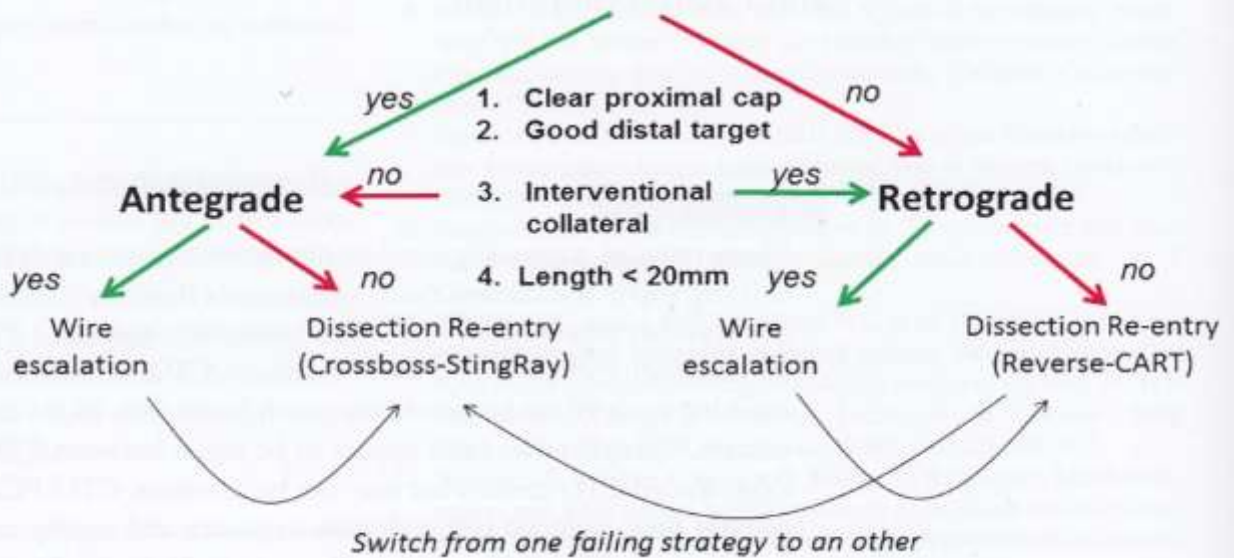


Learning from CTO Cases

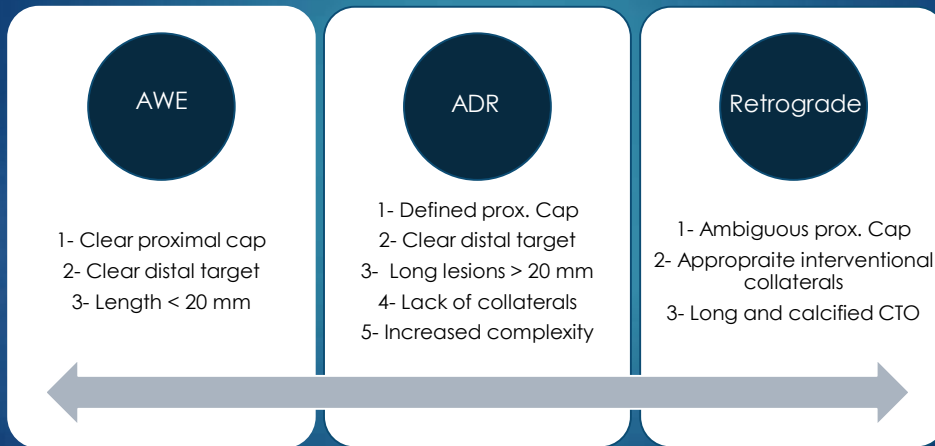
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The Hybrid Algorithm for CTO PCI

Dual Catheter Angiography



Approach to CTO



Steps to cross CTO

- Dual catheter injection
- Deliver the microcatheter/OTW balloon to the proximal cap
- Establish the “base of operations”
- Crossing strategies
 - Wire choice
 - Wire tip-shaping
 - Wire handling
- Ensure wire is in the true lumen distally
- Re-entering the true lumen (if in the false lumen)
- Exchange for a soft-tip workhorse wire
- Special scenarios

Take Home messages

- Dual catheter injection is mandatory
- ACTs should be closely monitored and maintained above 350 sec. specially for retrograde approach
- Microcatheter/OTW balloon should be routinely used specially with stiff wires
- Ensure that the wire is in the true lumen distally by different methods
- In the setting of ACS/NST/STEMI no CTO interventions
- IVUS is very important especially in ostial CTOs
- Double lumen catheters are useful special in CTOs with bifurcations
- Guiding catheter extension is an important device in your CTO toolbox being used in a different scenarios
- Re-entering the true lumen is facilitated by using Stingray Balloon
- Exchange for a soft-tip workhorse wire is crucial to avoid distal perforations
- DCB can be used for treating distal CTOs
- Graft stent penetration inside the coronary vessels can be done safely using a Stiff wire (Conquest Pro, Pro 12, Hornet 14, progress 200, Astato XS 20, Astato XS 40)