

Distal Punctures and Related Techniques

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Disclosure

Speaker name: Hiroshi Ando

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

Case: 61y.o., Male

Rt. ATA, PTA occlusion

Clinical data:

PAOD, Rutherford 5

2001 ESRD, HD

RA (PSL 3mg)

2014.6 AMI ant. PCI to LAD

2014.7 CABG(RITA-LAD, LITA-PL, SVG-#4PD

2018.8 PCI to RCA (DES)

2019.2.6 CLI, EVT to Rt. ATA, PTA failed

2019.2.18 BK Pop-PTA bypass

(bil. GSV, reversed graft)

2019.4.3

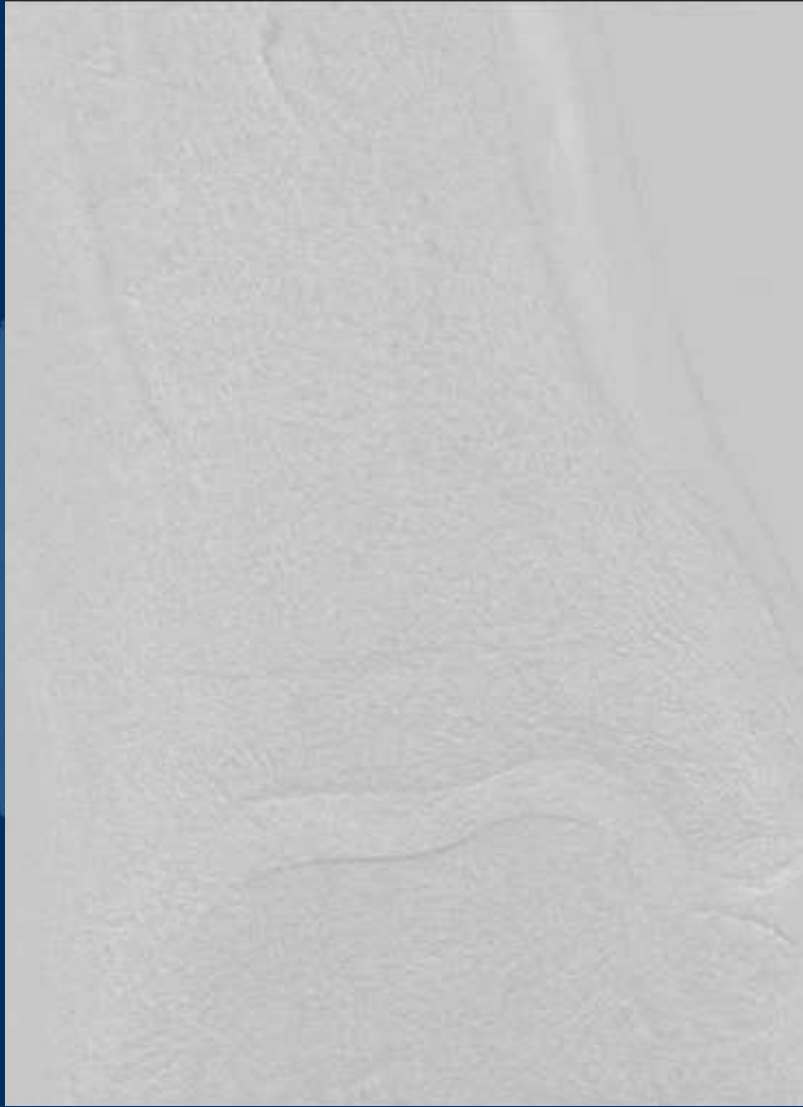


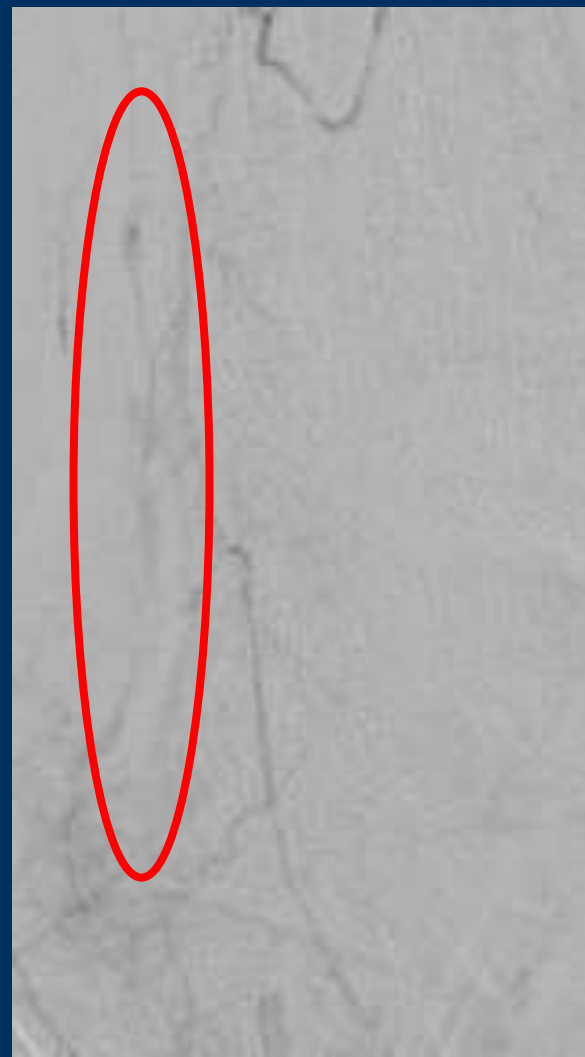
2019.4.27



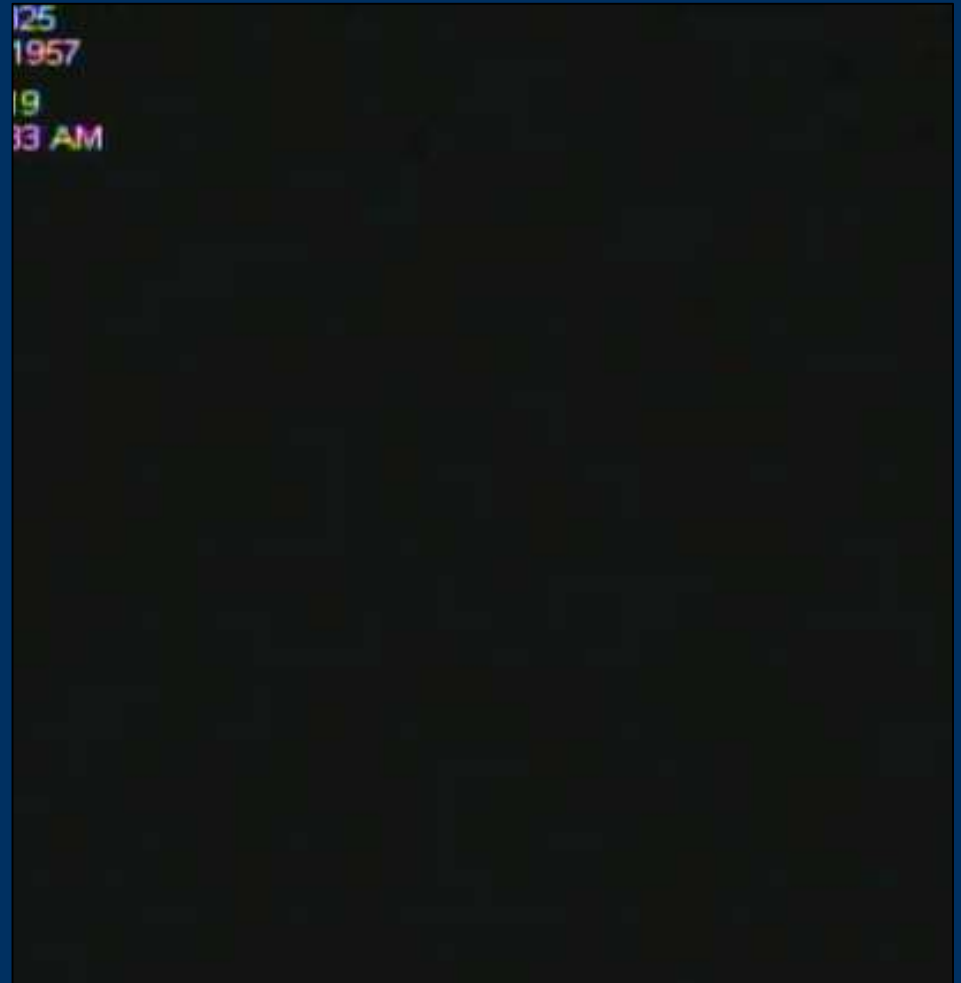
Control Angiography







Needle Cracking Technique



1. **Introduction**

2. **Background**

3. **Methodology**

4. **Results**

5. **Discussion**

6. **Conclusion**

7. **References**

8. **Appendix**

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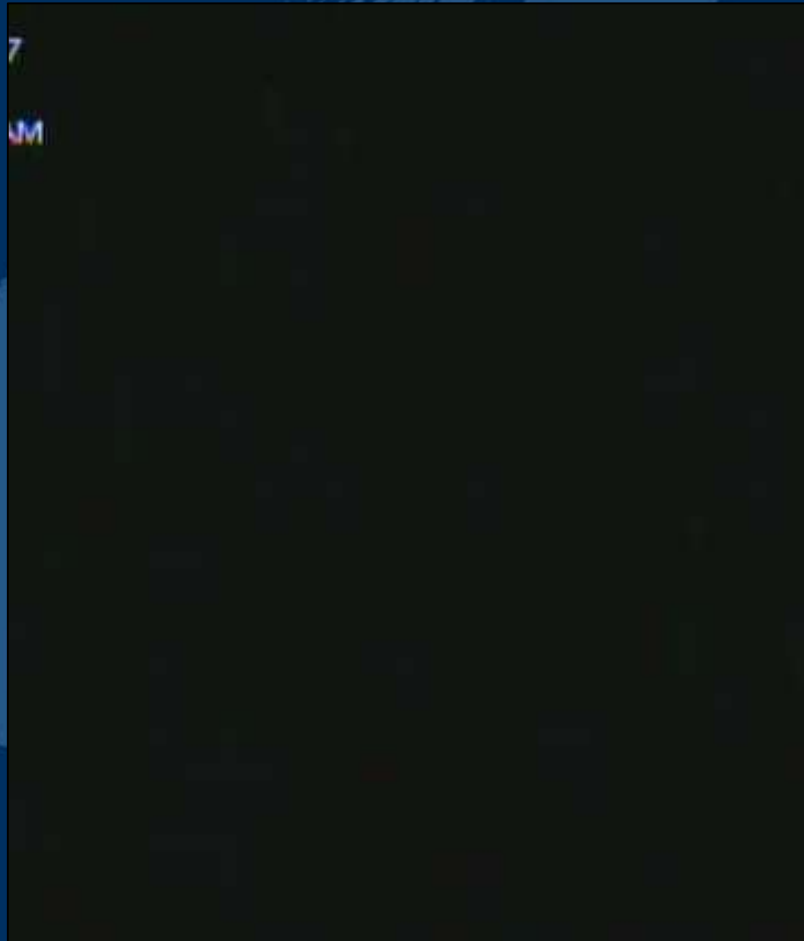
7. **References**

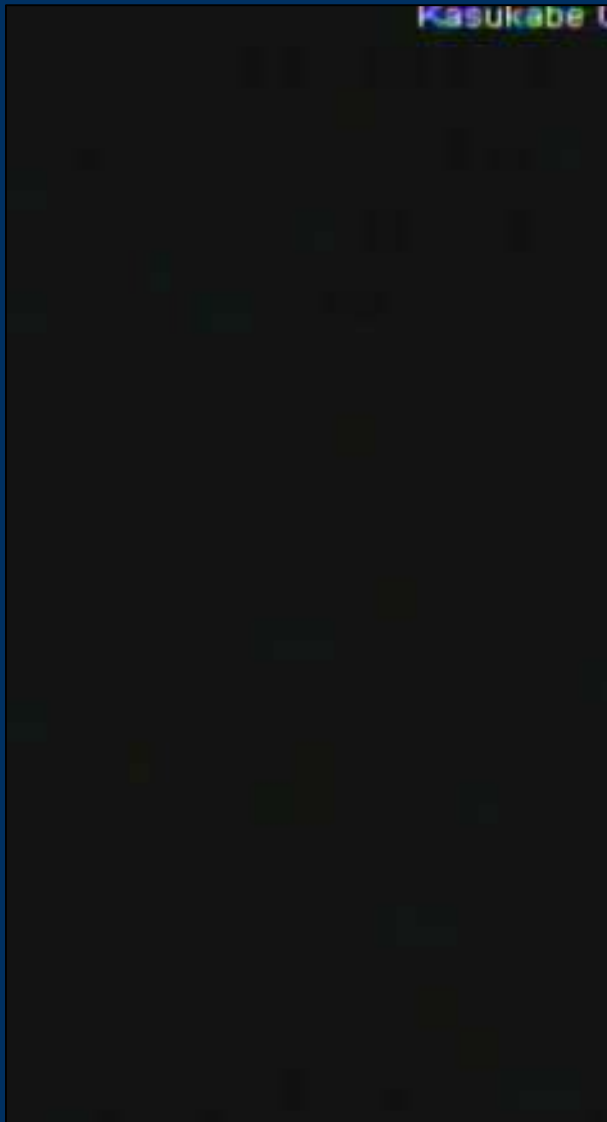
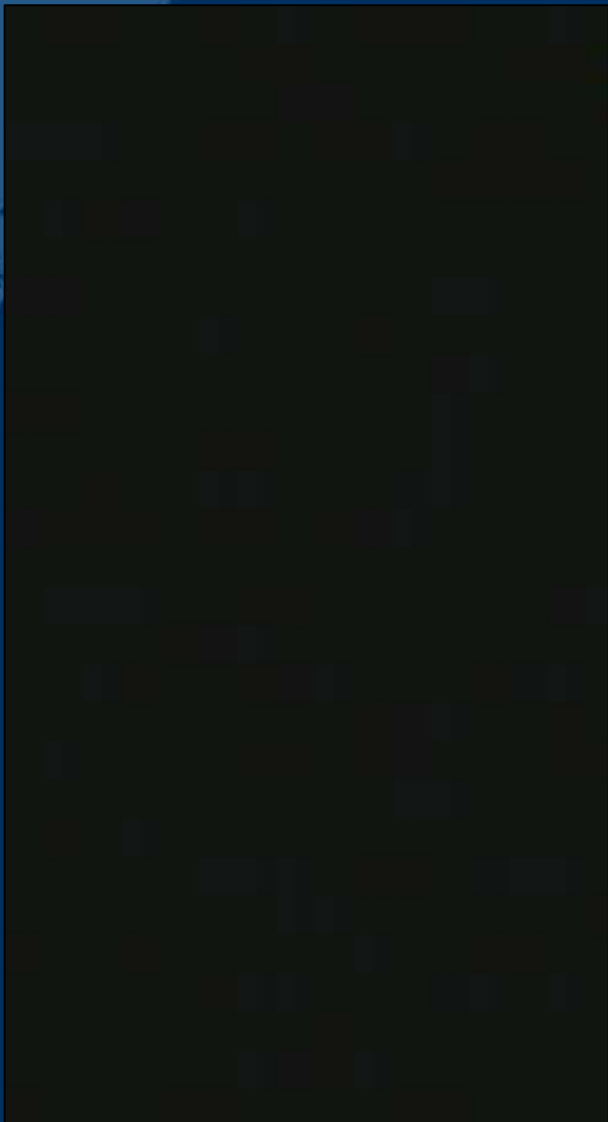
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Distal Puncture







Completion Angiography



2019.5.17



2019.6.21



2019.7.20



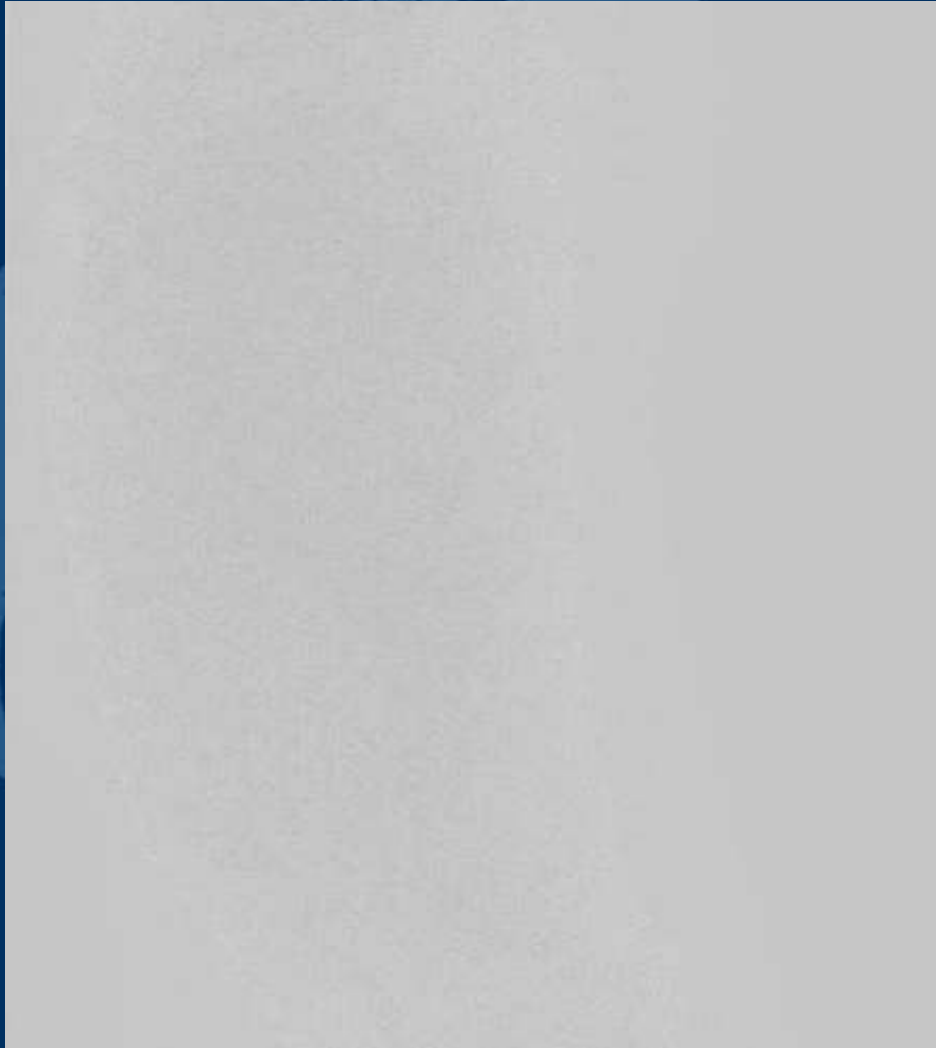
2019.8.20



Fix & Stick Technique



Fix & Stick Technique



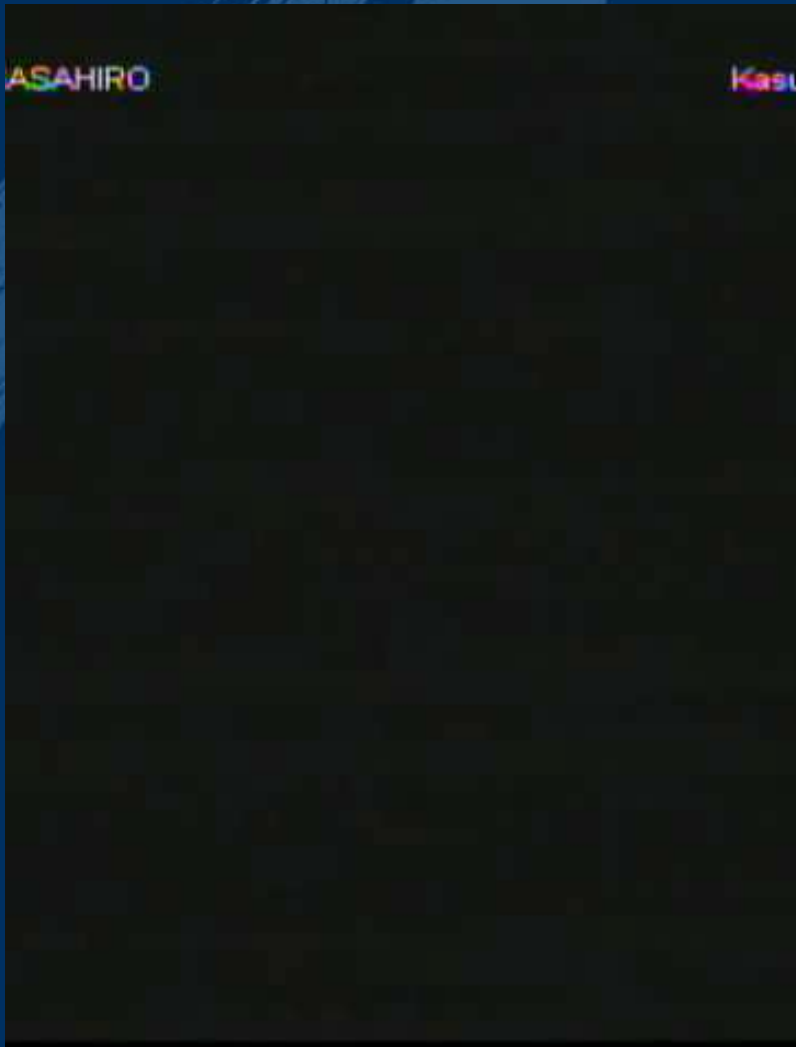
Fix & Stick Technique



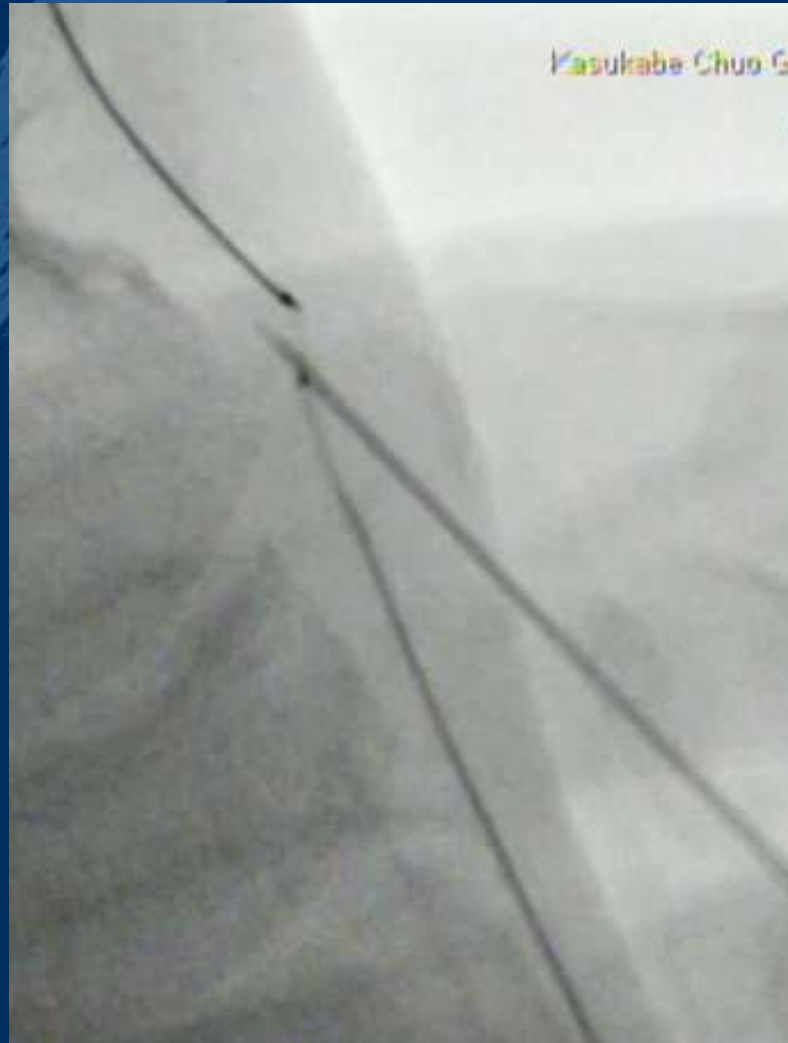
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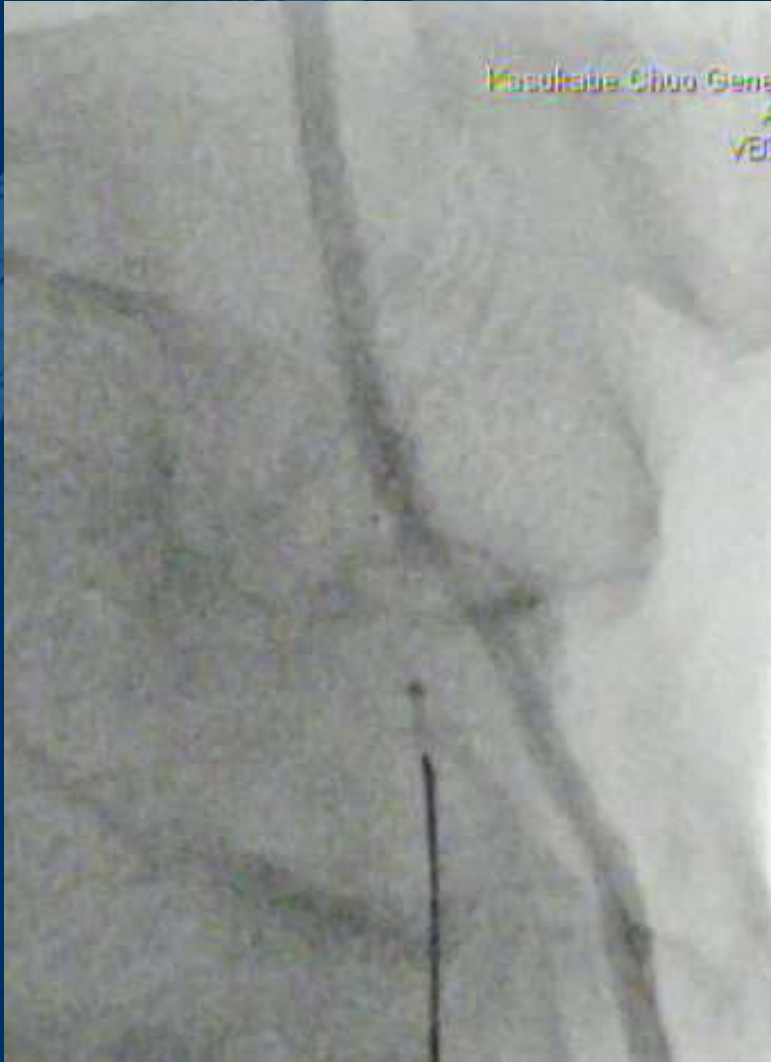


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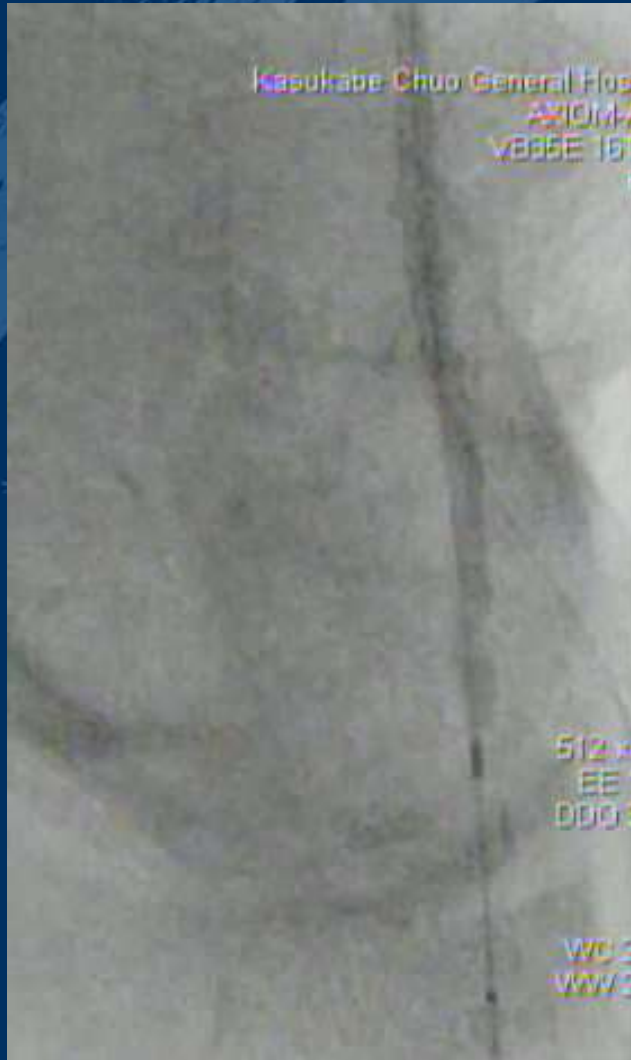


Needle Cracking Technique

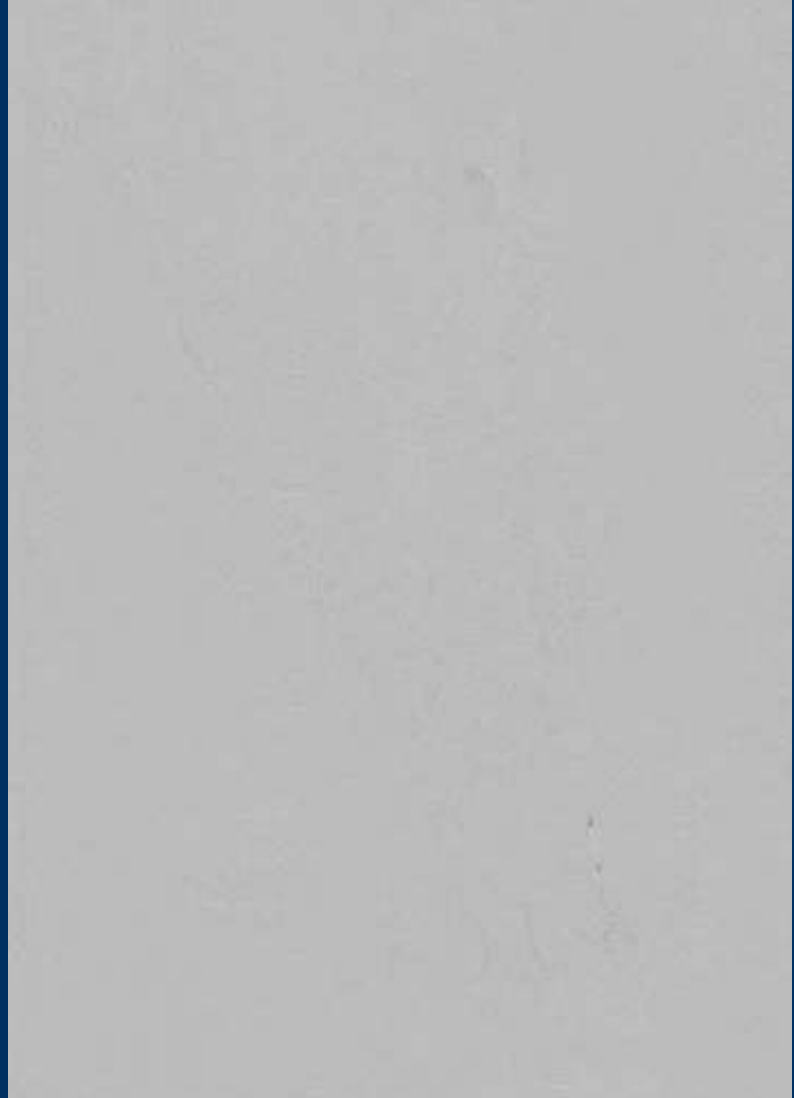
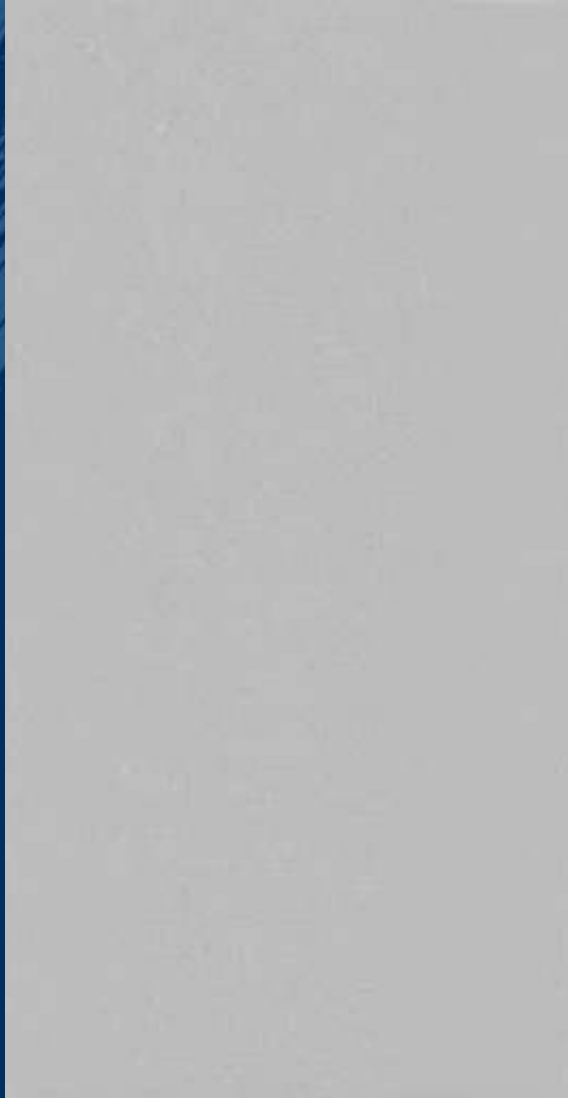
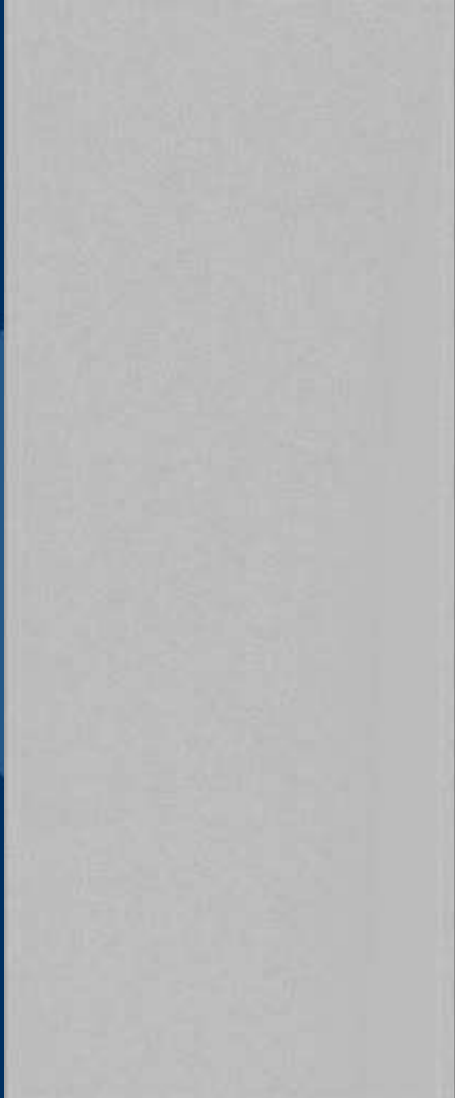
Fix & Stick Technique



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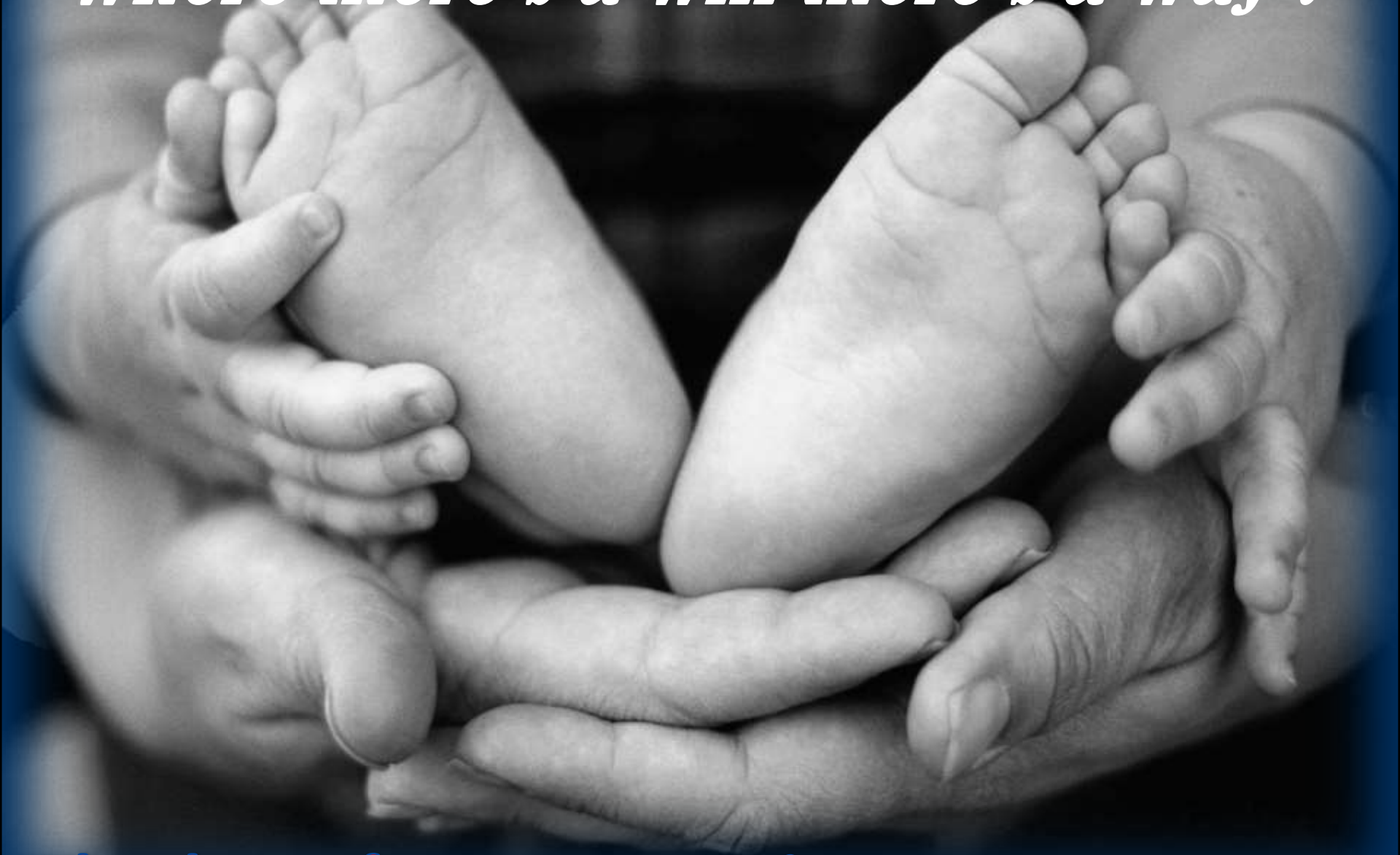


Take Home Message

- ✓ Needle cracking technique is very useful in cases where it is difficult to **pass a guide wire or device** through a highly calcified lesion, or in the case of **underexpansion** of a balloon.
- ✓ Fix & Stick technique is one of the option to pass a severely calcified lesion.



Where there's a will there's a way !



Thank you for your attention

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