

JIC[®]

THE JOURNAL OF INVASIVE CARDIOLOGY

JANUARY 2015 VOLUME 27/ SUPPLEMENT A

AIMRADIAL 2014

3rd Advanced International Masterclass
Chicago, Illinois • October 23-25, 2014

www.invasivecardiology.com



HMP COMMUNICATIONS, LLC
an HMP Communications Holdings Company

Print ISSN 1042-3931 / Electronic ISSN 1557-2501

in a non-treated vessel. Mean volume of contrast was 226 ± 90 , mean fluoroscopy time was 11 ± 11 min and mean DAP was 173 ± 76 Gy/cm². The trapped wire was used for proximal stenting(s) in 10 cases and the free wire was used for the remaining 18.

CONCLUSION: The Distal Buddy-in-Jail technique allowed successful stent delivery in difficult anatomies without requiring large catheters or special material. The technique should safely be integrated in the available solutions for tough PCI.

Evaluation of the Safety and Efficacy of the Novel Svelte™ Acrobat Integrated Delivery System via a Radial Approach with 5-French Catheters

FS Devito, PB Andrade, CEF Silva, MP Menezes, A Abizaid, JR Costa, RA Costa, AMR Sousa

Instituto Dante Pazzanese de Cardiologia, Sao Paulo, Brasil

PURPOSE: To evaluate the safety and efficacy of the Svelte Acrobat Integrated Delivery System (IDS) via a radial approach with 5-French catheters. The direct stenting (DS) system enables easy delivery, deployment, and post-dilatation of a cobalt-chromium stent.

METHODS: Patients with coronary artery disease (CAD) were prospectively enrolled at three centers in Sao Paulo, Brazil to undergo PCI with DS via a radial approach using 5-French catheters. The primary endpoint was IDS success, which was defined as DS without post-dilatation and final stenosis <20% with TIMI 3 flow.

RESULTS: Fifty consecutive patients with 55 lesions were included. The procedural success was 98%. The device could not cross the lesion in 2 cases, so DS success was 96%. Fifty lesions met the primary study objective; thus, IDS success was 91%. The procedure duration was 21 min (SD = 9); fluoroscopy time, 437 sec (SD = 280); and contrast volume per vessel, 103 cm³ (SD = 33). The final residual stenosis, by quantitative coronary angiography, was 3.4% (SD = 4). The reduced need for additional catheters resulted in a 20% procedural cost saving. There were no bleeding or vascular complications. At 8 months, the event-free survival was 84%.

CONCLUSIONS: DS using the Svelte Acrobat IDS via a radial approach and low-profile catheters is safe and efficacious in select CAD patients, and its use is associated with potential procedural cost savings.

Total Wrist Access for Primary Percutaneous Coronary Intervention: A Real World Single Center registry of 2624 Consecutive Patients with Acute STEMI

O Kalpak, S Anton, J Kostov, H Pejkov, I Spiroski, M Boshev, I Vasilev, B Zafirovska, S Keder

University Clinic for Cardiology, Skopje, Republic of Macedonia

PURPOSE: Transradial access for primary percutaneous coronary intervention (TRA PPCI) in patients with acute ST elevation myocardial infarction (STEMI) is associated with reduced complications and mortality rate. However,

there is a paucity of data regarding total transition towards radial or wrist access for PPCI. Our center completely transferred access strategy to default TRA for all interventions.

METHODS: From January 2010 to December 2013, 2,624 consecutive all-comers STEMI patients underwent PPCI within first 12 hours of symptoms onset. TRA was used as the first choice default access strategy by all 7 experienced high volume radial operators. Interventions were done according to international guidelines with or without thrombus aspiration according to operator's decision. Primary outcomes were: access site transfer rate, secondary outcomes were mortality and major adverse cardiovascular events rates (MACE: death, reinfarction, stroke target vessel revascularisation) at 30 days and 6 months.

RESULTS: Crossover from default radial was low 5.4% (144 patients). We treated 98.7% (2,589) patients by wrist access and only 1.3% (35) patients with transfemoral access (TFA). Access site transfer occurred towards left radial in 2.6 % (69 patients), ulnar 1.6 % (40 patients) and in only 1.3 % (35 patients) towards TFA. Secondary outcomes at 30 days were: MACE rate of 6.6% (174 patients), mortality rate of 5.0% (131 patients). At six months MACE rate was 8.6% (226), mortality rate was 5.6% or additional 16 deaths were observed.

CONCLUSION: Default TRA strategy is associated with low crossover rate in experienced high volume radial center. Total wrist access for STEMI interventions is linked with low mortality and MACE rate in unselected all-comers cohort.

A New Over-the-Wire Support Catheter for Radial Treatment of CTOs: The Prodigy Balloon

S Moualla, RR Henser

St. Luke's Medical Center, Phoenix AZ, USA

Chronic total occlusion (CTO) interventions continue to be challenging for interventionists despite the advent of multiple devices and techniques. The anchoring balloon technique has been described for several years as an aid in opening CTOs using the antegrade approach. The anchoring balloon technique in radial CTO intervention is effective but limited because the over-the-wire balloons are too long and can result in barotrauma to the origin of the treated vessel. We introduce a shorter length and tip and less traumatic elastomeric balloon to aid in support for treating CTOs.

METHODS: We have utilized the Prodigy balloon in 5 radial cases; 4 right coronary artery CTOs and 1 circumflex CTO.

RESULTS: All procedures were successful. All cases were done with less than 40 min of fluoro time. Three patients were discharged 4 hrs after procedure (outpatient).

CONCLUSION: The Prodigy support catheter may be an improvement in anchoring techniques to aid in complex PTCA and CTO intervention. The device has been particularly effective in radial CTO cases.