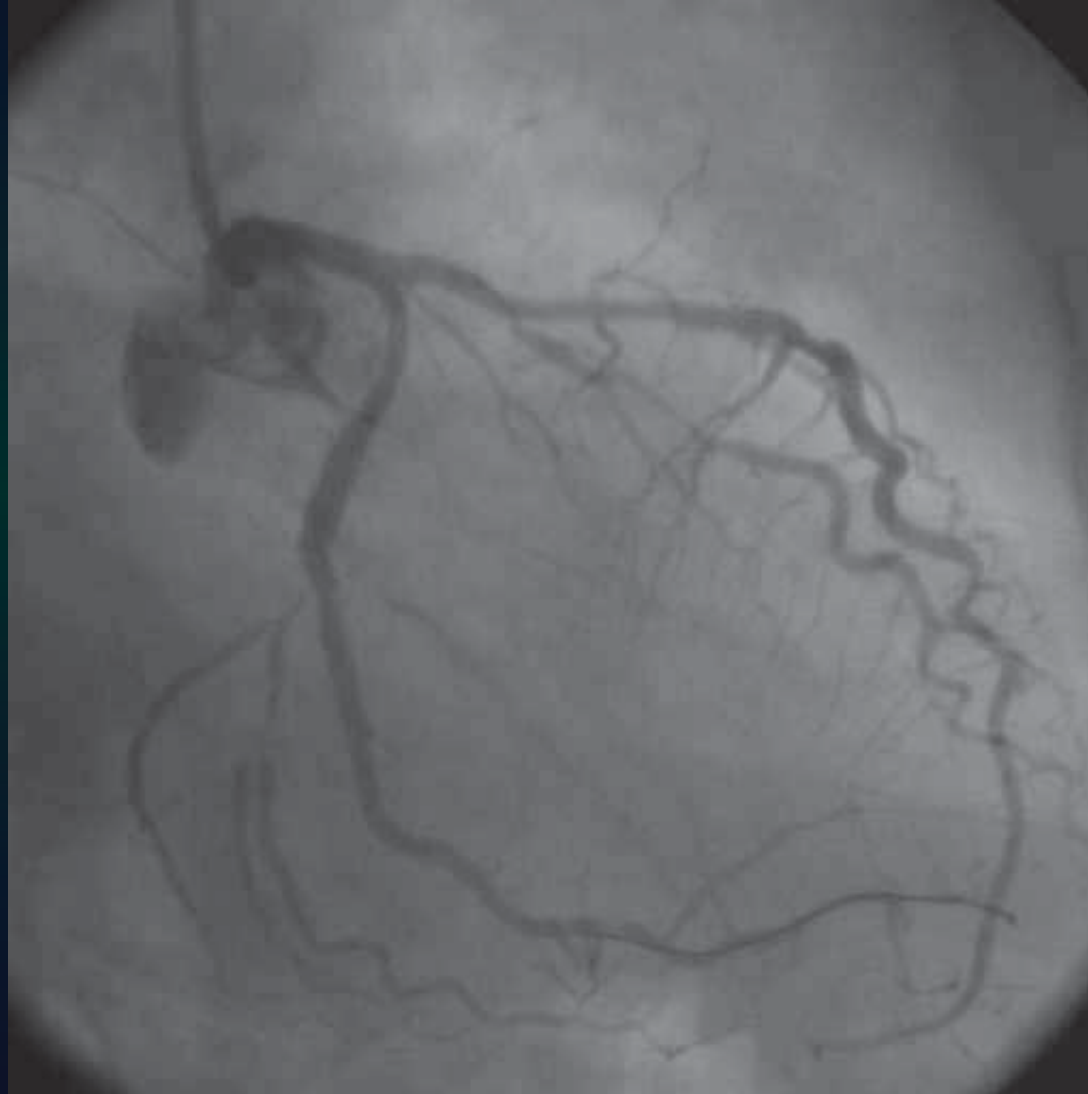
Minor? Technique (IKARI Left de Right)

- Using one GC for RCA and LCA
- Cost benefit !
- IL have powerful backup for RCA
 - but, IKARI Right have not backup support for normal LCA

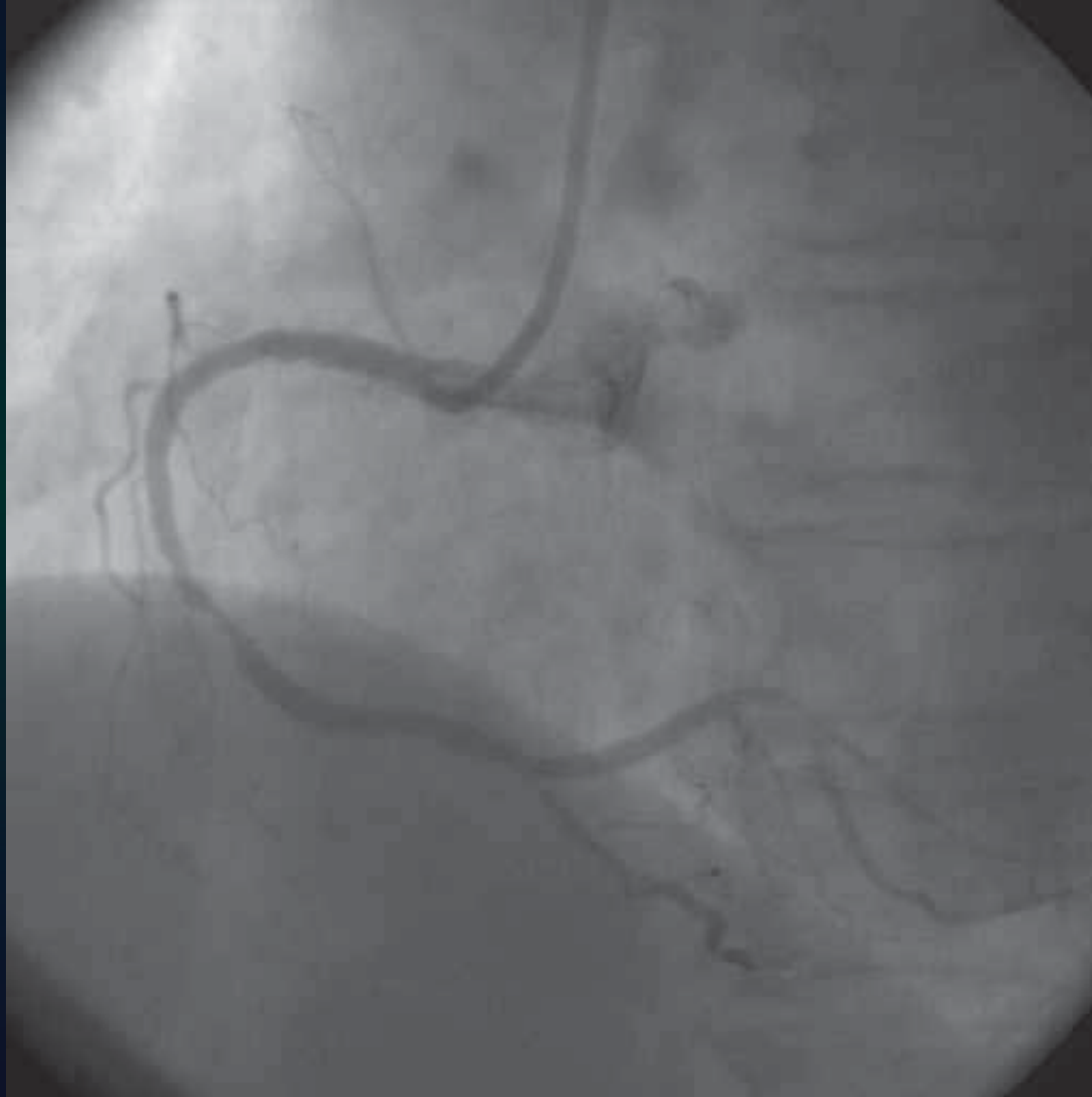
IL de Right



IL de Right



IL de Right



IL de Right



Minor? Technique (Bilateral Guiding)

- If there is bilateral GC with user-friendly, which do you choice GC at ■ ■ ■ ■
 - ACS
 - PCI to RCA & LCA at the same time
- The Future Generation CG
 - Now, we doing under development



“ANIMO” Catheter

Minor? Technique (Null de “nurutto”)

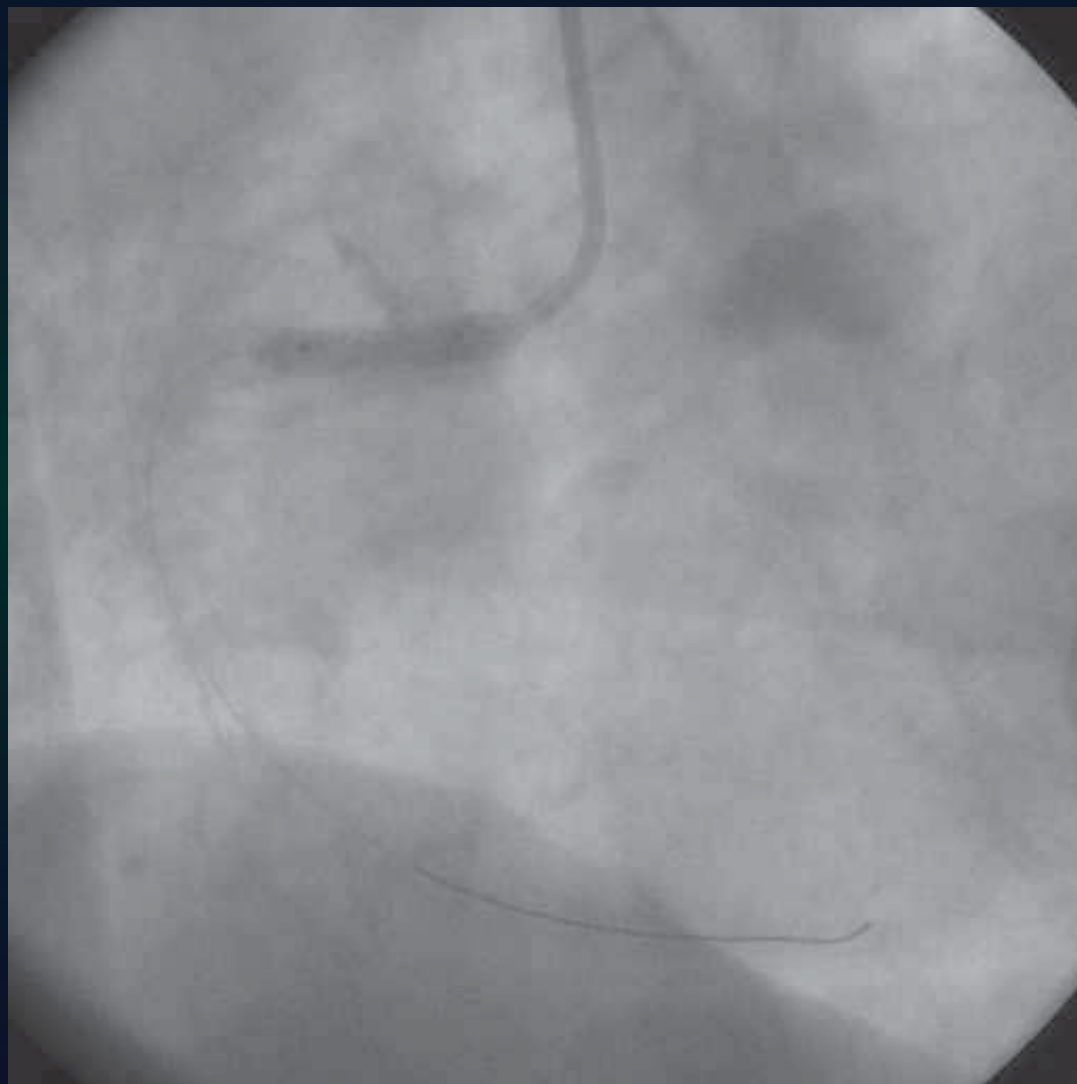
- More useful buddy wire
 - Buddy wire
 - Used “Null” coating plastic guide wire
 - Such as Wisper MS GW
 - Support & Slip in for Balloon/Stent etc.



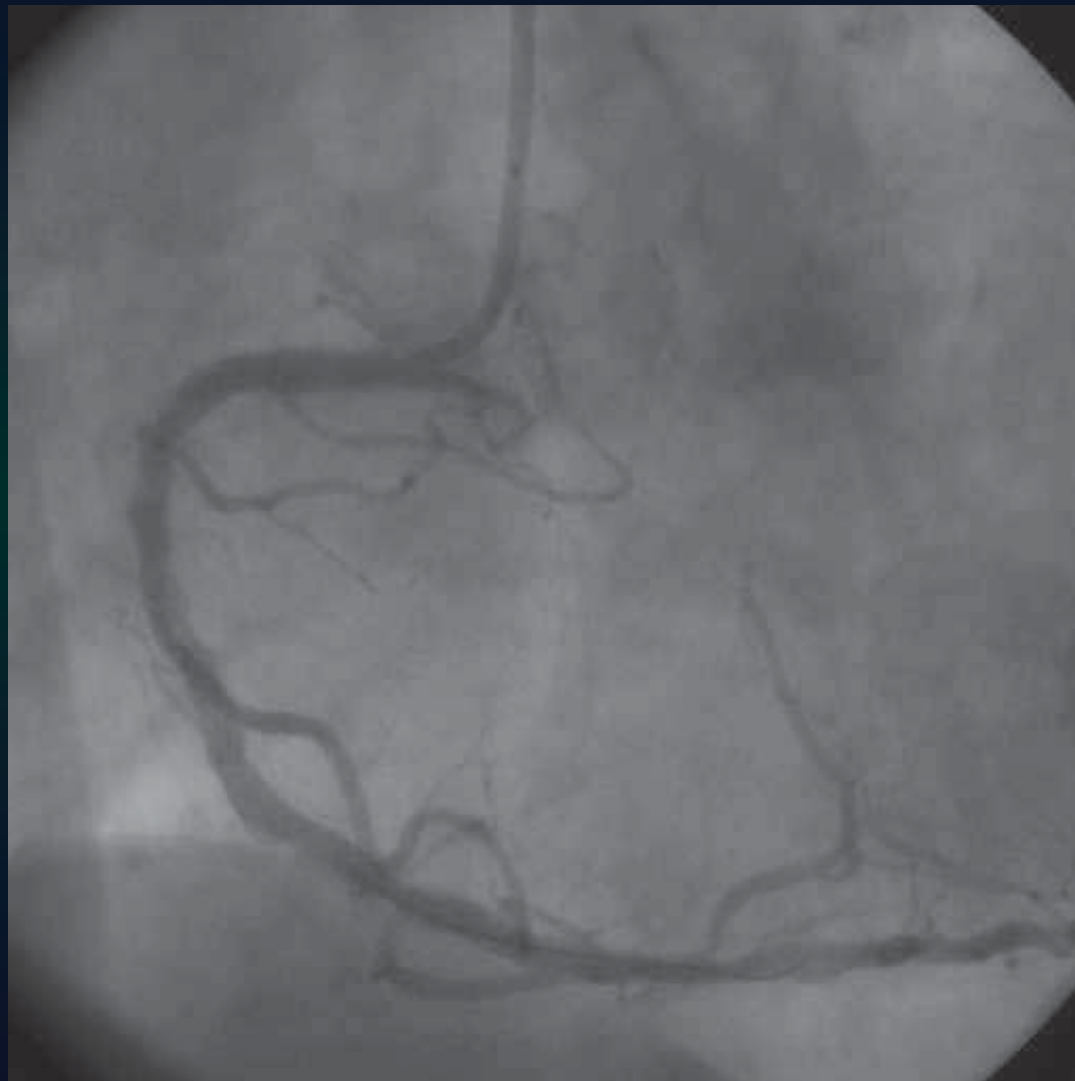
Null de “nurutto”



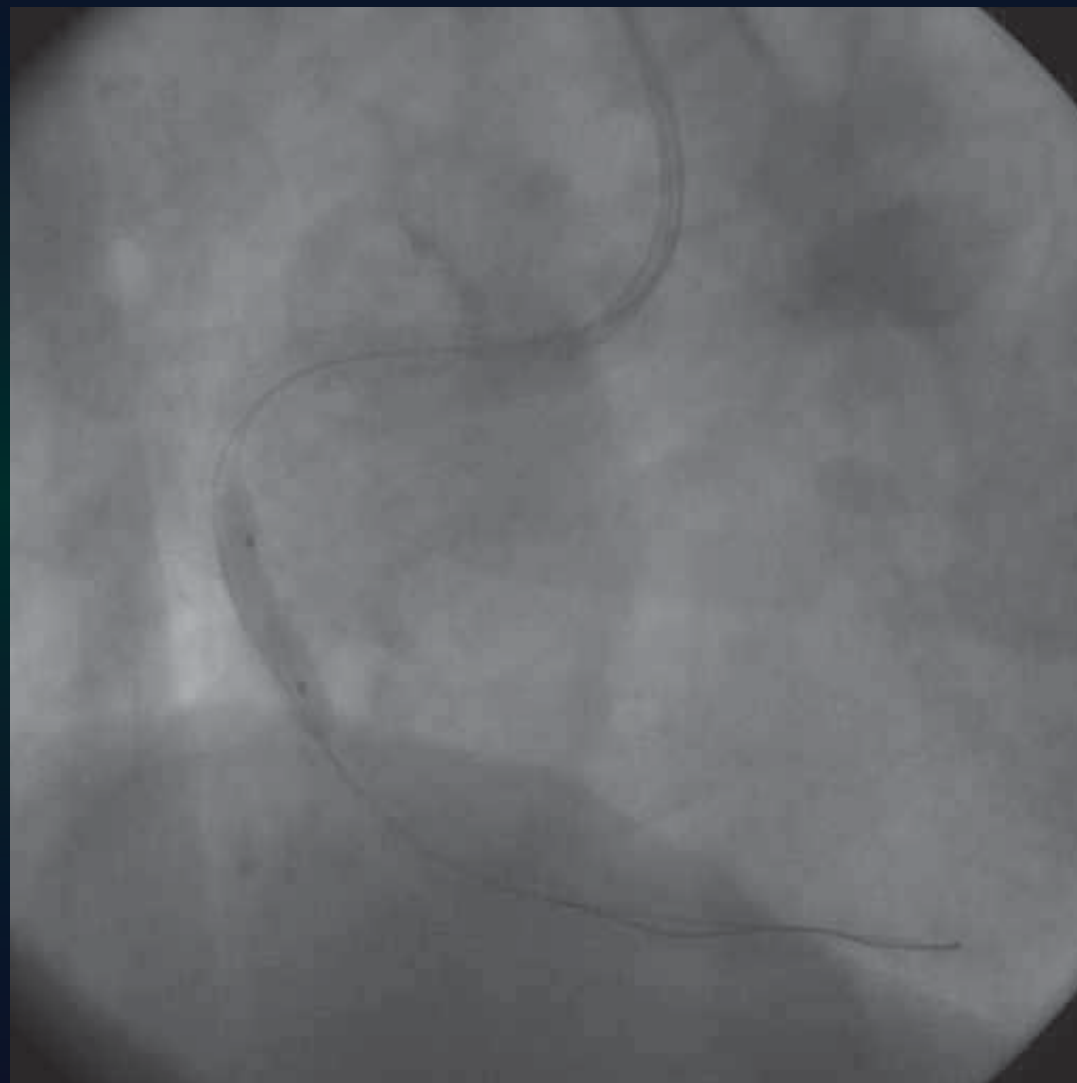
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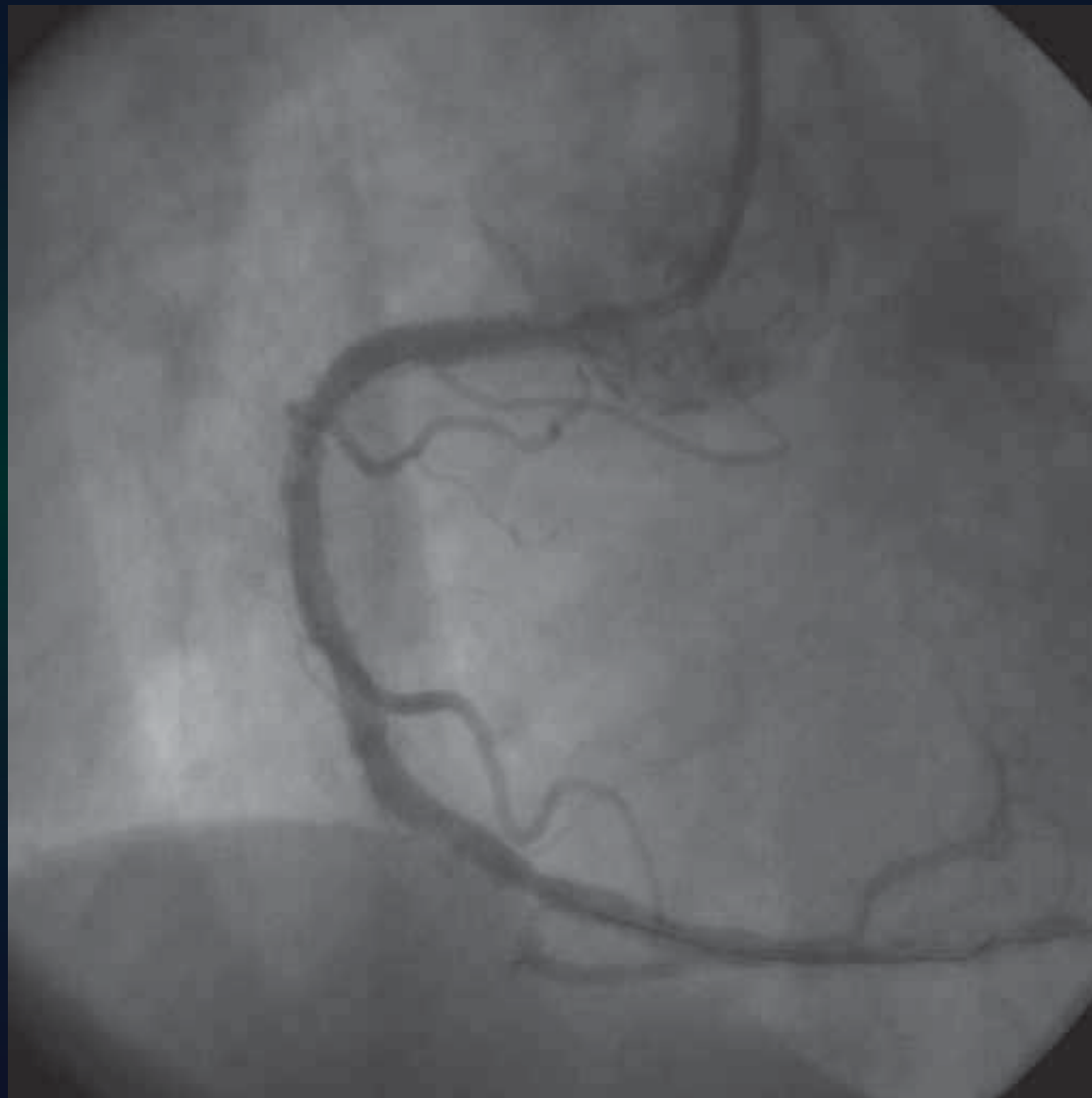
Null de “nurutto”



Null de “nurutto”



Null de “nurutto”



Conclusion

- Our Tips were minor technique
- But very useful and cost benefit
- For Success of TRI, use combination those technique



We love TRI !

Angioplasty Summit 2004

Discussion for TRI on my web site

- Kinki Transradial Study Group

– <http://www.radialspirit.jp>

- More TRI Maniac Room

– <http://www.radialspirit.jp/More%20TRI%20maniac%20room.htm>



http://www.radialspirit.jp/More TRI maniac room.htm - Microsoft Internet Explorer

More TRI mania's Room (Complex Lesion by TRI)

This room is for complex lesion by TRI.
Case presentation and discussion with us

Case 1 (Dr M at Hyogo, Japan)

- 83 years old man
- stable AP, not MI
- CAG
 - Normal LCA, no significant stenosis
 - RCA: #2 100
 - There was collateral flow LAD to RCA #3 distal

TRI System

- GC: IKARI type IR-1.5 (Terumo)
- GW: Athlete Magic FA (Japan Life Line)
- Supporting Catheter: Interpass III (Terumo)

Case 2 (Dr S from Kanagawa, Japan)

- 79 years old man
- Stable AP, not MI
- I tried this CTO at 6 month ago, but I couldn't pass the GW. My GW passed to false lumen only at distal LAD.
- CAG
 - RCA #2 75%
 - LAD #7 100% obstruction dilation unknown
 - There was good collateral flow RCA to LAD

Let's discuss for TRI with us !