BTK Intervention - Overview and Video live -

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Disclosure

Speaker name: Hiroshi Ando

I have the following potential conflicts of interest to report:

☐ Consulting

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☒ ☐ do not have any potential conflict of interest
ESC 2011 guideline
- Tibio-Peroneal lesions -

EVT first!
A Variety of 0.014inch wires

◆ Terumo
  • Runthrough Ph, Naveed 4 (Tapered 1, Floppy 1, Hard 15/30/50)
◆ ASAHI INTEC
  • Cruise (Regalia), X-treme PV, Agosal XS, Treasure XS, Gradius
  • Astato XS 9-12/9-40, Halberd
◆ Lifeline
  • Wizard PV 1/3/6/X, Joker PV
◆ Kaneka
  • Athlete Ruby (Soft, Intermediate, Hard, Superhard, Support)
◆ Cordis
  • Chevalier (Floppy, tapered 3/15/30, PL-X, Universal)
◆ Boston
  • Aguru (Floppy, Support, Ultra, Pierce, HC), Jupiter Max
◆ Abbott
  • Command, Winn 40/80/200T
# Personal Preference

<table>
<thead>
<tr>
<th>Product</th>
<th>Core</th>
<th>Coating</th>
<th>Polymer length</th>
<th>Outer diameter (inch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruise (Regalia)</td>
<td>Stainless</td>
<td>Polymer Jacket + Hydrophilic</td>
<td>22cm</td>
<td>0.014</td>
</tr>
<tr>
<td>Naveed4 Floppy1</td>
<td>Stainless</td>
<td>Polymer Jacket + Hydrophilic</td>
<td>18.5cm</td>
<td>0.014</td>
</tr>
<tr>
<td>Chevalier Floppy</td>
<td>Stainless</td>
<td>Polymer Jacket + Hydrophilic</td>
<td>12cm</td>
<td>0.014</td>
</tr>
<tr>
<td>HT Command</td>
<td>Nitinol</td>
<td>Polymer Jacket + Hydrophilic</td>
<td>28cm</td>
<td>0.014</td>
</tr>
<tr>
<td>Athlete Wizard PV3</td>
<td>Stainless</td>
<td>Dipping Polymer + Hydrophilic</td>
<td>17cm</td>
<td>0.010-0.014</td>
</tr>
<tr>
<td>Athlete RUBY PT Hard</td>
<td>Stainless</td>
<td>Hydrophilic</td>
<td></td>
<td>0.014</td>
</tr>
<tr>
<td>Chevalier PL-X</td>
<td>Stainless</td>
<td>Polymer Jacket + Hydrophilic</td>
<td>12cm</td>
<td>0.014</td>
</tr>
<tr>
<td>ASAHI Halberd</td>
<td>Stainless</td>
<td>Hydrophilic</td>
<td></td>
<td>0.014</td>
</tr>
<tr>
<td>Astato XS 9-12</td>
<td>Stainless</td>
<td>Hydrophilic</td>
<td></td>
<td>0.009-0.014</td>
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<tr>
<td>Astato XS 9-40</td>
<td>Stainless</td>
<td>Hydrophilic</td>
<td></td>
<td>0.009-0.014</td>
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<tr>
<td>Naveed4 Hard50</td>
<td>Stainless</td>
<td>Hydrophilic</td>
<td></td>
<td>0.013-0.014</td>
</tr>
<tr>
<td>Jupiter MAX</td>
<td>Stainless</td>
<td>Hydrophilic</td>
<td></td>
<td>0.013-0.014</td>
</tr>
</tbody>
</table>

**Note:** Nitinol CORE-TO-TIP, 1mm Pre-shape
New Issue

After passing the wire, no device can pass through the lesion!

- Low profile balloon
- Microcatheter
- Tornus PV®
- Additional wire (Crusade PV®)
- Crosser®
- Excimer laser®

- Rotablator®
- GuideLiner®
- Subintimal passage
- Needle cracking technique
- Brockenbrough needle
- Tag of wire
Needle cracking technique

63y  Male  CLI,DM

SFA 75%
Pop 90%
PT 100%
ATA 100%
DPA 100%
Needle cracking technique
Needle cracking technique
Needle cracking technique
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BAD FORM Technique
Case: Male, 73 years

**Rt. ATA, PE occlusion**

Clinical data:
- PAOD, Bil. CLI, Rt. big toe and lateral foot non-healed ulcer, rest pain
- Rutherford 5
- Recanalization of the Lt. ATA, PTA 01/2015
- Recanalization of the Rt. SFA(STENT implantation), TPT, PTA(POBA), ATA Balloon not cross 04/2015
- ABI: 0.75
- CAD, Post PCI
- Diabetes Mellitus
- ESRD(Hemodialysis)
1st EVT, 04/2015
Where there’s a will there’s a way!

Thank you for your attention.