Has Antegrade Approach Reached a Plateau? What's up in the Pipeline?

Hakujikai Memorial Hospital Yasushi Asakura M.D.



Antegrade Approachwith Single Wire

Parallel Wire Technique

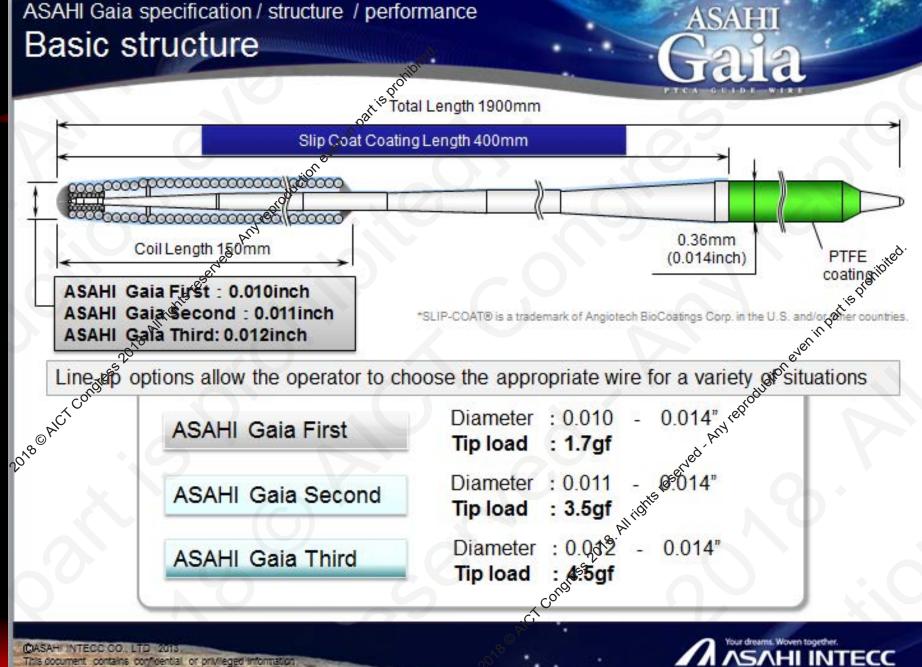
Retrograde Approach



Antegrade Approach with Single Wire

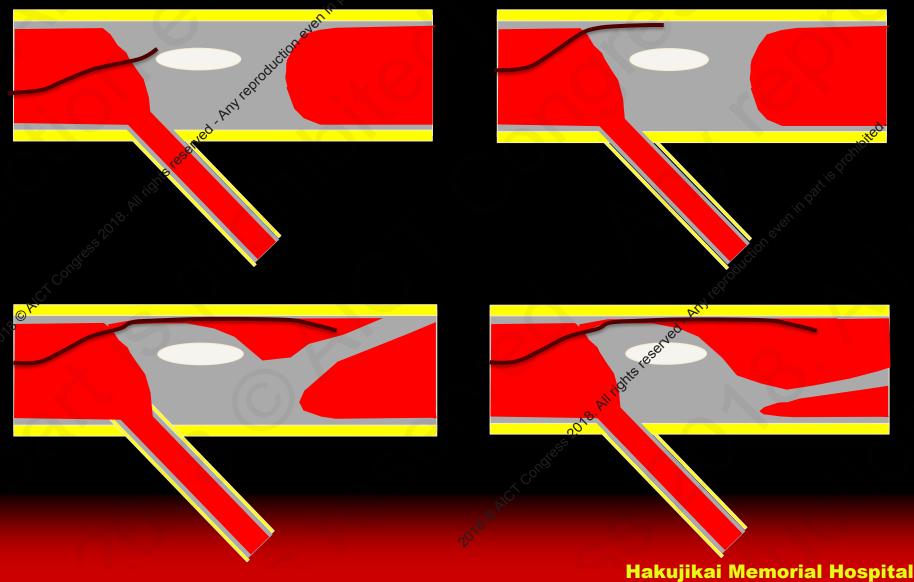
Parallel Wire Technique

Retrograde Approach

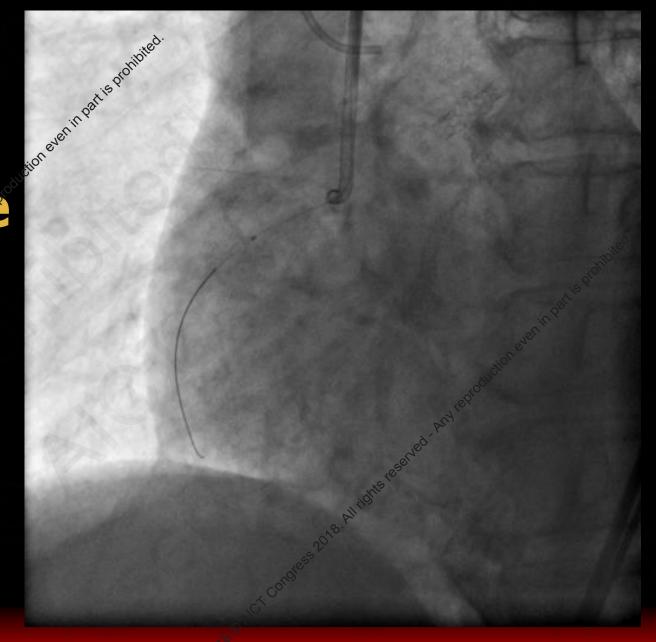








Failed Antegrade Approach



Can we distinguish?



Has Antegrade Approach Reached a Plateau?

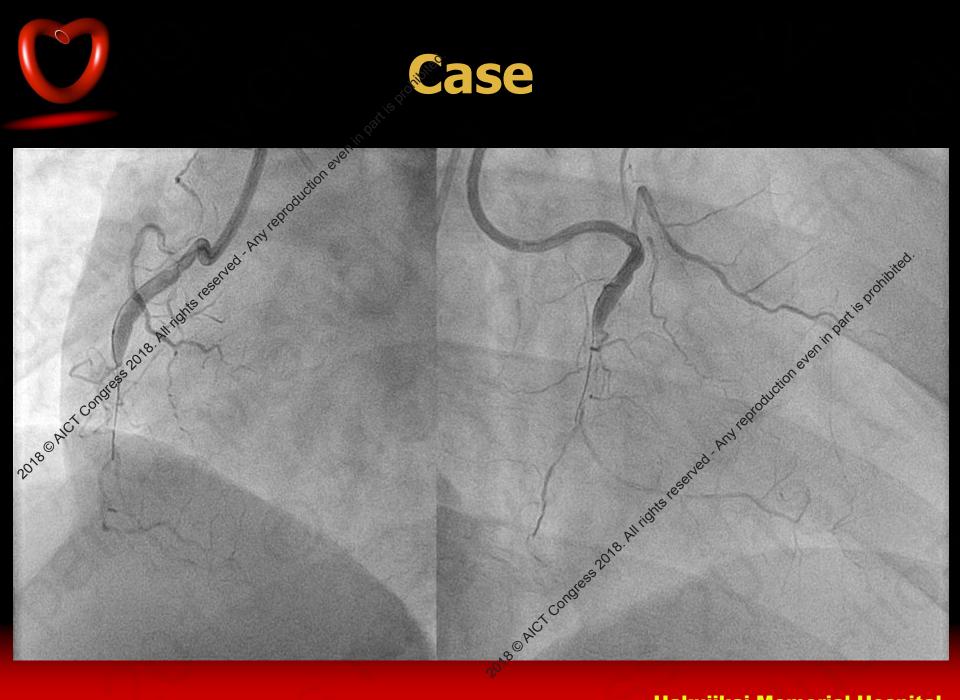
No!!
Some Image Modality



Antegrade Approach with Single Wire

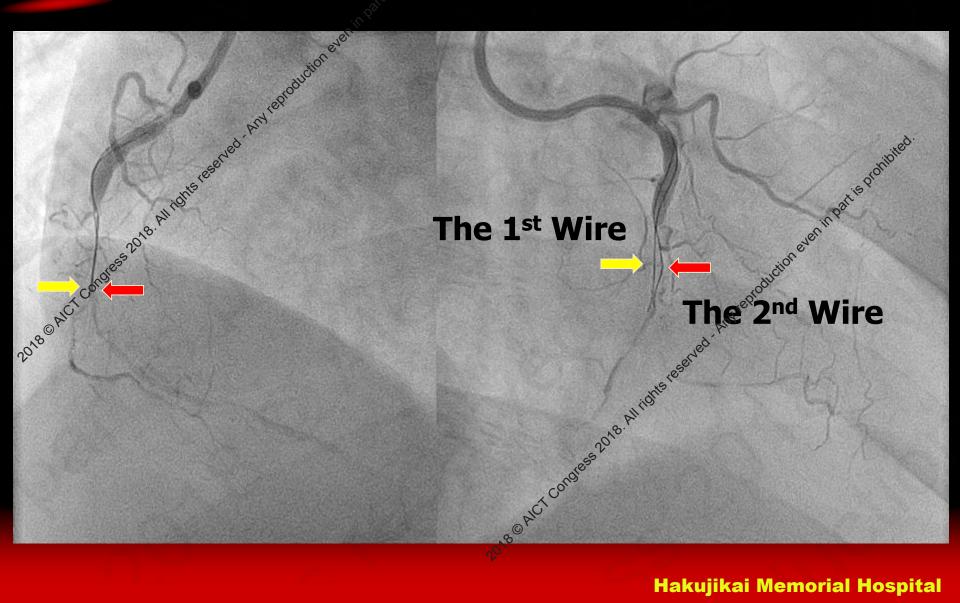
Parallel Wire Technique

Retrograde Approach

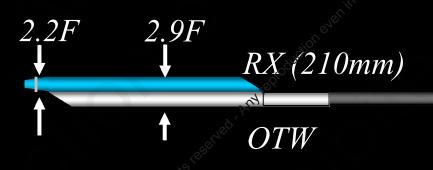




Parallel Wire Technique



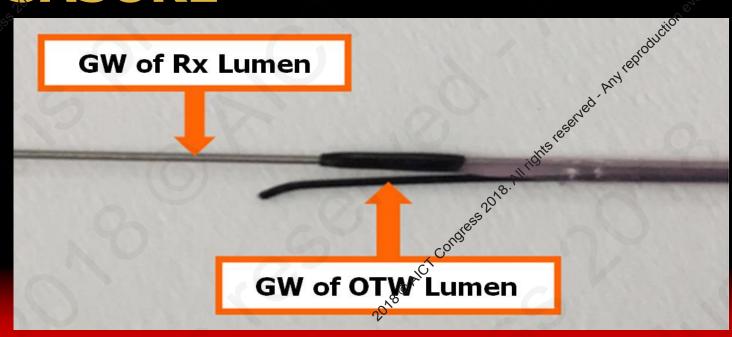
Crusade



Wire Lumen : <u>0.014"GW</u> compatible 3.2F ↓

Effective Length 1,400mm

SASUKE

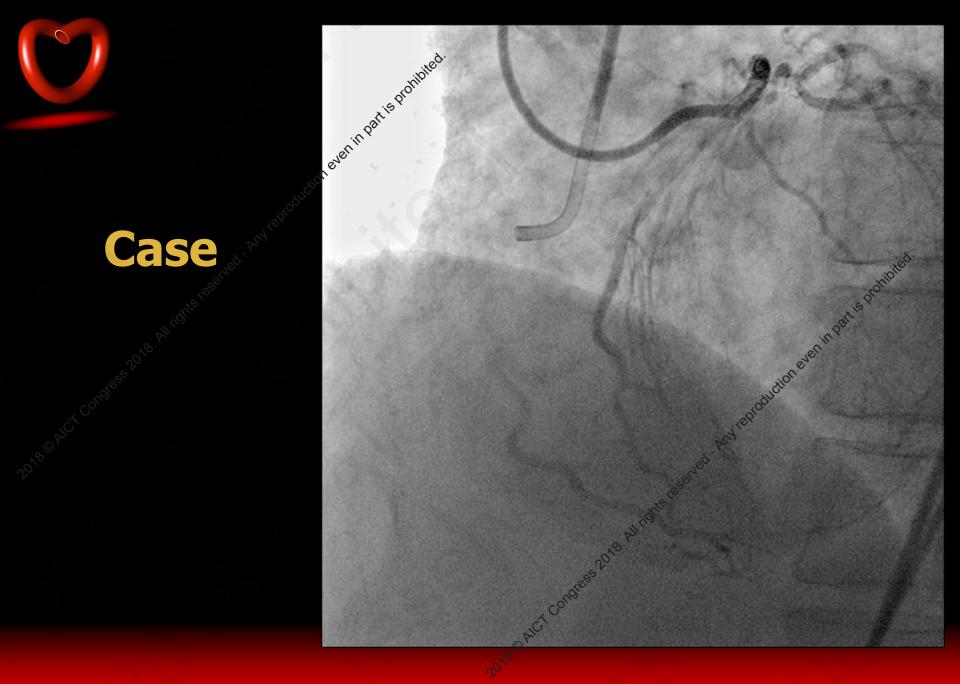




Antegrade Approach with Single Wire

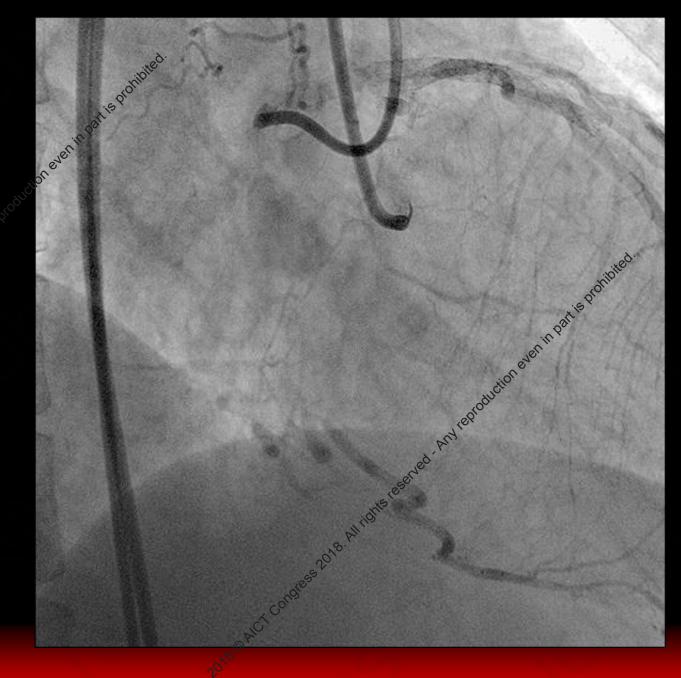
Parallel Wire Technique

Retrograde Approach



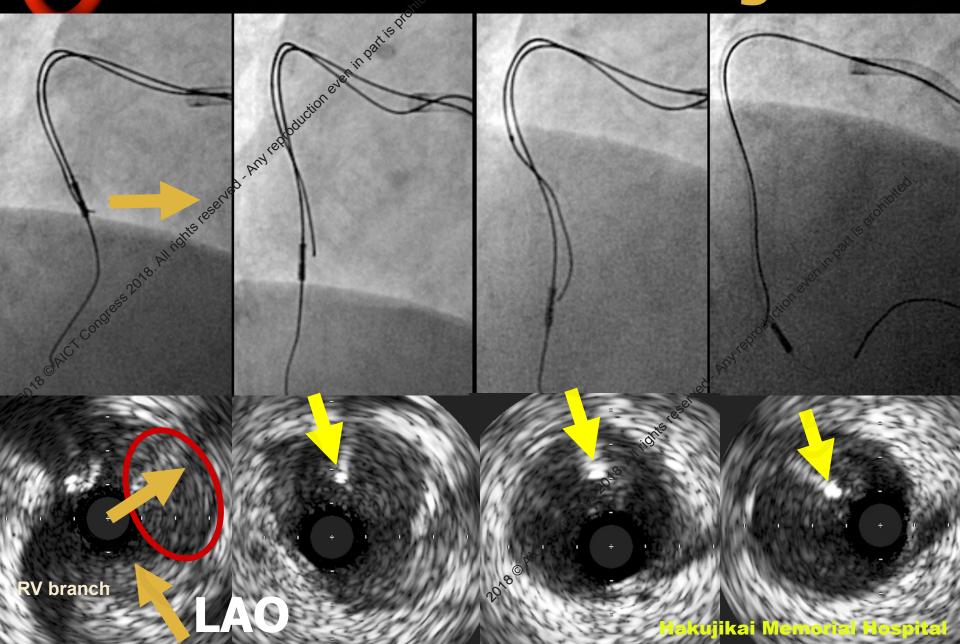


RAO view





IVUS Guided Wiring

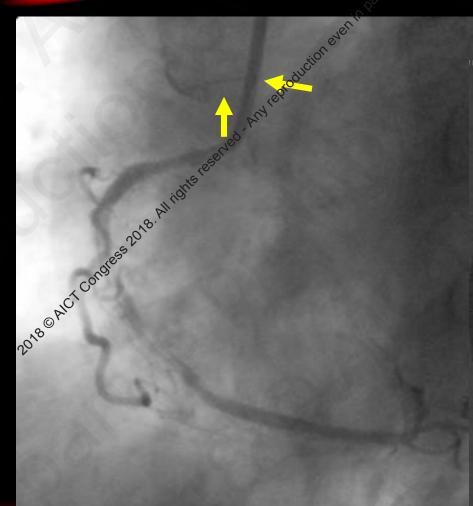


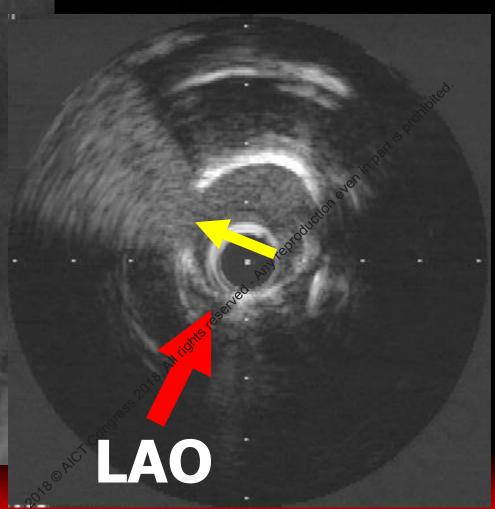
3 Dimensional Orientation

- **√ Side Branch**
- Side Hall of GC
- **√** NaviFocus IVUS
- √ 2nd GW
- **√ IVUS Catheter Bias**

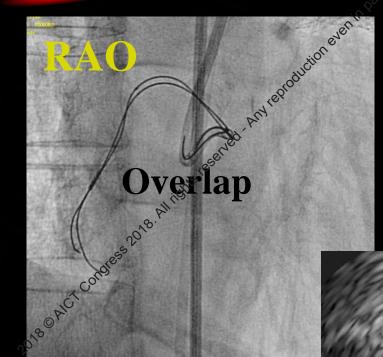


Side Hall

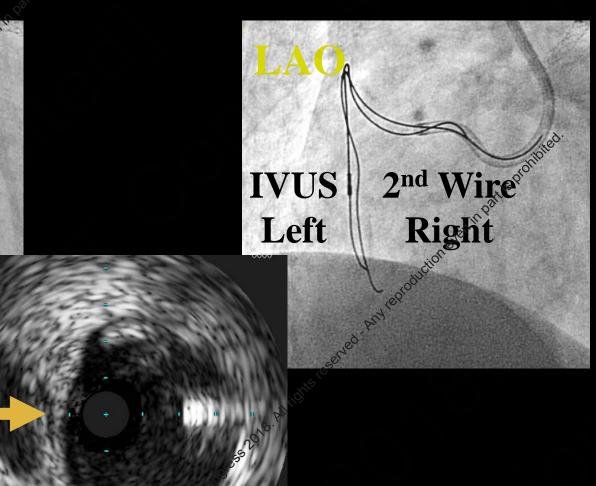




3 Dimensional Orientation

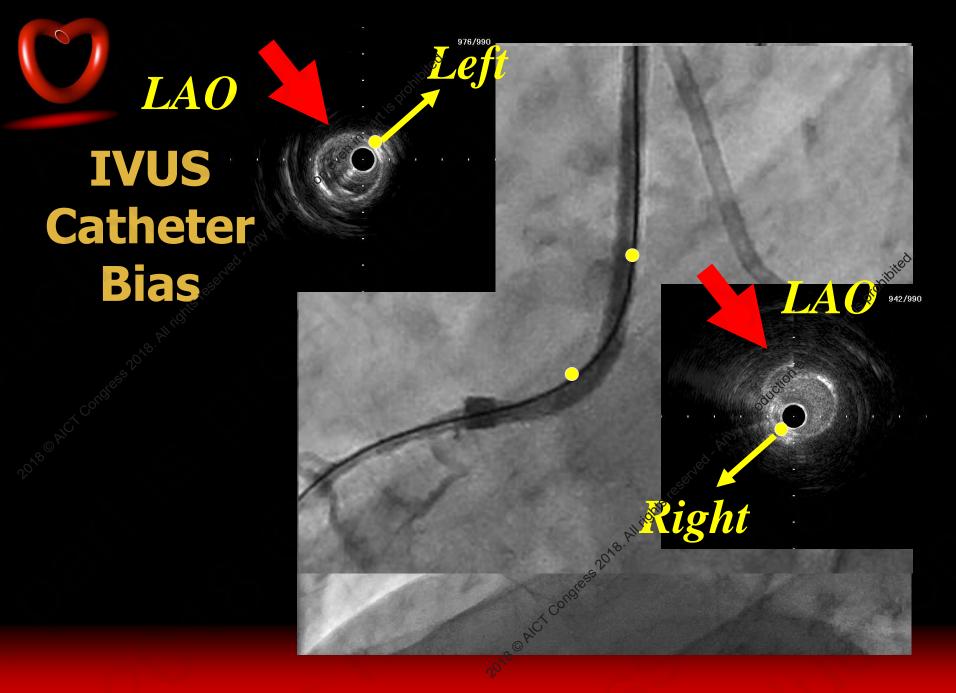


RAO View



View

Hakujikai Memorial Hospital





Ideal IVUS System For CTO PCI

- 1. Short Tip
- 2. Low Profile
- 3. Good Crossability
- 4. 3-D Orientation
- 5. Dual Lumen Cath with IVUS



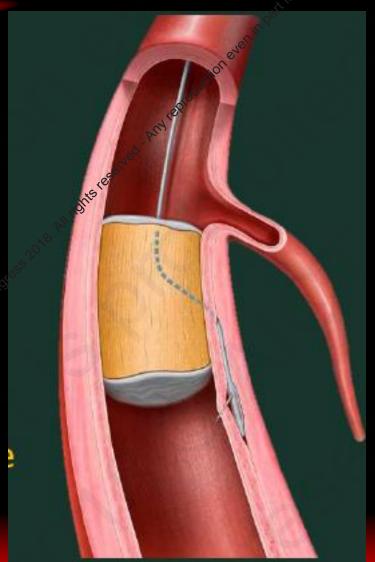
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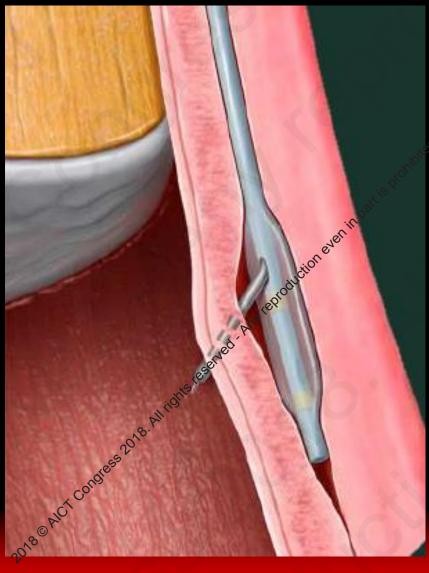
Parallel Wire Technique

Retrograde Approach



Concept of Stingray Catheter







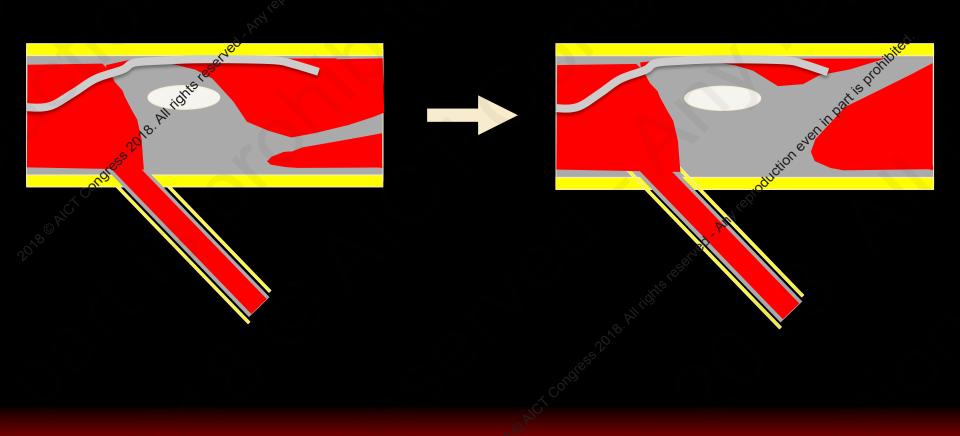
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Straw Technique etc





Summary

I would personally like to have

- 1. Image modality to recognize GW position
- 2. Improved dual lumen catheter for parallel wire technique
- 3. Improved IVUS system for IVUS guided re-wiring
- 4. Improved ADR
- 5. Specialized device for straw technique
- 6. Easy, secure, operator-independent devices

Antegrade approach has not reached to a plateau, and is still developing.







