



INSTITUT
CARDIOVASCULAIRE
PARIS
SUD

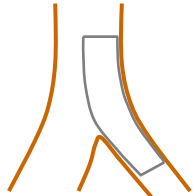
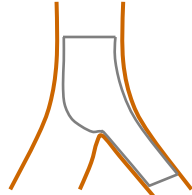
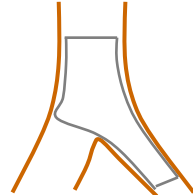
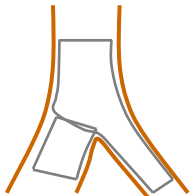

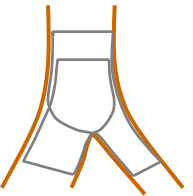
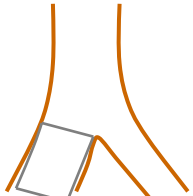
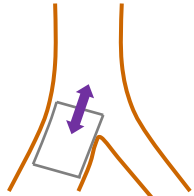
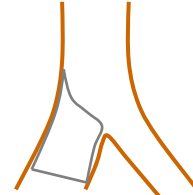
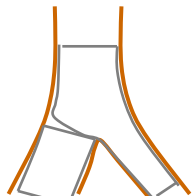

Updated recommendations for Bifurcation PCI

Thierry Lefèvre for the EBC board

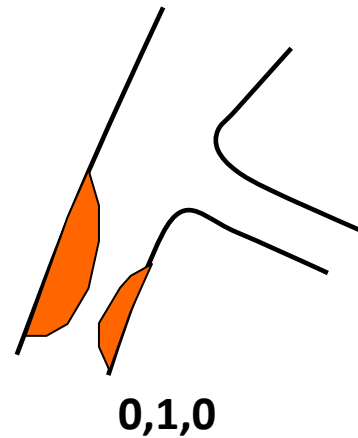
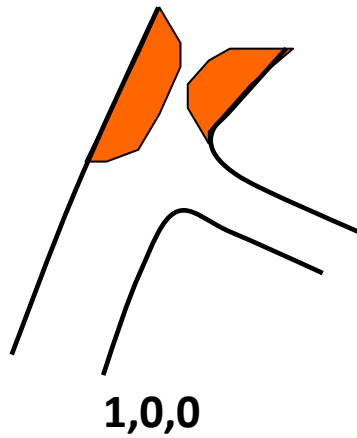
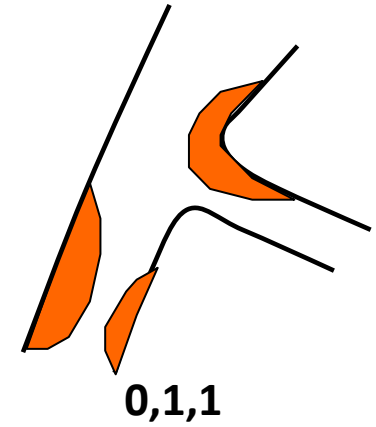
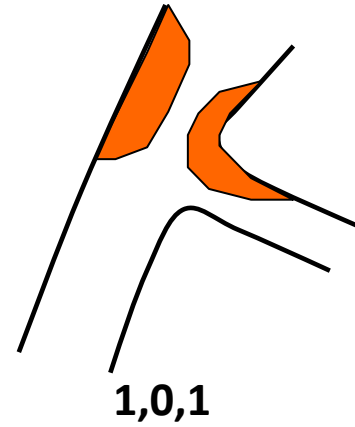
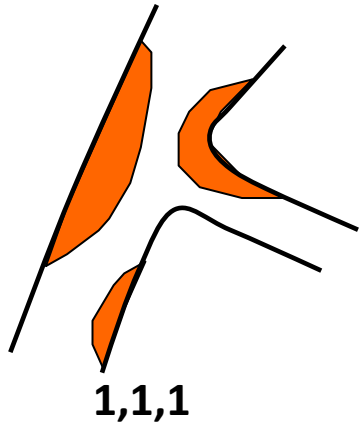
1. New MADS

	M Main prox. first	A Main Accross side first	D Double prox. lumen	S Side branch first
1st stent	 PM stenting			 SB ostial stenting
Balloon	 Skirt (K)	 POT Side Kissing <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> P PS PSP PK PKP </div>		 Balloon SB crush <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> S K </div>
2-3 stents	 Extended skirt (K)	 T TAP Culotte <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> K KP </div>	 V / SKS	 Intentional T stenting <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> PK PKP </div> Step/DK crush

1. New MADS

Inverted MADS		A Accross distal main first		S (DM) Distal Main first
1 st stent Balloon 2 stents		<p style="text-align: center;">MB to SB stenting</p>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>POT</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>S PS PK PSP PKP</p> </div> <div style="text-align: center;">  <p>Kiss</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p>Inv. T</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>K KP</p> </div> <div style="text-align: center;">  <p>Inv. TAP</p> </div> <div style="text-align: center;">  <p>Inv. Culotte</p> </div> </div>		<p style="text-align: center;">DM ostial stenting</p>   <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p>Balloon DM crush</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>S K</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p>Inv. Intentional T stenting</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>PK PKP</p> </div> <div style="text-align: center;">  <p>Inv. DK crush</p> </div> </div>

2. Medina unchanged



3. Notion of Side branch relevance

The branch that you do not want too loose !

May be small
SB protection

The branch that you do not want to leave untreated !

$\geq 10\%$ of the myocardial mass
(Long branch ≥ 73 mm, ≥ 2.5 mm, only one diagonal branch)

4. General rules

Keep it simple and safe

Respect the anatomy (fractal law, angles ...)

Limit the number of stents

Well apposed and expanded stent(s)

With limited overlap

5. Provisional approach updated

Side branch protection

Main branch stenting

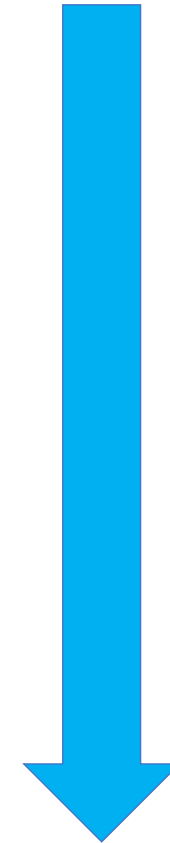
Optimal POT

Evaluation of side branch relevance

Keep it open

POT/Kiss/POT > POT/Side/POT

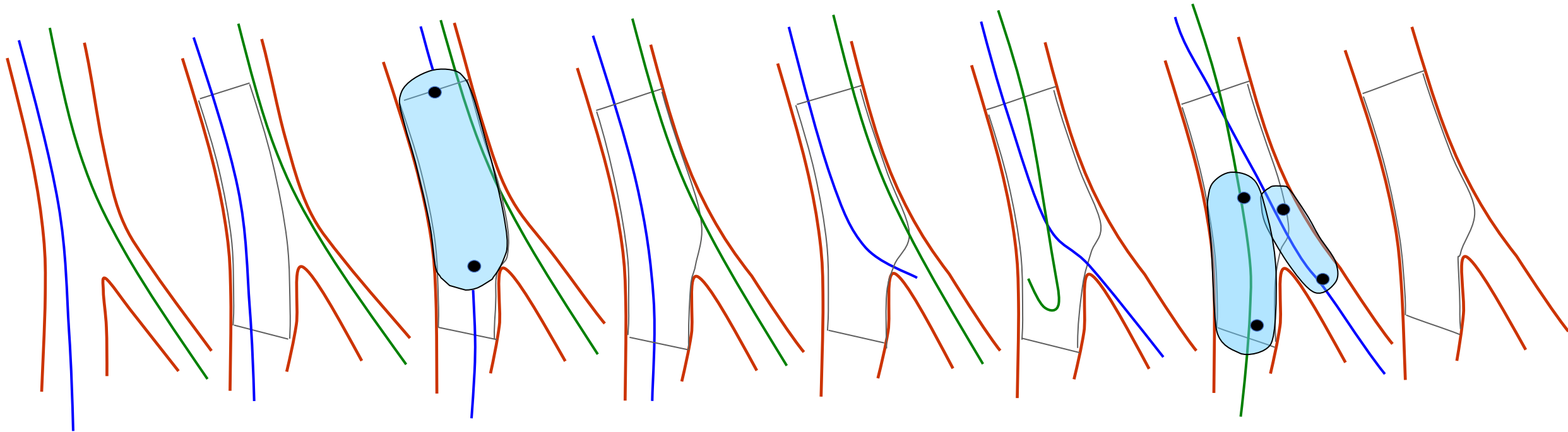
SB stenting if necessary (T, TAP, Culotte)



Priority MB

Carina in the center

5. Provisional approach updated



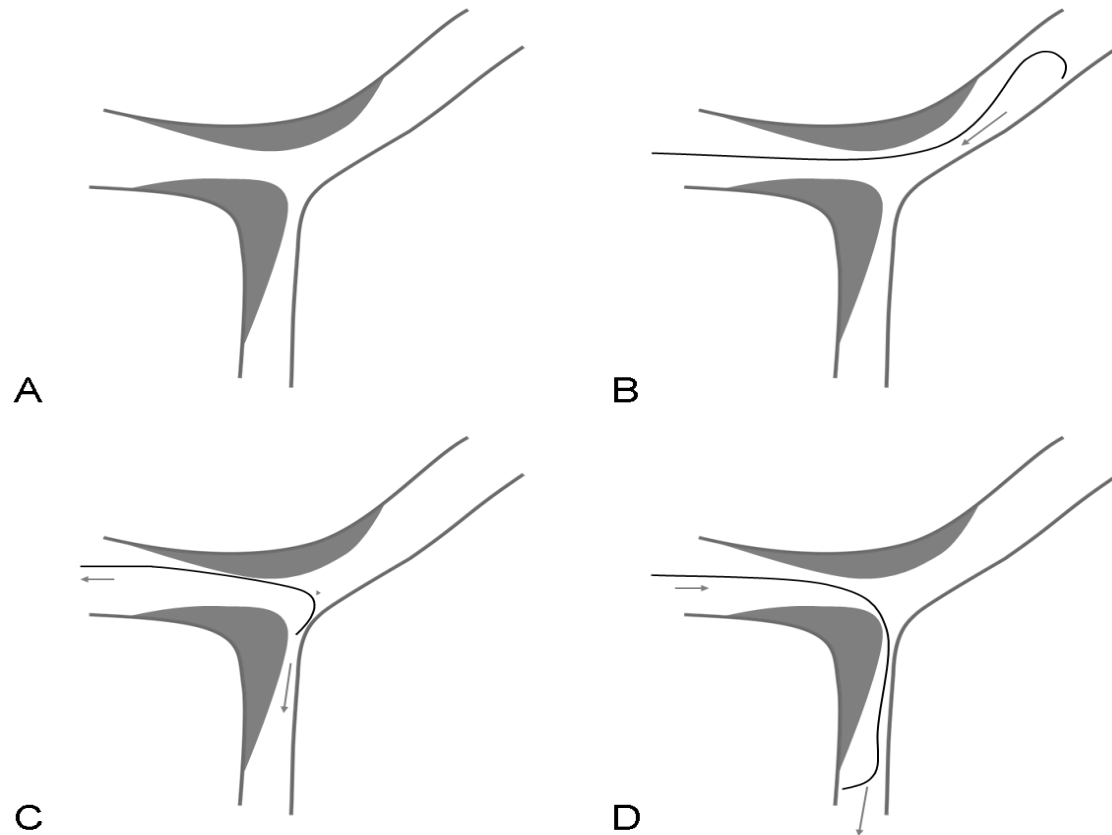
6. Wiring (nothing new)

Be careful with longitudinal compression (left hand control)

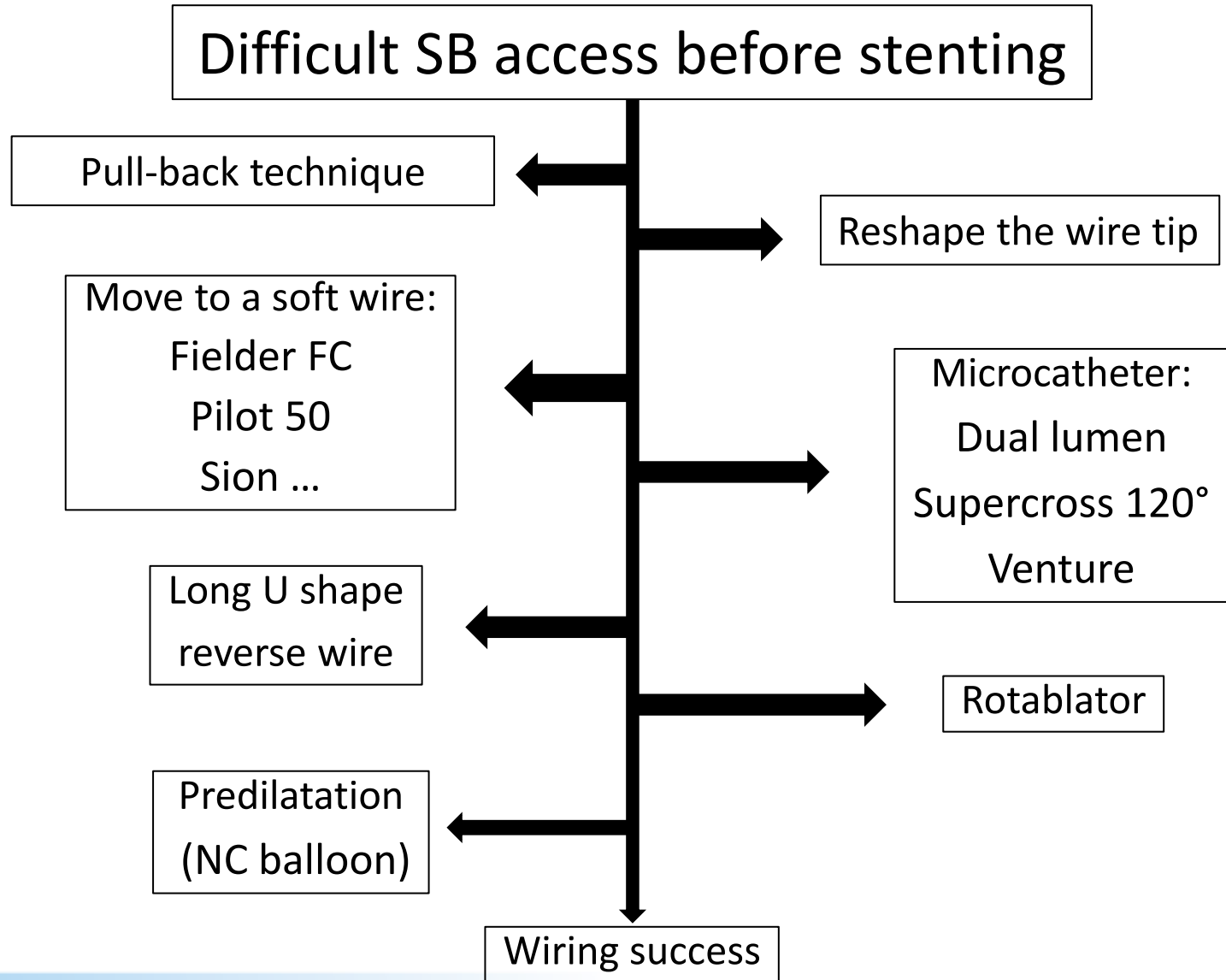
Wire Pull-back technique

Wire escalation

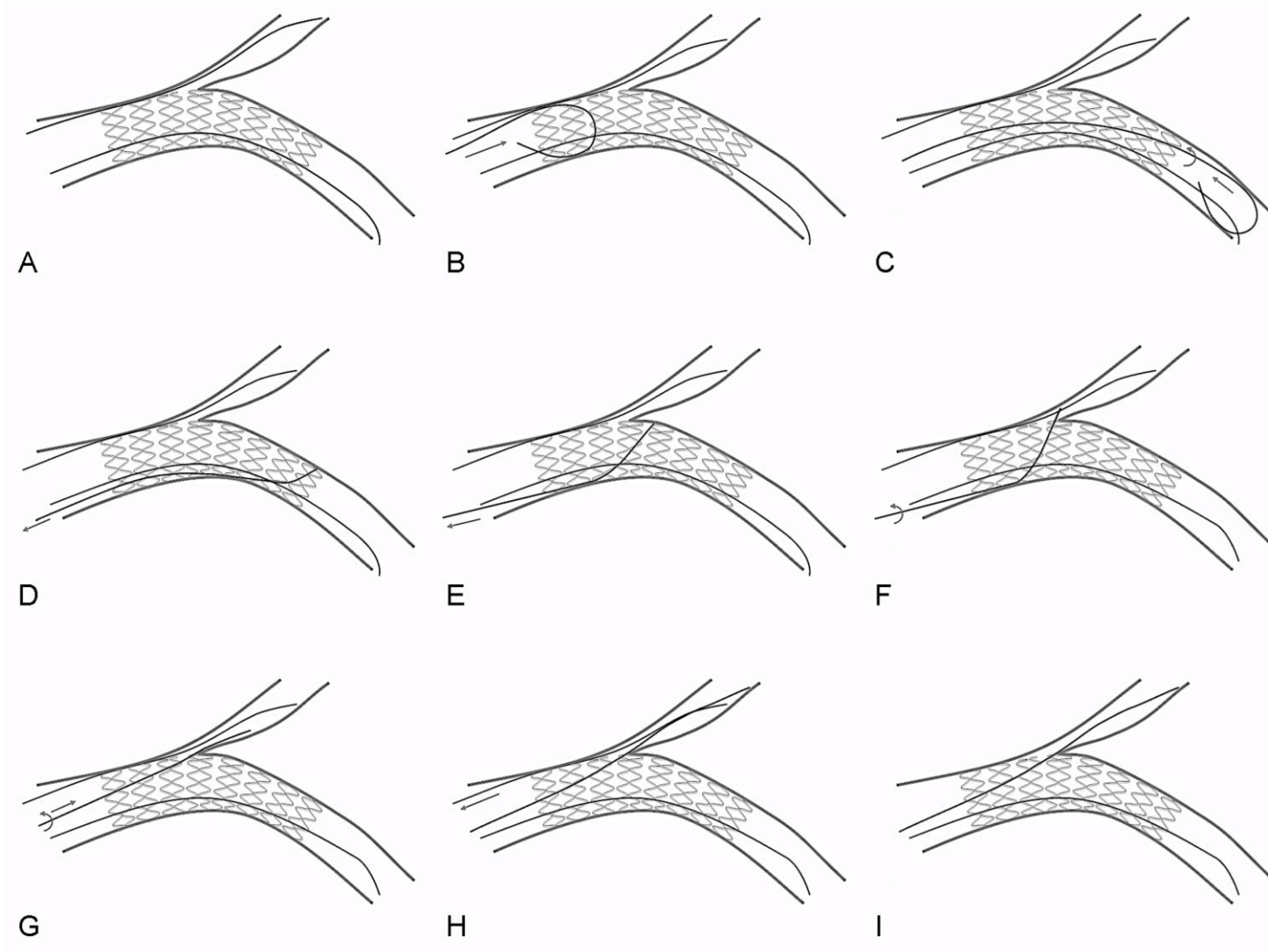
6. Wiring (nothing new)



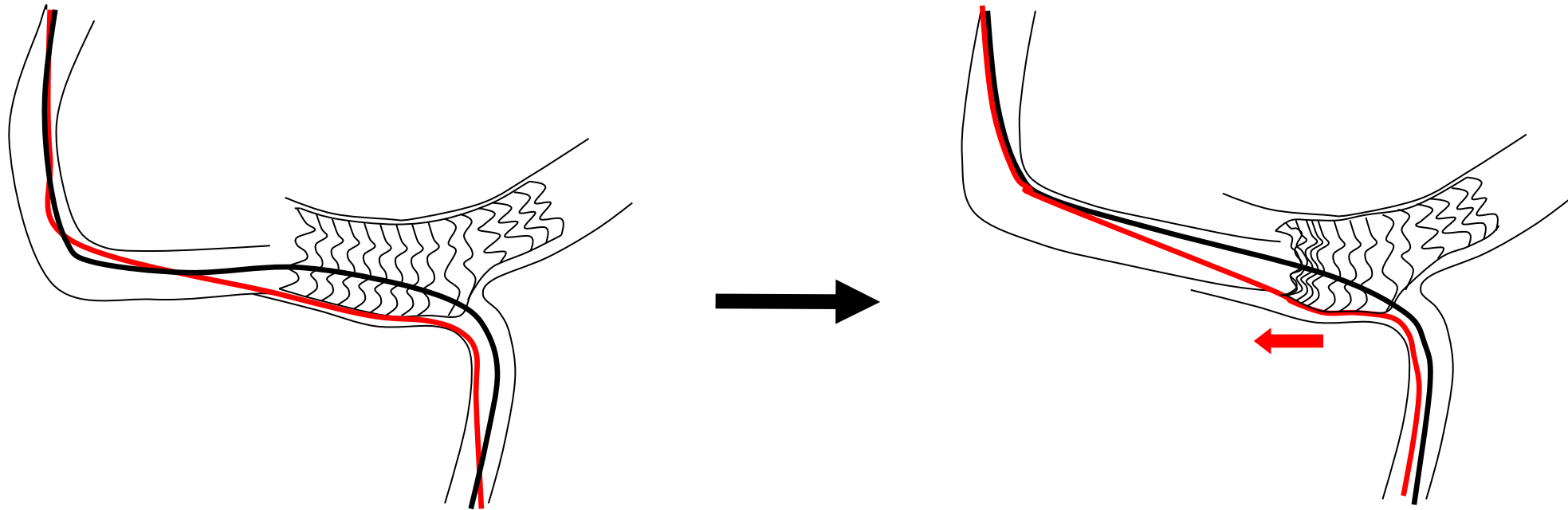
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7. Two stents technique

Complex anatomy and diffuse atherosclerosis

Involvement of both branches

SB lesion length > 5 mm

Elective T-stenting or SKS not recommended

Prolonged prescription of DAPT ?

8. Role of intracoronary imaging

Pre stenting

- Plan stent size and length

- Assess the risk of SB occlusion

- Assess the risk of geographical miss

Post stenting

- Rule-out edge stenosis

- Check wire position

- Check stent apposition and expansion

9. Left main bifurcation

Provisional in most cases

POT

T preferred (85%) vs DK Crush (15%)

Conclusion

Think provisional

Do provisional side branch stenting

Learn one (or two) good two stents technique