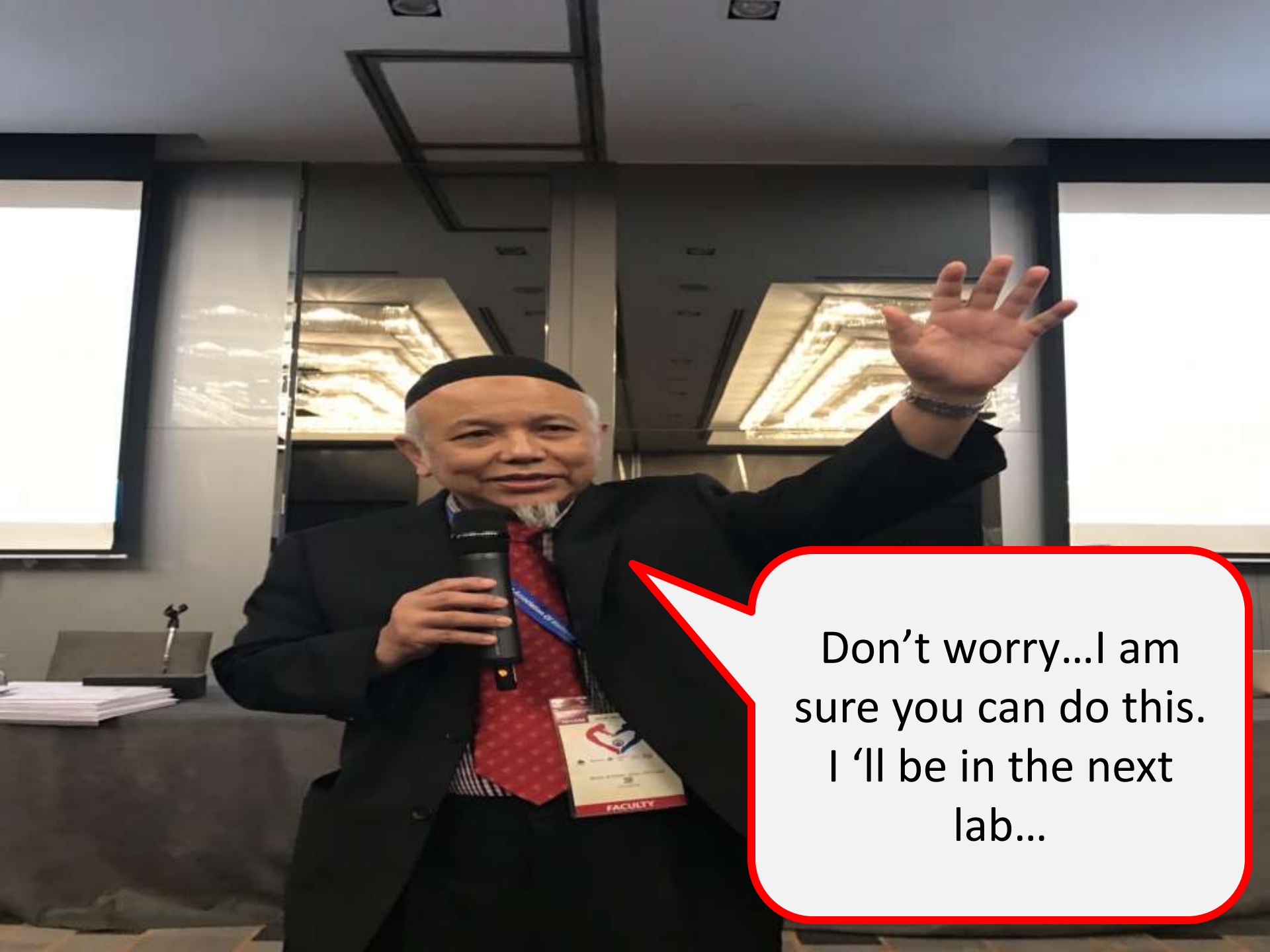


COMMENTS FROM INDONESIA

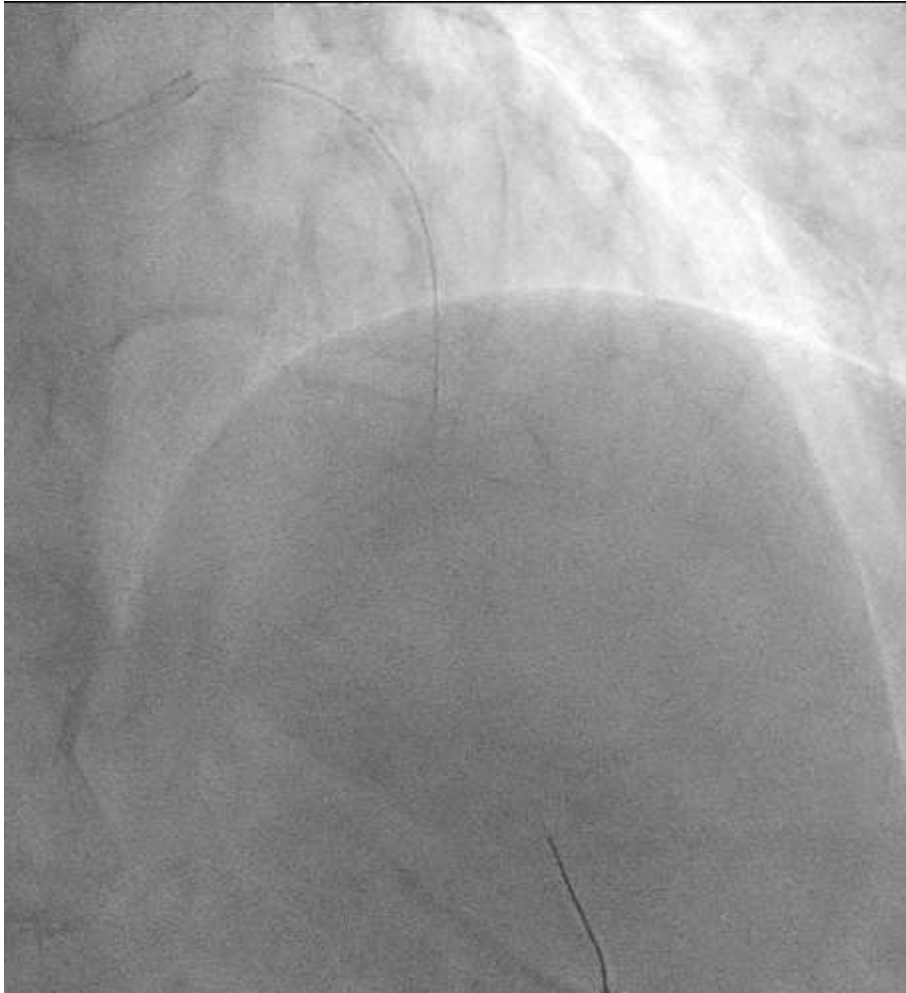


Don't worry...I am
sure you can do this.
I 'll be in the next
lab...

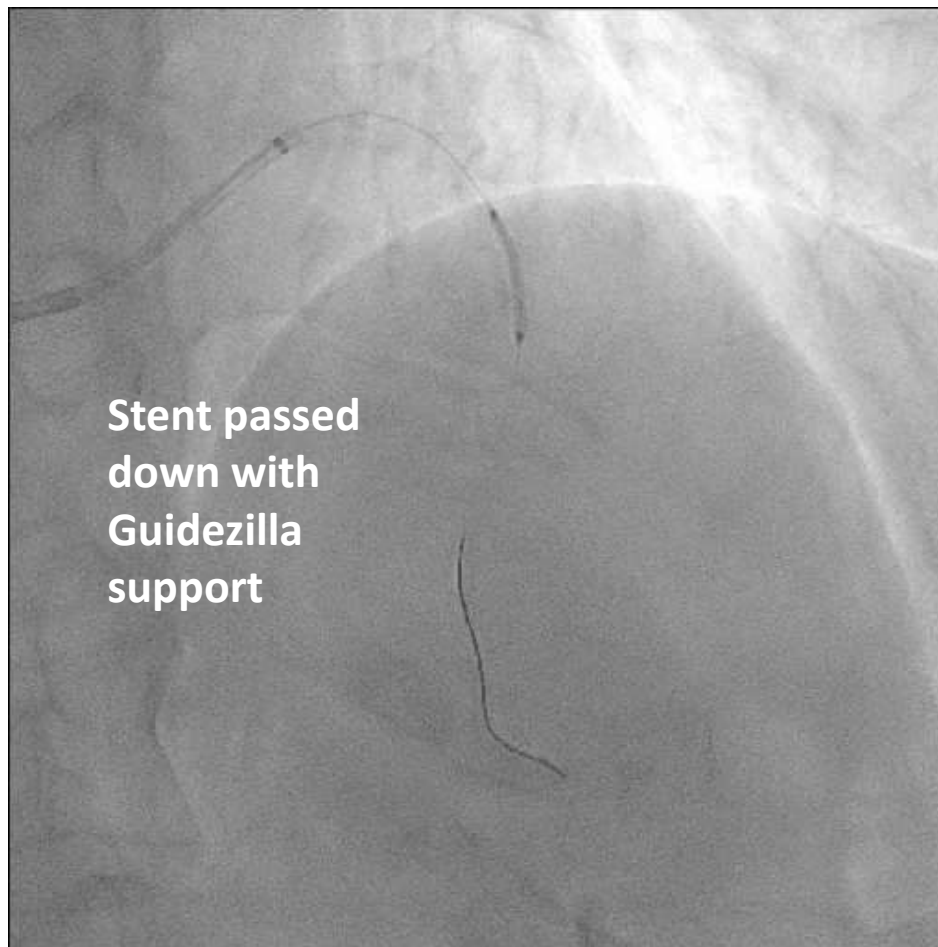
What have I done?

- Options available:
 1. More aggressive pre-dilatation
 2. Rotational atherectomy
 3. Better guide or wire support – change all
 4. Guide extension catheter

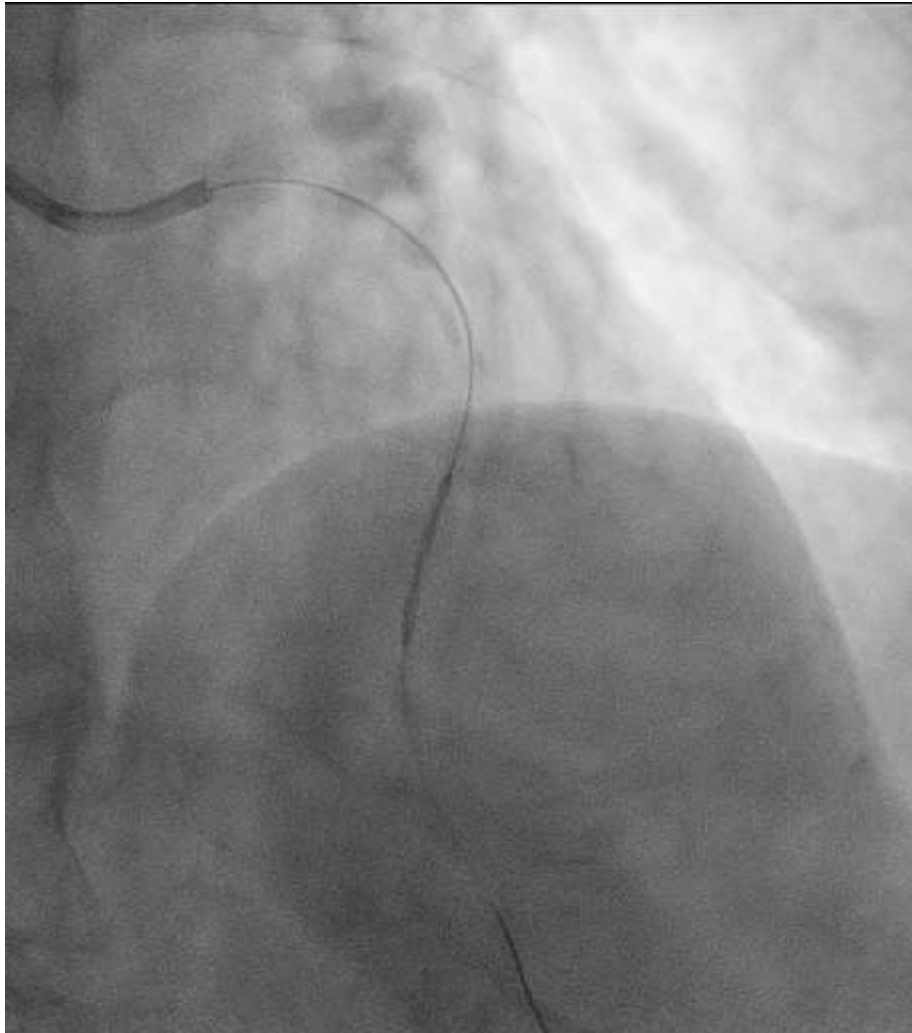
Guidezilla



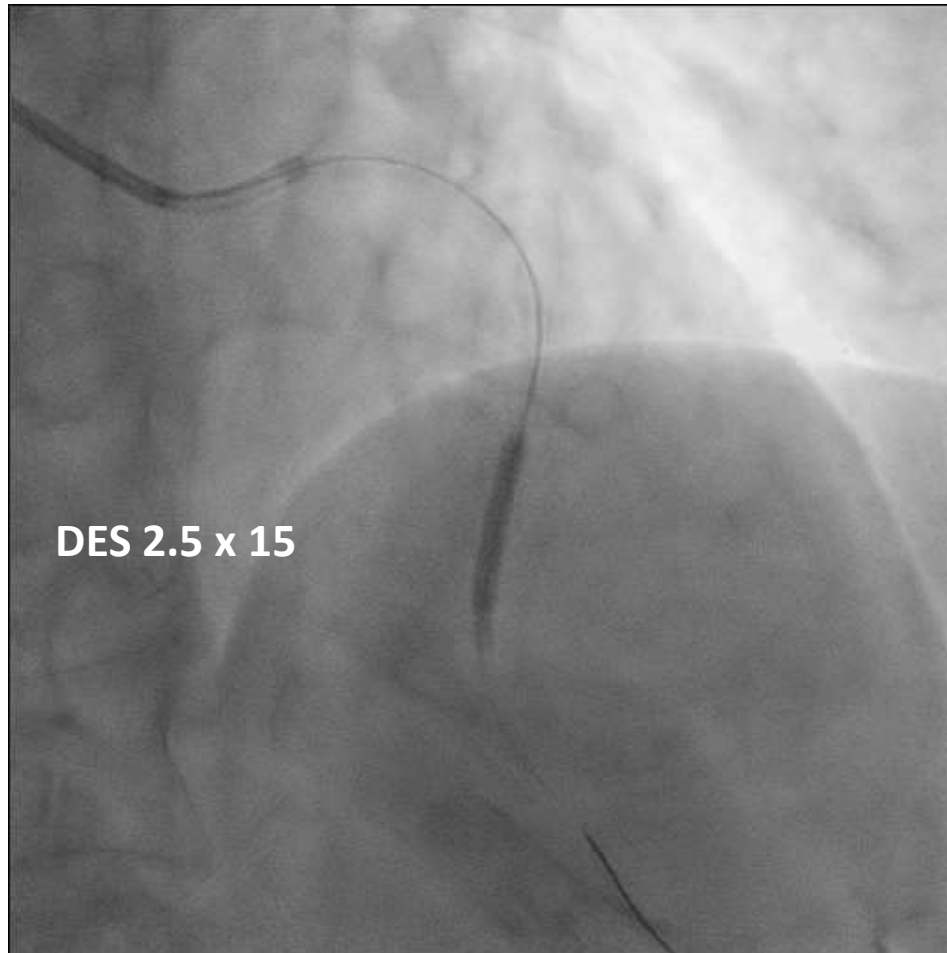
Stent passed down



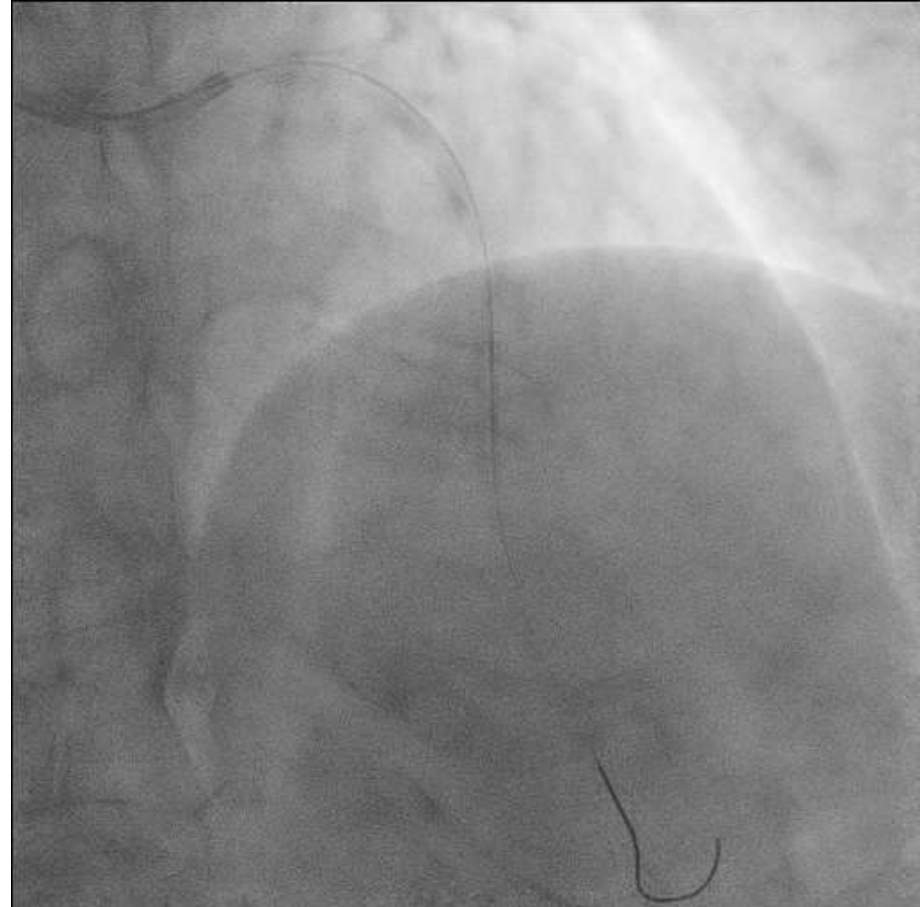
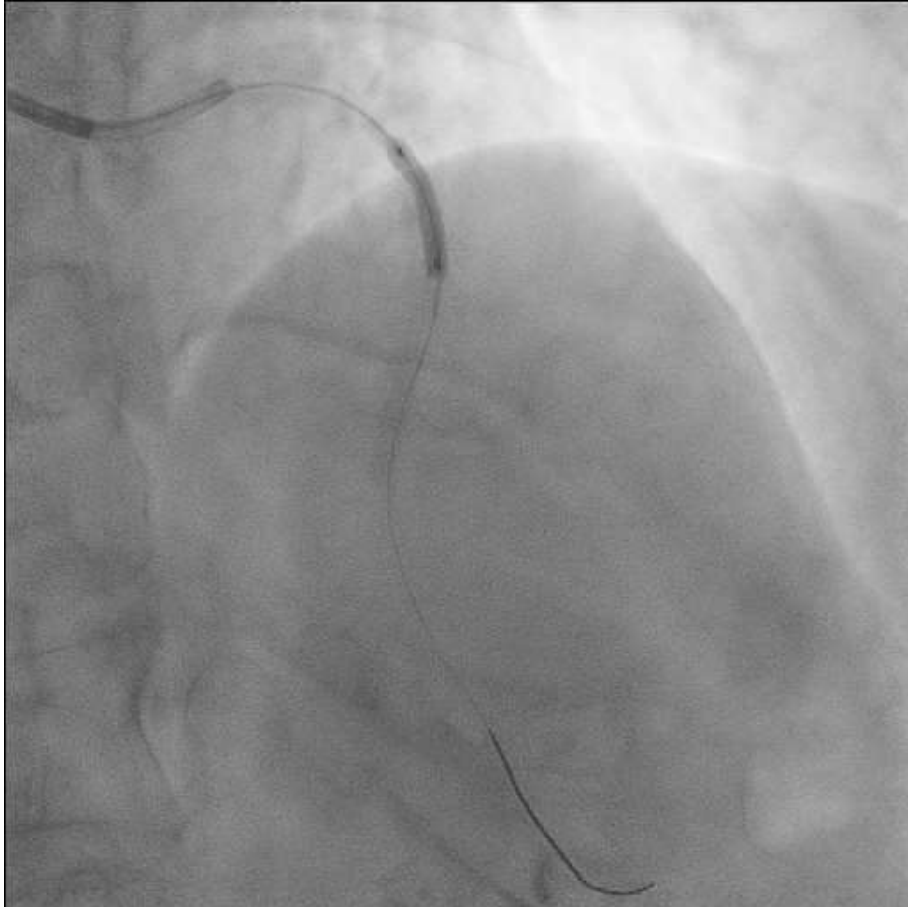
Major dissection!!!



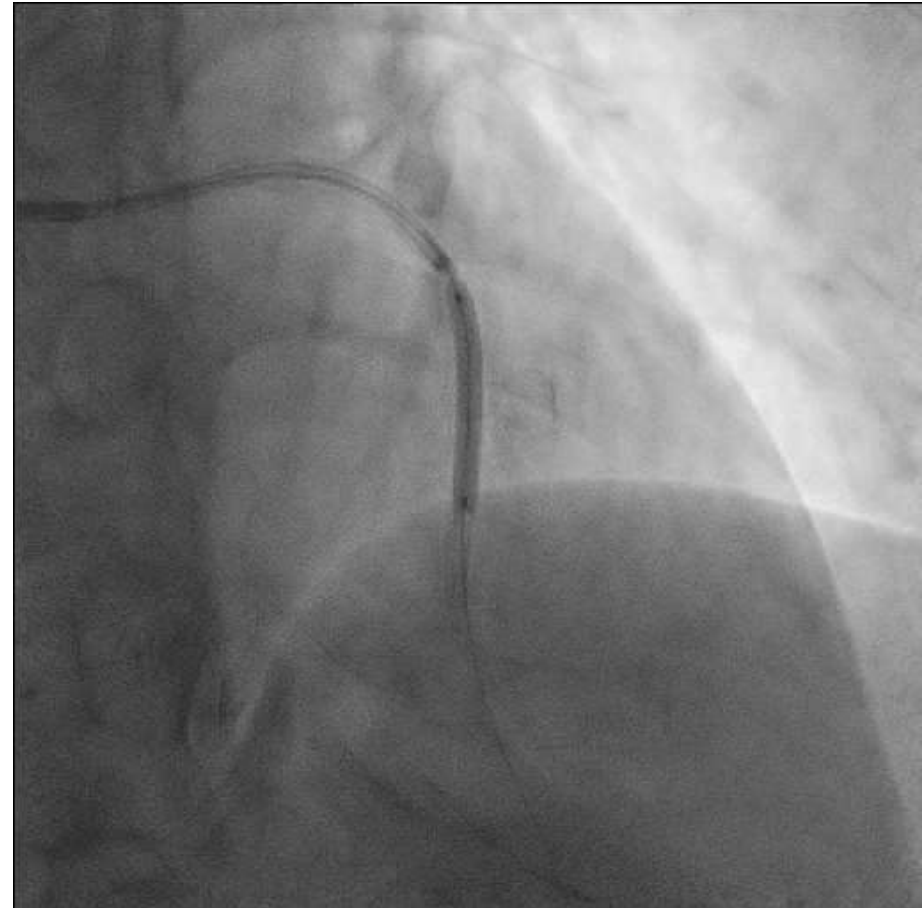
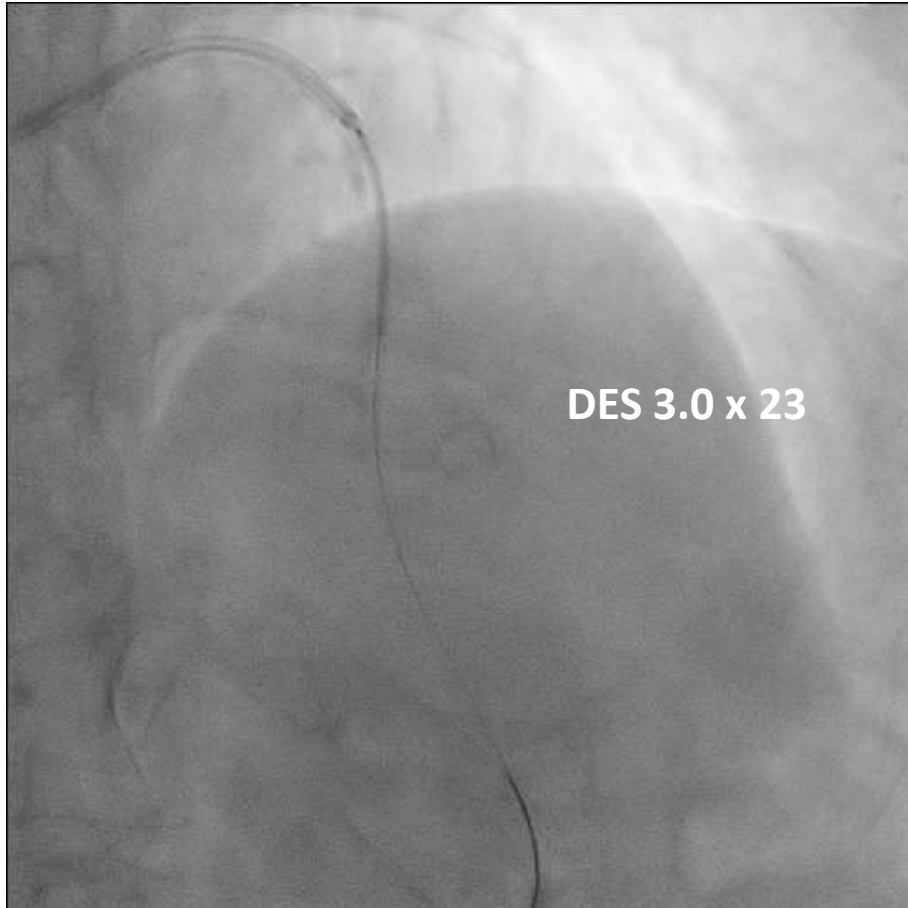
mLAD stent deployed



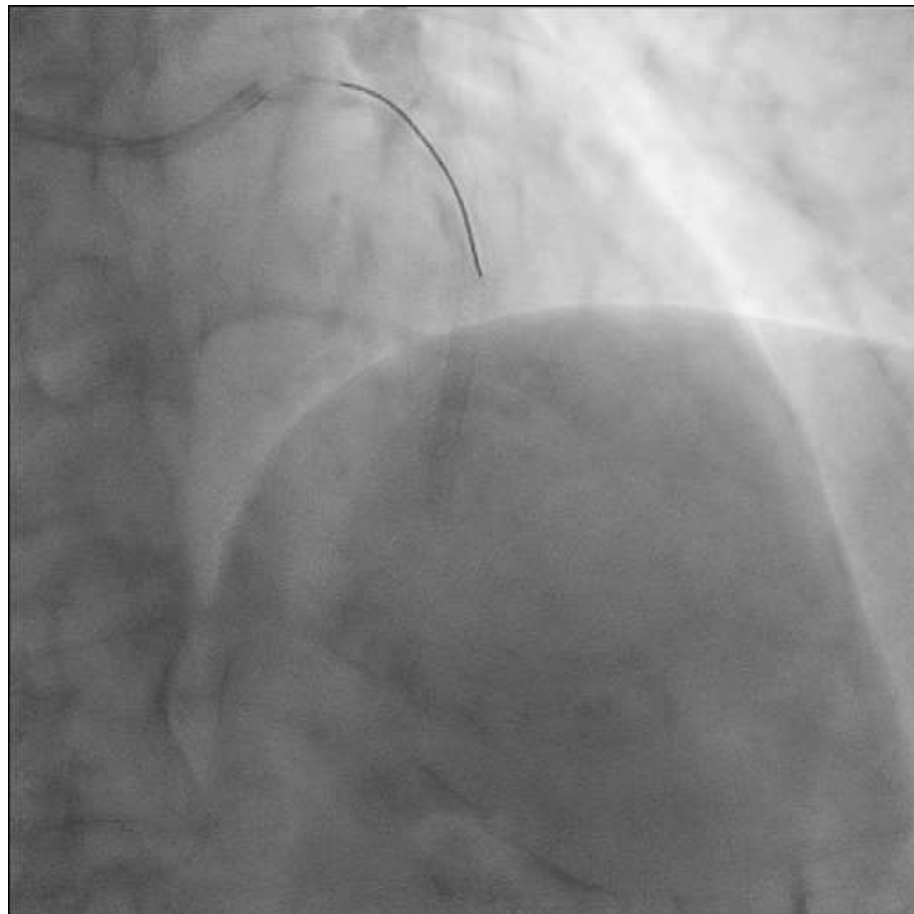
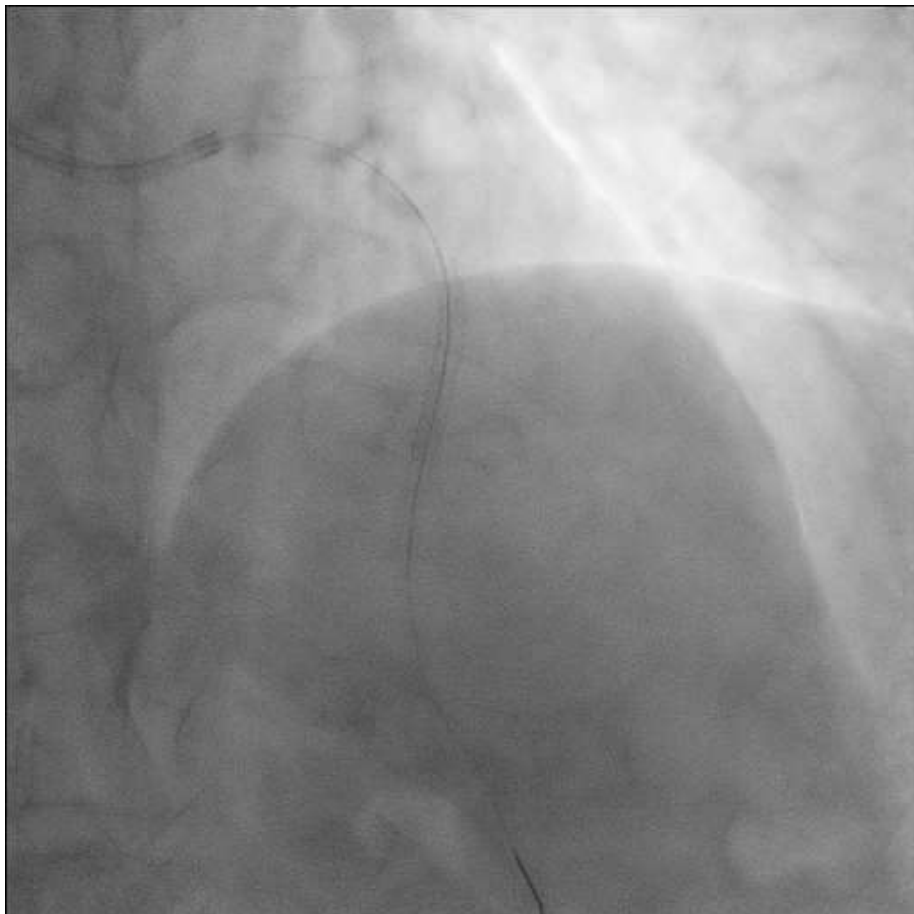
Attempt to tag the dissection



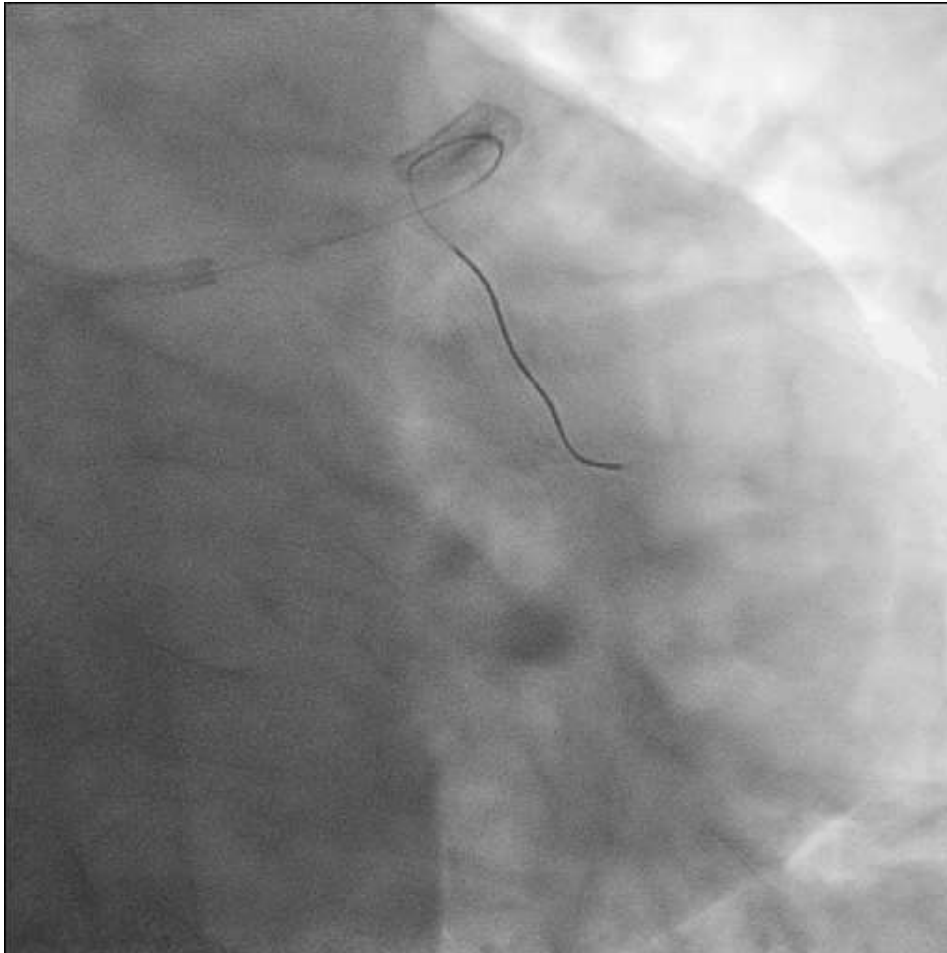
Second stent



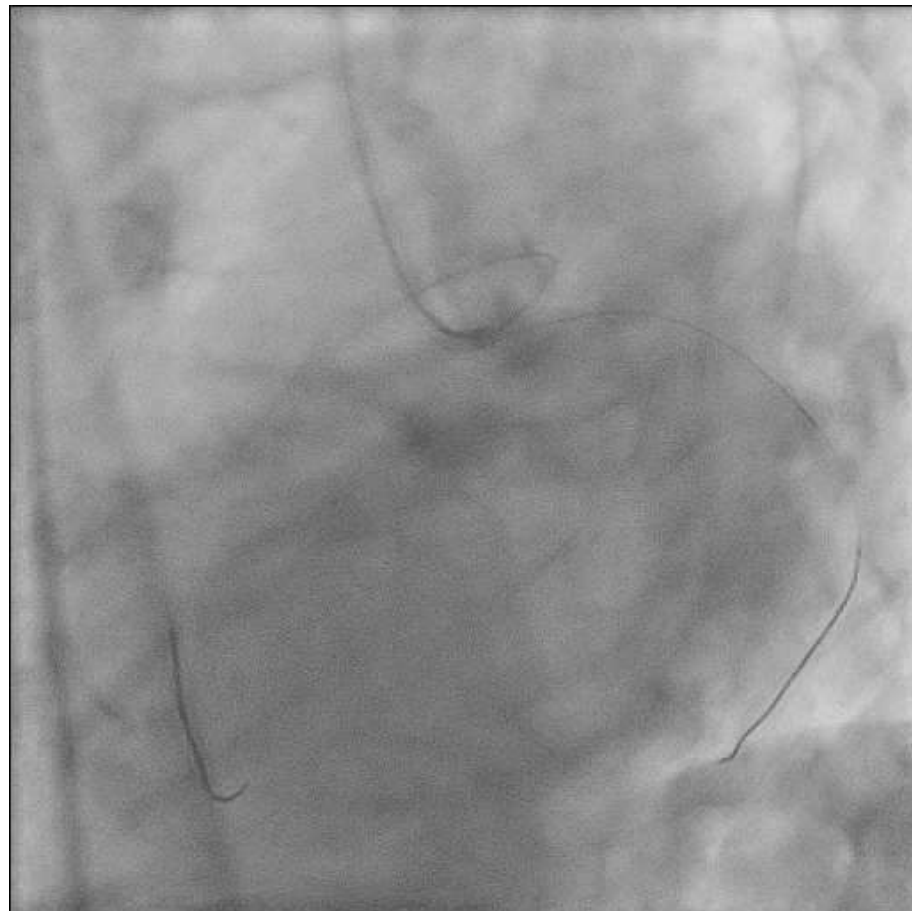
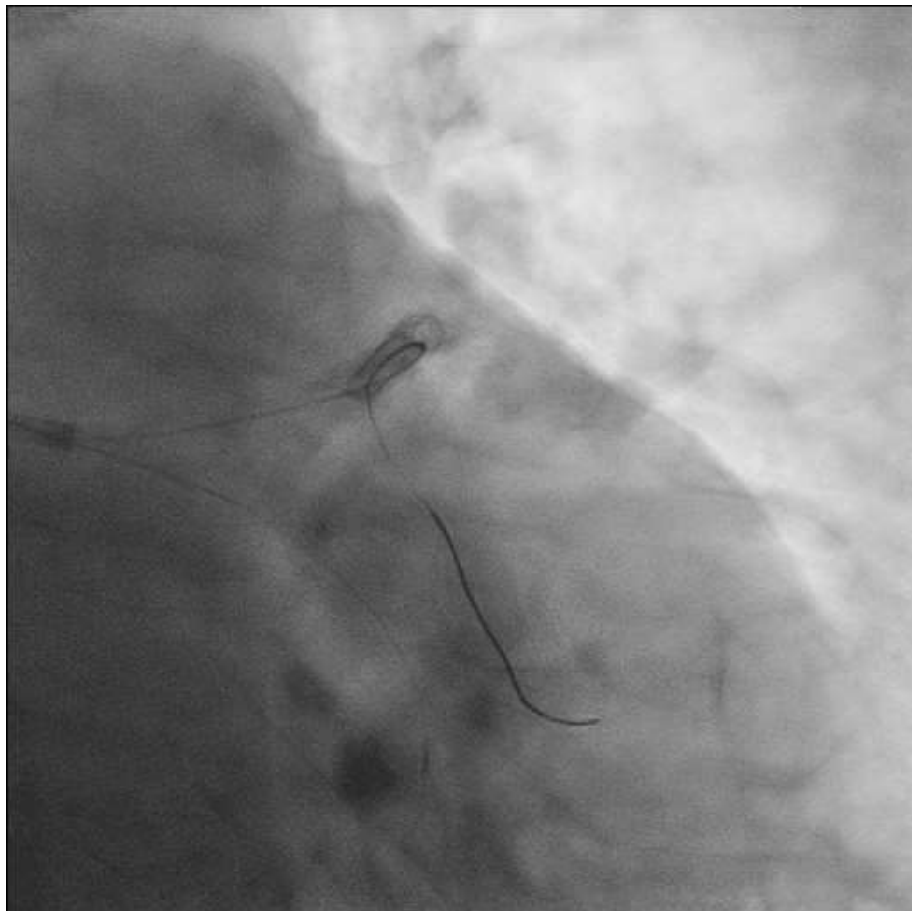
Third stent measurement



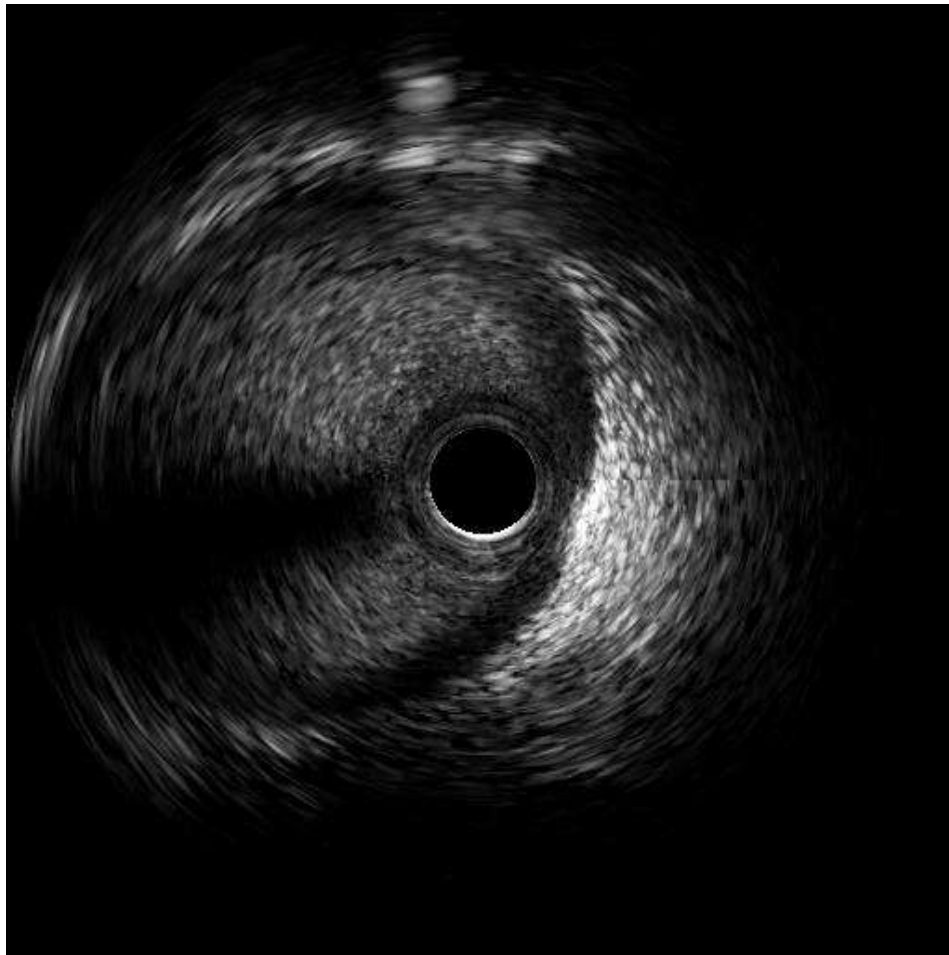
Safe to stent upto ostium LAD?



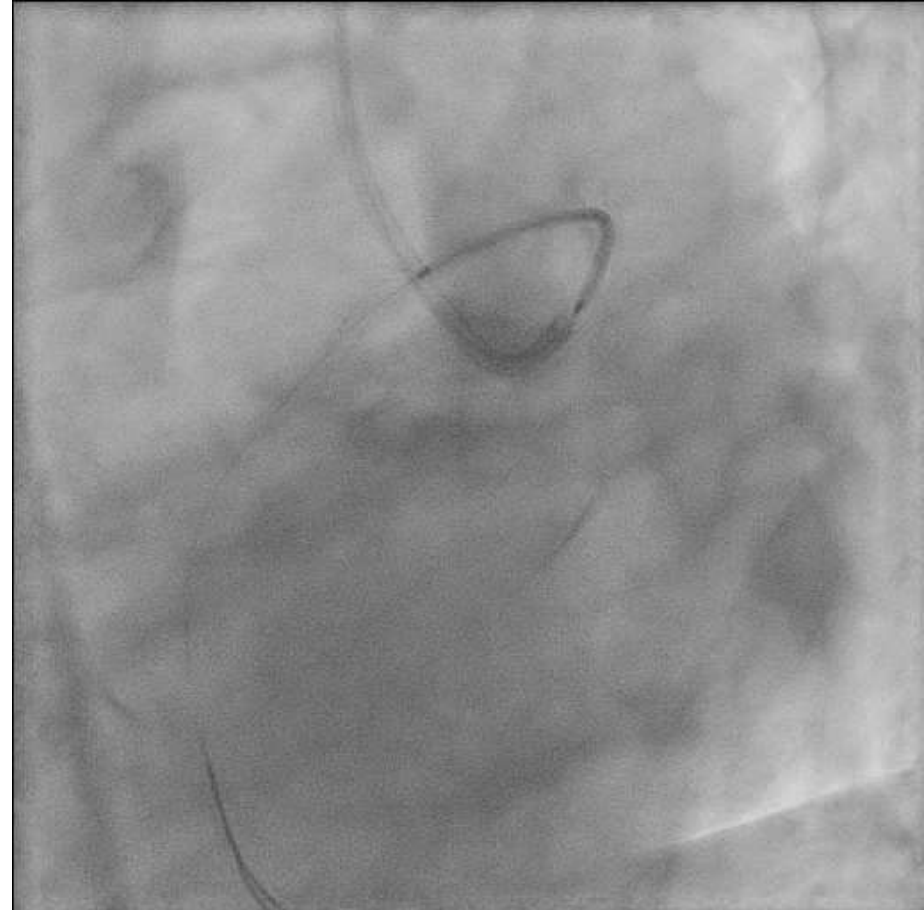
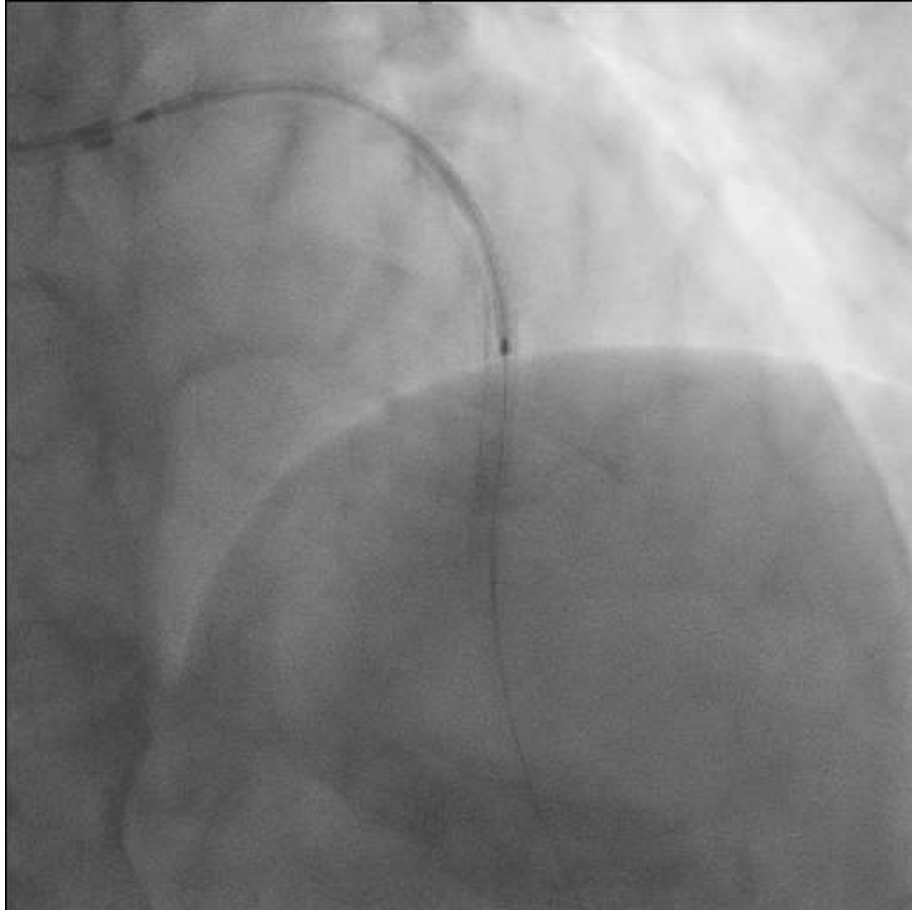
Protect LCx with second wire



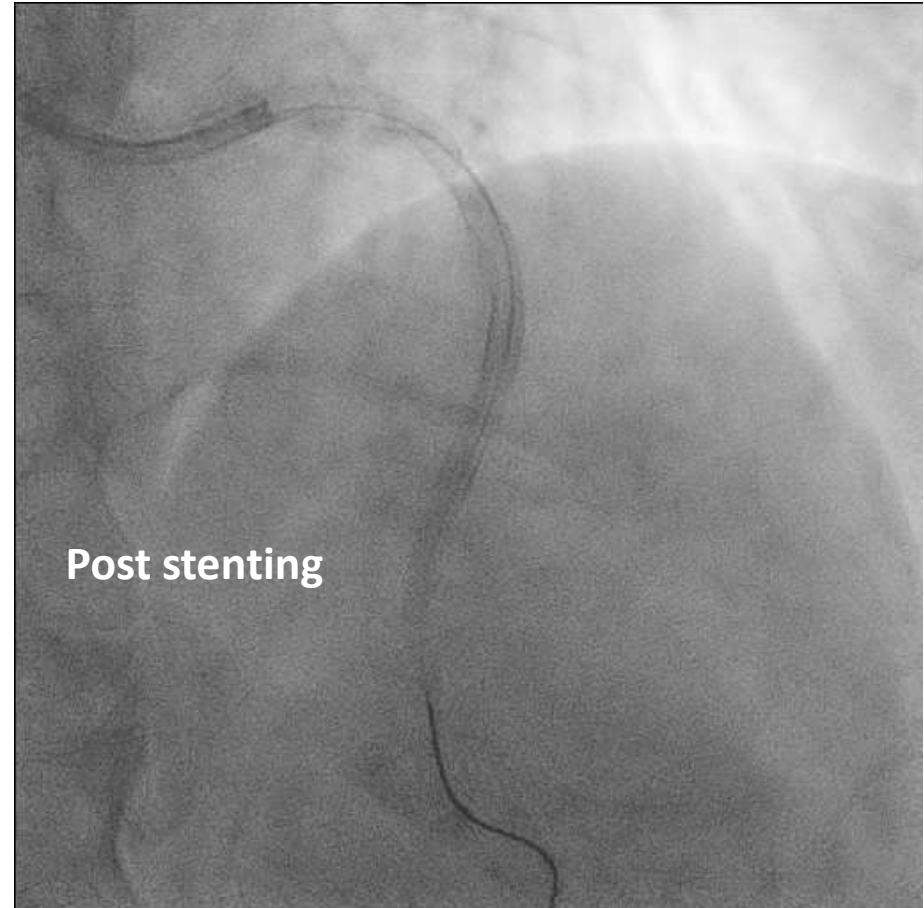
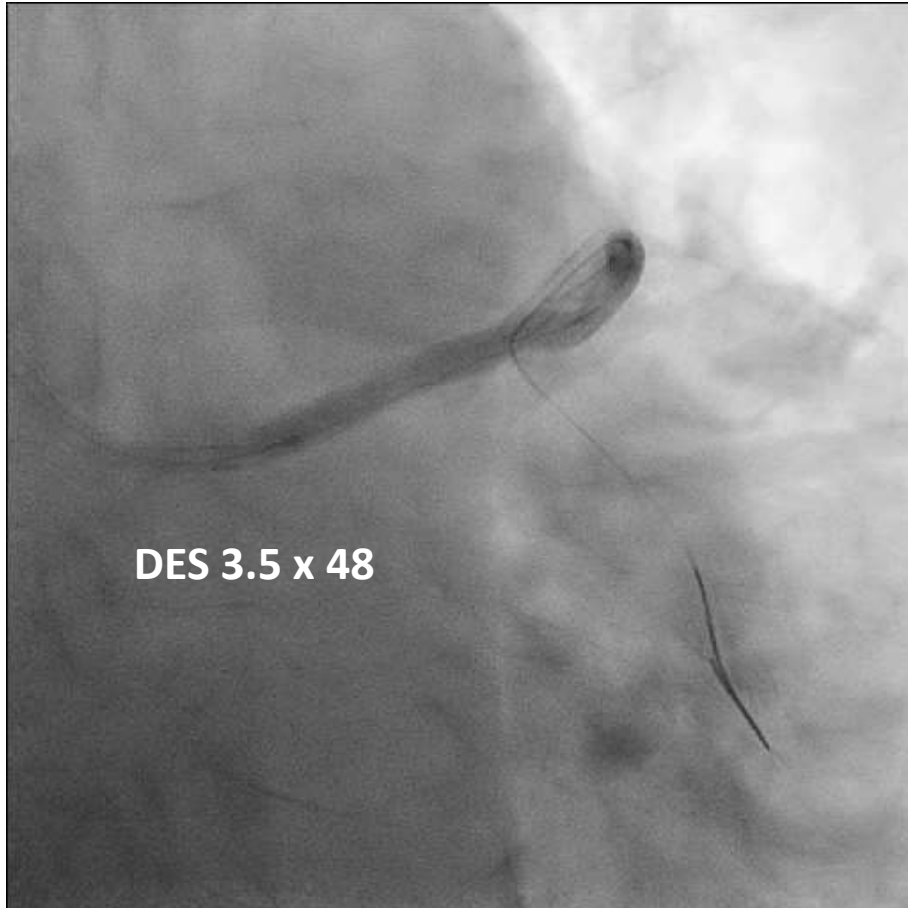
IVUS of ostial LCx



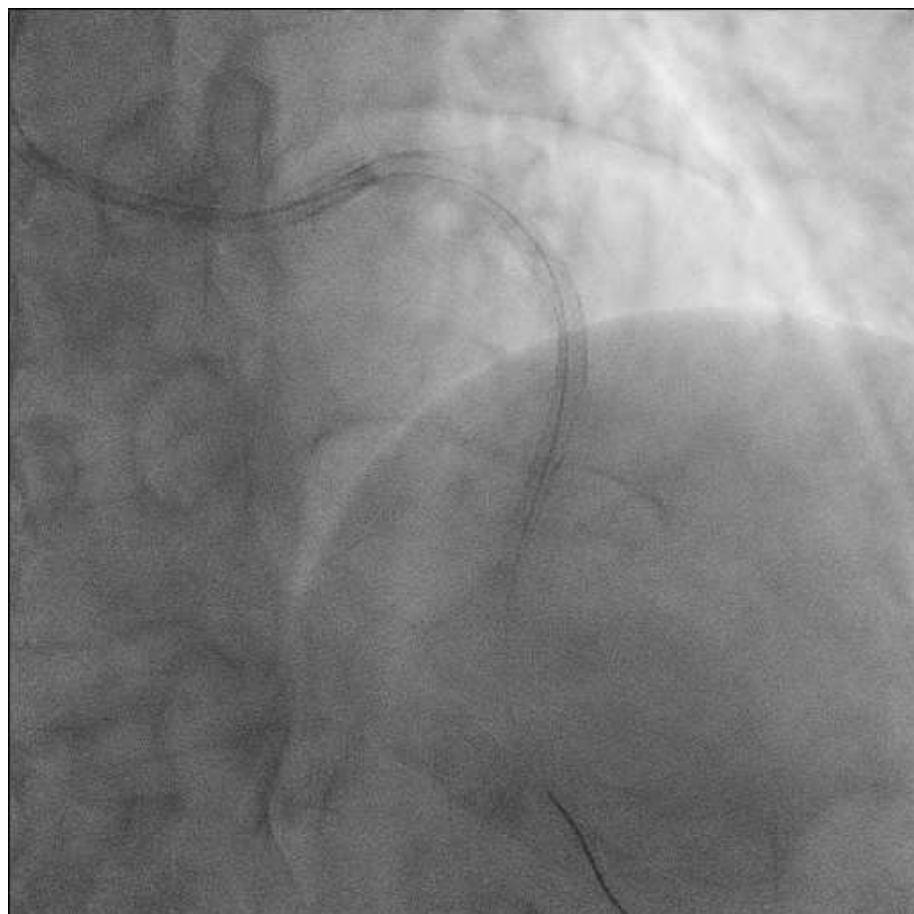
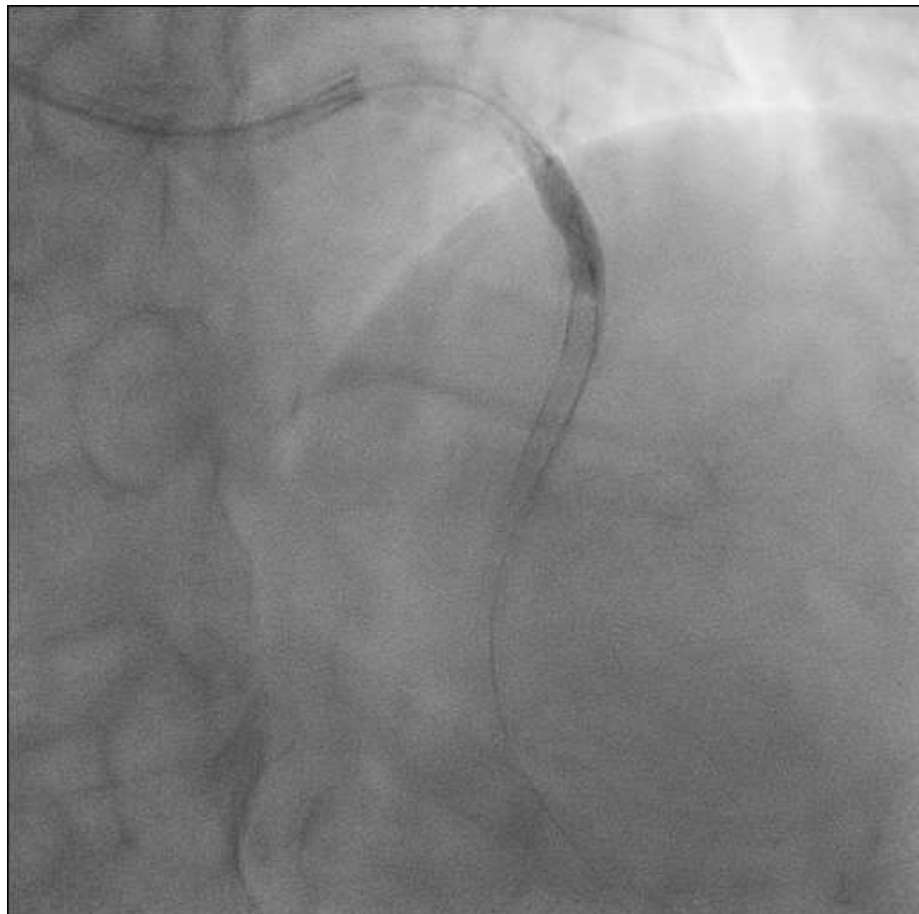
Third stent placement



Stent deployment



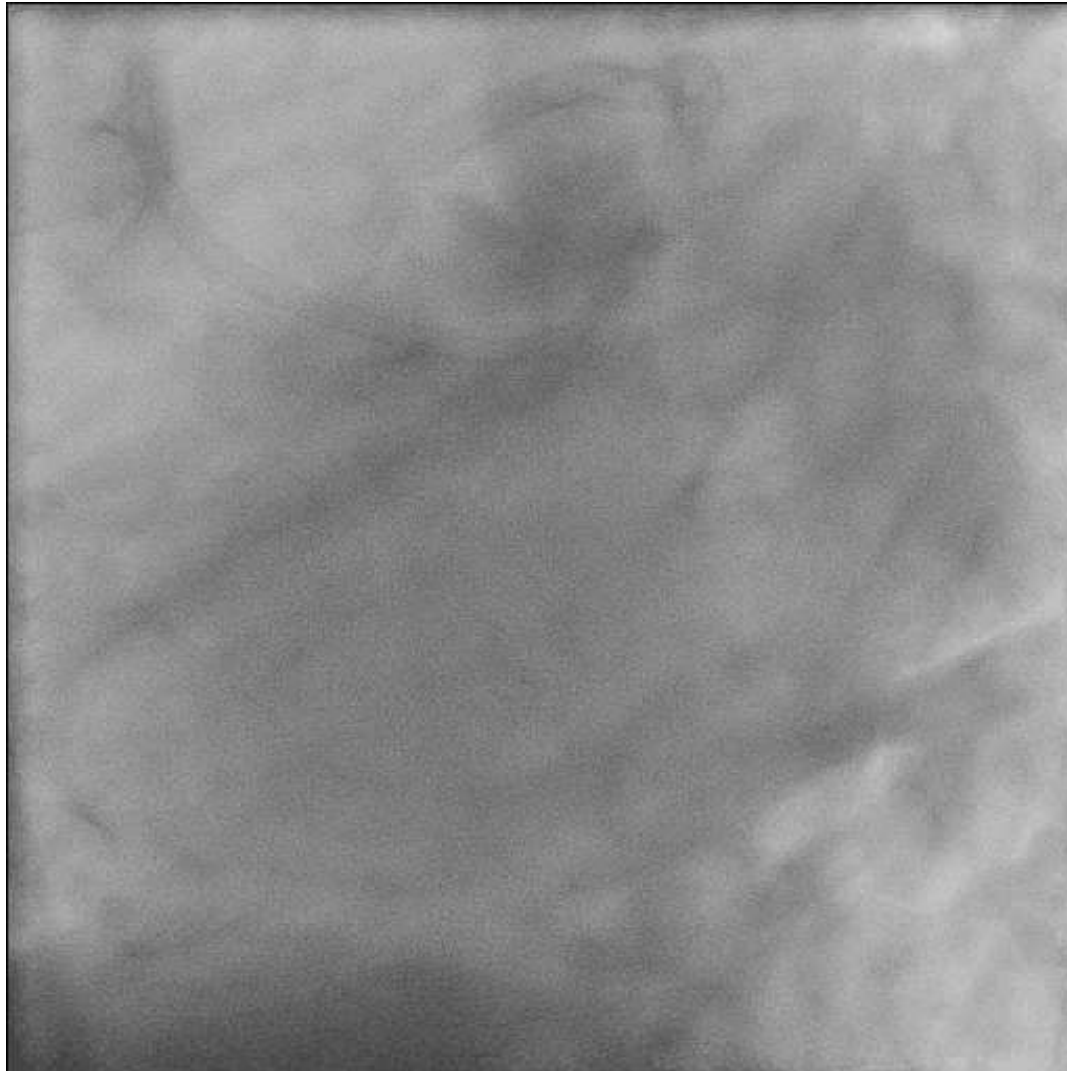
Post-dilatation NC 3.5 x 12



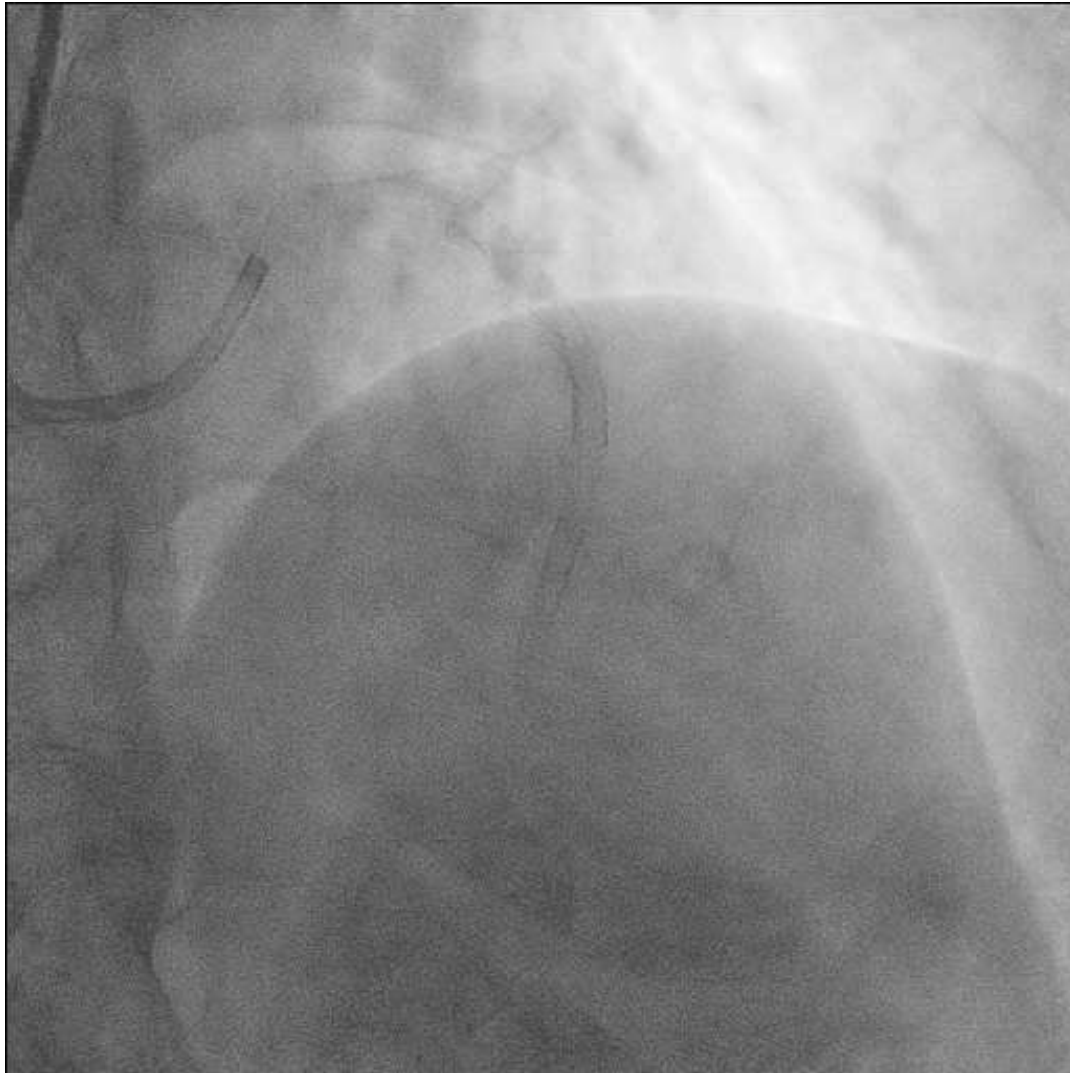
Final angiogram



Final angiogram



Final angiogram



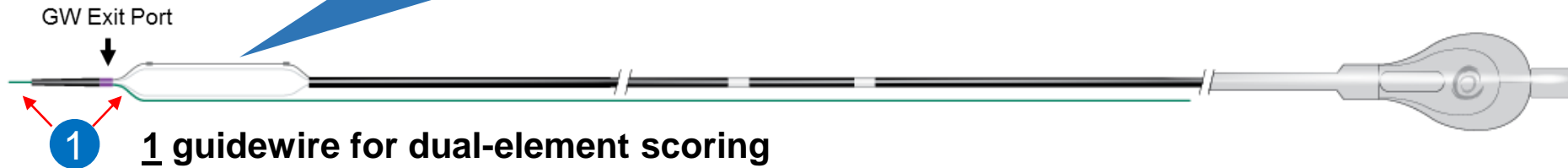
Take home messages

- DO NOT underestimate especially calcified lesions
- Need to familiarize with different techniques when dealing with calcified lesions
- Beware of angiographic deception!

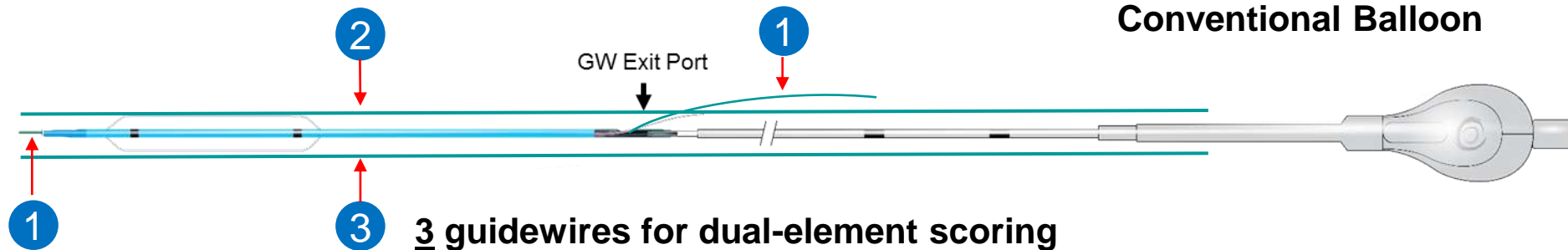
Scoring balloon vs 'poor-man scoring'

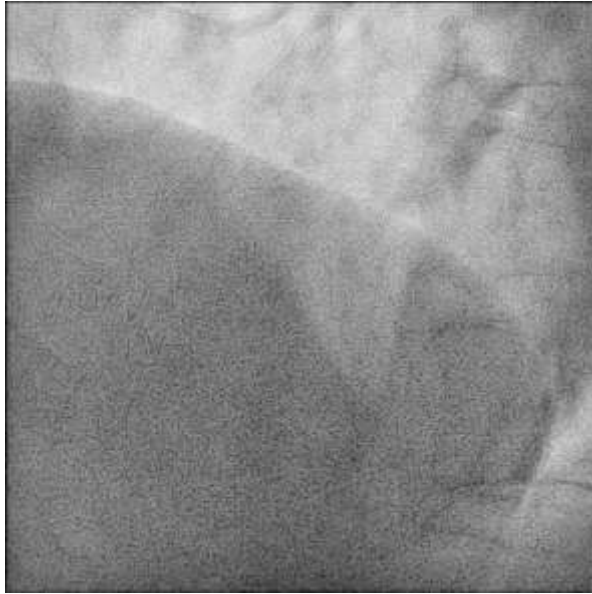
The fixed integral wire facilitates more stable and effective scoring!

Scoring balloon



Conventional Balloon

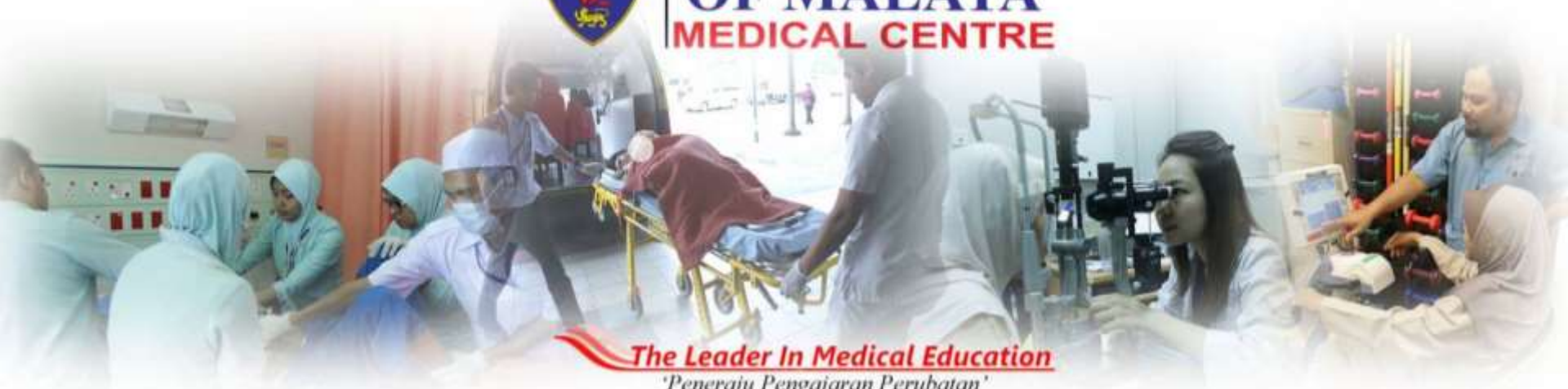




Thank you



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