



# How to select the right patient for Antegrade approach

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# Conflicts of Interest

Speaker's name : Wasan Udayachalerm, MD, FAPSIC

Within the past 12 months, I have had a financial interest/arrangement or affiliation with the organization(s) listed below.

## Affiliation/Financial Relationship

Consulting Fees/Honoraria  
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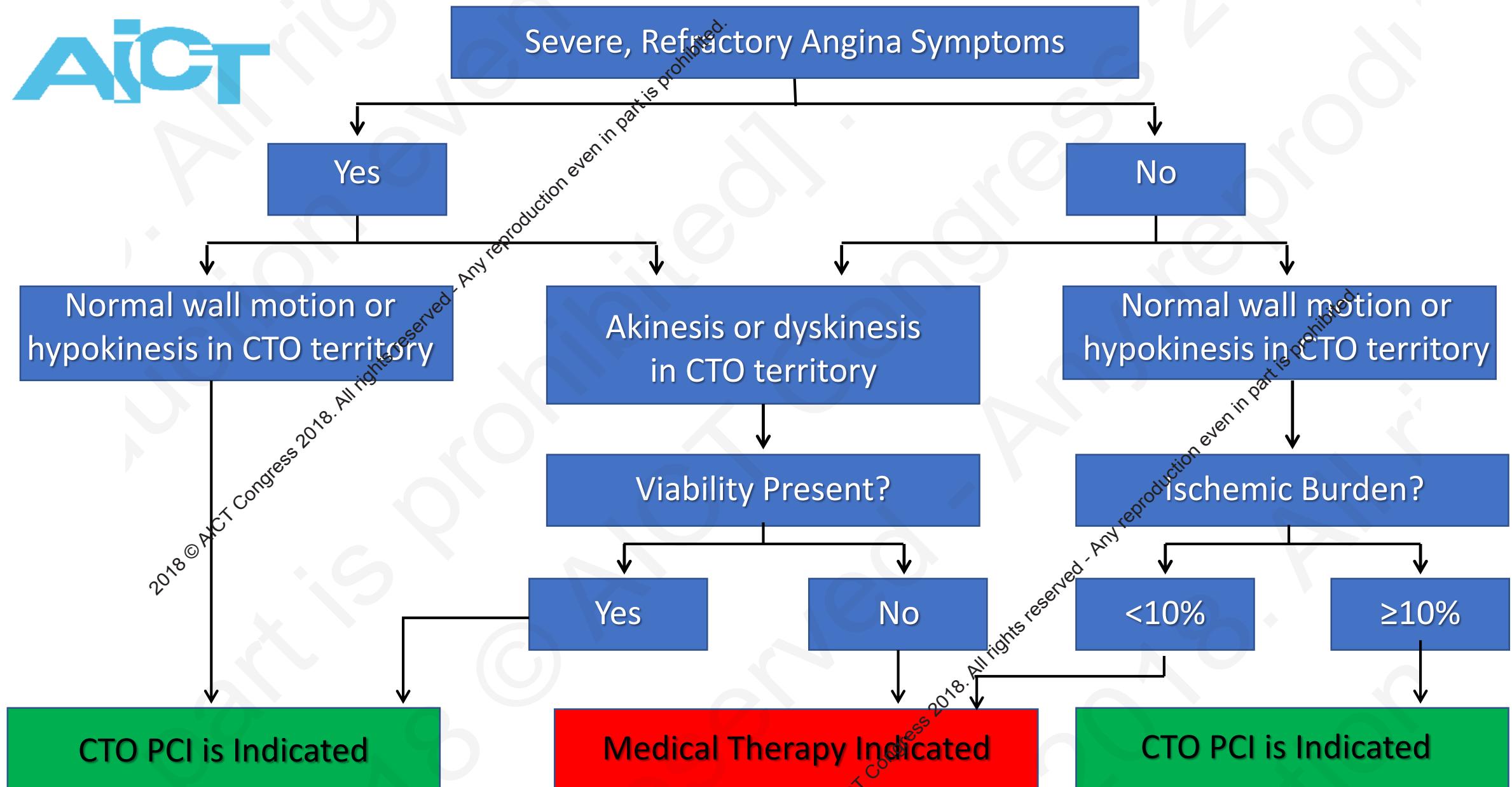
## Company

Abbott Vascular, AstraZeneca, Asahi Intec, Boston, B.Braun, Biosensors, Biotronik, Daichi Sankyo, Medtronic, Terumo

AstraZeneca, Medtronic

# To select patient(s) for antegrade approach

- Patient: should be benefit from CTO PCI
  - ✓ Symptomatic
  - ✓ Demonstrable ischemia (> 10% of LV)
- Angiogram: favorable anatomy for antegrade CTO
- Operator: Good preparation & technique



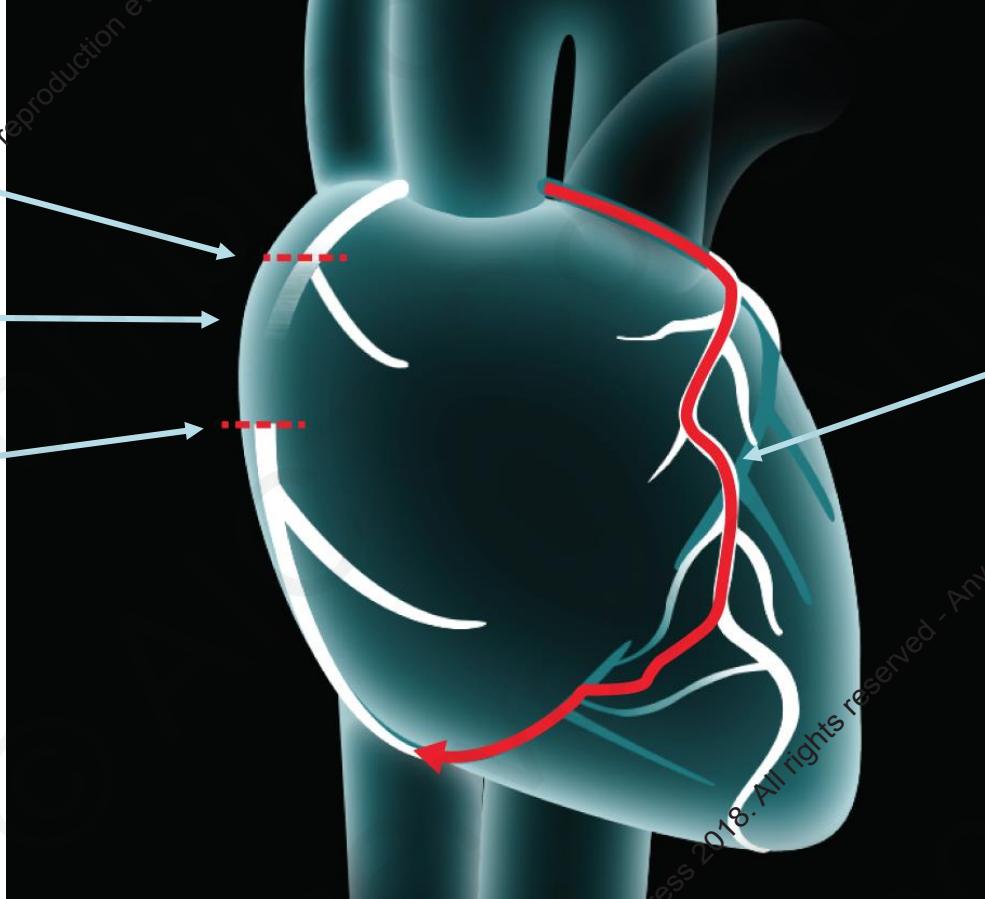
# Angiographic evaluation

Proximal cap

Lesion length

Distal cap

Collaterals



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## Proximal cap

- Ambiguous or unambiguous?
- Blunt or tapered?
- Side-branch at pCap?
- Calcified?

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## Distal cap

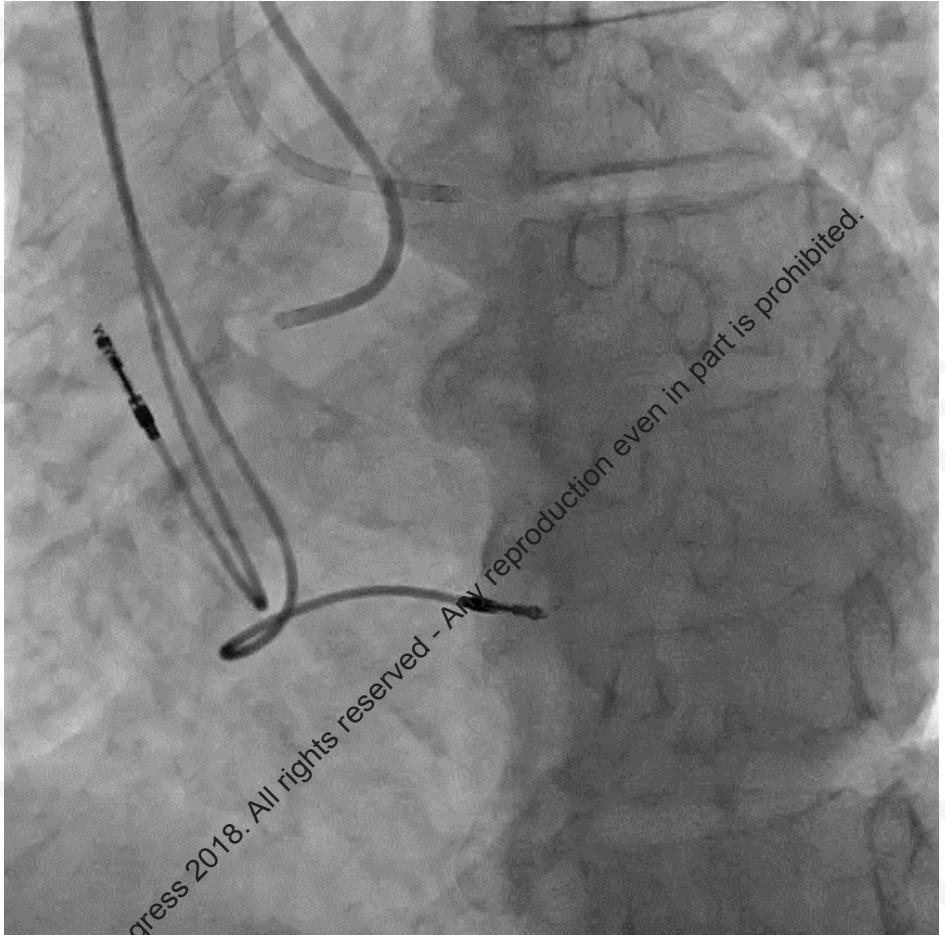
- Ambiguous or unambiguous?
- Blunt or tapered?
- dCap at bifurcation?
- Size of distal vessel/disease beyond dCap?



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## Occlusion length

- Length < or > 20 or 40mm?  
[Predicts your ability to wire]



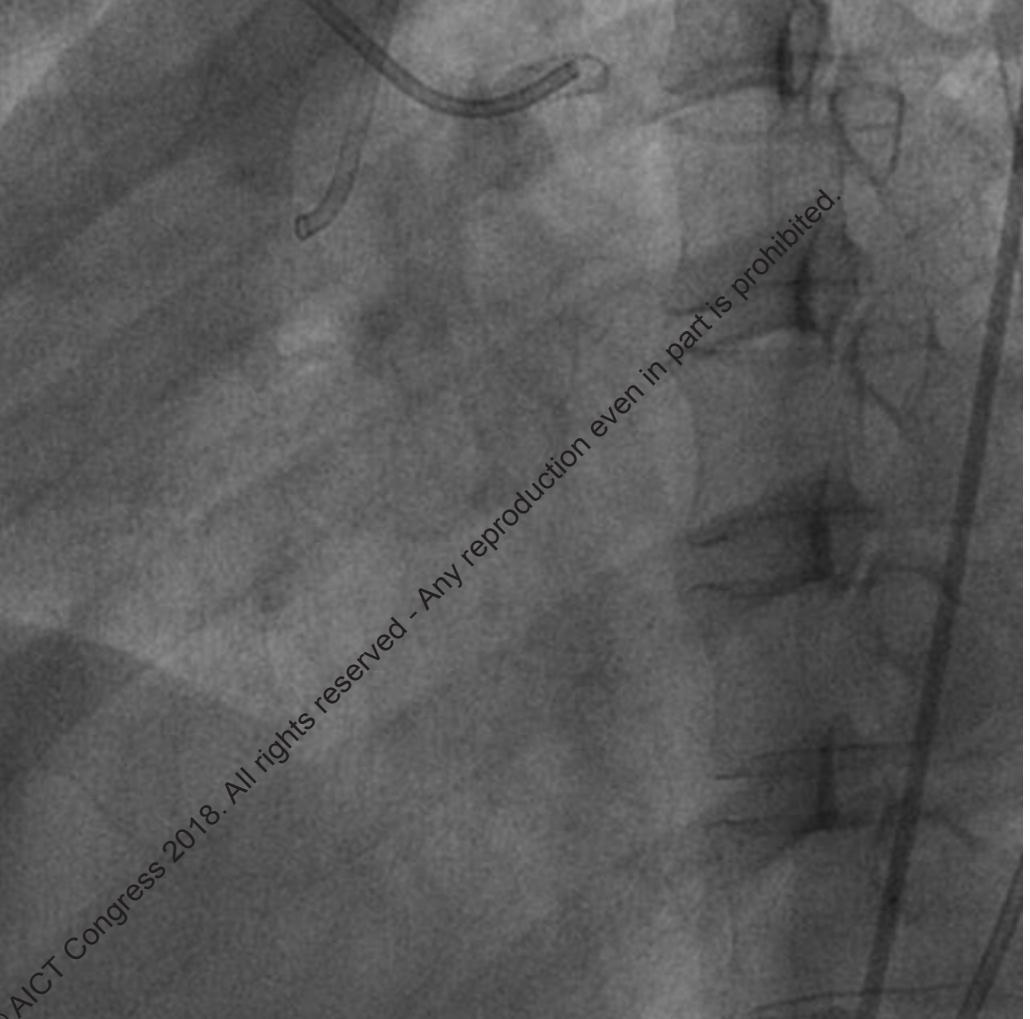
## Collateral Assessment

- *What collateral pathways are likely to be available?*
  - ✓ Septal collaterals
  - ✓ Epicardial collaterals
- *Is the collateral anatomy adverse or favorable for retrograde access?*

- Difficult antegrade approach
  - No stump
  - Unknown distal entry point or bent point
  - Long CTO (>40 mm)
  - Heavy calcium

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# Avoid antegrade?



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- Good preparation
- Good technique(s)



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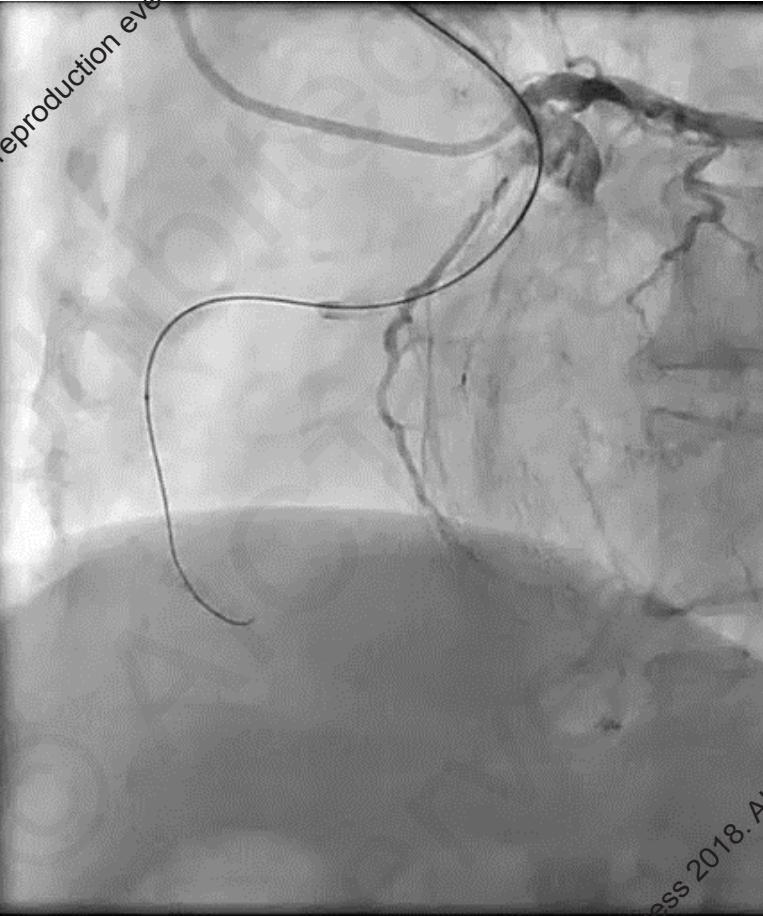
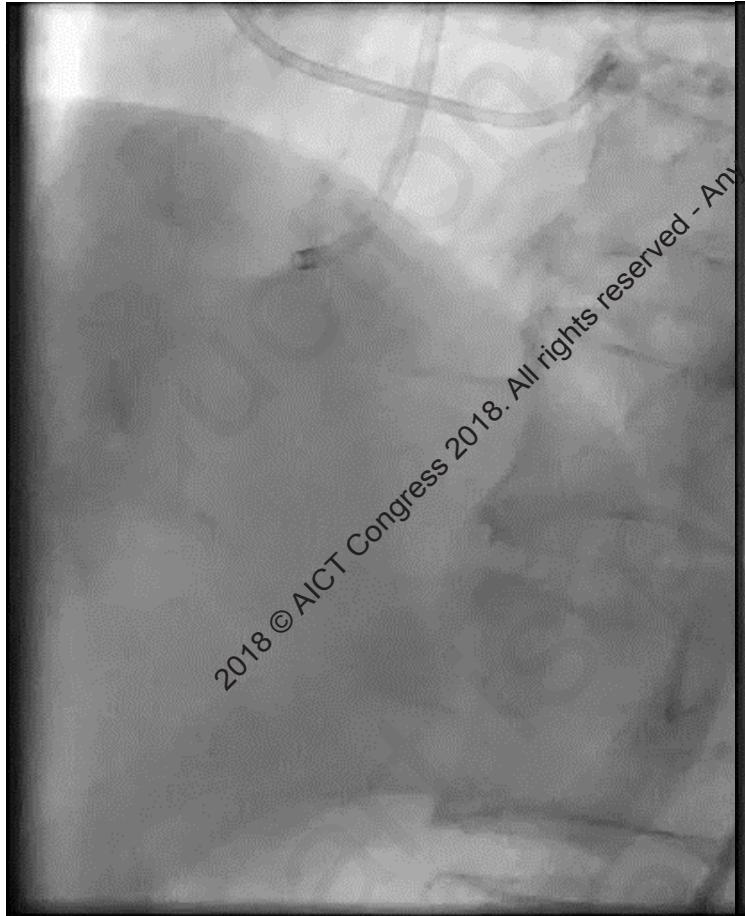
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# Good preparation

- Sufficient baseline angiographic images of the entire coronary artery anatomy
- Deliberate planning of the primary technical approach
  - Anatomic considerations
  - Non-coronary variables
    - renal function
    - prior attempts
  - overall health of the patient
- Biplane system if possible
- Review of Cath Lab inventory - do you have **everything** you need on the shelf and in the room?
- Stopping rules - x-ray dose and contrast volume

# Good technique(s)

- Contralateral injections
- Guiding techniques
  - ✓ Passive & active backup
  - ✓ Guiding extension: mother & child catheter, guideliner
- Microcatheter(s)
  - ✓ Better support
  - ✓ Special microcatheters: cozair, double lumen
- Guidewire shaping
- Wire manipulation



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