

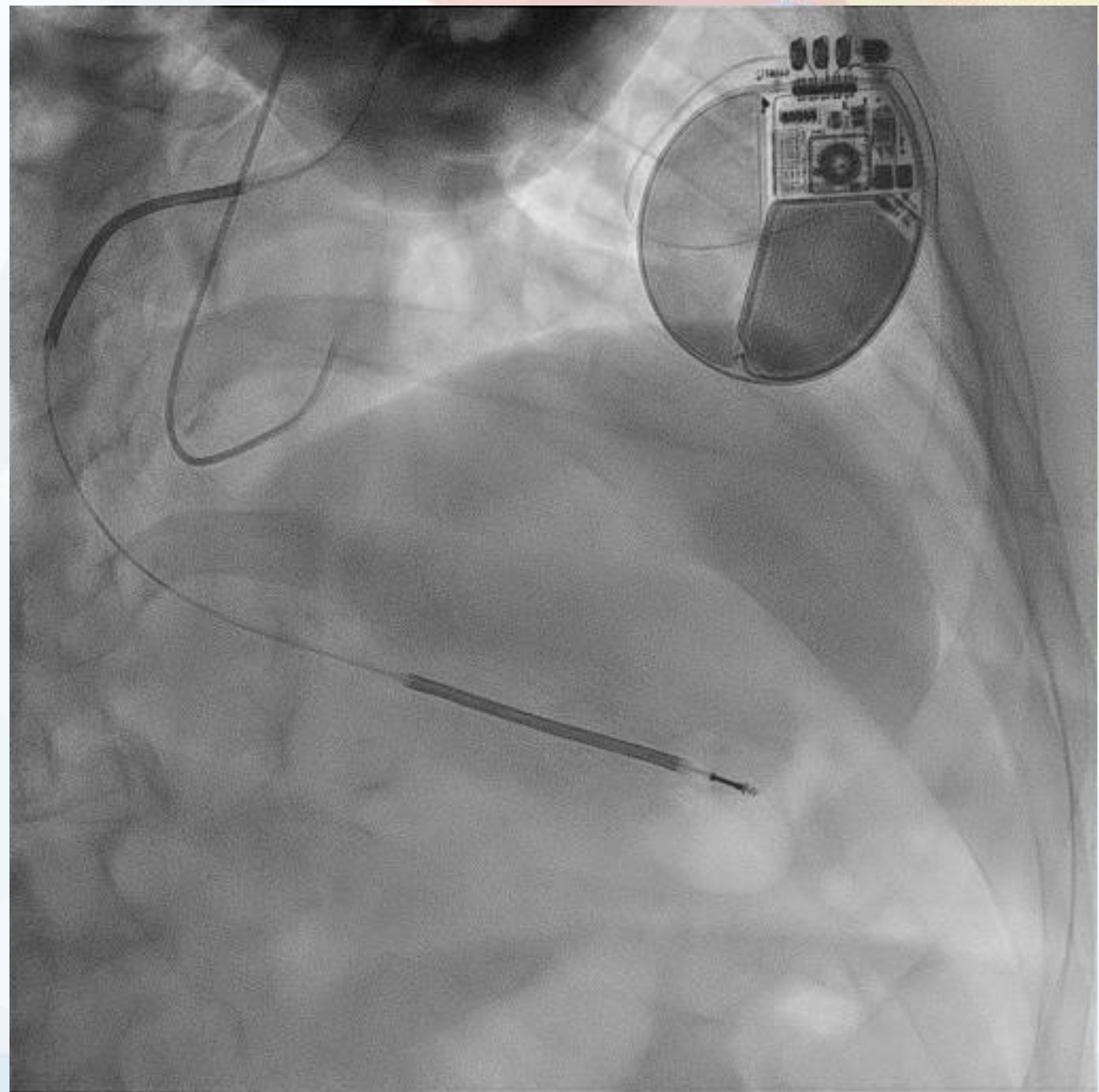


MI GUIA ESTÁ SUBINTIMAL. ¿Y AHORA QUÉ?

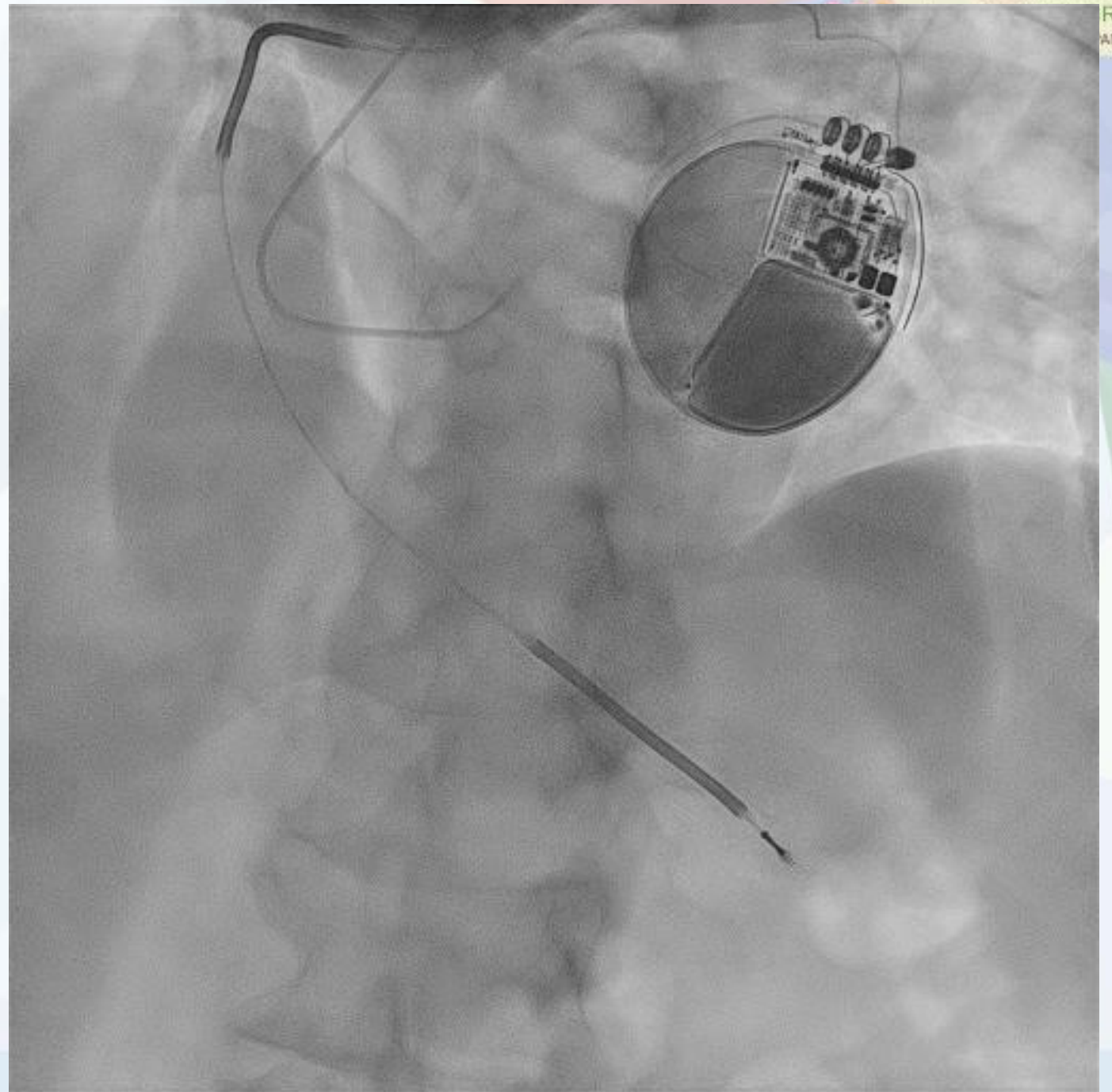
- JOSÉ ANTONIO FERNÁNDEZ DÍAZ. MD. PhD.
- HOSPITAL UNIVERSITARIO PUERTA DE HIERRO.
MAJADAHONDA

CASE 1

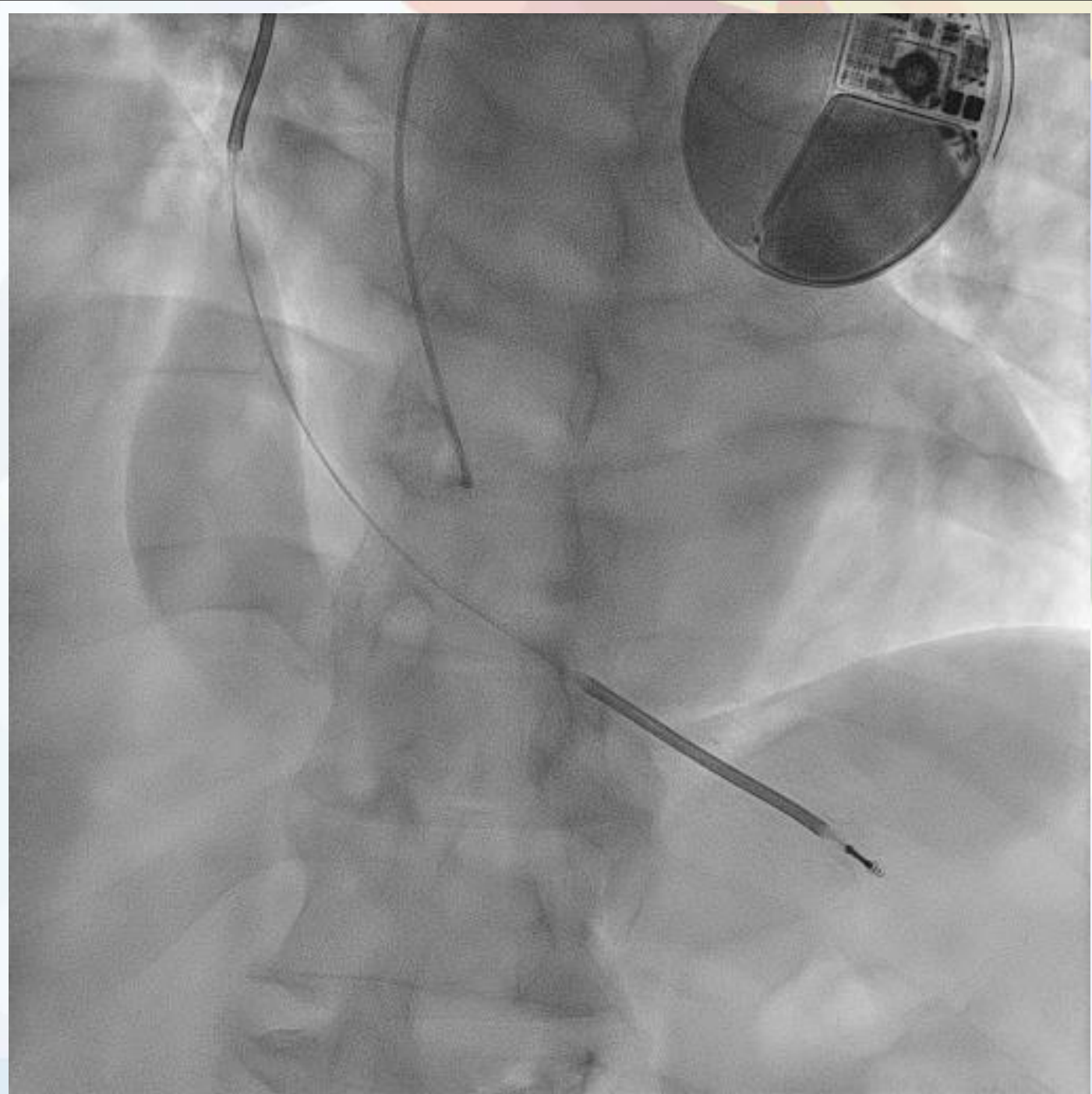
- *Mid RCA CTO*
- *Septal collaterals
Werner CC1*
- *Long (>20 mm)
occlusion*
- *Moderate calcified*

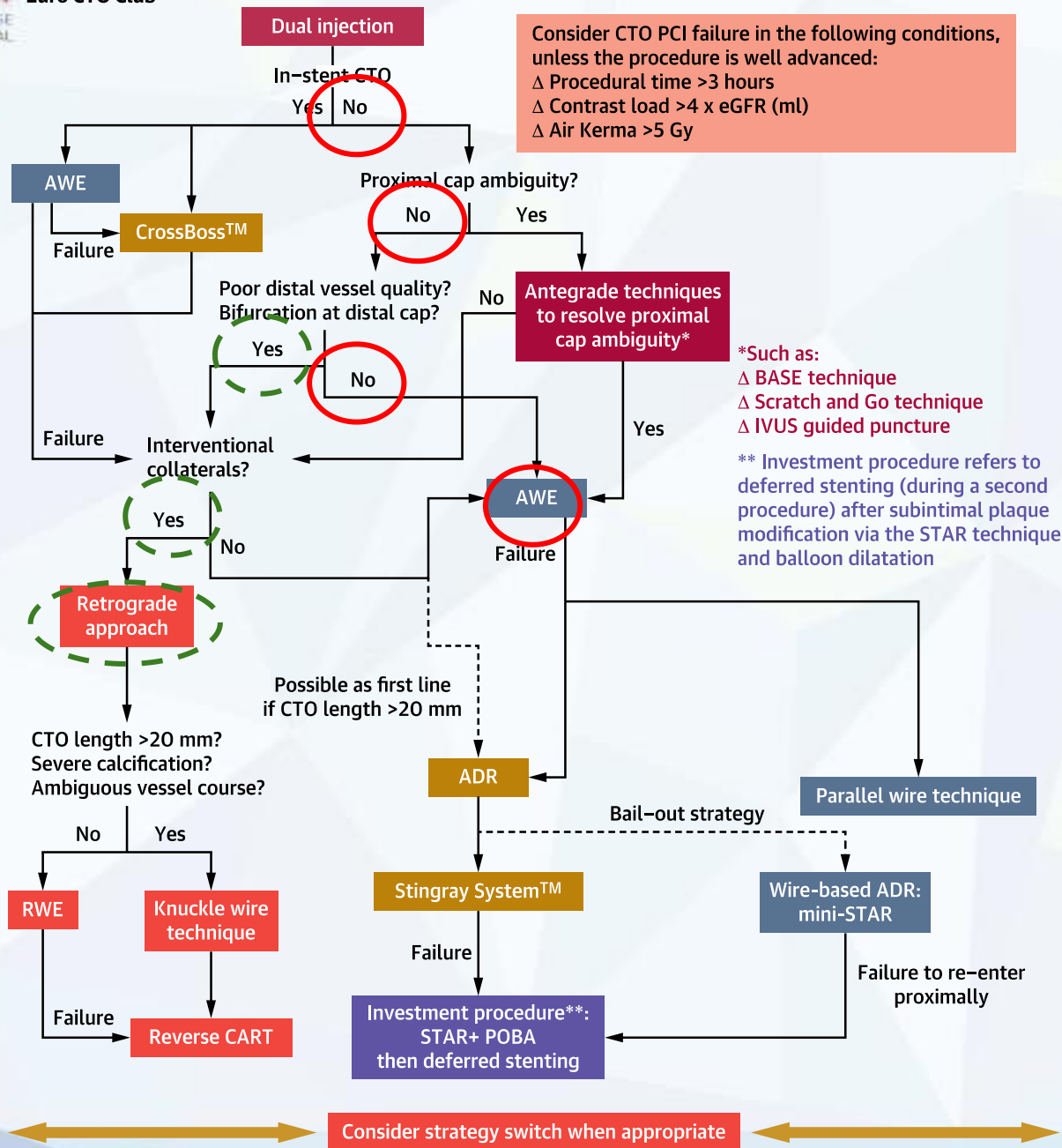


- *Mid RCA CTO*
- *Septal collaterals
Werner CC1*
- *Long (>20 mm)
occlusion*
- *Moderate calcified*

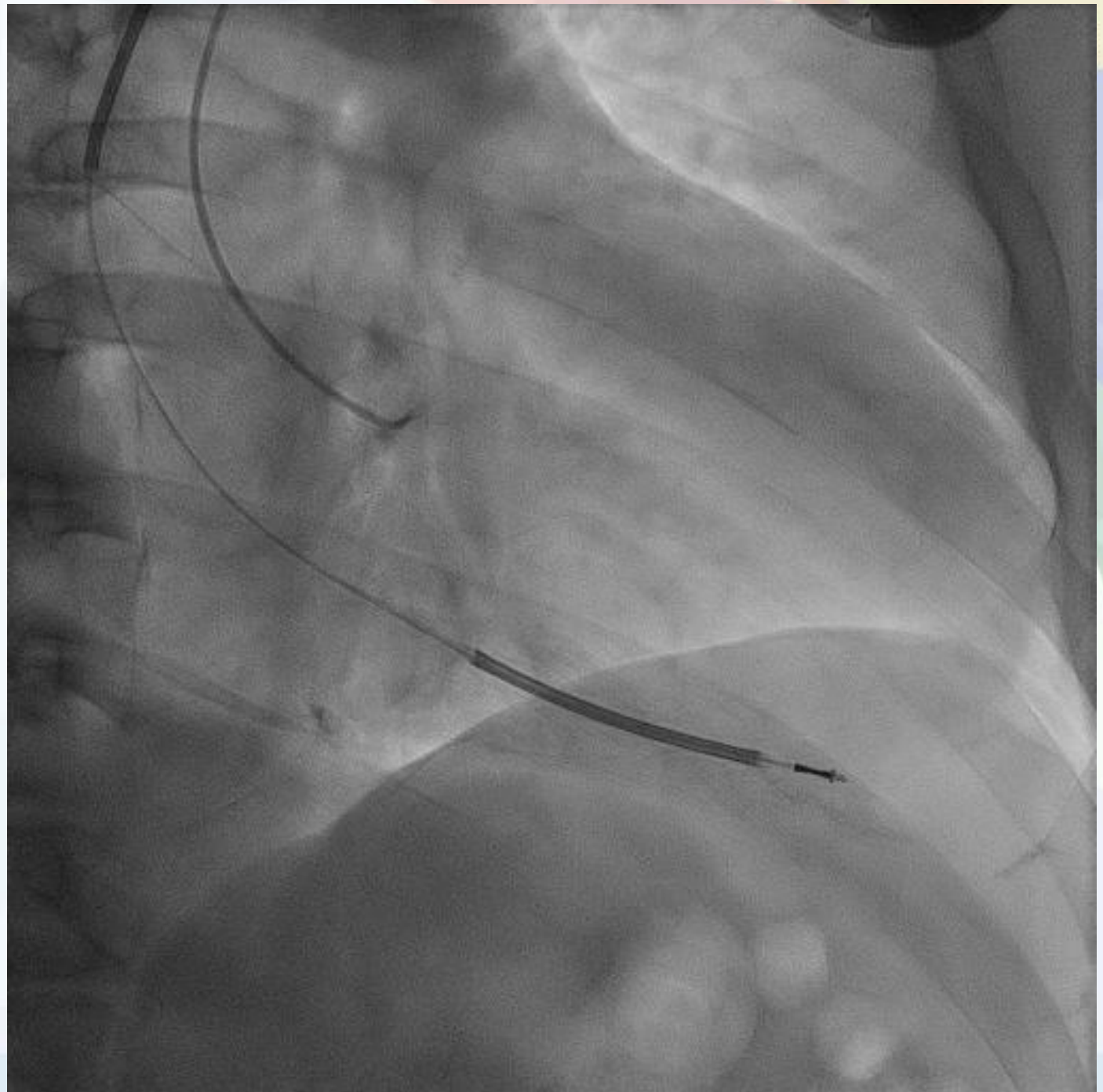


- *Mid RCA CTO*
- *Septal collaterals
Werner CC1*
- *Long (>20 mm)
occlusion*
- *Moderate calcified*

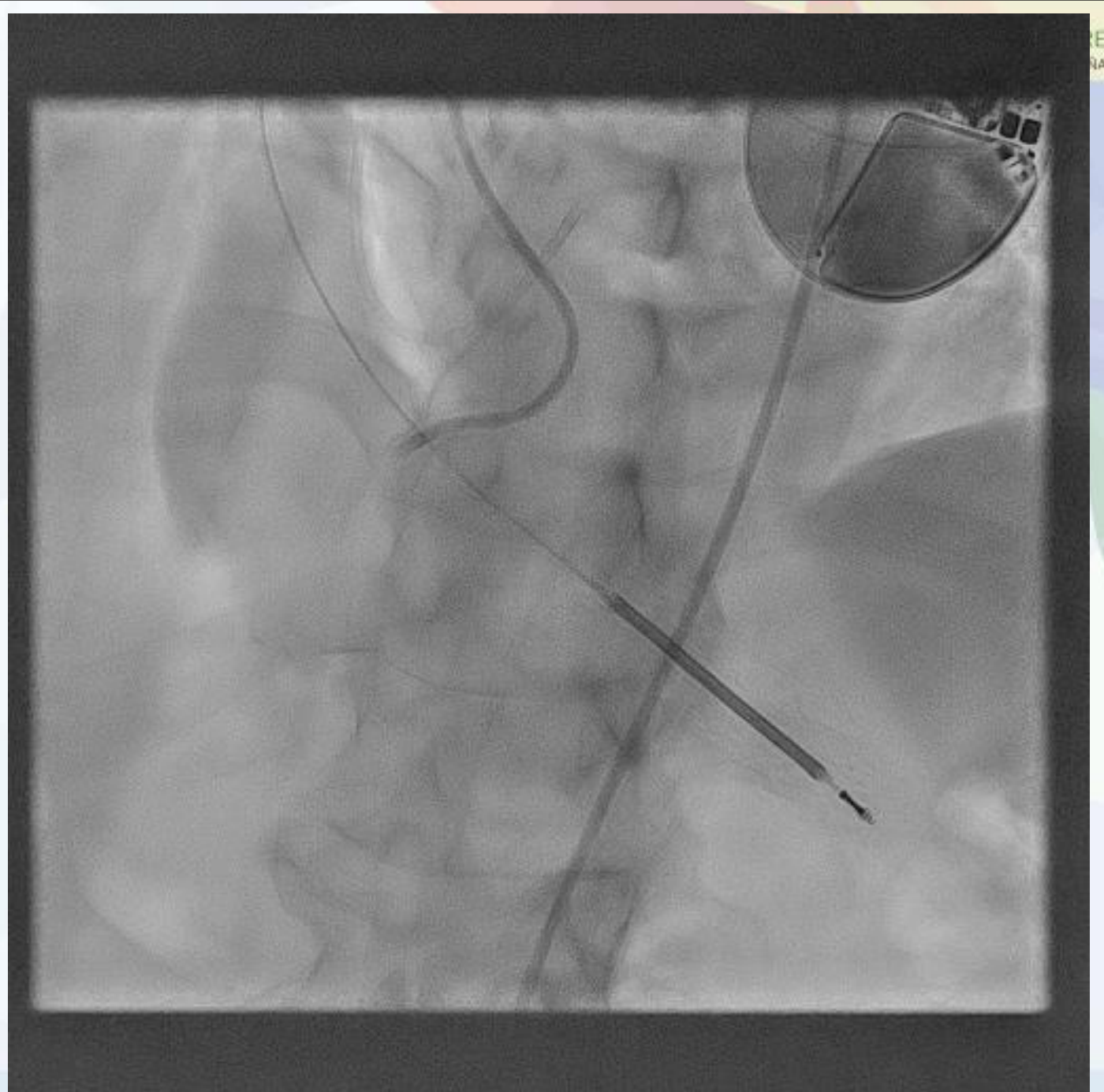




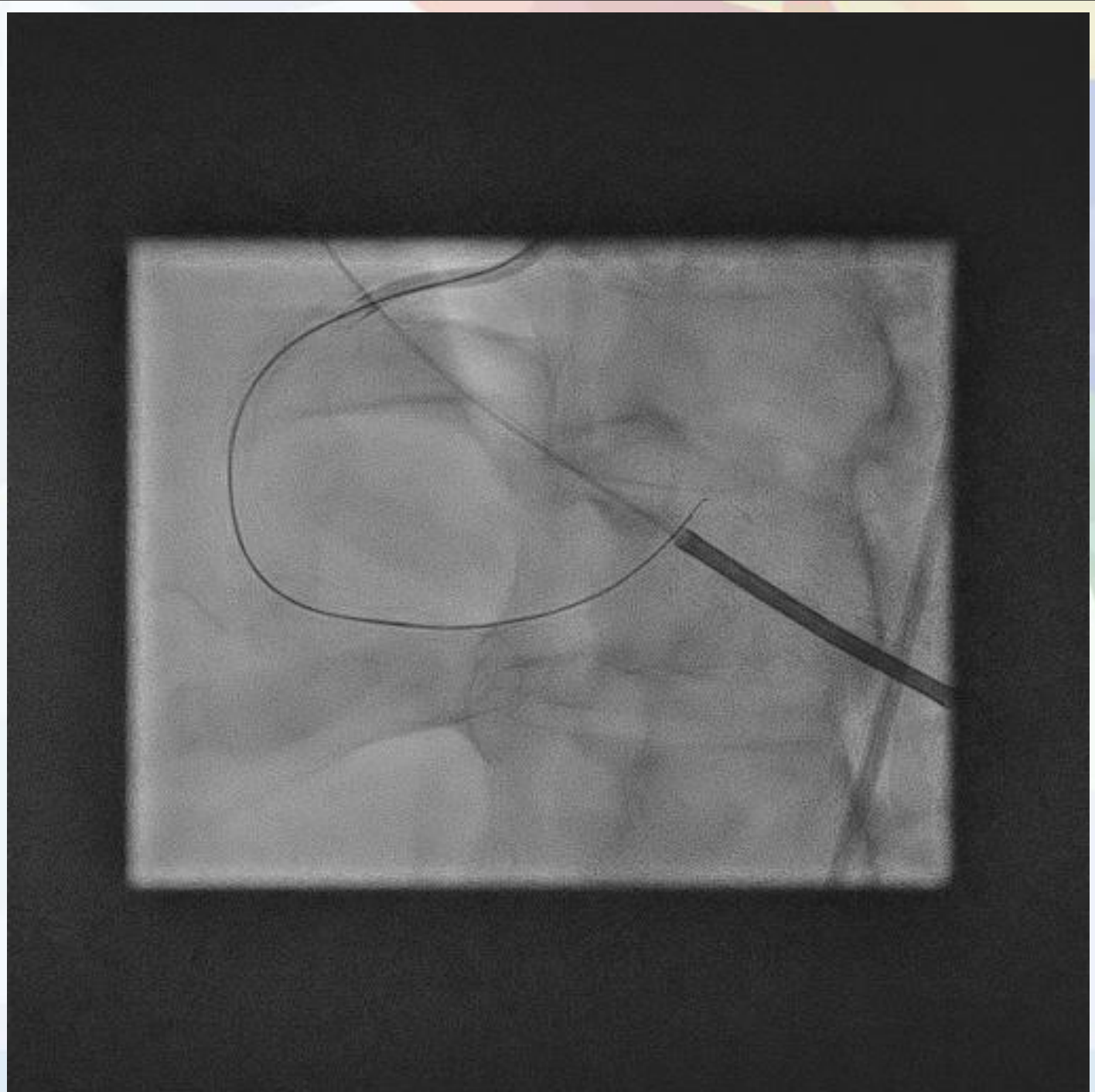
- Mid RCA CTO
- Septal collaterals
Werner CC1
- Long (>20 mm)
occlusion
- Moderate calcified
- Strategy:
antegrade
approach



- Antegrade approach
- Femoral 7 Fr
AL1+Radial 6 Fr
EBU 3,5
- Microcatheter
Caravel
- AWS: Gaia 1 ➤
Gaia 3d ➤
Confianza Pro



- Antegrade approach
- Femoral 7 Fr
AL1+Radial 6 Fr
EBU 3,5
- Microcatheter
Caravel
- AWS: Gaia 1 ➤
Gaia 3d ➤
Confianza Pro



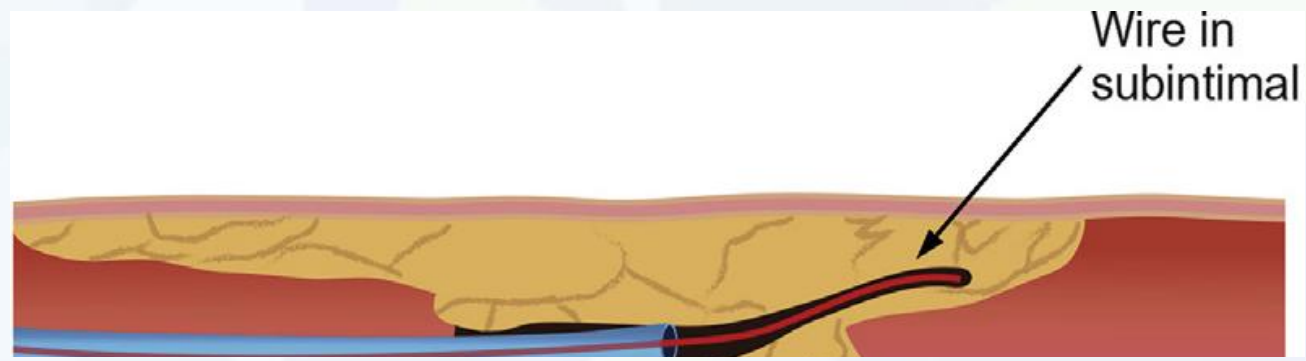
Guidewire subintimal



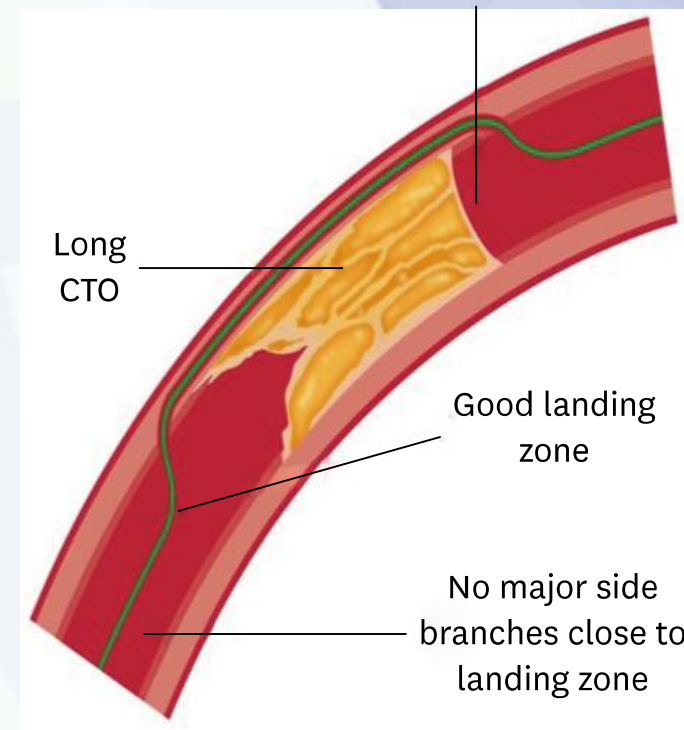
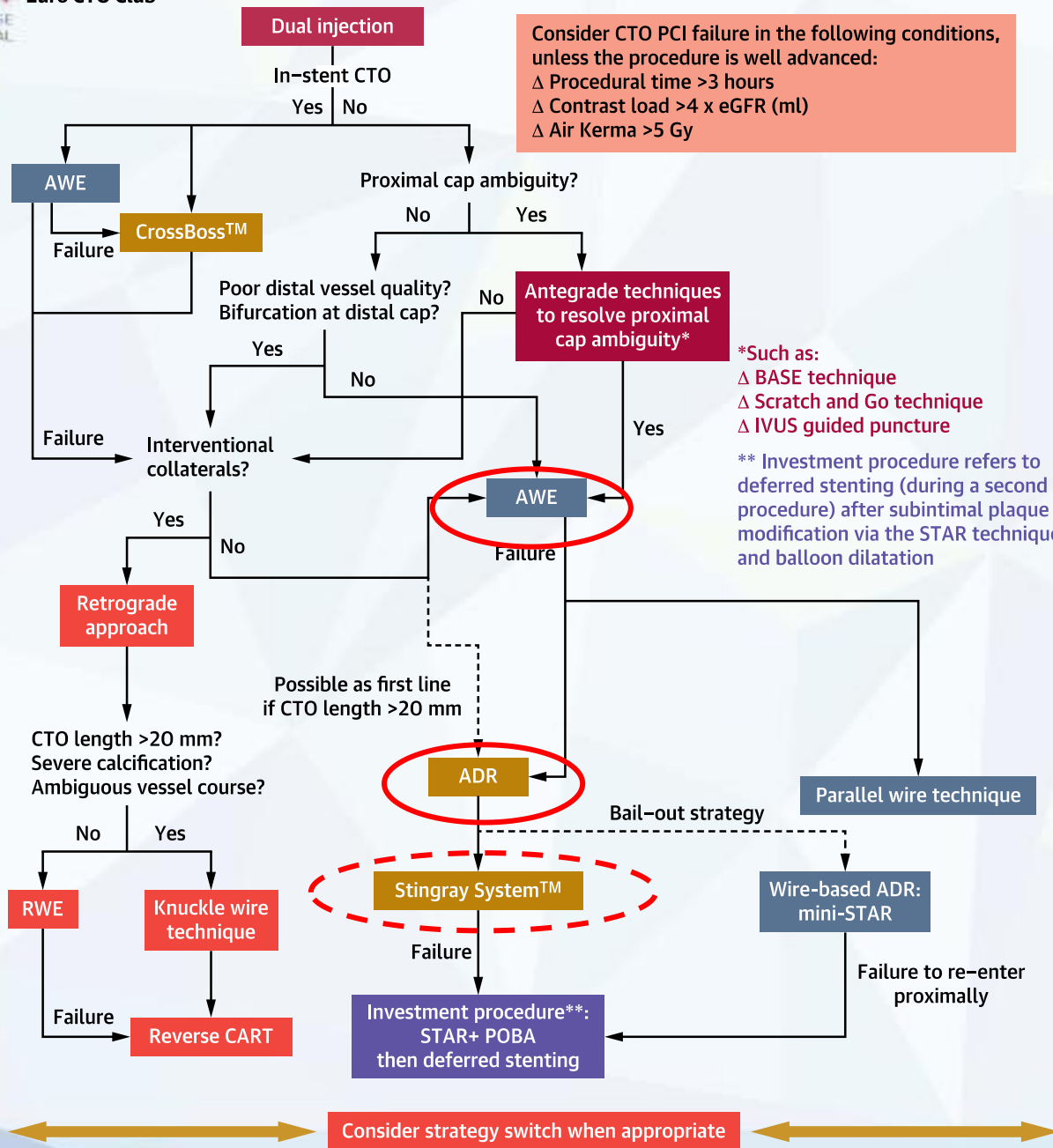
PARALLEL WIRE

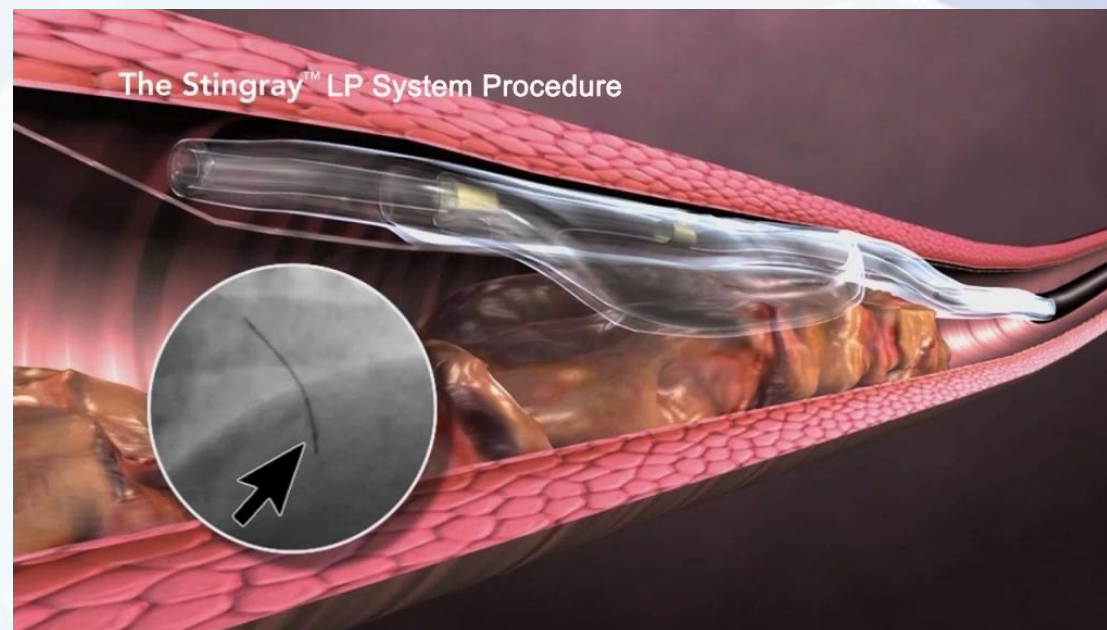
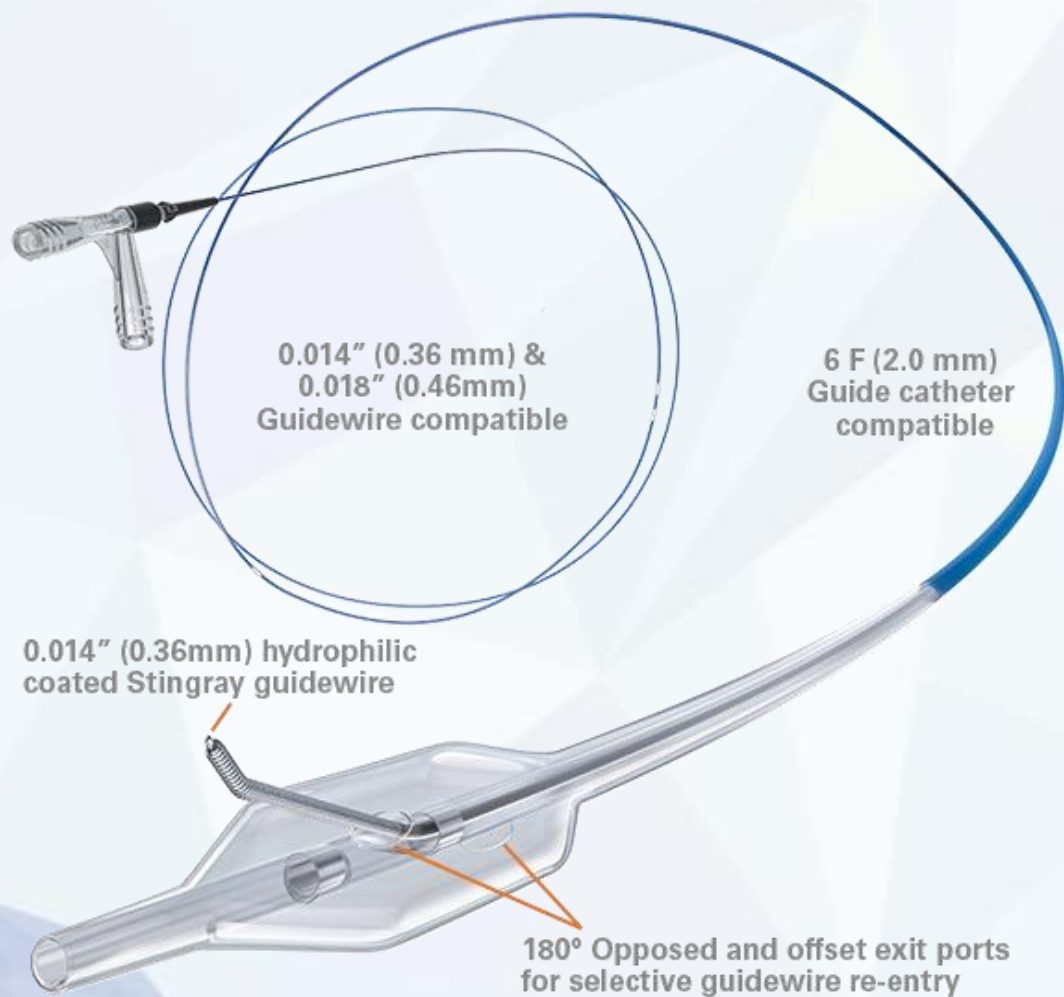


SEE-SAW



DUAL LUMEN

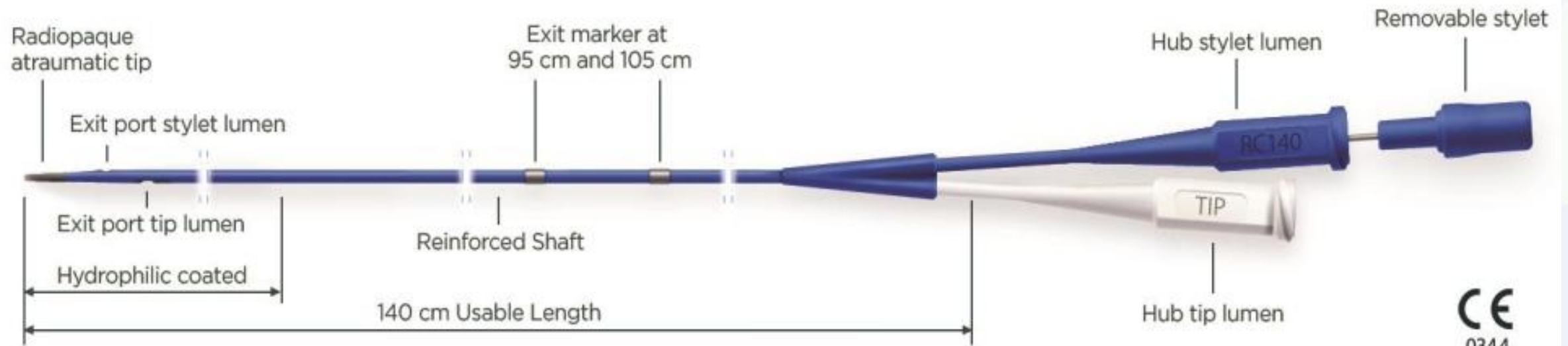






ReCross

Dual Lumen OTW Microcatheter



ReCross

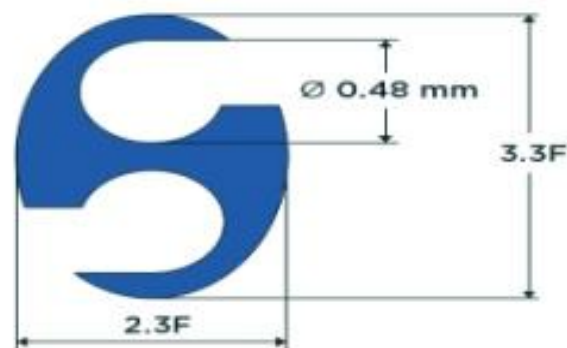
Dual Lumen OTW Microcatheter

SOFT RADIOPAQUE TIP &
EXIT PORT MARKERS



TRUE DISTAL END VISIBILITY

OVAL DISTAL SHAFT



MINIMIZES PROFILE
IMPROVES TRACKABILITY

2 PROXIMAL EXIT PORTS
IN OPPOSITE DIRECTIONS



UNIQUE GUIDEWIRE
REDIRECTION POSSIBILITIES

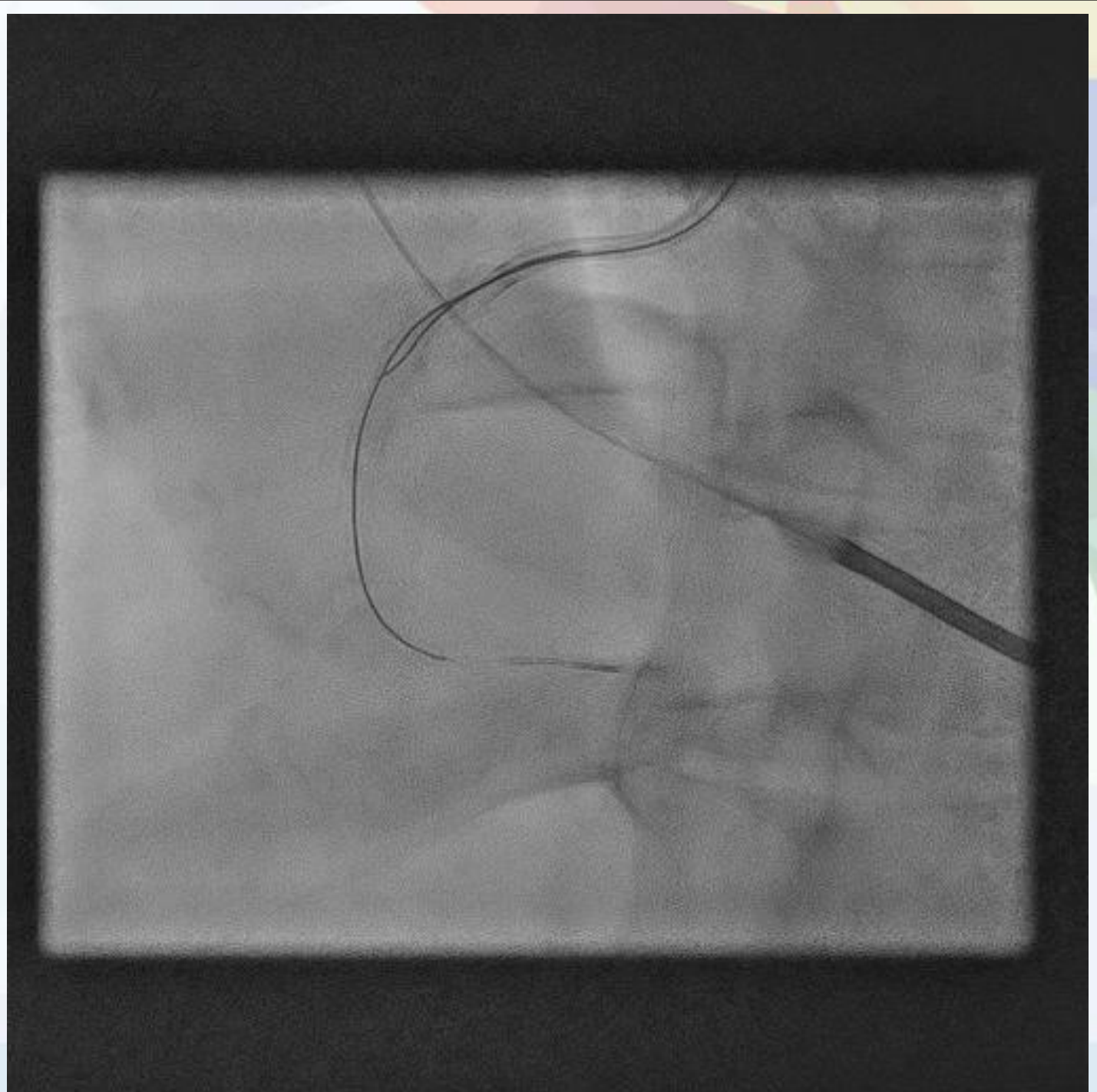
2 PROXIMAL EXIT PORTS
IN OPPOSITE DIRECTIONS



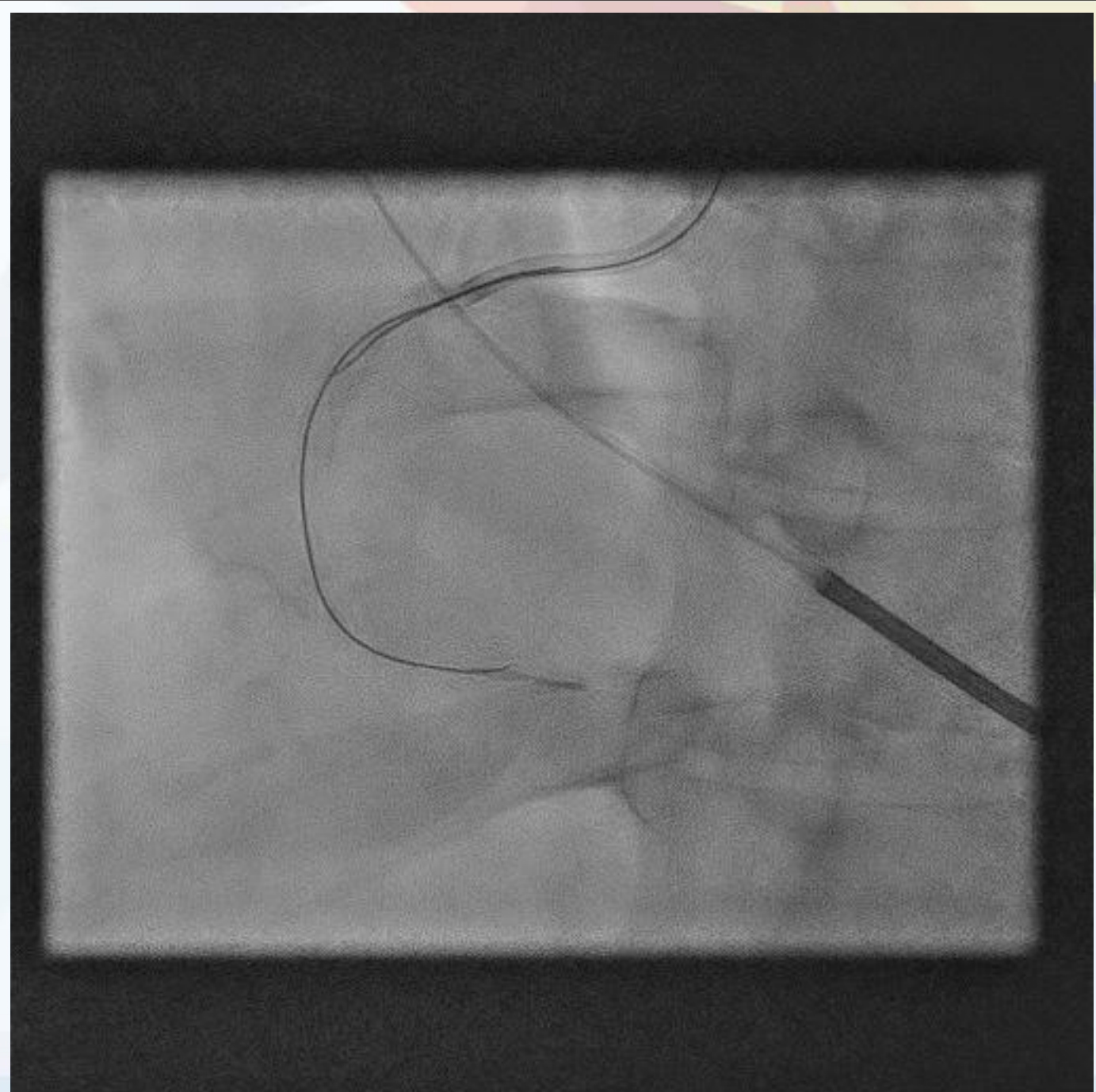
CrossBoss™

Stingray & Stingray Wire™

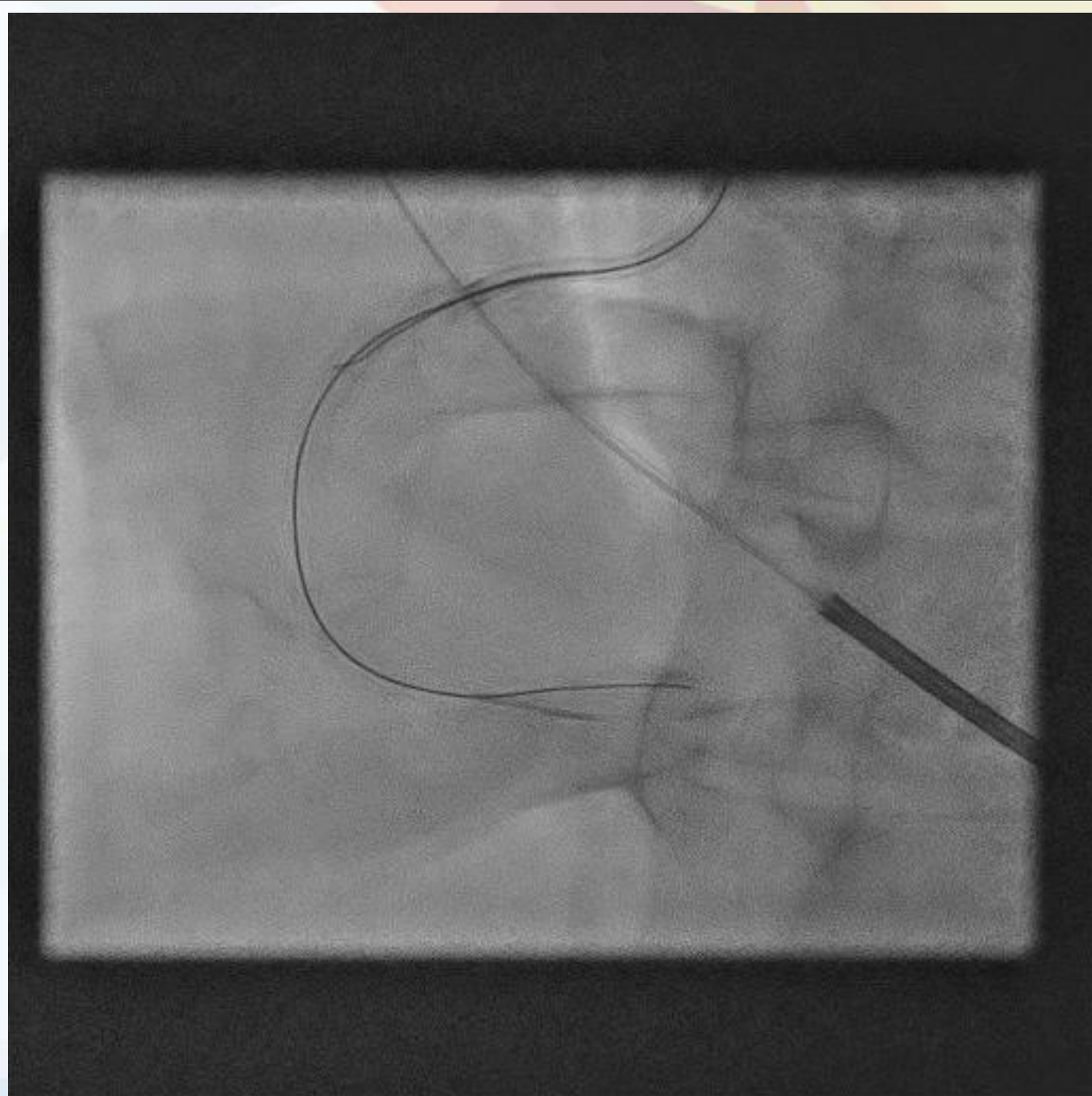
- *Subintimal space*
- *Change of strategy ➤ ADR*
- *Advance a Recross microcatheter*



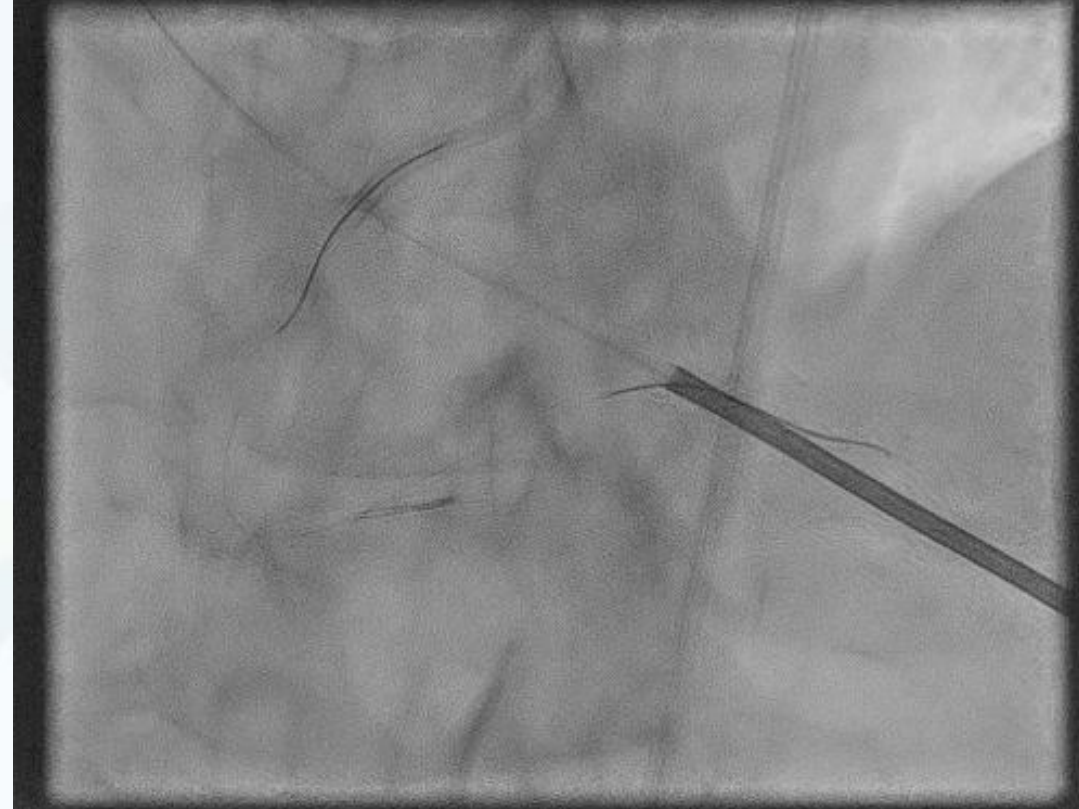
- Search for optimal projection
- Try both lateral holes to find which one fits best



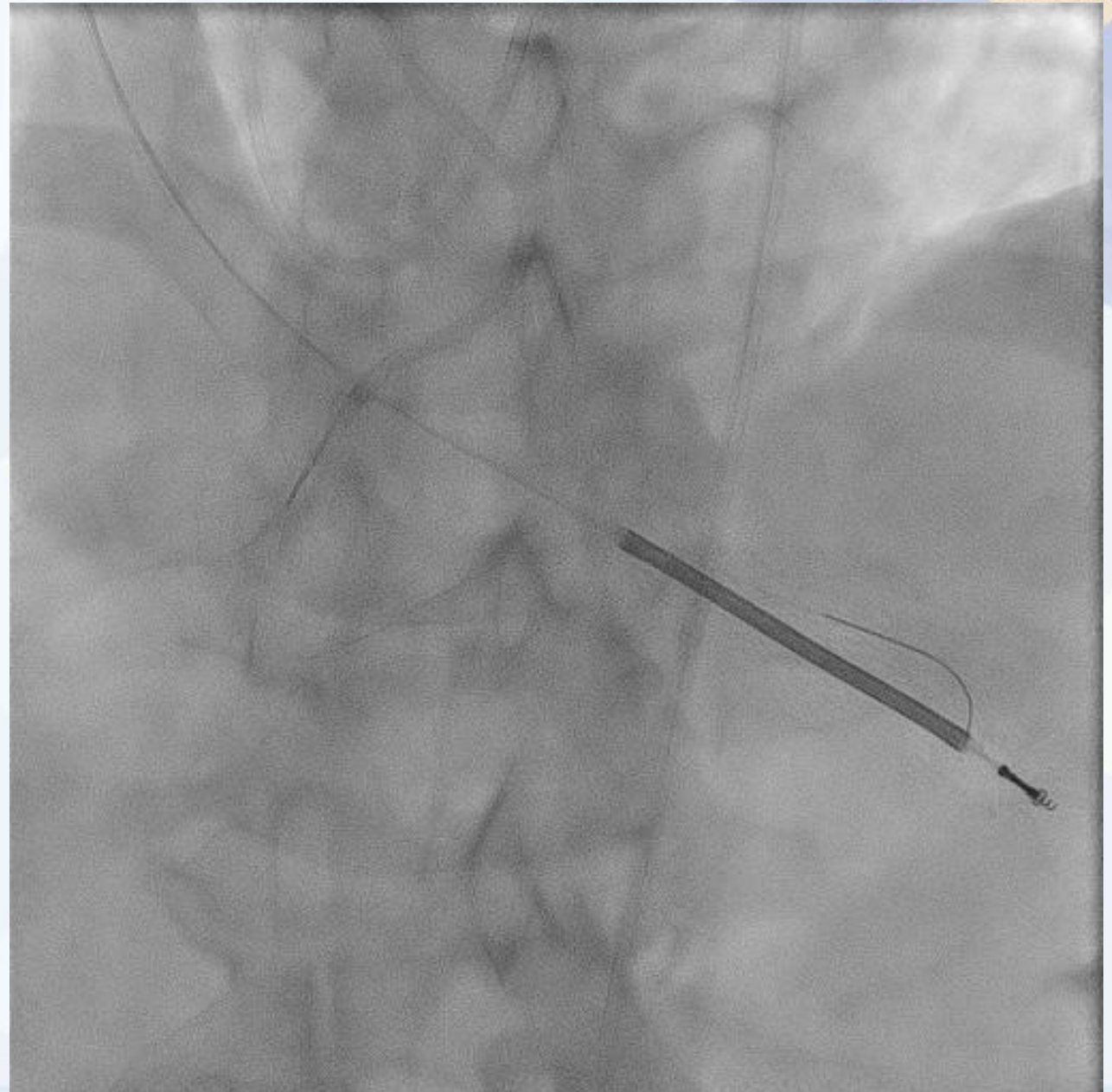
- Try to re-enter with several wires: Gaia 3d ➤ Confianza Pro
- Unsuccessful



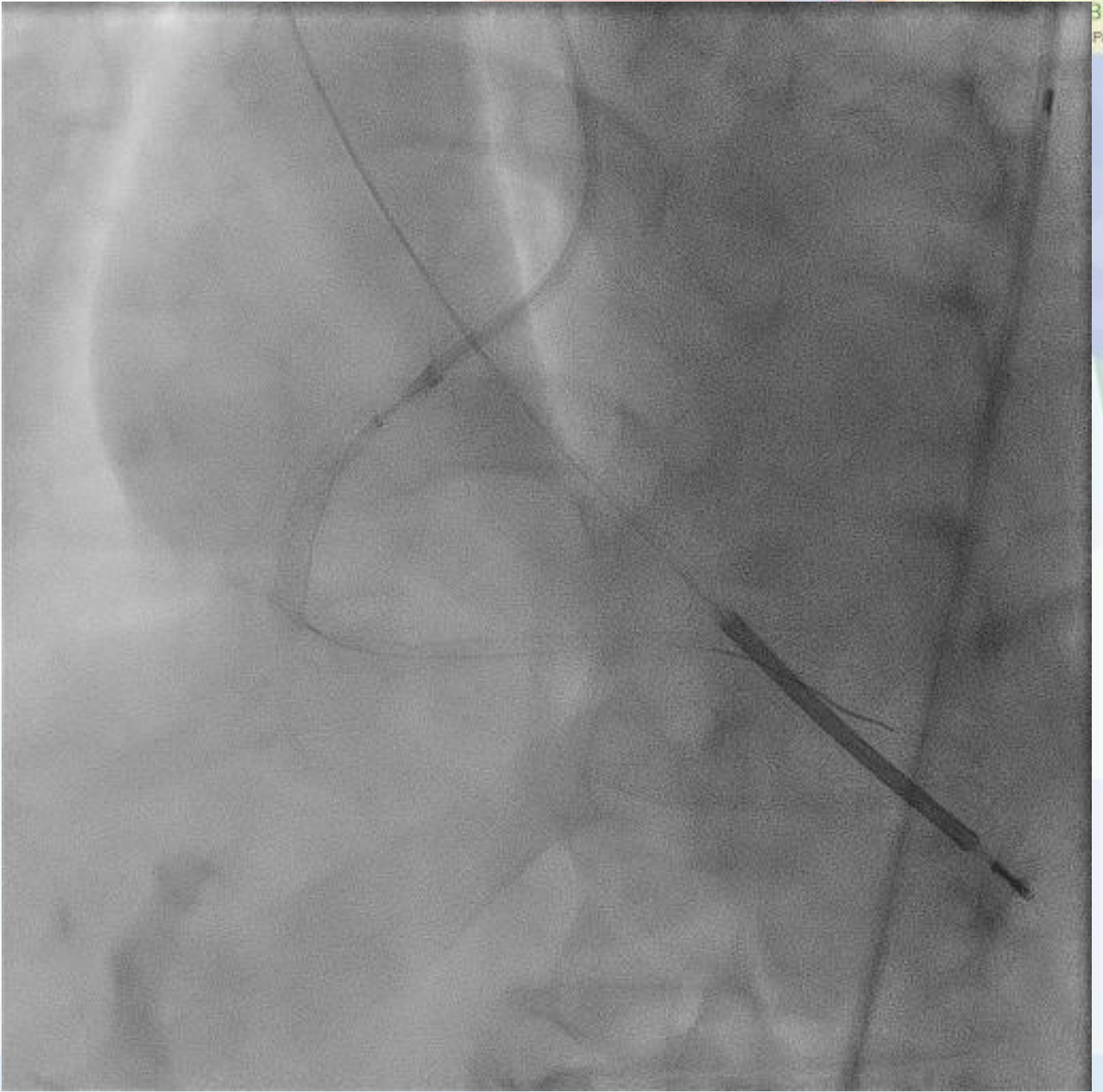
- *We succeed with
Gladius EX14*



- Retrieve Recross and change for Caravel ➤ Sion Blue ES

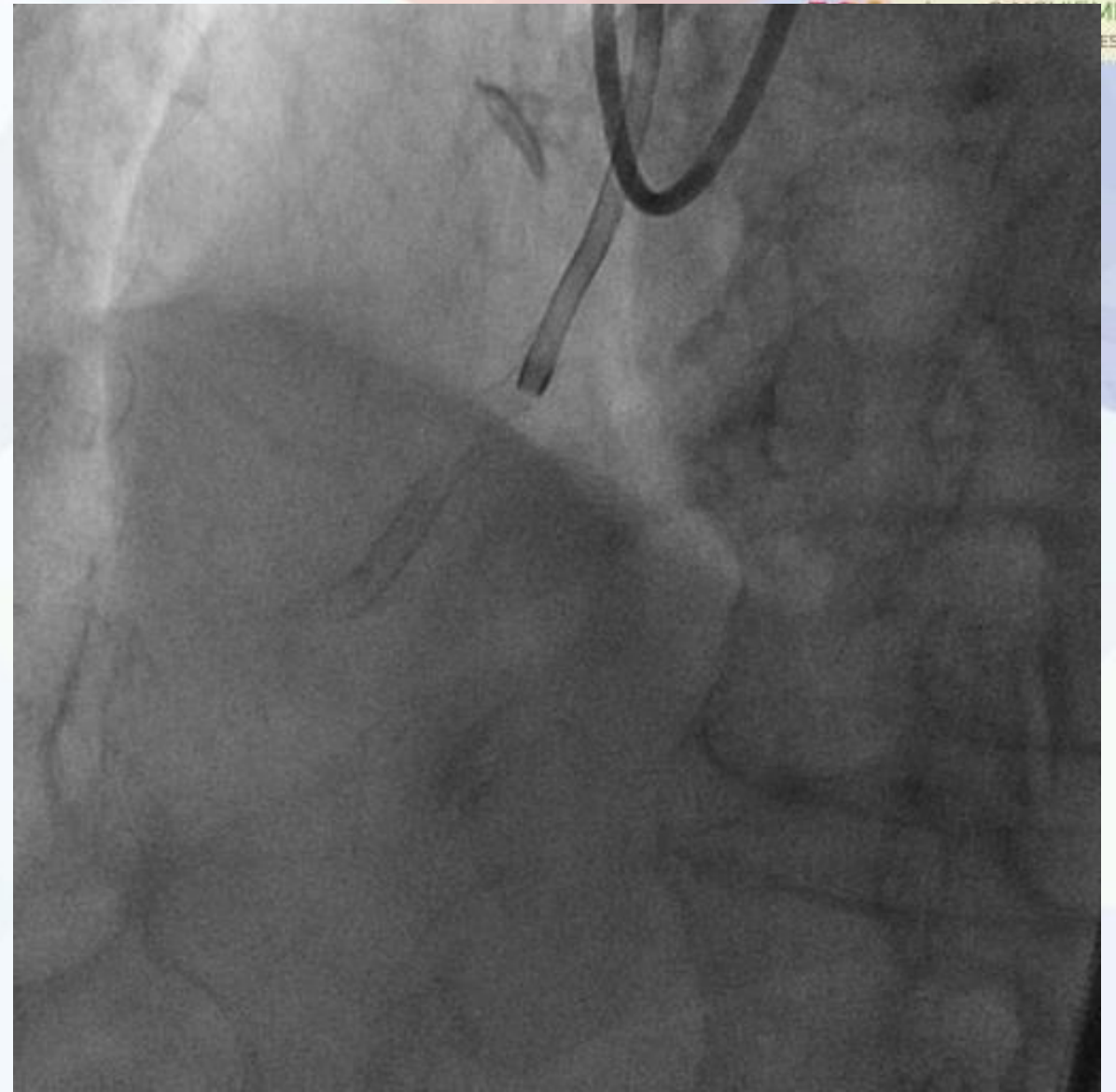


FINAL RESULT;

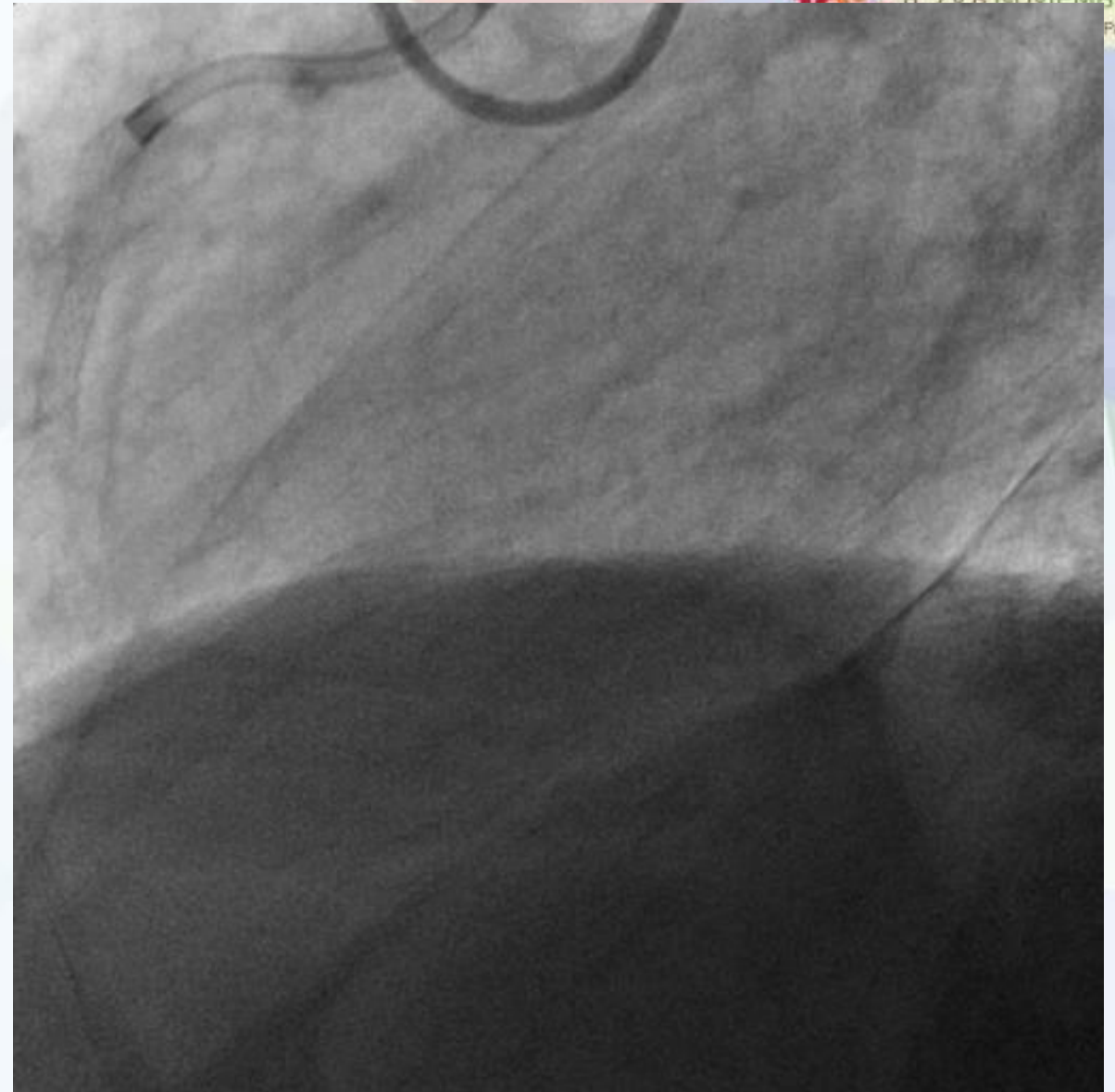


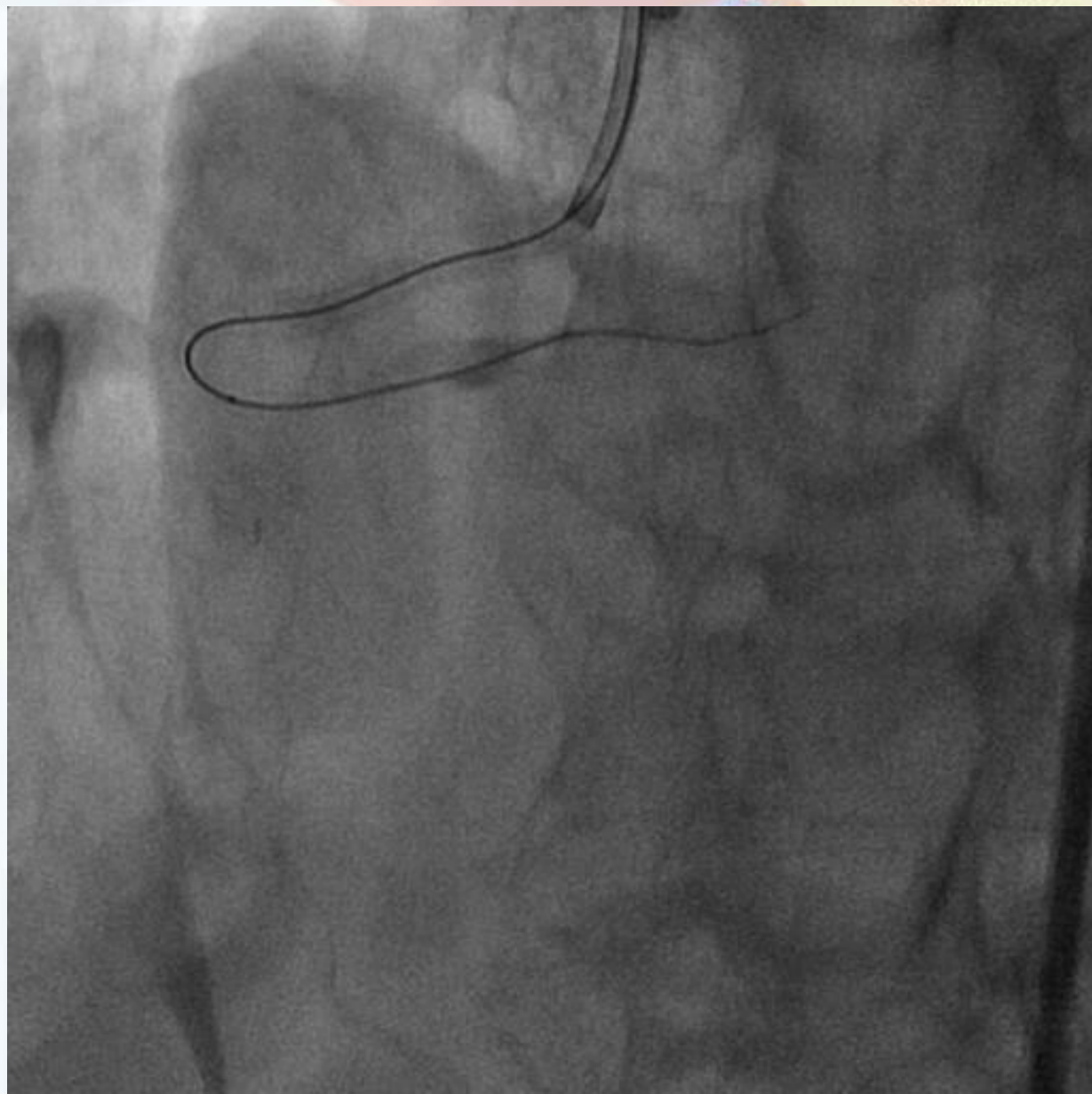
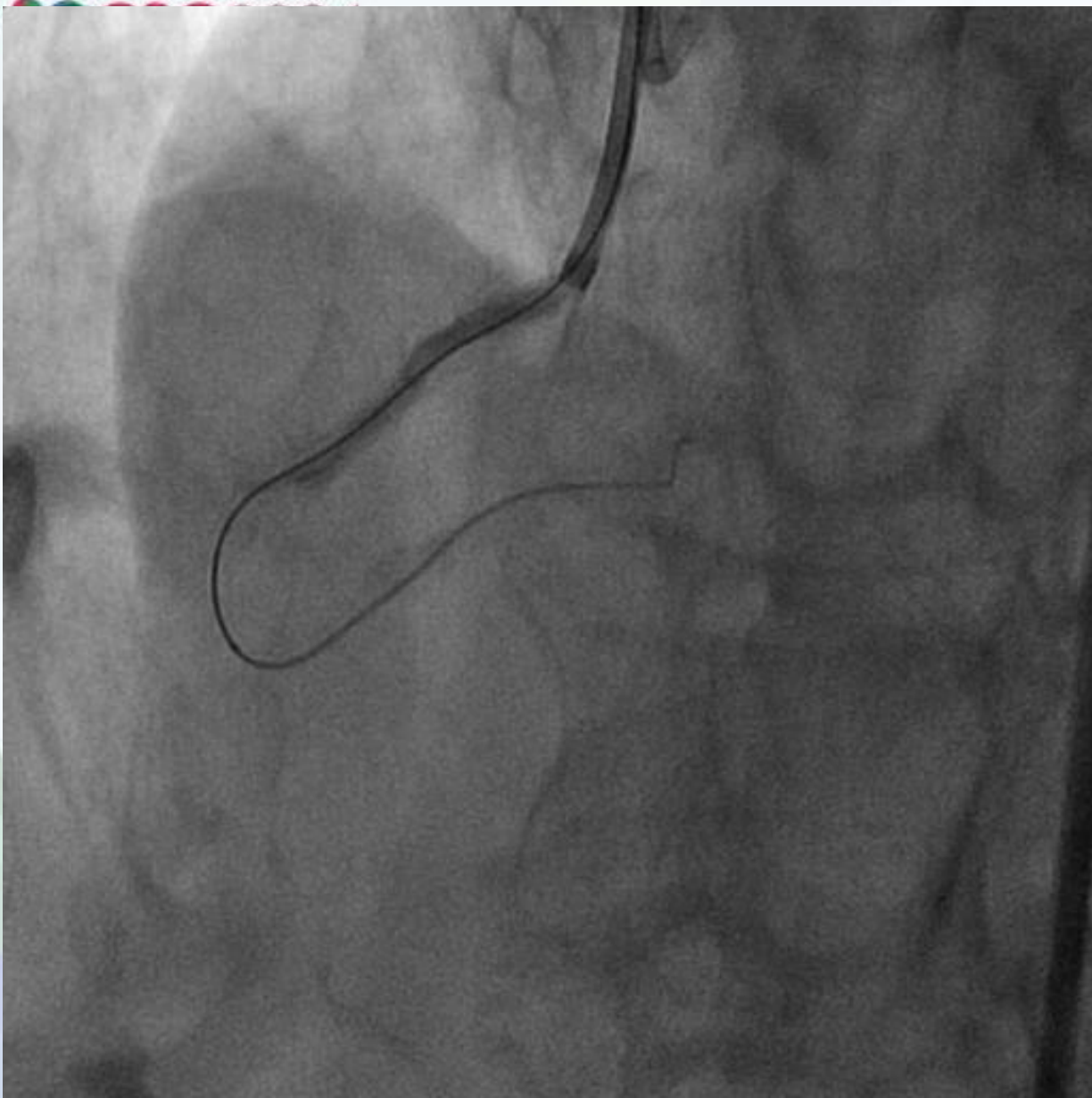
CASO 2

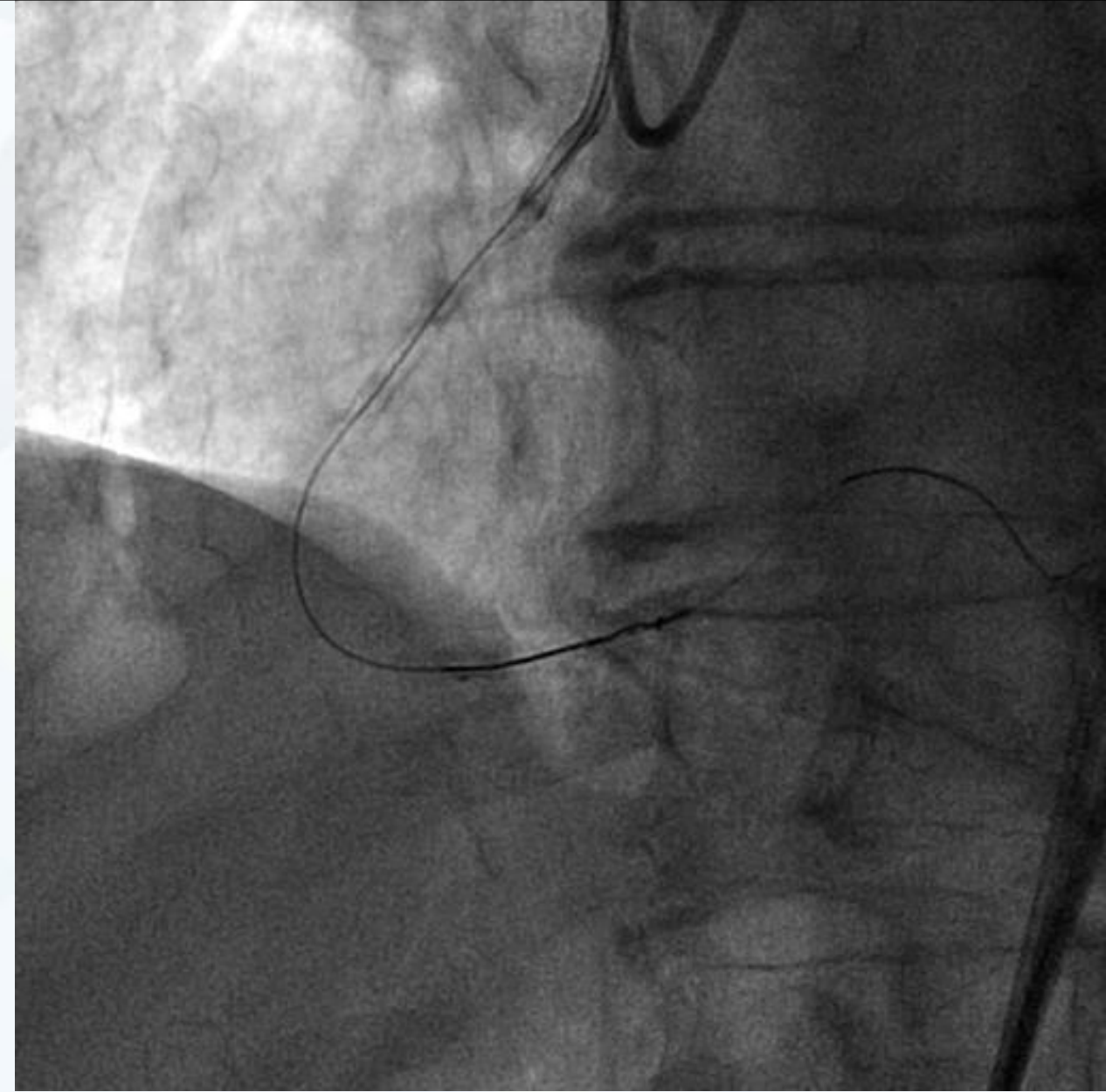
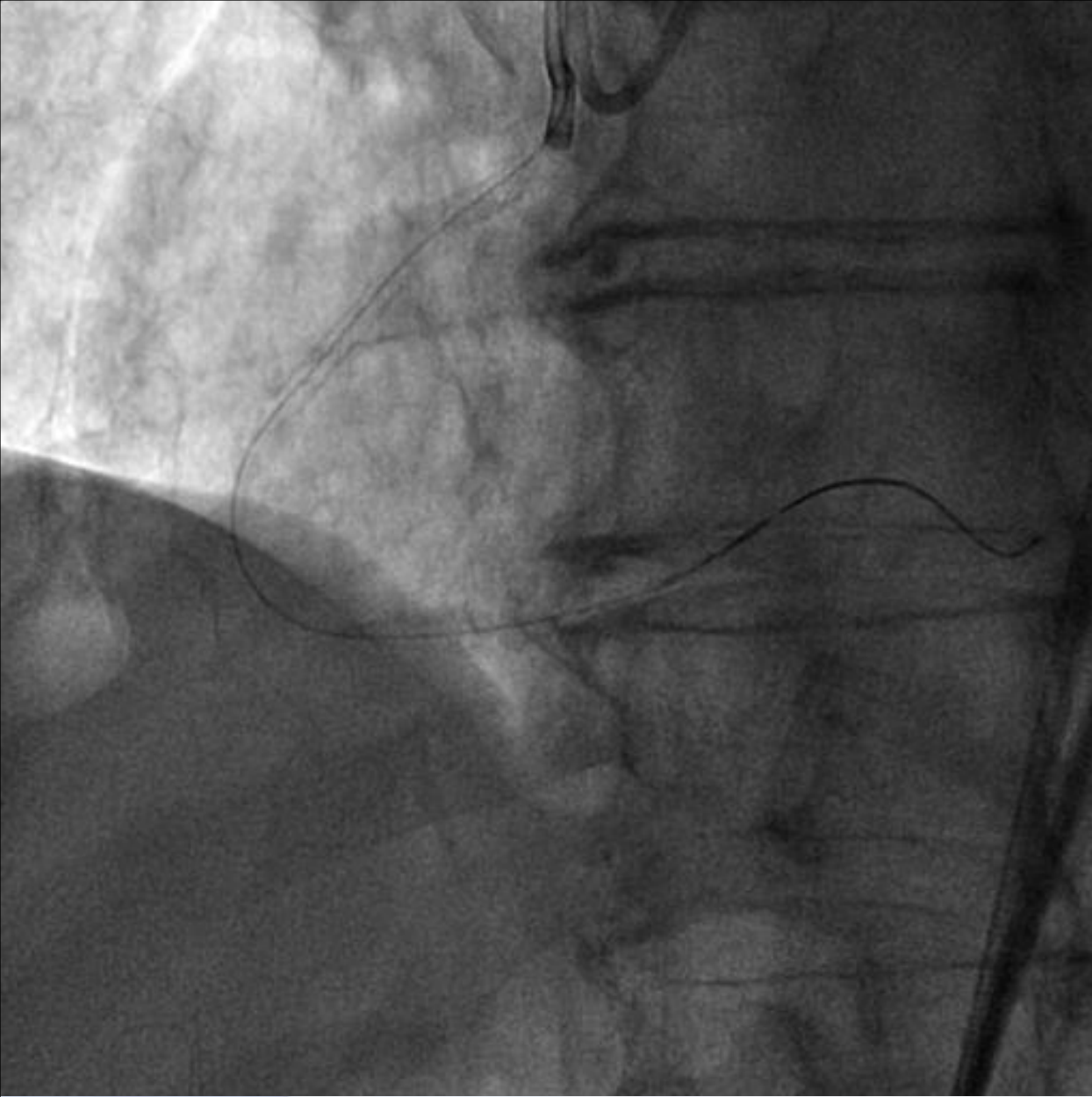
- Distal RCA CTO
- Retrograde epicardial vessels (not suitable for retrograde approach)
- Antegrade epicardial vessel
- Antegrade approach

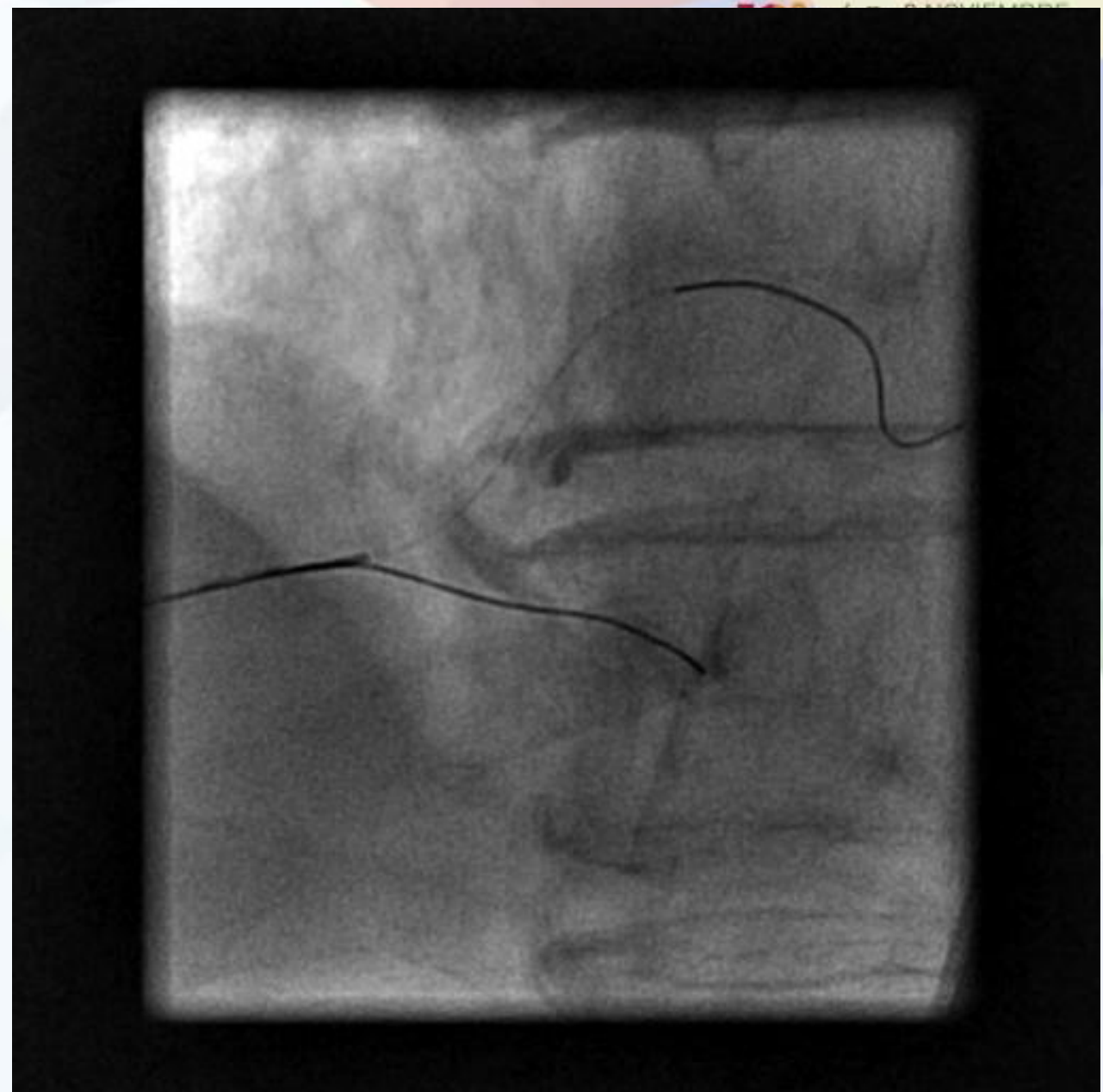
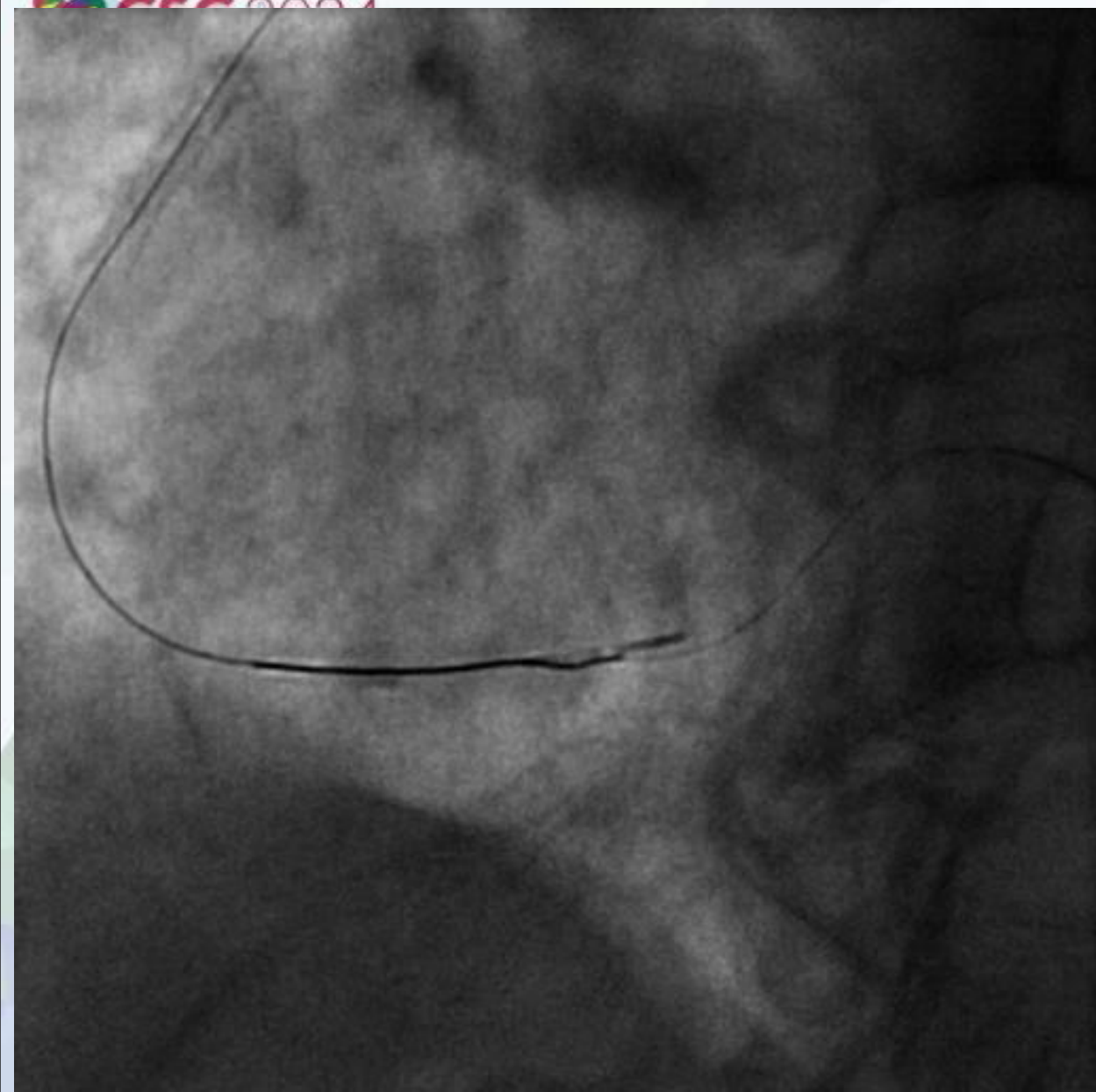


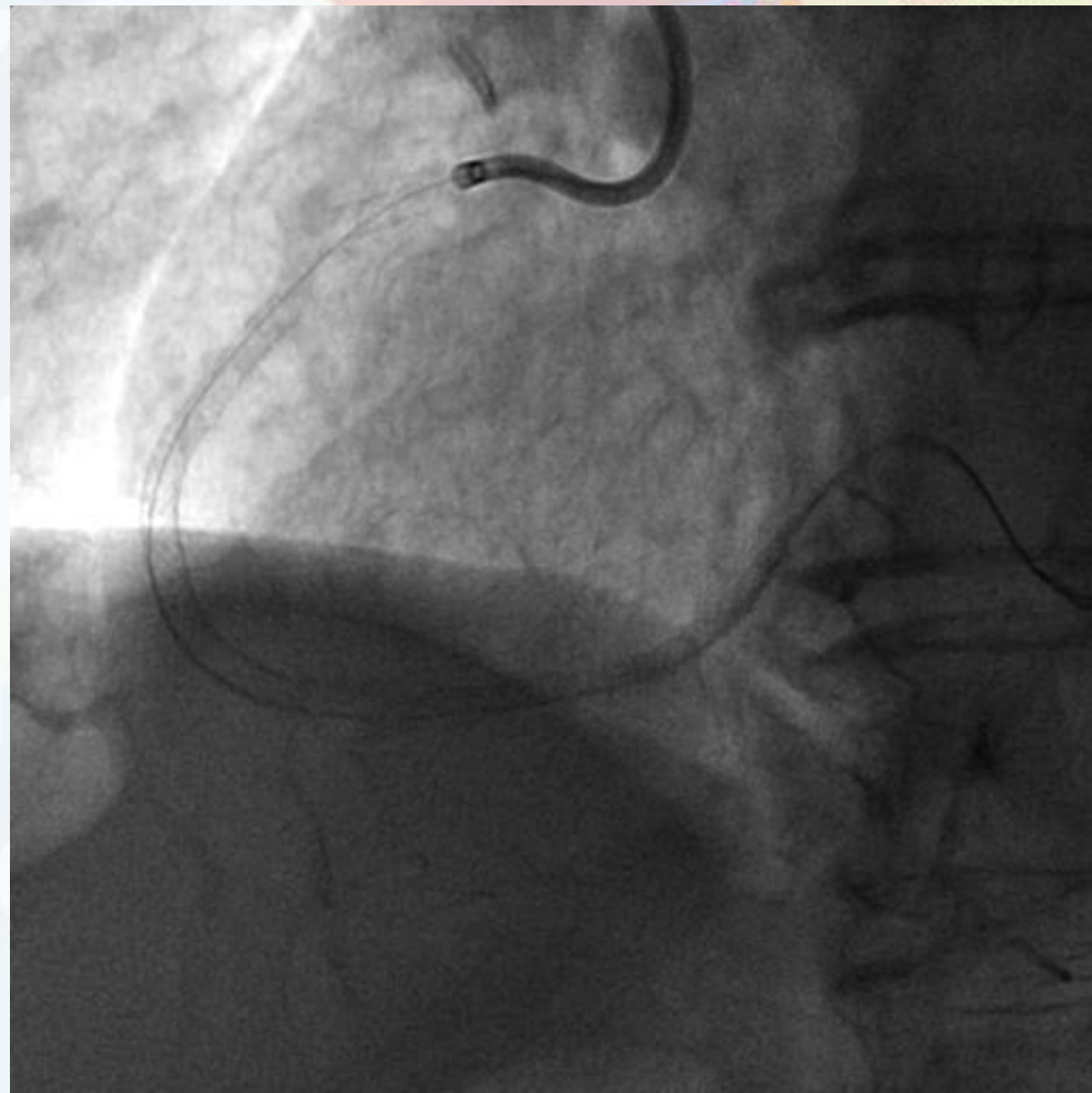
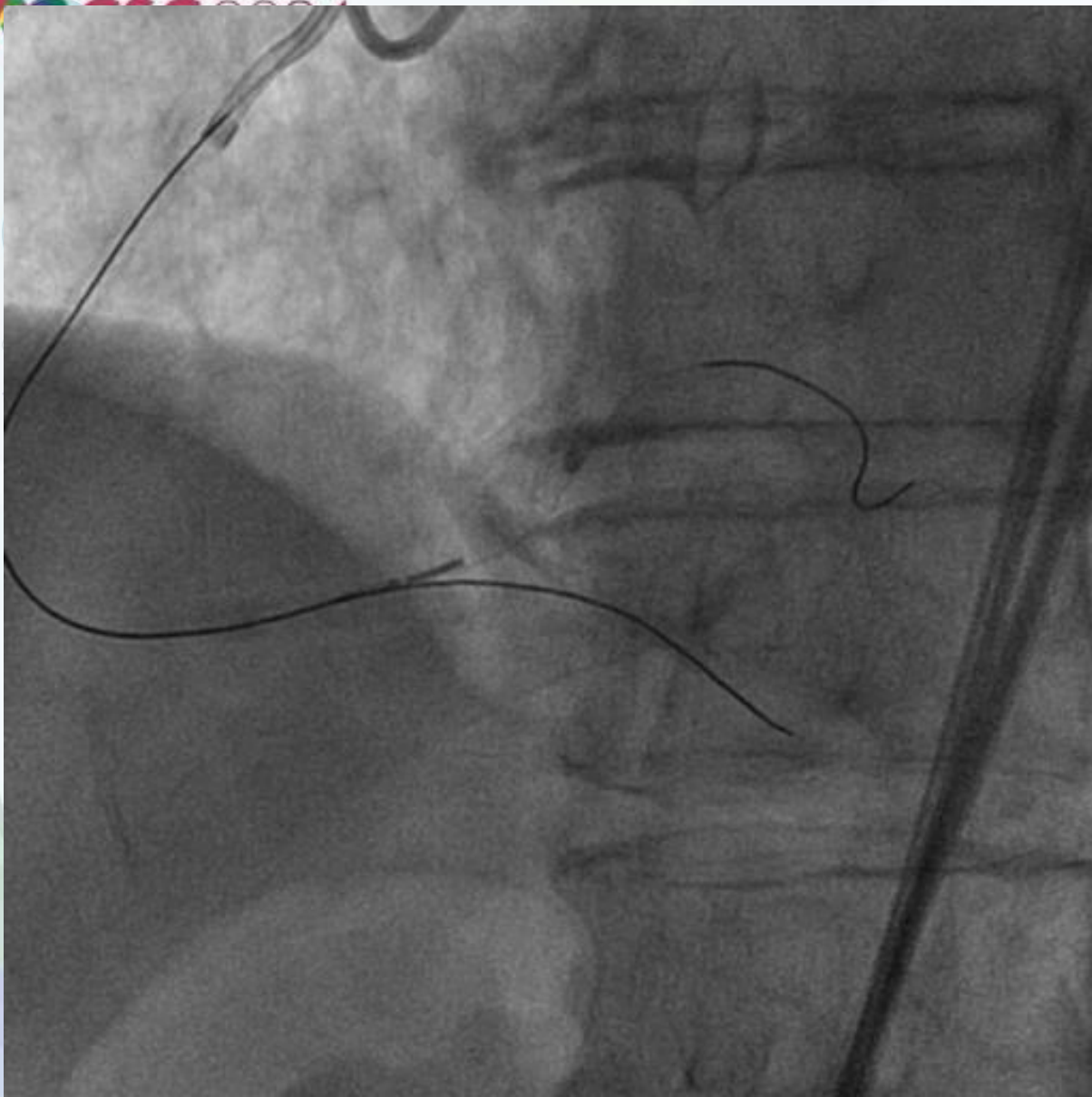
- Distal RCA CTO
- Retrograde epicardial vessels (not suitable for retrograde approach)
- Antegrade epicardial vessel
- Antegrade approach











Recross for ADR

- Good crossability and pushability (stylet)
- Two opposite side holes for lumen reentry
- Possibility to aspire subtintimal haematoma while trying to re-enter
- Useful for other situations: bifurcation, conventional microcatheter...

GRACIAS

