Snare technique for carotid stenting in type 3 arch

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(Live demo site in LINCAP 2014, 2016)
Disclosure

Speaker name:

**Chen I-Ming**

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)

- [✔] I do not have any potential conflict of interest
What I care most in carotid stenting?

The severity of calcification
To know the danger zone of embolic event and possible aortic dissection

The tortuosity of iliac artery and aortic arch
To know if the access support is enough for CAS
Arch classification

Type I

Type II

1-2 diameter of CCA

Type III

> 2 diameter of CCA
Mr. Lin, 60 y/o
Chief complain: easy dizziness
History of hyperlipidemia, HTN and DM
Tongue cancer s/p right neck lymph node dissection and radiation
Carotid doppler: r’t ICA 90% stenosis
Referred for carotid revascularization
Pre-op evaluation
Device for the procedure

- 8Fr. Sheath and 8Fr. JR4 from r’t femoral
- 300 cm glide wire for body floss wire
- vert catheter for protection
- 6Fr. Sheath 10 cm & 45 cm from r’t brachial
- Snare system
- Boston wallstent 9mm x 50mm
- Sterling balloon 5mm x 20mm
Conclusion

• Our strategy might extend the application of carotid stenting in type 3 arch.

• Needs more cases and long term F/U.
Endovascular First !!!

Thanks for attention
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