



LIN C

Snare technique for carotid stenting in type 3 arch

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(Live demo site in LINCAP 2014, 2016)



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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?

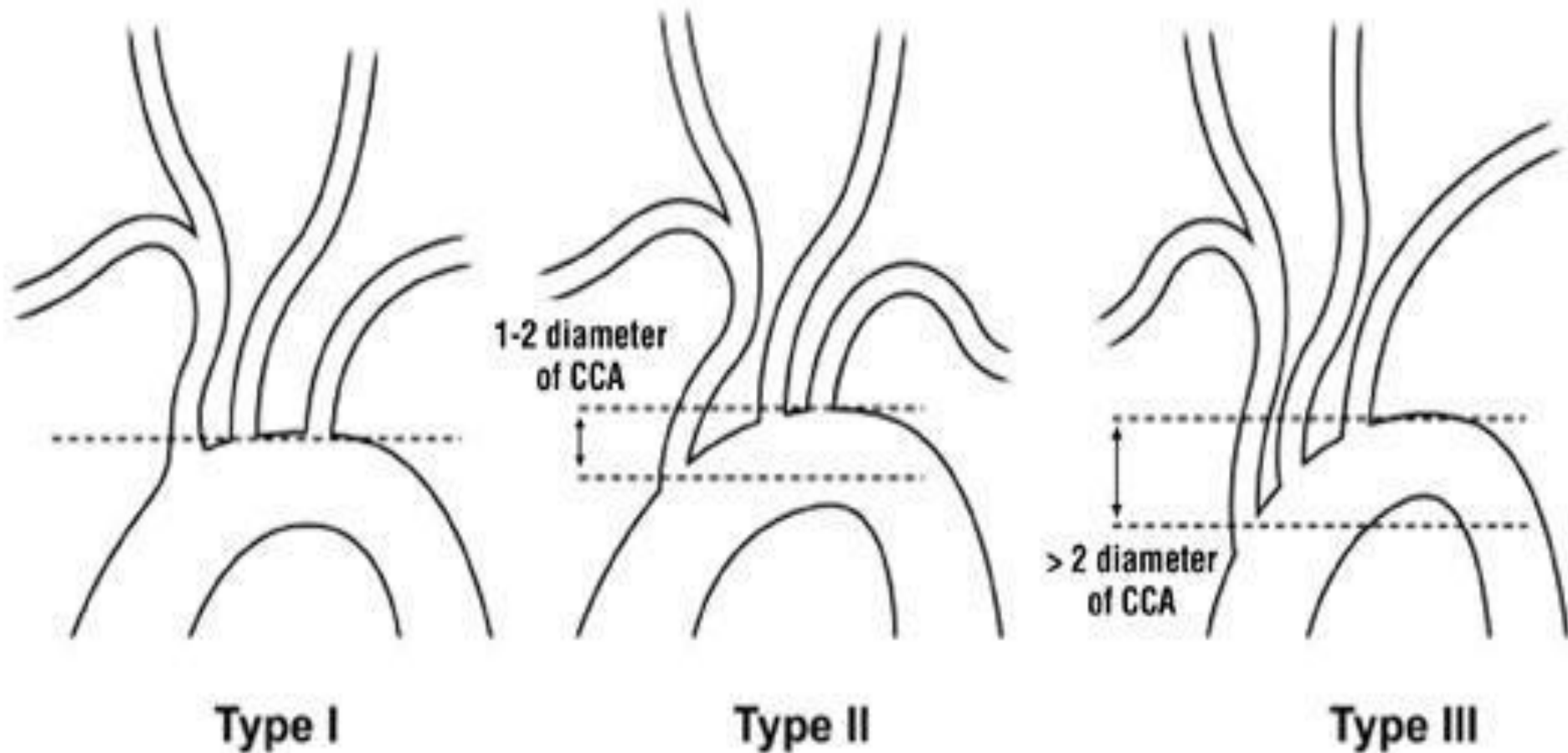
The severity of calcification

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



Case presentation

Mr. Lin, 60 y/o

Chief complain: easy dizziness

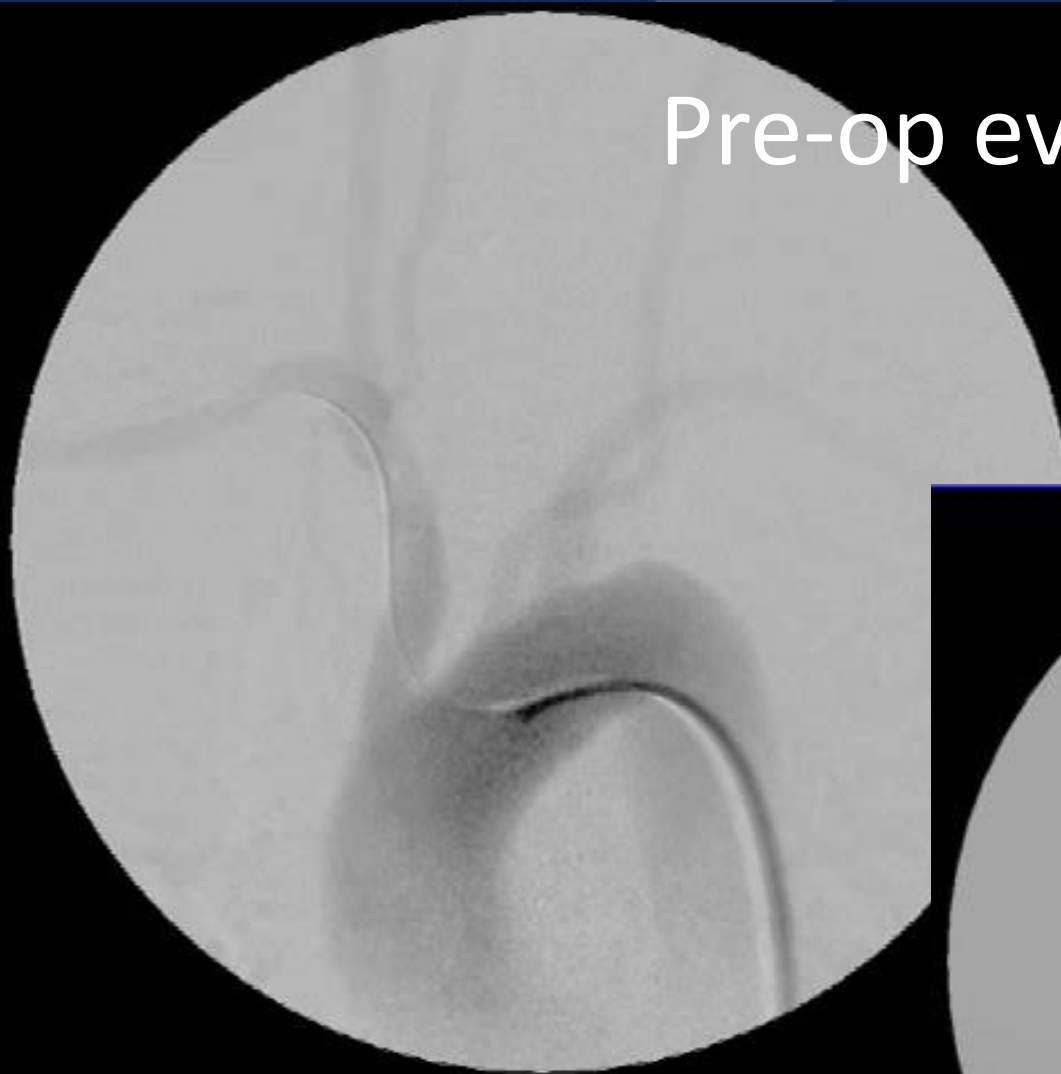
History of hyperlipidemia, HTN and DM

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



Carotid stenting procedure



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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