



How to perform the optimal **provisional stenting** in non left main bifurcation ?

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Key concept :

provisional approach is for bifurcation fit for provisional

▶ **How to choose correctly? (most important)**

“Simple” Bifurcation → Provisional

▶ **How to do?**

□ **Jail something**

– e.g wire, balloon, microcatheter, modified jail balloon or active transfer of plaque

□ **If SB closed, go kissing or 2 stents**

Easy to do but not easy to choose



Why ? Case example

▶ M/65 , EF 20% , ACS/APO



Provisional
approach

Why? DK Crush V Data

DKCRUSH V Primary and Secondary Endpoints

	DK crush (N=240)	Provisional (N=242)	P value
Primary endpoint components at 1 year			
- Cardiac death	1.2	2.1	0.48
- Target vessel MI	0.4	2.9	0.03
- TLR	3.8	7.9	0.06
Secondary endpoints at 1 year			
- All-cause death	2.9	2.1	0.58
- Any revascularization	5.4	7.9	0.32
- Angina	4.5	9.3	0.06
Primary endpoint components at 30 days			
- Cardiac death	0	1.7	0.046
- Target vessel MI	0.4	1.7	0.10
- TLR	0.4	0.4	1.00
Stent thrombosis (def/prob)			
- 30 days	0.4	2.5	0.06
- 1 year	0.4	3.3	0.02

1 stent thrombosis in upfront 2 stent
6 stent thrombosis in provisional arm

All 6 cases were failed provisional
and switched to 2 stents

Upfront 2 stent is better than 2 stent after failed provisional!!
Stent thrombosis 0.4% vs 3.3%



To perform optimal provisional : select bifurcation lesion optimal for provisional

- ▶ **Focus to access**
 1. Risk of SB closure
 2. Significance of SB



Risk of SB closure

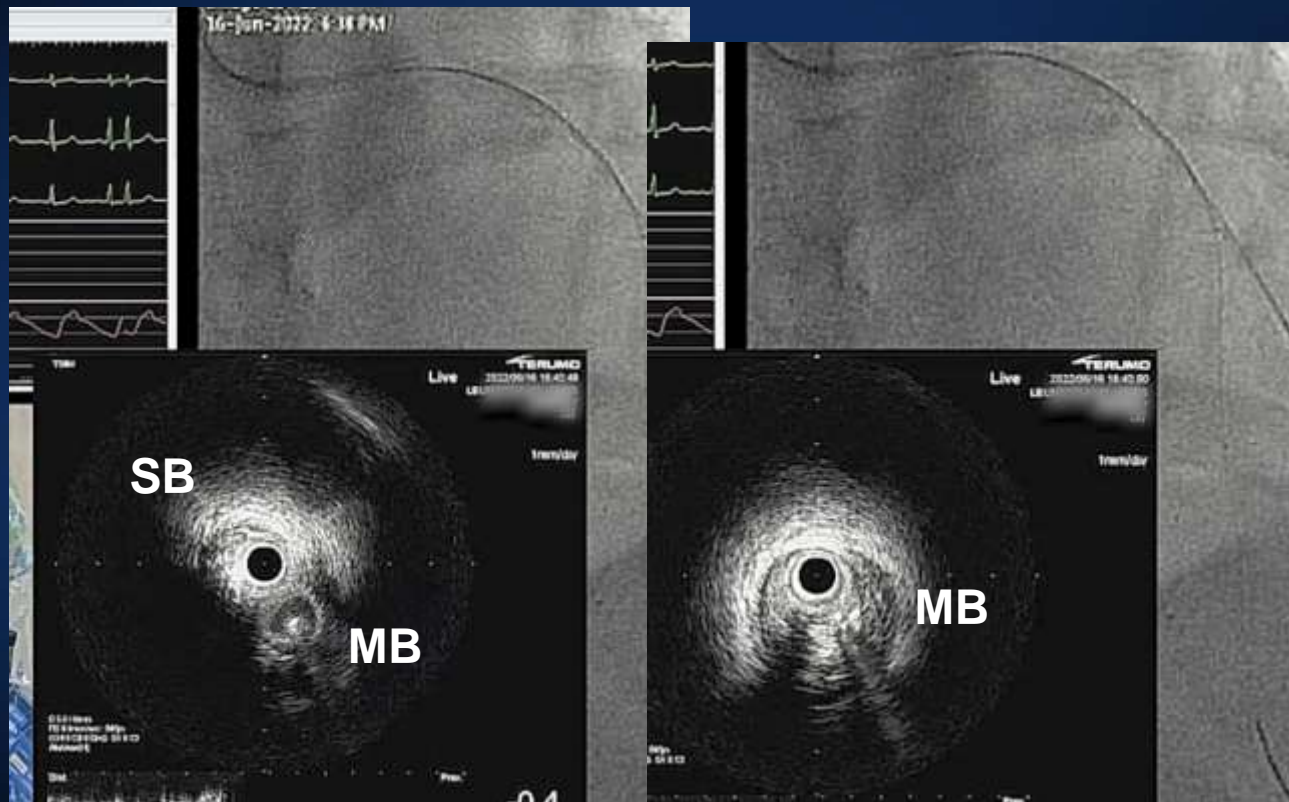
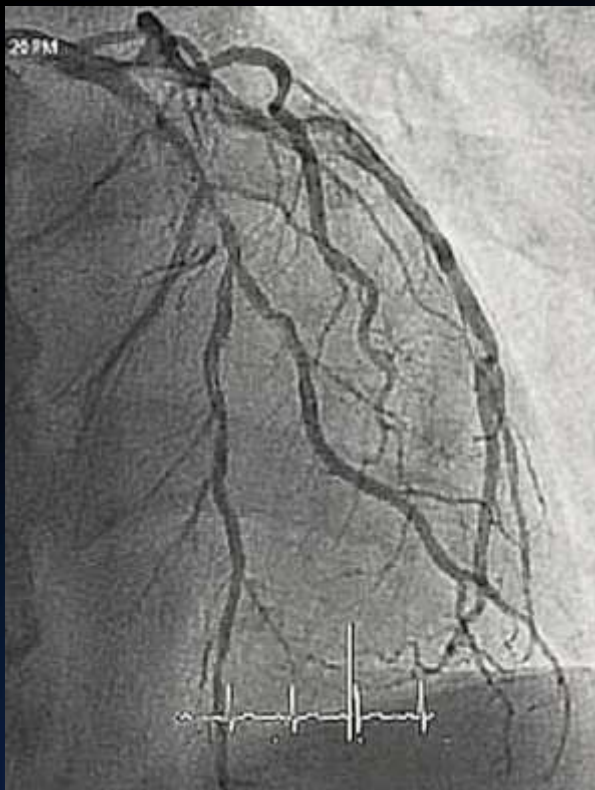
- ▶ Mechanism of SB closure : **Plaque shift, carina shift, dissection, spasm**

Risk factors:

- ▶ Low Bifurcation angle
- ▶ Plaque burden of SB & MB.
 - Proximal plaque burden in MB.
 - Plaque burden in SB & length of lesion in SB
- ▶ Carina length
- ▶ Presence of dissection flap
- ▶ **Presence of clot / calcium → most unpredictable**

Risk of SB closure

- ▶ Definition II Study
- ▶ Experience and gut feeling
- ▶ IVUS and OCT can help

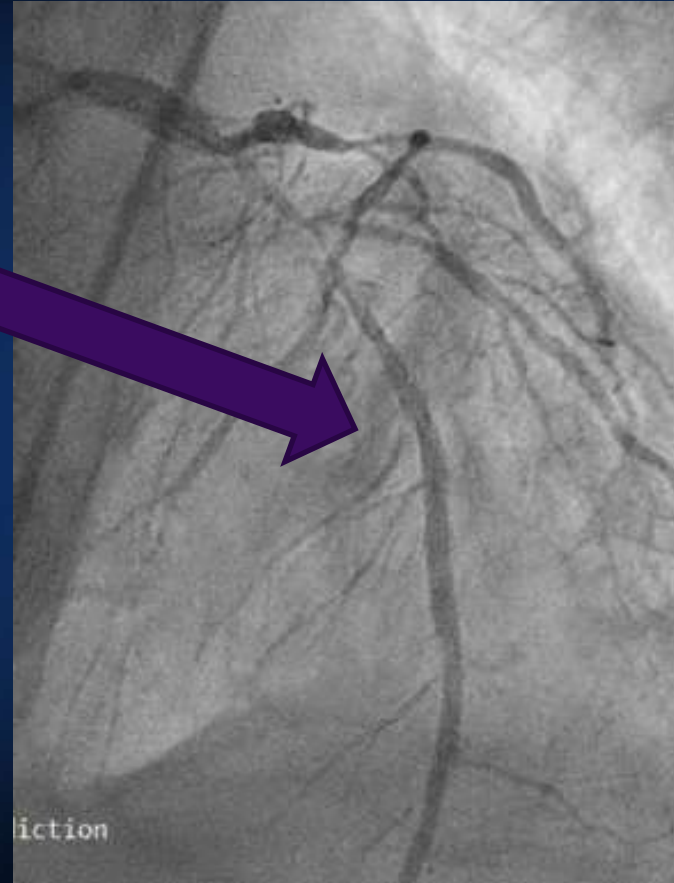


SB ostium 90% stenosis

MB proximal plaque burden 90%

Significance of SB

- ▶ **1. Size & length of SB**
- ▶ **2. SB distribution**
- ▶ **3. Patient Factors**
 - **Poor LV function**
 - **Viability issues**
 - **Collateral issues**





Depend on SB significance: Threshold for provisional vary

- ▶ E.G 2mm short SB in non dominant LCx & good LV

Threshold for 2 stent



Risk of SB
closure
LOW

Risk of SB
closure
HIGH



Depend on SB significance: Threshold for provisional vary

- ▶ E.G 2mm long SB & poor LV & supplying a CTO





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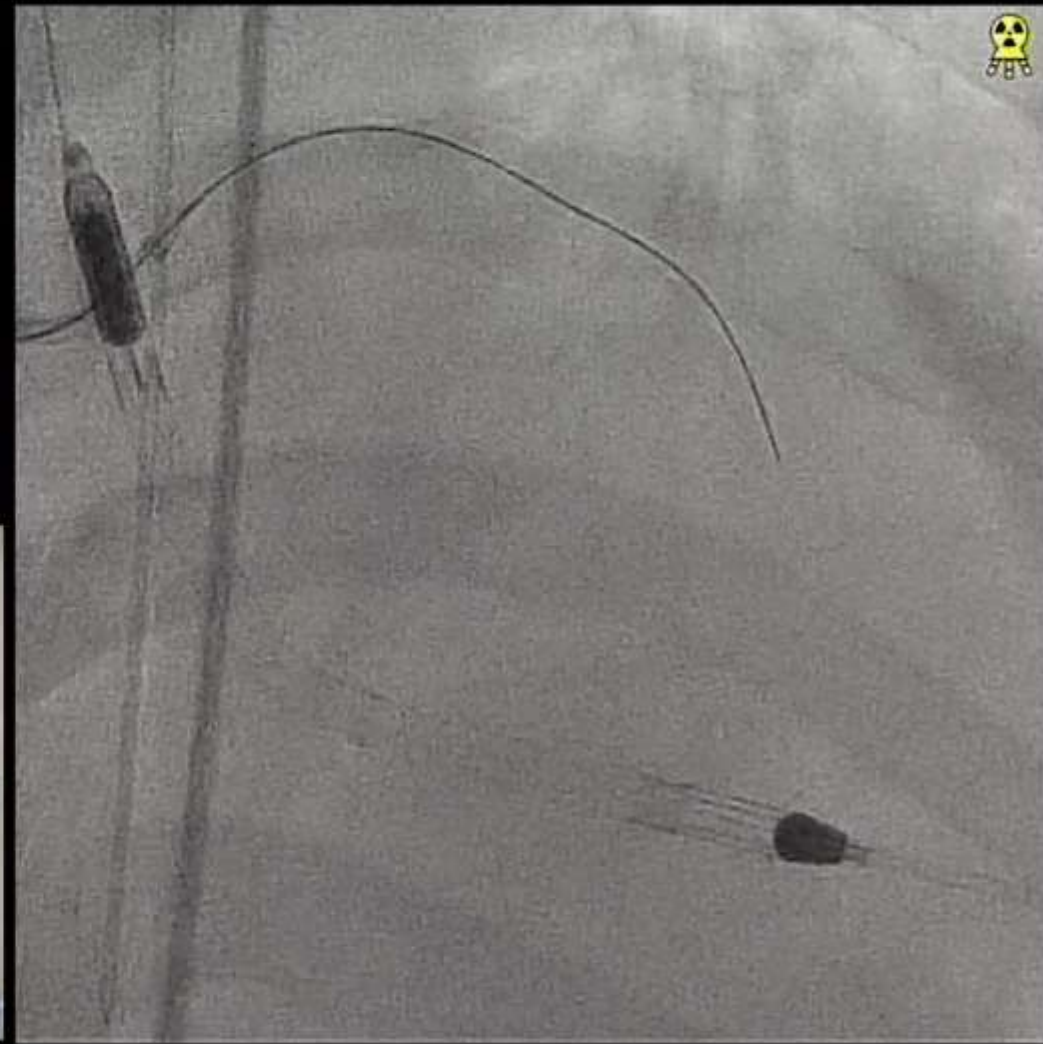
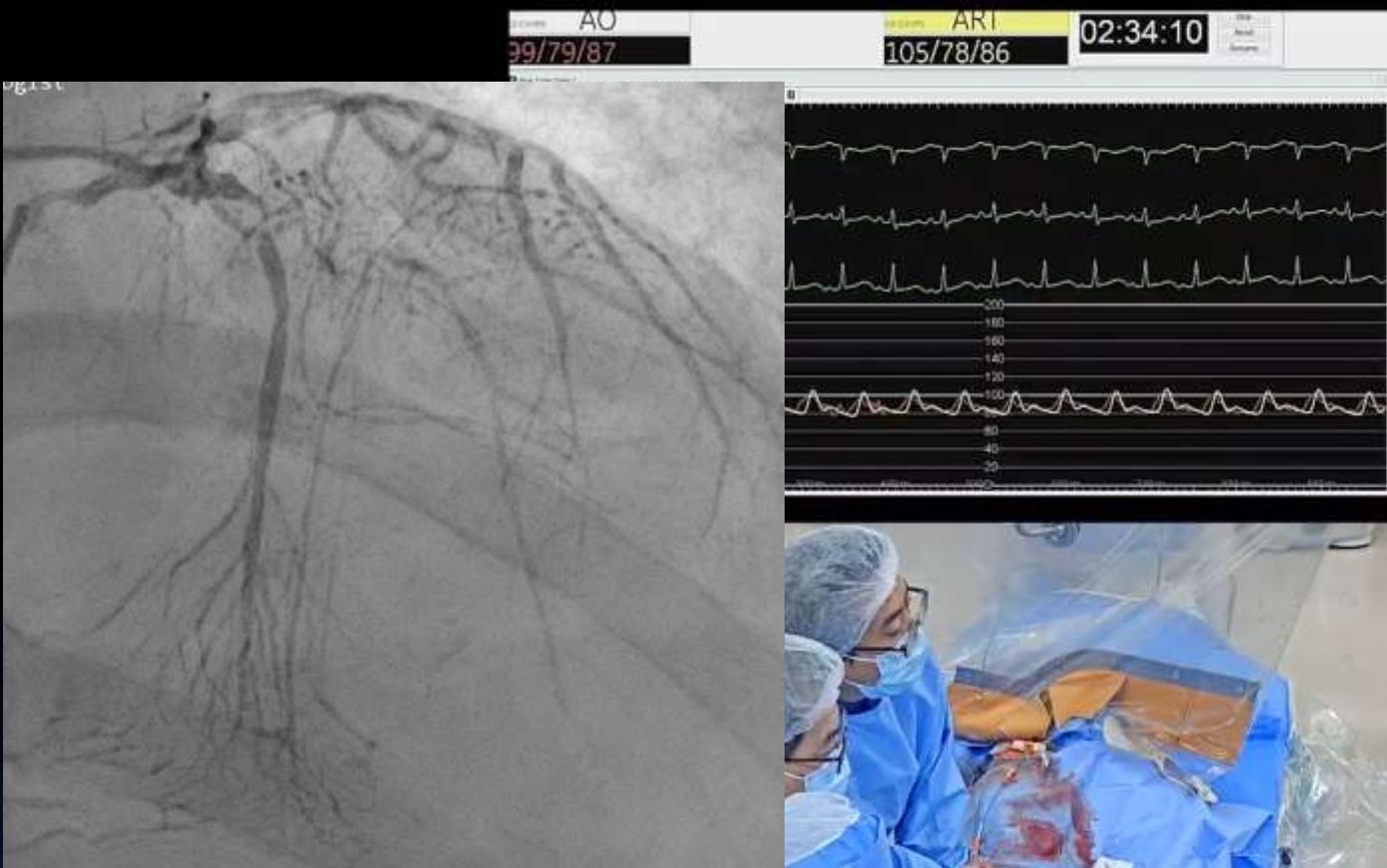
- **If SB closed, kissing or 2 stents**

Easy to do but not easy to choose

Modified Jail Balloon or Active Transfer of Plaque



If SB close, go **kissing** or 2 stent





If SB close, go kissing or 2 stent





Summary of optimal provisional approach

Key concept :

provisional approach is for bifurcation fit for provisional

▶ **How to choose? (most important)**

Risk of SB closure

Significance of SB

▶ **How to perform ?**

□ **Jail something**

– e.g wire, balloon, microcatheter, modified jail balloon or active transfer of plaque

□ **If SB closed, kissing or 2 stents**