The case of trans-radial minimum invasive endovascular treatment for bil-long iliac lesions using 3D angiography

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Disclosure

Speaker name: Makoto Sugihara

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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
When you perform EVT, where will you approach from?
I will try to treat bi-lateral iliac lesion from upper extremity at one time.

The patient refused brachial artery approach absolutely.

I decided to perform EVT via radial artery approach.
Device selection

- Longest shaft of stent is 135cm.

- Longest 120cm guiding sheath can contrast right and left iliac artery selectively, but there is the potential not able to deploy the stent.

- We selected 100cm guiding sheath and performed 3D angiography.
3D angiography
Constructed 3D image
We can advance the wire with 3D angiography.

This image can follow a swing and an enlargement of angio-apparatus.
Rt.Stent deploy(movie)
We can deploy the stent precisely.
Final angiogram

Femur head
Device

- Guiding sheath: Sheathless PV (ASAHI INTECC)
- Micro cath: Corsair PV 150cm (ASAHI INTECC)
- Wire: Command 300cm (Abbott)
- Balloon: MUSTANG 6.0*100mm, Coyote NC 3.0*30mm (Boston Scientific)
- Stent: Absolute Pro (Abbott)
- Amount of contrast: 40cc
SUMMARY

- 3D angiography can be imaged in catheter room, and use it in real time.
- Trans-radial technique is an effective, minimally invasive approach to perform EVT.
- There are some limitations including the problem of the device length.
• He can walk and feel comfort of the foot immediately!!
Other usage of 3D angiography
Thank you for your attention
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