



CCT@LINC Pre-recorded Video Live
Combined style EVT; Japanese and European style

LINC2020

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Disclosure

Speaker name: Tatsuya Nakama MD.

I have the following potential conflicts of interest to report:

Consulting: Boston Scientific, Century Medical Inc., Medtronic

Employment in industry: None

Stockholder of a healthcare company: None

Owner of a healthcare company: None

Honoraria recieved from: Abbot Vascular, Asahi Intecc., Boston Scientific, COOK, Cordis,
NIPRO, KANEKA, Lifeline, Medikit, Medtronic, Orbus Neichi, Terumo,

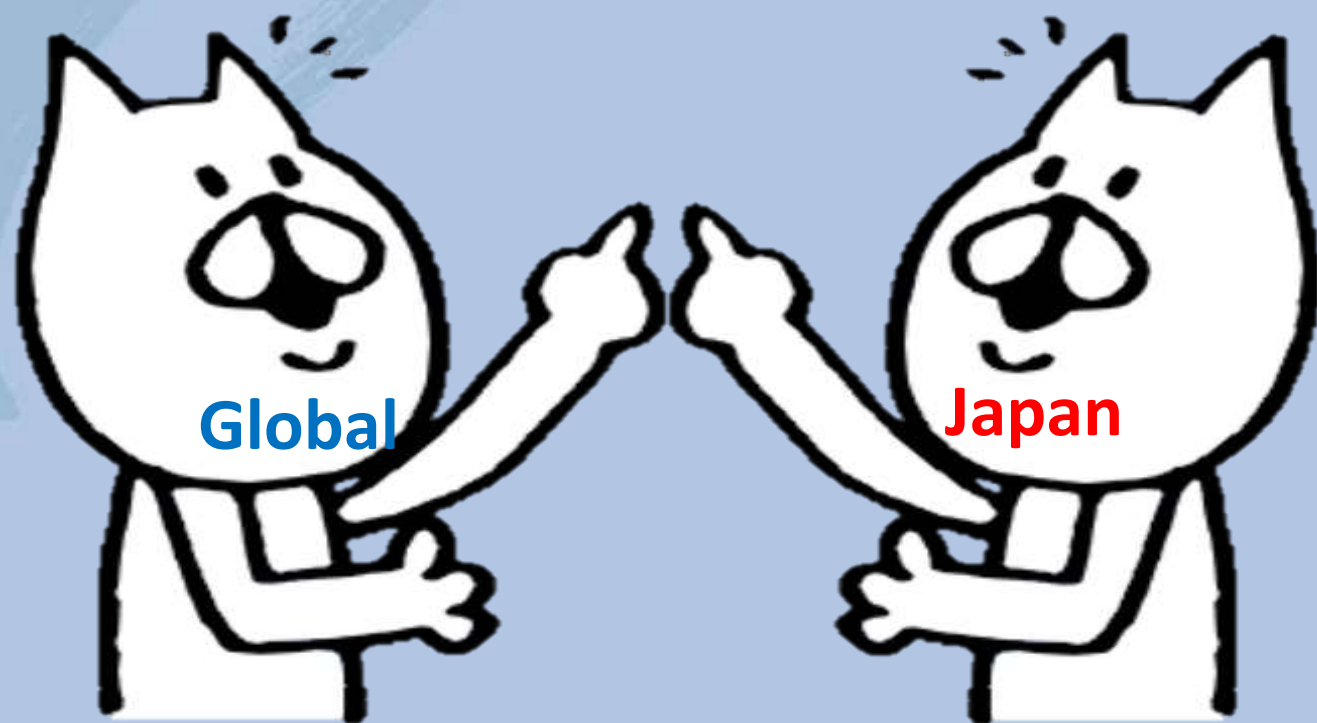
What's the **difference** of Japanese and European style

1. GW selection (0.014 or 0.018)
2. Guidewire pathway (True vs. Sub)
3. Imaging device (IVUS etc.)
4. Presence of atherectomy
5. Finalize device (DCB, DES and/or IWS)



ちかっしつどい

Corroboration with both style & transmission through the web site



TECC: Tokyo endovascular Challenging Conference
(2019/12/21)

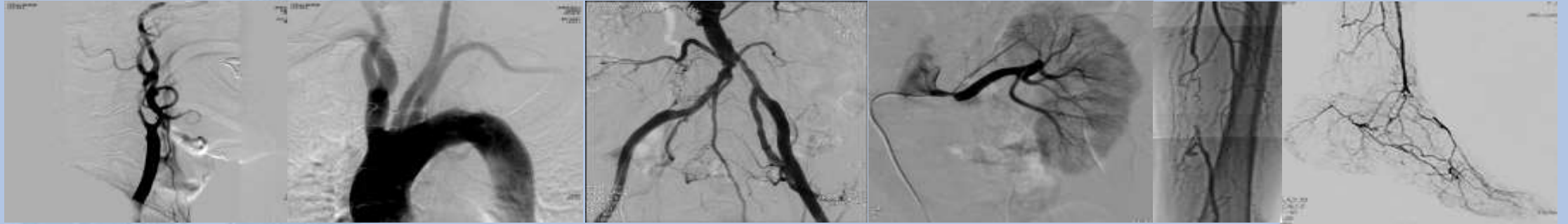
Summary of the Pre-recorded live

- SFA occlusion with moderate length
- Antegrade approach with 0.014-inch GW was failed
- Retrograde approach with 0.018-inch GW was performed
- After the achieving RENDEZVOUS (Snaring), IVUS was used
- IVUS showed “Subintimal passage”
- Pre-dilatation with 6.0mm balloon
- PB-DES was deployed (full cover stent)
- Procedure was quickly finished within 60min (except for discussion)

If you interested in this web-live demonstration course



<https://www.e-casebook.com/cardiology/tecc2019/live4>



Thank you for your attention

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