

LINC 2021 – Leipzig Interventional Course

LINC 2021 CONNECT – Japan Session with JET

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).

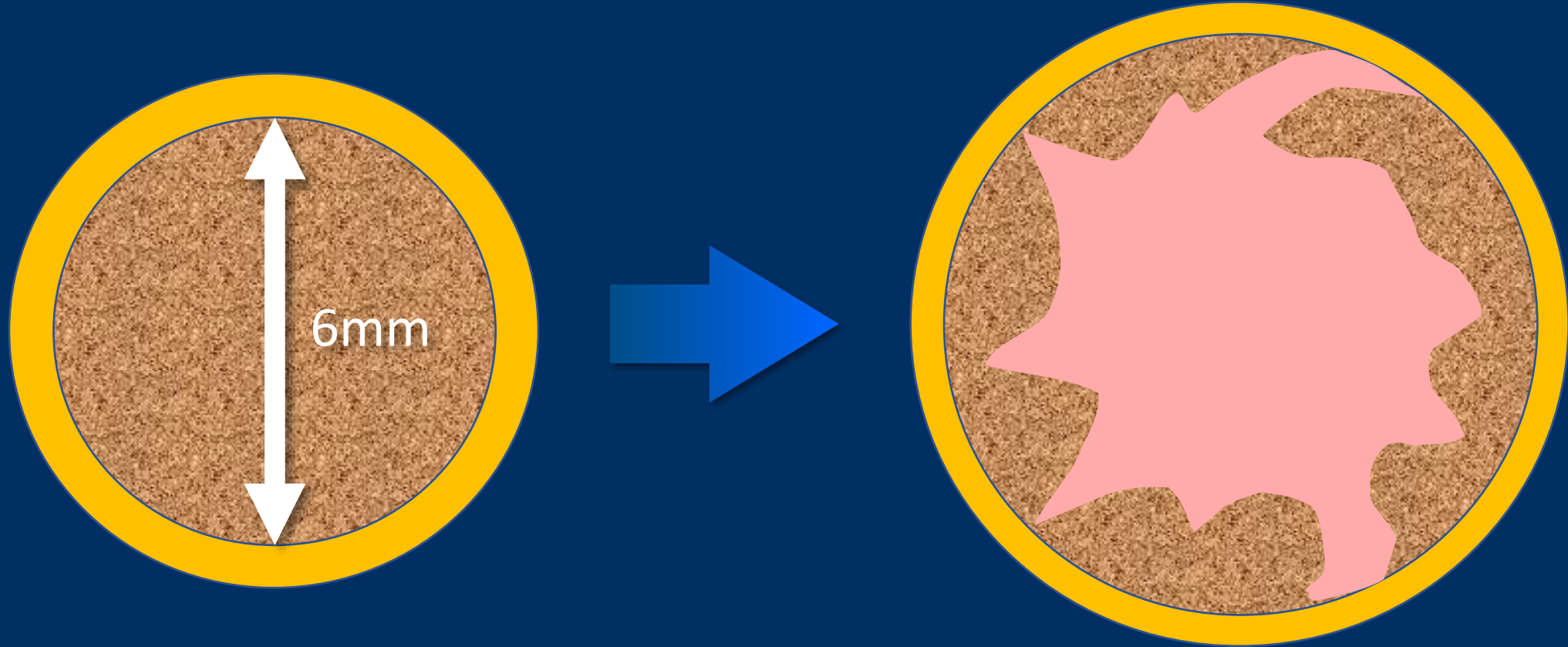
- 1. Balloon size step up**
- 2. Super long balloon**



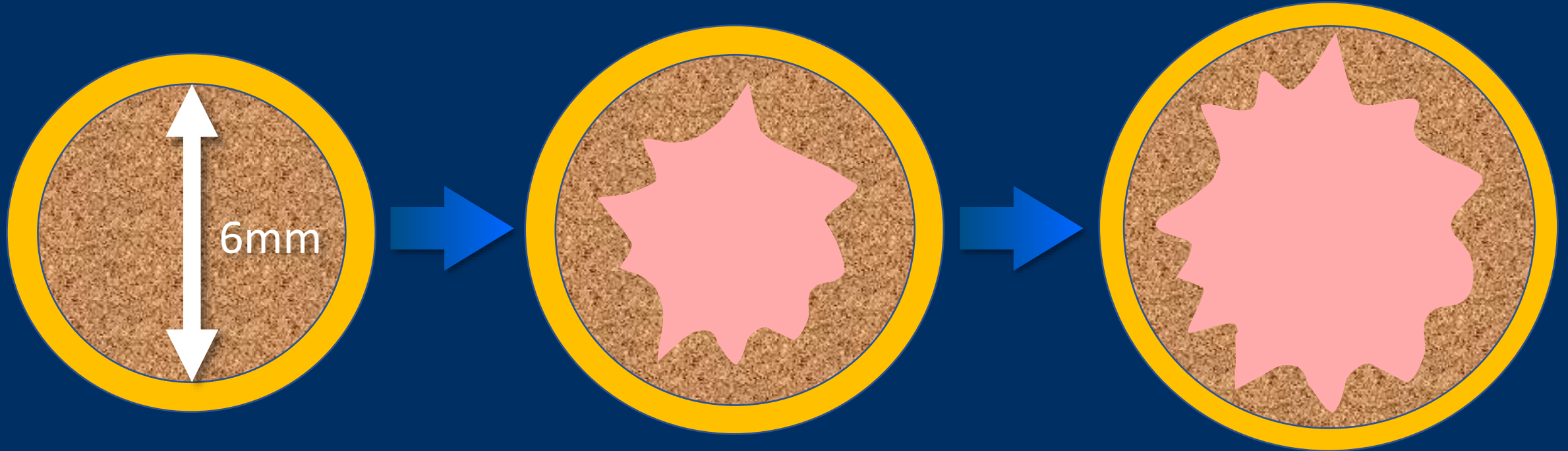
Concept of balloon size step up



POBA using target size balloon (6mm)



POBA using step-up methods (3 & 6mm)

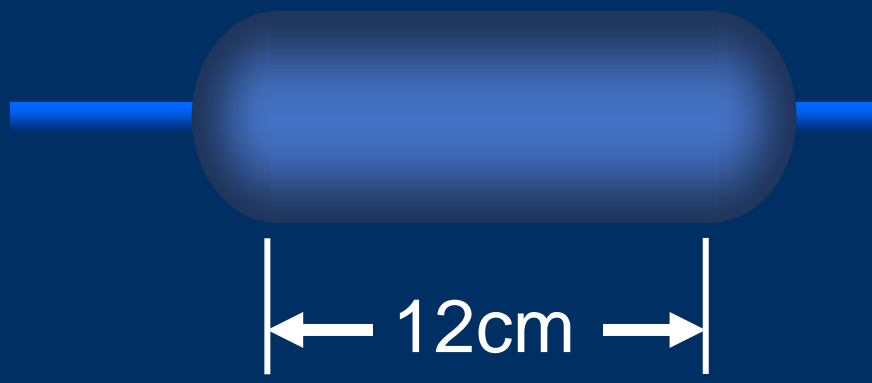
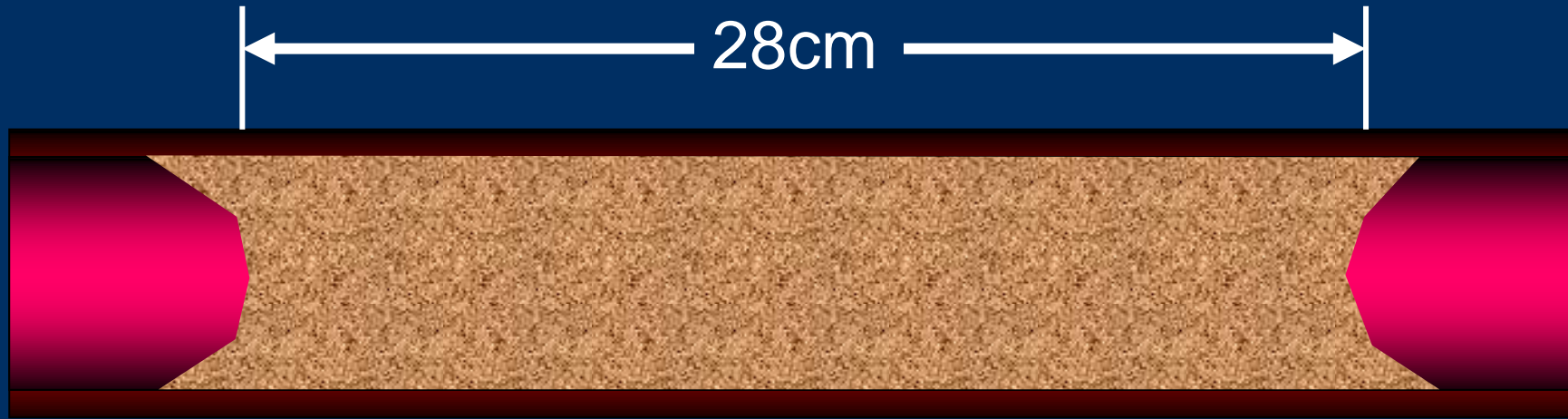


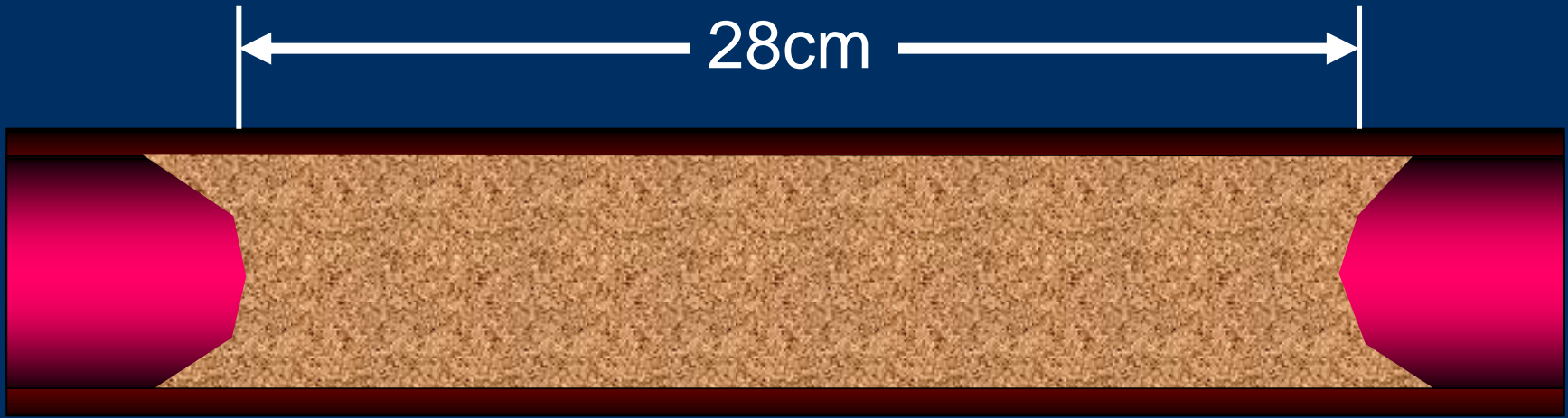
POBA using 3mm balloon

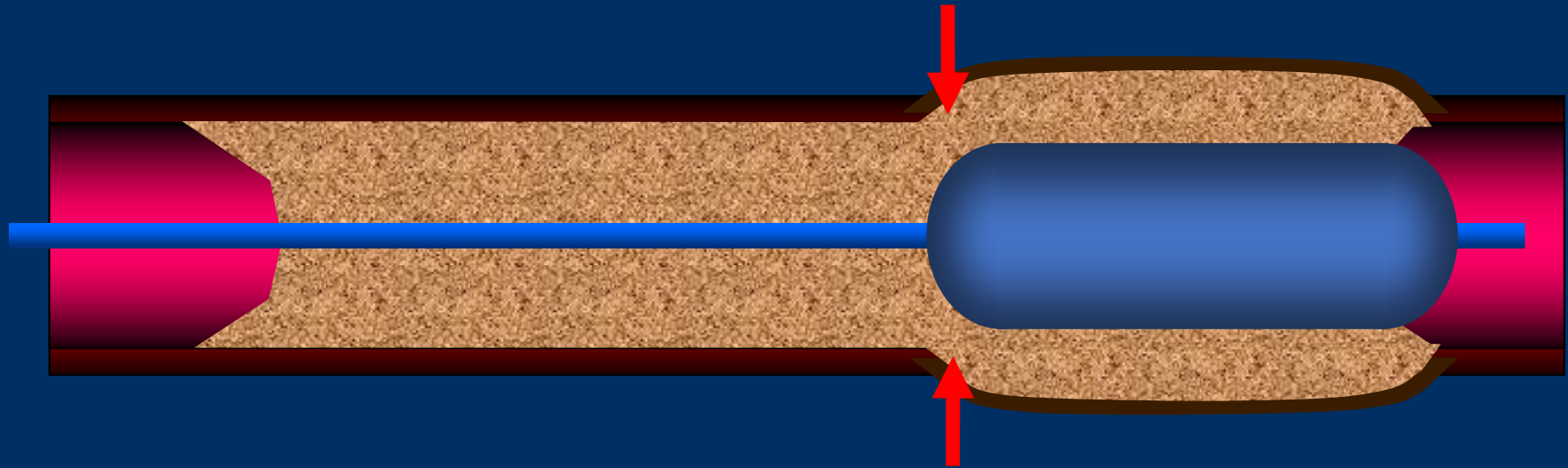
POBA using 6mm balloon

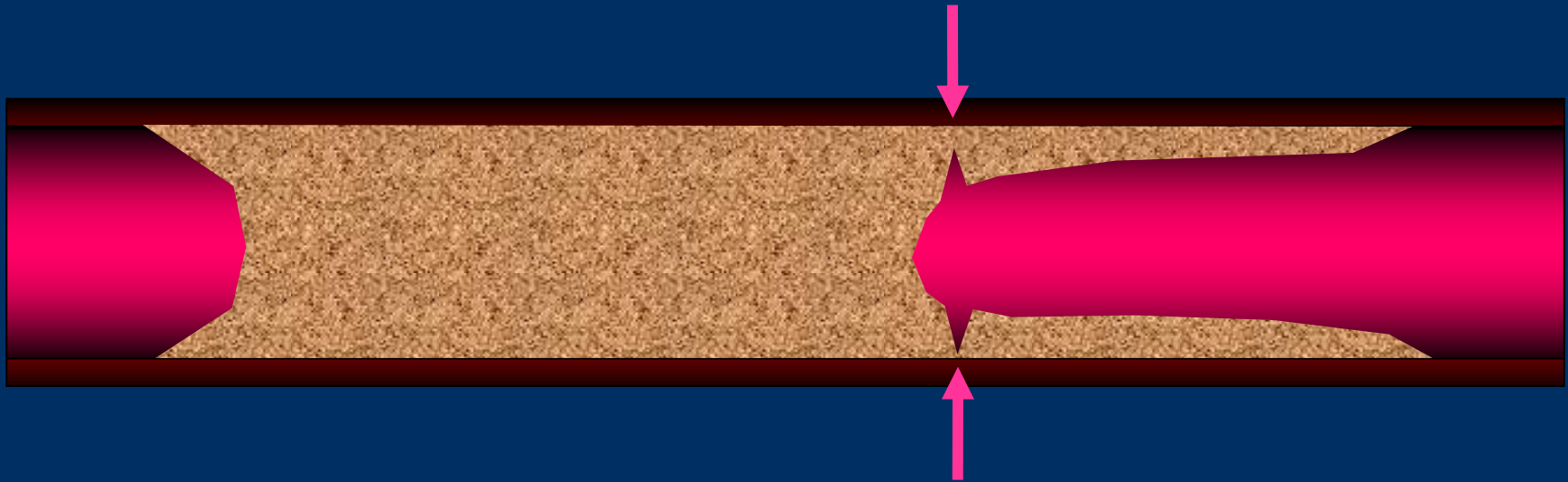
Concept of super long balloon usage

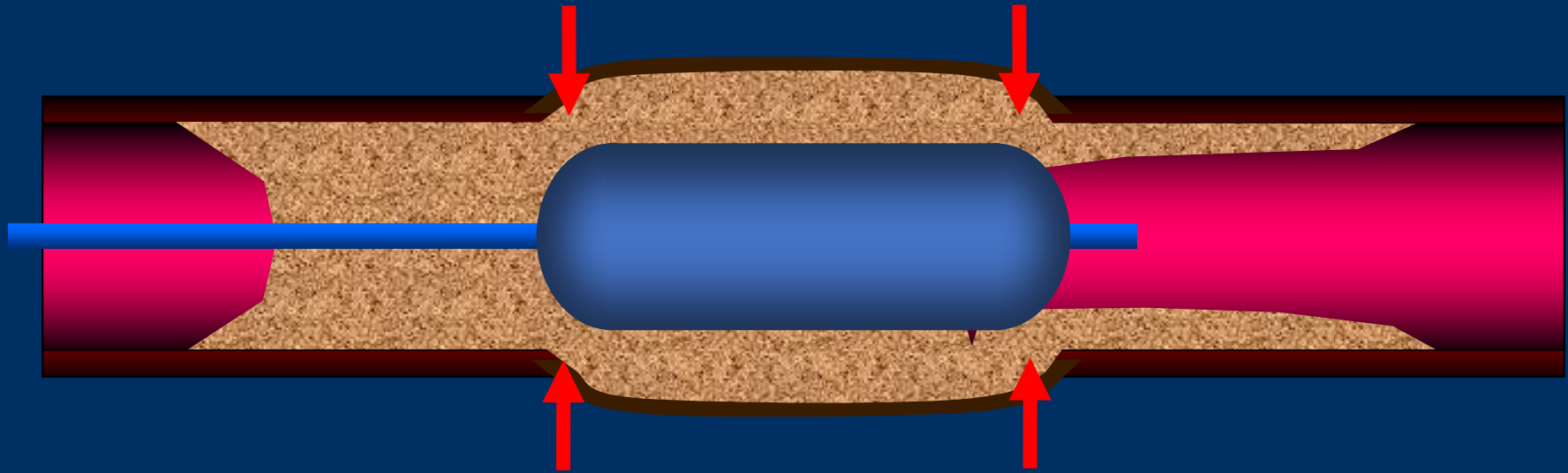


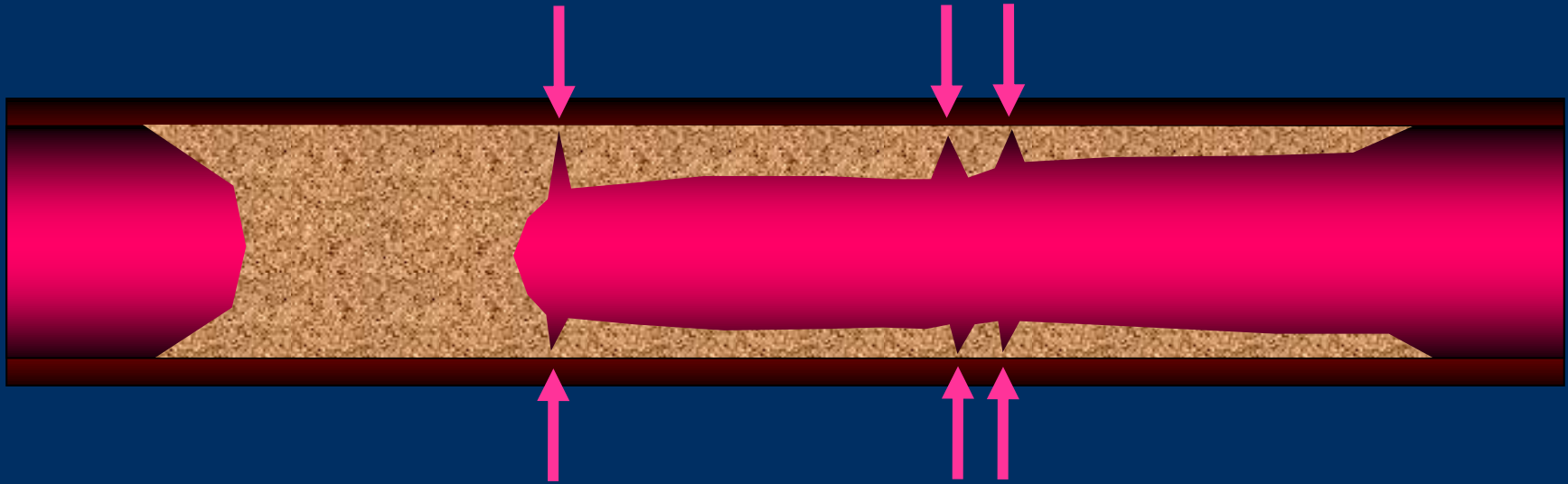


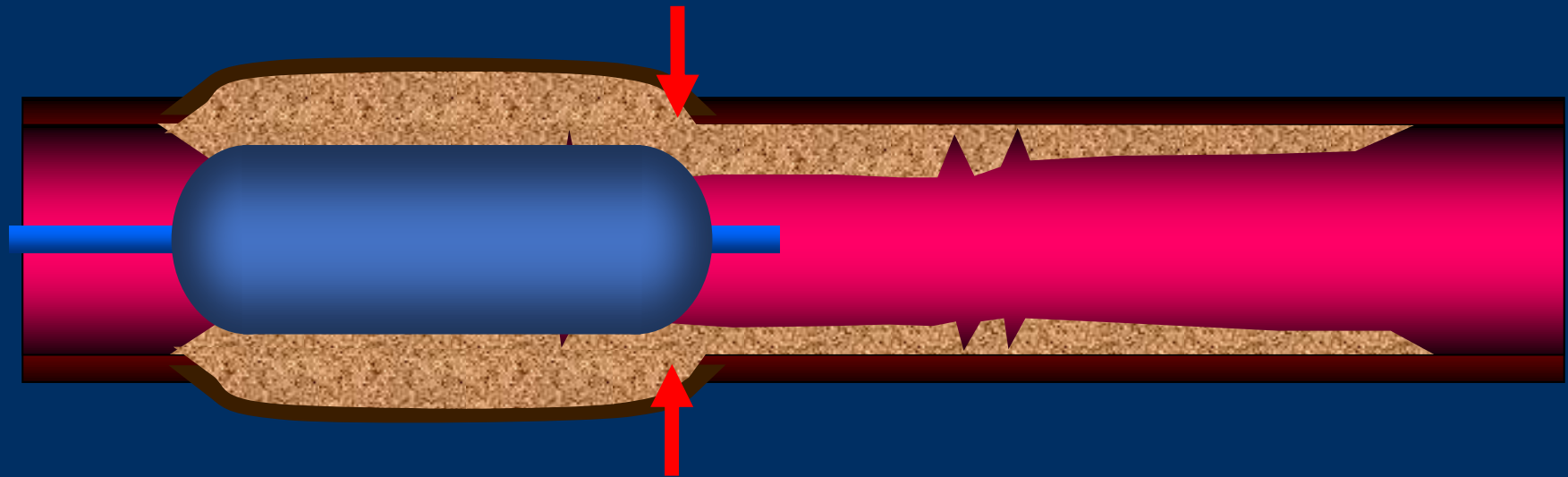


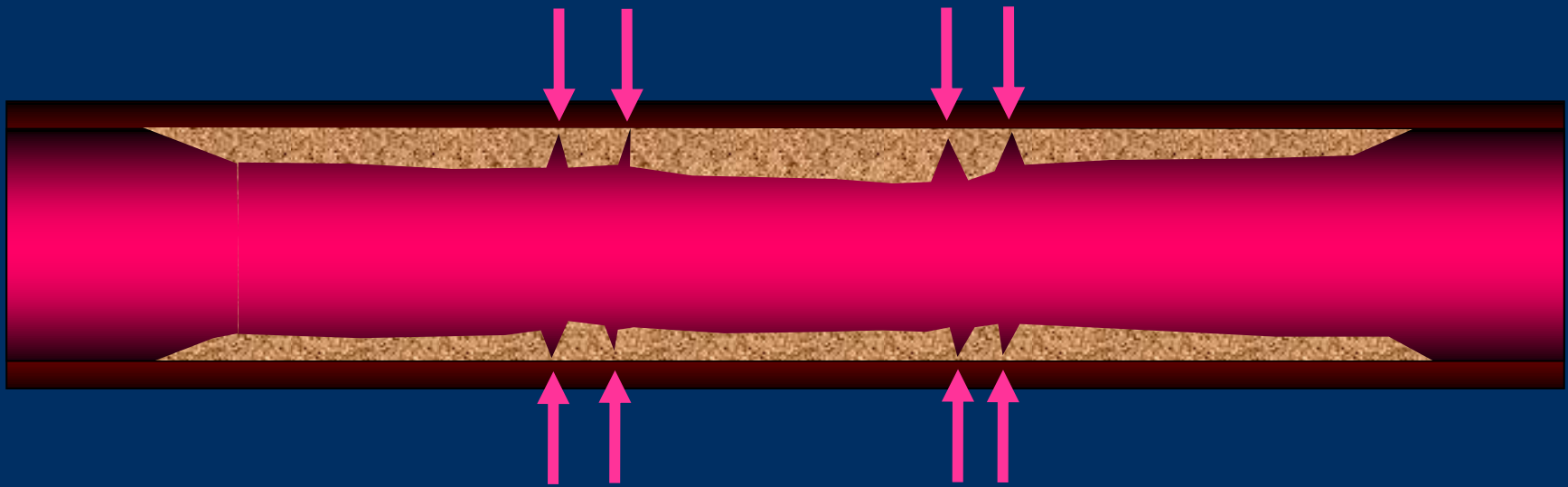


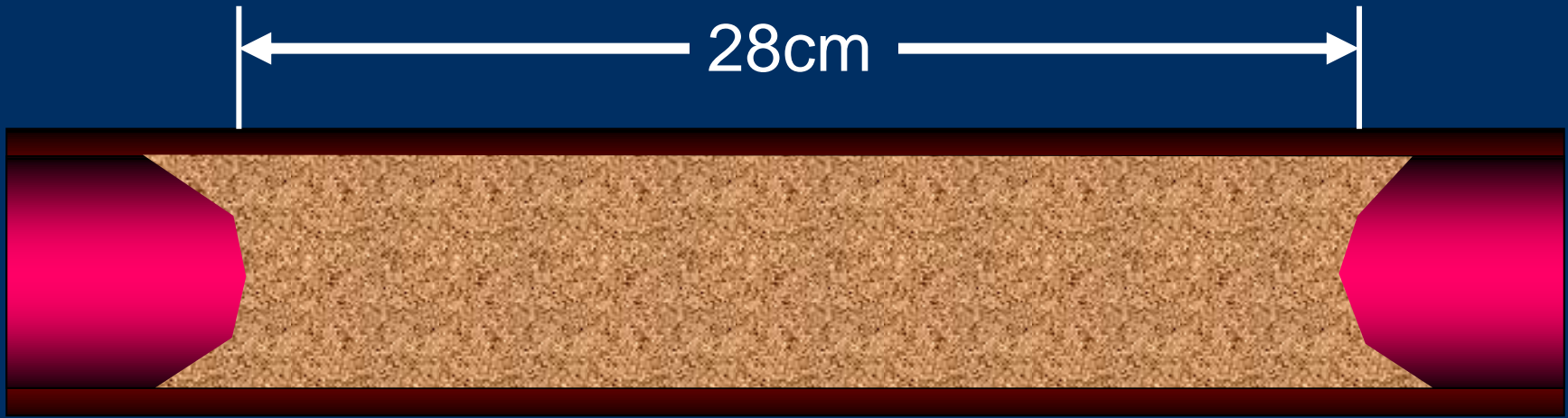


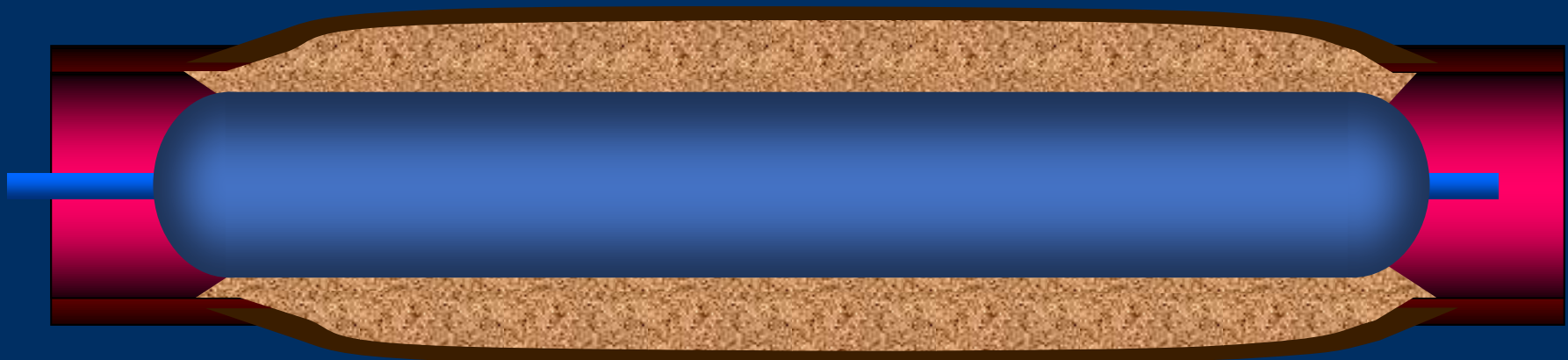


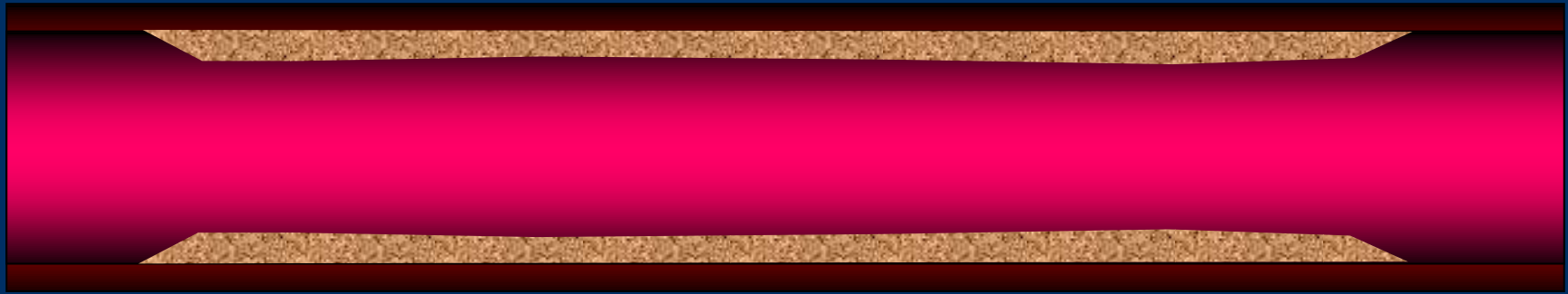








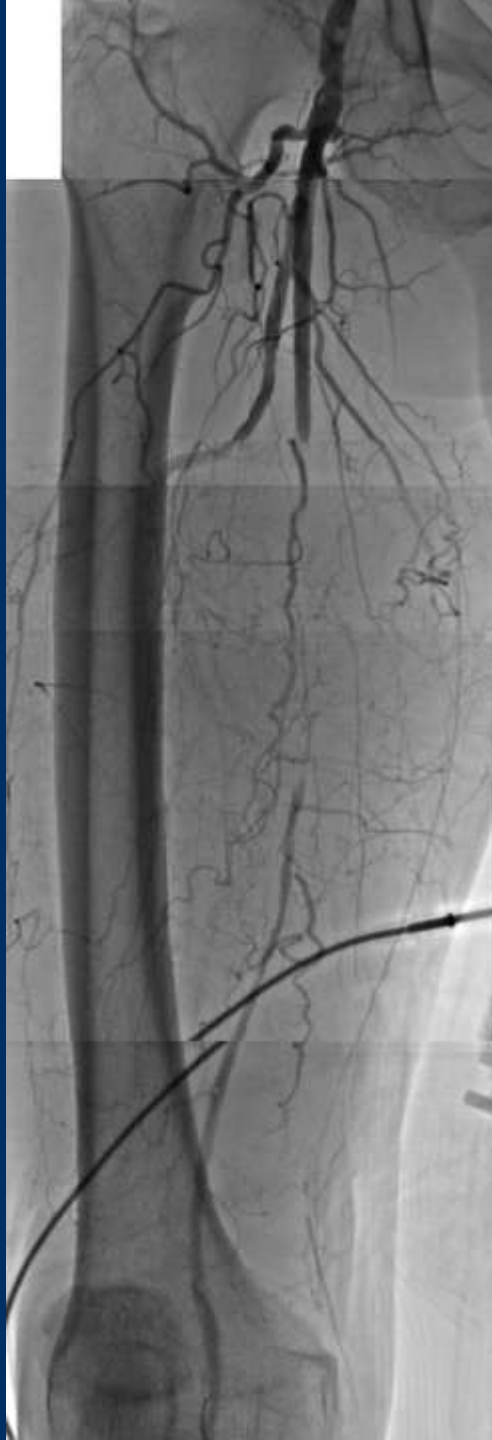




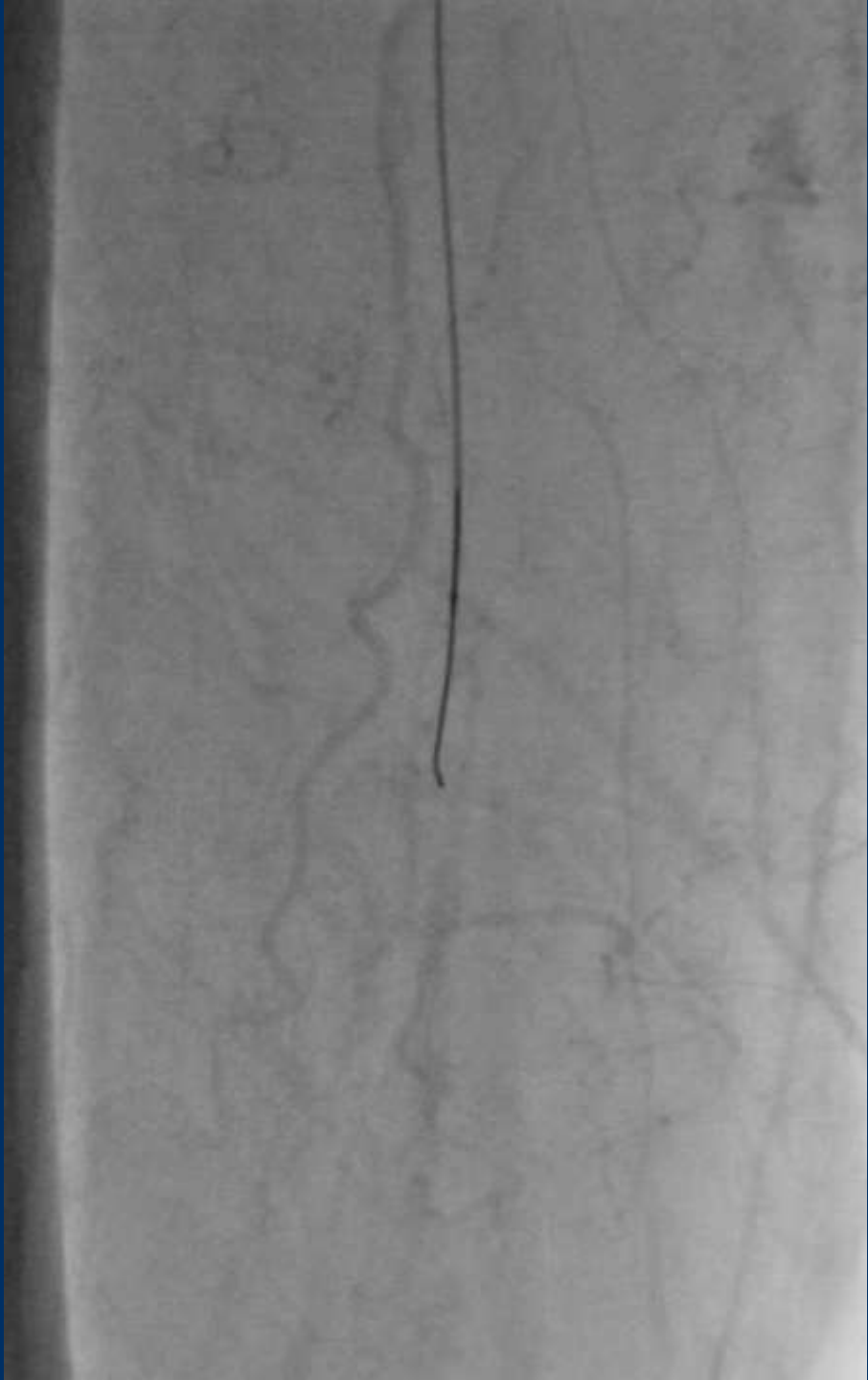
**Case: 70's male
CLI (Rutherford 5)**



Control angiography



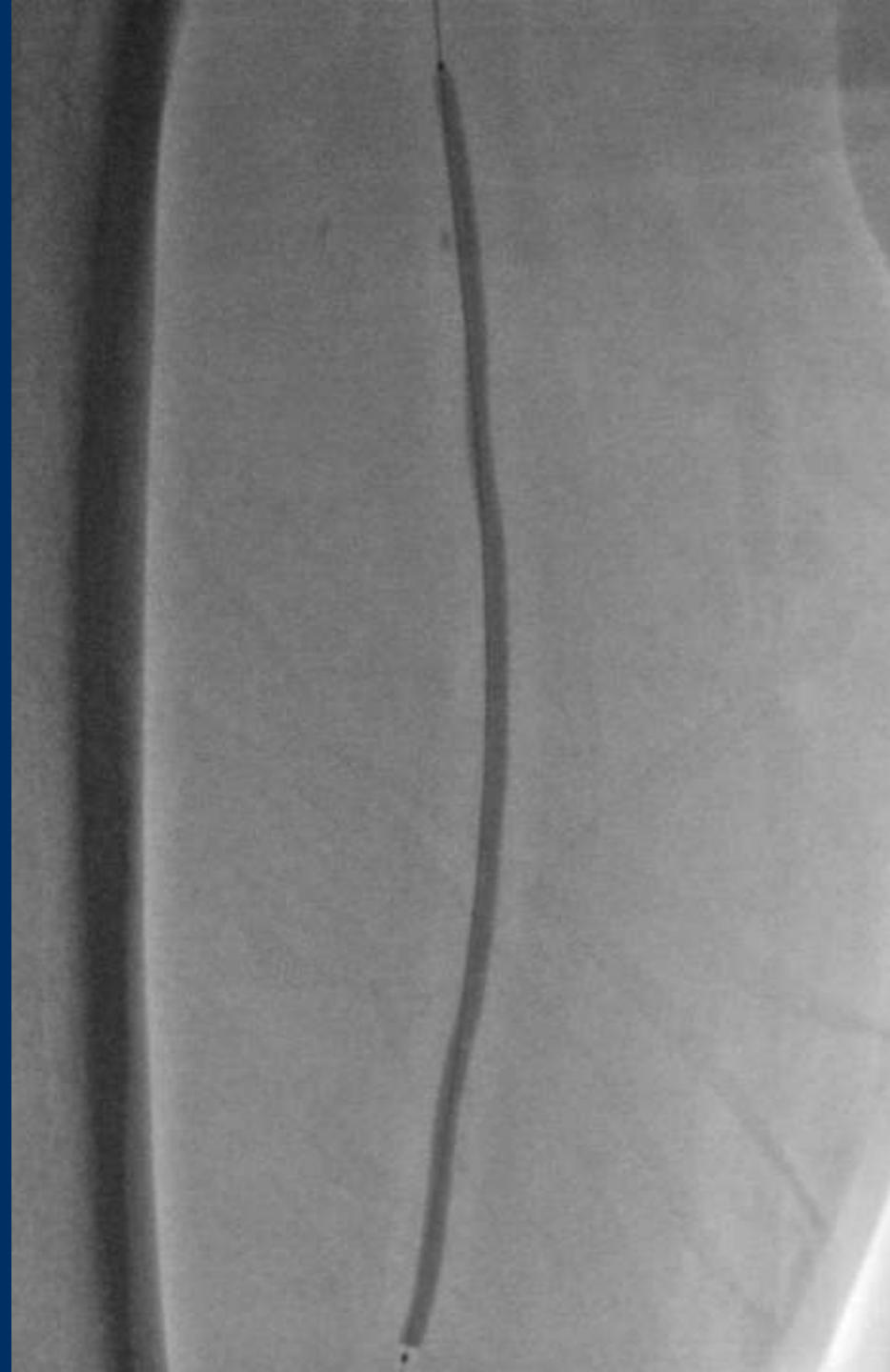
Antegrade wiring
Ruby hard 0.014" 9g



**Successfully entered to
the distal true lumen**



POBA
3.0 x 220mm

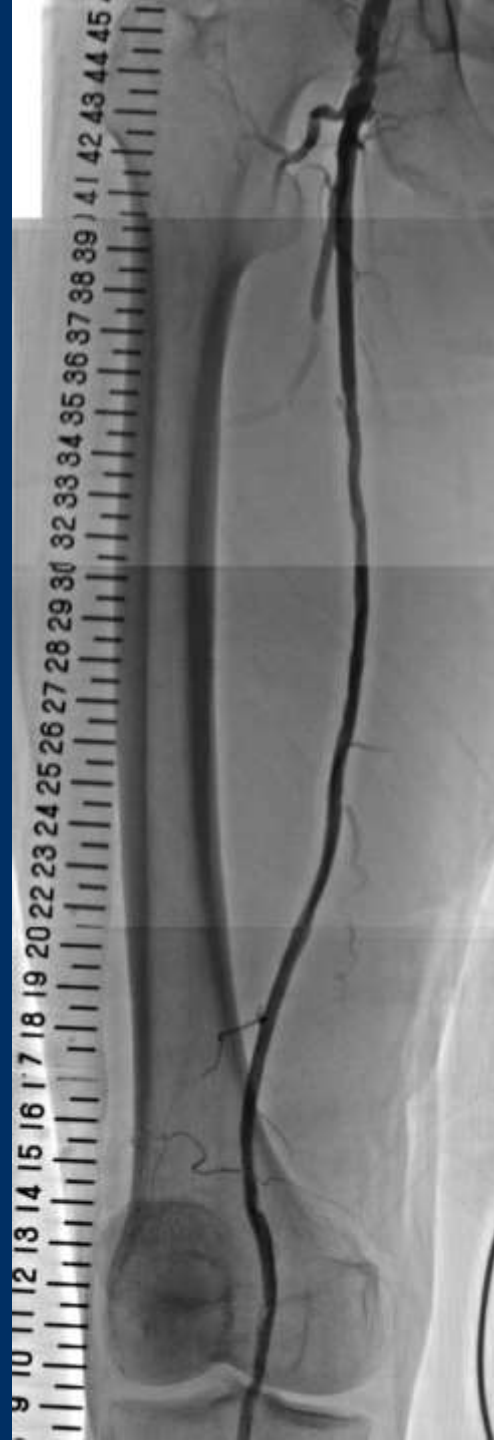


POBA
5.0 x 300mm



Final angiography

ABI	Before EVT	0.50
	After EVT	0.91



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