

TTT2023-Live Demo

2023/1/7

Cathay General Hospital

Operators: Dr. Cheng-Ting Tsai

Patient Demographics:

-Age:74

-Gender: Male

- Bilateral radial approach
 - LCA: 7Fr EBU 3.75
 - RCA: 7Fr AL1 -> 6Fr SAL1
(due to pressure dampening given proximal RCA lesion)
1. Try antegrade microchannel tracking with XTR + Caravel
 2. AWE to Gaia 2nd and reach to distal LAD true lumen successfully, confirmed by RCA conus branch tip injection
 3. IVUS to LAD CTO segment, distal LAD negative remodeling with small vessel caliber
 4. POBAS to LAD with DES 2.5*36mm + DES 3.5*36mm followed by NC 2.5 and 3.5 post-dilatation (Biofreedom Ultra)
 5. POBA to dLAD distal to stent edge with BC 2.0*15 followed by 2.5*30 mm DCB
 6. Check IVUS to LAD post-PCI

1. Check IVUS to pRCA
2. POBAS to pRCA with DES 4.0*24mm
(Biofreedom Ultra)
3. Check IVUS to RCA post-PCI





