

Ultimaster In Left Main Stenting

By

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L Main Bifurcation Different

- **1- Calcification**
- **2- Murrays law**
- **2- T-shape angiulation**
- **3- Large side branch**
- **4- Ostium involved**

Calcification

- **Lesion preparation**
- **Side branch occlusion**

Murrays Law

- **Very large proximal main branch:**
 - Stent sizing
 - Role of POT

T-Shape Angiolation

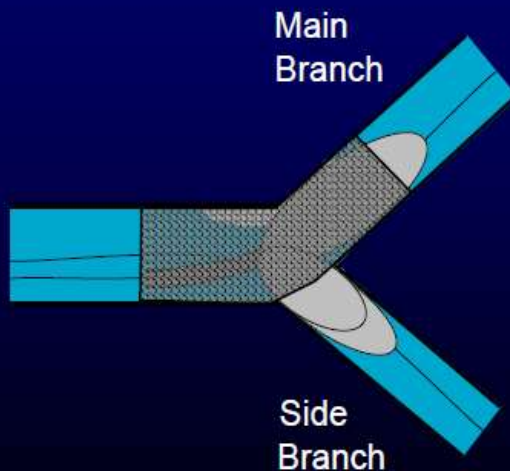
- **High risk for events**
- **More difficult side branch access**
- **Systematic 2 wires techniques**

Commonly Used Bifurcation Techniques

- **Provisional Stent Technique**
- **T and Mini-Crush Techniques**
- **TAP Technique**
- **V-Stenting Technique**
- **Culotte Technique**

Provisional Stent Technique:

The 'simplest' way to treat a bifurcation lesion



- ▶ Wire both vessels
- ▶ Pre-dilate as needed
- ▶ Stent main branch
- ▶ Rewire and balloon side branch (+/- kissing balloon inflation)

Provisional Stent Technique

Advantages:

- Simple
- Less Metal
- Easier to treat restenosis
- Less thrombosis?
- Less restenosis?

Disadvantages:

- Residual stenosis at sidebranch
- If sidebranch stent needed may be harder to insert through stent







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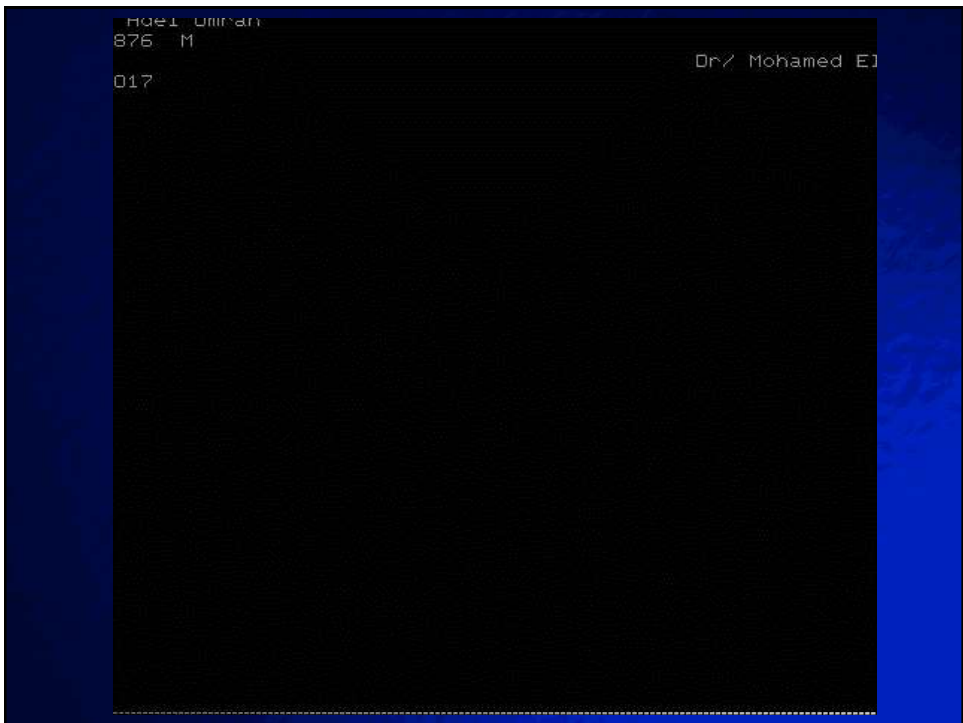
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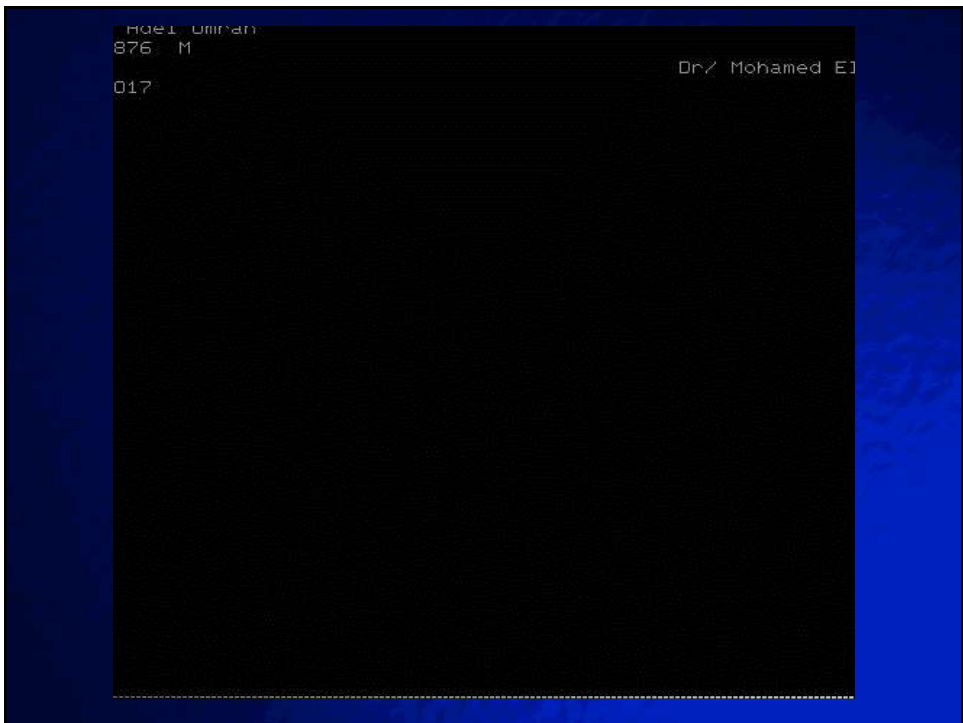
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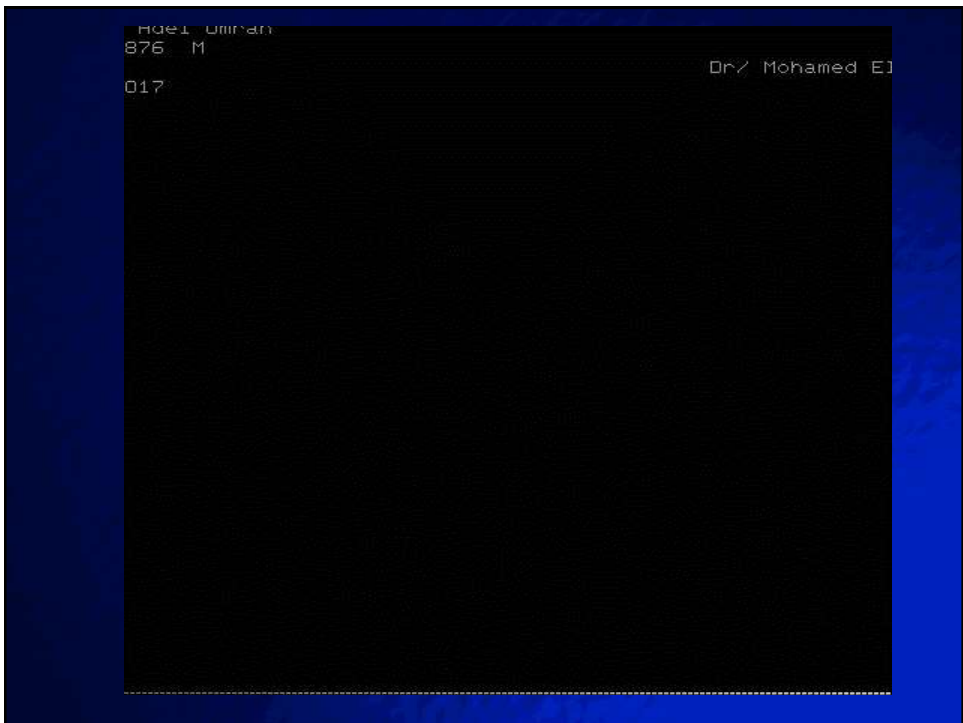
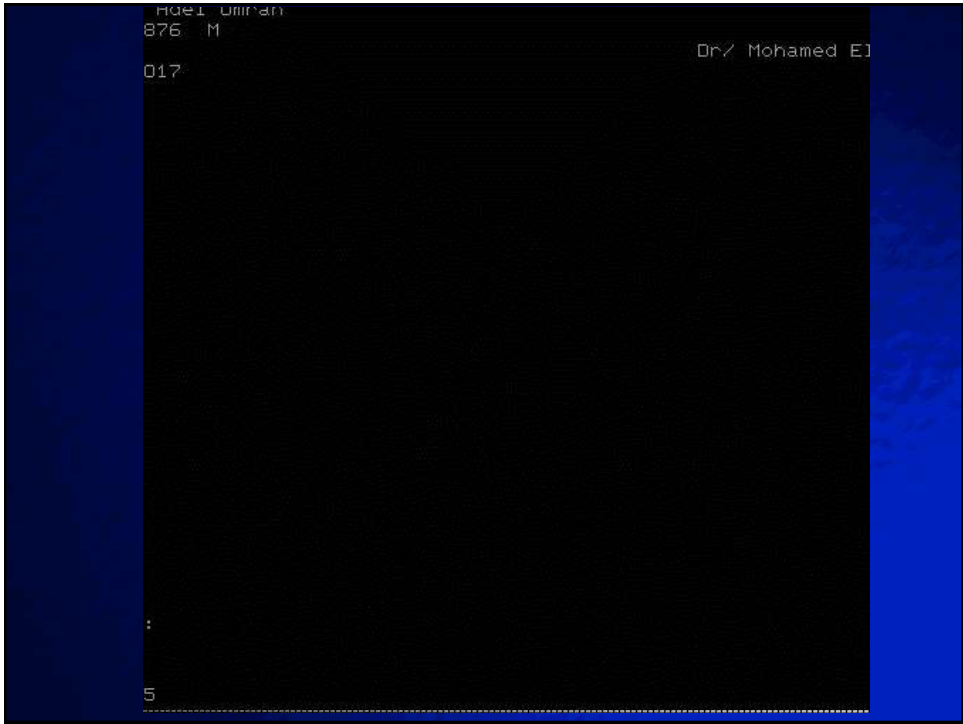
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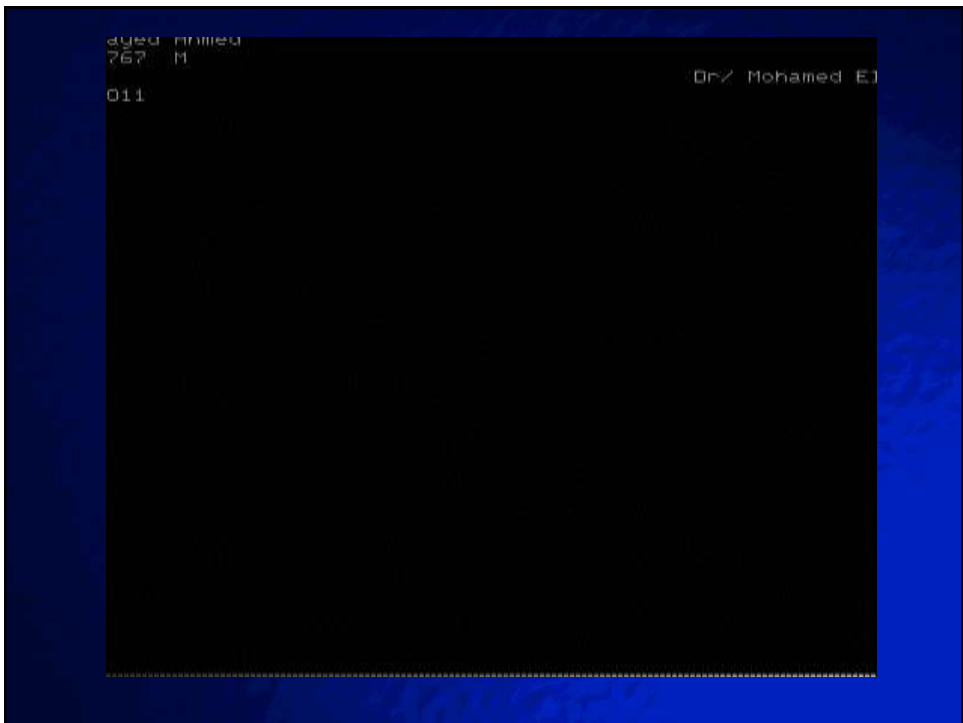
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Crush and Mini-Crush Stent Technique

Advantages:

- Assures ostium coverage
- Prevents loss of side branch
- Can be used if side branch and main branch are different sizes

Disadvantages:

- Complex
- Time consuming
- Difficult to rewire
- Sometimes cant perform final kiss
- Difficult to treat restenosis
- More restenosis than single stent

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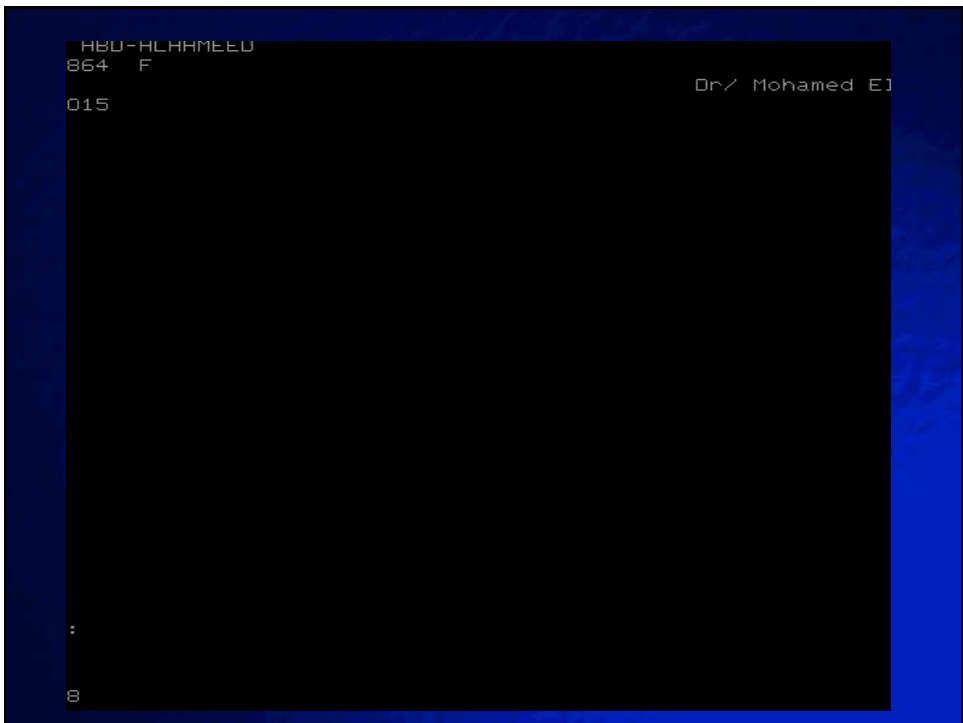
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Ostium LM

- **Czapo Technique**

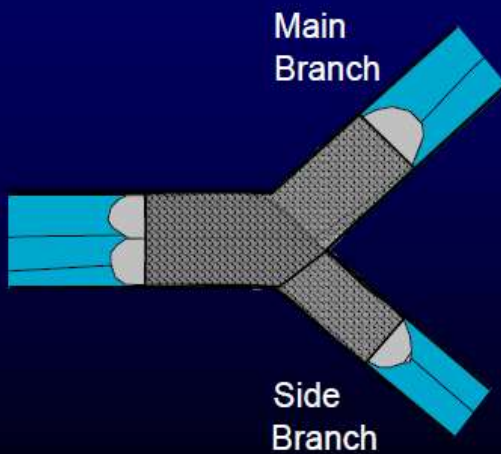
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The Culotte Technique



- ▶ Wire both vessels
- ▶ Pre-dilate as needed
- ▶ Position and deploy stent in most angulated branch
- ▶ Remove first wire, wire second branch and balloon dilate
- ▶ Position second branch stent so proximal portion equal with previous stent edge and deploy
- ▶ Rewire initially stented branch and perform kissing post-dilatation

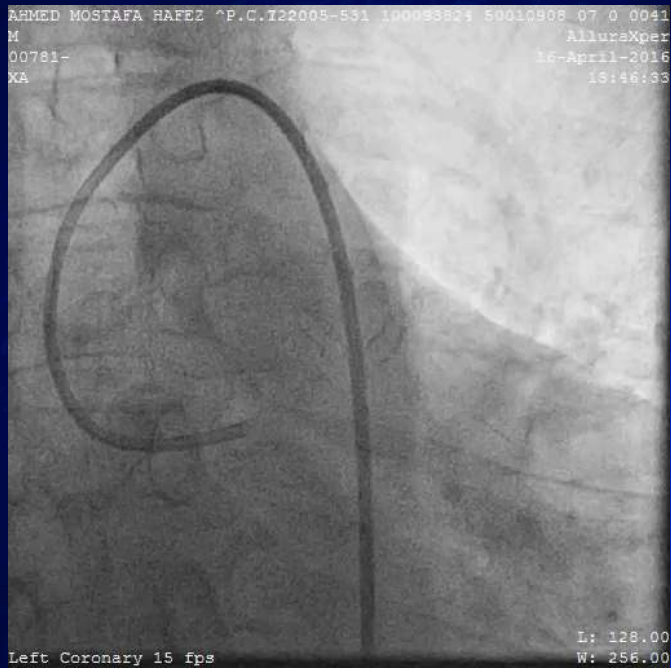
Culotte Technique

Advantages:

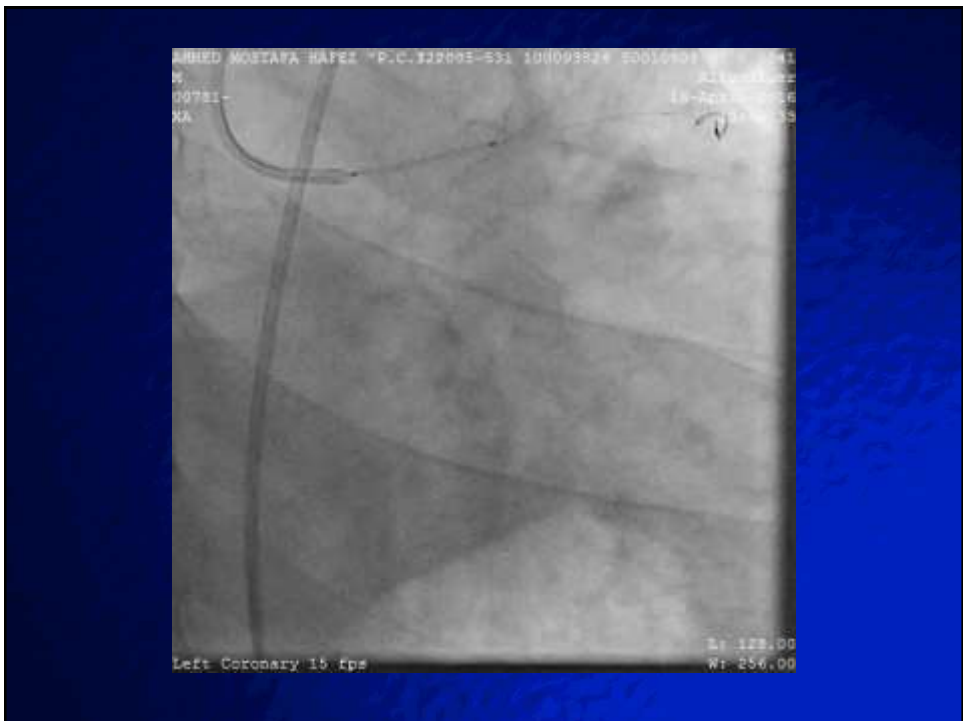
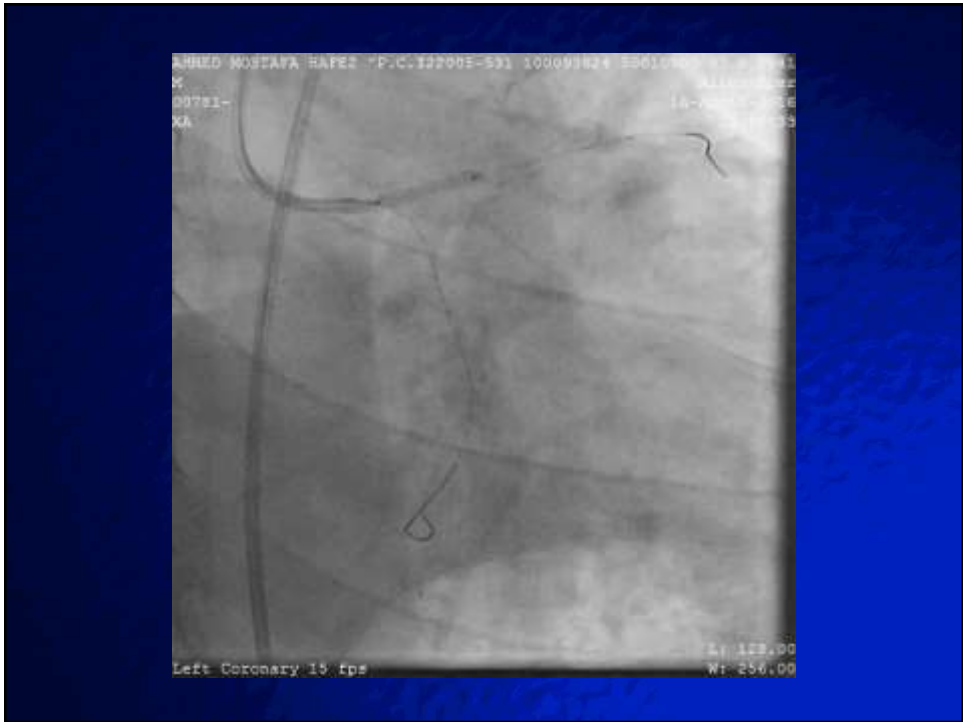
- Complete coverage
- Good radial strength

Disadvantages:

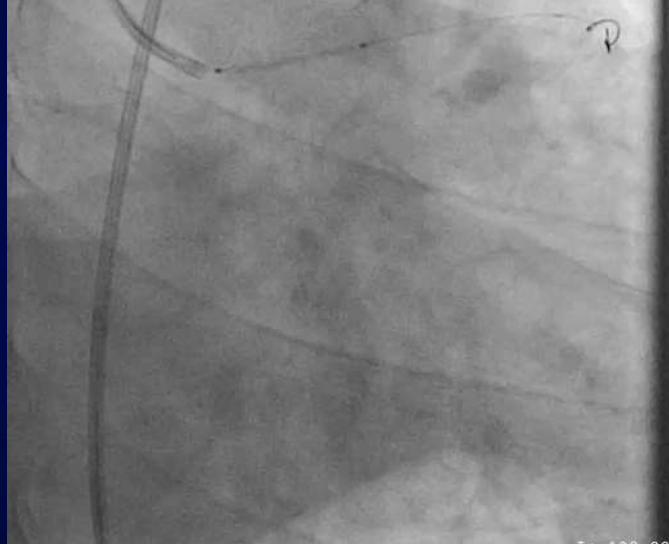
- Complex
- Time consuming
- More restenosis than single stent





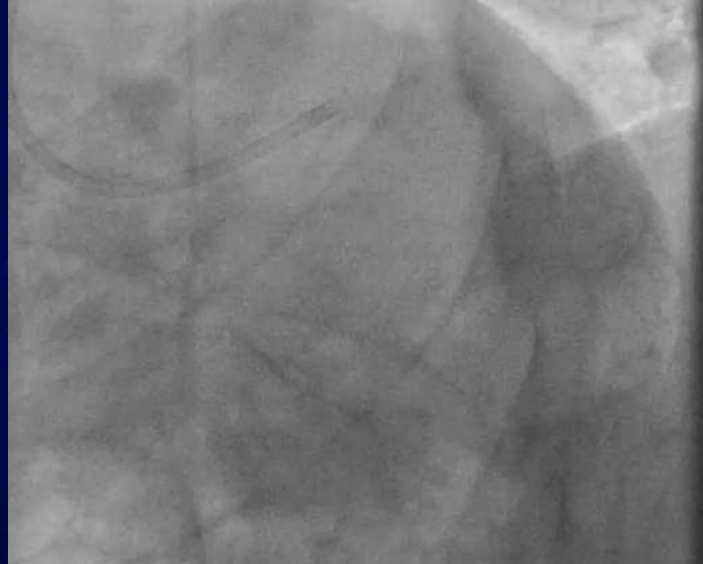


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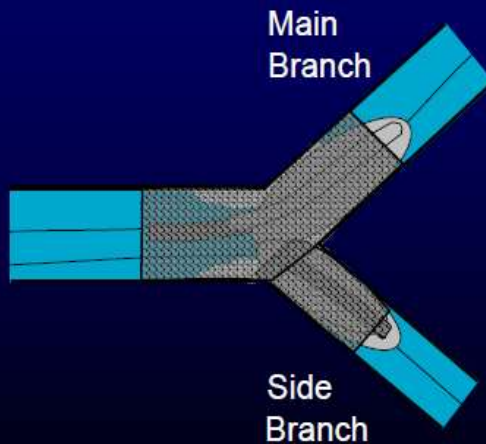
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The TAP Technique

I stent And Protrusion



- ▶ Wire both vessels
- ▶ Pre-dilate as needed
- ▶ Position and deploy main branch stent
- ▶ Rewire side branch and balloon dilate
- ▶ Position side branch stent so proximal edge protrudes slightly into main branch, 'backstop' balloon in main branch
- ▶ Deploy side branch stent first, then inflate main branch balloon to kiss

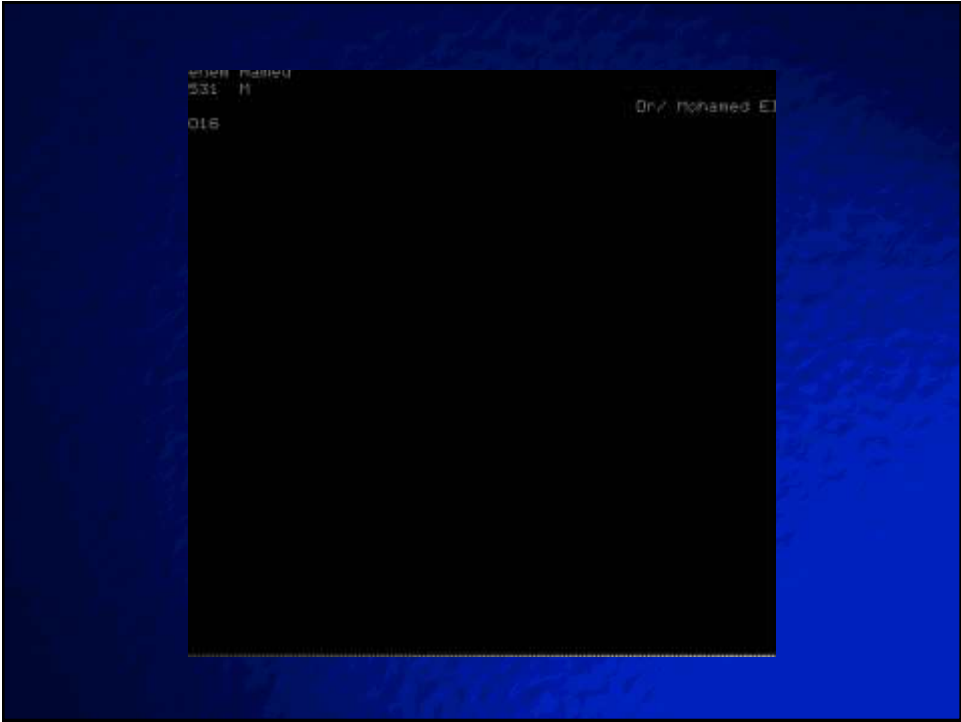
TAP Technique

Advantages:

- Relatively simple
- Assures ostium coverage
- Less metal at side branch ostium compared to crush

Disadvantages:

- Excessive stent protrusion can cause main branch access problems later
- More restenosis than single stent

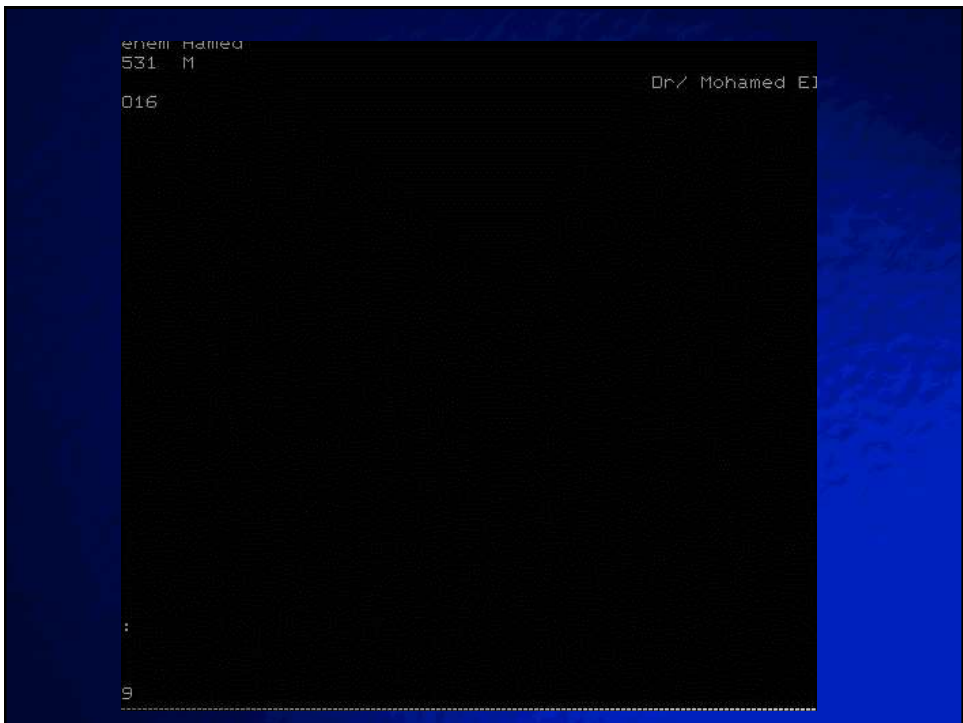


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V-Stenting Technique

- **Short LM with less than narrow angle** left main

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