Tips and Tricks for Ostial LM PCI

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Disclosure

I have the following potential conflicts of interest to report:

Grant/Research Support: Asahi Intecc

Proctoring Fees/ Speakers Honoraria: Boston Scientific, Abbott

Vascular, Medtronic, Bio-Excel, Teleflex Medical





Challenges in Ostial Stenting



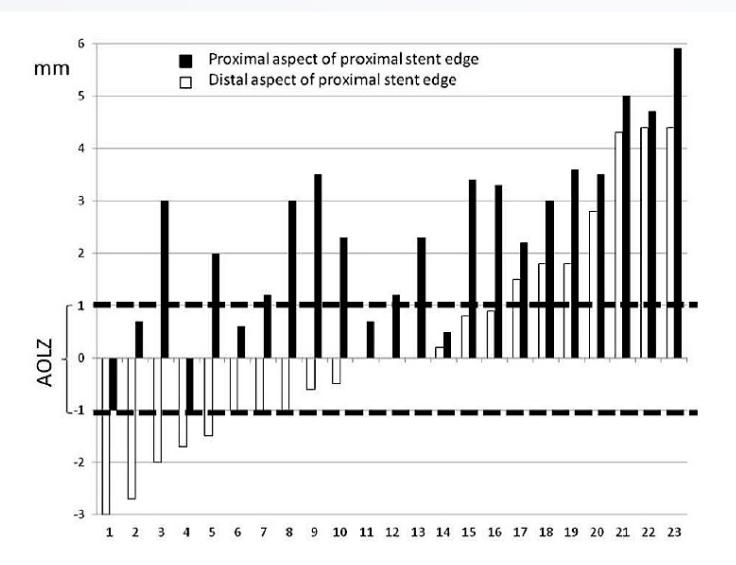
Major Problems:

- 1. Accurately identifying the ostial location
- 2. Stent motion making accurate positioning difficult
- 3. High concentration of muscle / elastic fibers increasing recoil
- 4. Calcification



Outcomes of ostial stenting





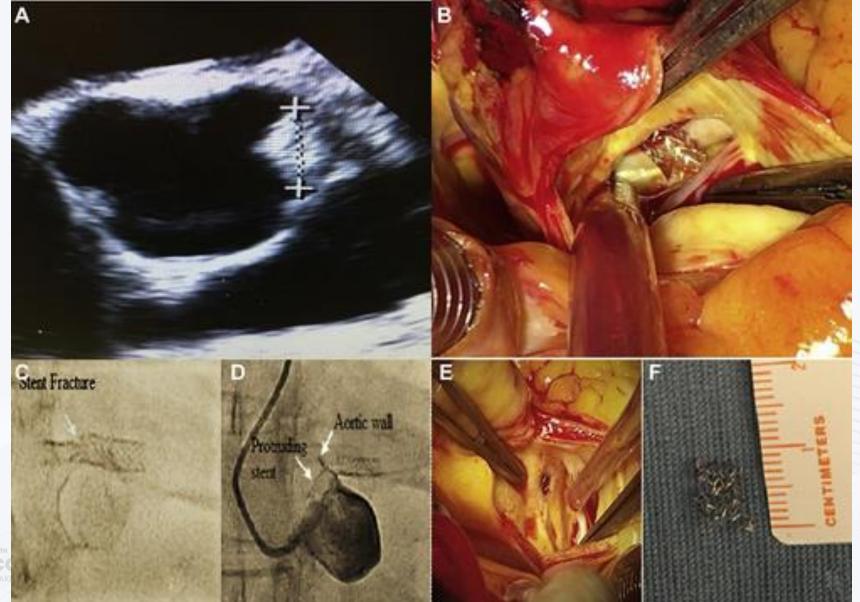
23 patients who has aorto-ostial stenting assessed with CTCA Only 13% of stents proximal edge located within 1 mm of ostium

Rubinshtein R, et al. JACC 2013. Volume 61, Issue 10



Challenges in Ostial Stenting





Left Main Coronary Artery Stent Misadventure, JACCAS. 2020; Volume: 2, Issue: 12,

Pages: 1905-1906.

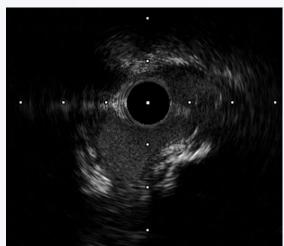




Use the Right Tools

Plaque / Calcium modification

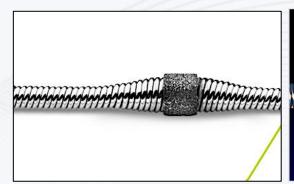


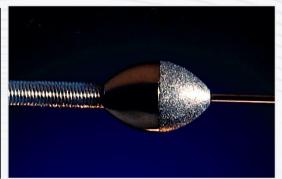


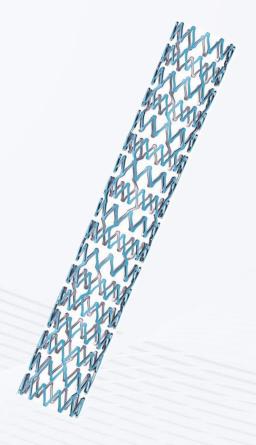
IVUS







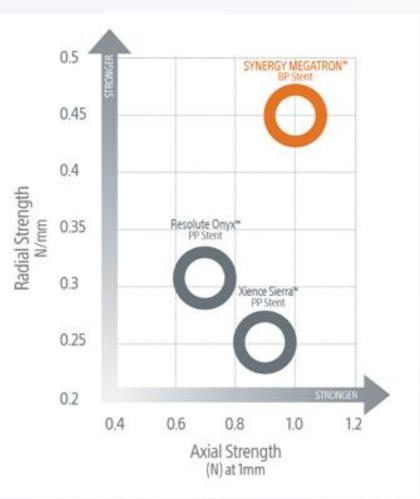




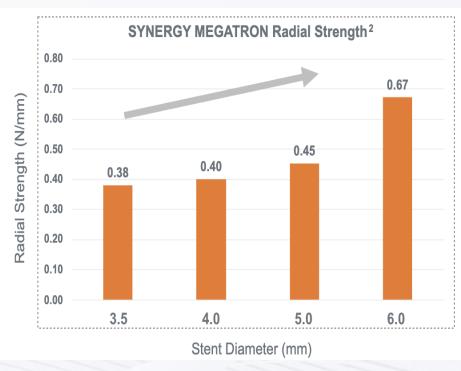


Use the Right Tools – Stent Design





Diameter (mm)	Overexpansion Capabilities (mm)
3.50	6.00
4.00	6.00
4.50	6.00
5.00	6.00



Increased Radial Strength at Overexpansion





Optimal Fluoroscopic Projections of Coronary Ostia and Bifurcations Defined by Computed Tomographic Coronary Angiography



Ostial LM LAO 37; CRA 22 Left main coronary artery bifurcation Ostial right coronary artery LAO 0; CAU 49 LAO 79: CRA 41 Left circumflex-obtuse marginal bifurcation LAO 24; CAU 33 Left anterior descending - diagonal artery bifurcation LAO 11; CRA 71 **Posterior** descending - posterolateral artery bifurcation LAO 44; CRA 34

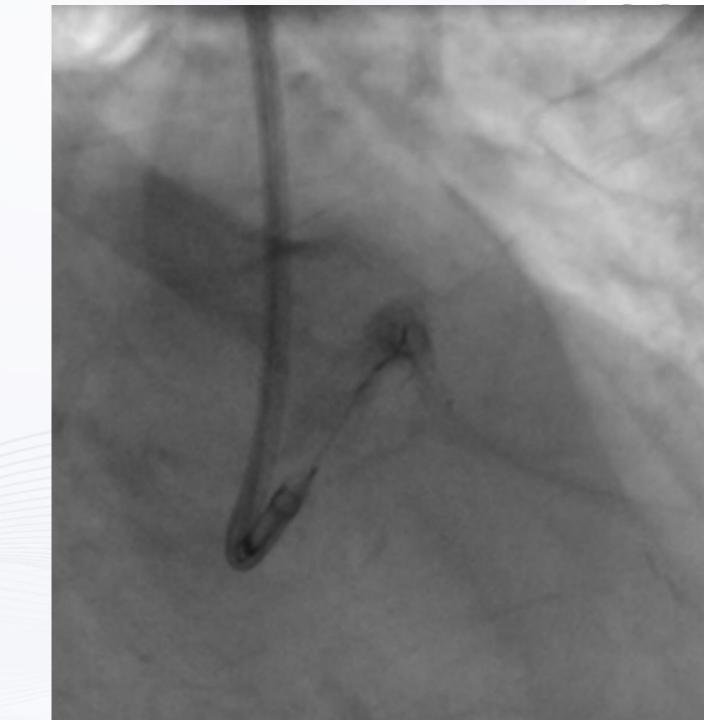
Kocka V, et al. J Am Cardiol Intv. 2020;13(21):2560-70

COMPLEX PCI 2023

MAKE IT SIMPLET: TECHNICAL FORUM A TO Z

IVUS ostial marking

IVUS positioned in the ostium and correlated with angiographic view

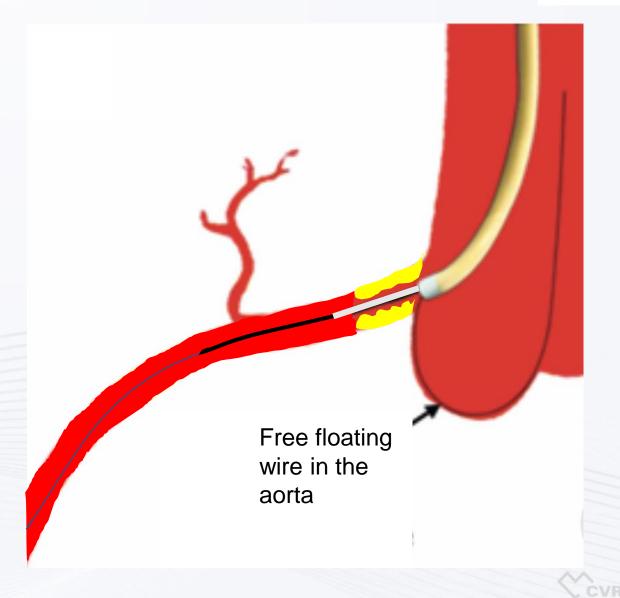


Floating wire technique



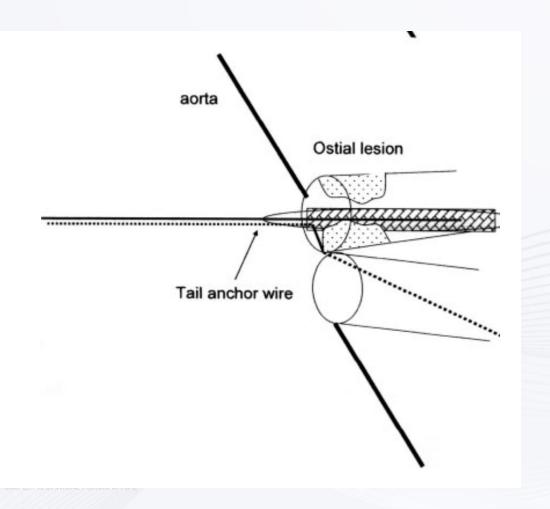
Free floating wire in the aorta

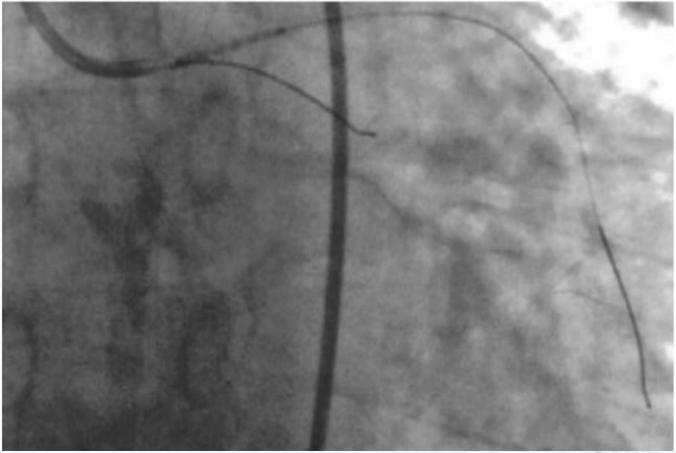
- Helps reduce stent motion
- Does not accurately identify ostial location



Techniques for ostial stenting Szabo technique

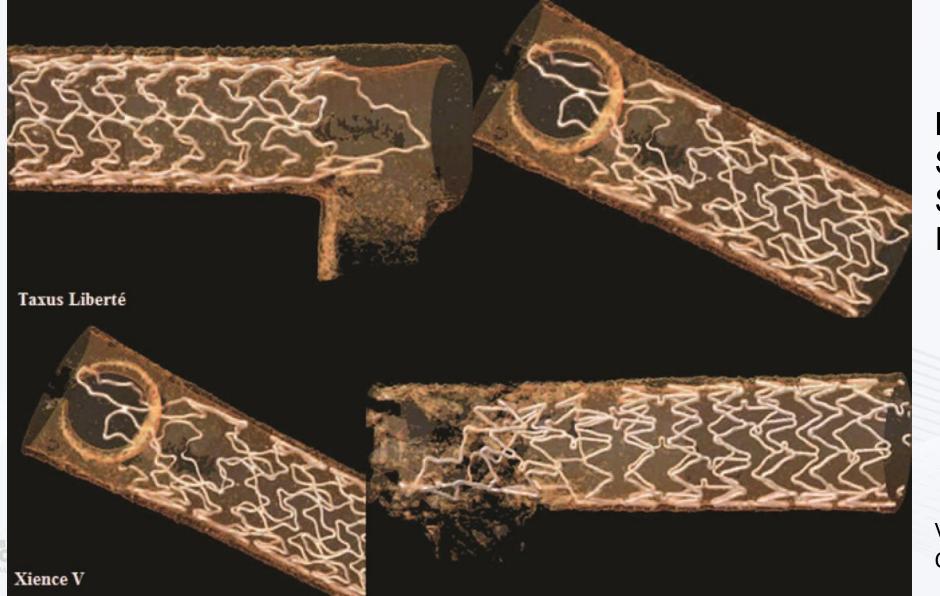






Szabo Technique for ostial Stenting



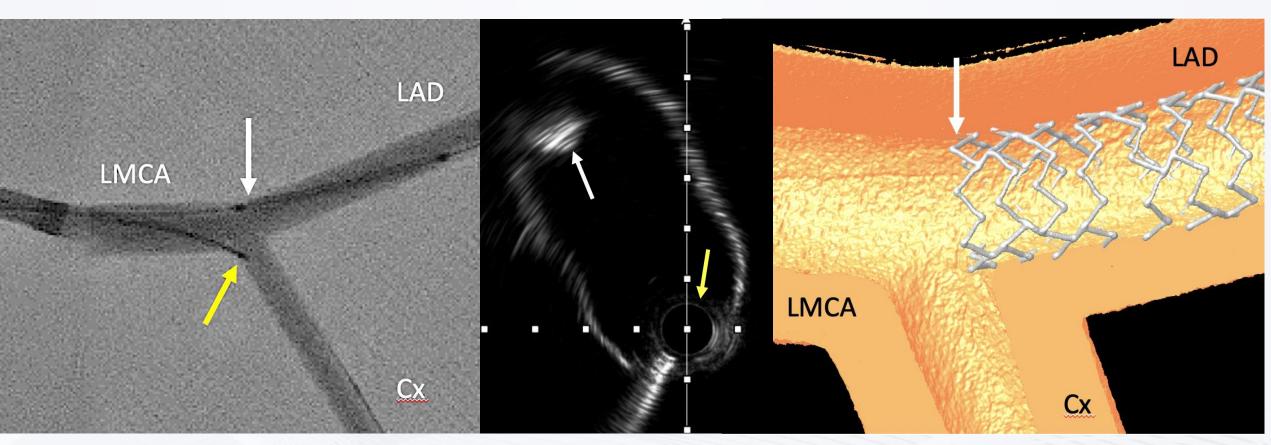


Limitations include: Stent dislodgement Stent deformation Imprecise ostial

Vaquerizo B et al, Cath Cardiovasc Interventions 2012

Bench testing of real-time IVUS guided ostial stent placement





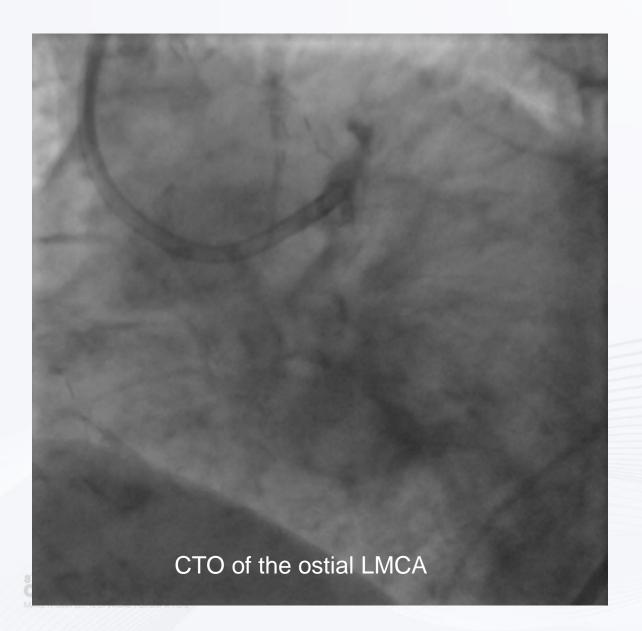
Real-time IVUS guided ostial stent placement in Phantom with OptiCross HD 60MHz catheter in the Cx

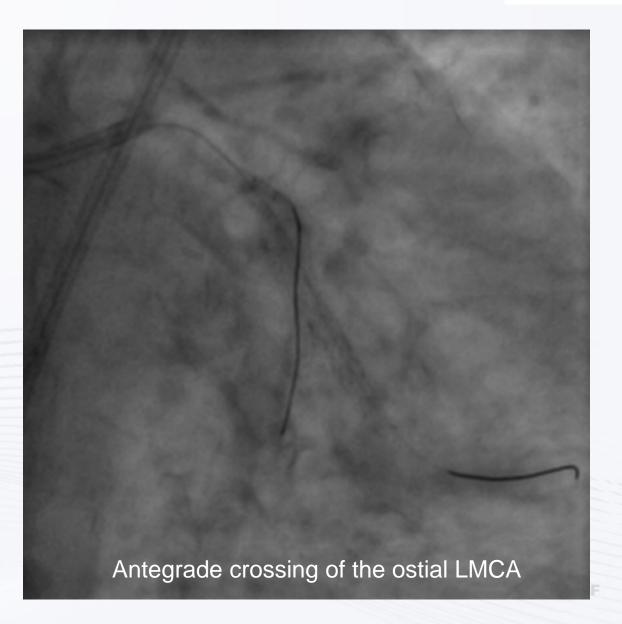
Micro-CT of phantom in which stent was deployed using real-time IVUS guided PCI



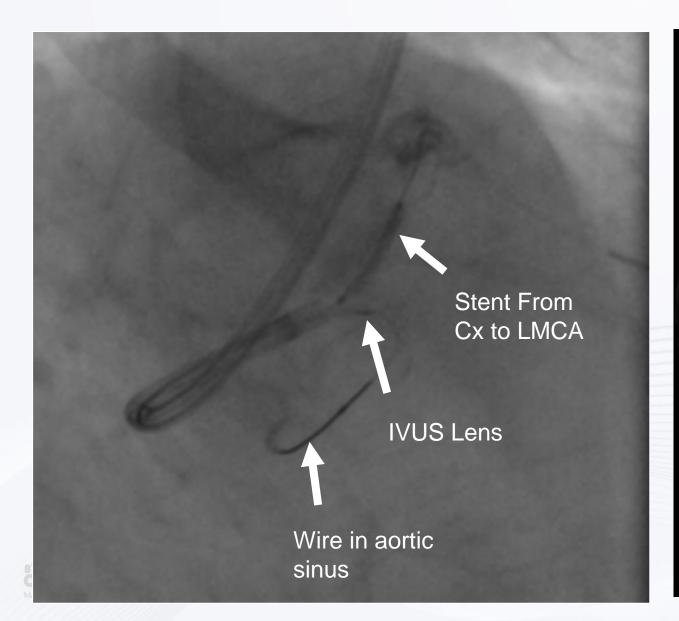


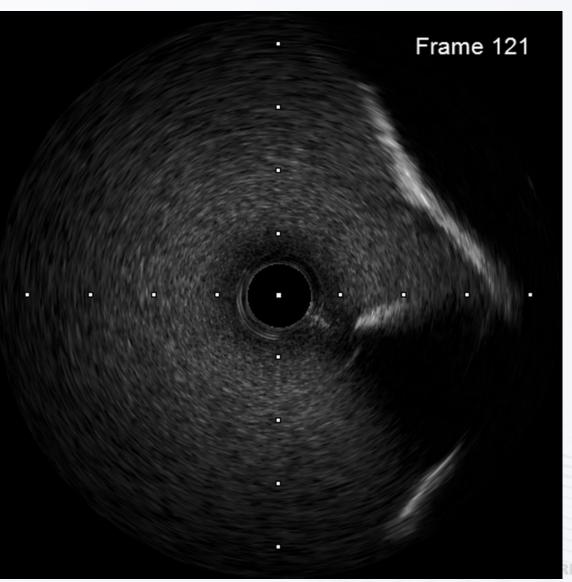




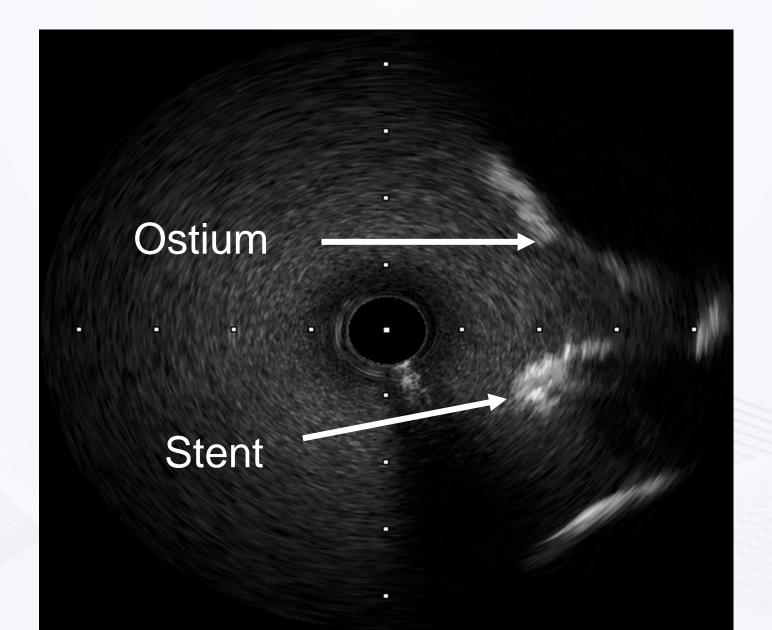








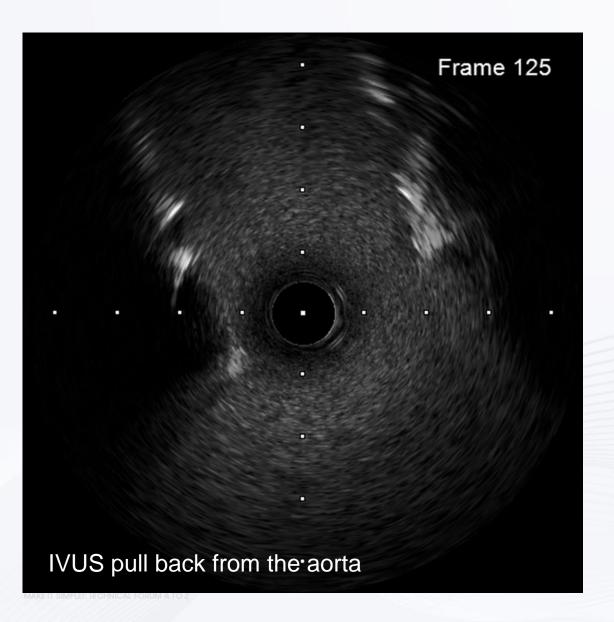


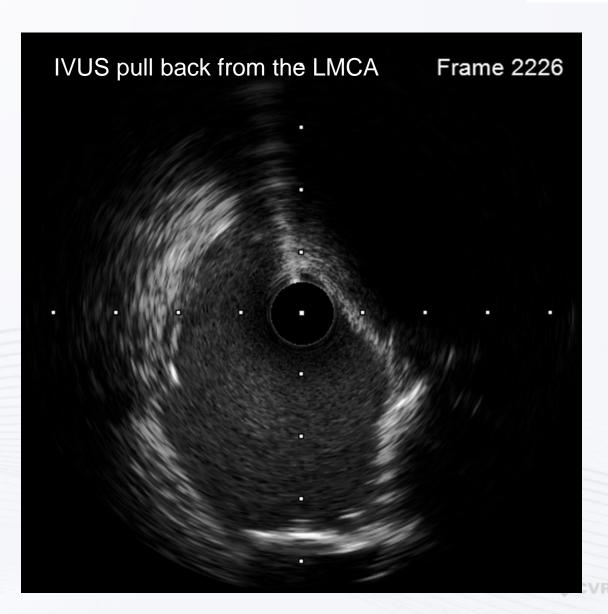




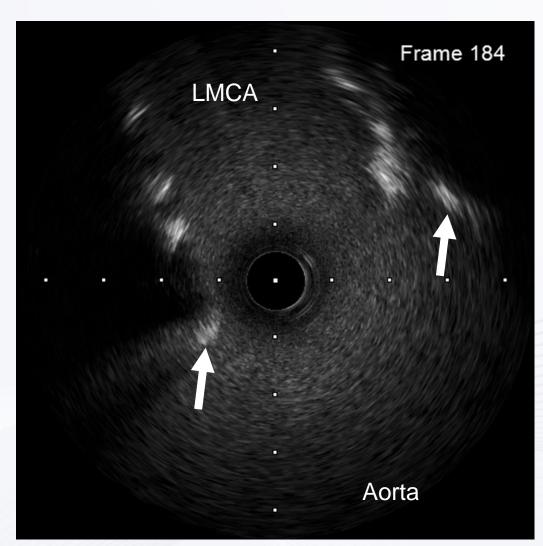


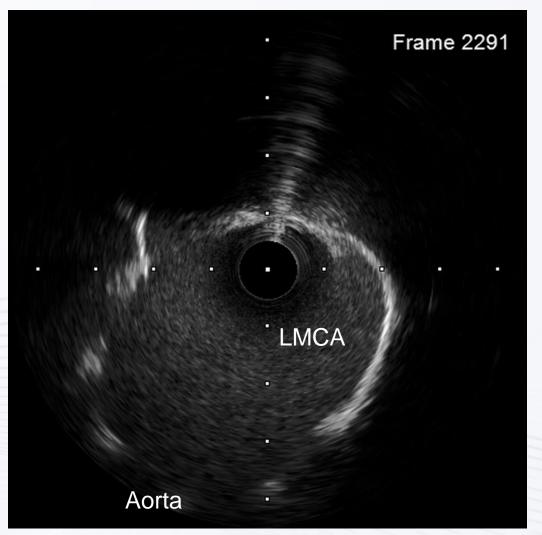










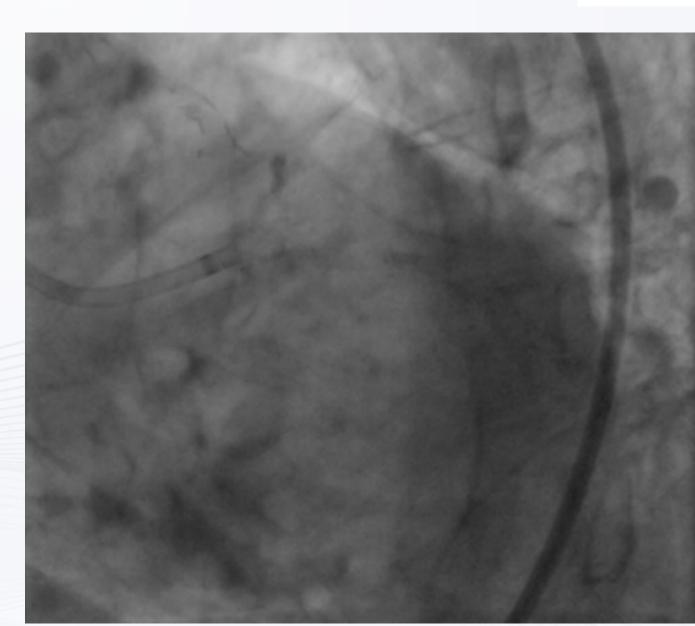








Final result





Real-time IVUS guided ostial stenting

Advantages

Accurate identification of ostium and guidance of stent placement

Reduced stent motion

Accurate assessment of calcium

Accurate vessel sizing

Stent optimization

Disadvantages

Requires at least 7F guide

Only been test with low profile Opticross IVUS catheter

Suitable only for 0,1,0 or 0,0,1 bifurcation lesion with a large B angle







Conclusions

- Ambiguity of the ostial location, motion of the stent prior to deployment and calcification can lead to suboptimal outcomes in ostial stenting
- Optimising angiographic angles and use of intravascular imaging can help to accurately locate the ostium
- ➤ Real-time IVUS guided ostial stenting allow for precise stent placement and stent optimization



