CTO Technique and Step-up PTA Approach

Kazushi Urasawa, MD, PhD, FJCC
Tokeidai Memorial Hospital
Sapporo, Japan
Disclosure Statement

Kazushi Urasawa, MD, PhD, FJCC

Consulting for

Cardinal Health
Cordis Endovascular Japan
Boston Scientific
Terumo
Kaneka
Asahi Intecc
Tokai Medical Products (TMP)
Future Medical Devices (FMD)
Nipro
Medikit
What is optimal vessel condition for DCB?

1. Residual stenosis less than 25% after POBA
2. No vessel dissection or Type B dissection at most
3. No severe calcification (less than 270°)
4. Good vessel run off
Two very effective techniques which reduce severe vessel dissection (Type C or greater).

1. Balloon size step up
2. Super long balloon
Concept of balloon size step up
POBA using target size balloon (6mm)
POBA using step-up methods (3 & 6mm)

POBA using 3mm balloon

POBA using 6mm balloon
Concept of super long balloon usage
Case: 70’s male
CLI (Rutherford 5)
Control angiography
Antegrade wiring
Ruby hard 0.014” 9g
Successfully entered to the distal true lumen
POBA
5.0 x 300mm
## Final angiography

<table>
<thead>
<tr>
<th>ABI</th>
<th>Before EVT</th>
<th>0.50</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>After EVT</td>
<td>0.91</td>
</tr>
</tbody>
</table>
Take Home Message

Balloon size step up method and super long balloon usage are very effective to minimize vessel dissection and establish optimal vessel preparation for Drug Coated Balloon.
Fighting for Limb salvage