



When will **IVUS** be useful ?

Dr. Lam ho



When will IVUS be useful ?

- ▶ PCI training → **Aim is no need IVUS**
- ▶ PCI
 - Pre PCI → lesion analysis
 - PCI → wiring guidance
 - Post PCI → optimization

Special example:

When other intravascular imaging cannot be used !

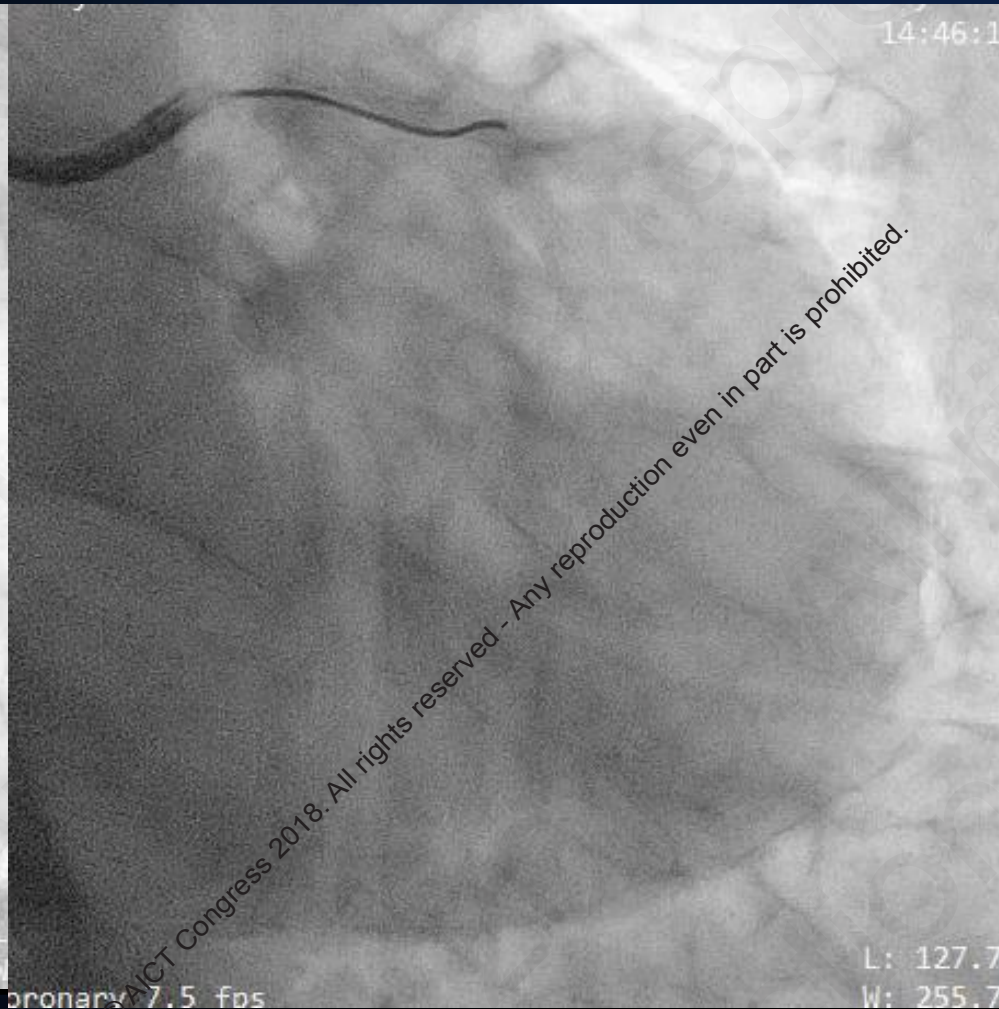
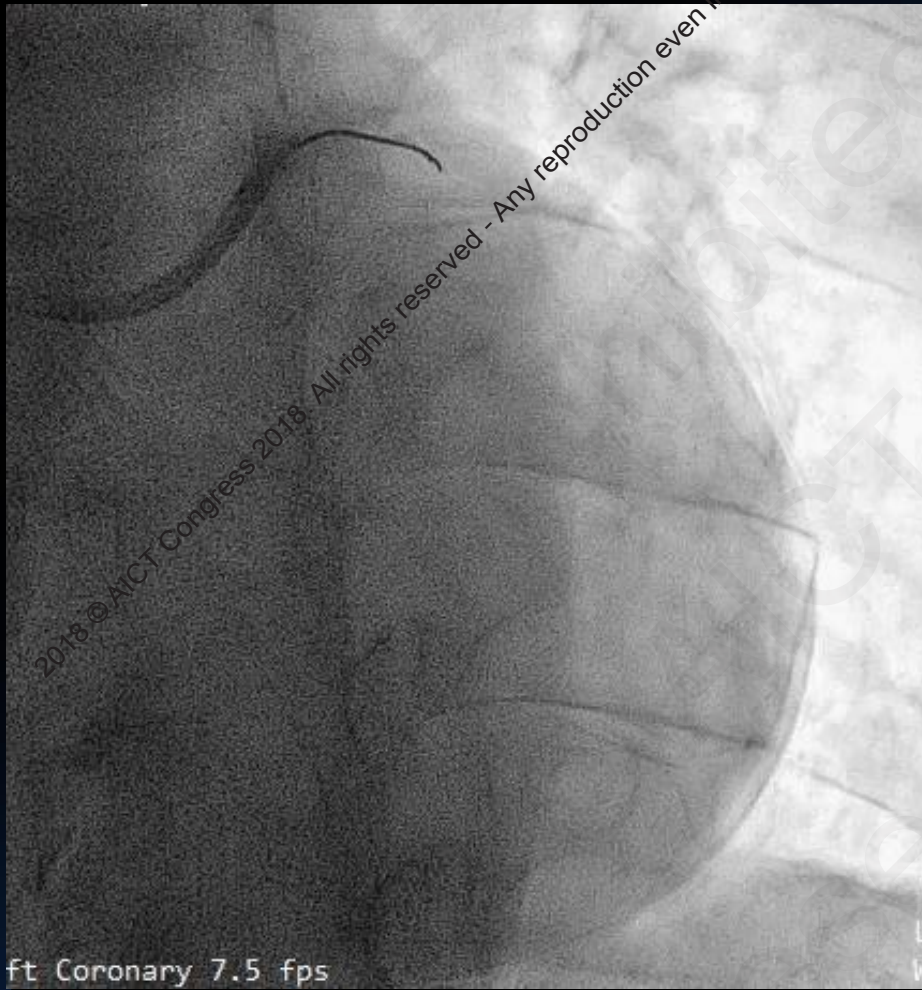


Clinical summary

- ▶ **M/68**
- ▶ **ACS APO**
- ▶ **EF ~ 25% , severe global hypokinesia, moderate MR/TR**

- ▶ **Renal Impairment Cr ~ 124**
- ▶ **Max Contrast limit : ~150ml**

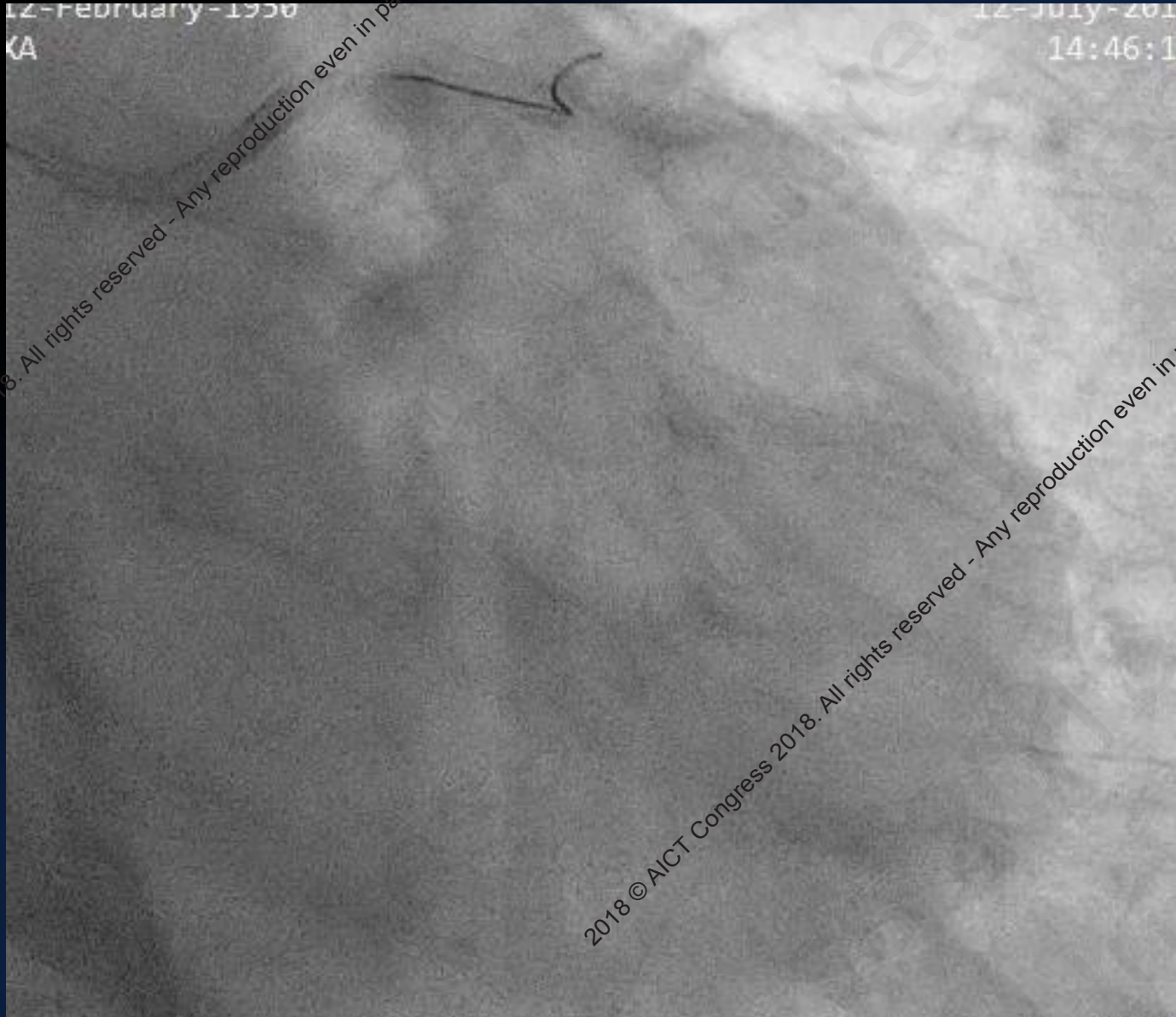
Coro left side



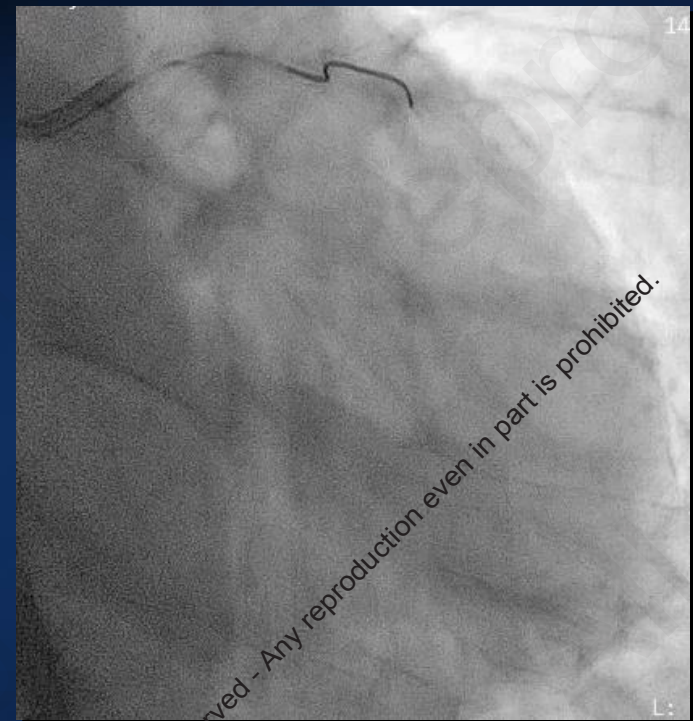
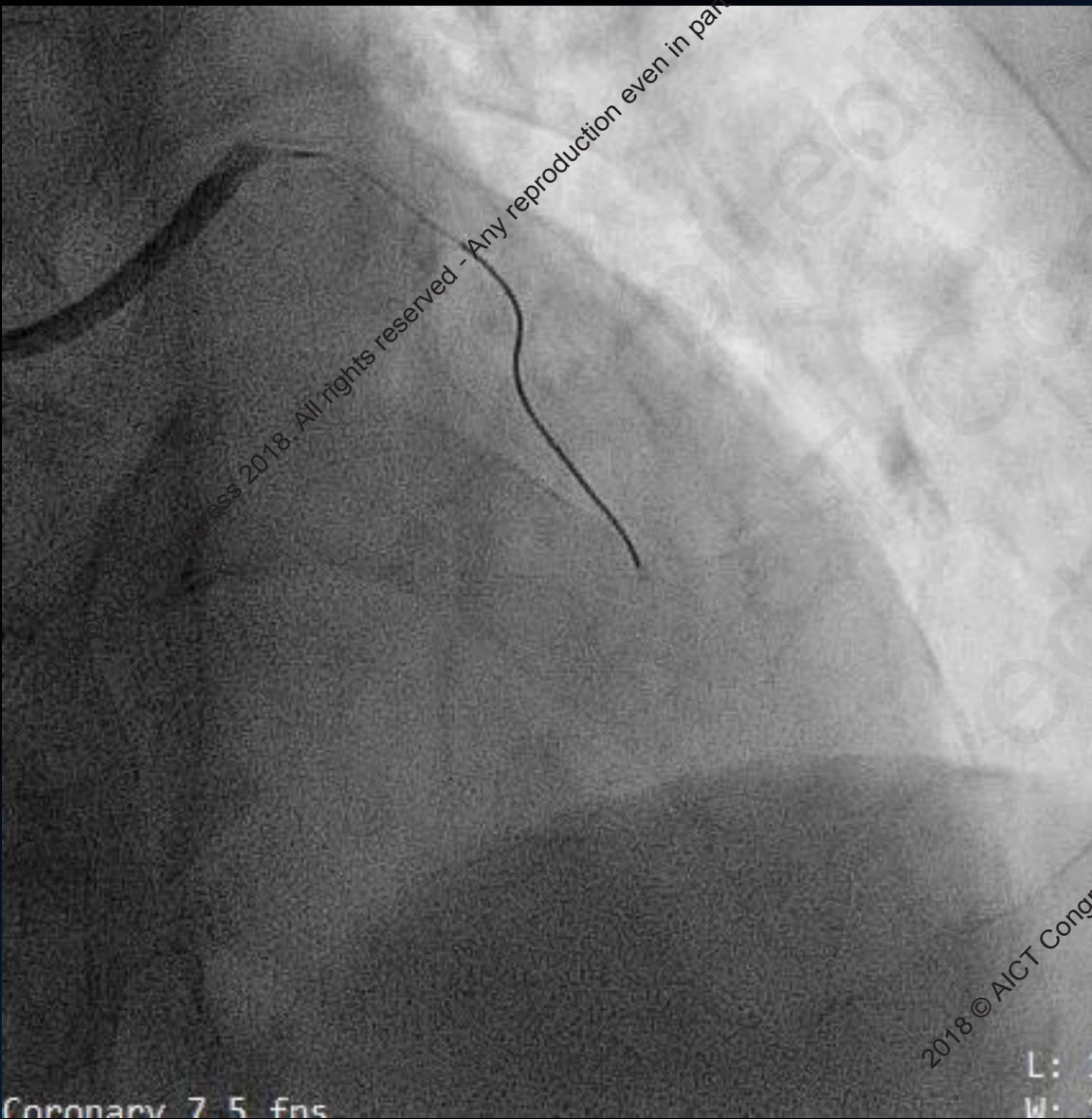
Where is the ostial LAD ?



Very difficult LAD wiring !

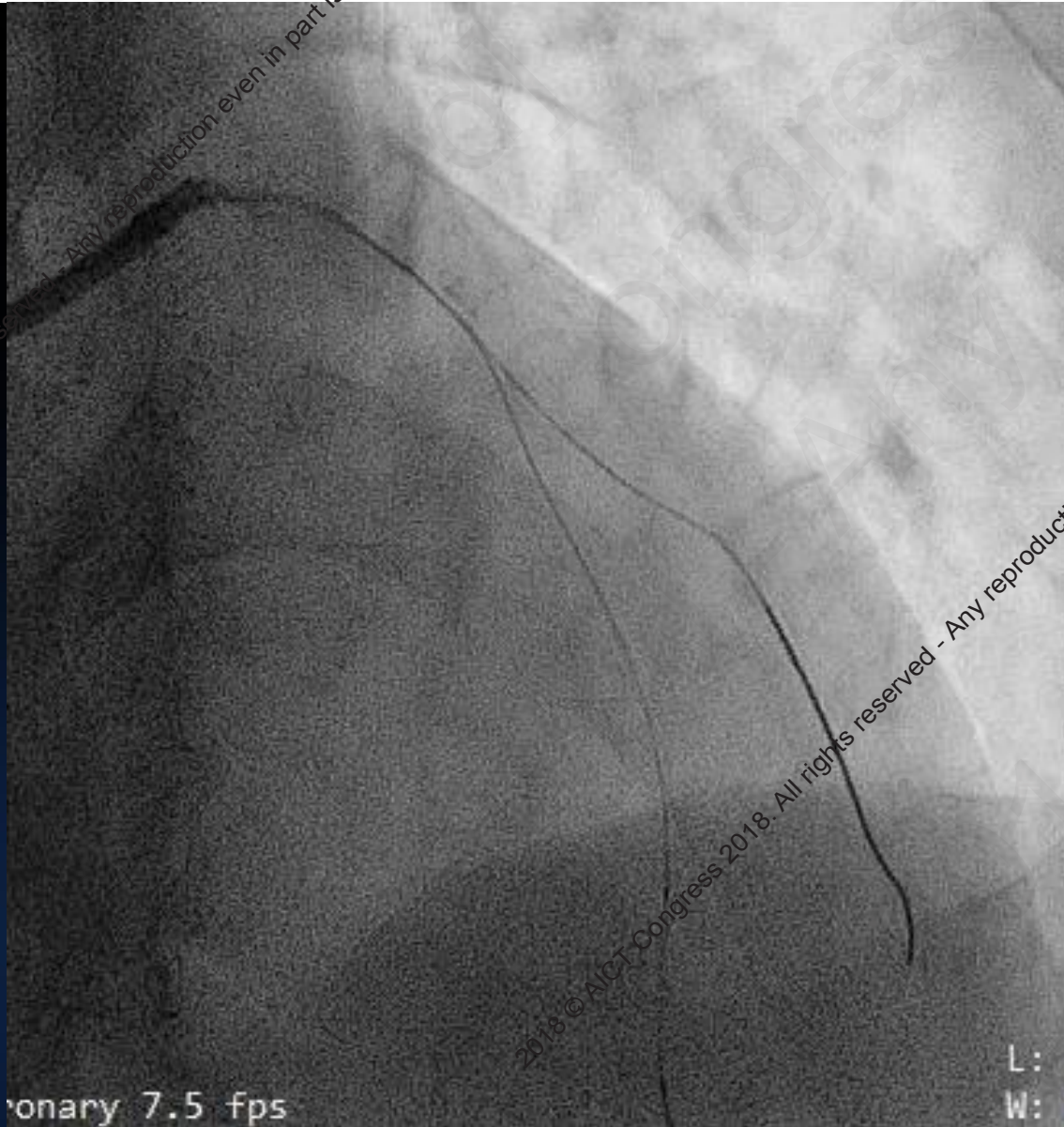


Coro LAD

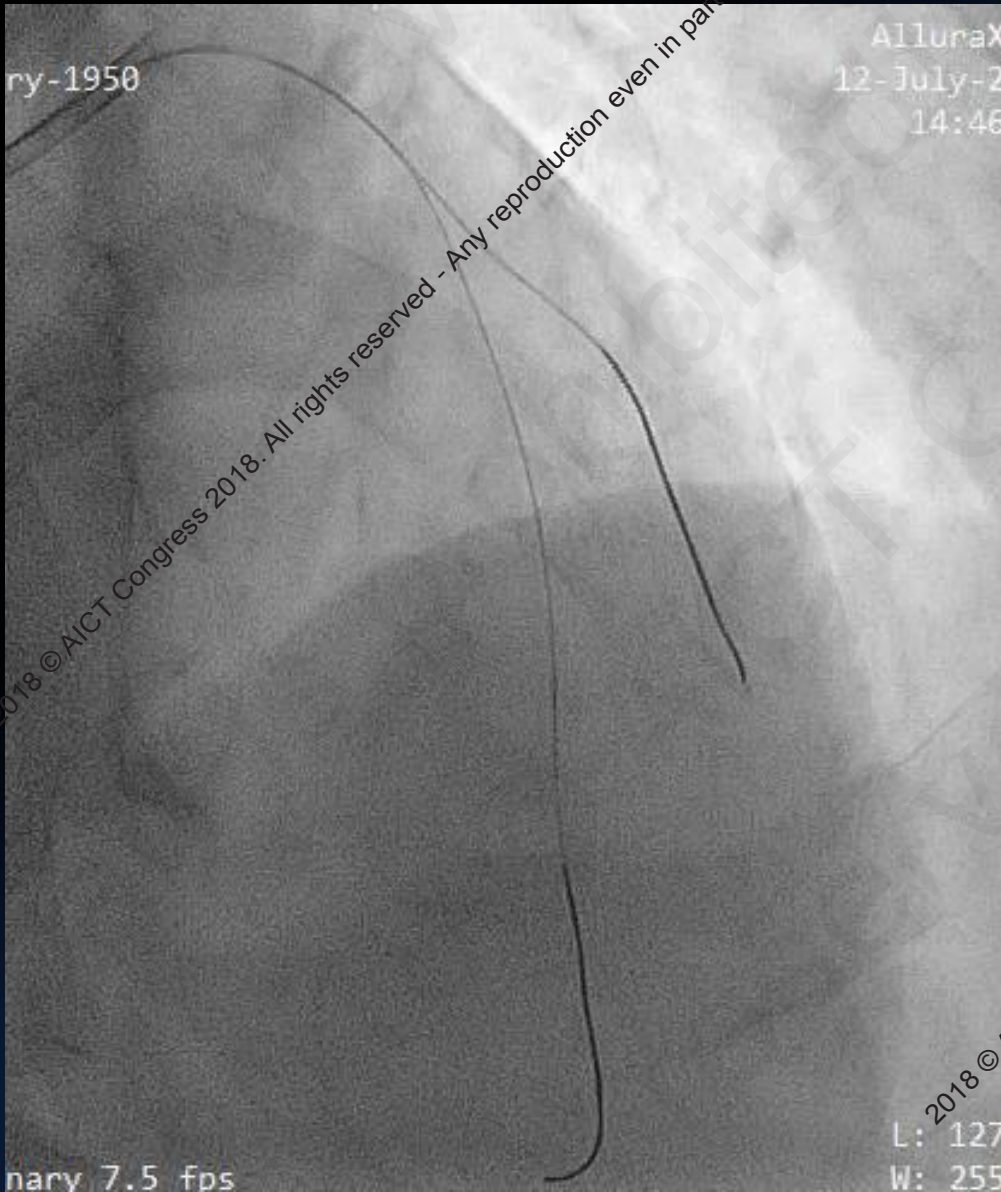


LAD /D1 simple bifurcation?!

How to treat this bifurcation?



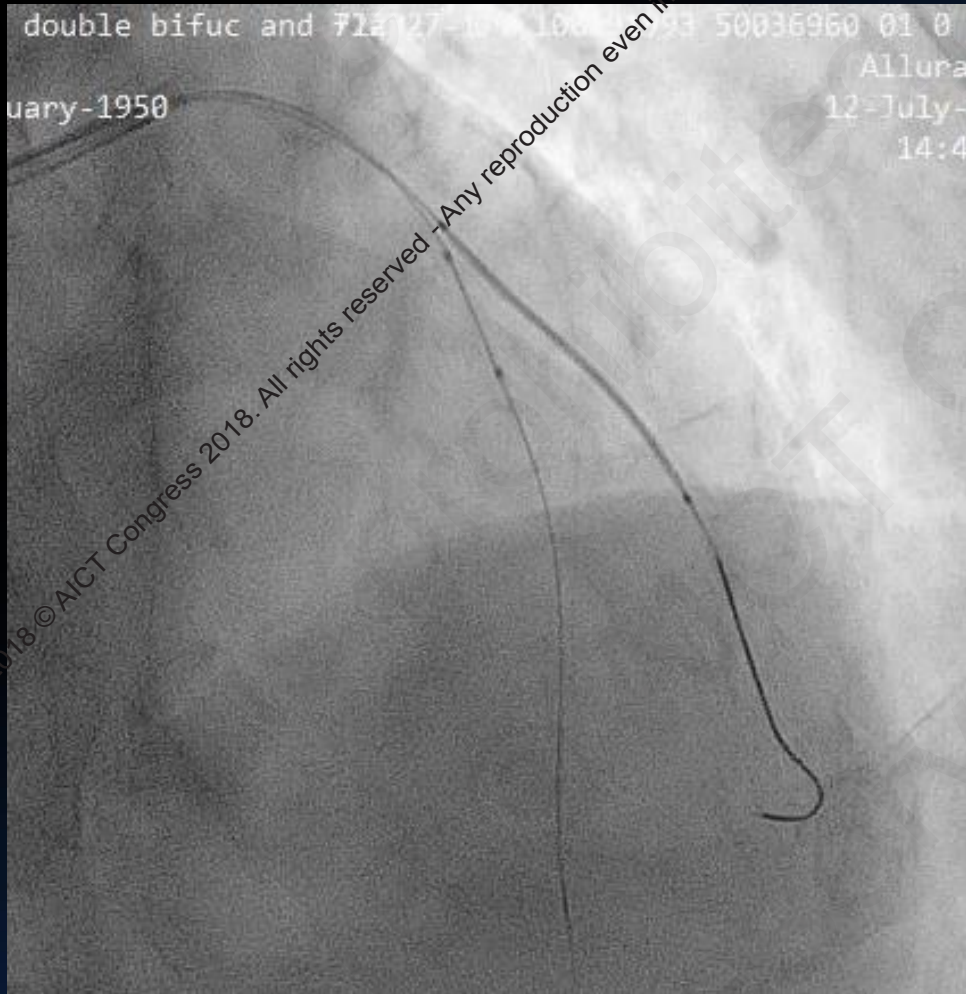
Say "hello" by small balloon approach



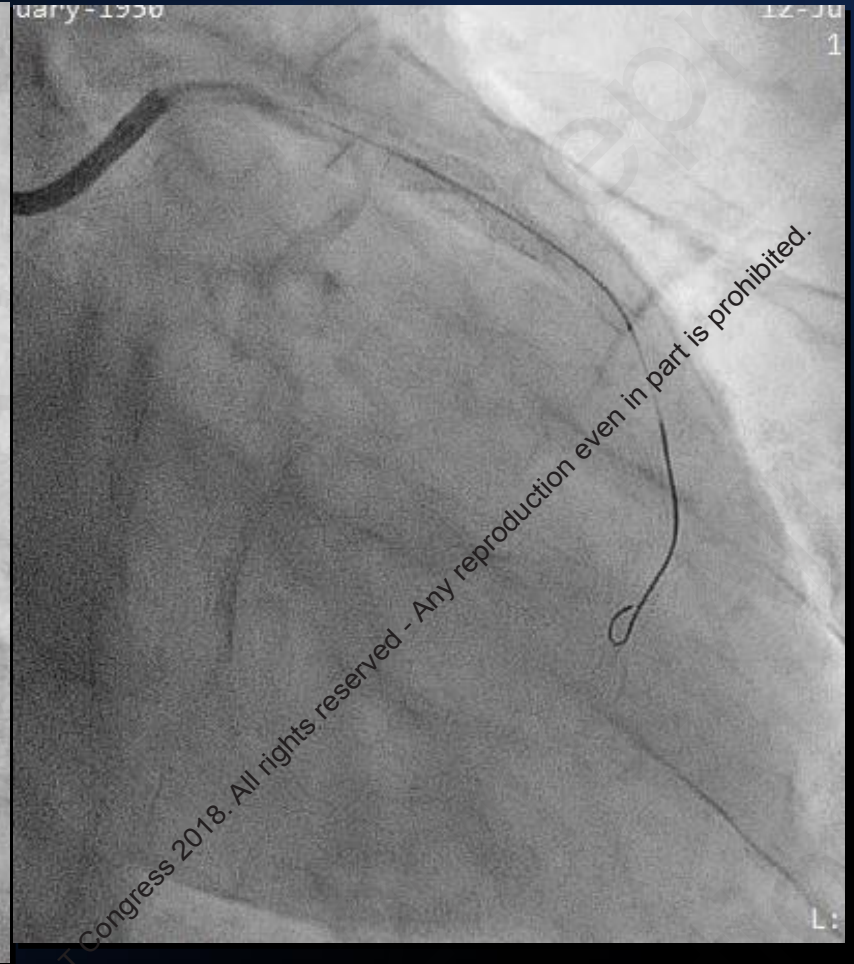
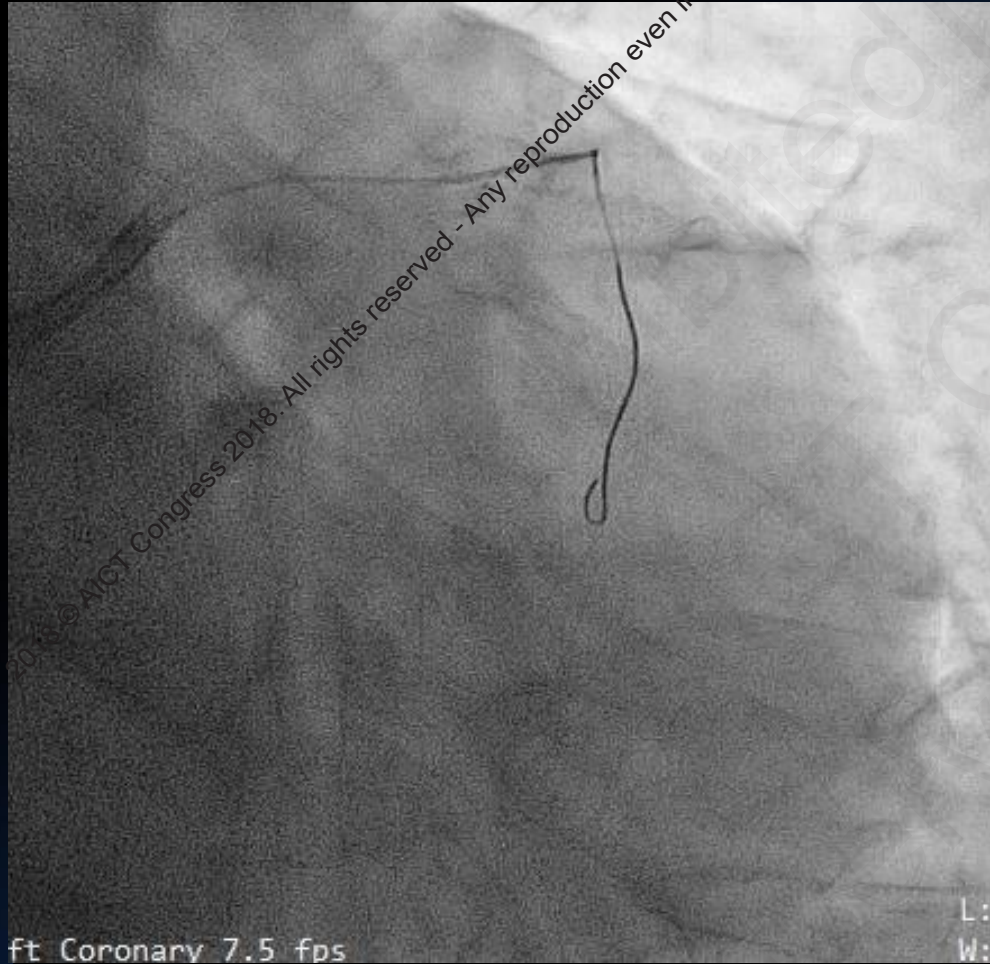
1. RCA diffuse disease with significant lesions
2. EF 25%
3. Difficult to wire LAD
4. Strange bifurcation angle



OCT guided DK mini crush

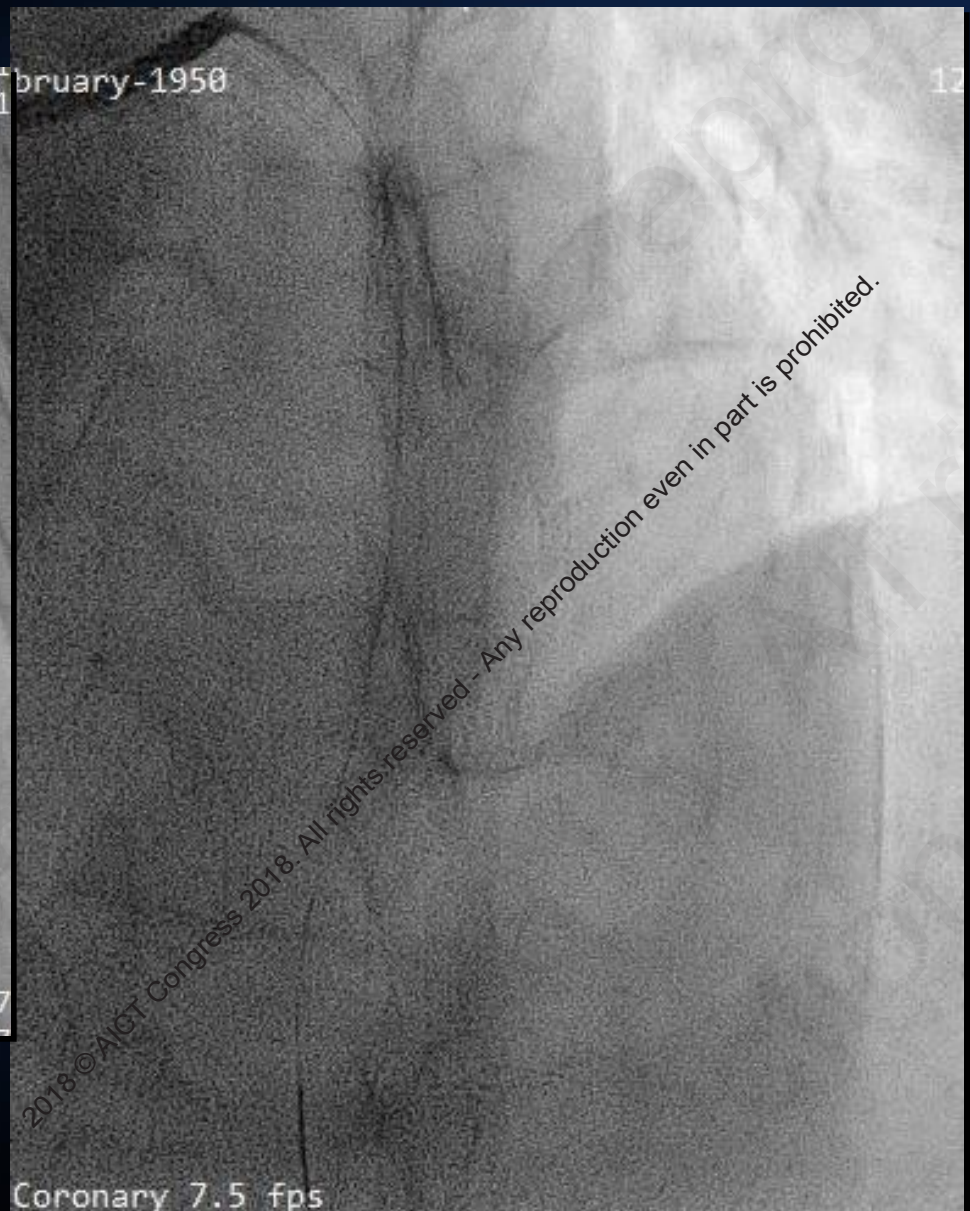


Final coro: anything abnormal?

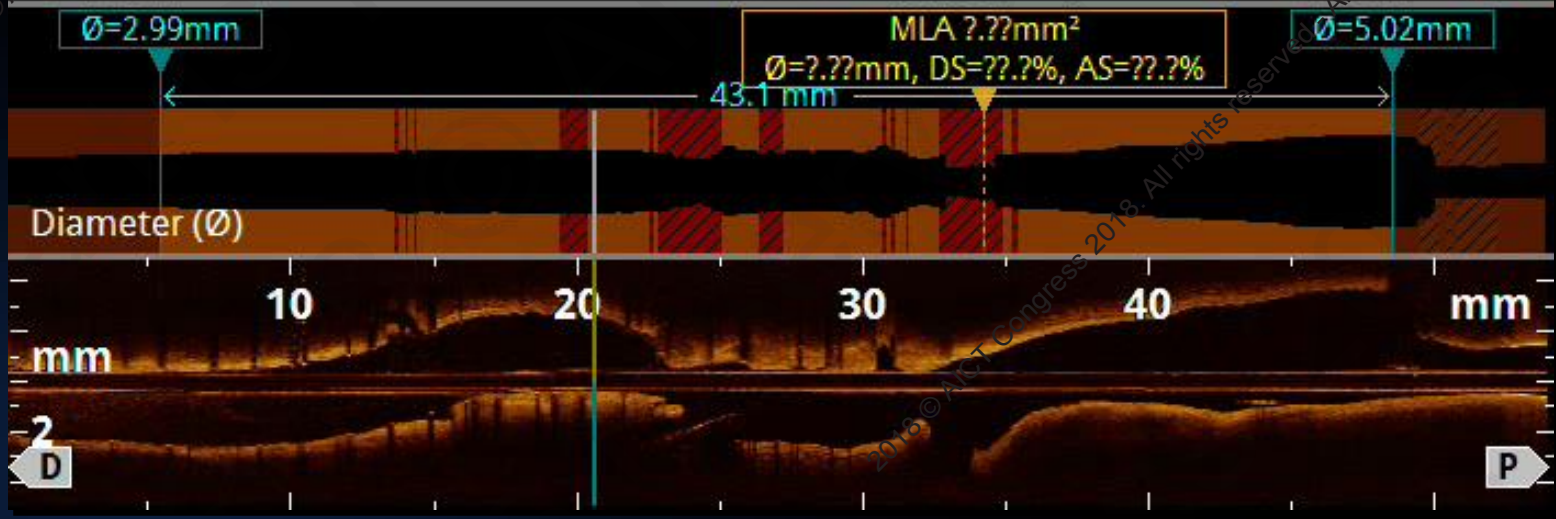
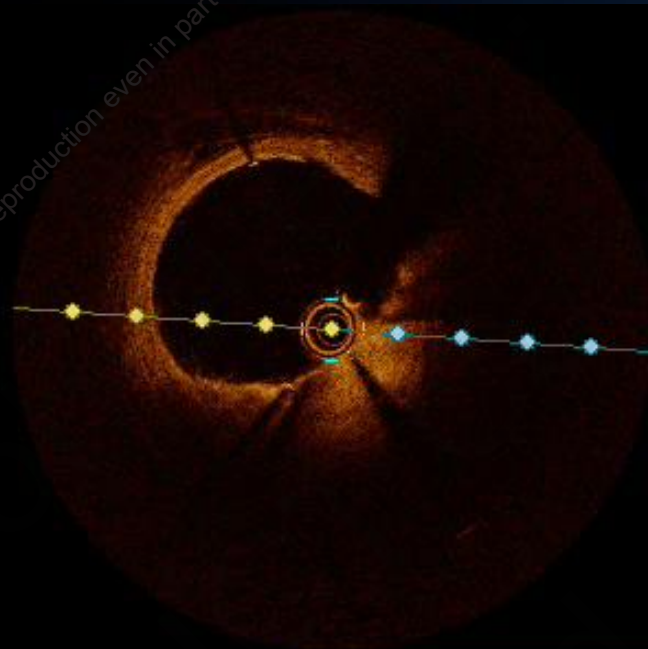




Final coro: anything abnormal?



OCT flap over LAD





120ml contrast used (OCT guided PCI)

- ▶ **Max Contrast ~ 150 ml**
- **Switched to IVUS guide !!**

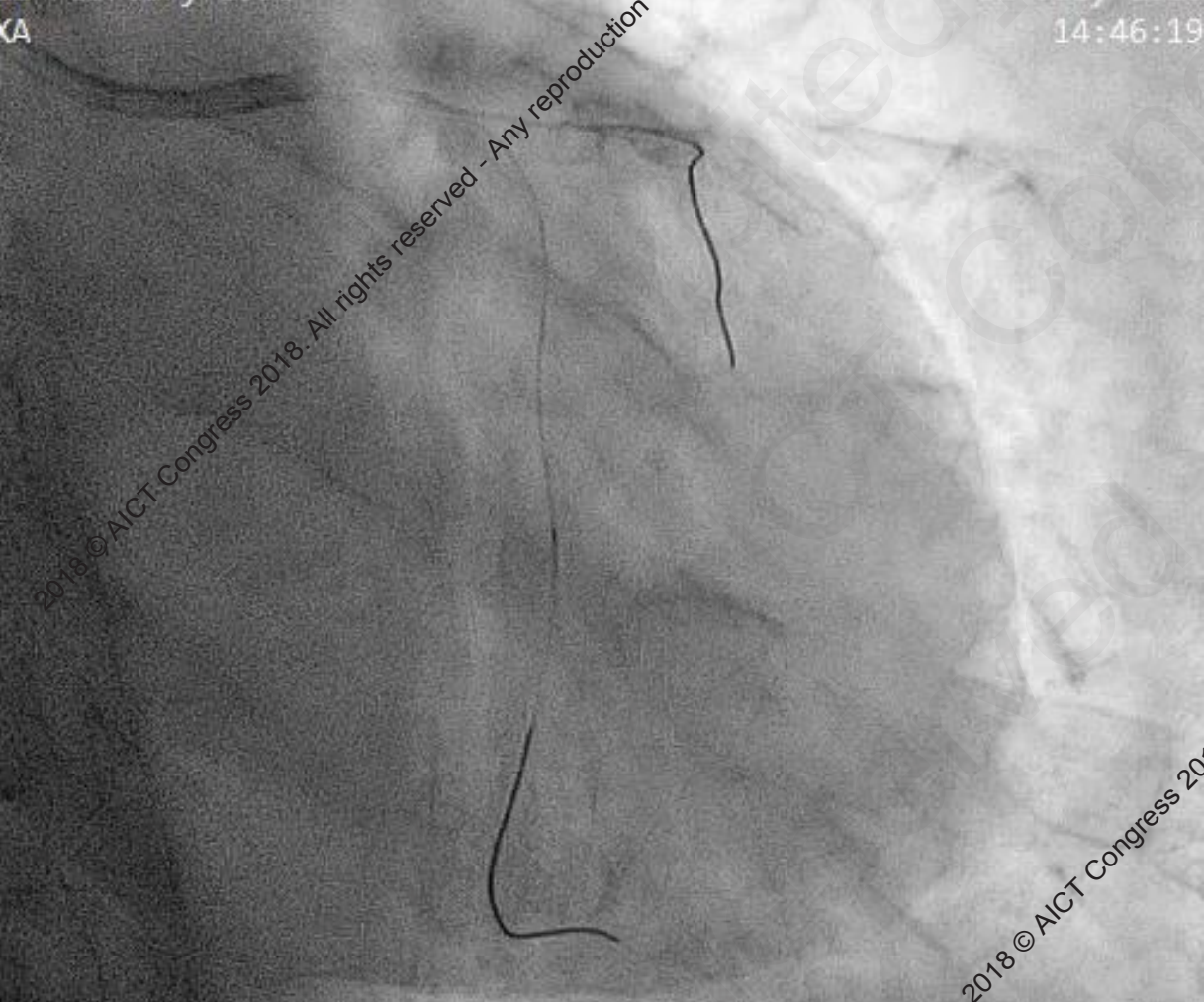


PCI to LM with HD IVUS

OCT for double bifuc and 71ap27-177-100191993 50036960 01 0 0043

M
12-February-1950
KA

AlluraXper
12-July-2018
14:46:19



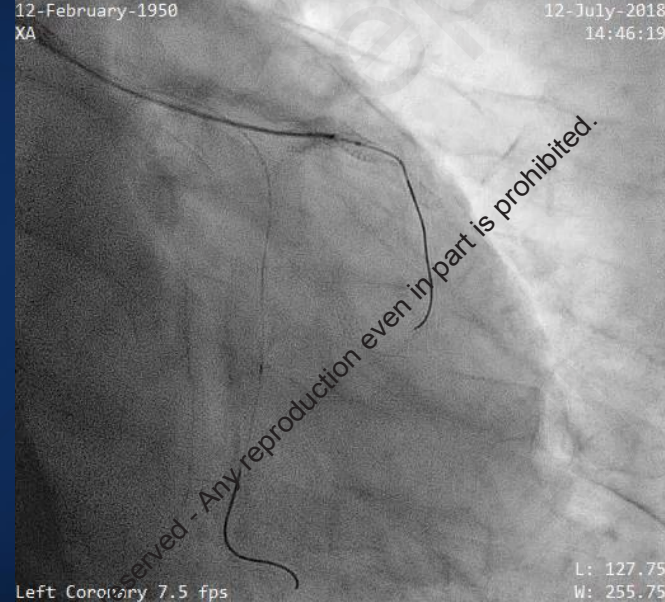
Left Coronary 7.5 fps

L: 127.75
W: 255.75

OCT for double bifuc and 71ap27-177-100191993 50036960 01 0 0043

M
12-February-1950
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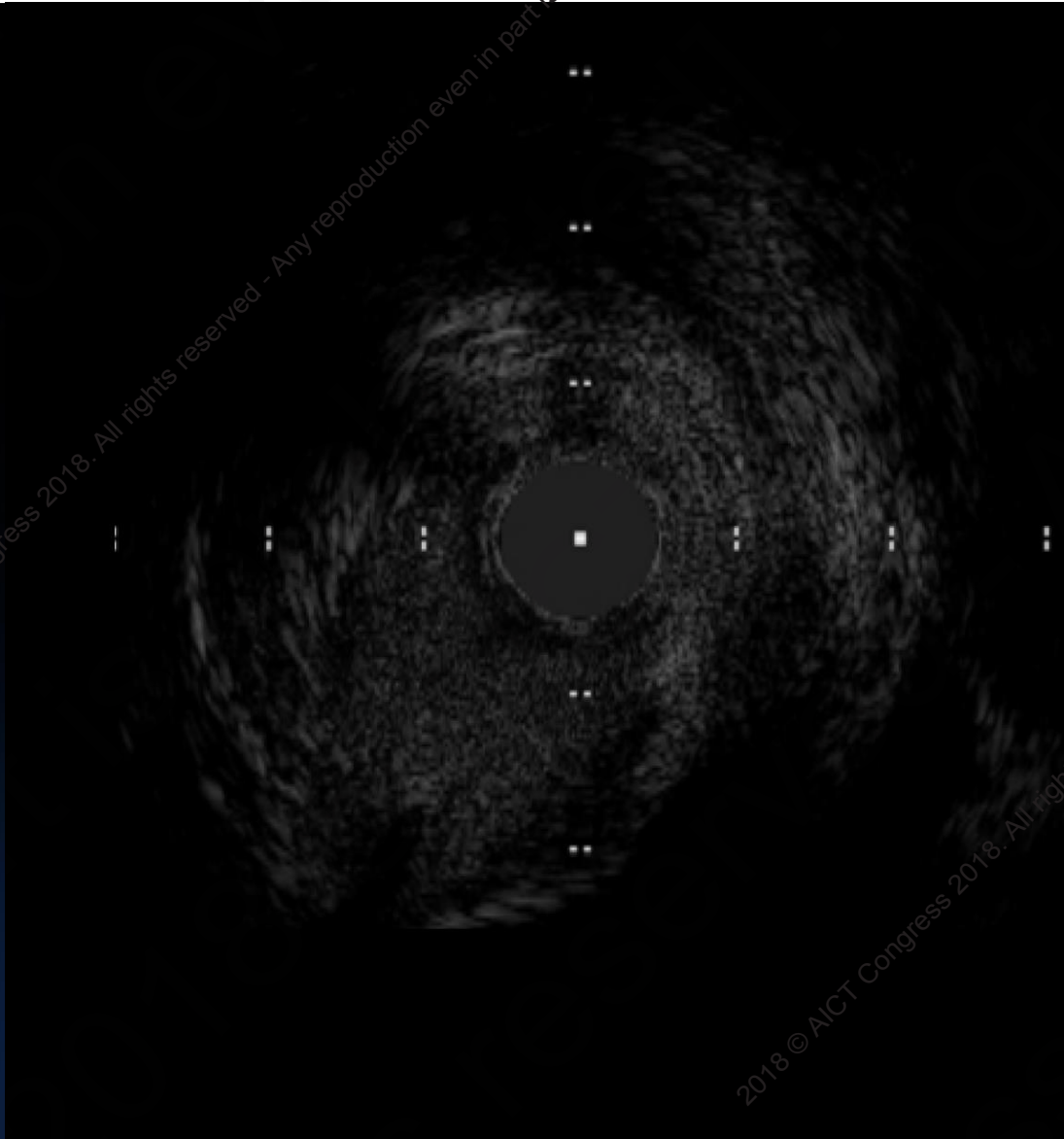


Left Coronary 7.5 fps

L: 127.75
W: 255.75



IVUS to LCx ostium heavy plaque burden

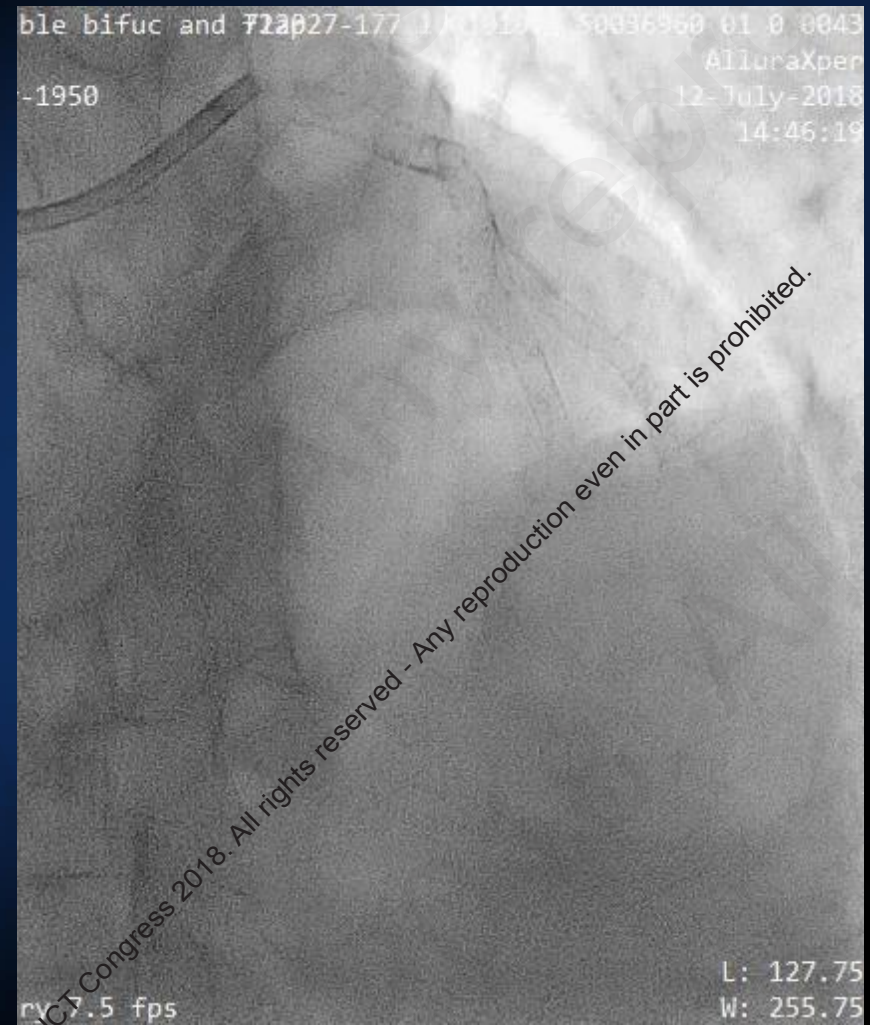
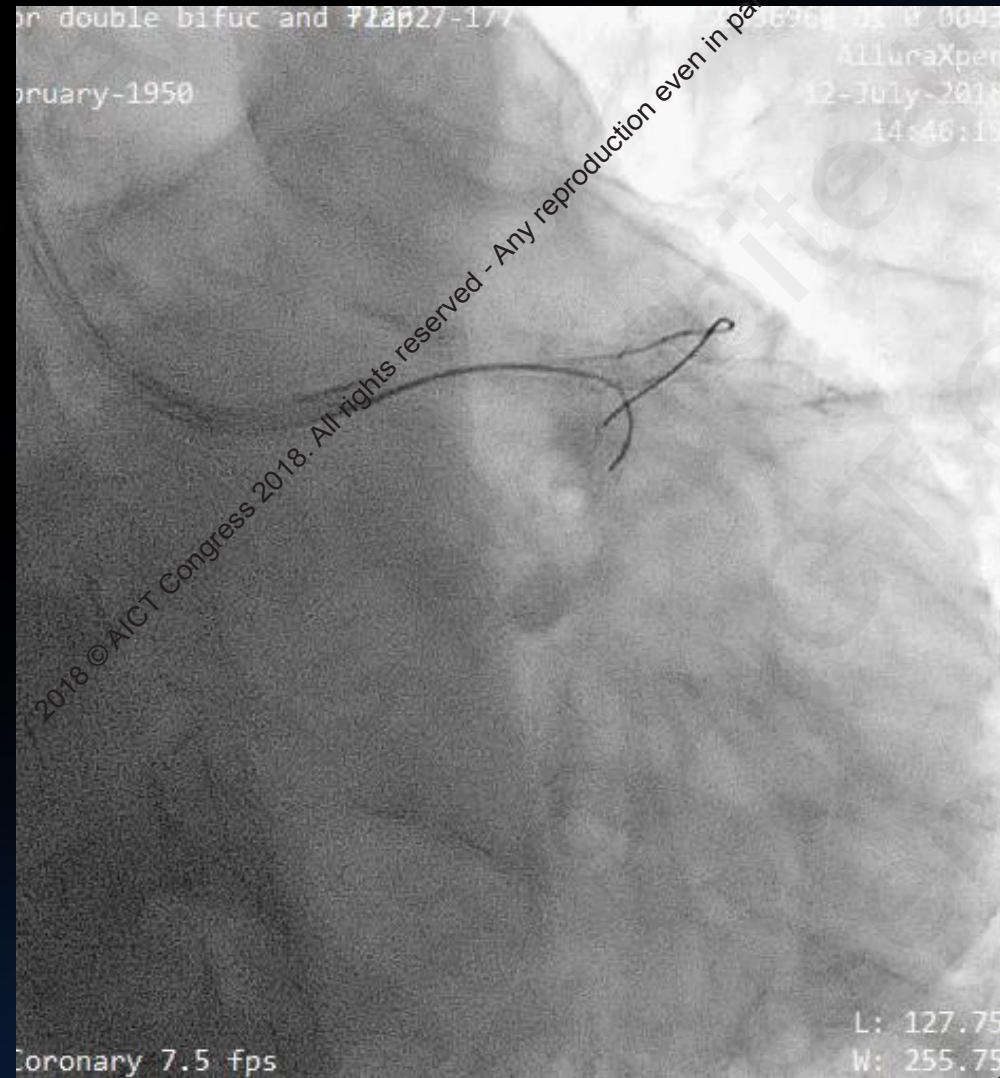


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PCI to LM with extra 30ml contrast





When will IVUS be useful ?

- ▶ When other intravascular imaging cannot be used → e.g. less contrast

▶ PCI training → **Aim is no need IVUS**

▶ PCI

- Pre PCI → lesion analysis
- PCI → wiring guidance
- Post PCI → optimization