Fatal Complications in Retrograde Approach

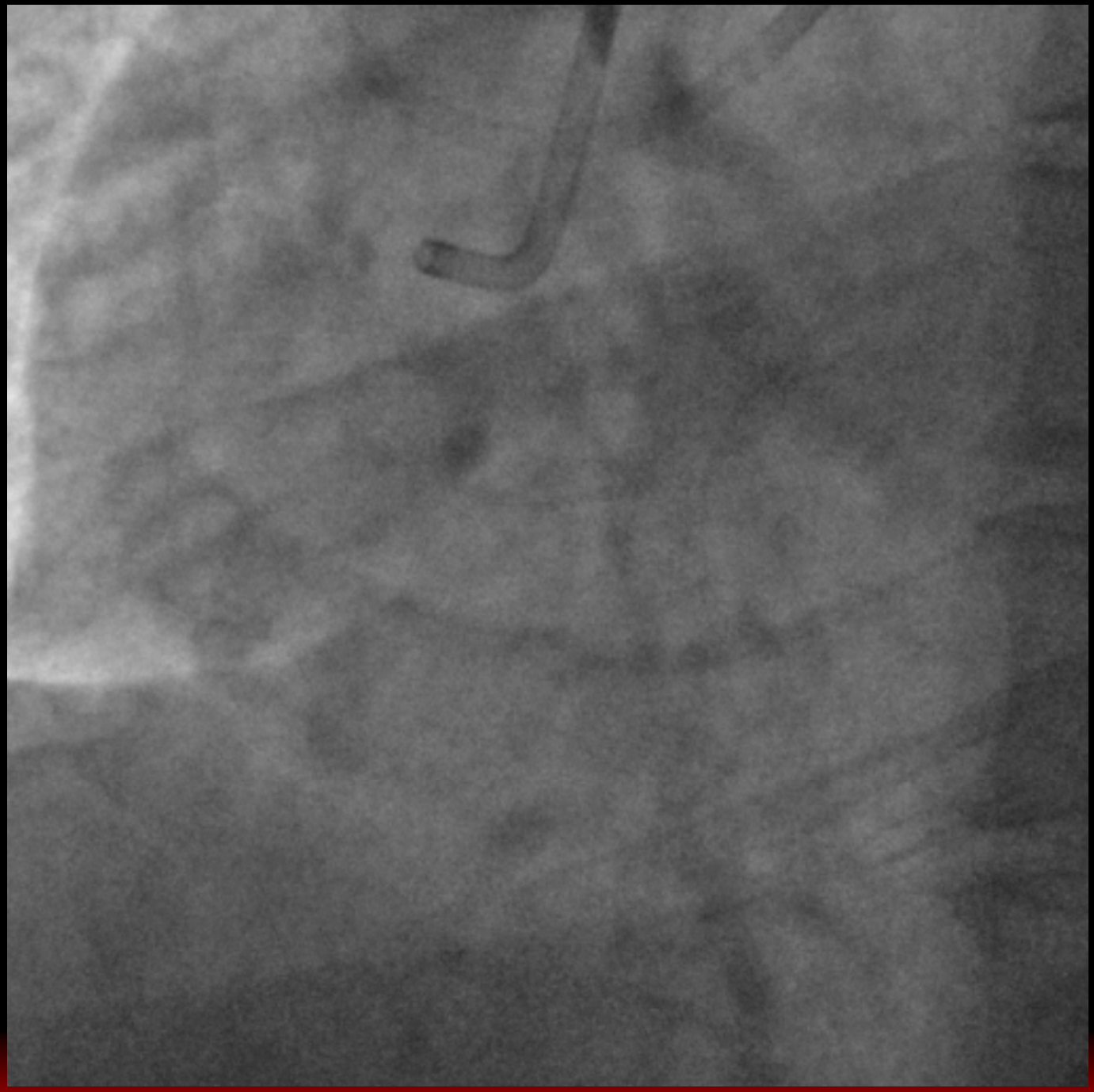
Toyohashi Heart Center
Yasushi Asakura M.D.

Complications in Retrograde Approach

1. Channel Perforation

Case

Mid-RCA CTO



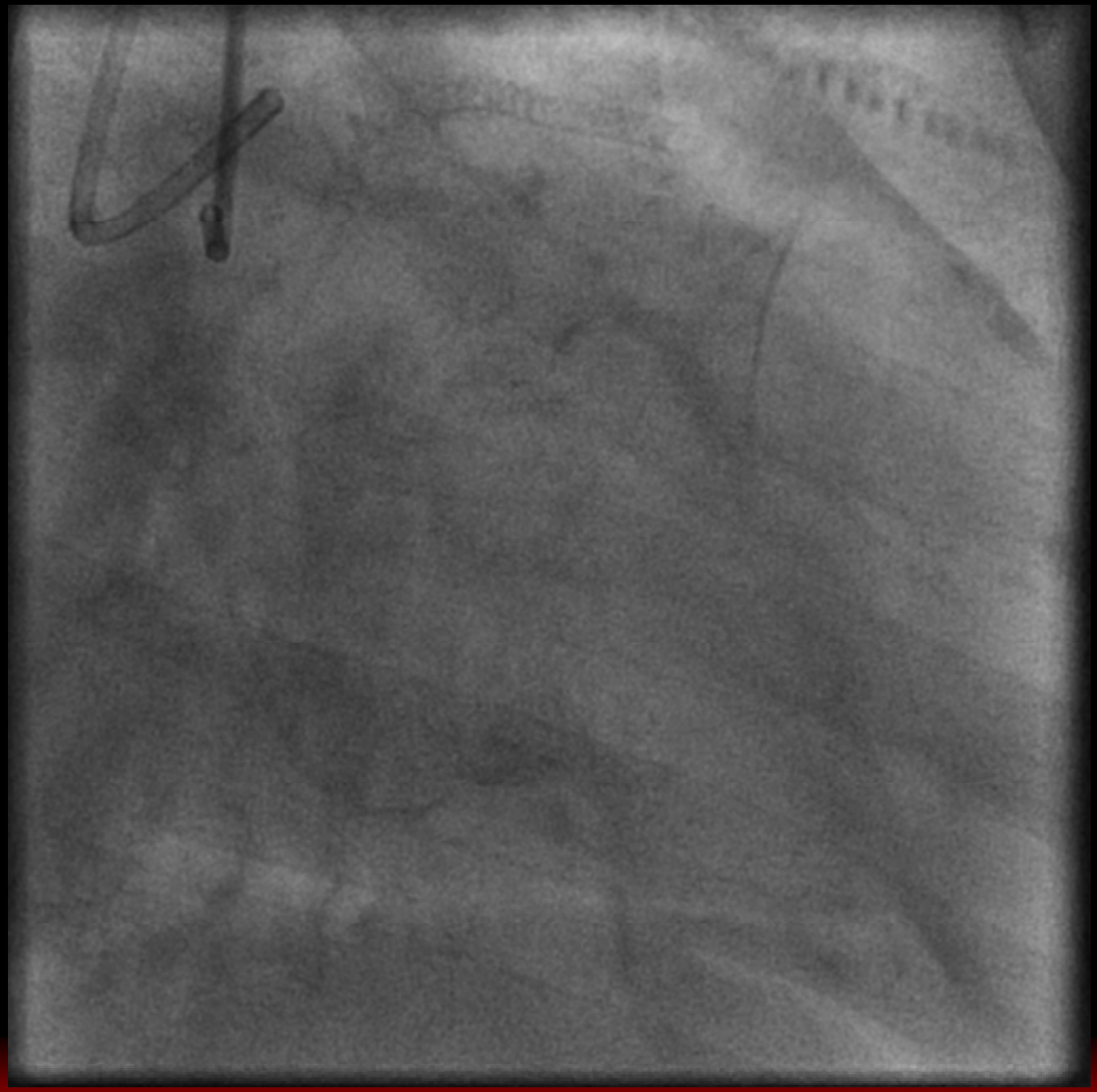
Final

3 Months Follow-up

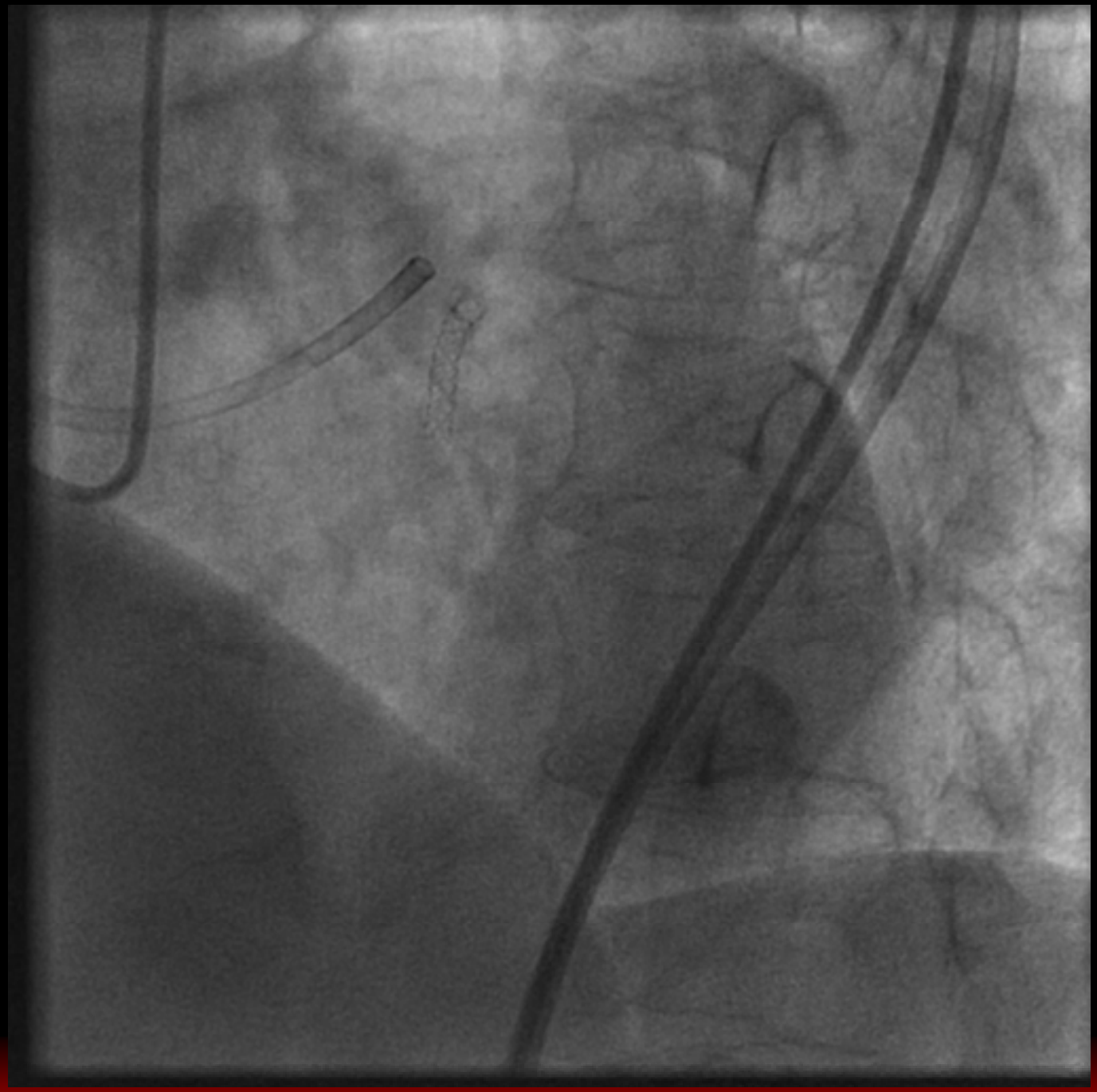
6 Months Follow-up

Case

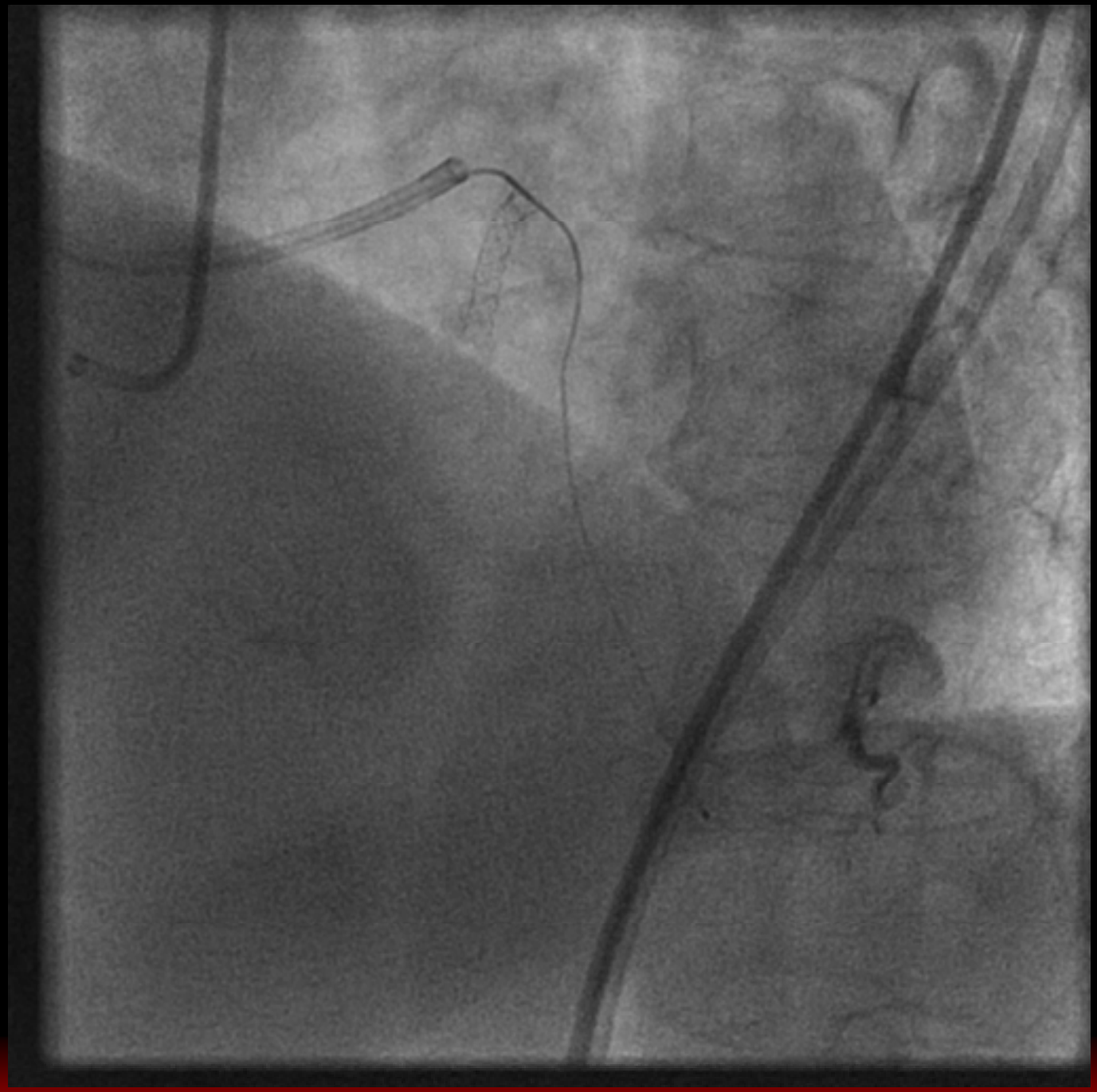
LAD
CTO



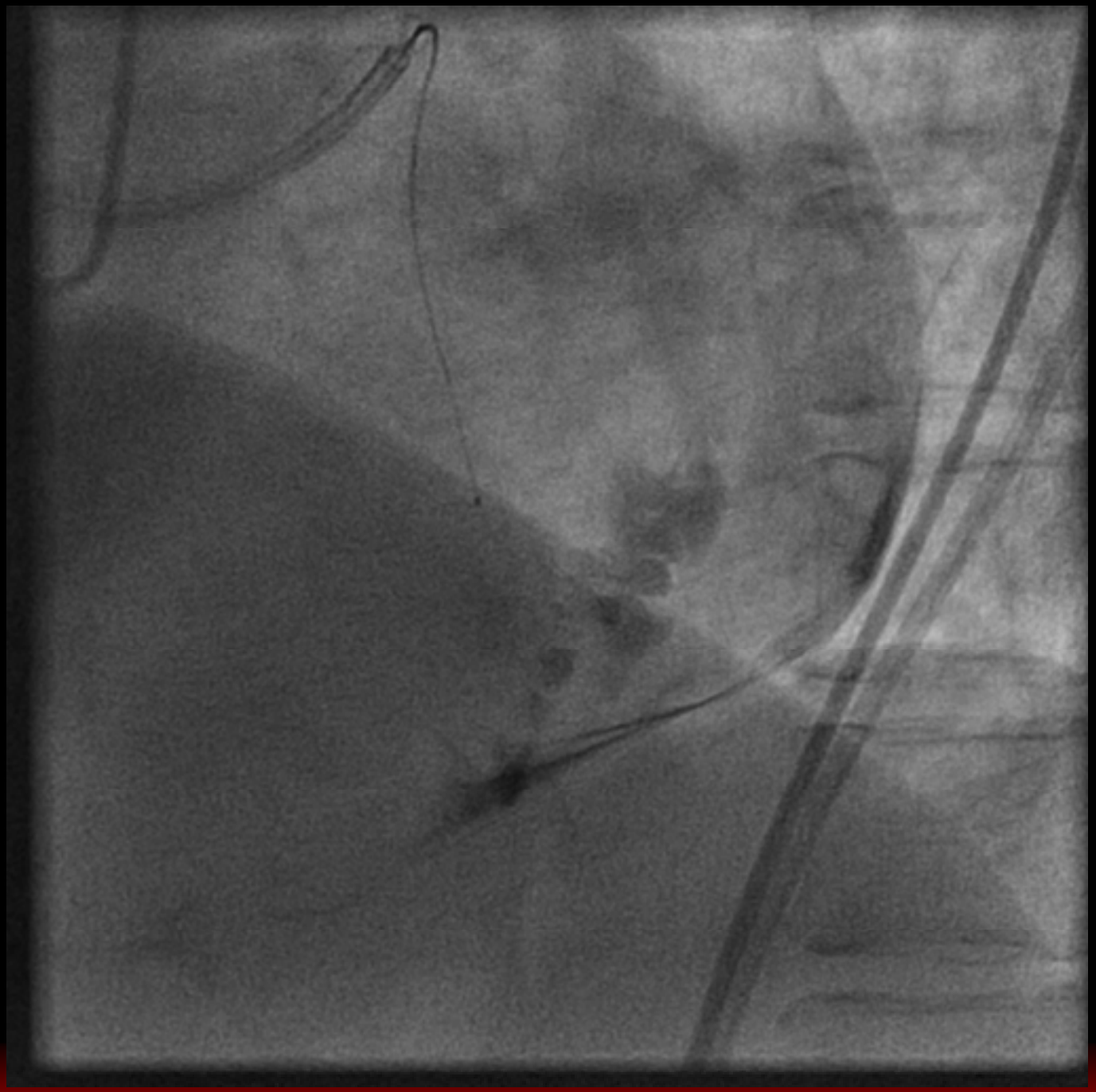
Epicardial Collateral Channel



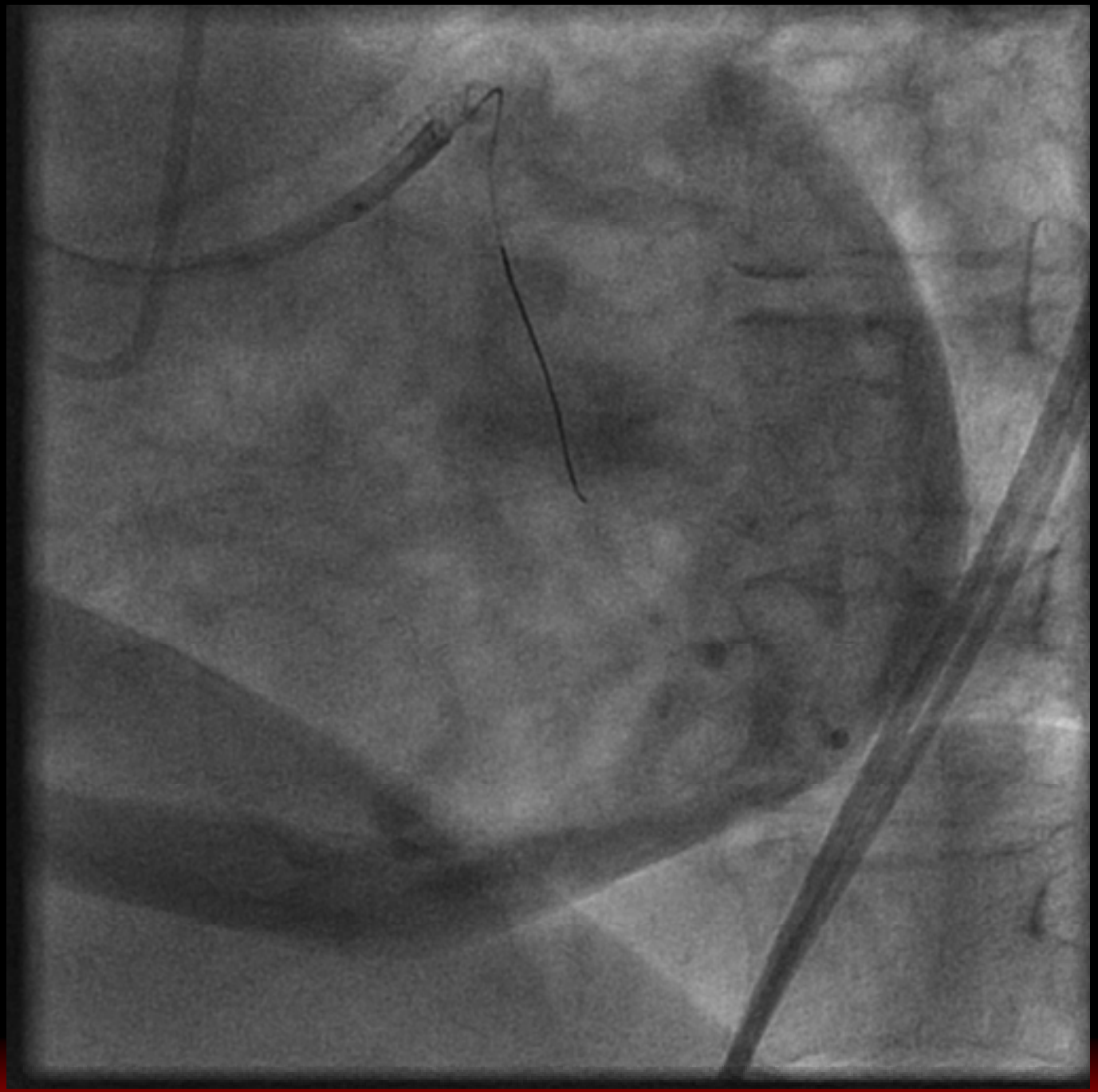
Epicardial Collateral Channel



Channel Rupture

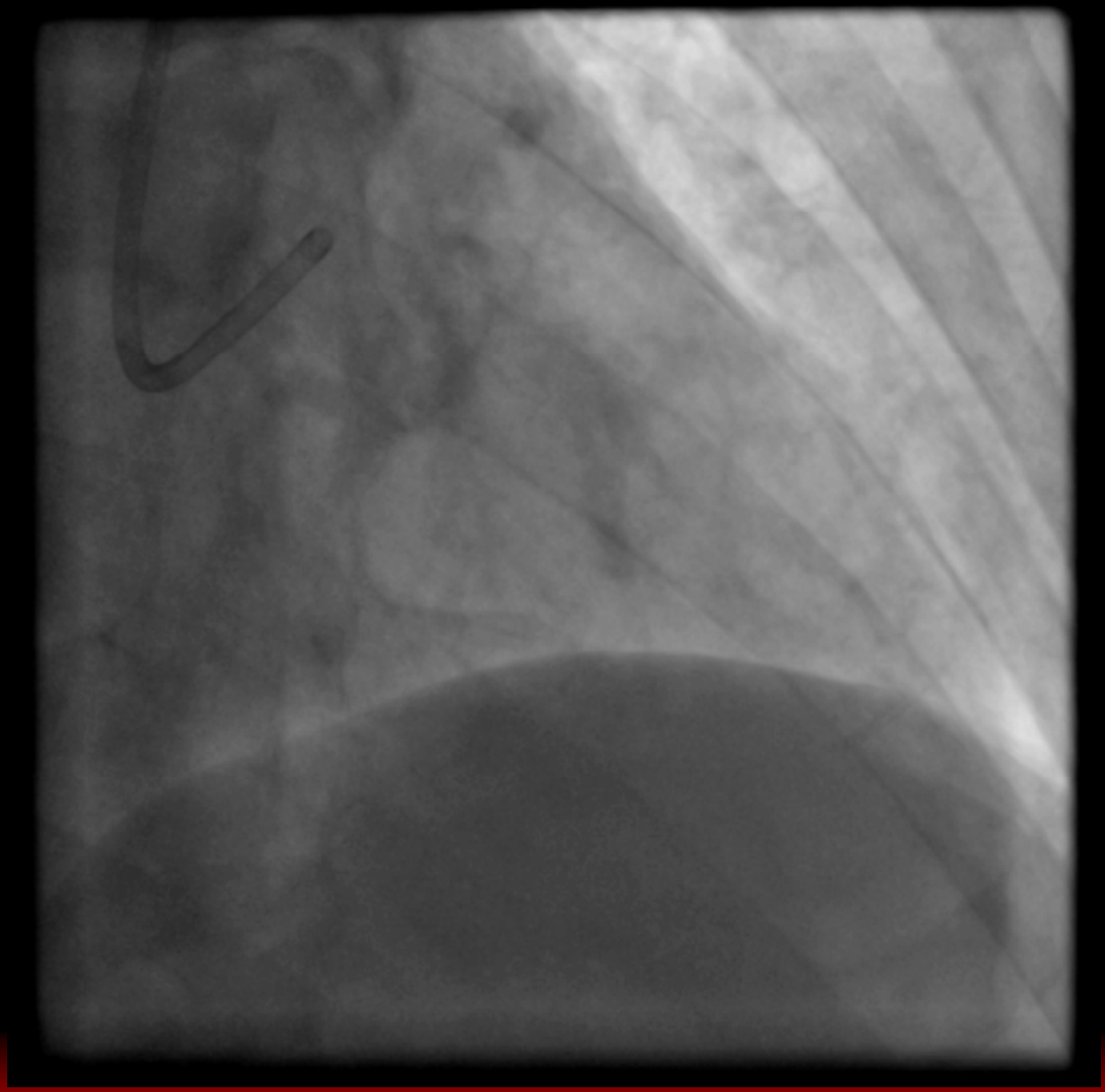


Cardiac Tamponade

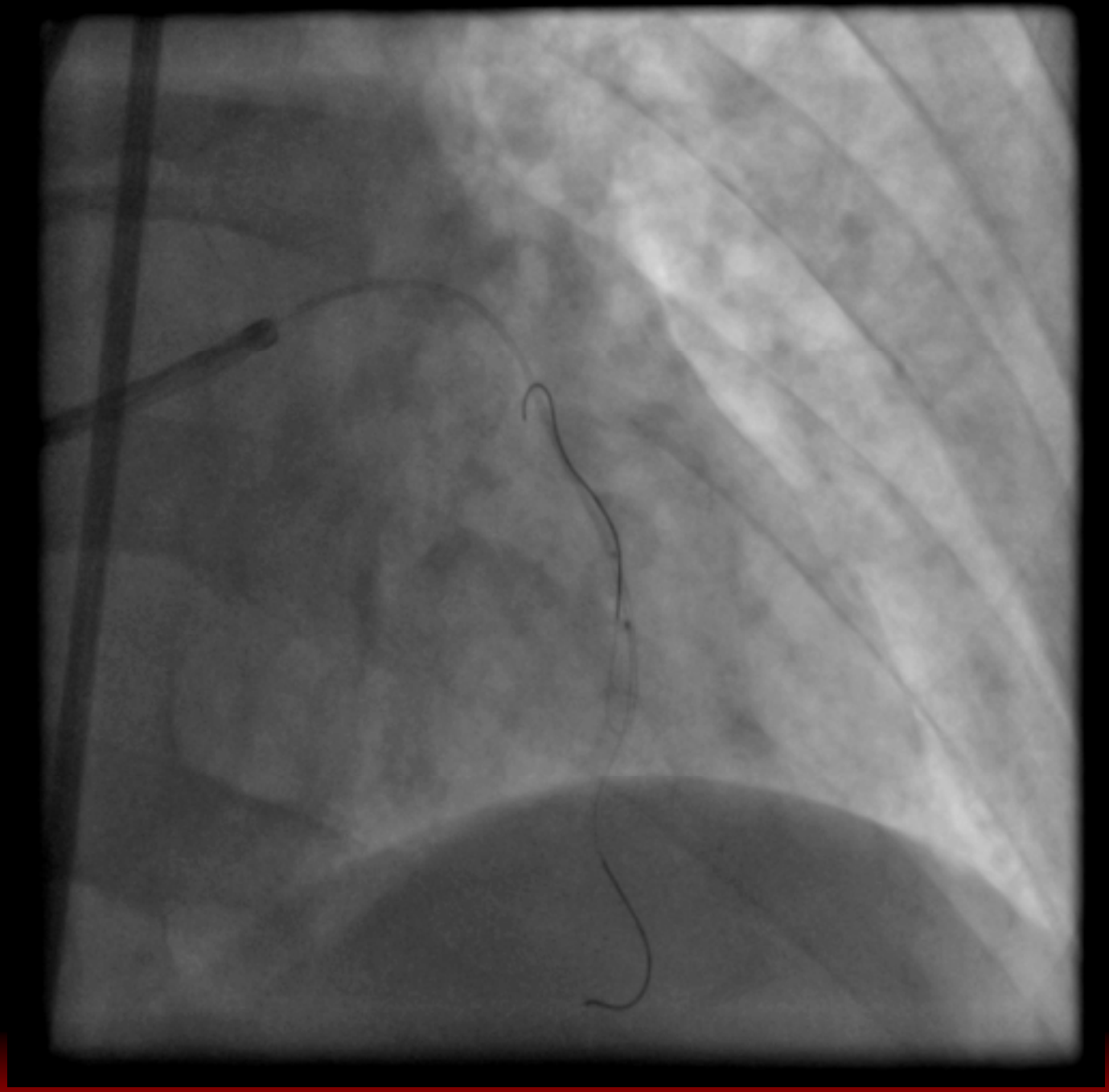


Case

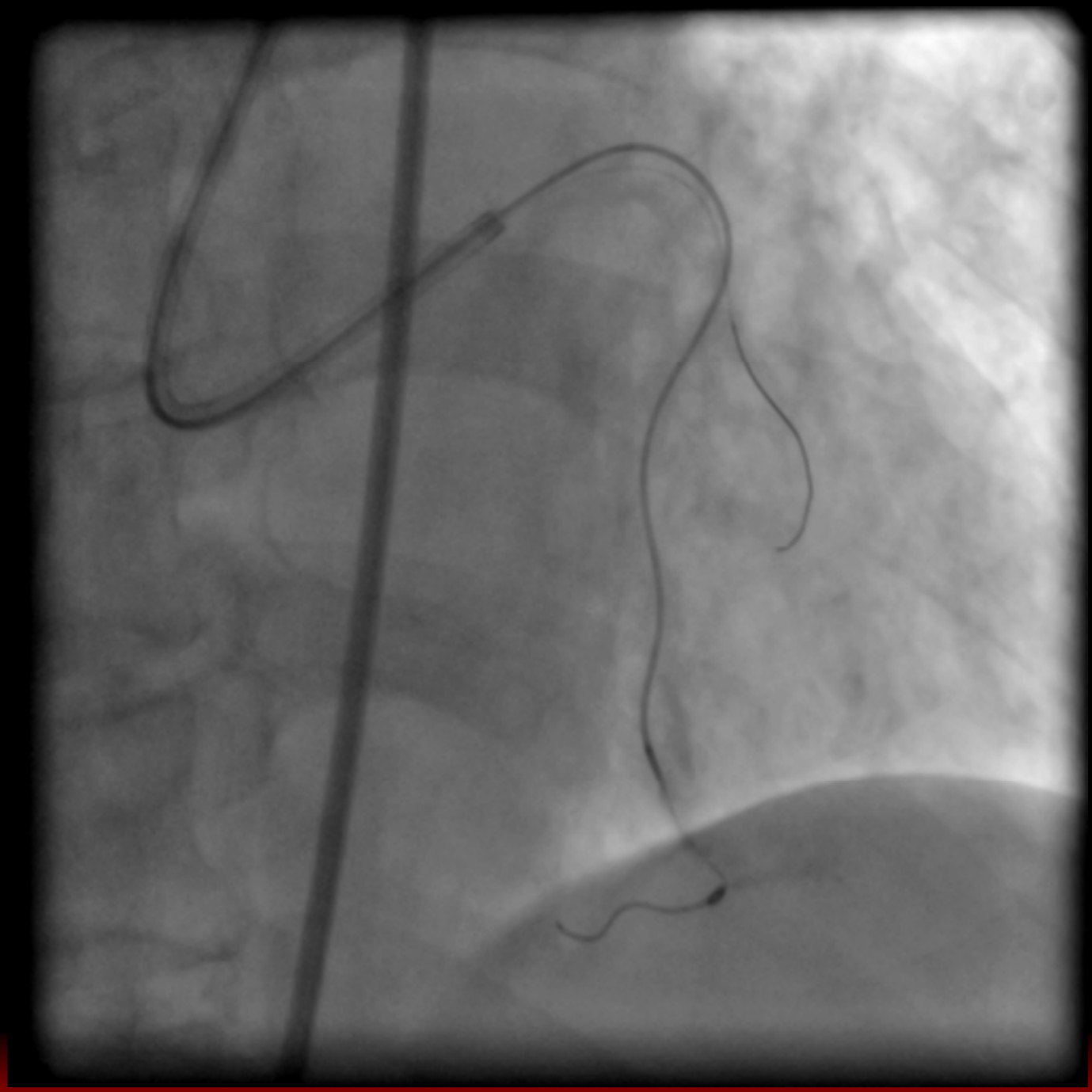
RAO Cranial



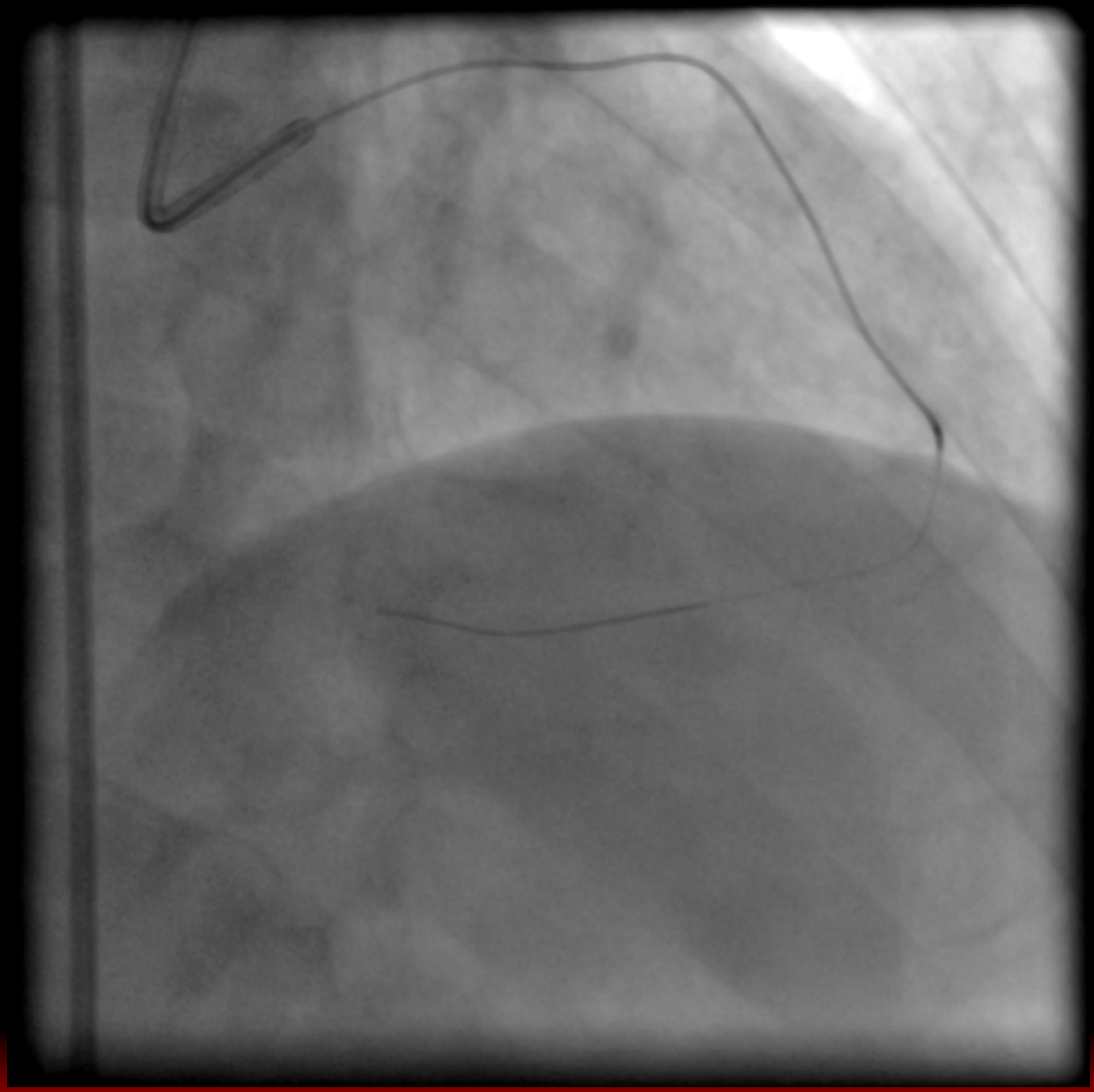
Reverse Wire



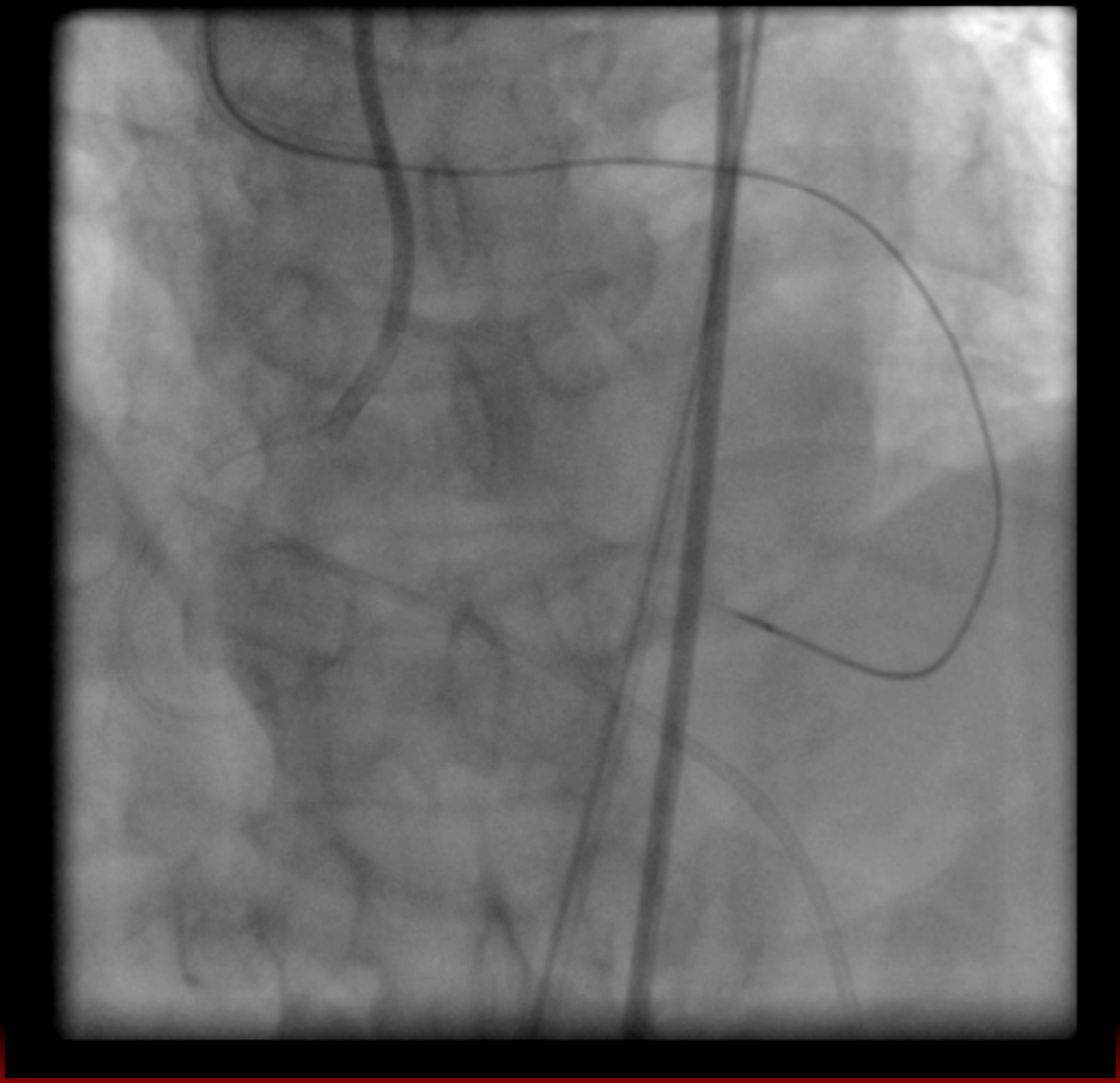
Septal Injury



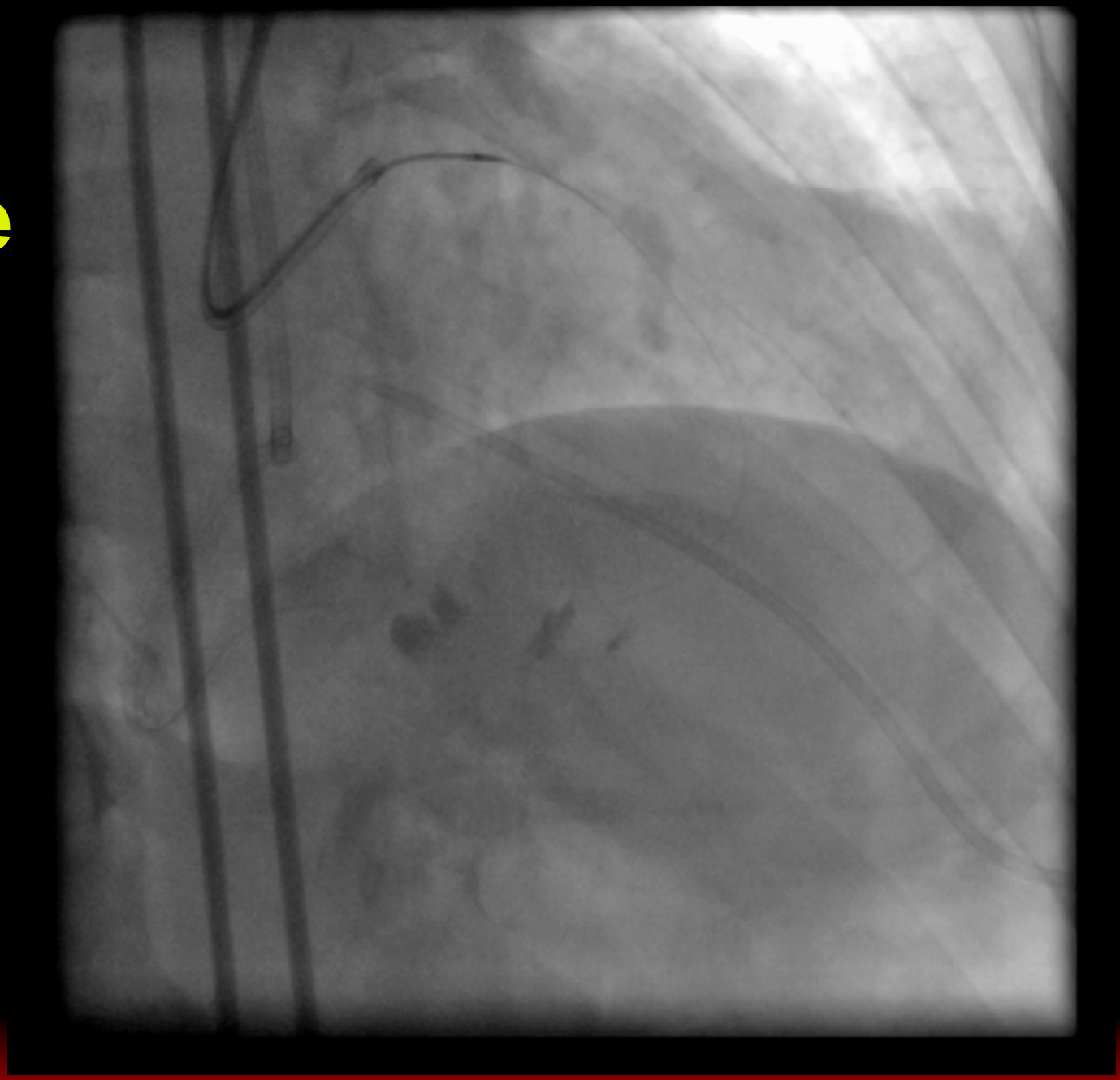
Epicardial Route



Final

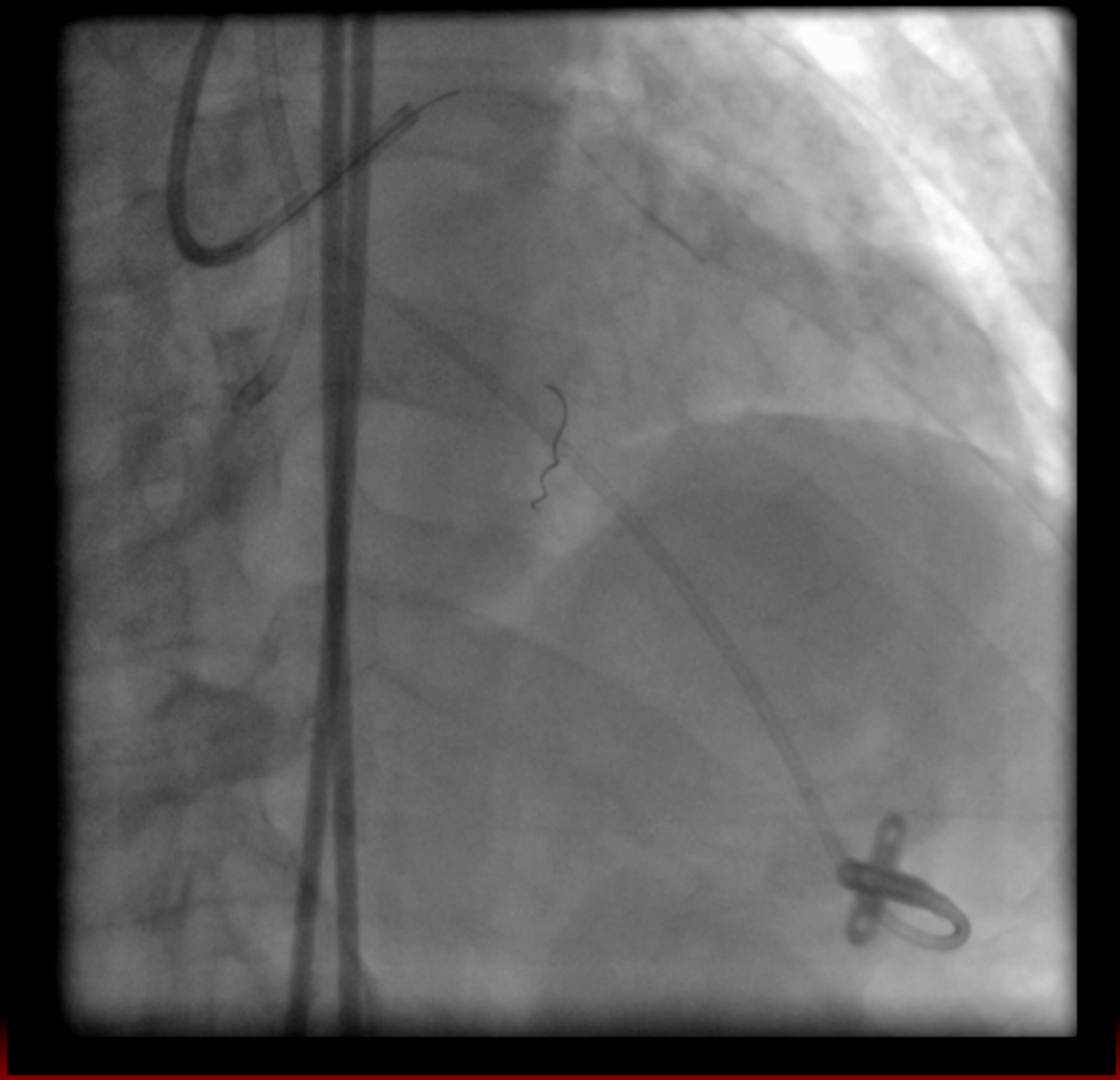


Tamponade



Hemostasis

Final

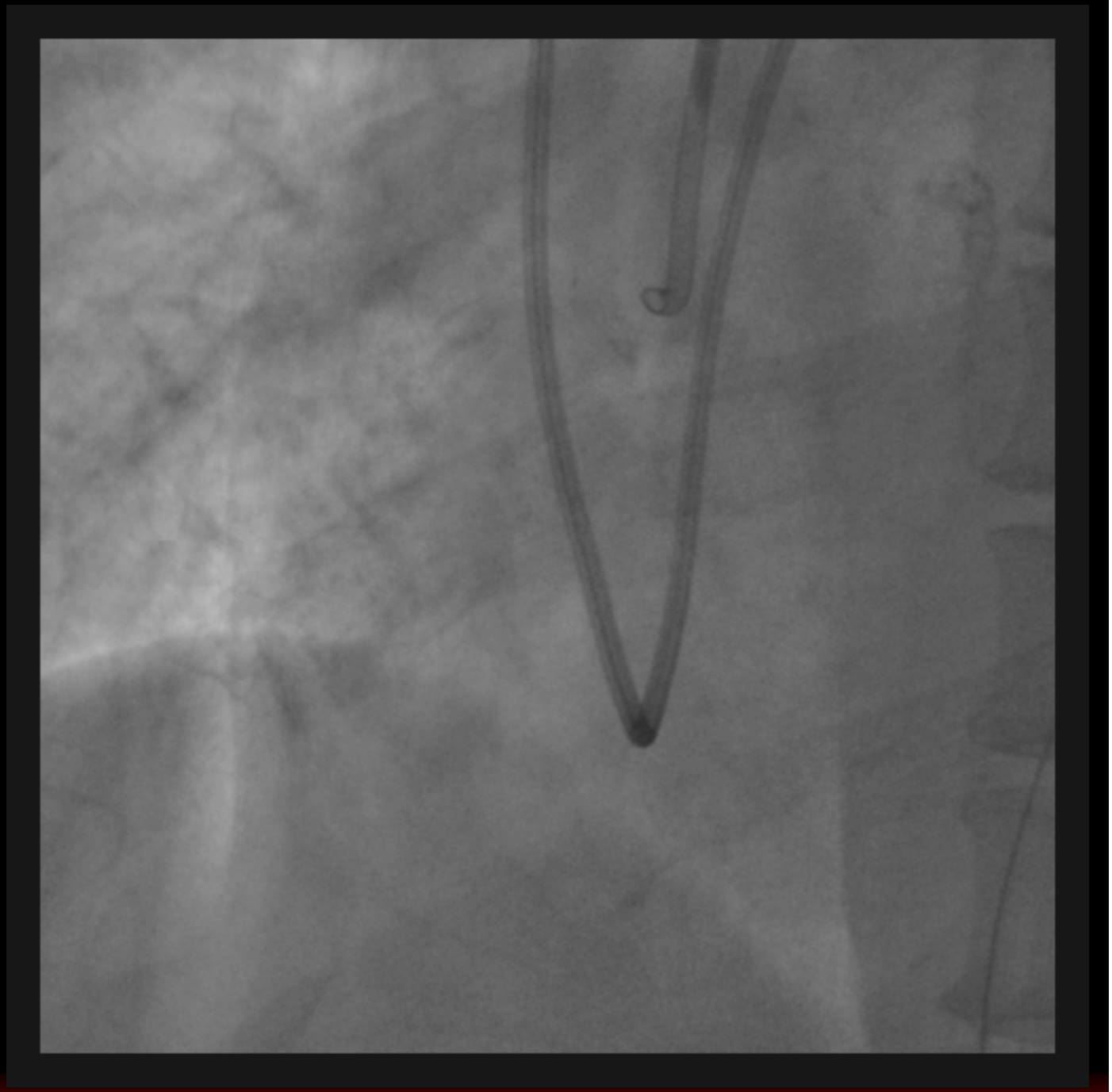


Complications in Retrograde Approach

1. Channel Perforation
2. Ischemia

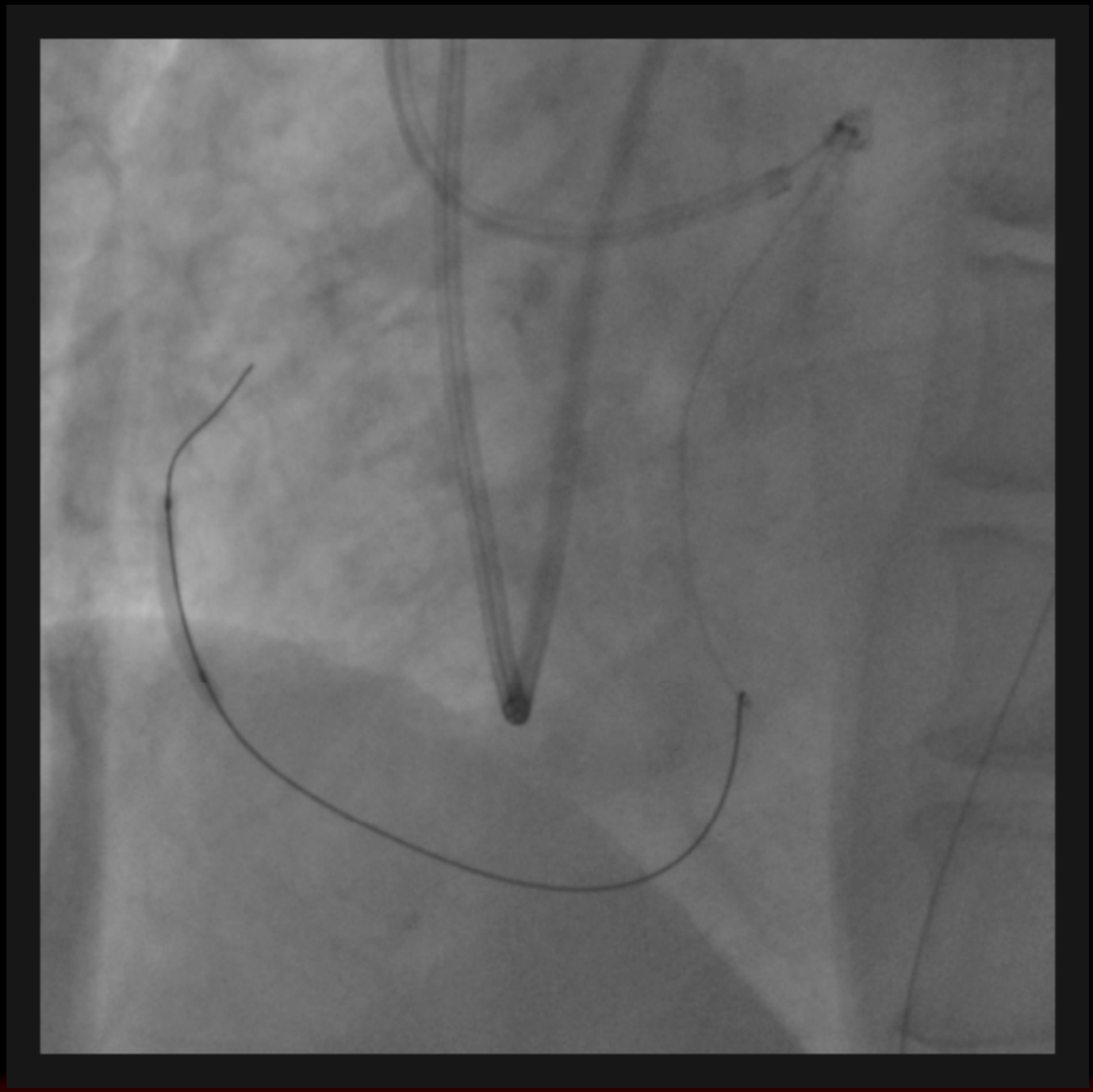
Case

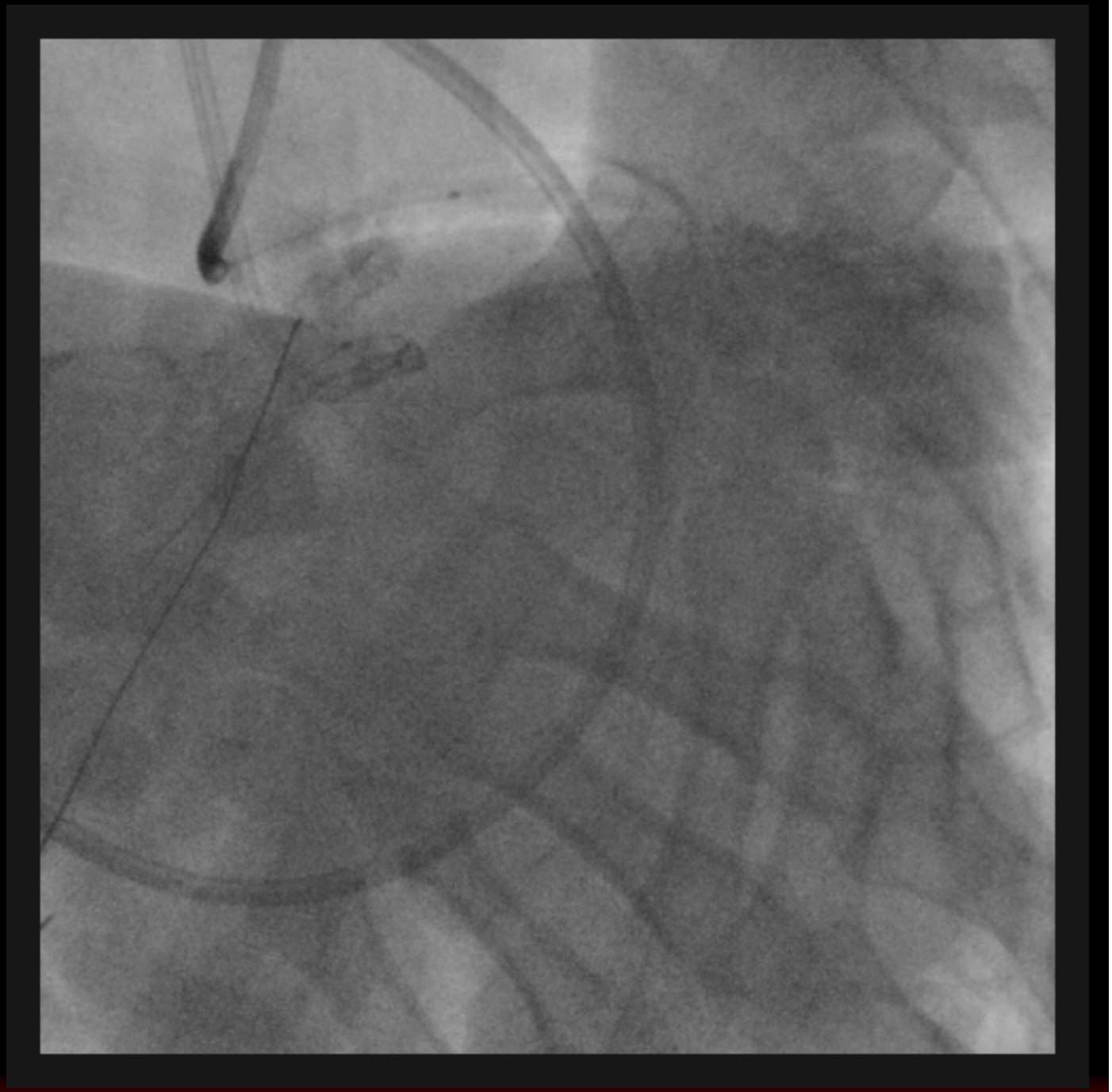
Prox-RCA CTO



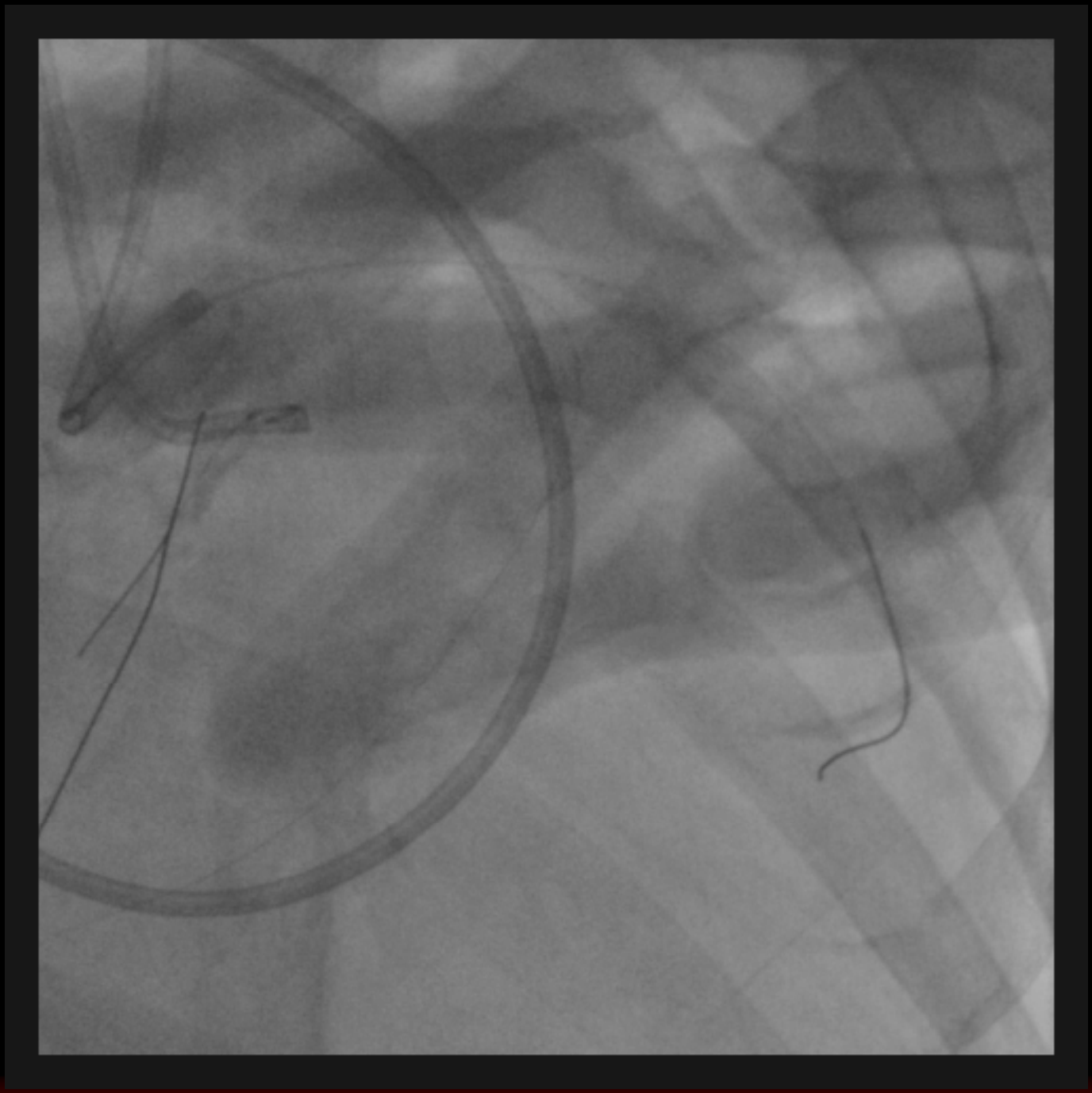
LCA

Achievement of Successful CART !?



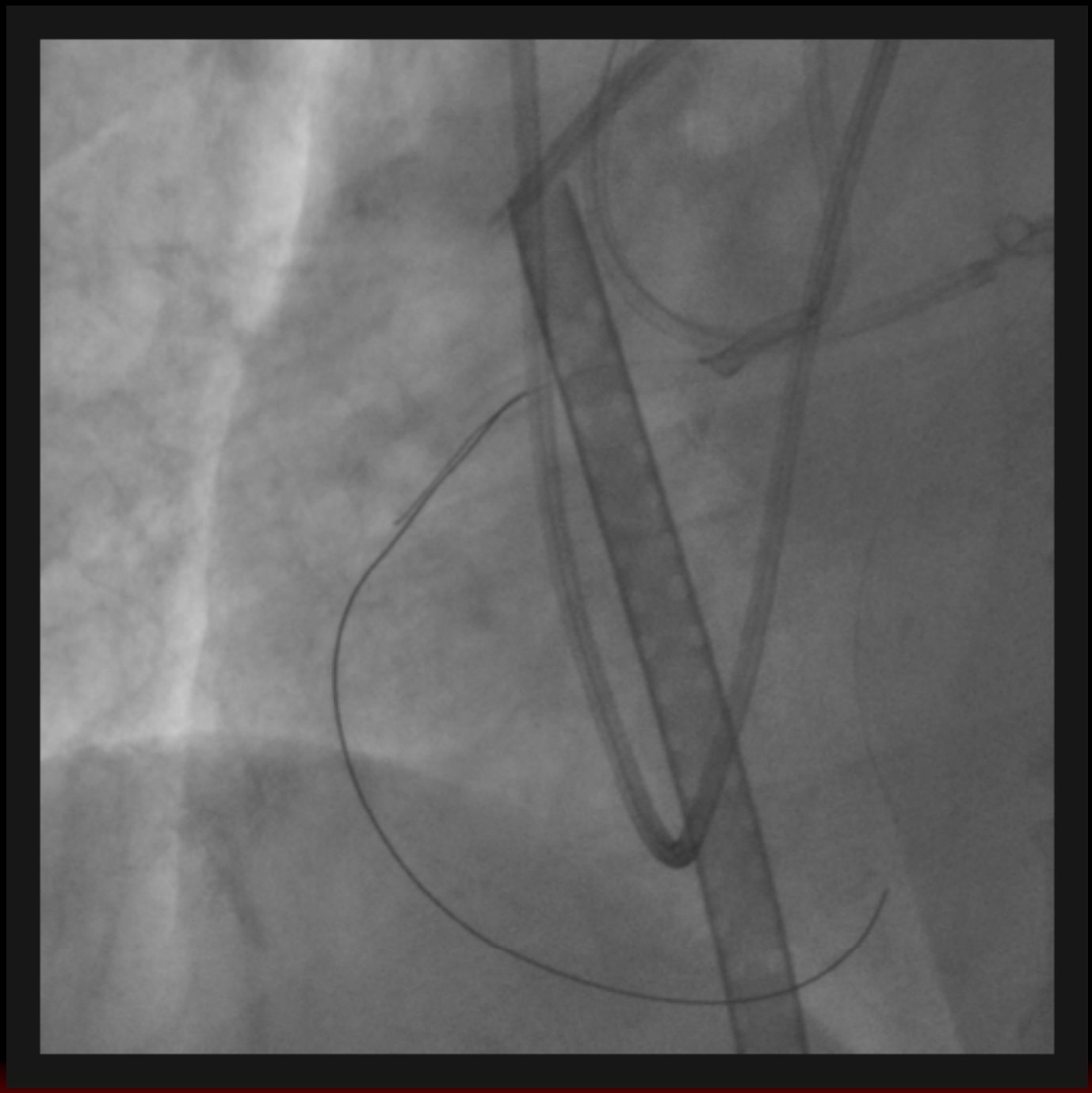


Marked Thrombosis

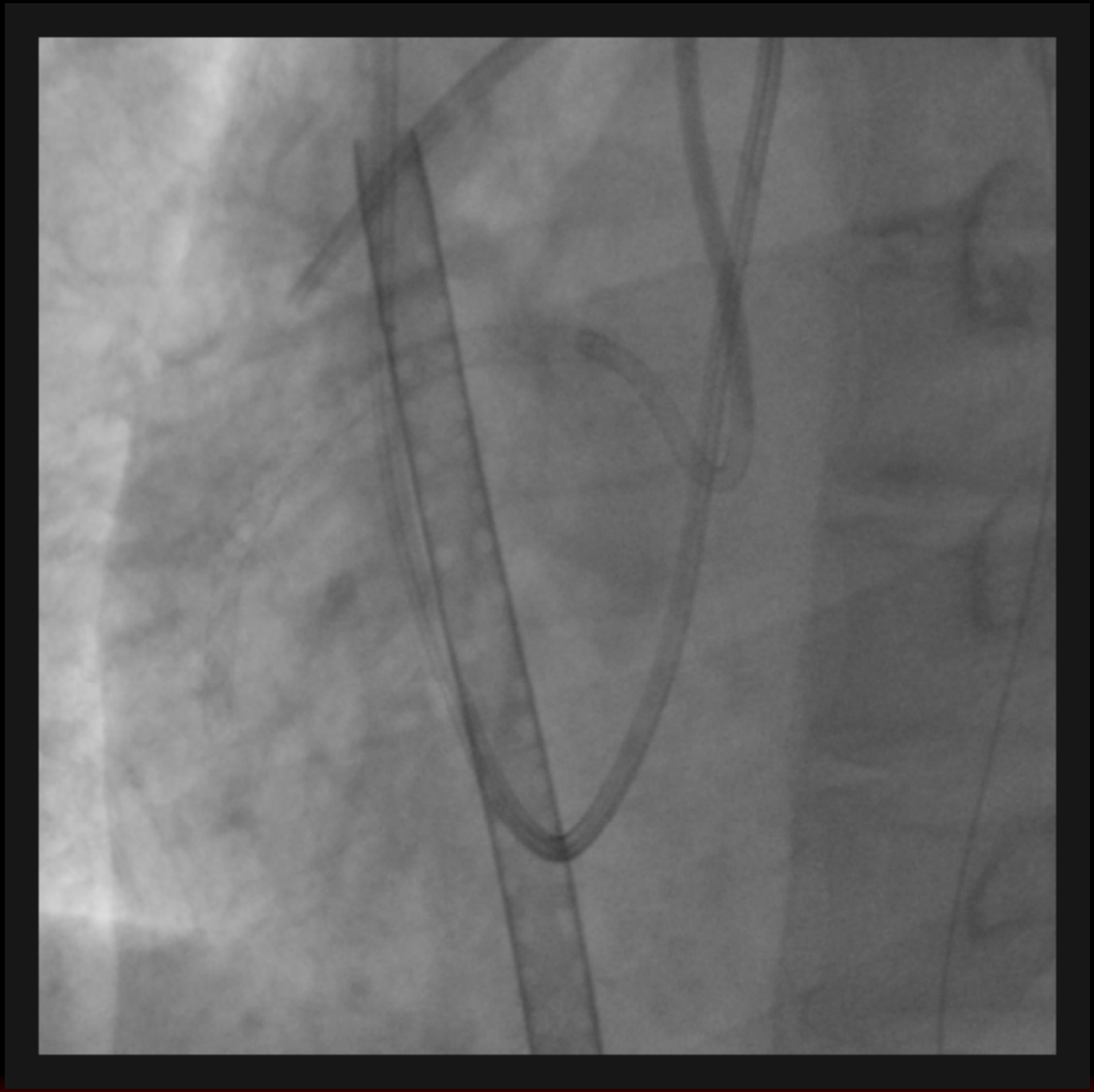


After Ballooning & Stenting

PCI to RCA Again !!



Final

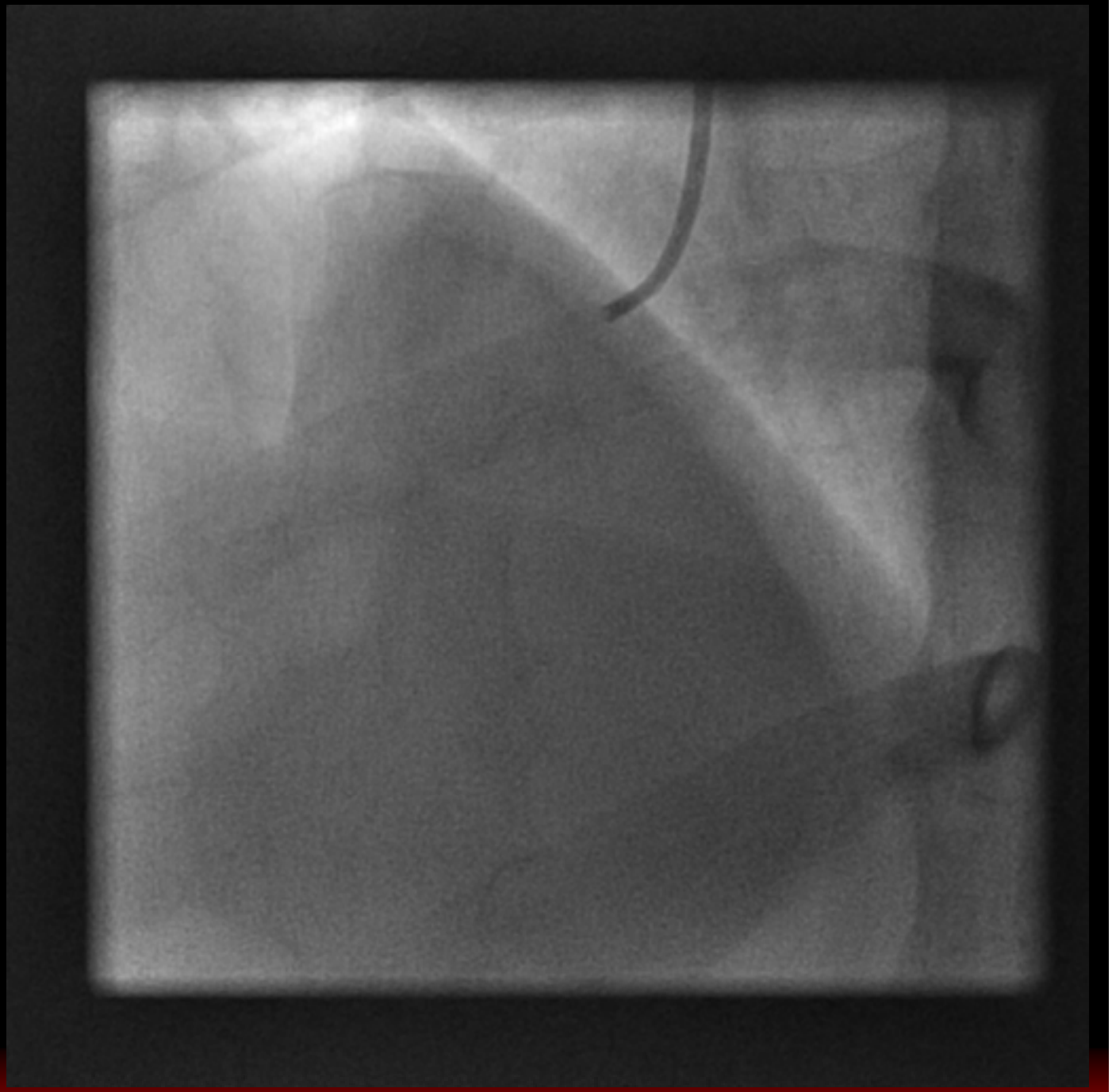


My Worst Case

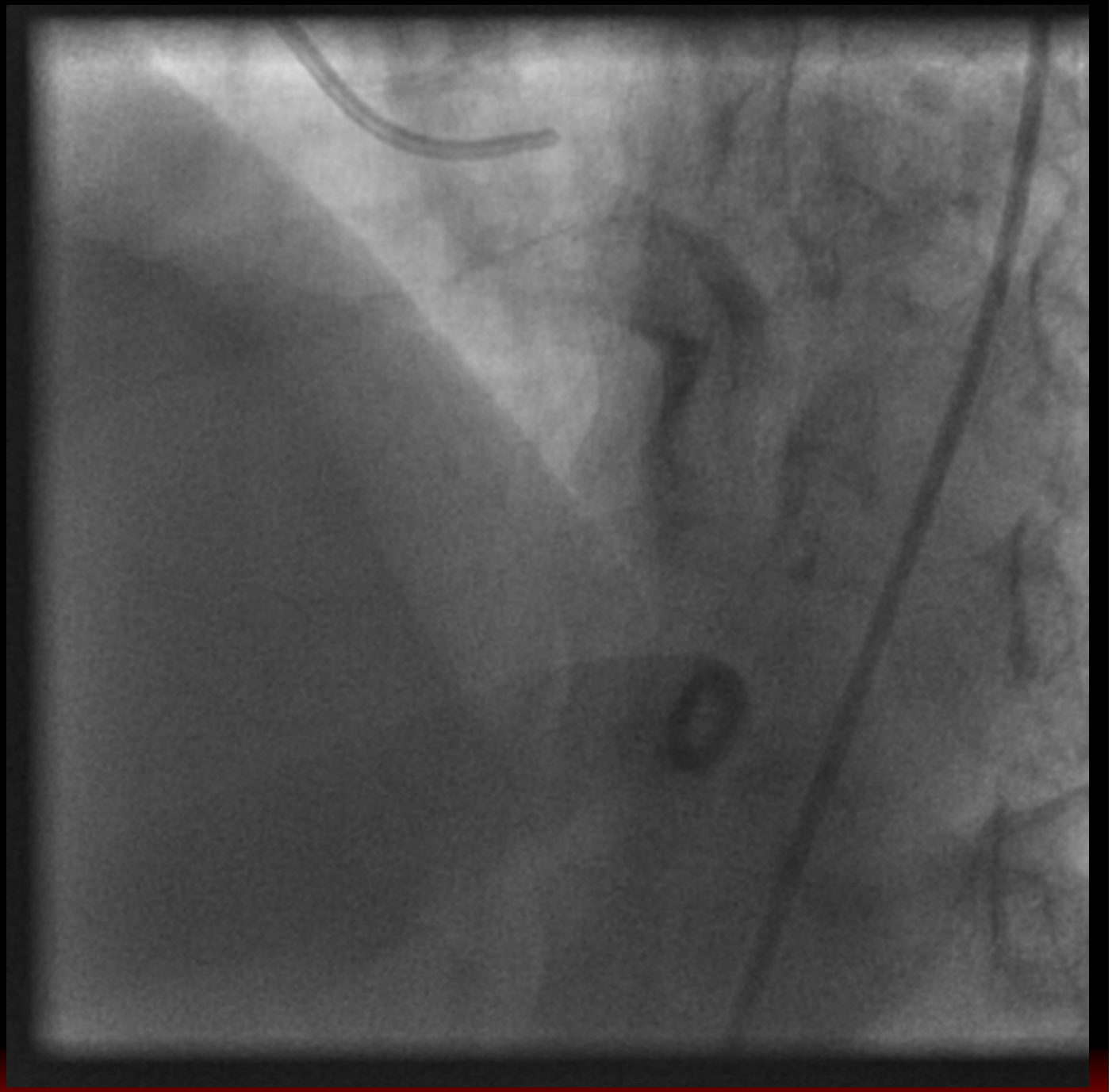
- Nightmare in New York -

Case

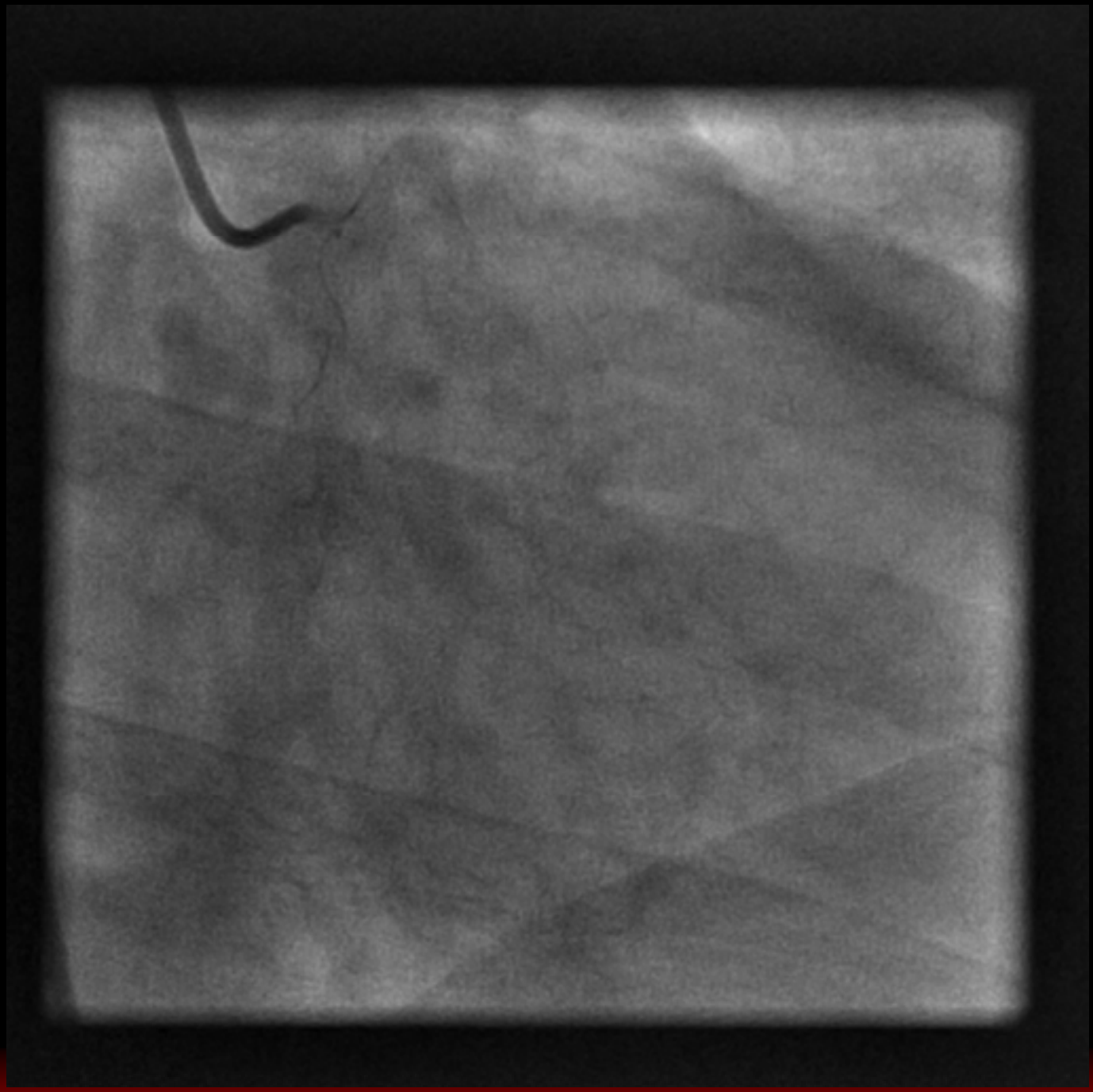
Prox-RCA CTO



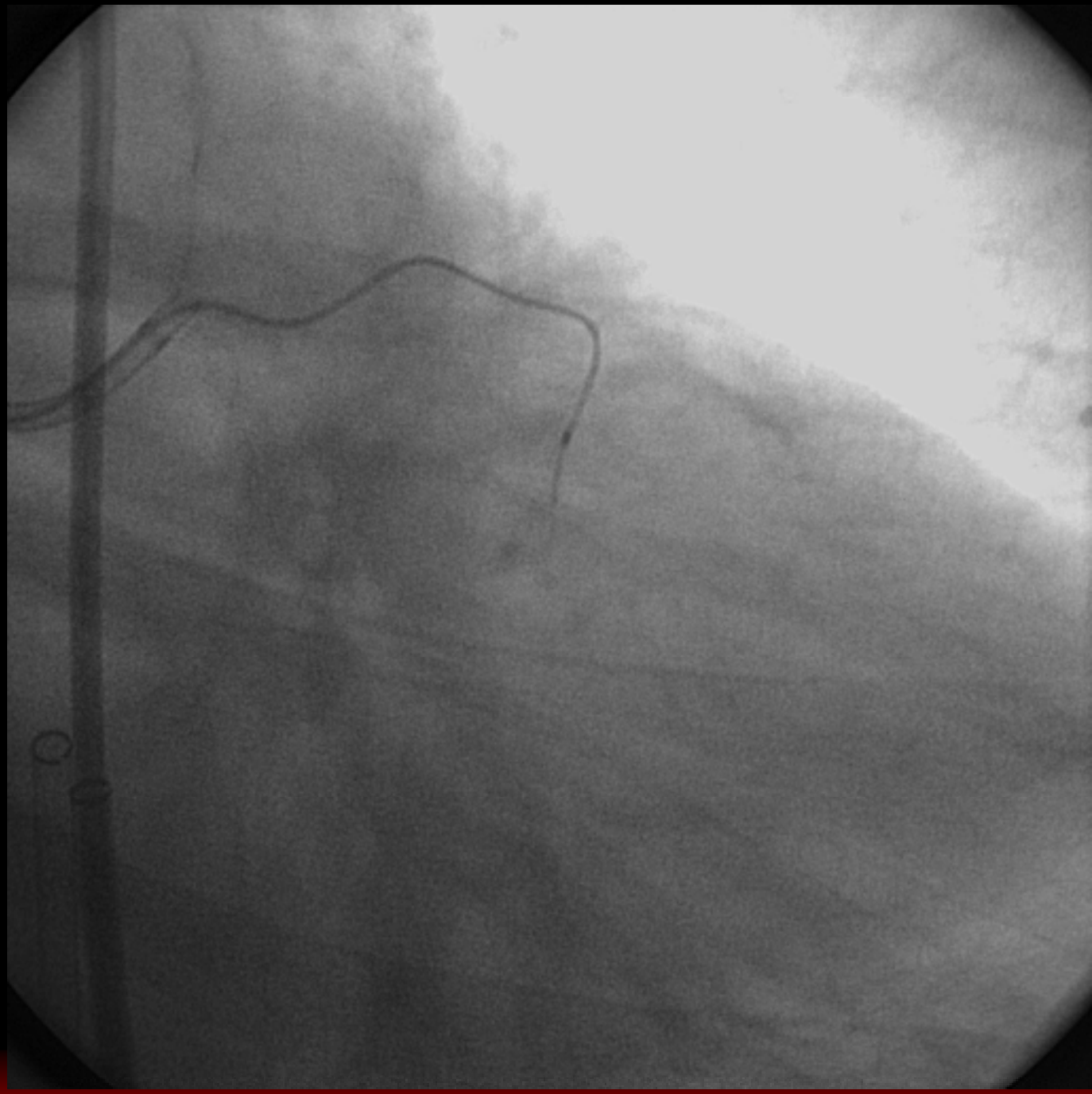
LCA



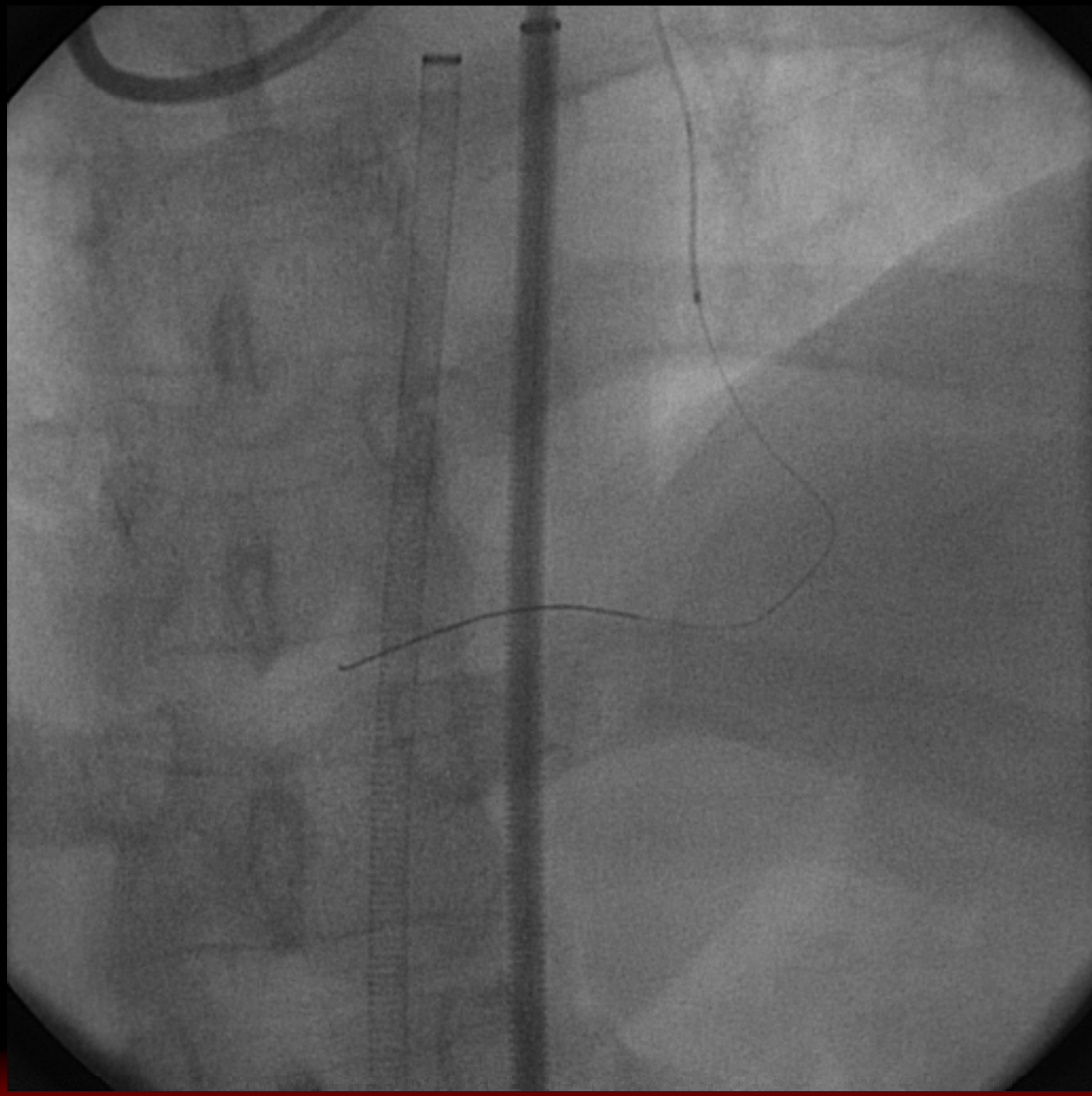
LCA



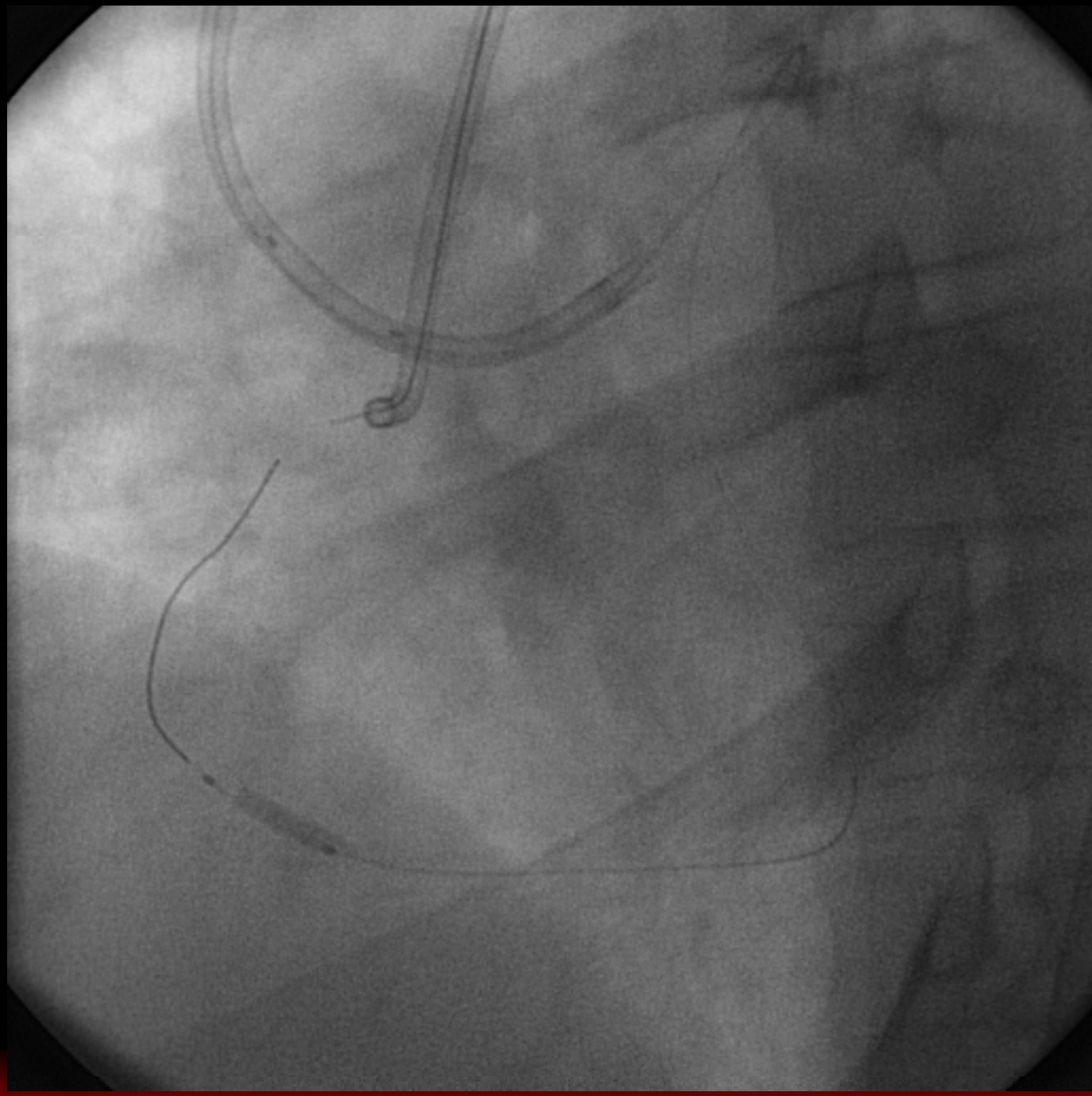
Superselective Angio



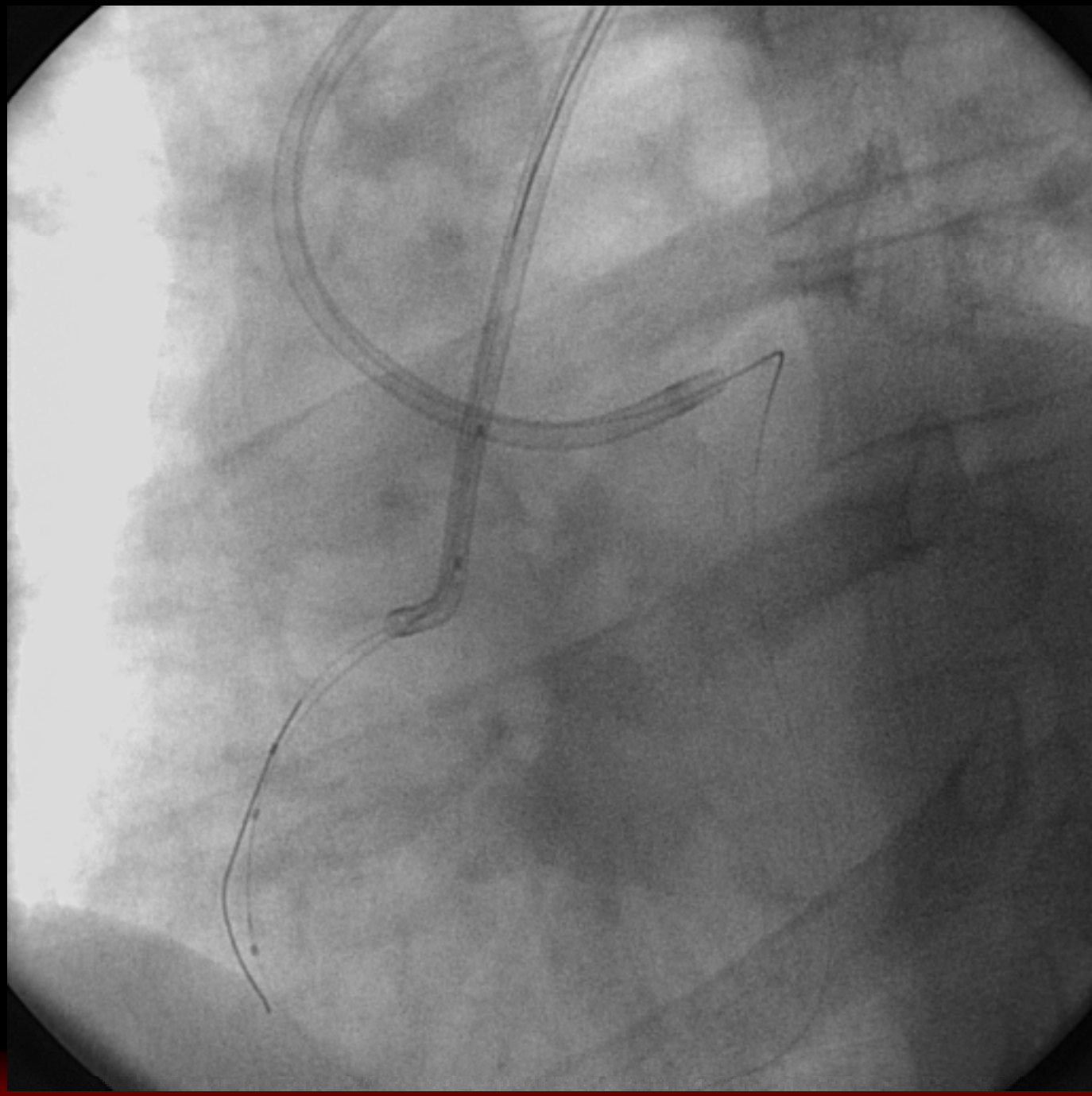
Retrograde Wiring



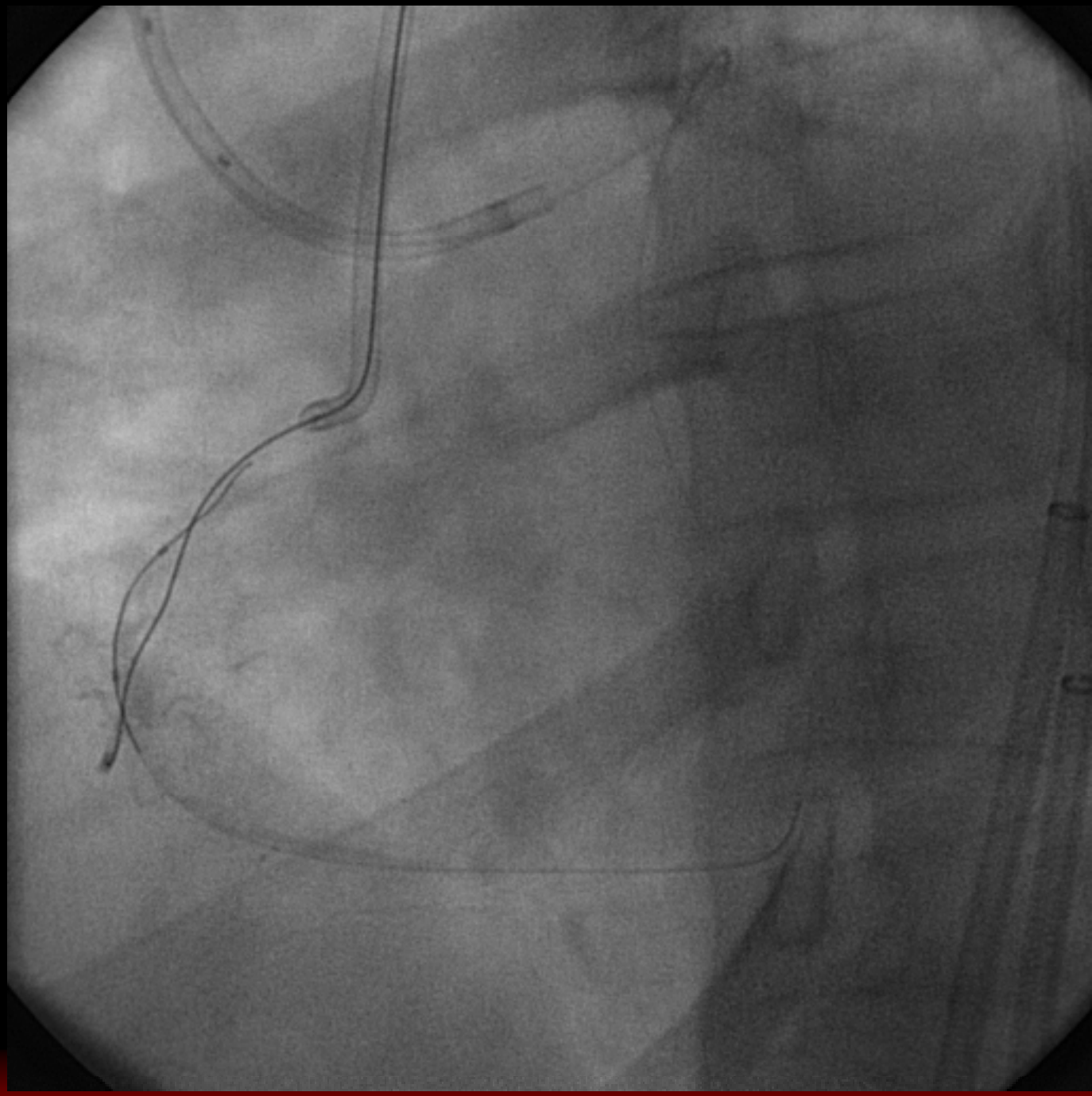
Retrograde Wiring



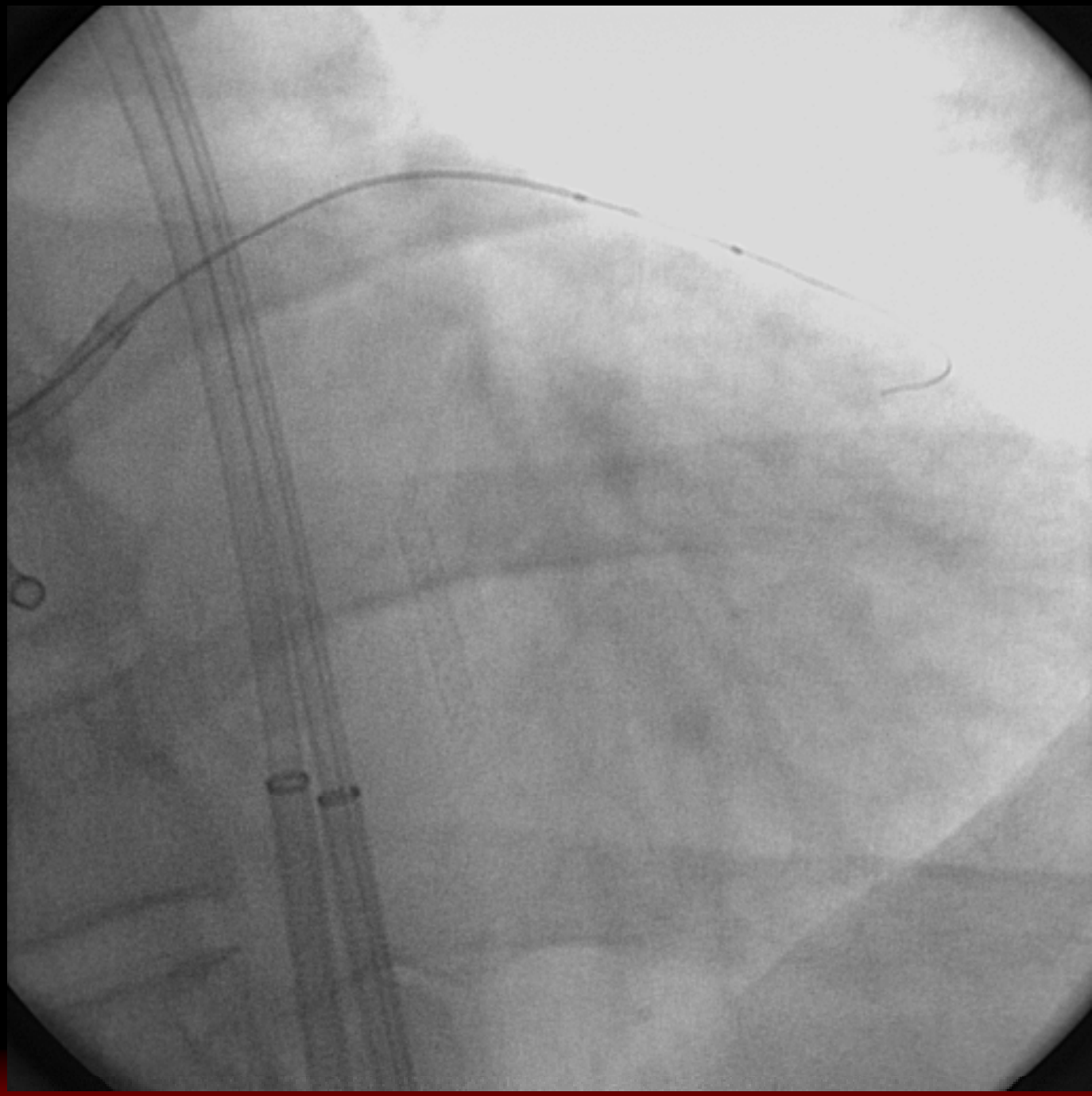
Successful Wiring



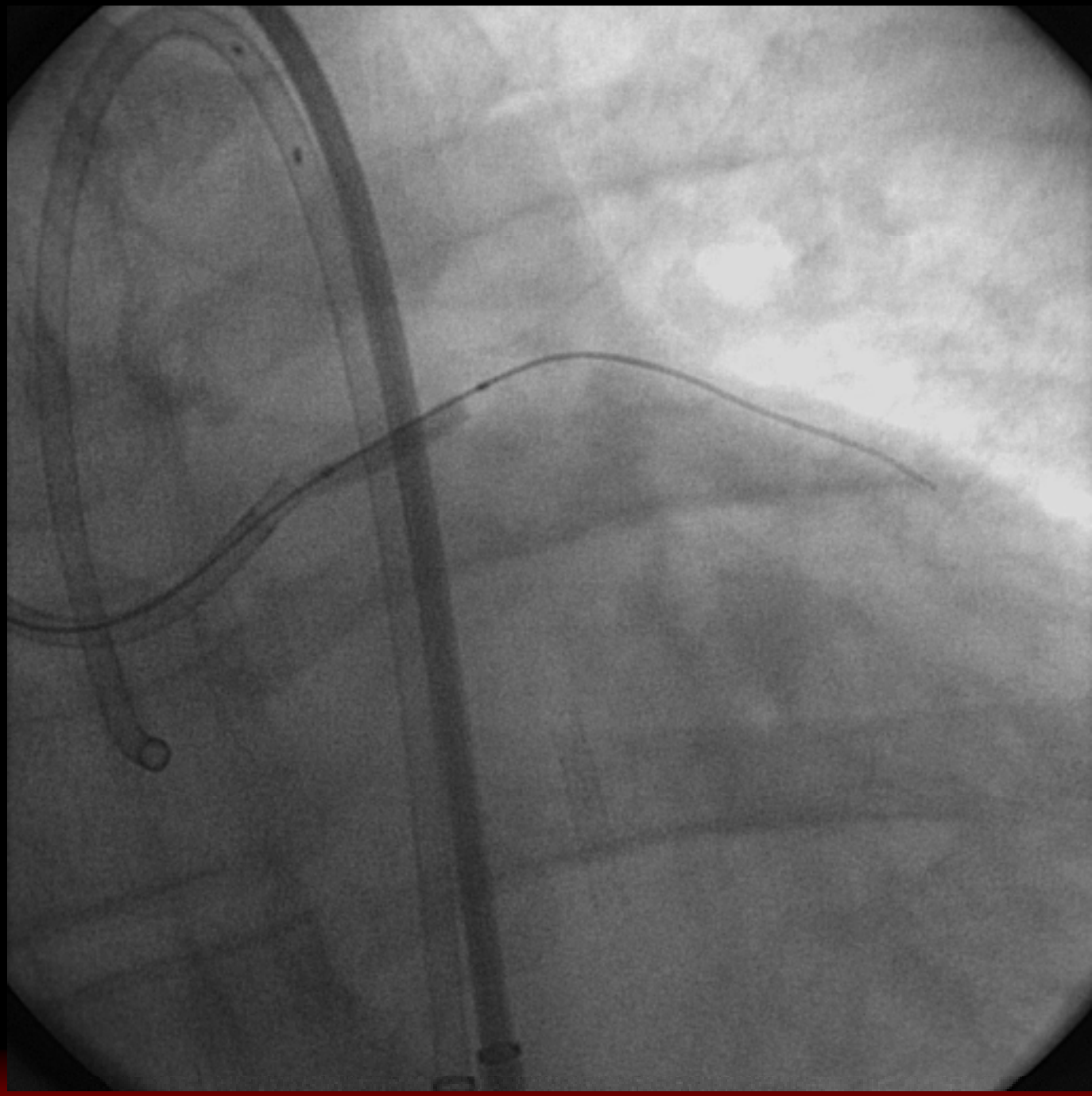
Tragedy !!



LAD Occlusion

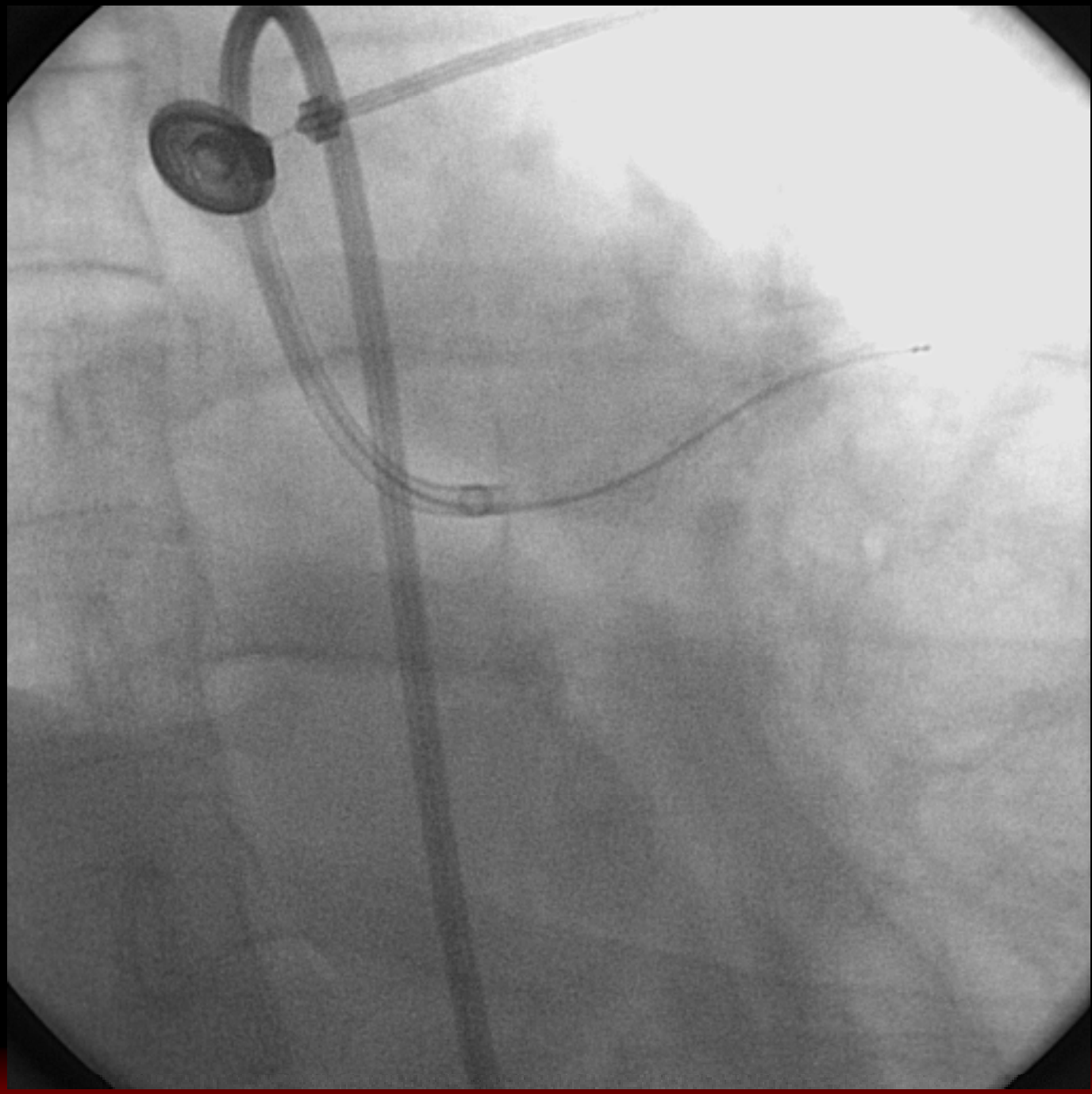


Ballooning & Stenting

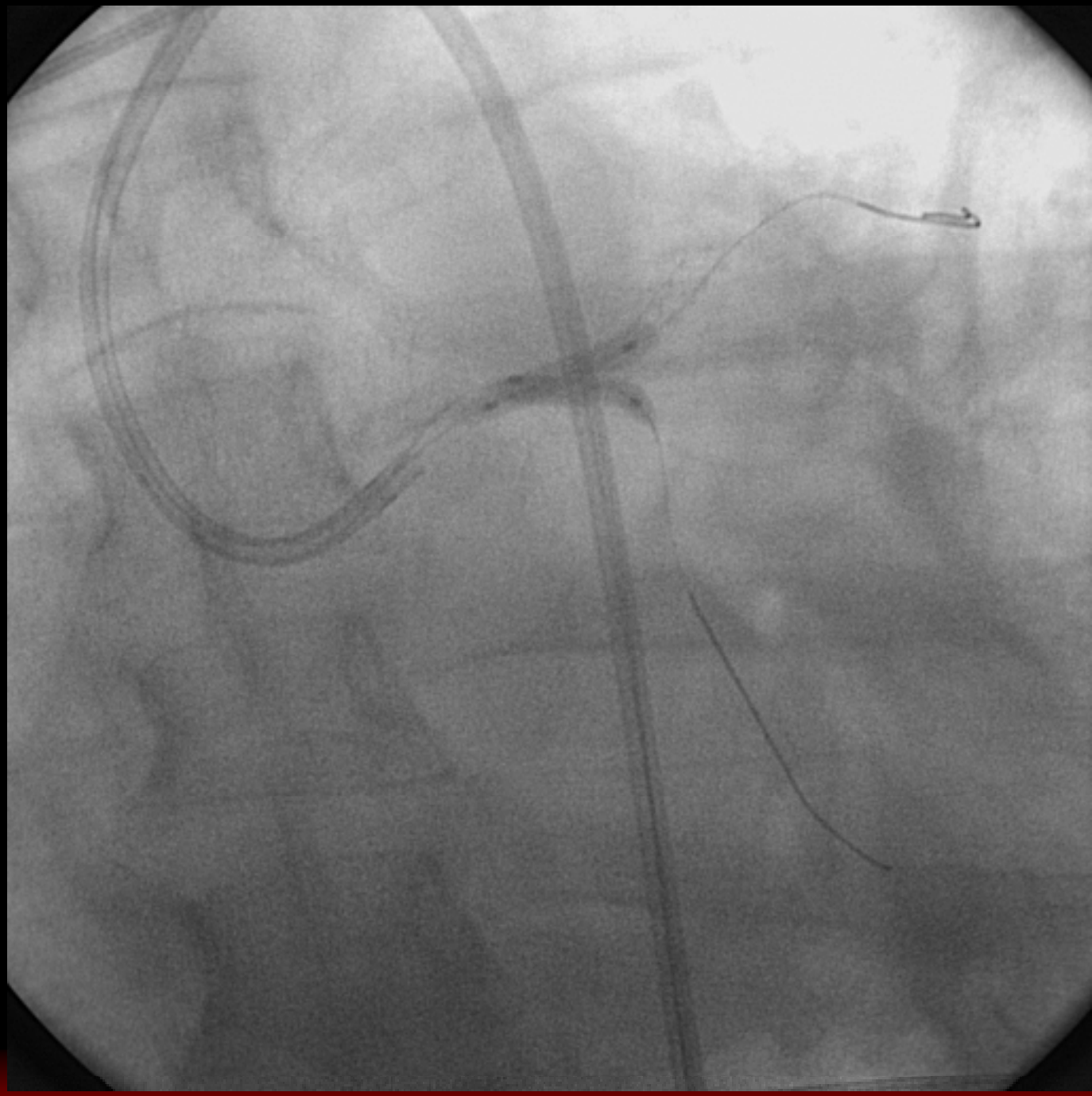


Bail-out !?

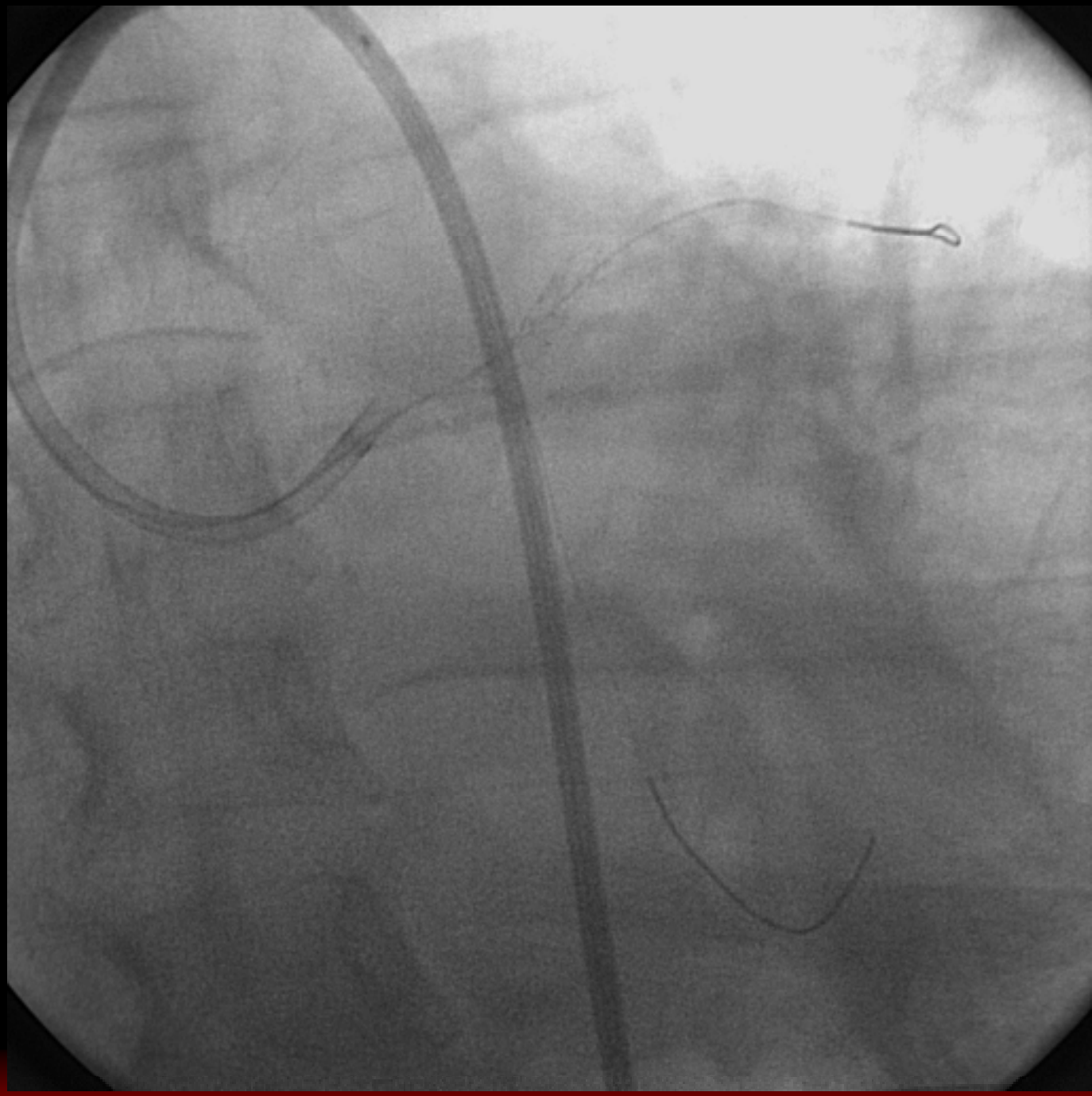
IVUS



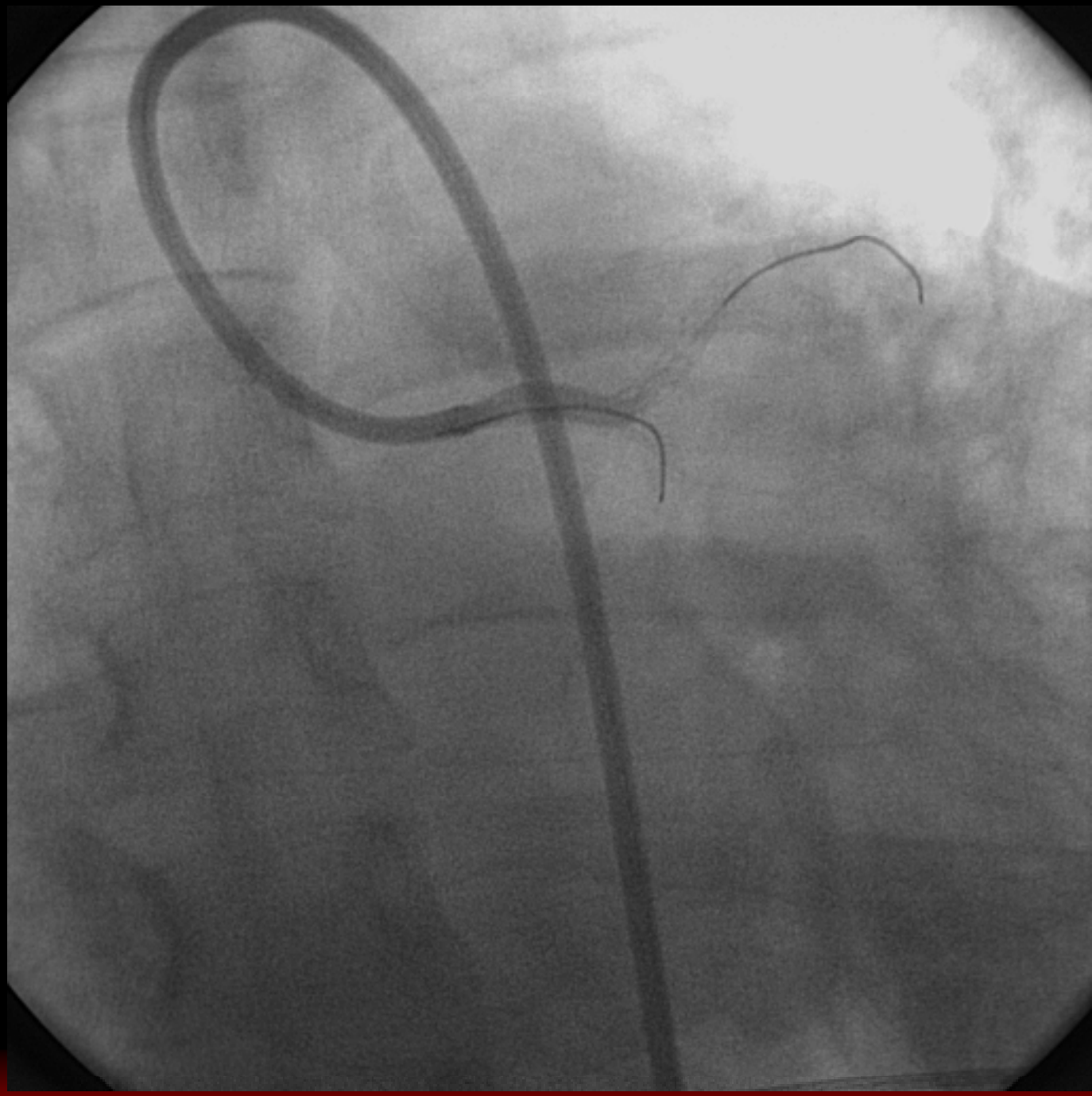
KBT



LCX Occlusion



LCX Wiring



Give-up !!

Summary

1. Ischemia at a donor artery is serious complication.

2. ACT should be checked every 30 min ~ 1 hour, and should be kept more than 300 sec.

3. We should pay attention to position of a guide catheter.

4. We should know peculiar complications.

5. We should know how to prevent and to deal with complications.