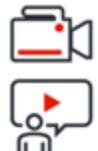




Post coronary artery bypass surgery chronic total occlusion requiring triple access and rotablation of donor vessel



Leeds General Infirmary, UK



Dr Abdul Mojid, Dr Shane Parfrey

74M elective CTO intervention of circumflex

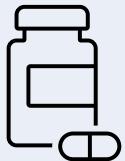


MI 1989, CABG 1991 (LIMA-LAD, SVG-PDA, SVG-OM)

Angiogram December 2020: patent LIMA-LAD, patent SVG-PDA with moderate-severe disease, native circumflex CTO with occluded graft



Permanent pacemaker for atrioventricular block
Prostate cancer, under surveillance (radiotherapy 2011)



Class III angina on 3 anti-anginals



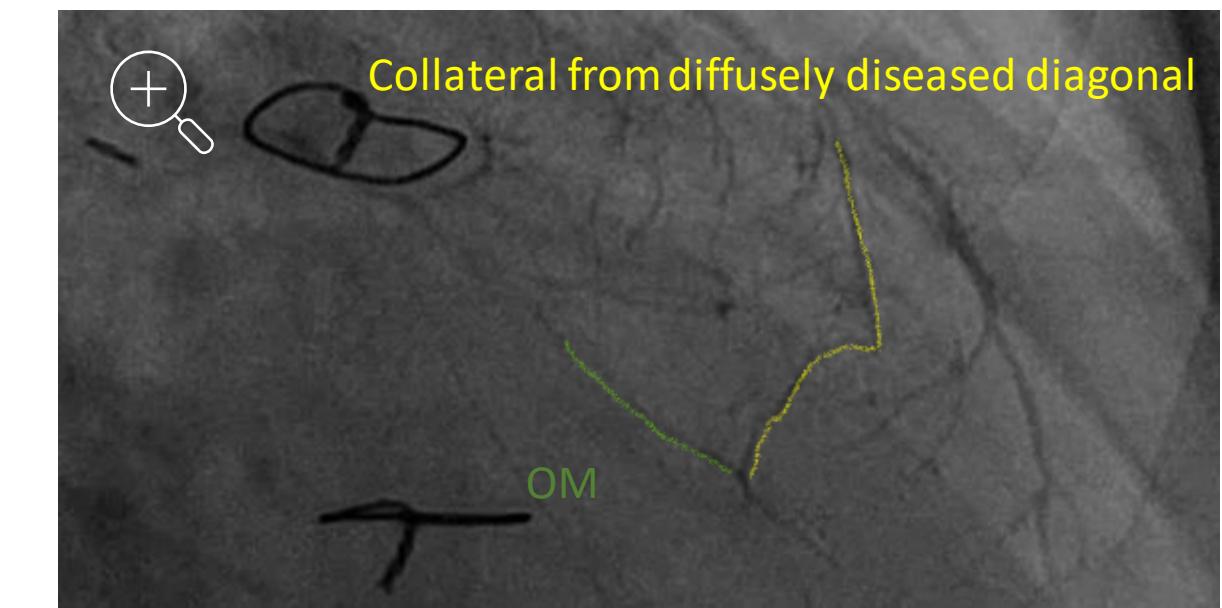
Echocardiogram: Mild left ventricular dysfunction

Biradial 7Fr

Baseline angiography: Via LIMA



Baseline angiography:
Via native left injection

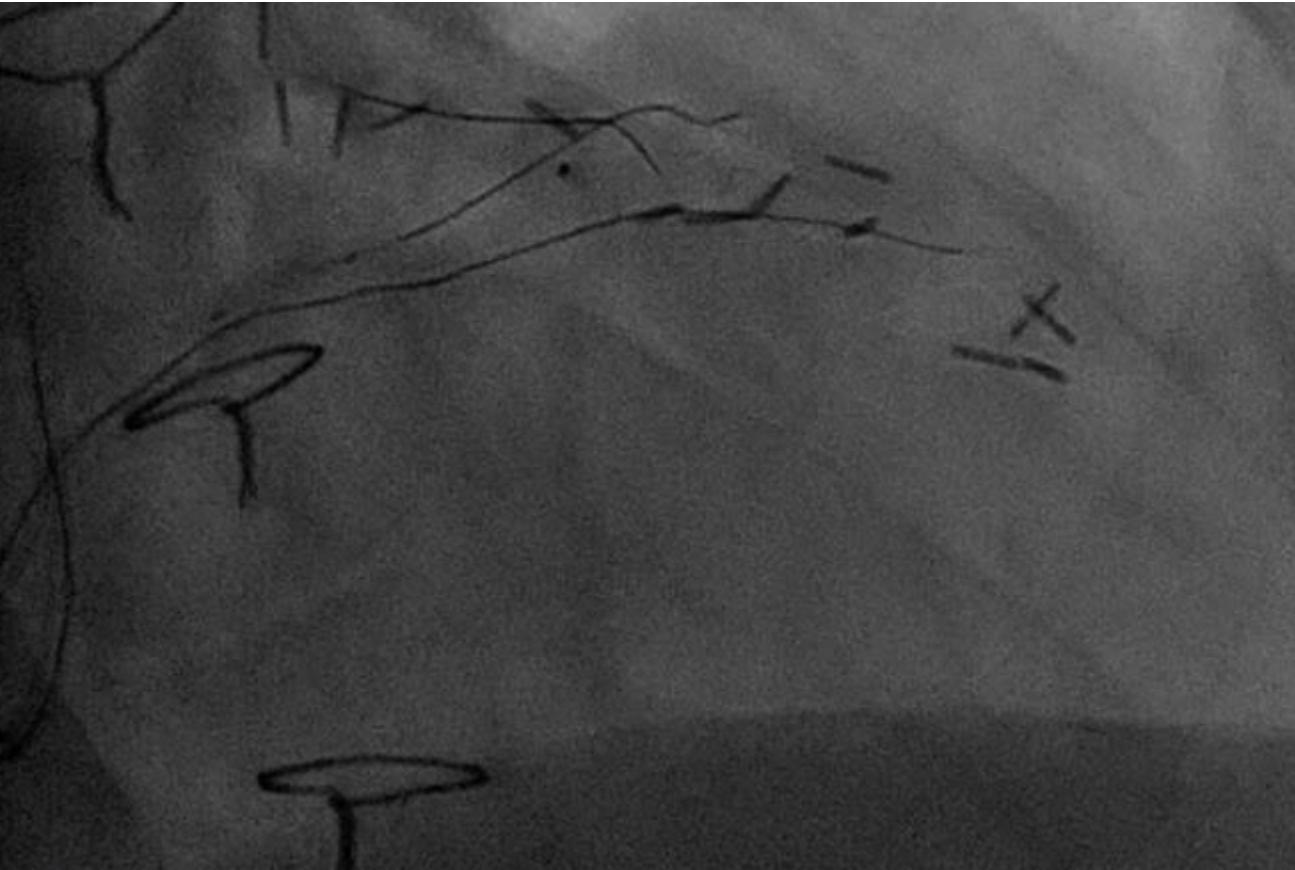


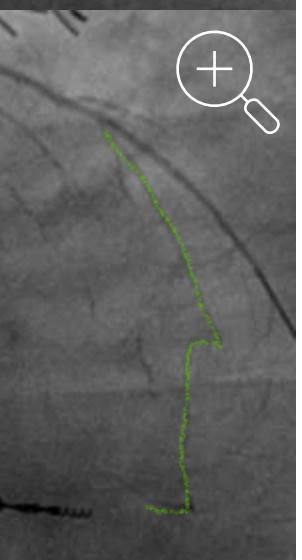
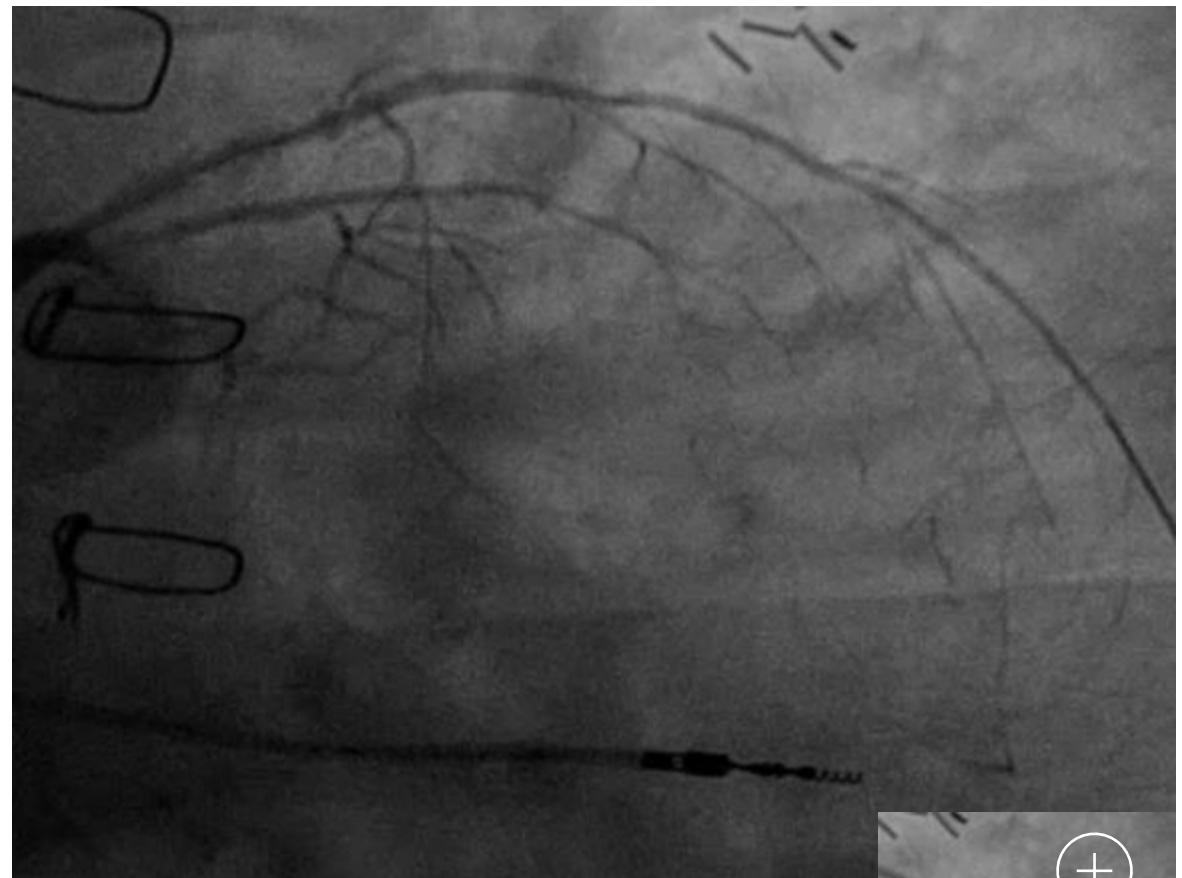
Brief attempt occluded SVG-OM unsuccessful.

Diagonal wired with Fielder XT-A

1.0mm balloon cannot cross with anchor balloon support.

1.25mm Rotablation burr in diagonal





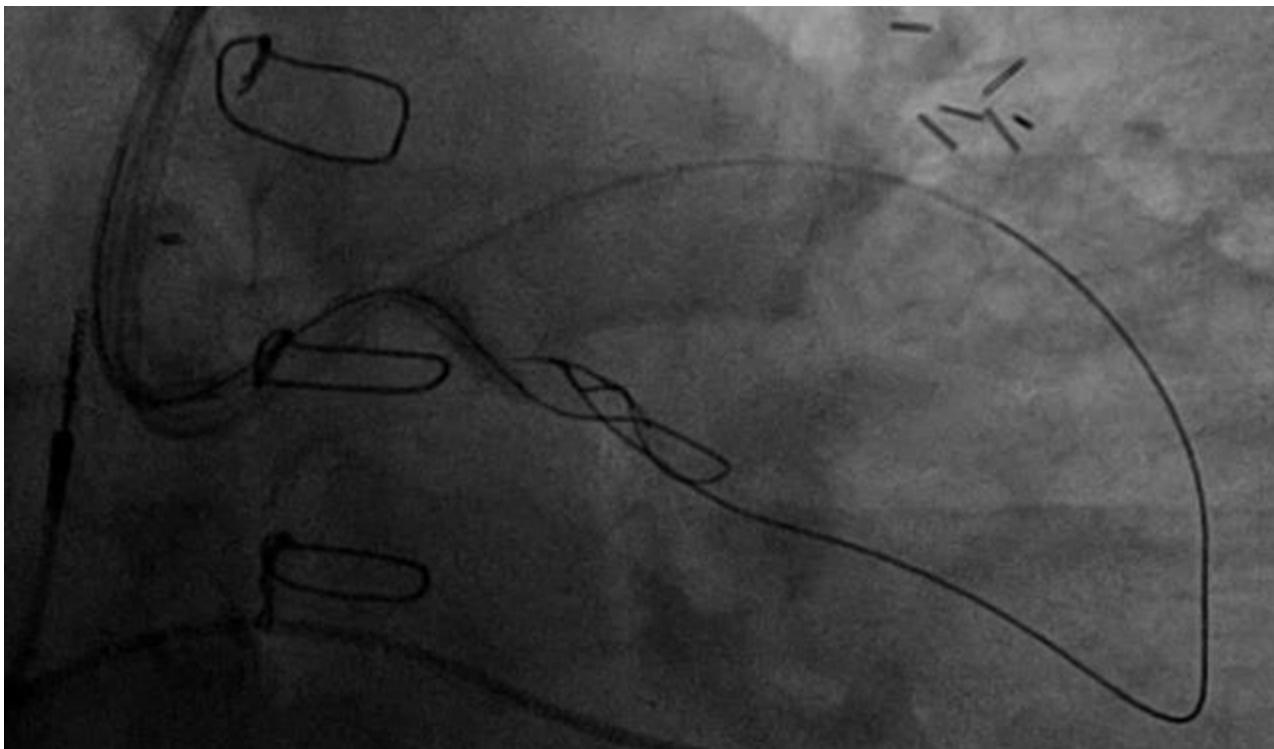
Retrograde crossing
SUOH3 wire, Caravel 150cm



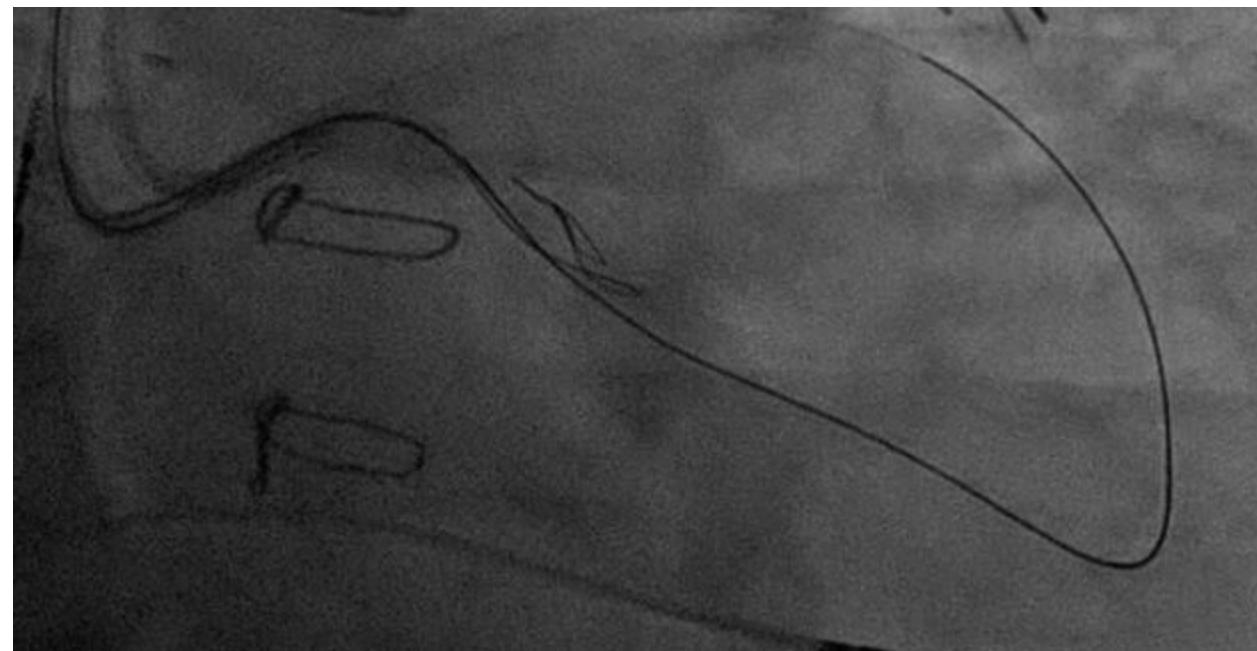
Guideliner facilitated Reverse CART

Ping pong guides

BASE antegrade with 2.0mm balloon and Gladius wire

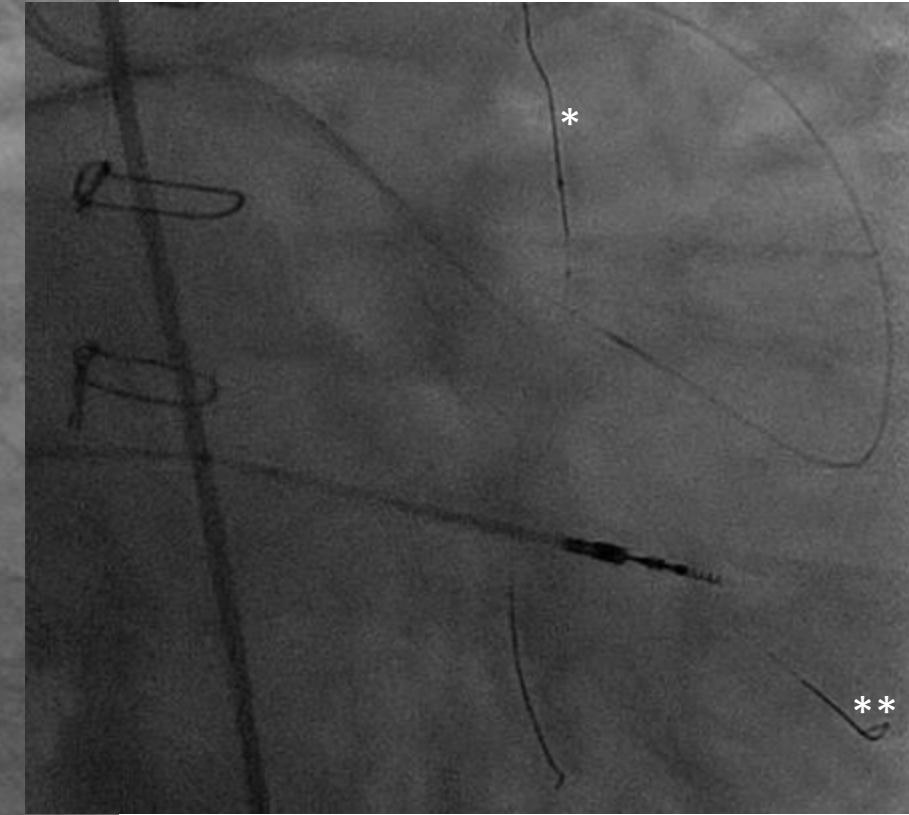
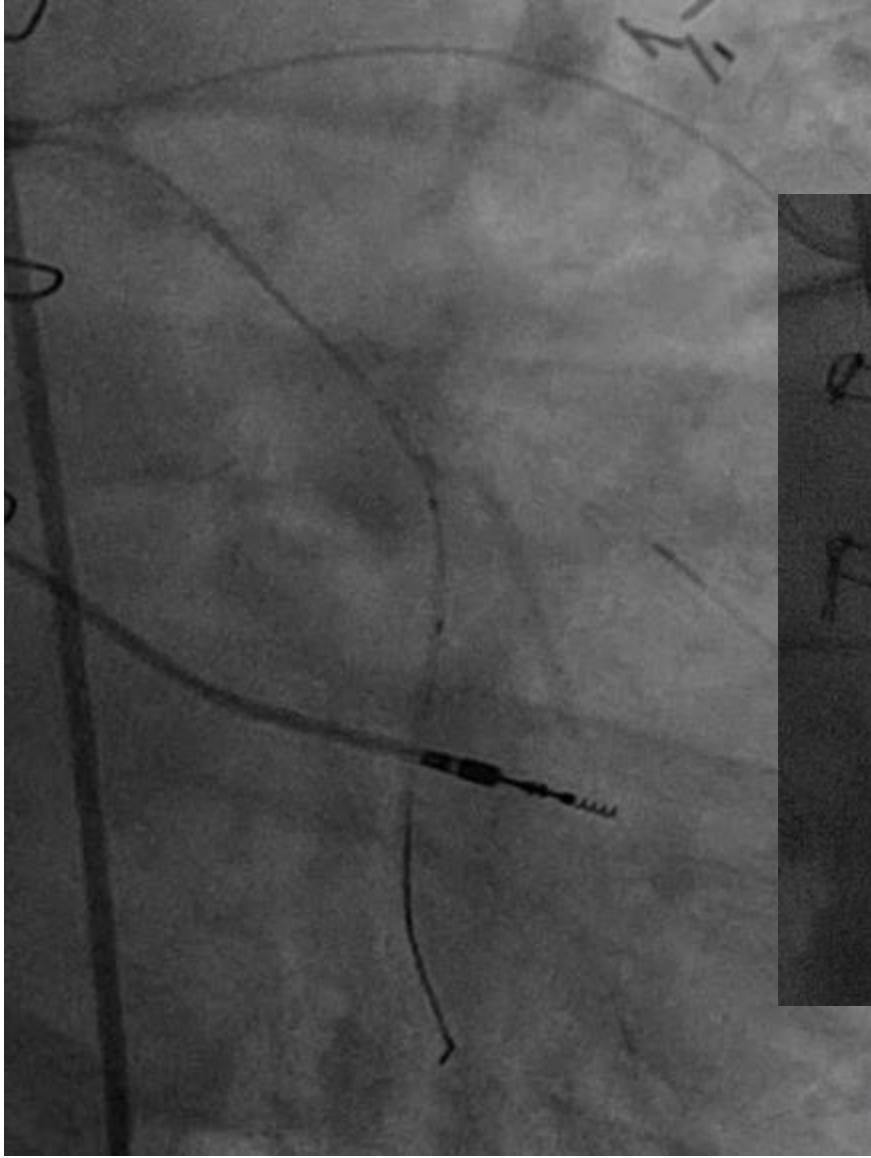
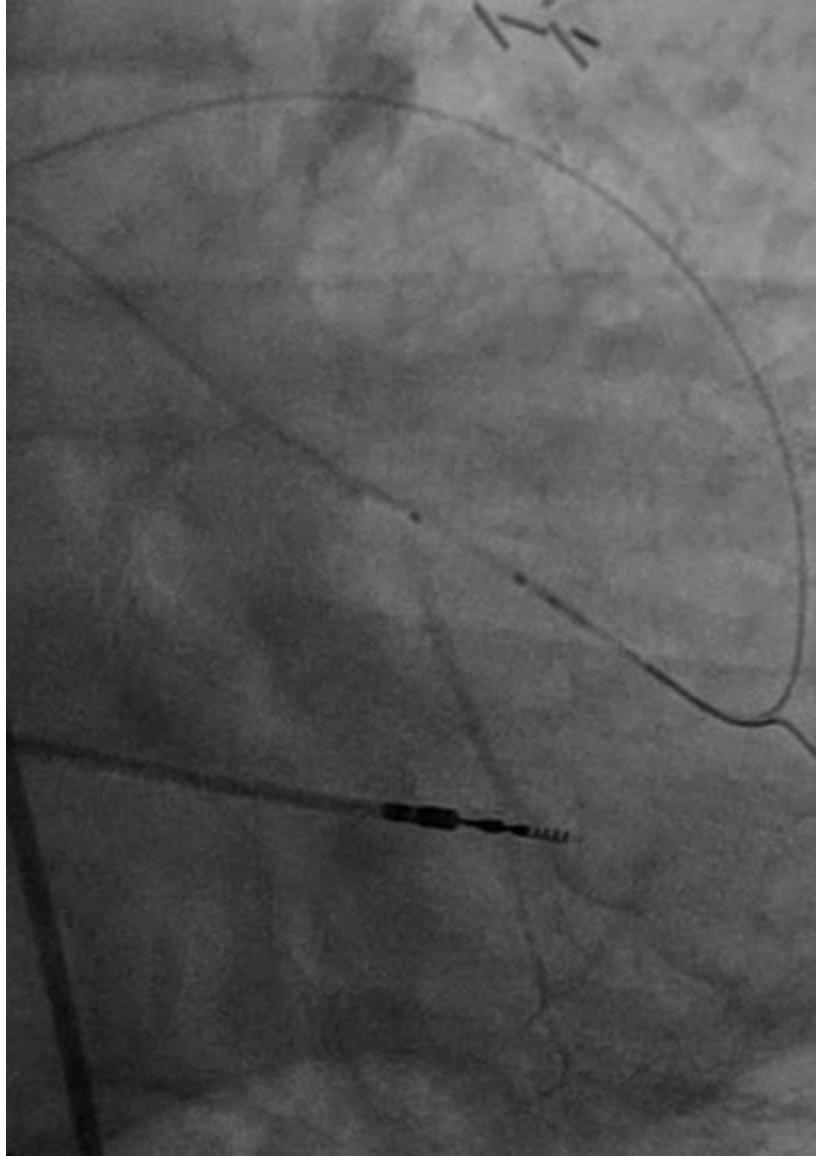


Antegrade Guideliner wired with RG3 wire and externalized



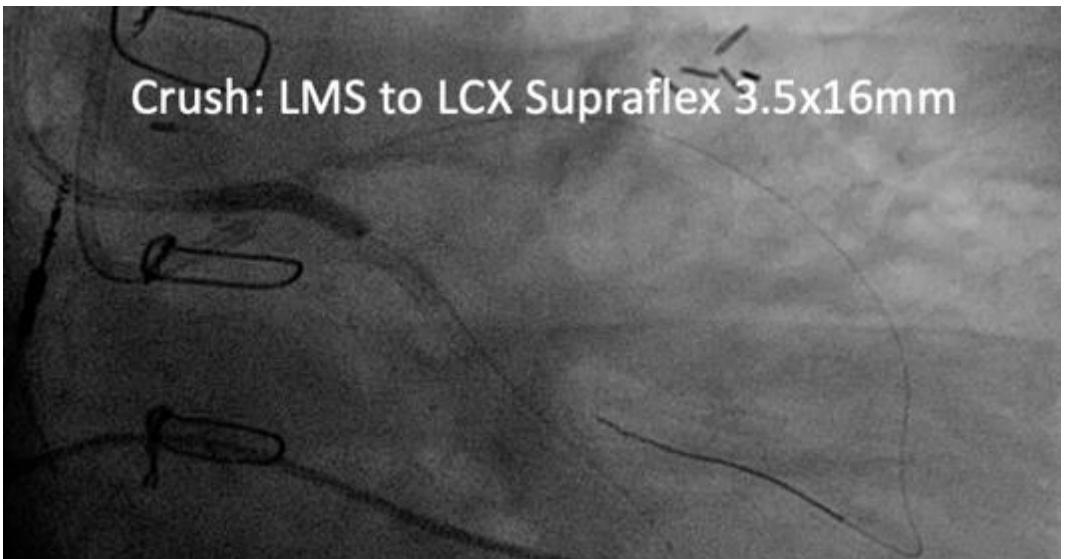
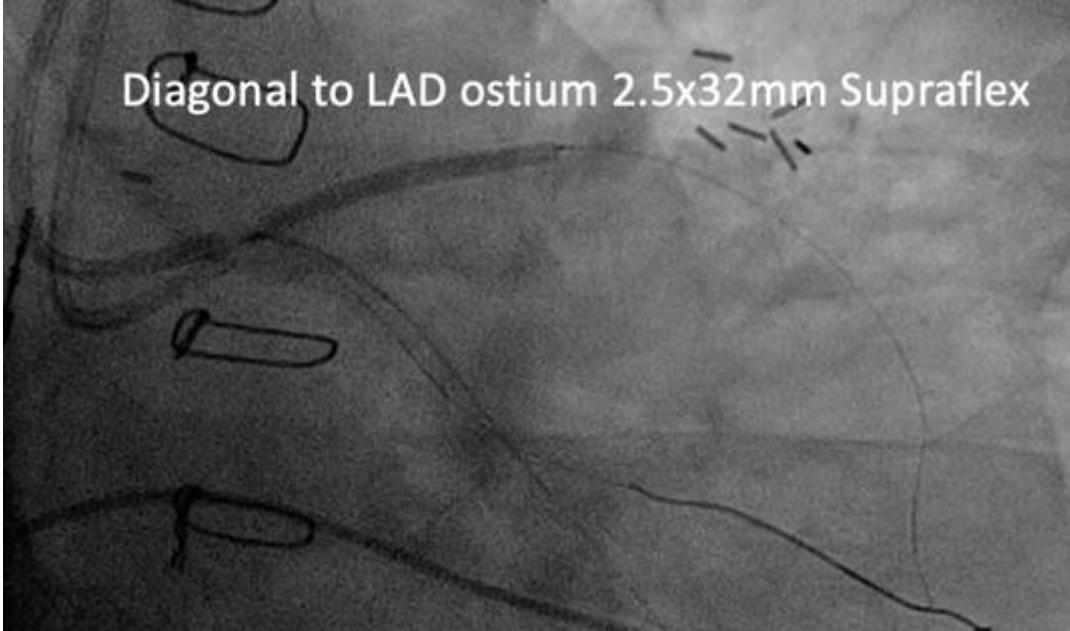
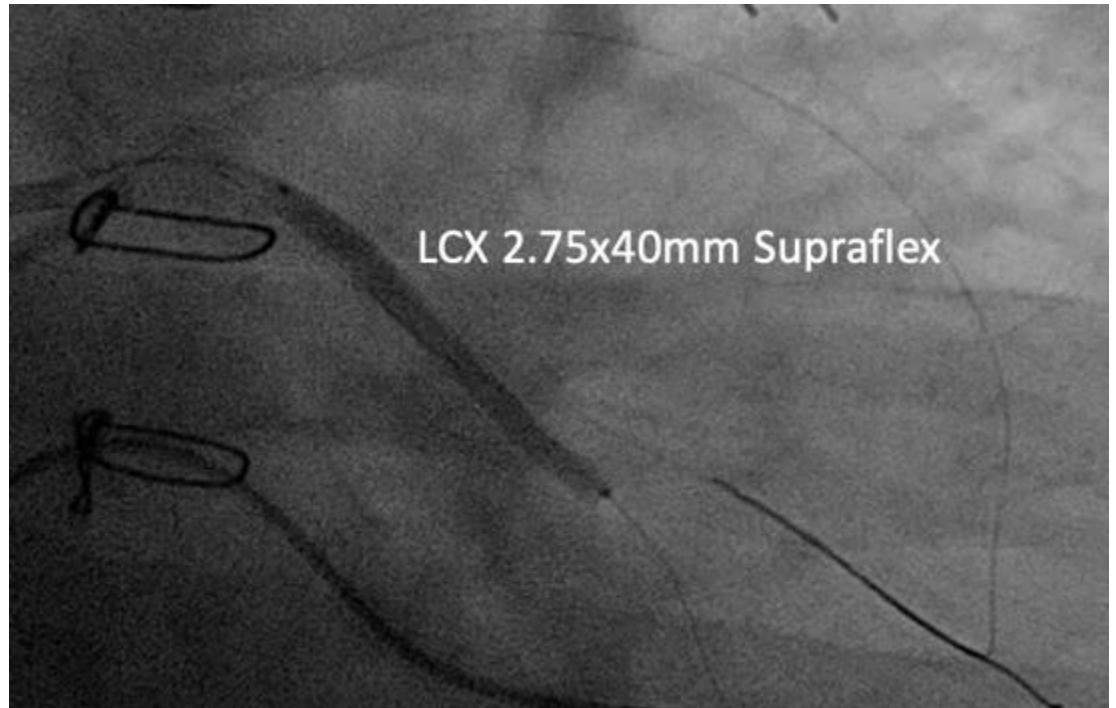
3rd access (6Fr Femoral):
via LIMA for distal visualization.

Tip injection
via Twin Pass dual lumen microcatheter



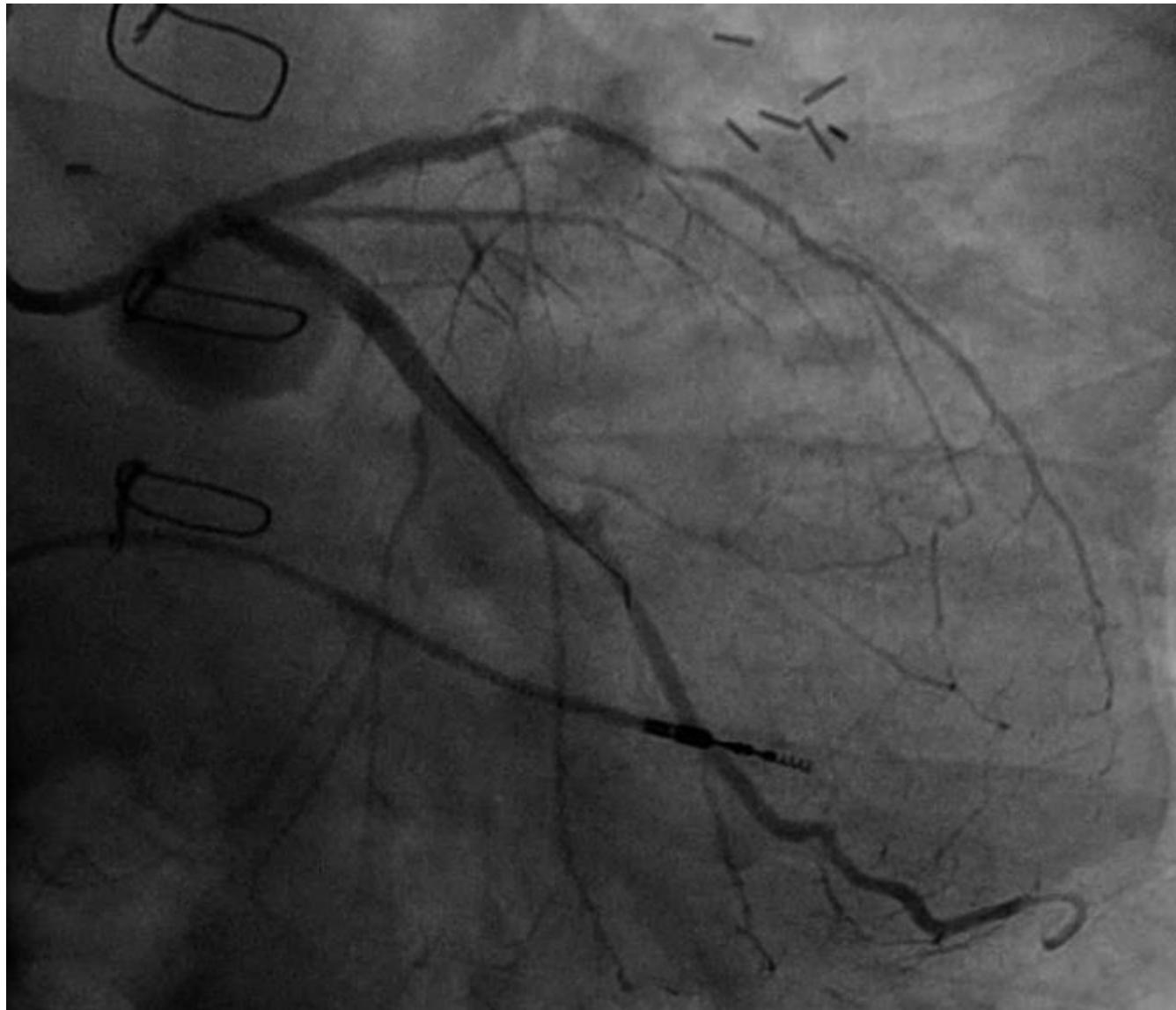
Occluded SVG wired*,
Then OM wired
via Twin Pass and Sion Black**

Stent deployment following pre-dilatation



IVUS guided kissing balloon inflation

Final angiographic result



Key Takeaways

- Post CABG CTO can present complex problem solving
- Triple access may be required to visualize occluded vessel, collaterals and distal visualization
- Rotablation can facilitate retrograde crossing
- Utility of dual lumen catheters to facilitate distal vessel wiring