

# Case 5 Post-CABG LAD CTO

# TTT 2023 Live demo

- 2023/01/07
- Kaohsiung Chang Gang Hospital
- Operator: Chiung Jen Wu, Chien-ho Lee
- Patients characteristics
  - s/p CABG, LIMA Atrophy, p-LAD had CTO, RCA CTO
  - s/p Recannalize RCA CTO

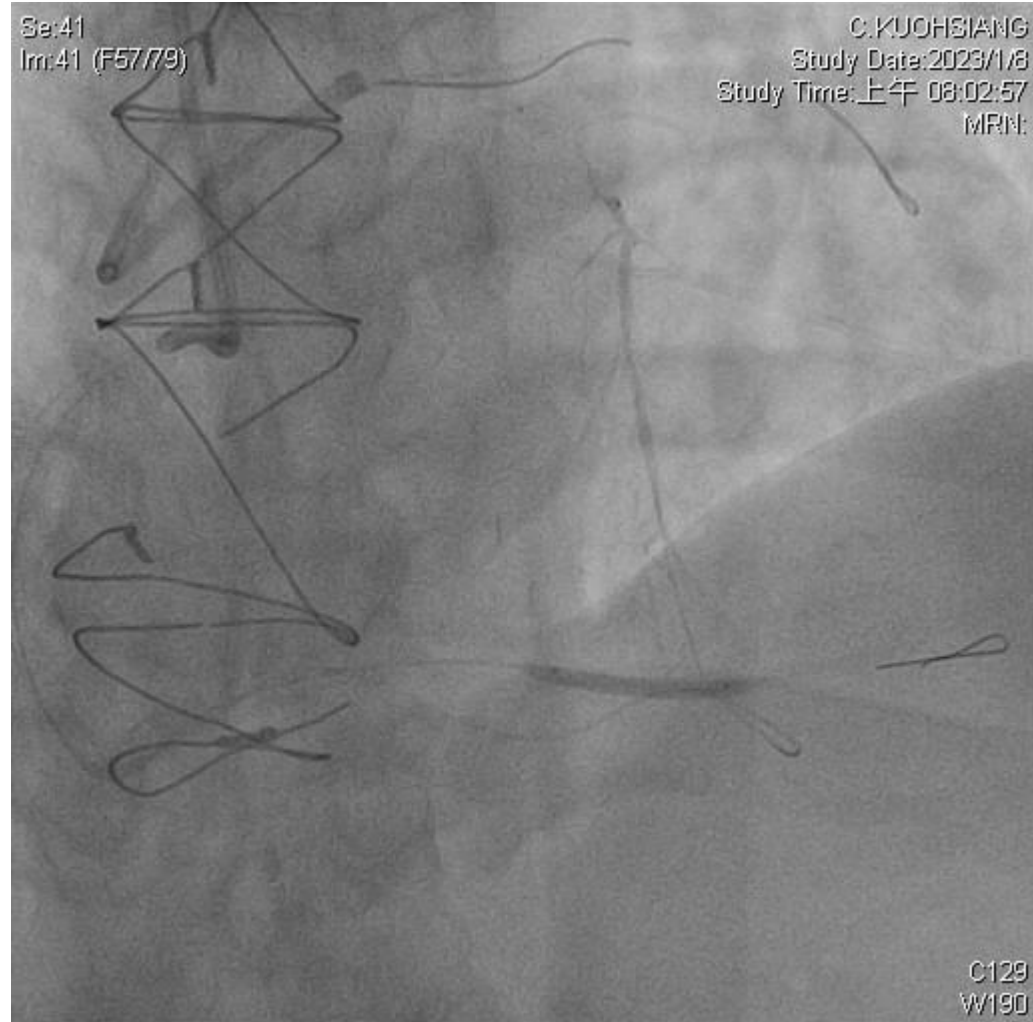
# Right brachial artery and left radial artery approach

LCA: 7Fr Hyperion SBP 4.0

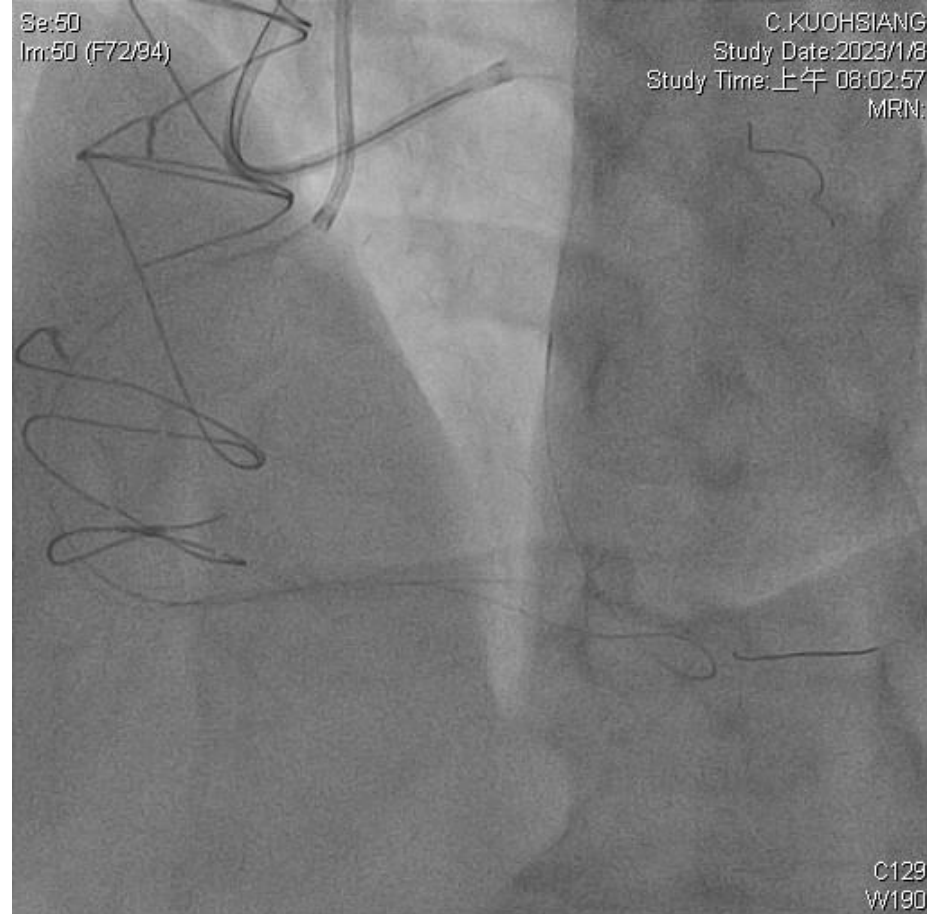
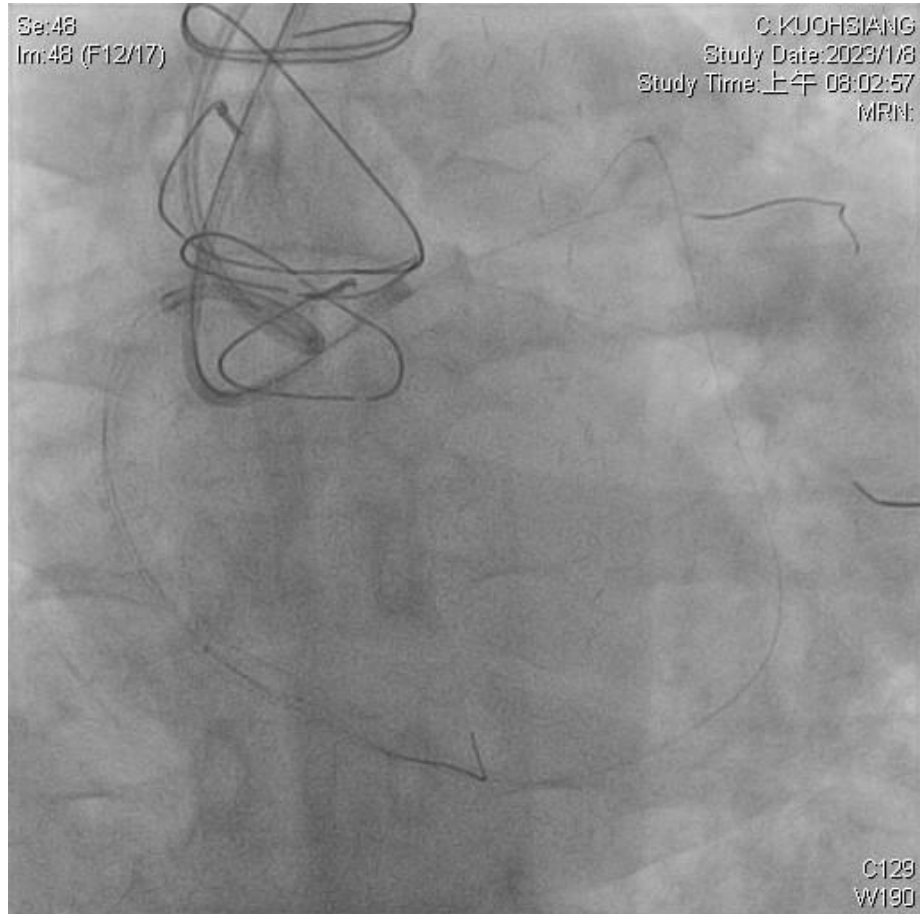
RCA: 7Fr Hyperion SAL1

- Try antegrade with XTA, UB3, Hornex 14 failed
- Try retrograde via septal collaterals , Suoh 03 for collateral wiring
- Retrograde wiring, XTA -> Gaia 3rd
- Retrograde finecross catheter cannot pass through the CTO body, try retrograde balloon dilatation and changed to caravel still in vain. Changed to Cosair pro microcatheter and successfully crossed the CTO body.
- Externalization with RG3. Three DES 2.5x38, 3.0x38 and 3.5x18 mm from m-LAD to LM ostium.

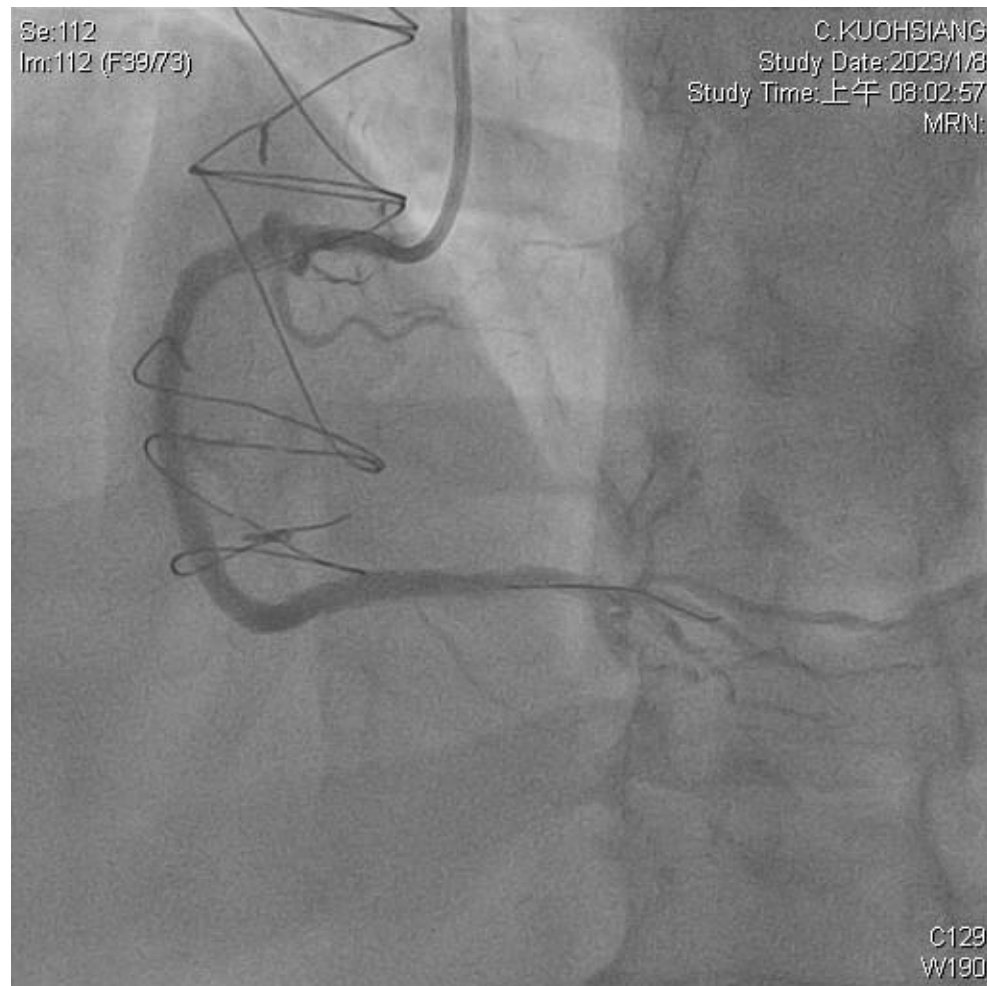
Antegrade failed, Try retrograde via septal collaterals  
and crossed the CTO lesion ( Suoh 03 -> XTA -> Gaia 3<sup>rd</sup>)



Finecross catheter cannot pass through the CTO lesion -> retrograde balloon dilatation with 1.0 balloon -> caravel catheter still failed -> Corsair pro was successfully crossed the CTO lesion into antegrade guiding catheter



# After Three DES from LM to os-p-LAD, final angiogram



Patient was discharged one day later