

# Where retrograde techniques do sit in my practice, review of case

Dr. Ömer Göktekin  
Memorial Hospital, Istanbul, TR

## Ad Hoc Strategy for CTO PCI

■ Antegrade technique as first strategy

■ Tapered stump

■ Short CTO segment

■ Angiographic visualization of microchannels

■ Absence of calcification in CTO segment

■ Retrograde technique as first strategy

■ Long CTO segment (>40mm)

■ Easy retrograde collateral route

■ Severe calcification in CTO segment

## Retrograde PCI is needed;

- Failed antegrade attempt
  - Severe dissection
  - Loss of distal filling
  - Failed distal reentry
- Ostial Occlusion of RCA
- Proximal occlusion of RCA ( when supporting is a big issue)

## Retrograde PCI is needed;

- Proximal cap ambiguity
- Small distal vessel
- Very high risk for loosing a distal large side branch
- Degenerative and old patent safen graft
- Good Collateral (just to easy to pass on)

## Conclusion

- Retrograde technique is mandatory for certain patients
- CTO operators have to familiar with this technique
- Operators should be well prepared with skills, tools and devices
- Complications could be very severe
- For the first 20 cases, experienced operator help is very important to learn fast