

Bifurcation stenting with metallic stent: Practical 2016 recommendation for techniques and stents

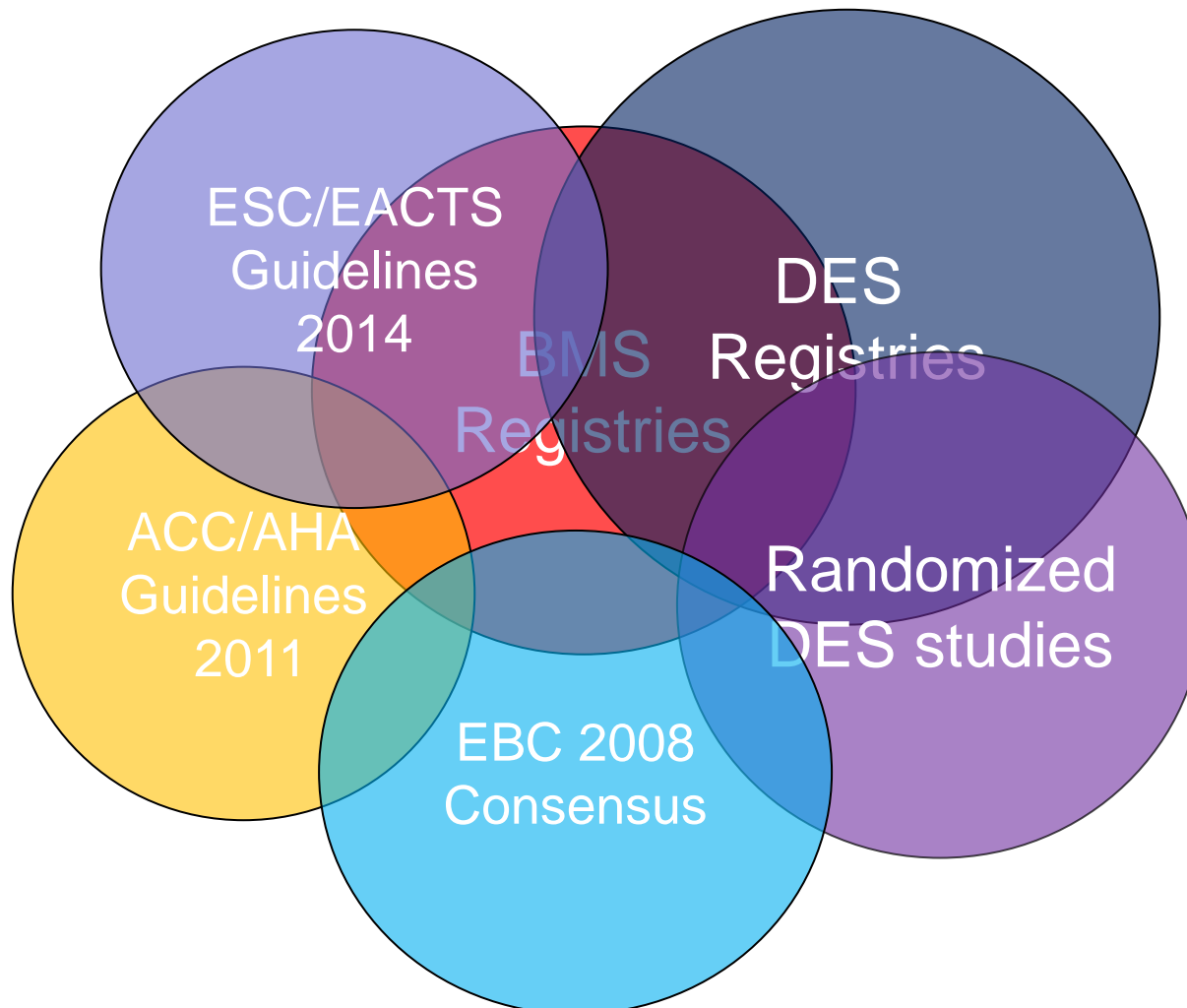
T. Lefèvre and the ICPS Team

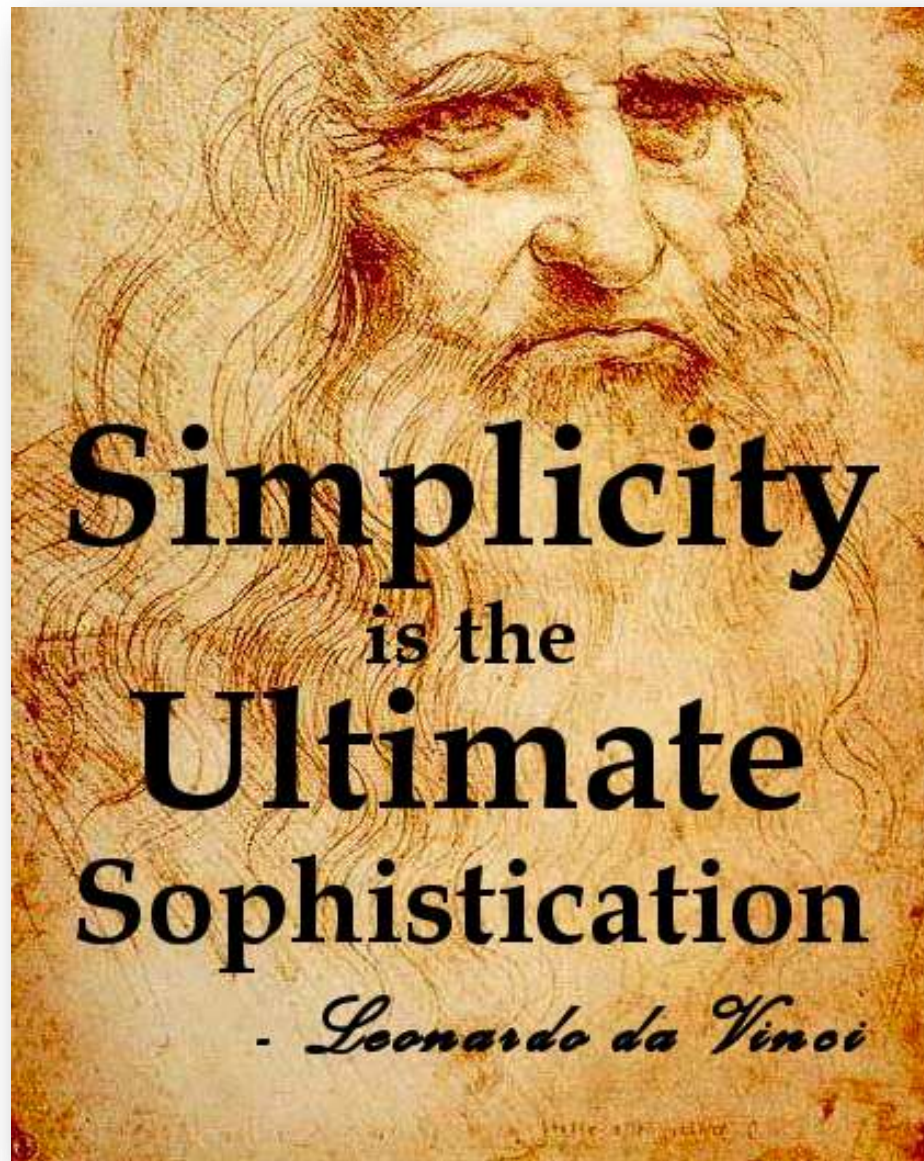
Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship	Company
<ul style="list-style-type: none">• Grant/Research Support• Consulting Fees/Honoraria	Abbott, BSc, Medtronic and Terumo
<ul style="list-style-type: none">• Major Stock Shareholder/Equity• Royalty Income• Ownership/Founder• Intellectual Property Rights• Other Financial Benefit	

Provisional Side Branch Stenting Should Be the Default Approach



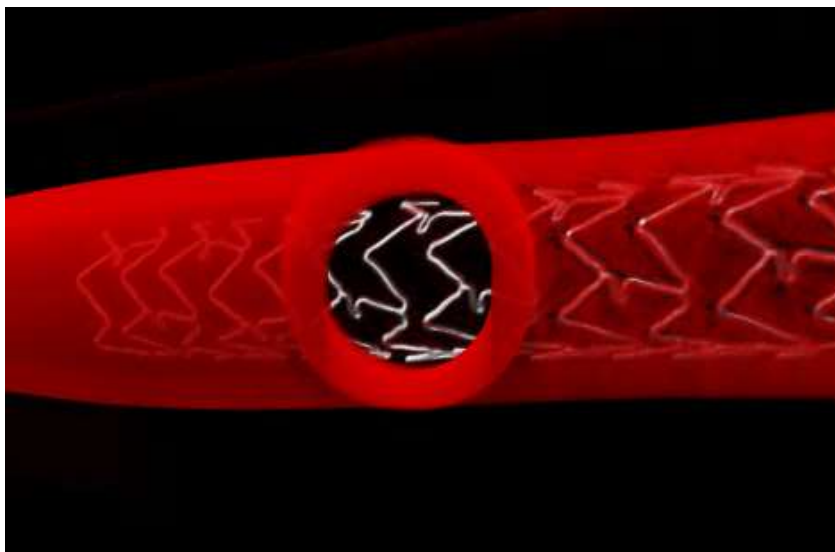
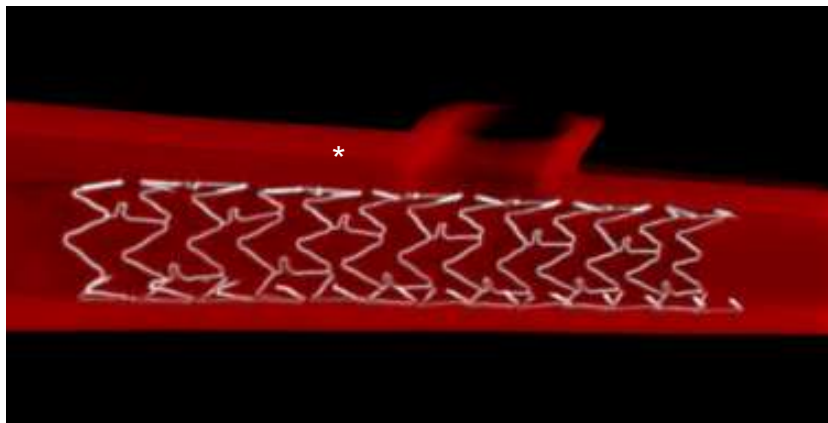


One stent when we can

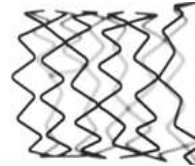
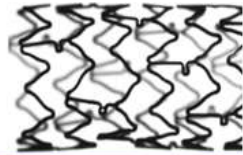
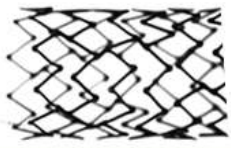
Optimal strategy for high success rate and low need for SB stenting

- ✓ *Start with 2 wires*
- ✓ *Select the MB stent diameter according to the distal reference*
- ✓ *Liberal use of the POT technique*
- ✓ *When SB needs attention: FKB or POT/Side/POT*
- ✓ *Use NC balloons*
- ✓ *T stenting for residual significant SB or dissection*

Proximal Optimisation Technique

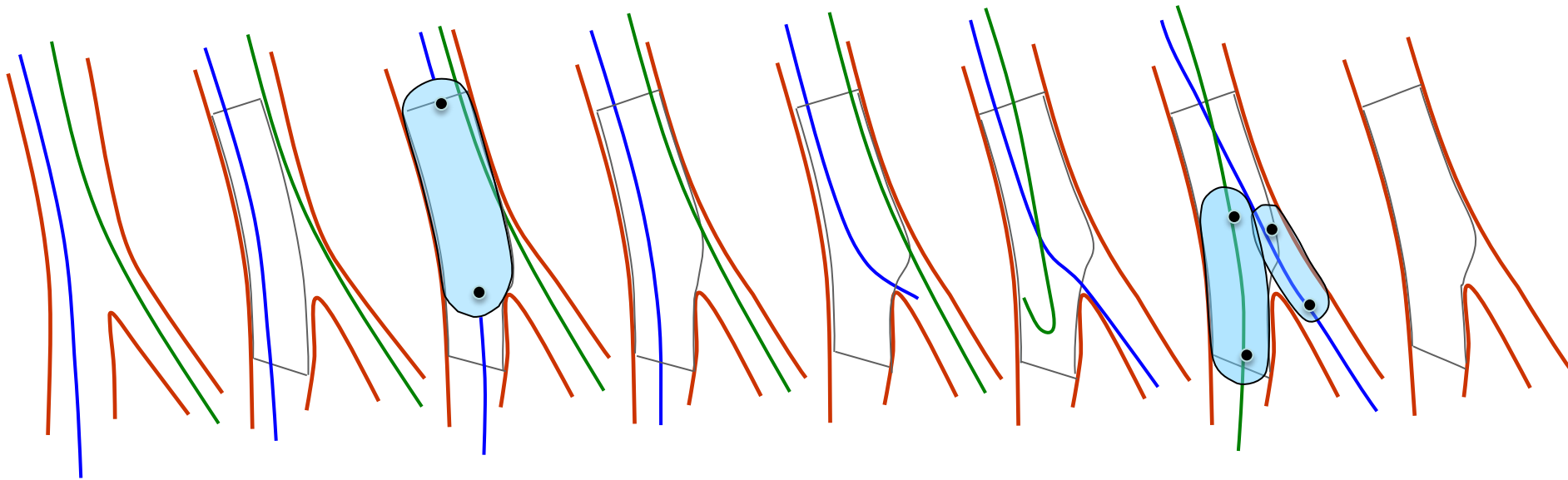


Know the characteristics of your stent

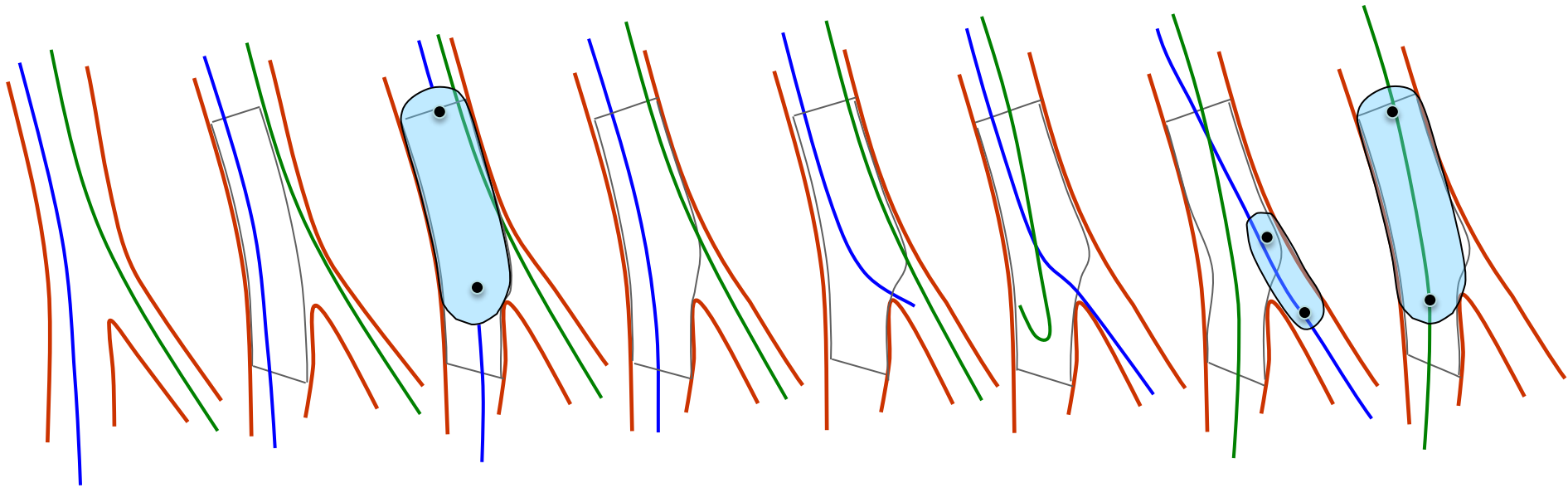


	Synergy	Xpedition	Res. Onyx	Ultimaster	BioMatrix A	Orsiro
2.25	Small vessel (8 crowns, 2-4 connectors)	Small vessel (6 crowns, 3 connectors)	Small vessel (6.5 crowns, 2 connectors)	Small vessel (8 crowns, 2 connectors)	Small vessel (6 crowns, 2 connectors)	Small vessel (6 crowns, 3 connectors)
2.50						
2.75			Medium vessel (8.5 crowns, 2 connectors)			
3.00	Workhorse(8 crowns, 2-4 connectors)	Max. Expansion 4.2 mm				
3.50	Max. Expansion 4.5 mm	Large vessel (9 crowns, 3 connectors)	Large vessel (9.5 crowns, 2.5 connectors)	Large vessel (8 crowns, 2 connectors)	Large vessel (9 crowns, 3 connectors)	Large vessel (6 crowns, 3 connectors)
4.00	Large vessel (10 crowns, 2-5 connectors)	Max. Expansion 5.6 mm	Max. Expansion 5.5 mm	Max. Expansion 5.5 mm	Max. Expansion 5.9 mm	Max. Expansion 5.2 mm
4.50			Extra-Large vessel (10.5 crowns, 2.5 connectors)			
5.00						

Provisional SB stenting and FKB



Provisional SB stenting and POT/Side/POT



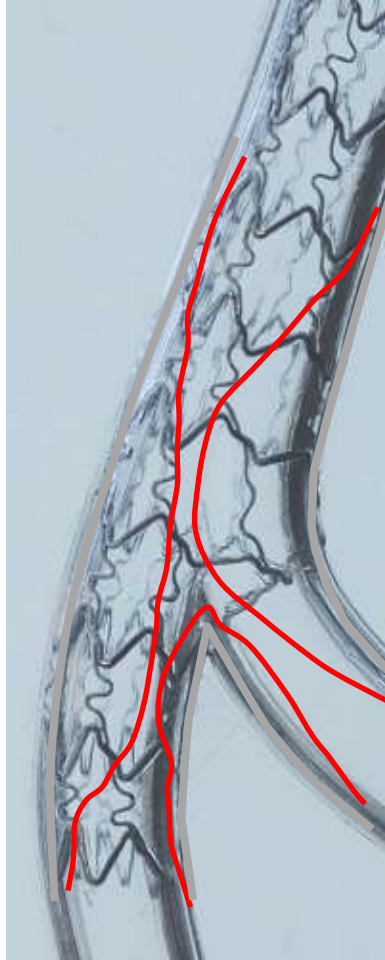
One stent when we can

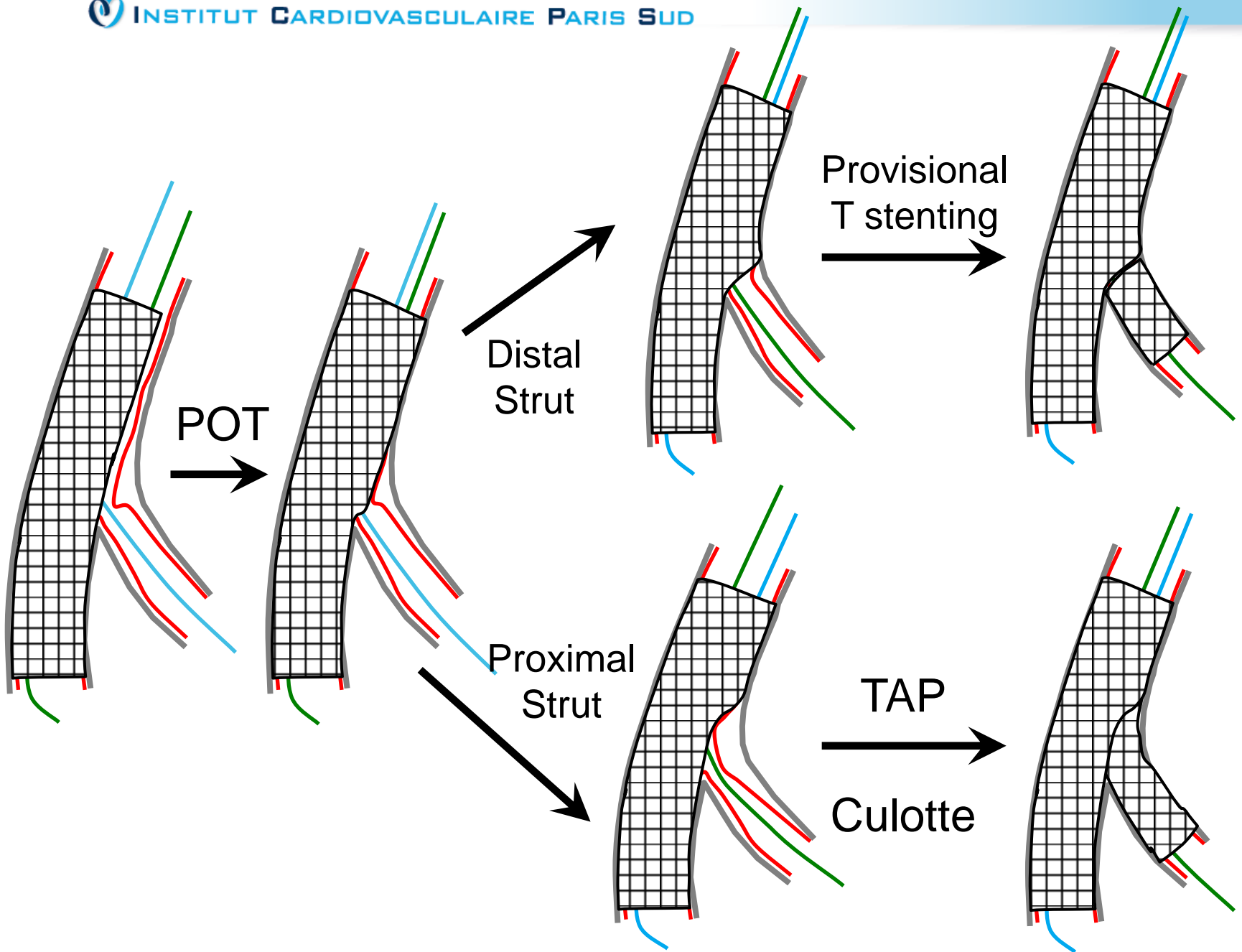
Optimal strategy for high success rate and low need for SB stenting

Two stents when needed

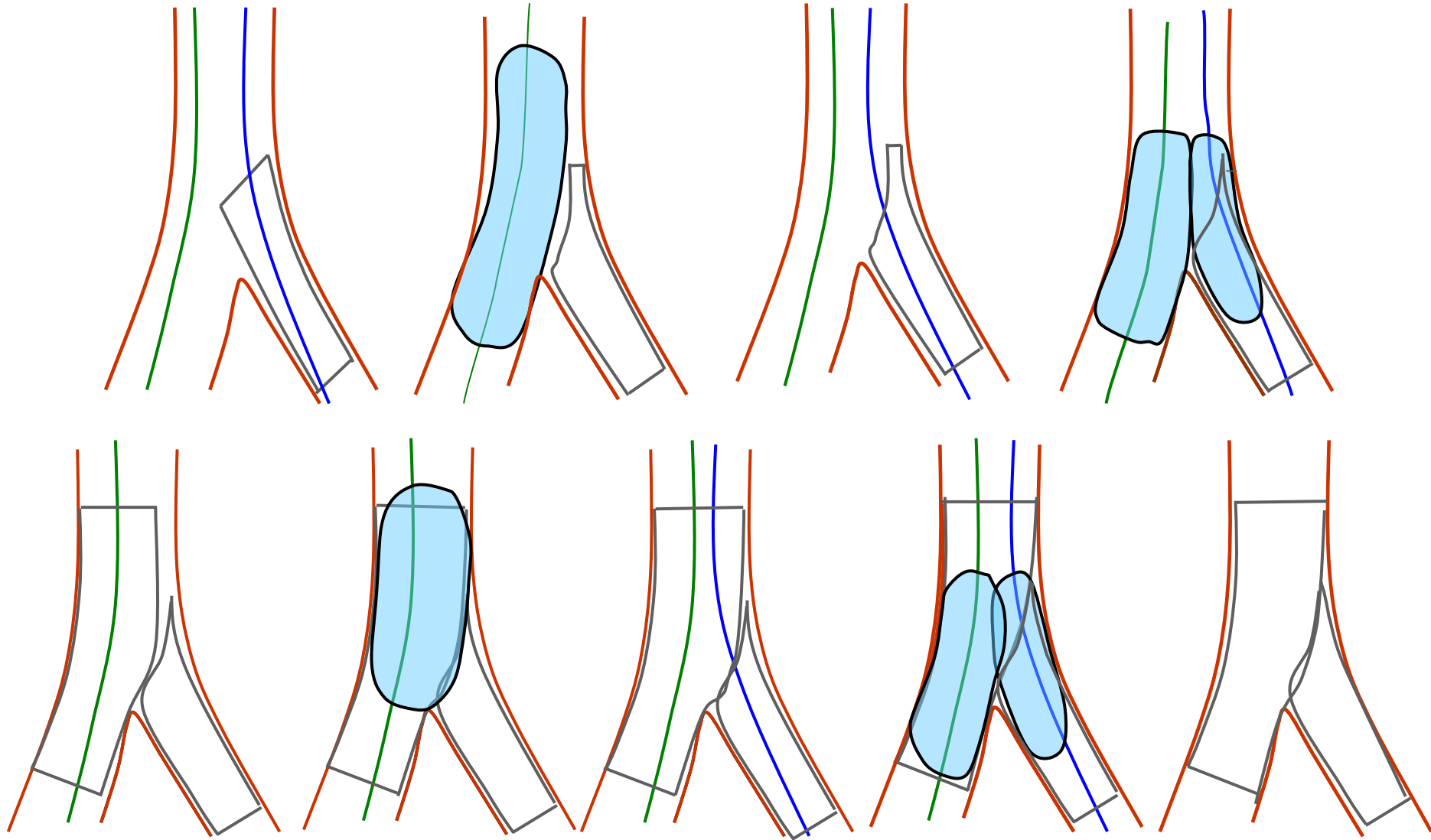
Develop strategies to make it easy, safe and effective

Do we need 2 stents ?

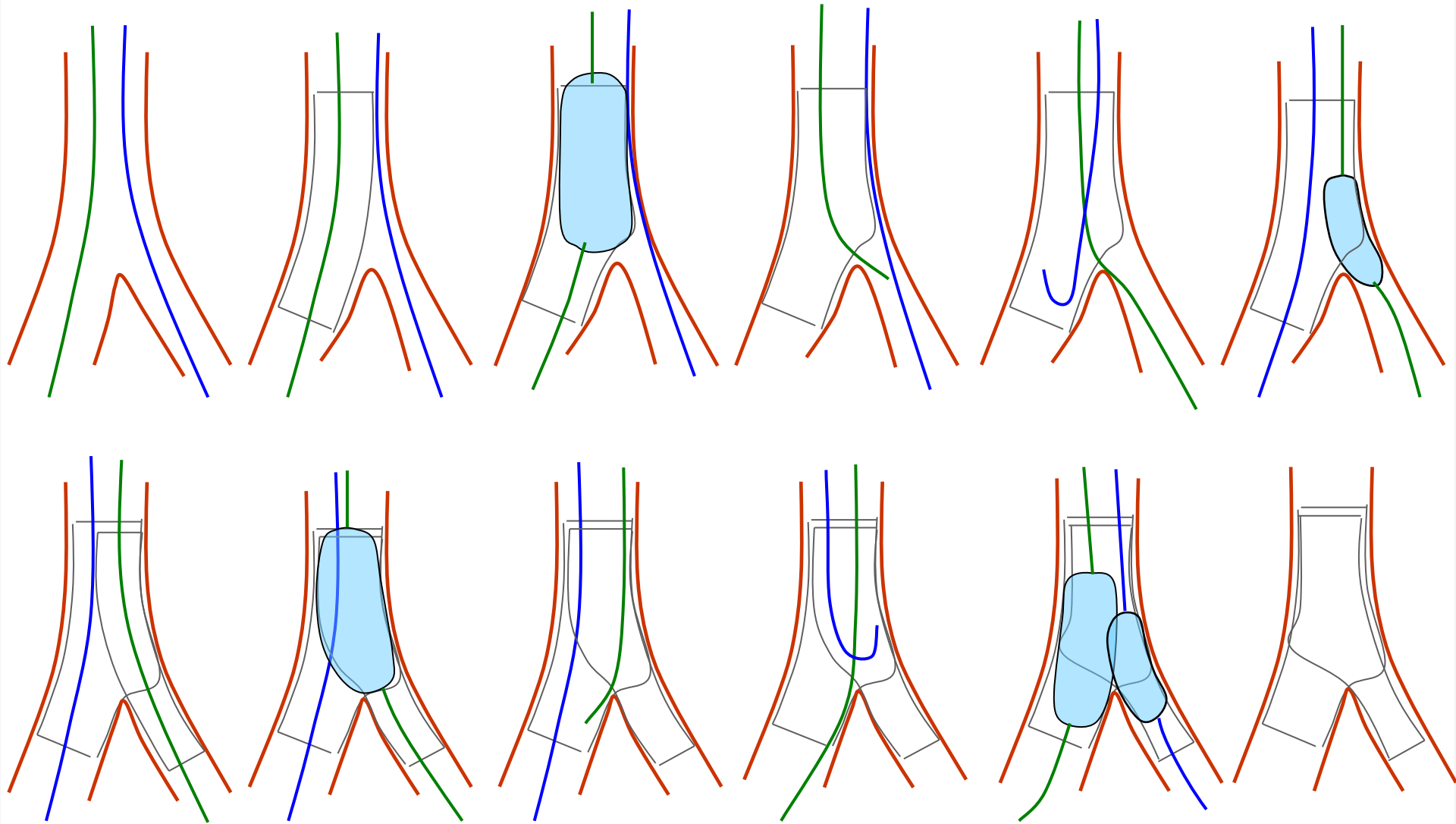




DK Crush Technique



Culotte Technique



Kissing Recommendations

- ✓ Optional for simple techniques
- ✓ Obligatory for complex techniques
- ✓ SB inflated first
- ✓ Short balloons
- ✓ Prefer NC Balloons at least for the SB
- ✓ Long and/or repeated inflations

Conclusion



- ✓ Main vessel stenting with provisional SB treatment is the preferred technique for most bifurcation lesions
- ✓ A two-stent technique may be considered up-front for bifurcations with large SB (ref. diameter ≥ 2.75 mm) and significant disease extending more than 5 mm into the SB. This also applies to the left main bifurcation.

Conclusion



- ✓ When a two-stent technique is needed, it can be safely done if the technique is optimal and FKB is performed.
- ✓ The preferred approach is MB stenting first
- ✓ SB stenting first may be used for safety reasons when SB access is challenging.

“Everything should be made
as simple as possible,
but not simpler.”

Albert Einstein

