



WHEN THE MICROCATHETER WON'T CROSS THE COLLATERAL CHANNEL.

DR EUGENE B WU. @ TCTAP 2018.

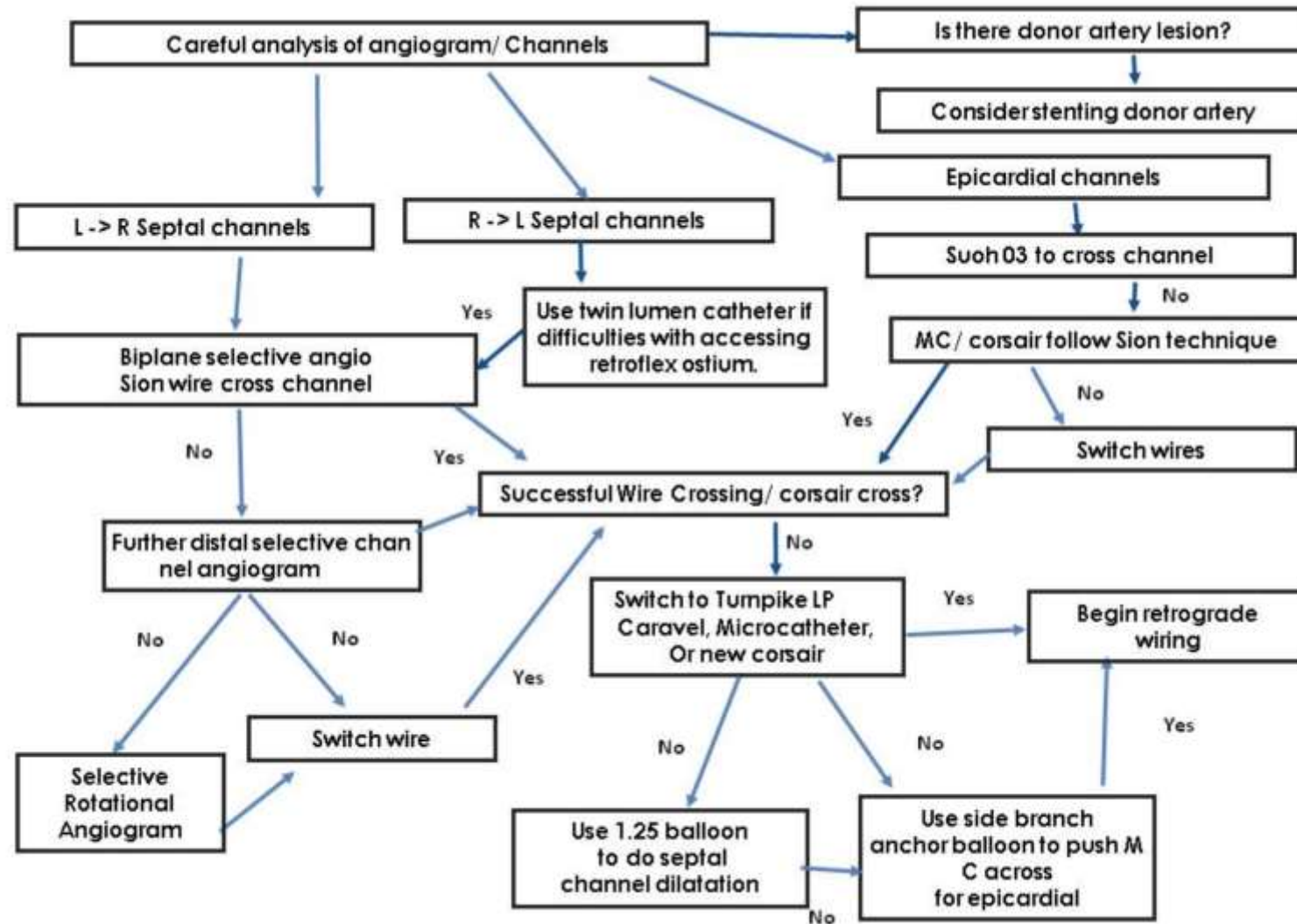
DIRECTOR APCTO CLUB.

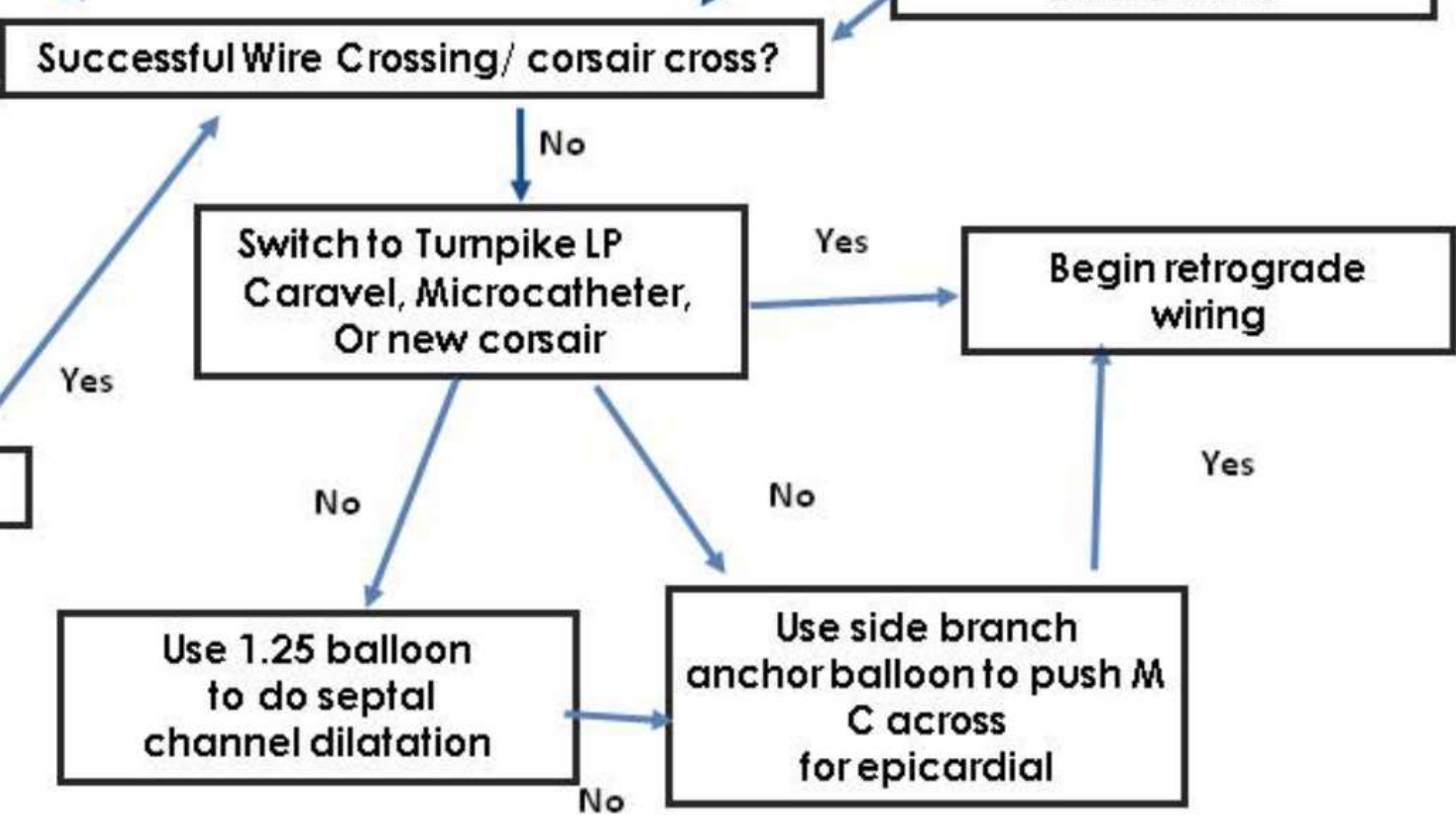
FOUNDING DIRECTOR HKSTENT.

DIRECTOR CARDIOVASCULAR INTERVENTION CENTRE, PRINCE OF WALES HOSPITAL - CHINESE UNIVERSITY HONG KONG.

THE PROBLEM

- Successful crossing of wire through retrograde channel but cannot cross with microcatheter....





FIRST TIPS TO CROSS MICROCATHETER – DR KATOH

- Must rotate corsair and it is the last few rotations as you get to 18,19,20 that is most effective and push then and hold.
- Pull on wire when get to last three rotation to increase forward push.
- From me – don't stall the corsair.

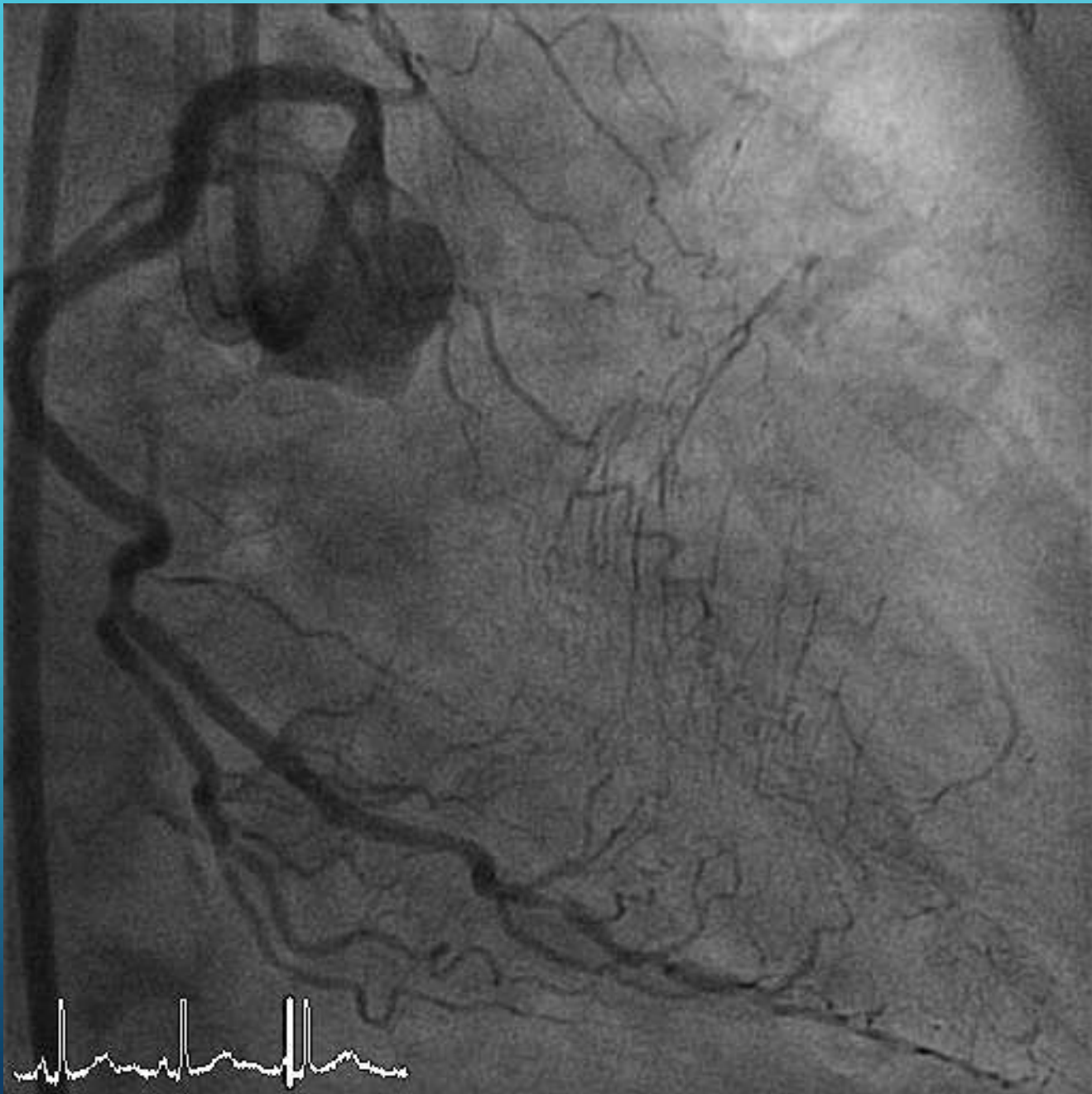
SWITCHING MICROCATHETERS.

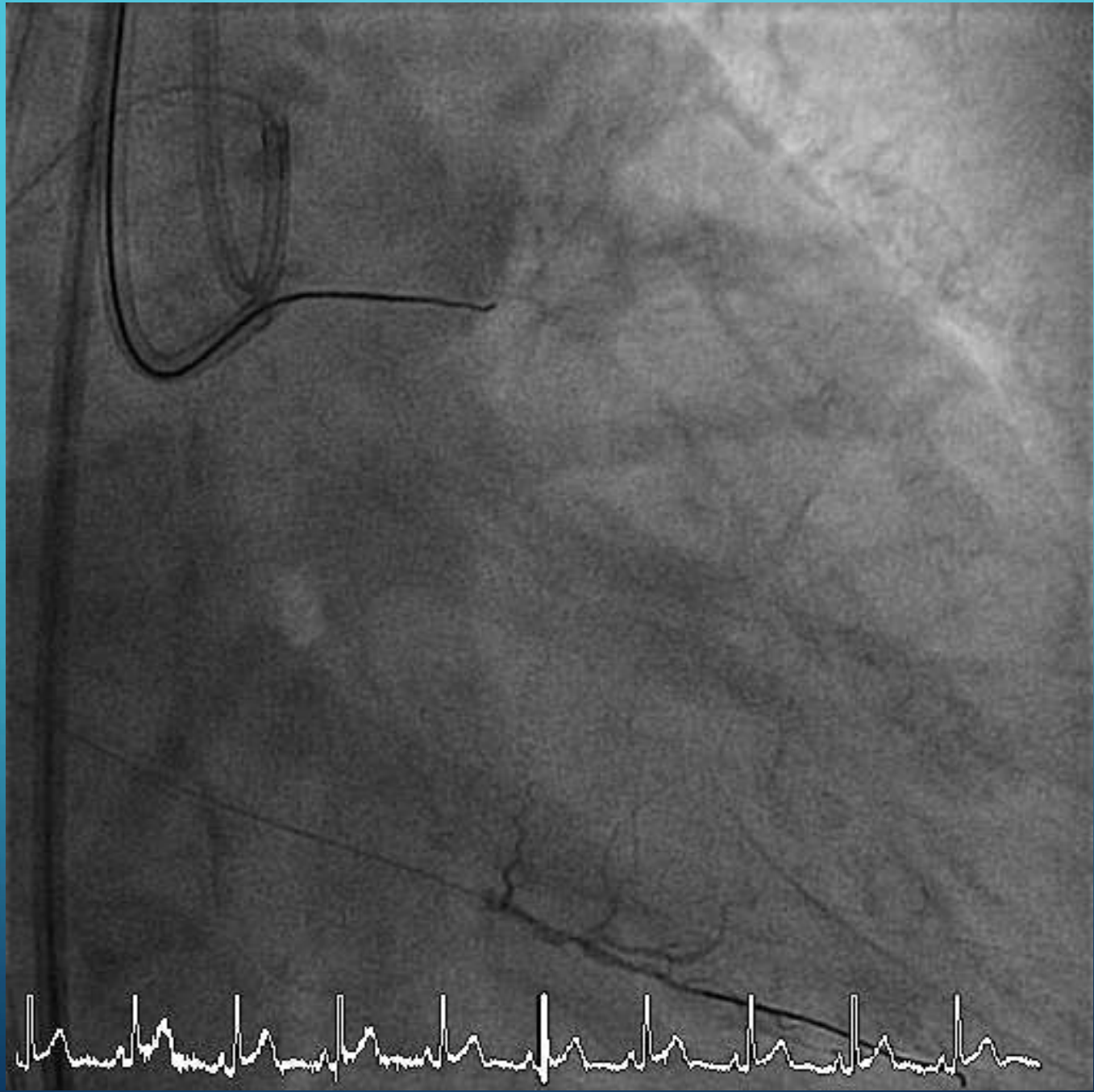
- Rotation of corsair/ turnpike type of microcatheter often lead to wear down of the tip – especially when having crossed a stent into a septal branch.
- New corsair/ turnpike will often sort out the problem.
- Short corsair use.
- Sometimes the angle is the problem – in which case finecross is better.

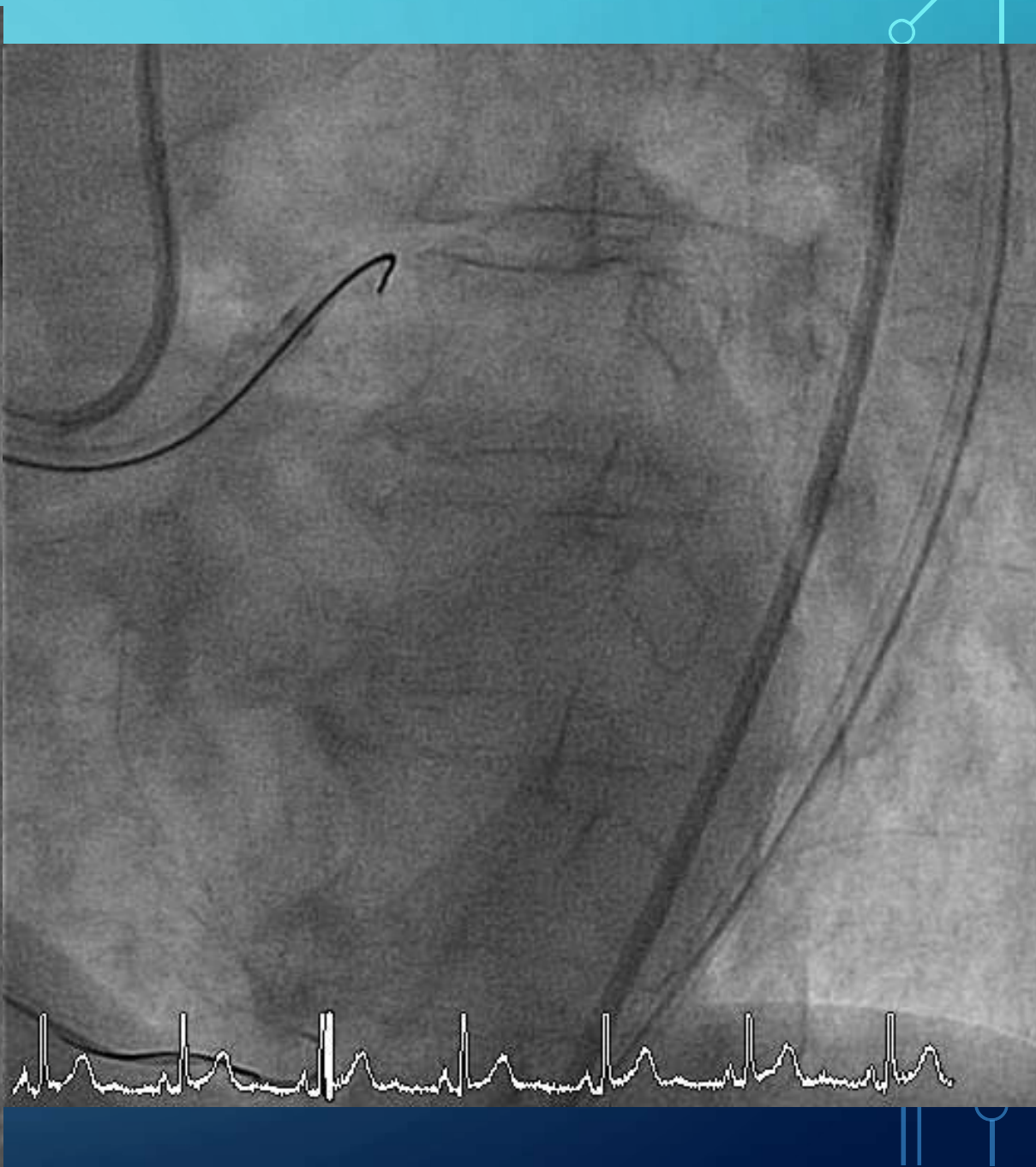
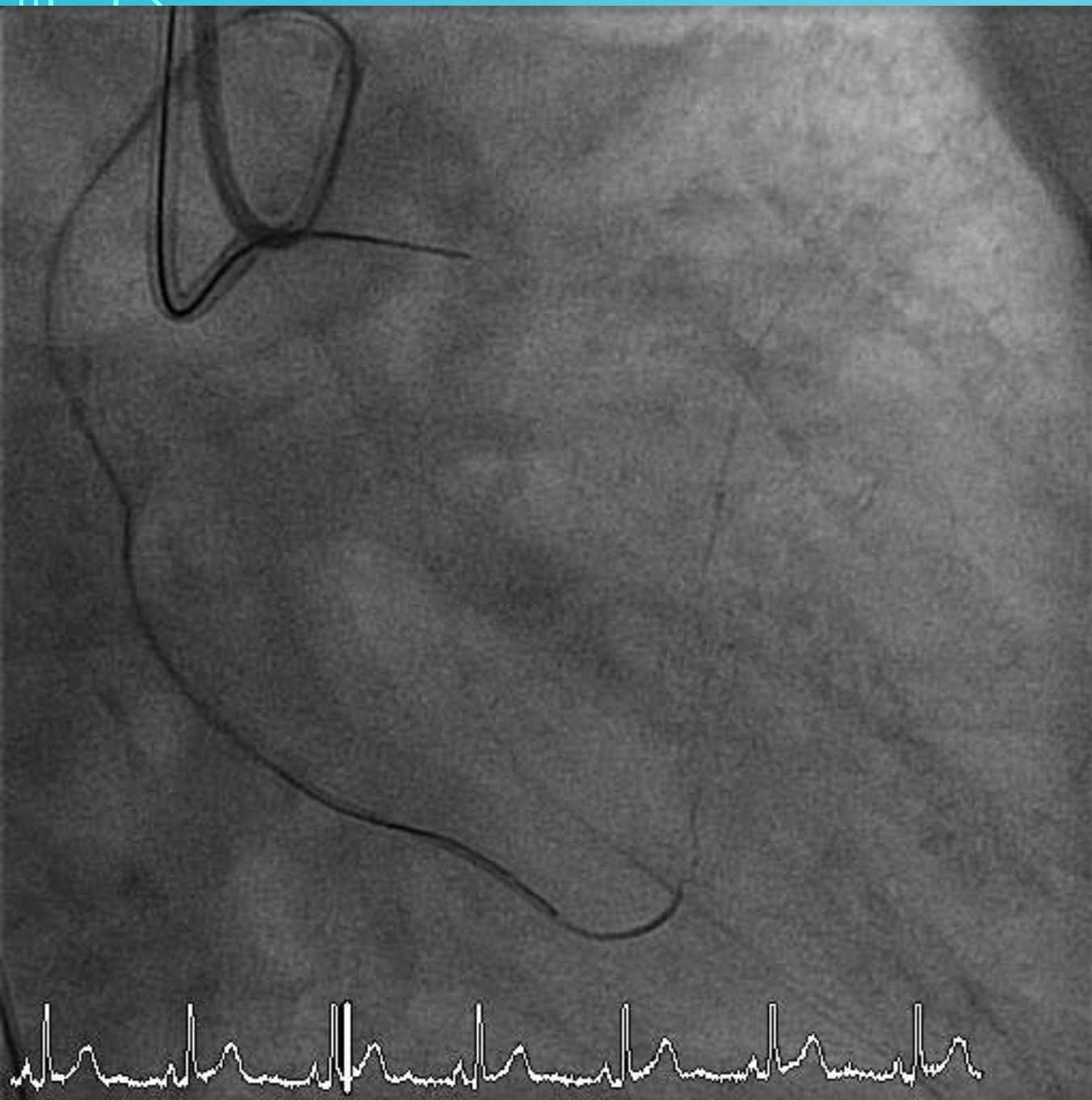
The background is a dark blue gradient. In the corners, there are white line-art illustrations of circuit boards or neural networks. These lines connect to small white circles, resembling nodes or components. The top-left and bottom-left corners have more complex, branching patterns, while the top-right and bottom-right corners have simpler, more linear patterns.

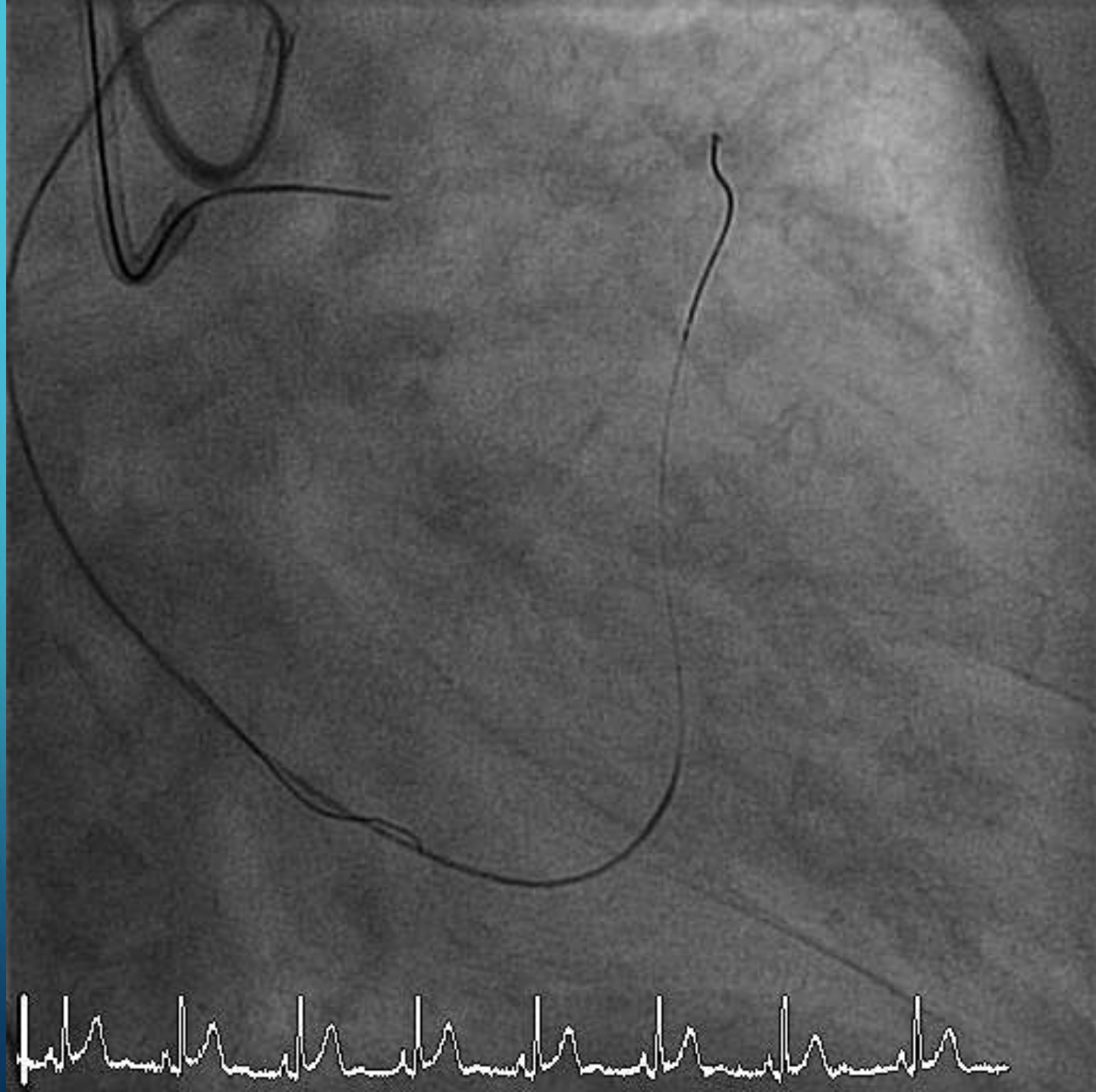
ILLUSTRATIVE CASE.

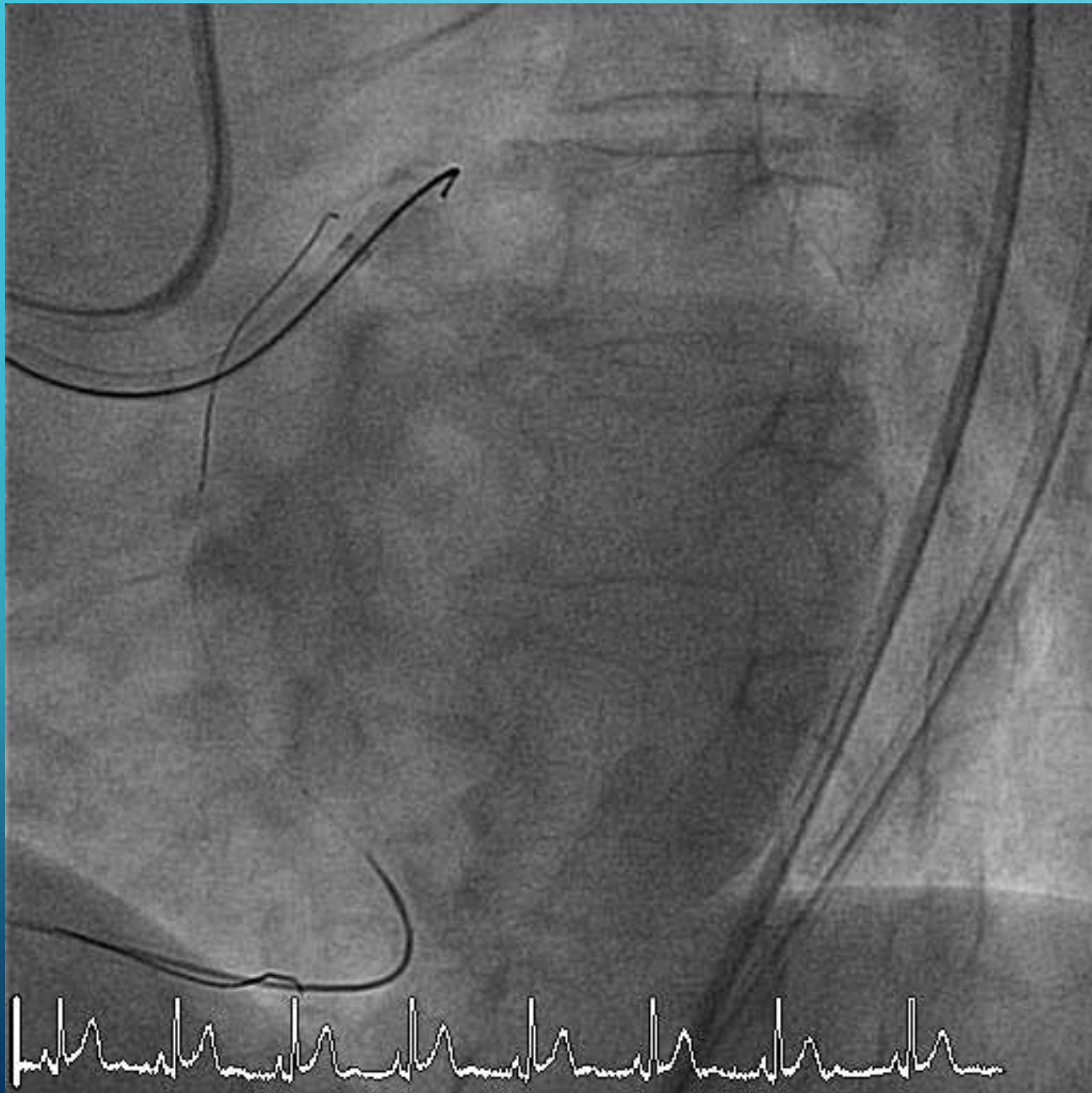


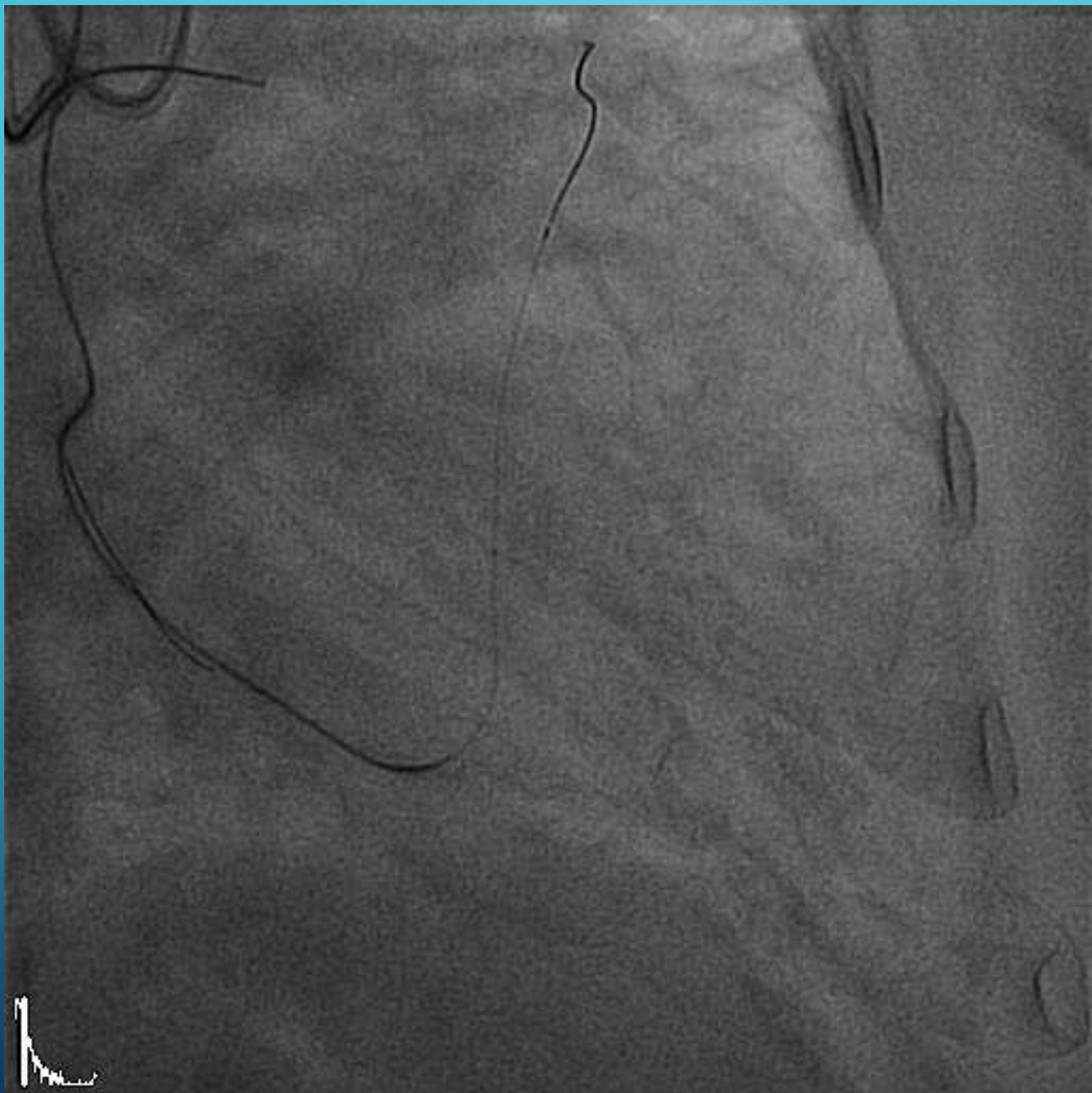


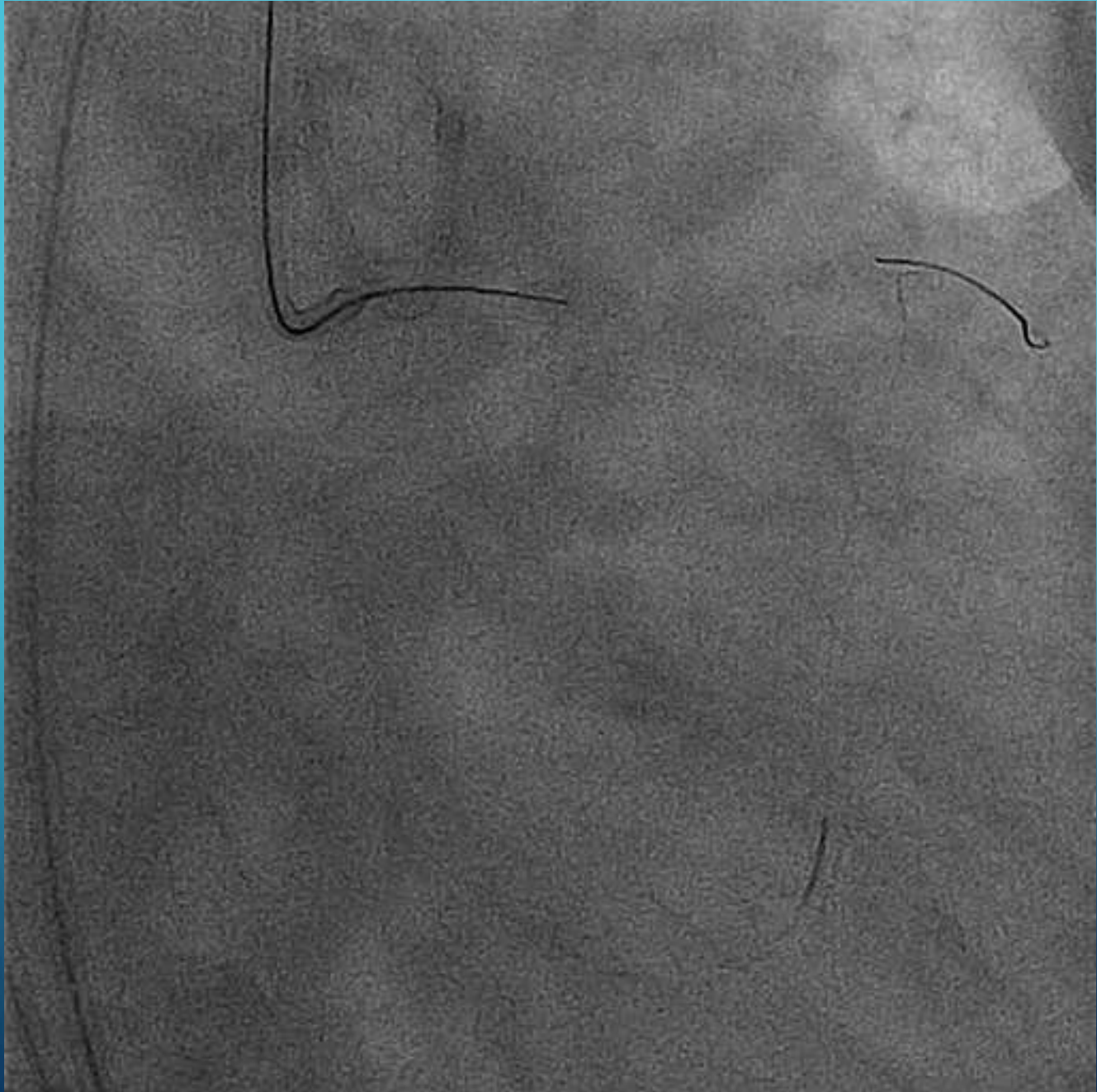


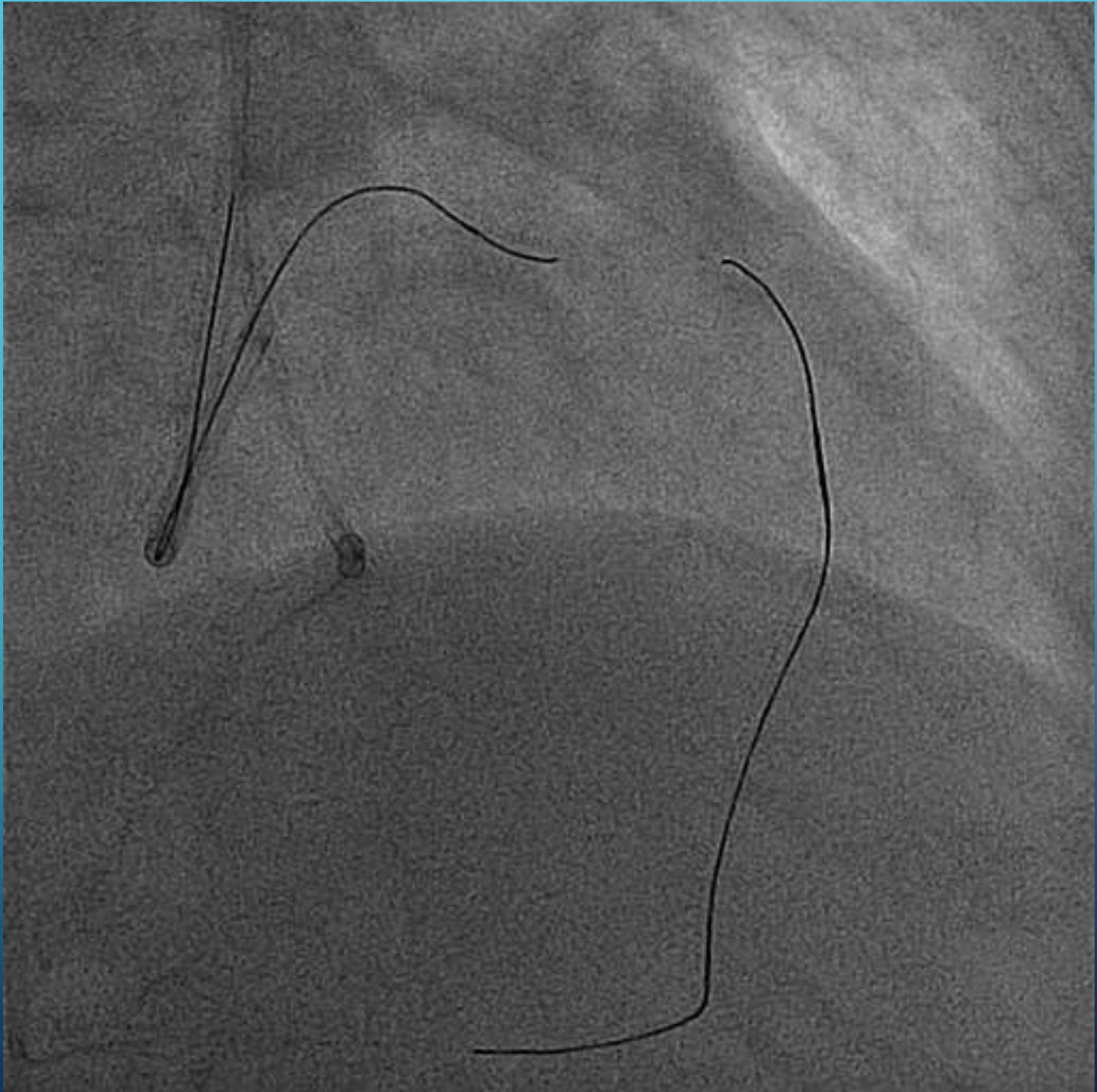


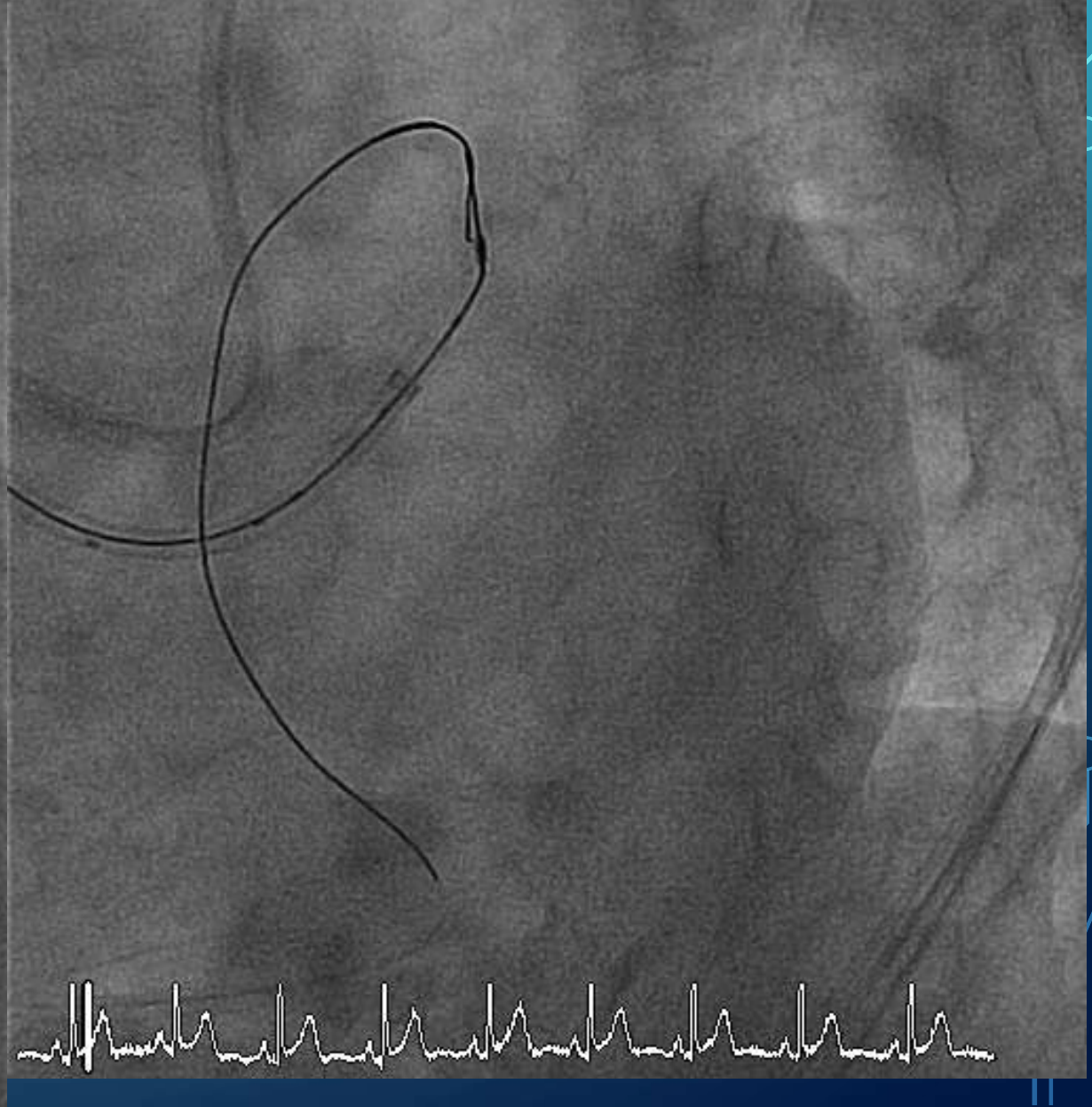
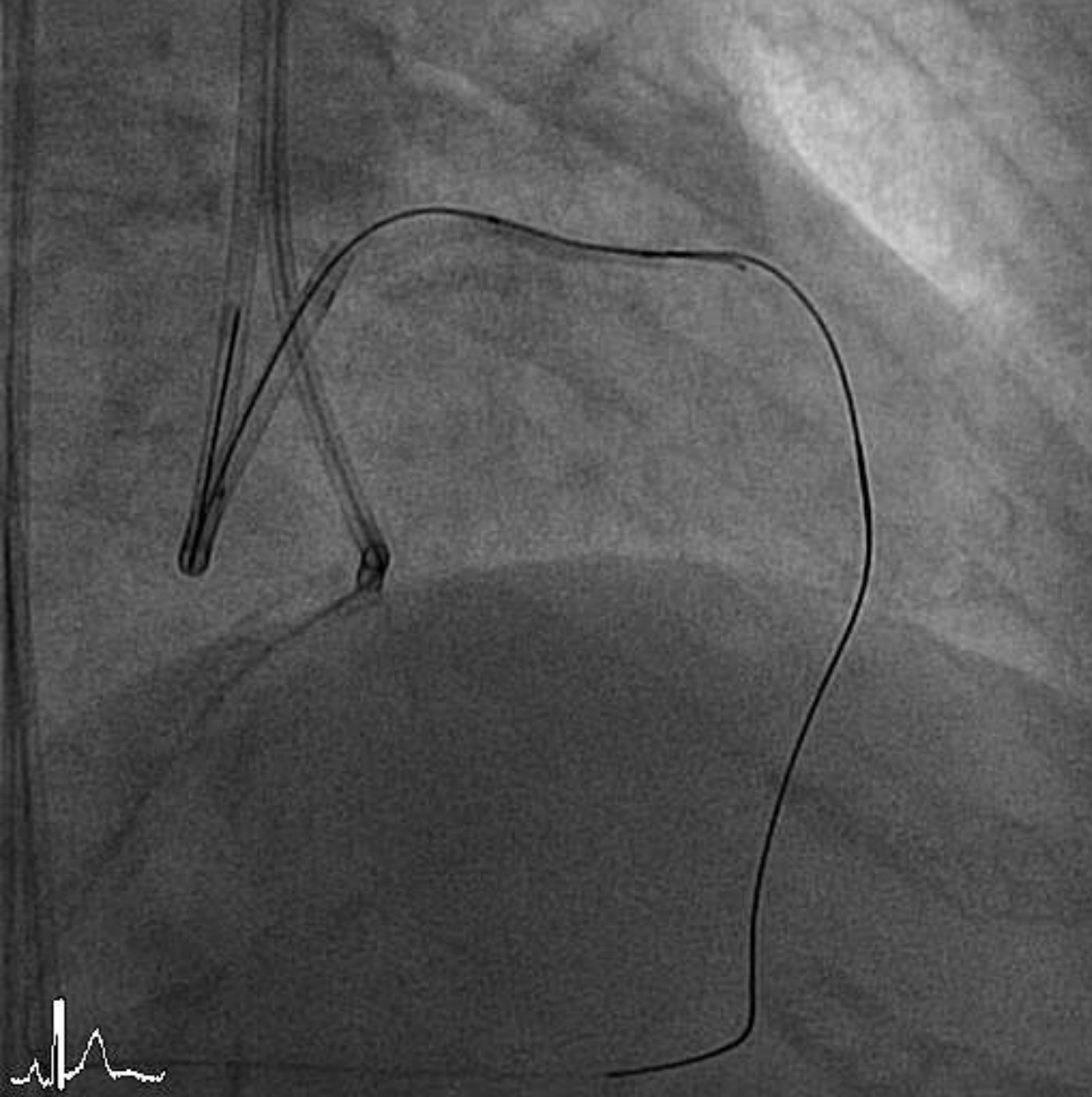


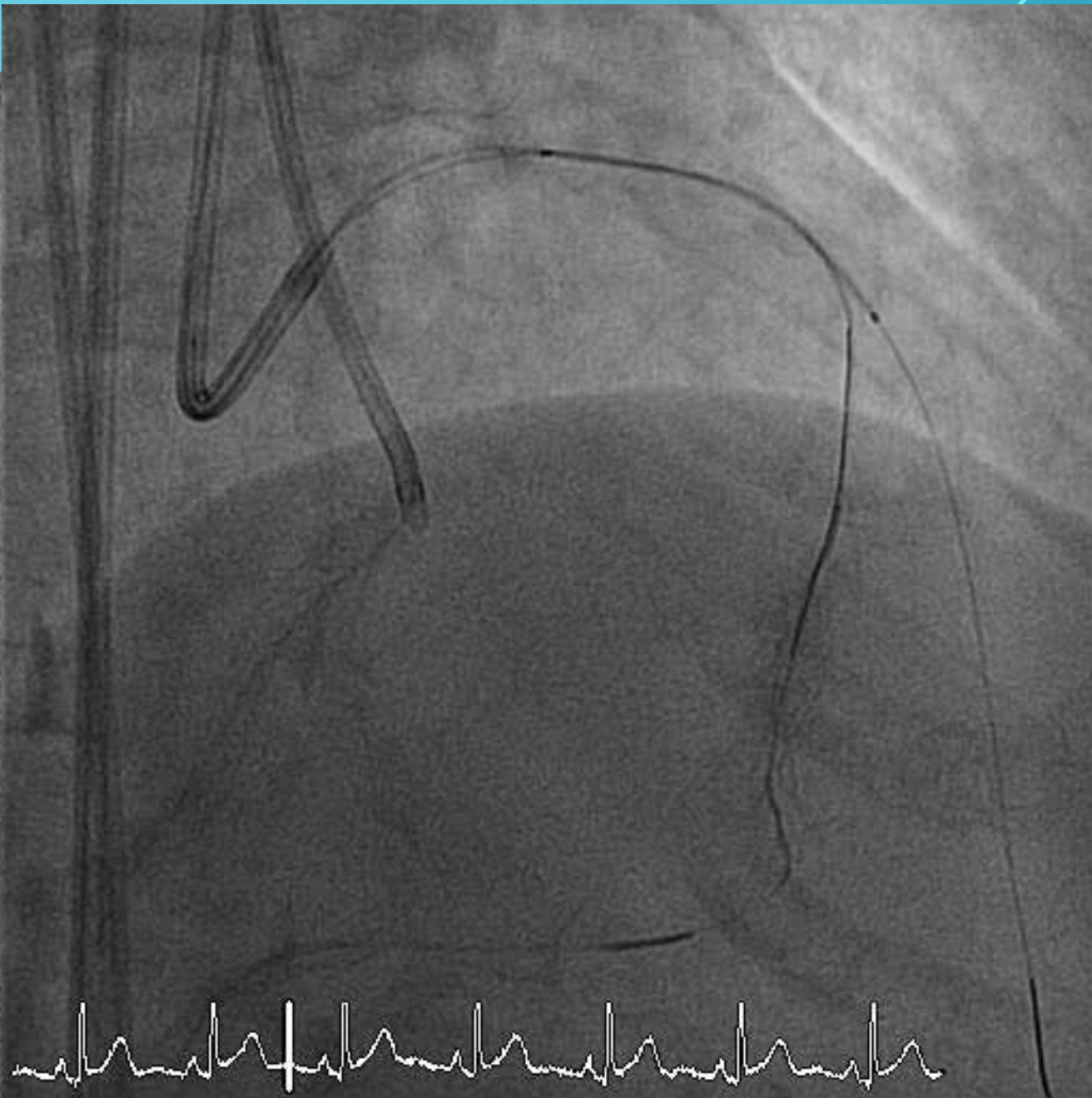
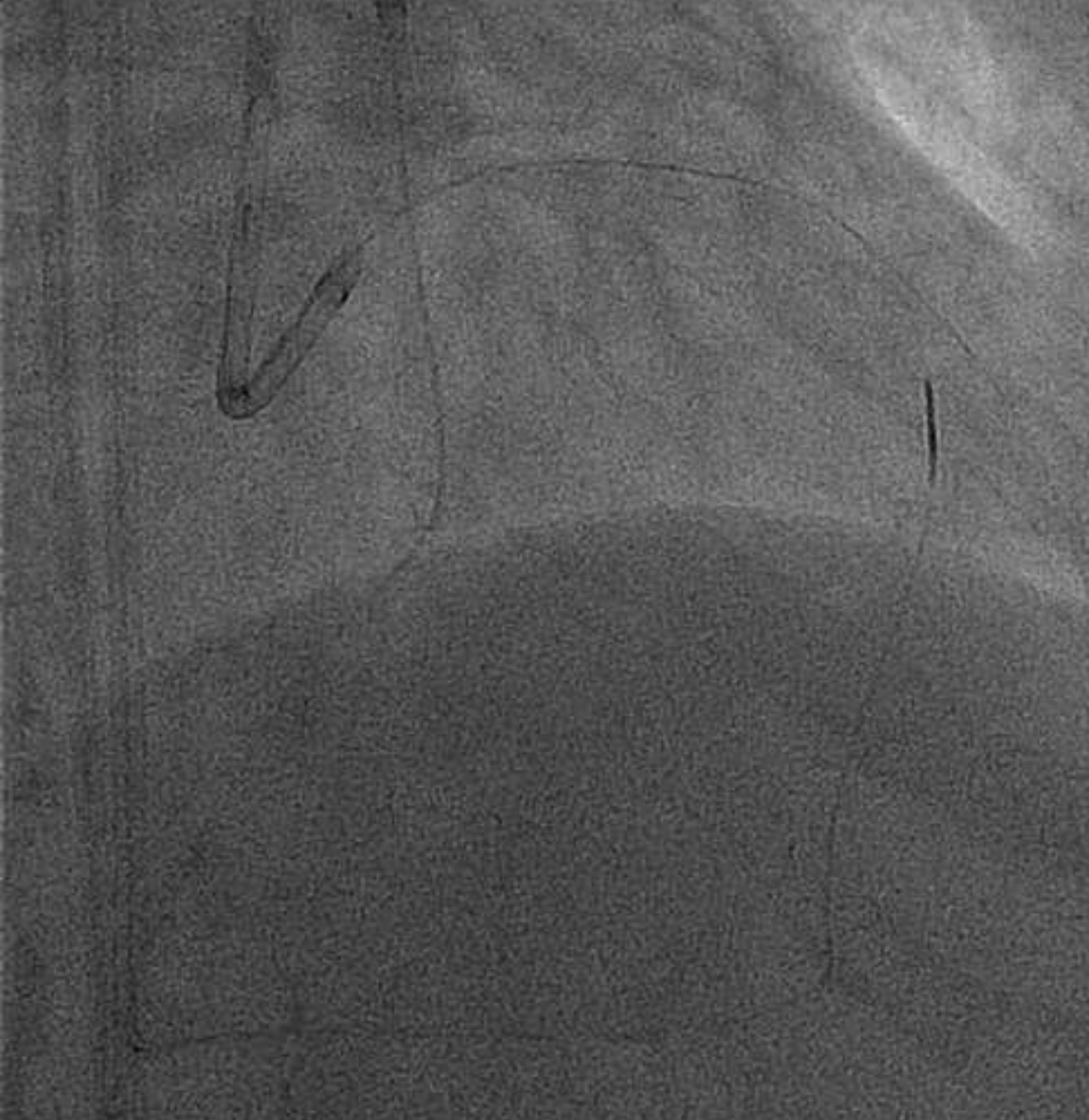








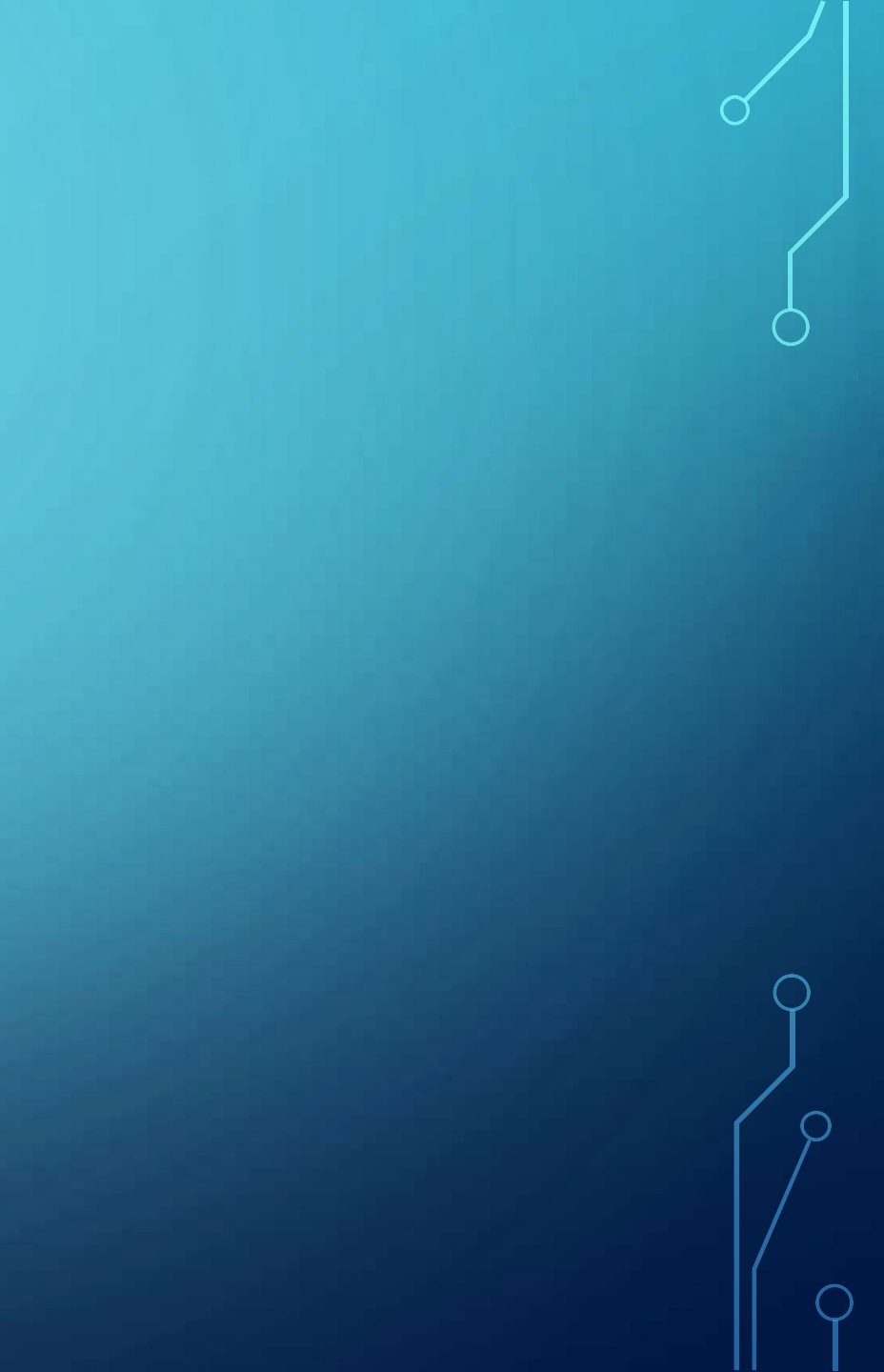
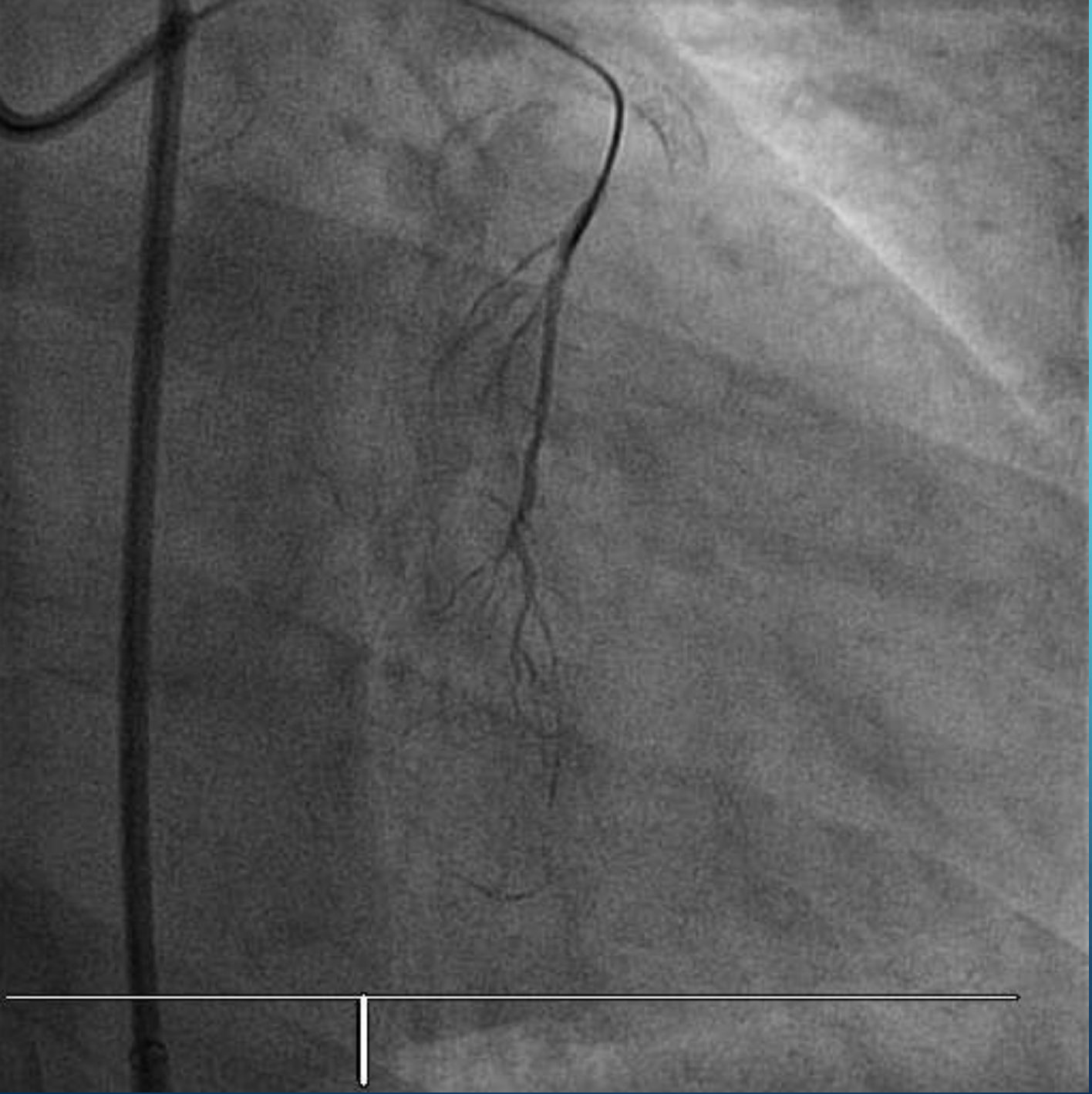




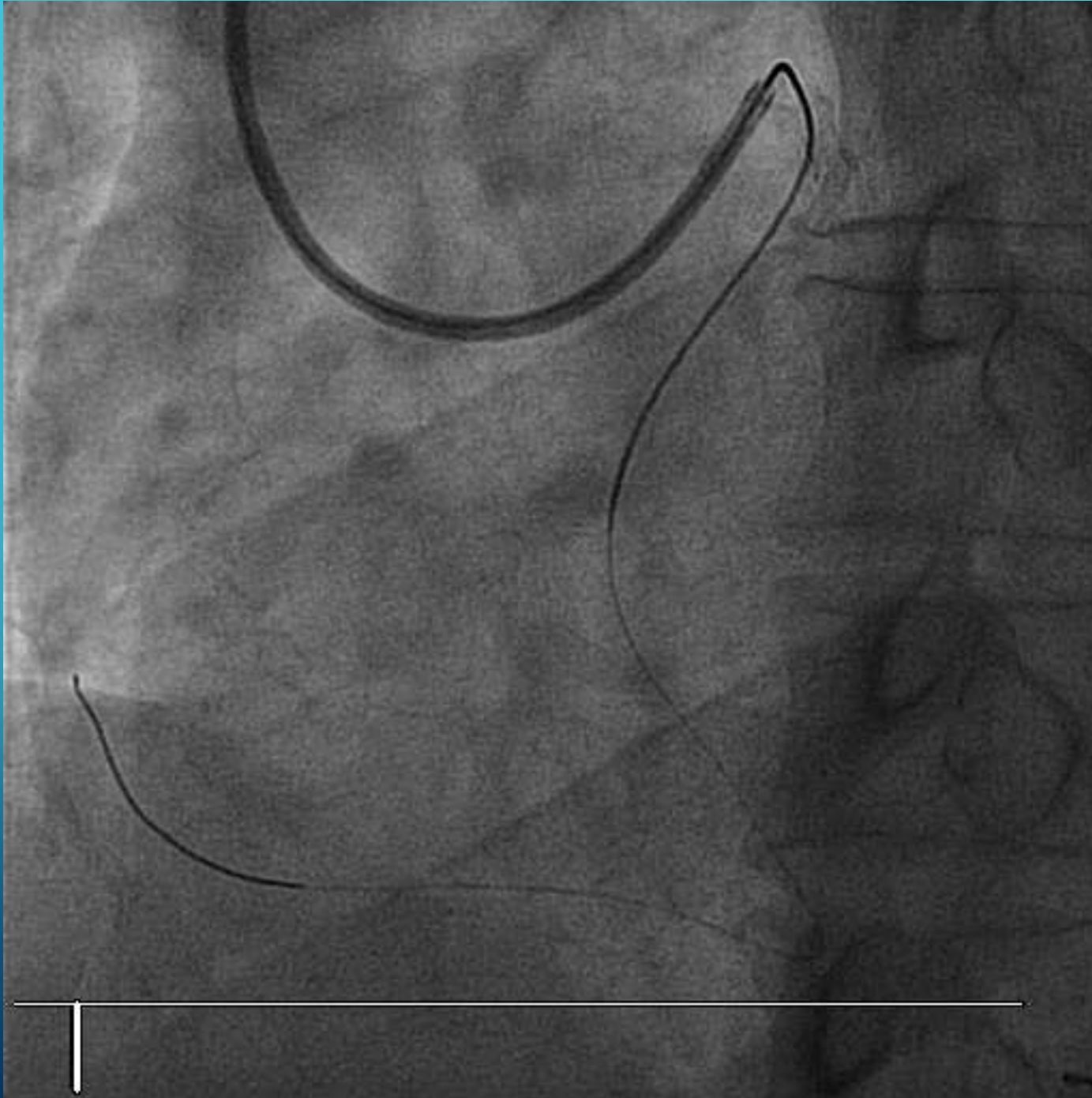


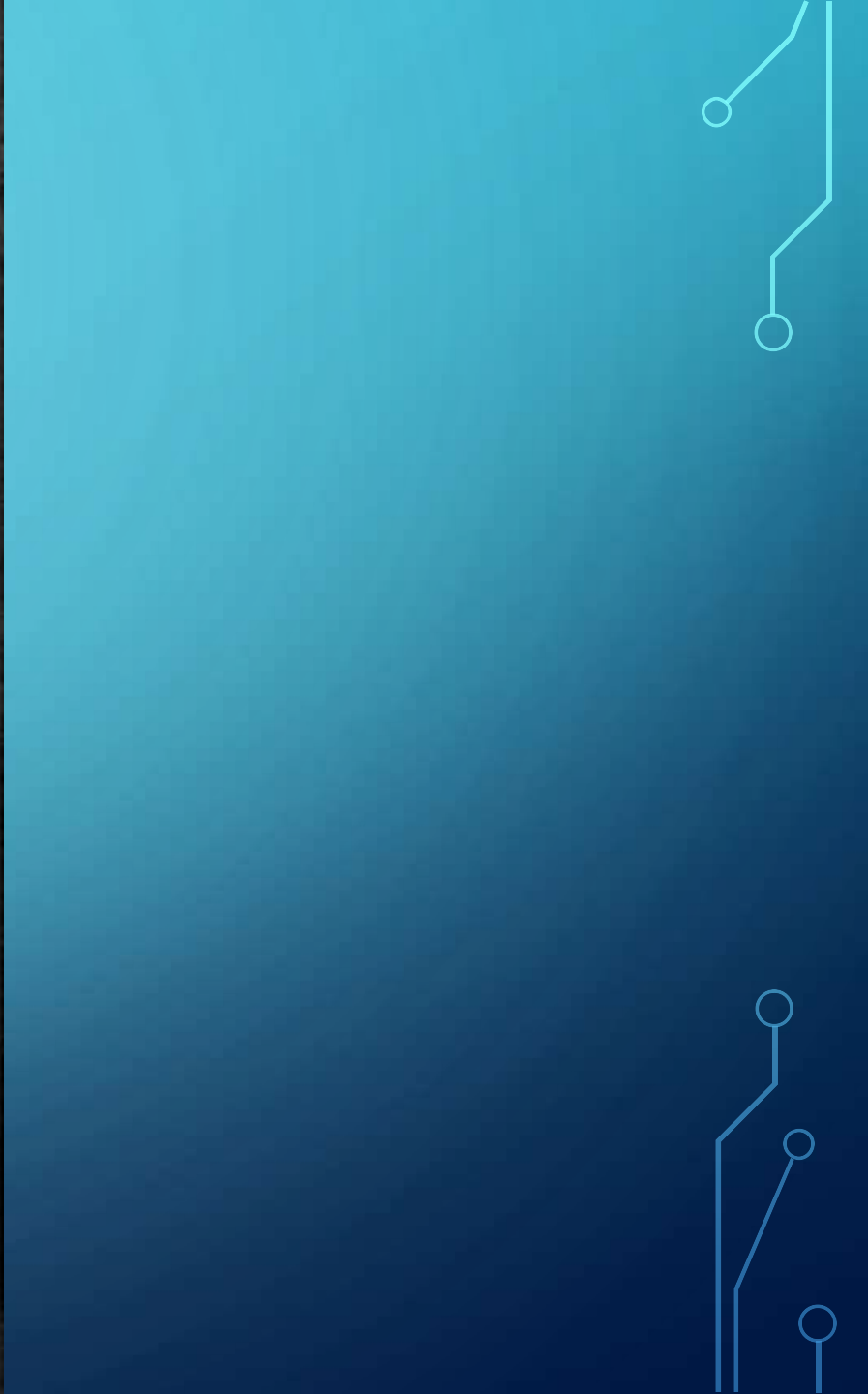
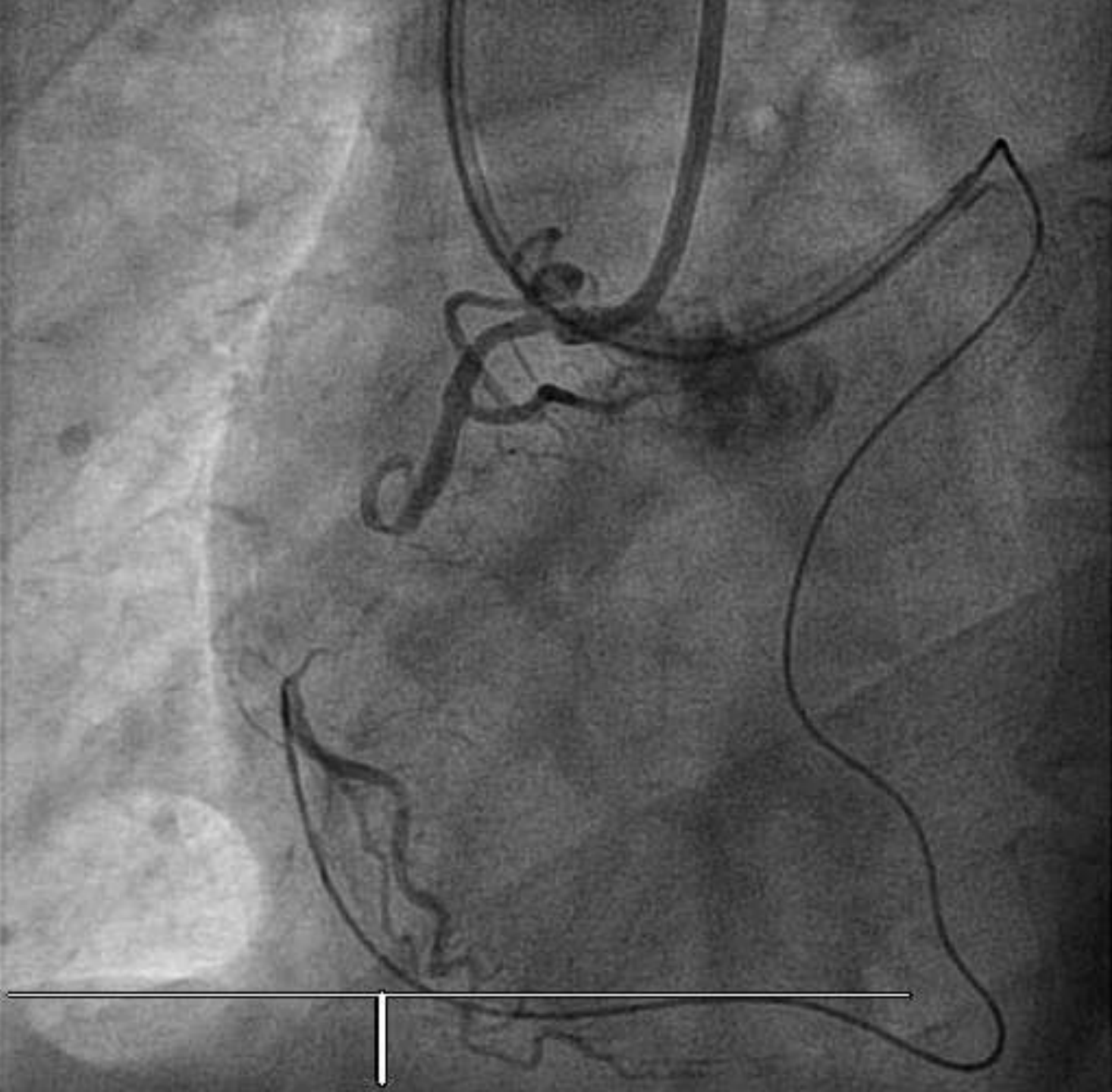
CHANNEL DILATATION – TIPS AND TRICKS.

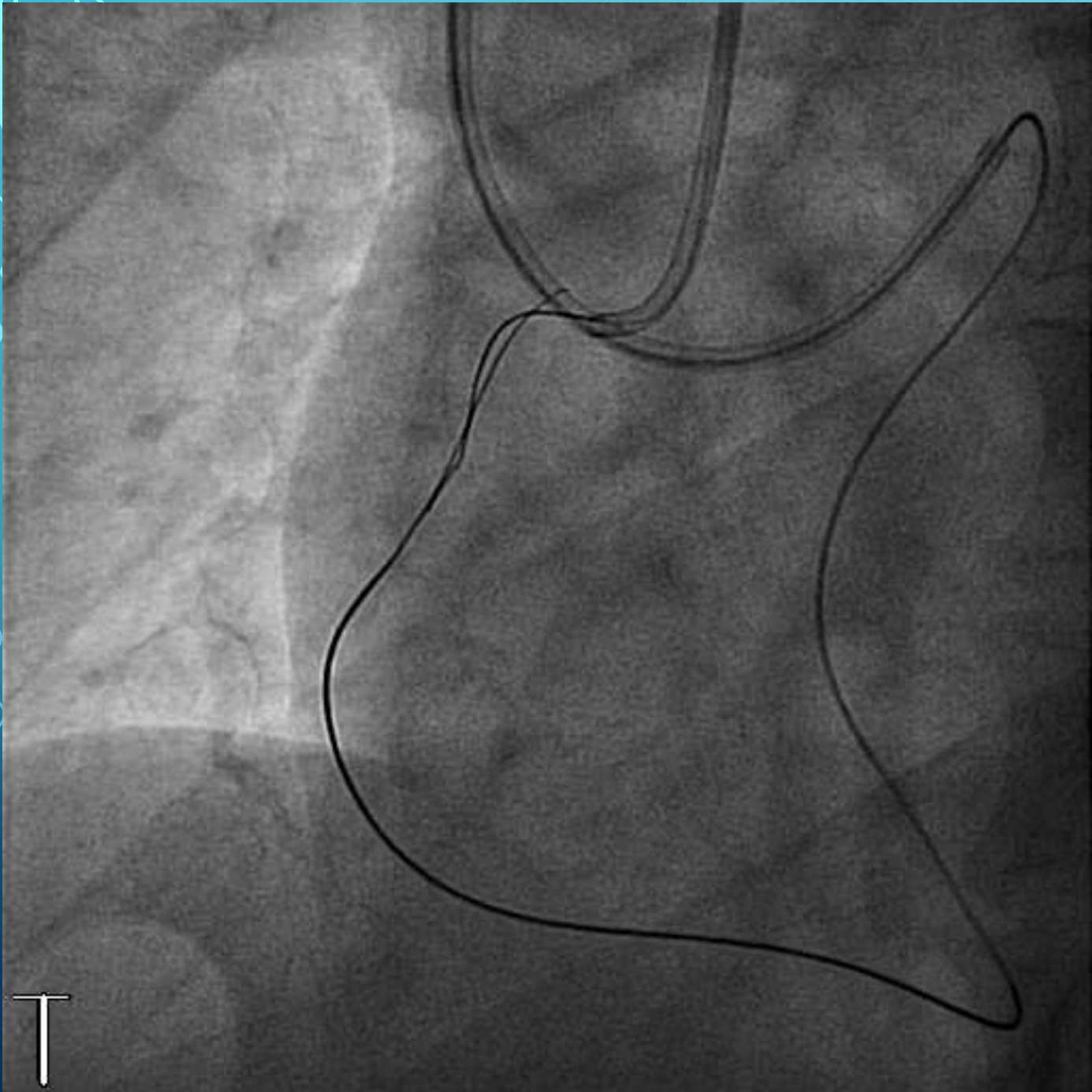
- Removal of microcatheter with use of extension wire and trapping balloon.
- 1.25 mm or 1.5 mm balloon inflation at 4 atm – push forward and inflate method.
- Replace microcatheter with extension wire and trapping balloon method.





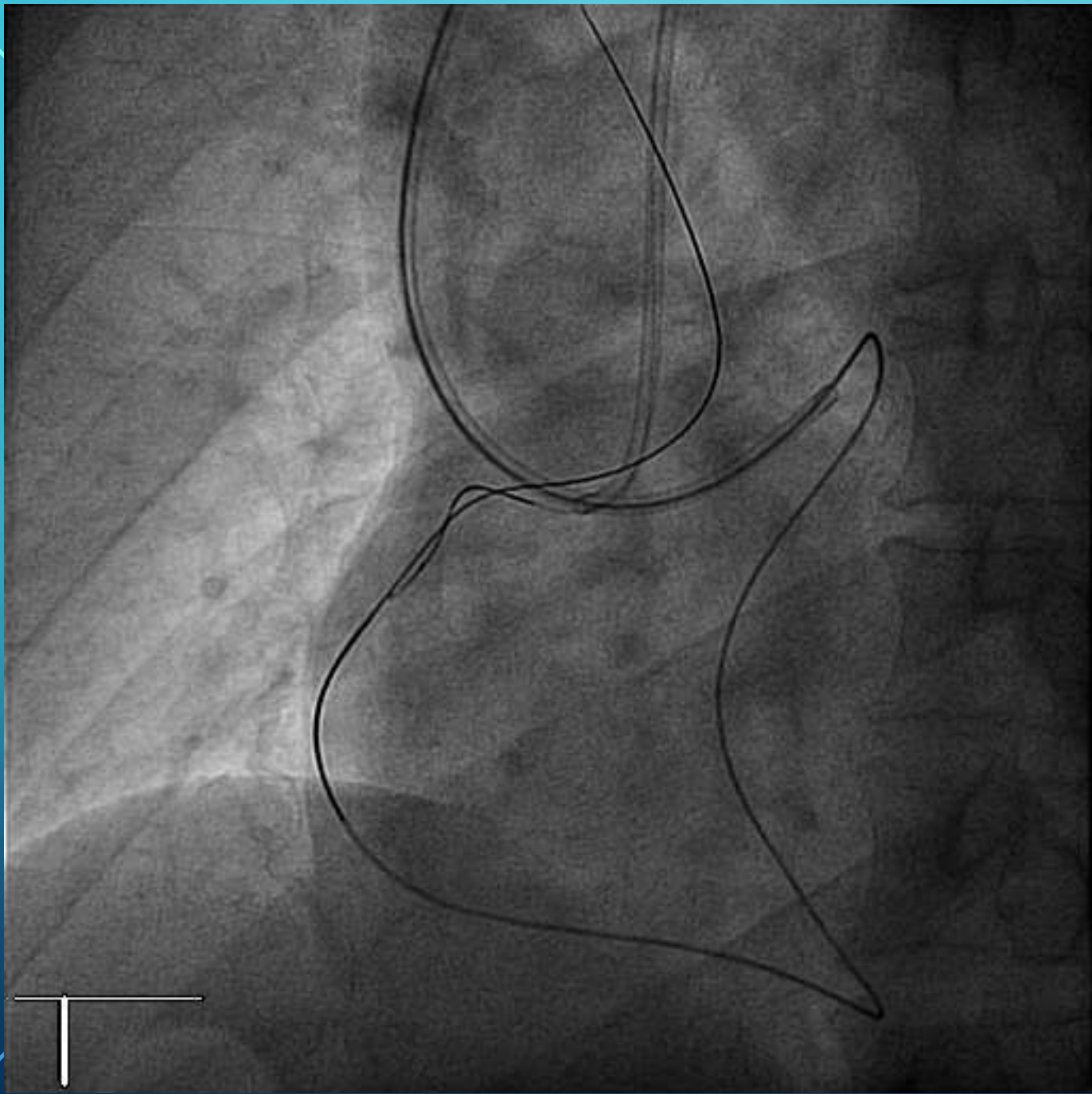


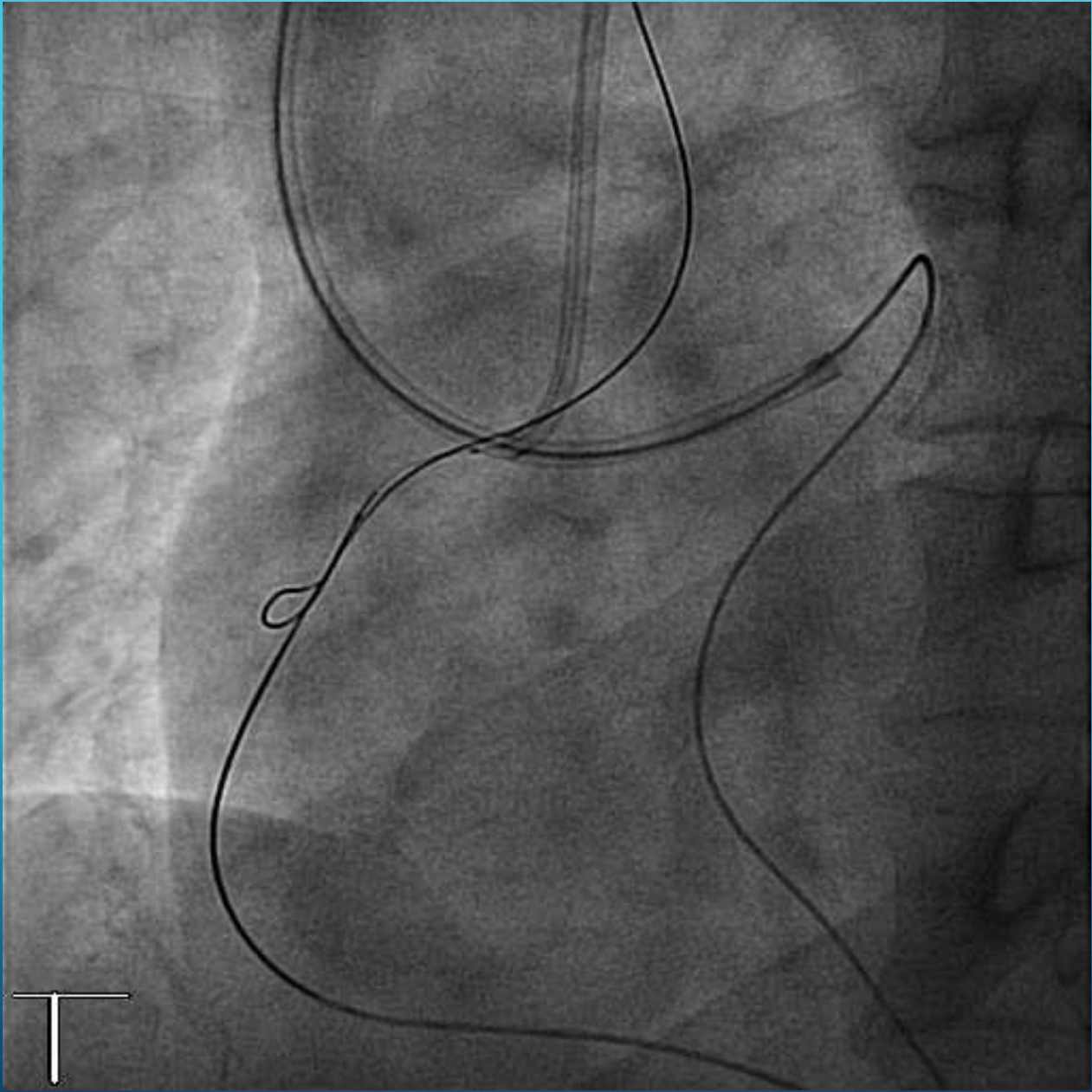


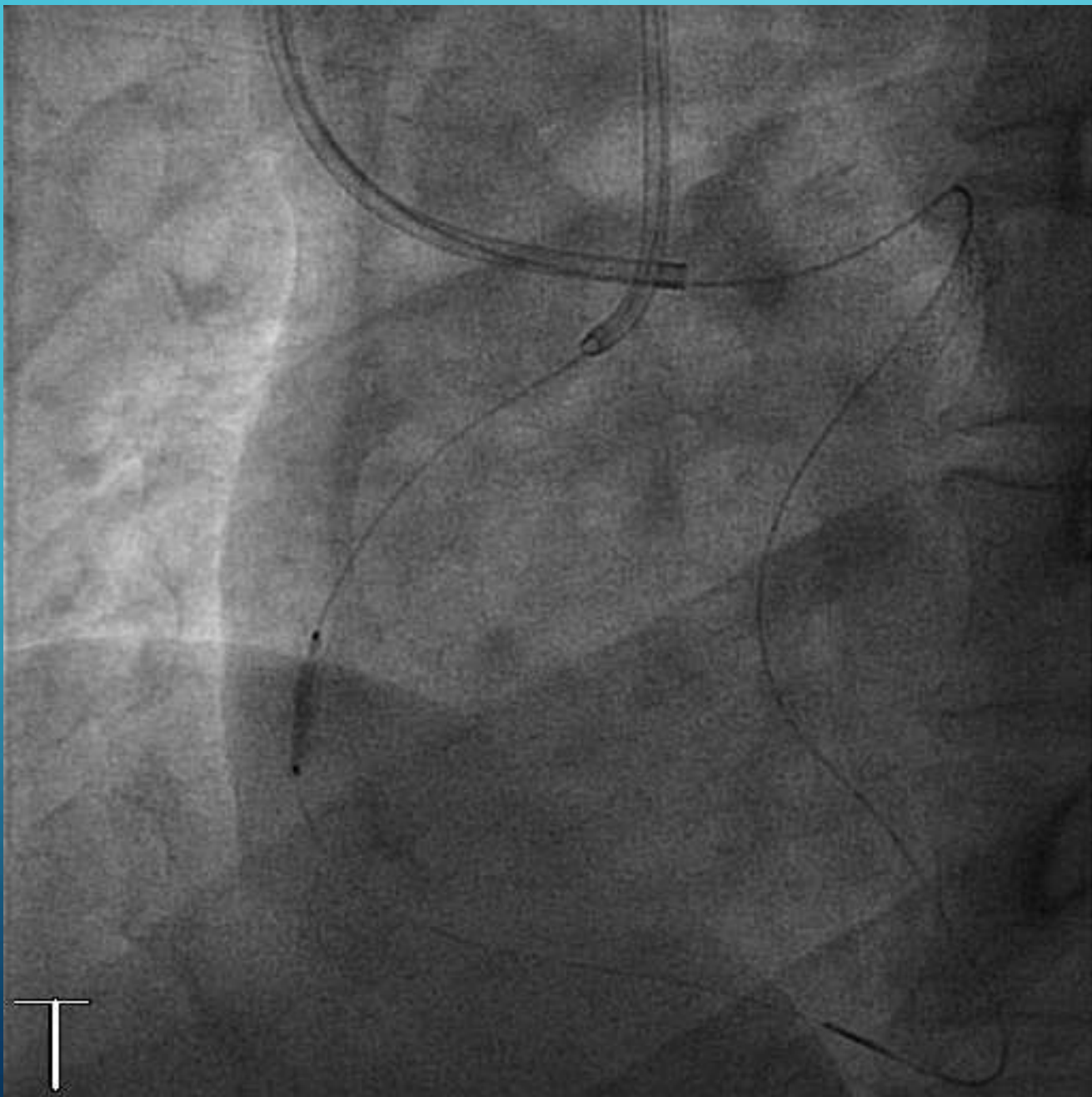


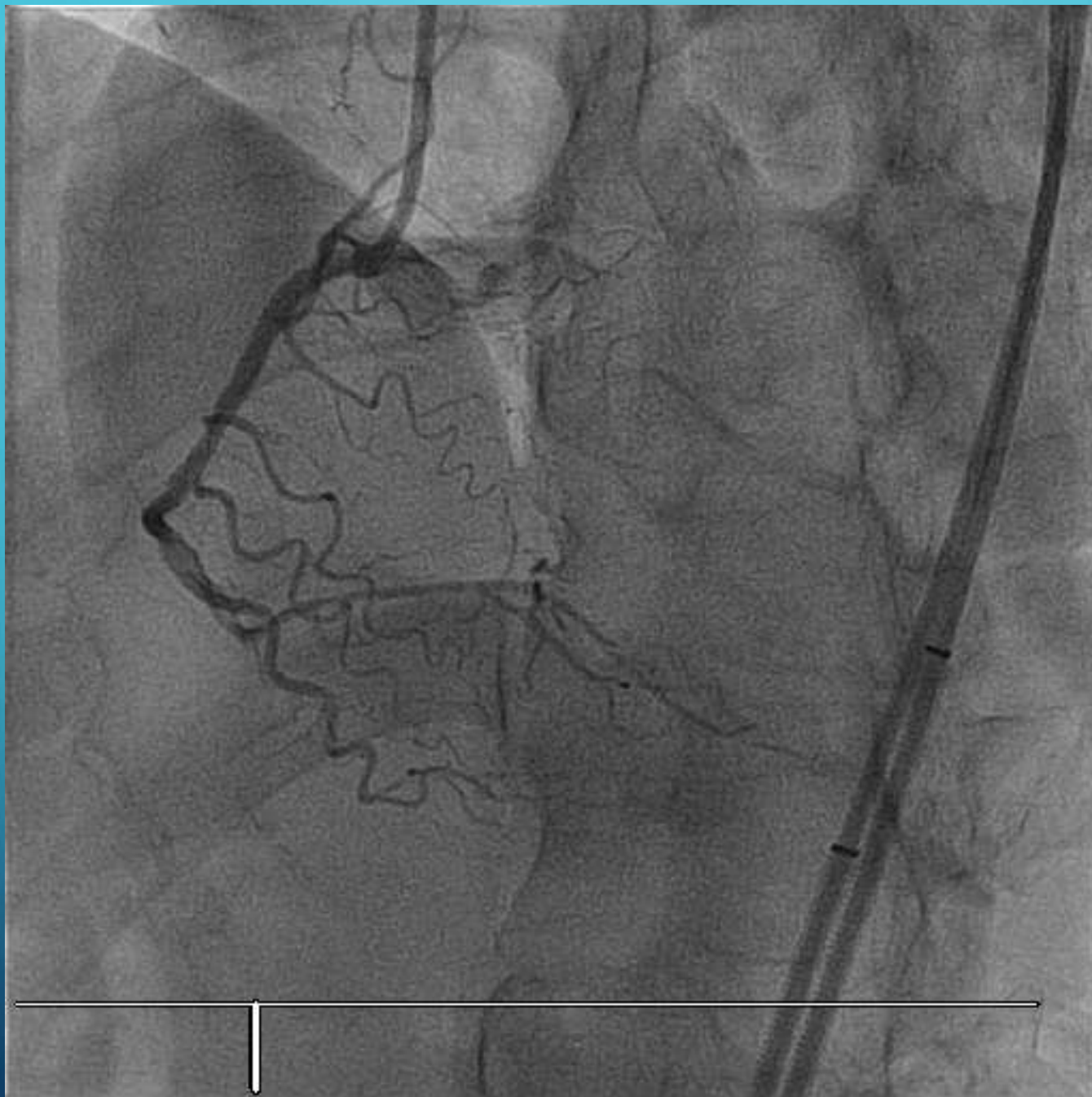
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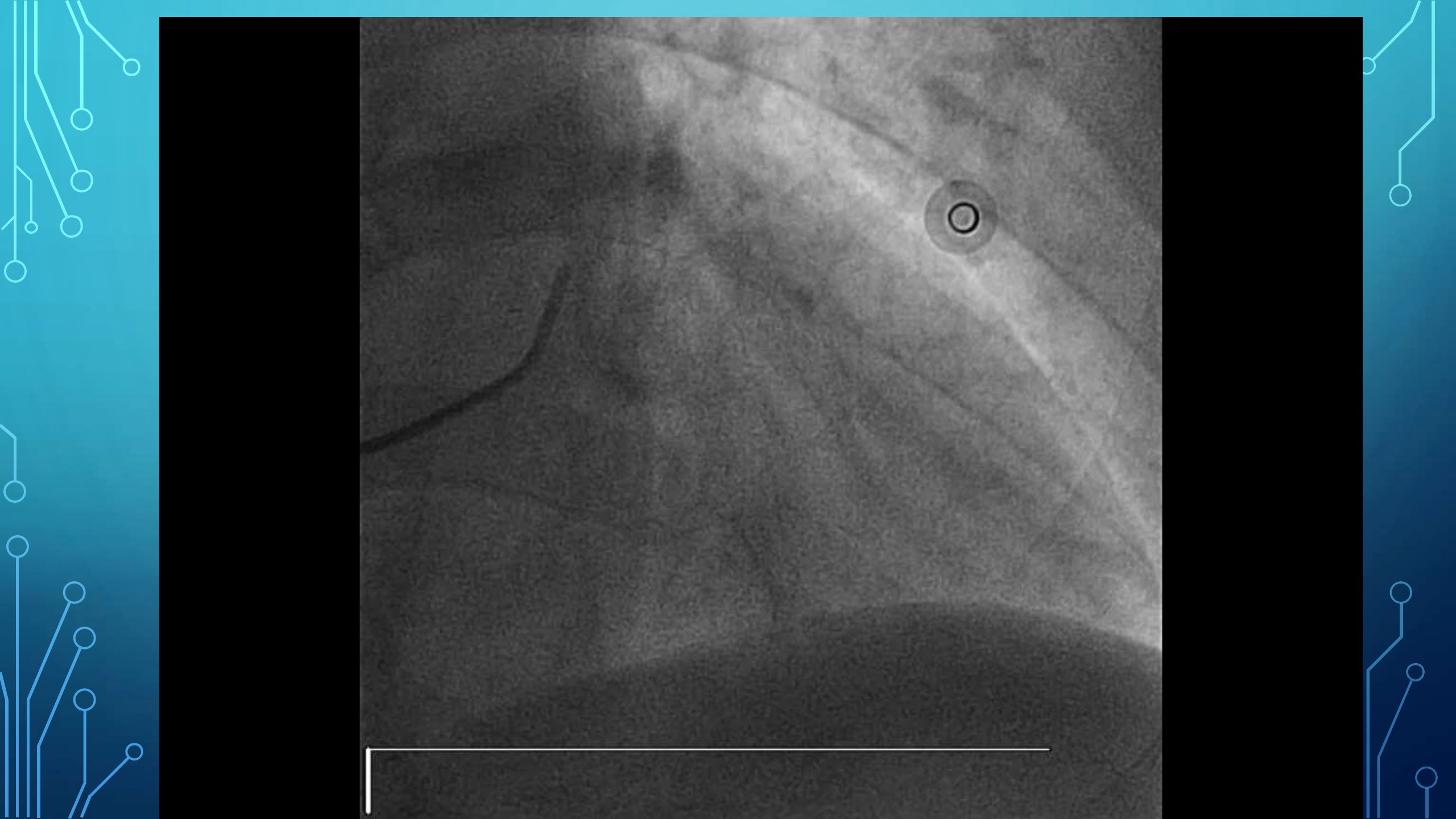


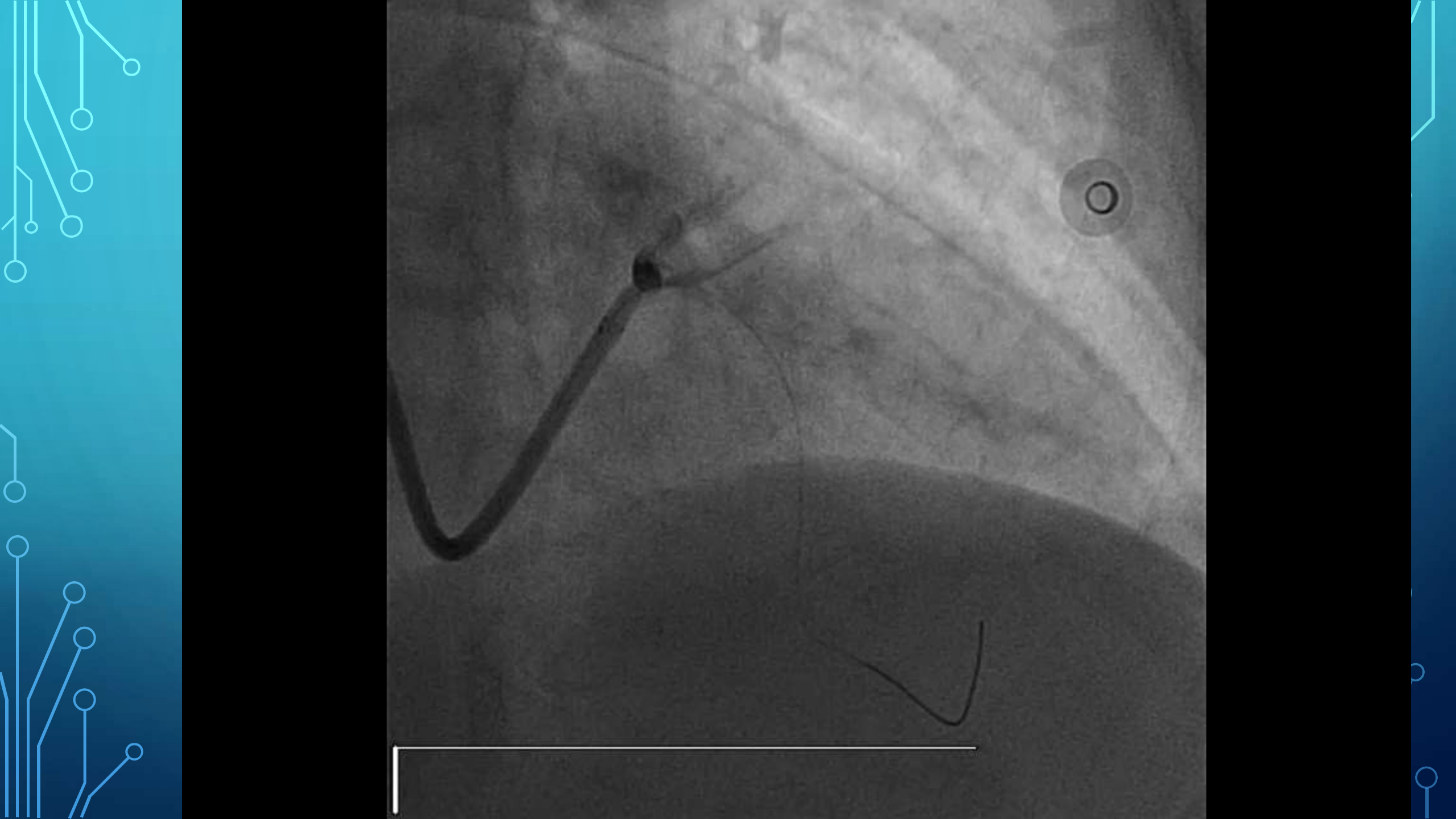




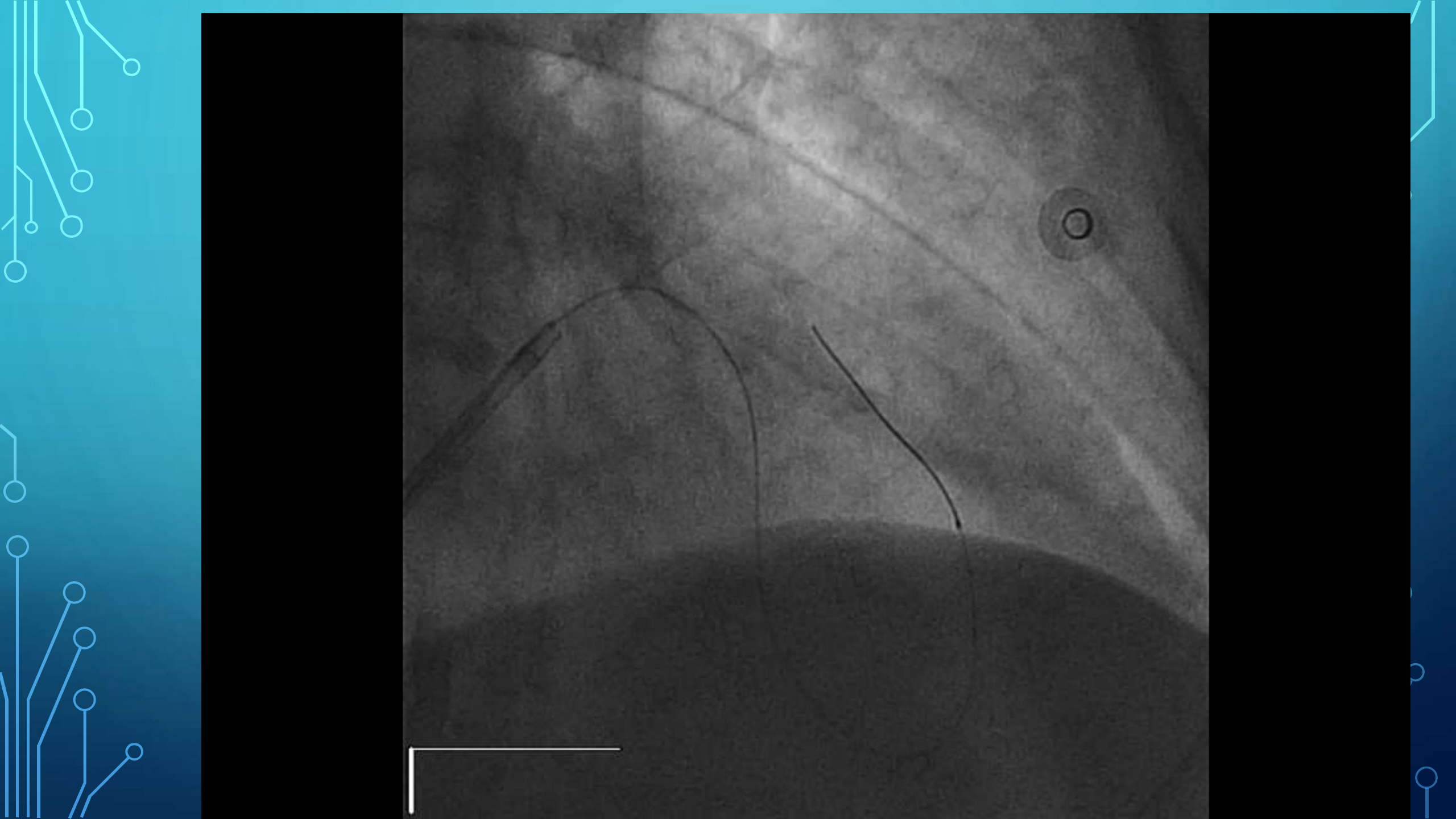


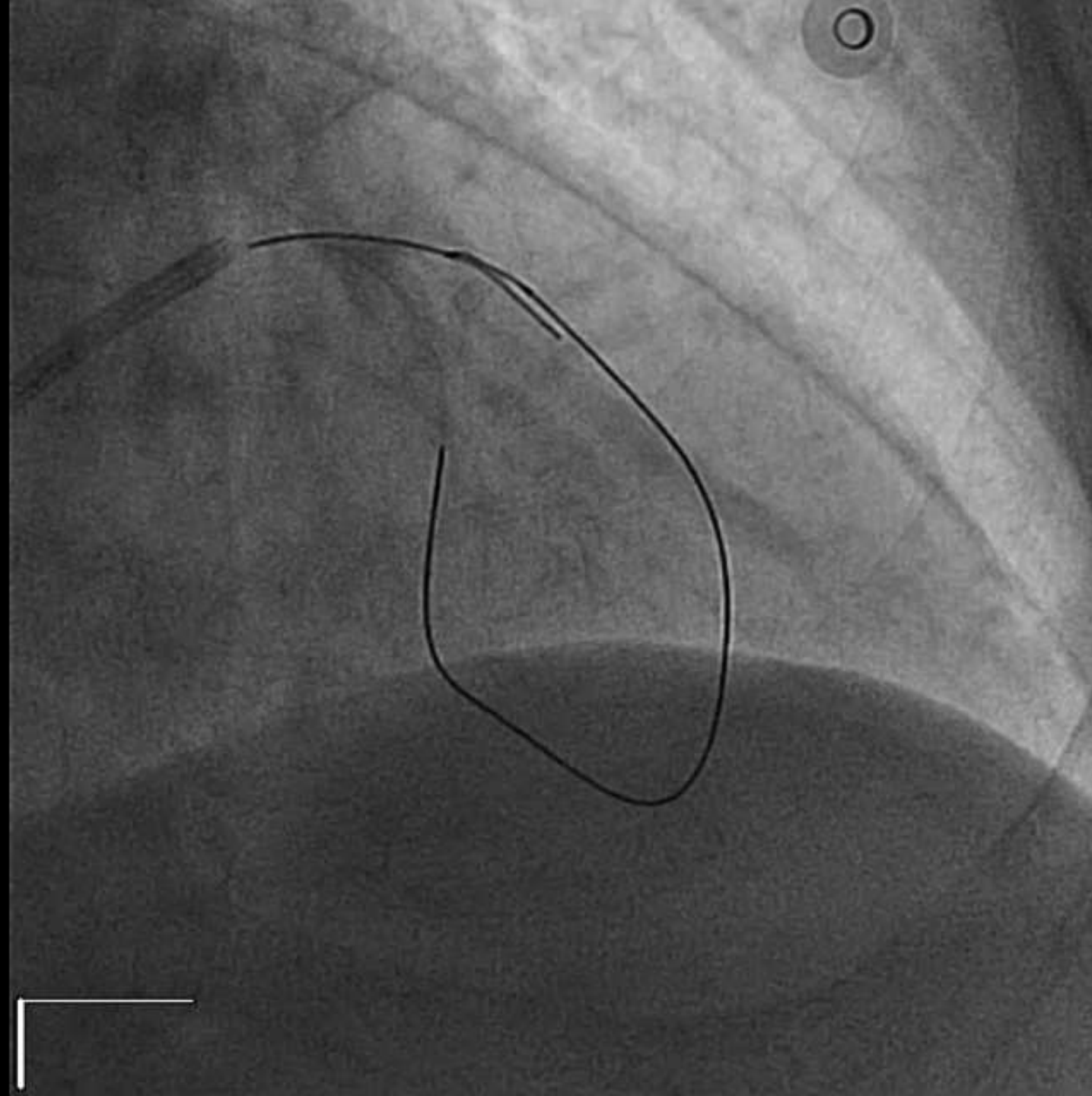


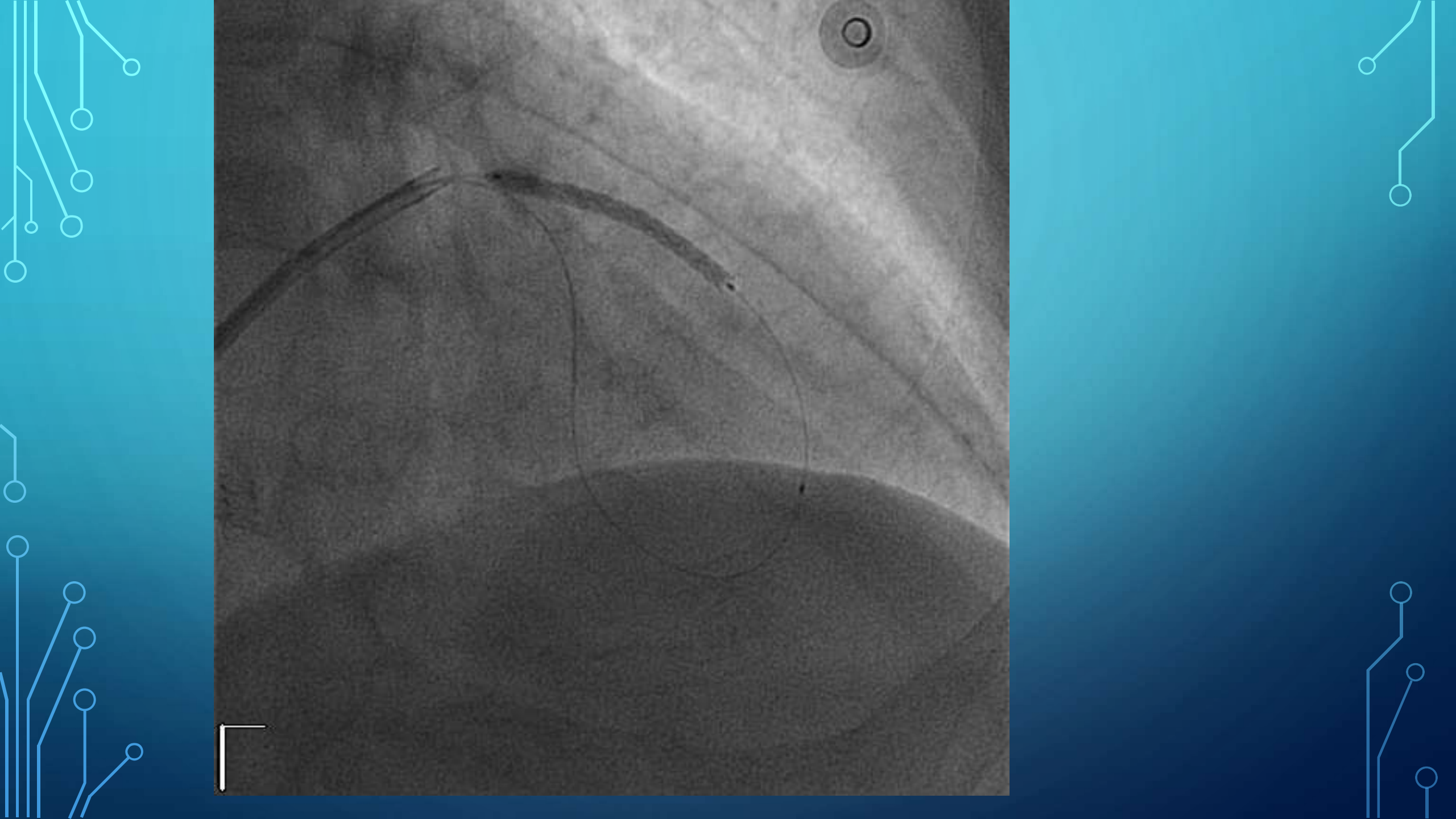


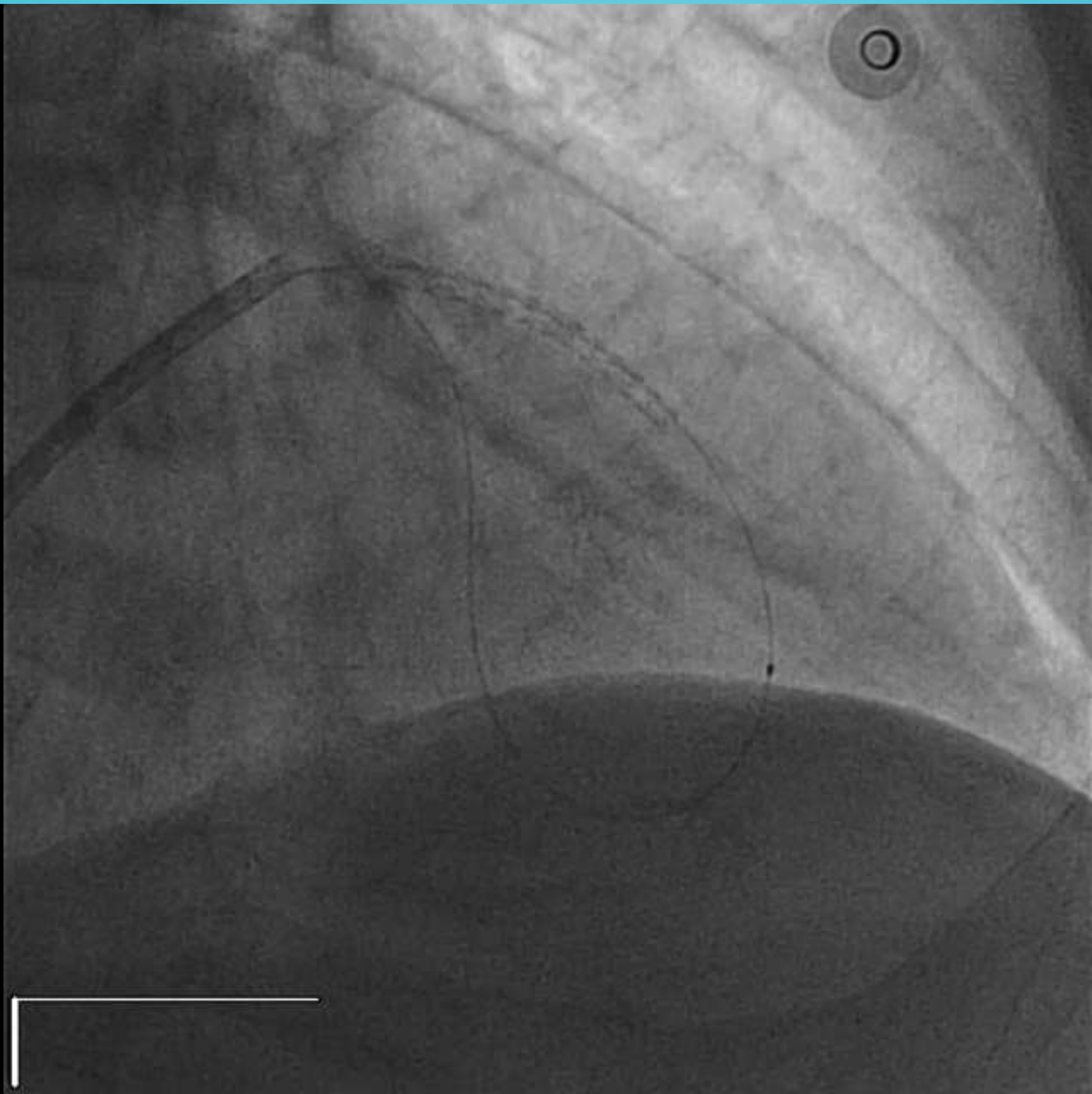


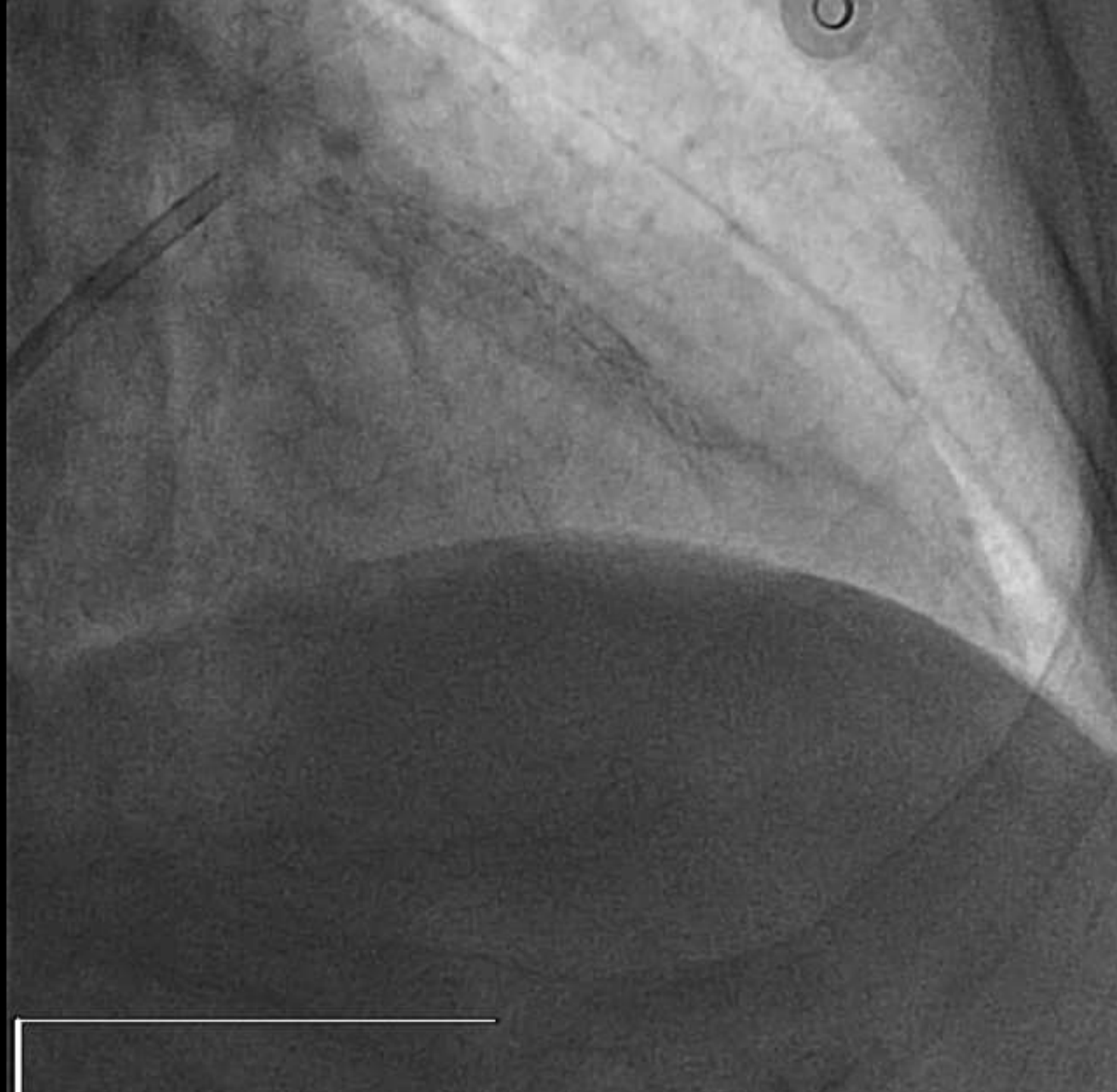












THE APCTO CLUB TABLE:

Channel	Corsair/turnpike won't cross	Switched <u>microcatheter</u> won't cross	Fail to cross after balloon dilatation.
L-> R septal	Switch to Caravel/ Turnpike LP*	1.25 mm balloon to dilate channel	Side-branch anchor balloon
R->L Septal			Beware too tortuous PDA to septal channel angle
<u>Epicardial</u>		Switch to <u>finecross</u>	Beware too small channel.

- If septal ostium stented -> dilate septal ostium with small balloon.

The background is a dark blue gradient. In the corners, there are white line-art patterns resembling circuit boards or neural networks, with lines connecting to small circles.

THANK YOU