

How to approach bifurcation lesions
in the setting
of primary PCI for AMI

Petr Kala

MD, PhD, FESC, FSCAI

Brno, Czech Republic

No conflicts

PCR

STEMI bifurcation



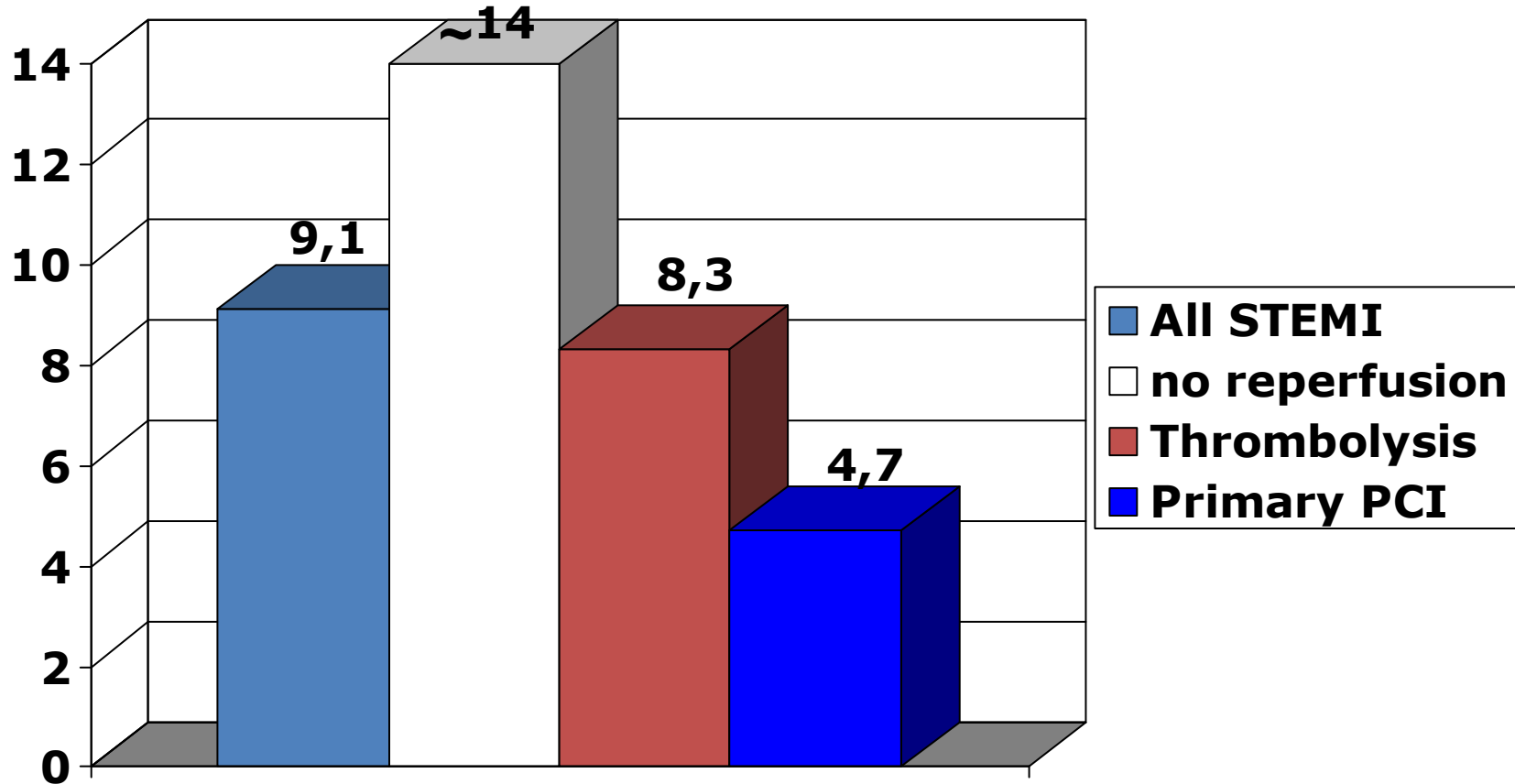
Goals of STEMI Tx: General

- **↑ survival**
- **↓ morbidity and complications**
- **↑ quality of life post STEMI**

Stent for Life

European „STEMI“ initiative

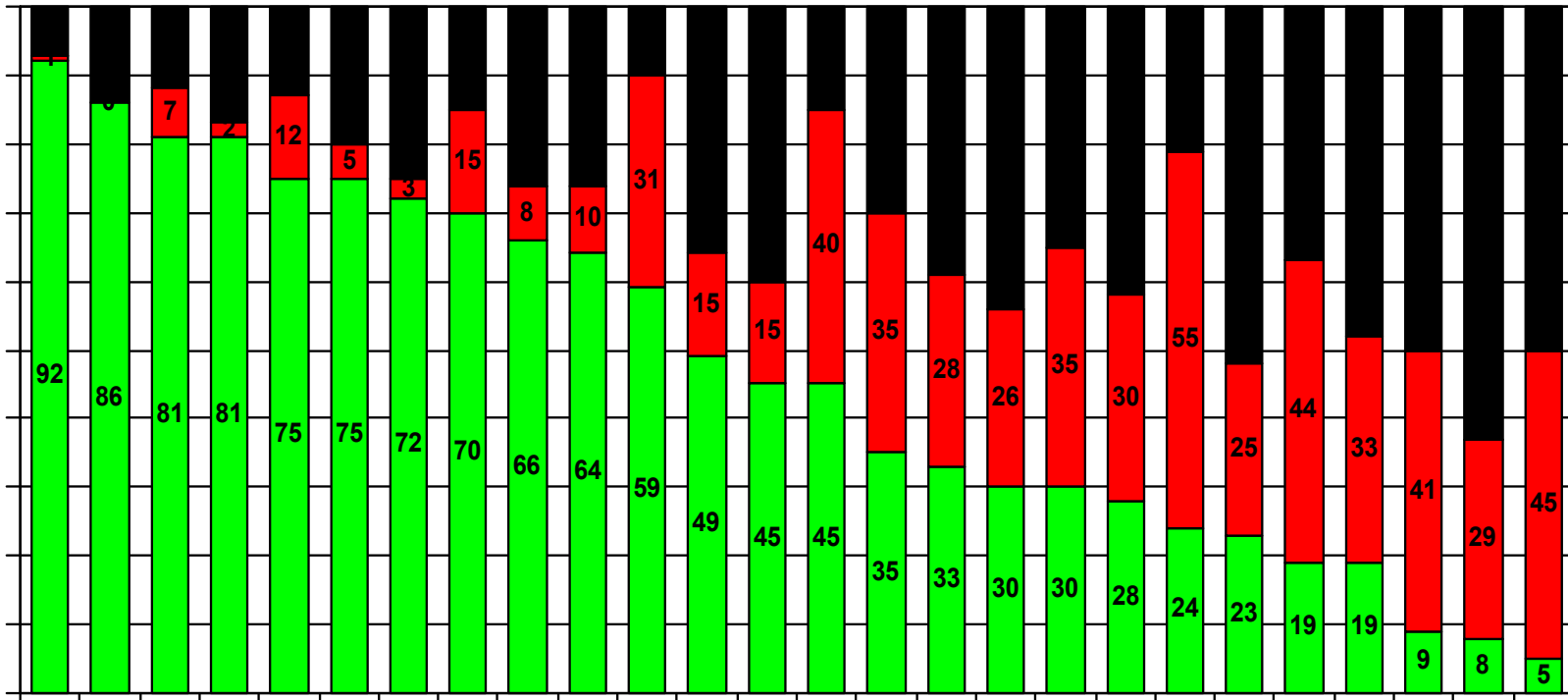
In-hospital mortality



Stent for Life

European „STEMI“ initiative

„Reperfusion Paradox“



Goals of Primary PCI Tx

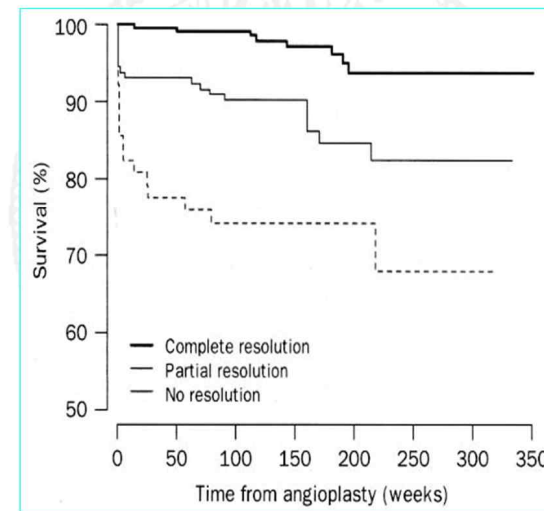
- **Be safe = don't harm**
- **Be fast = be simple**
- **Be effective**



BACKGROUND(1)



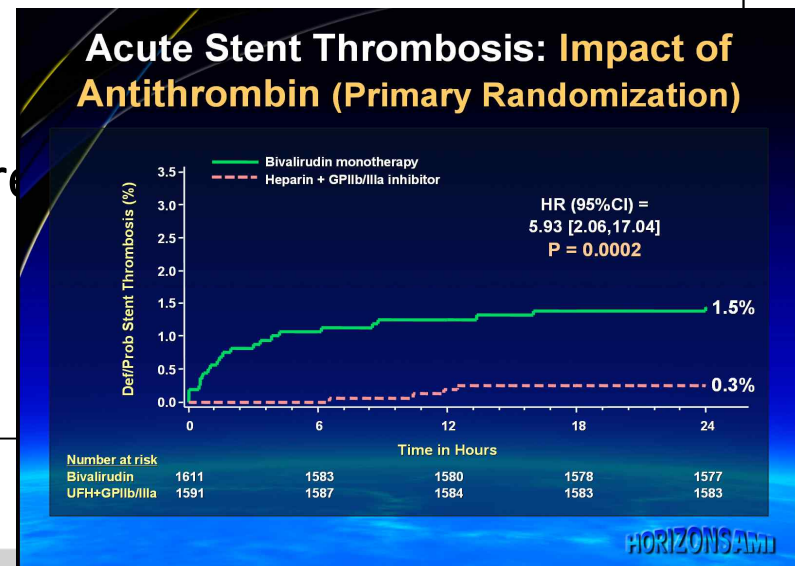
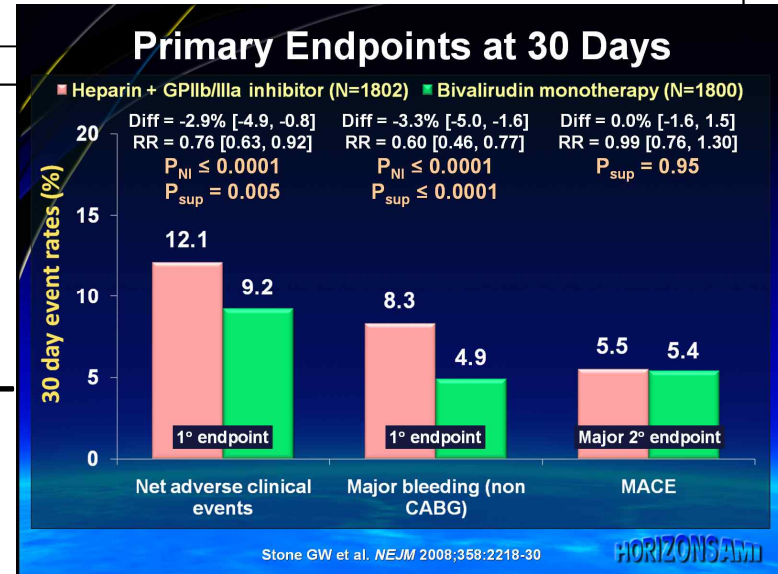
No reflow occurs frequently during PCI in STEMI and is associated with reduced survival



Primary PCI safety I

Medication at FMC

- Aspirin
- Clopidogrel (Prasugrel?) L
- Heparin
- GPI ?
 - Prehospital (On-Time)
 - In-hospital = in-cathlab (pre)
- Bivalirudin (Horizons AMI)

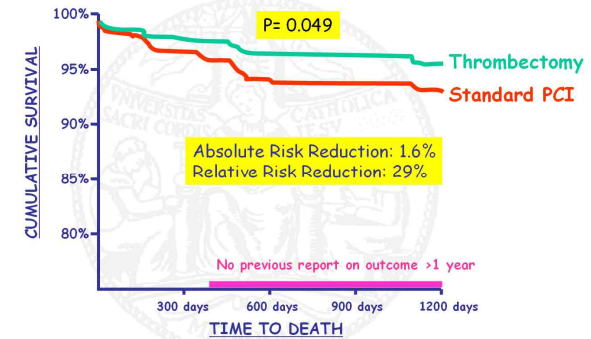


Primary PCI safety II

Technique

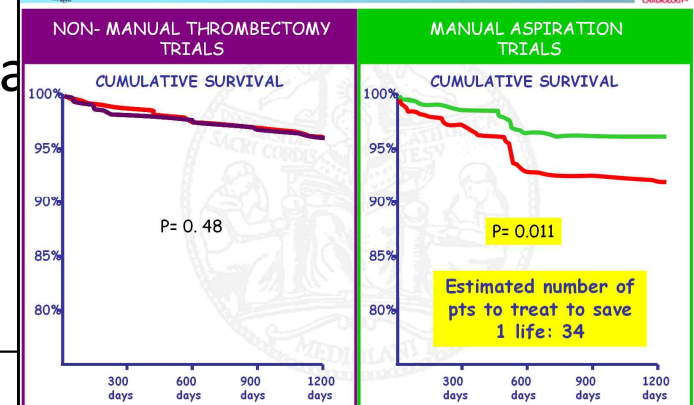
- Experienced team
- Radial approach
 - 6F sheath
 - 6F sheathless guiding ~ 7F stent
- Thromboaspiration

PRIMARY END-POINT



Patients at risk	1333	857	167	97	37
Standard PCI	1333	864	164	101	48
PCI with thrombectomy	1339	864	164	101	48

TYPE OF THROMBECTOMY



Elective vs Primary PCI not just in bifurcations

	ELECTIVE	PRIMARY
TIME	Enough	Lack
DAYLIGHT	Mostly YES	Often NO
TEAM	Large	Small
TECHNIQUE	Complex (FFR, Rota, Impella...)	Simple (caths, stents, IABP..)
STRESS	„Low“	„Highest“

Primary PCI in bifurcations: Be fast, simple and effective !

1. Guiding
2. Wire
3. Aspirate the MB (if ter
4. Use the 2nd wire fo
5. Aspirate the SB (if nec
6. Direct single MB ste
postdilation
7. **Be lucky with the SB and be happy**

NO KISSING!



Primary PCI in bifurcations: Be fast, simple and effective II

You are not lucky with the SB

- TIMI 0-1
- Diameter >2mm



1. **W** (states..)
2. Rewire the SB th
3. Dilate the SB wi
4. Avoid the 2nd s
5. Kiss the lesion on low pressure
6. **Be lucky with the SB and be happy** (MI 2-3)

Primary PCI in bifurcations: Be fast, simple and effective III

You are still not lucky with the SB

- TIMI 0-1
- Diameter >2mm with big territory



1. **WAIT** (check again)
2. Check the risk of 2nd stent and compare IVUS or OCT..
3. Use the simplest double-stent-technique
 - T-stent
 - Minicrush
 - Culot, TAP..
 - Avoid Crushing (if possible)



4. You deserved to be lucky