

# Master Video Live Difficulties in Collateral Crossing

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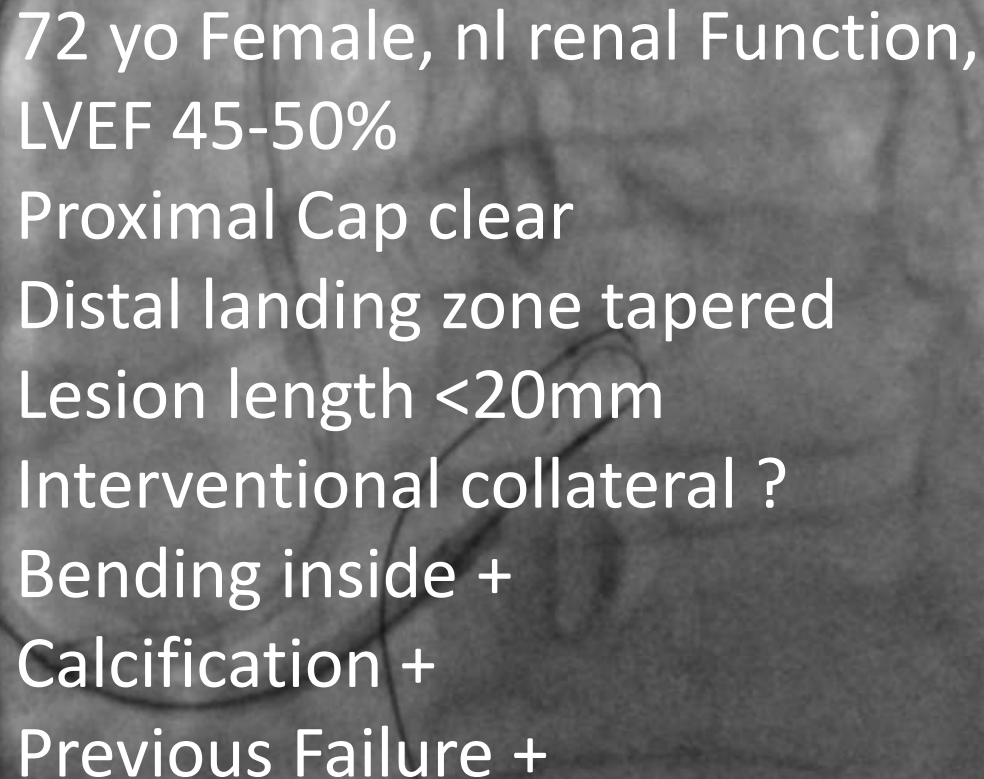
Saitama Sekishinkai Hospital, Saitama

St Luke's Hospital, Tokyo

# Conflict of Interest

- I, Masahisa Yamane, do not have any conflict of interest in the presentation

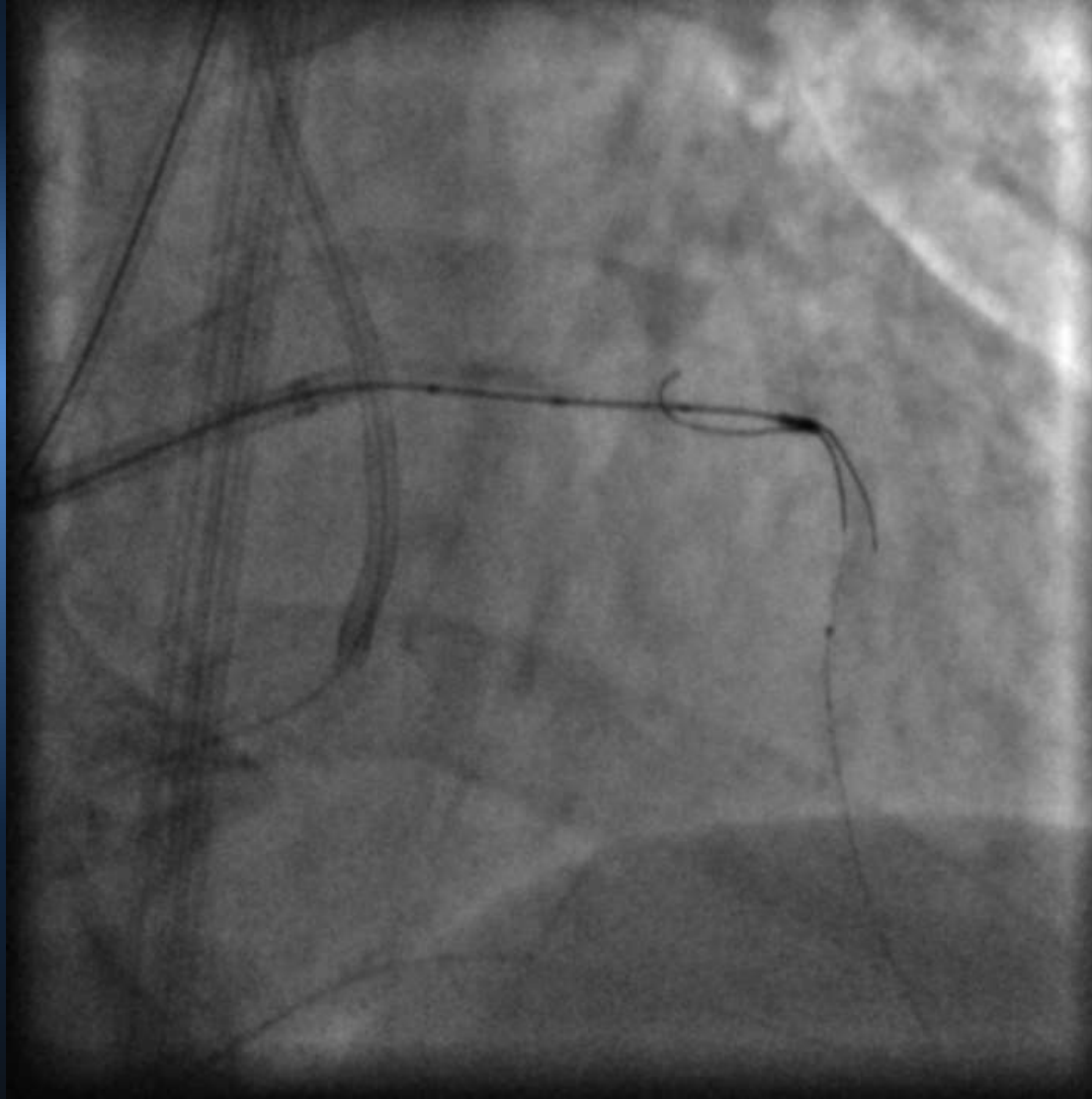
# LAD Calcified CTO in Bend



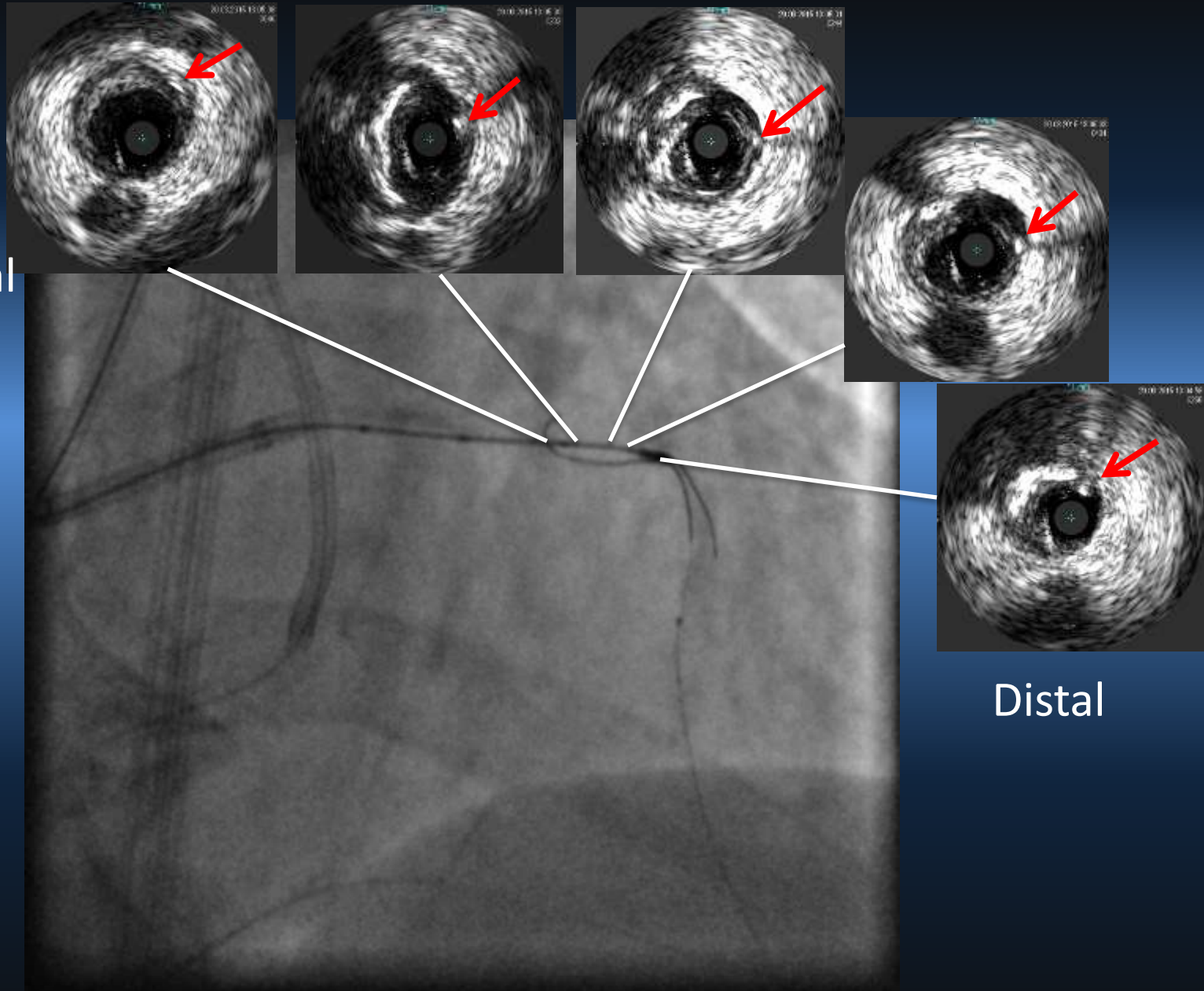
72 yo Female, nl renal Function,  
LVEF 45-50%  
Proximal Cap clear  
Distal landing zone tapered  
Lesion length <20mm  
Interventional collateral ?  
Bending inside +  
Calcification +  
Previous Failure +

Retrospective failed  
Sion Bls contact

# LAD Calcified CTO in Bend



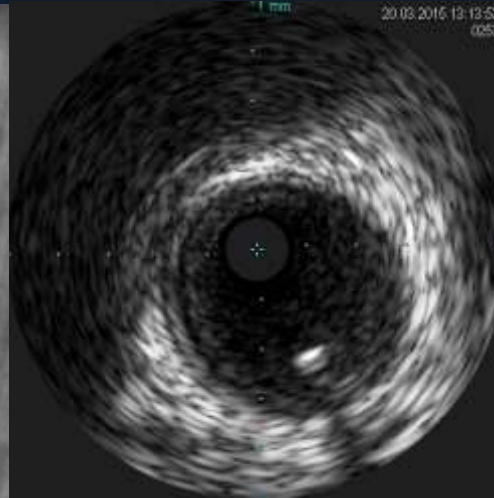
Proximal



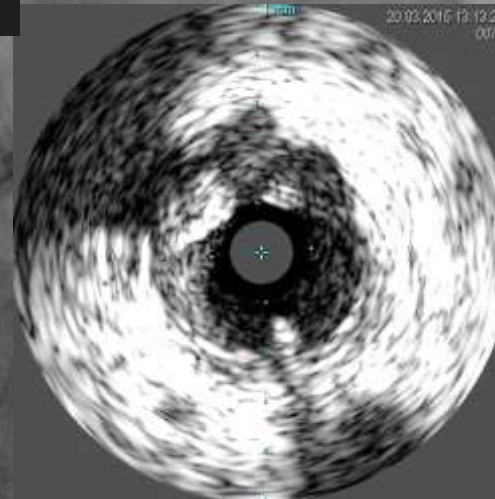
Distal

Guide wire exchanged to Fielder FC for entry to the antegrade Guide

# LAD Calcified CTO in Bend



LMT



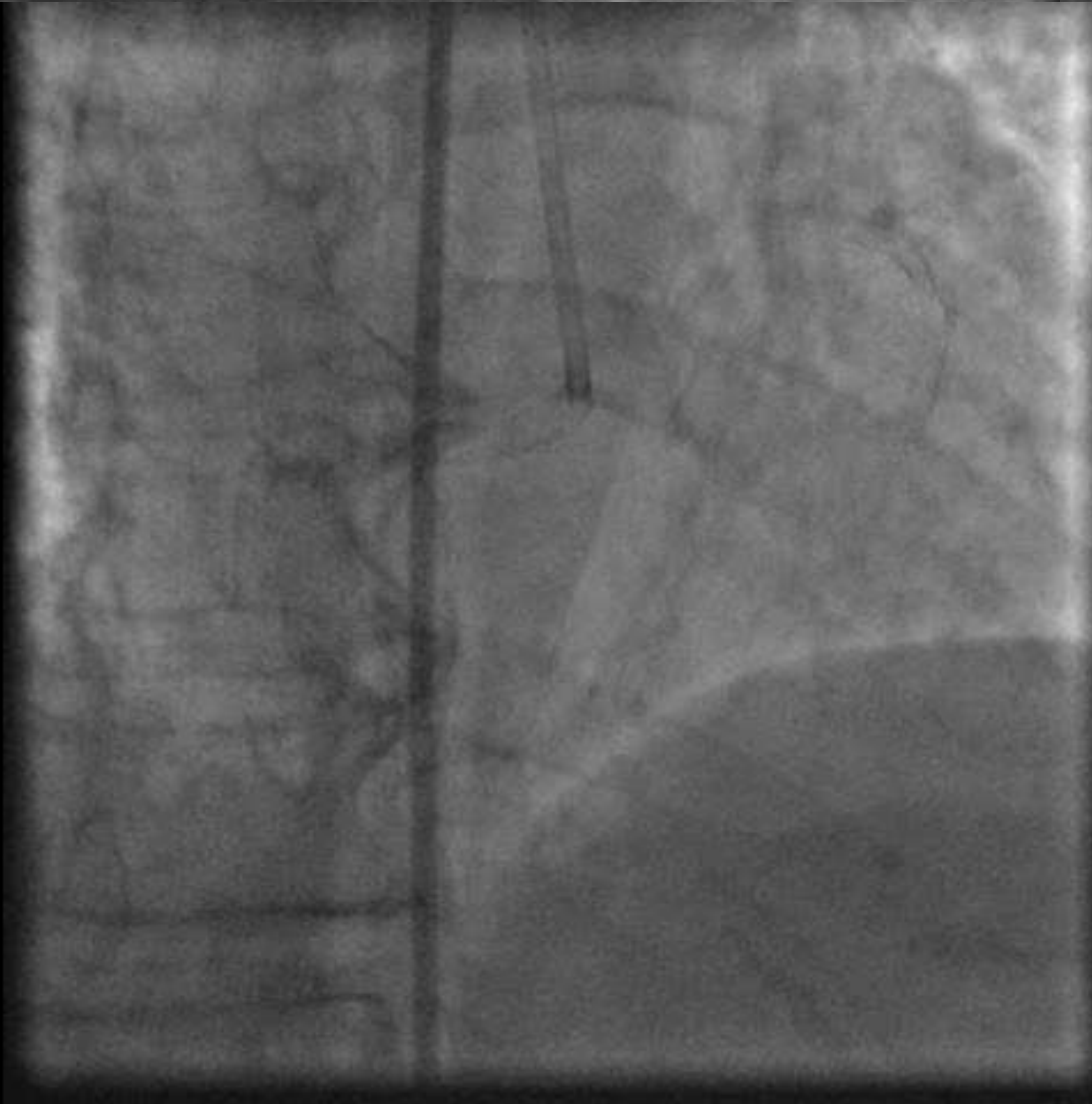
Proximal LAD

Some "resistance" through LAD proximal to LMT, and Guide  
2.5 mm brush with proximal to LMT, and Guide

# Differential Diagnosis of “Shock”

- Blood loss/ Hematoma
- Internal Bleeding
- Vessel Injury for donor side?
- ACT ?
- Pomp Failure (Ischemia induced)
  
- Fluid and Catecholamine

# LAD Calcified CTO in Bend



2.5 ml/min flow by Dine by 50-60 mmHg



# After Procedure

- ICU admission
- V CBC, needs fluid
- BP stabilized
- Urination+
- IABP weaned off, the next day

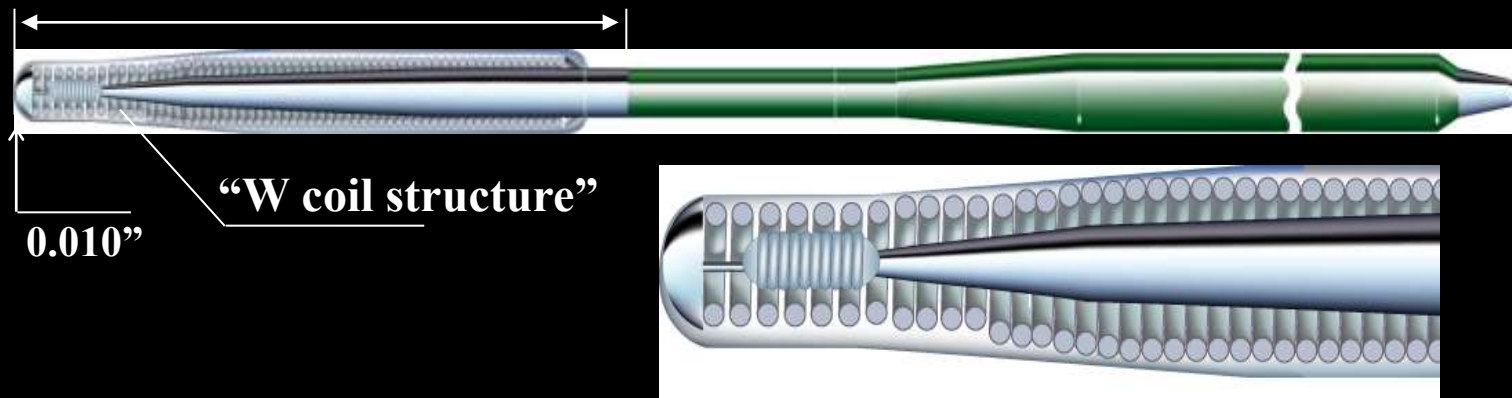
# Difficulties in Collateral Crossing

1. Septal first, epicardial
2. Unpredictable morphologic predictability
3. XT-R though the micor-screw epicardial
4. See the forest, before a tree
5. Keep the life line first
6. Stabilize the hemodynamics

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# Fielder XT-R

Polymer jacket with hydrophilic coating ;16cm



- ✓ **Guidewire for channel tracking or First choice for total occlusion**
- ✓ **Composite core**
- ✓ **Tip load = 0.6g**
- ✓ ***Polymer jacket wire* with hydrophilic coating**