The golden rules of PCI

Before PCI

- Know the patient (age, sex, comorbidities, therapy…)
- Details of the case (STEMI, NSTEMI, stable…)
- Previous angios or PCIs (access, catheters, complications, stents type…)
- Additional non invasive imaging (echo, SPECT….)
- Meet the patient when possible before the case and plan your strategy
- Always check your equipment or special equipment !!!

During PCI

- Prepare your table as ALWAYS – keep it clean ALWAYS
- LOOK who is your facilitator
- Plan your strategy and discuss it with the facilitator
- NEVER UNDERESTIMATE NEVER COMPROMISE
- Minimize contrast
- Always be 3 steps beyond the case
- USE FFR or IVUS when needed
- CHANGE your GC BEFORE initial treatment of the lesion
- NEVER compromise GC stability and distal wire position
- Select a final wire position in a distal portion of the LARGEST and most important branch of the target vessel
- CHECK the final wire position in 2 orthogonal PLANES

During PCI

- **Lesion characteristics**
- **PCI Strategy**
- **Vasodilate**
- **Take time before stent selection (distal vessel – POT)**

Why this stent is not delivering ? (support? Wire? Not enough Predilation? Tortuosity? Do I need special catheters?)

- **Post dilate at high atm when needed**
- **Study always your last pictures in 2 PLANES and the GC removed (small PERFs can be missed)**

QUALITY OF FLOW – STENT INFLOW / OUTFLOW –STENTED SEGMENT (super MAG) – SB – DISTAL WIRE TRAUMA AND GC INJURY

LMS assessment

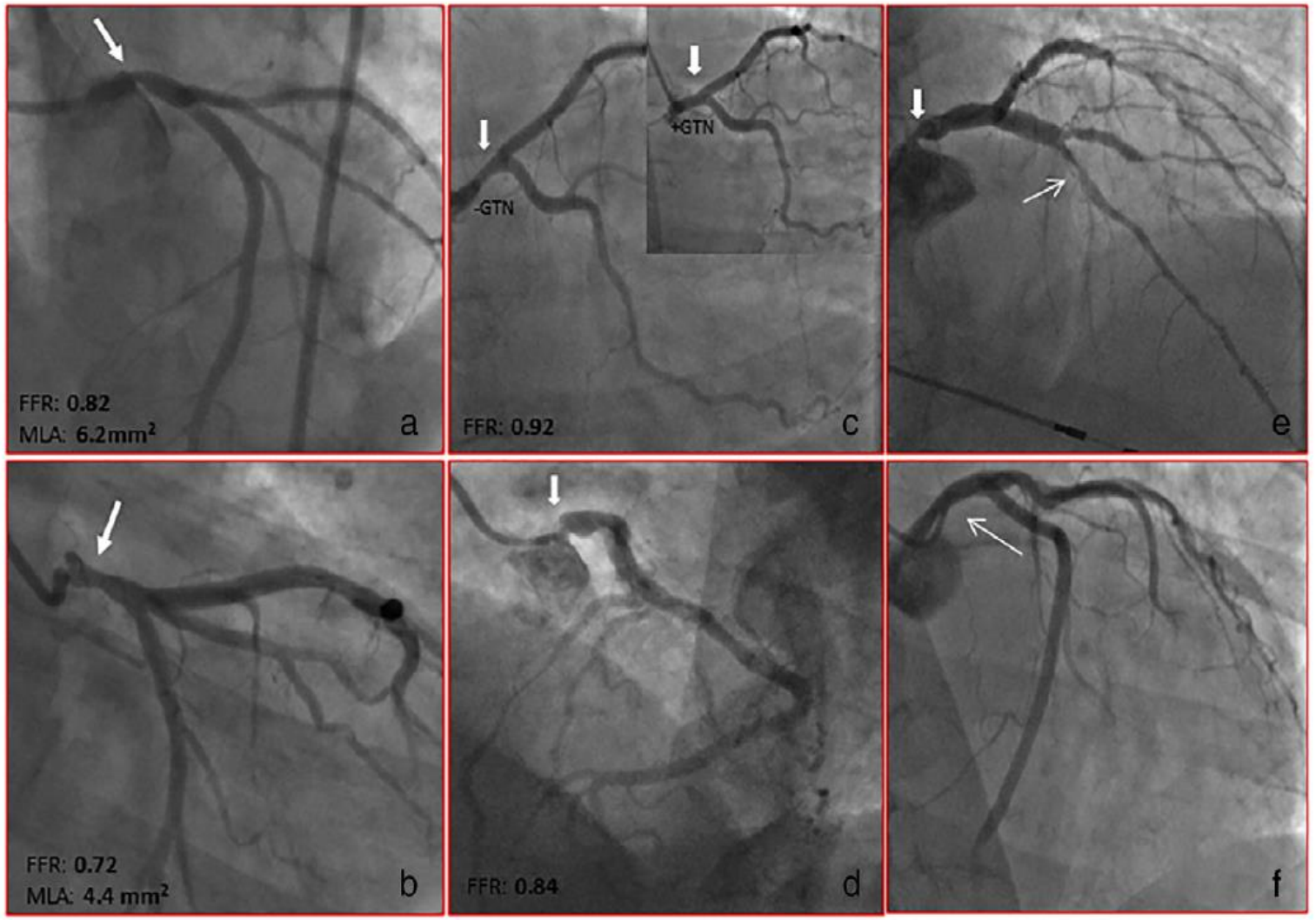
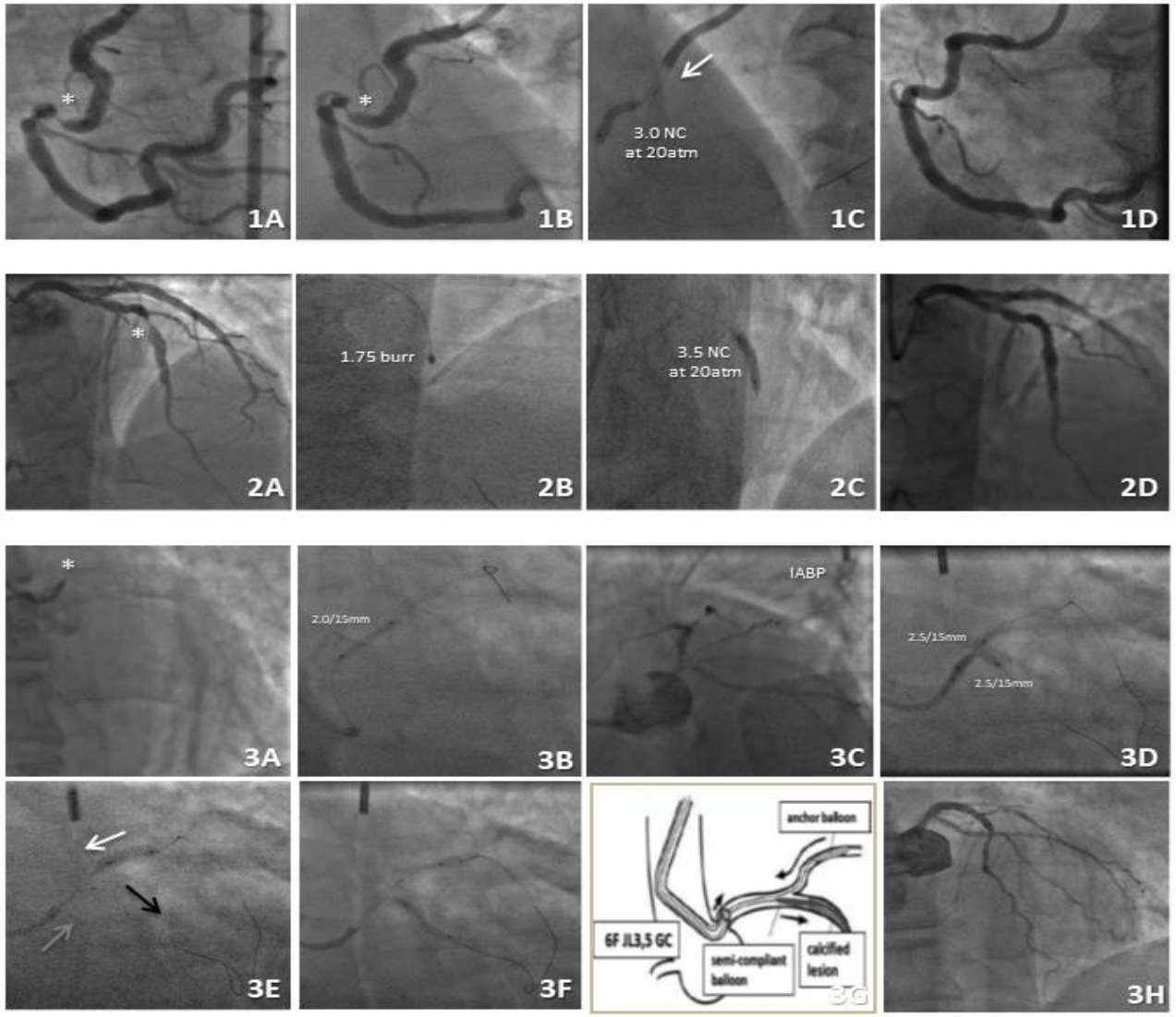
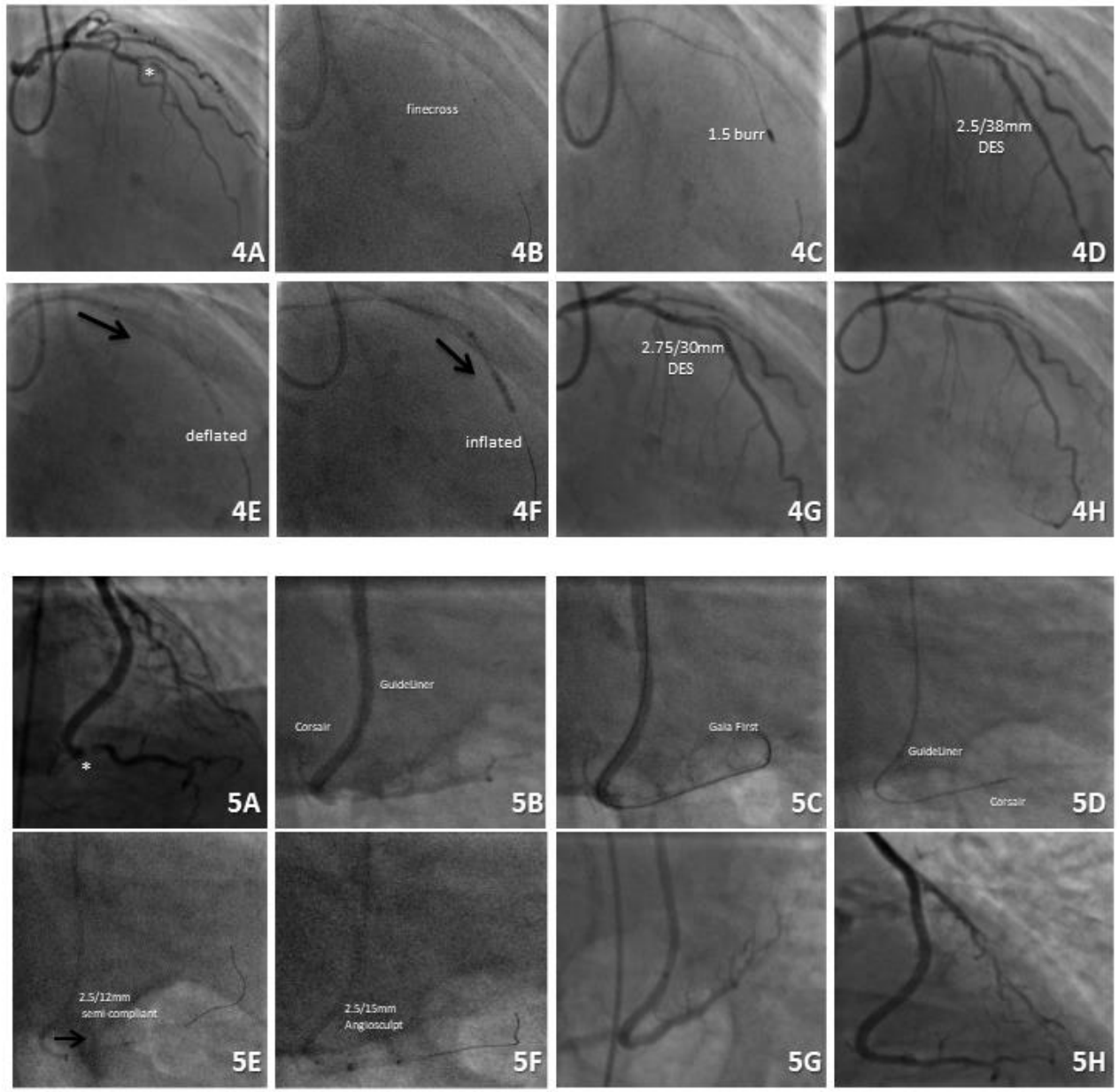
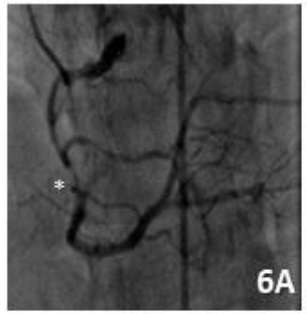


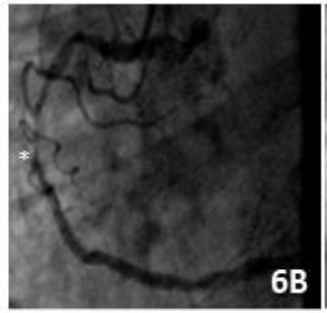
Fig. 2. Discrepancy between angiographic and haemodynamic assessment of LMS stenoses a. Foreshortening, reflux of contrast in sinus and overlapping daughter branches b. Eccentric lesion c. Spasm (revealed after 200 μg of GTN intracoronary) d. Angulated LMS e. Serial lesions f. Reverse tapering.

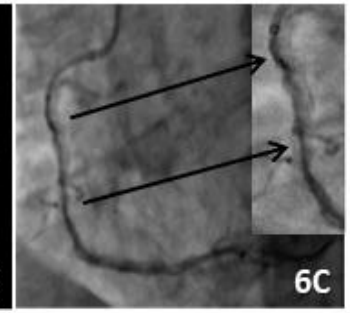
Complex


1A
1B
3.0 NC
at 20atm
1C
1D
2A
1.75 burr
2B
3.5 NC
at 20atm
2C
2D
3A
2.0/15mm
3B
IABP
3C
2.5/15mm
2.5/15mm
3D
3E
3F
anchor balloon
6F JL3,5 GC
semi-compliant
balloon
calcified
lesion
3G
3H


4A
finecross
4B
1.5 burr
4C
2.5/38mm
DES
4D
deflated
4E
inflated
4F
2.75/30mm
DES
4G
4H
5A
GuideLiner
Corsair
5B
Gaia First
5C
GuideLiner
Corsair
5D
2.5/12mm
semi-compliant
5E
2.5/15mm
Angiosculpt
5F
5G
5H


6A


6B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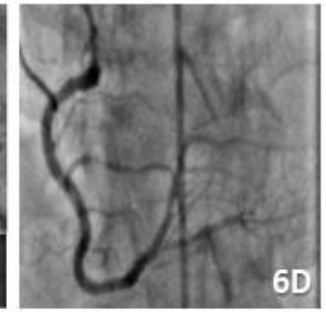
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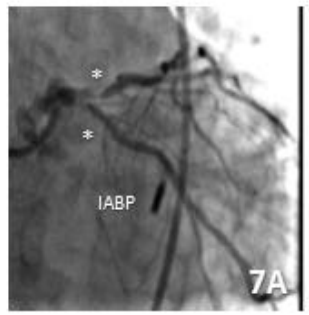
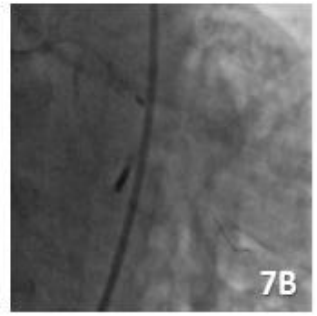

IABP
7A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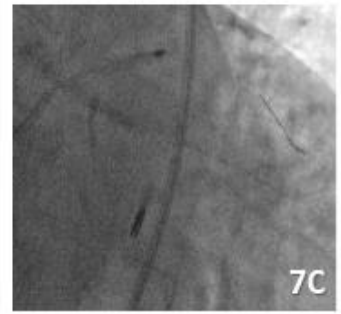
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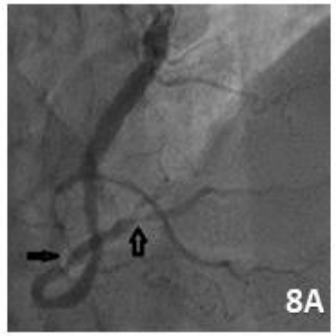
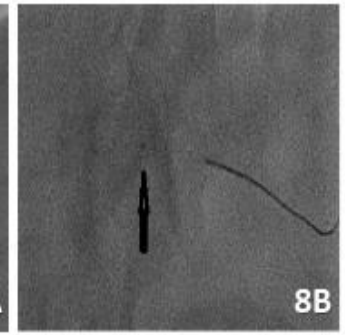
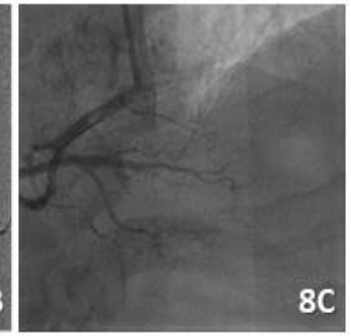
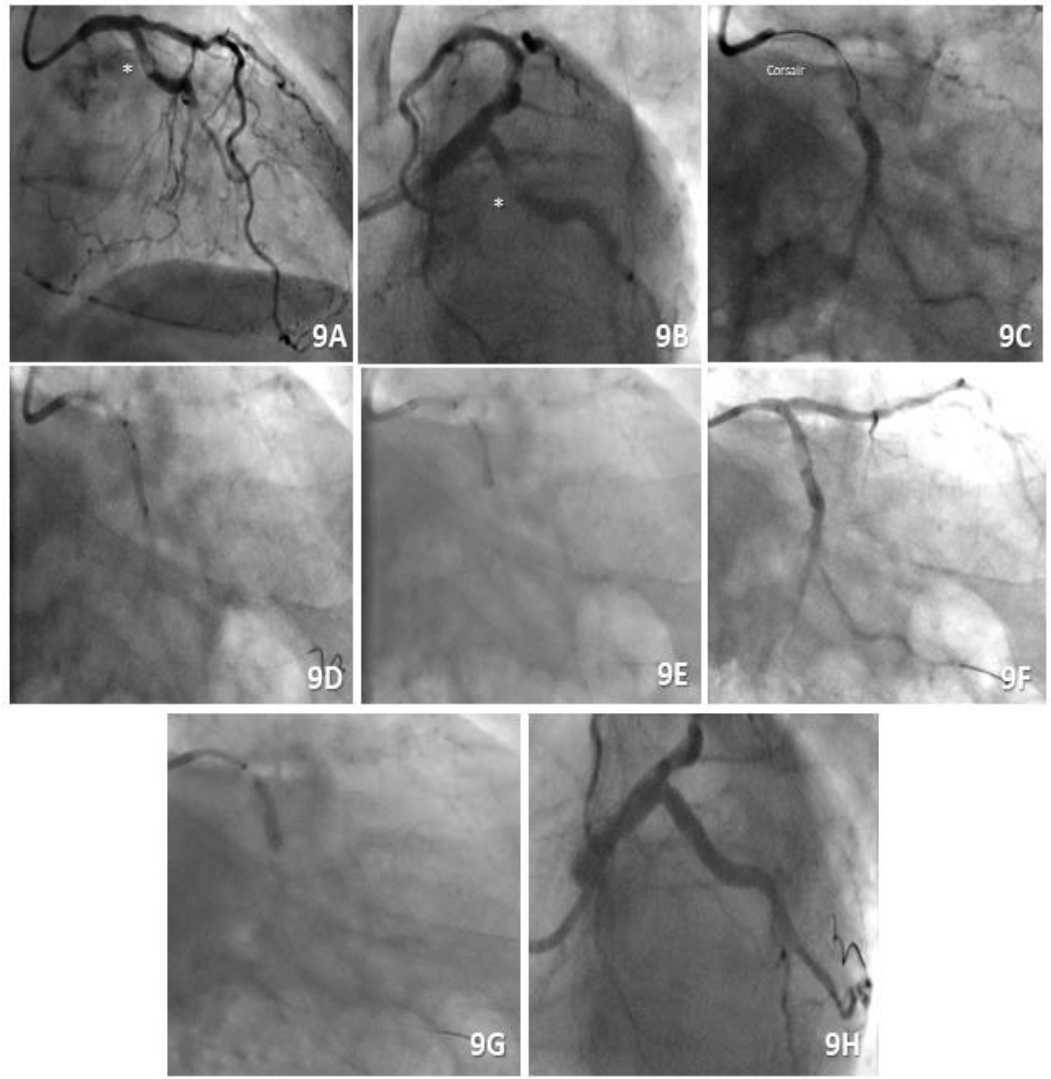
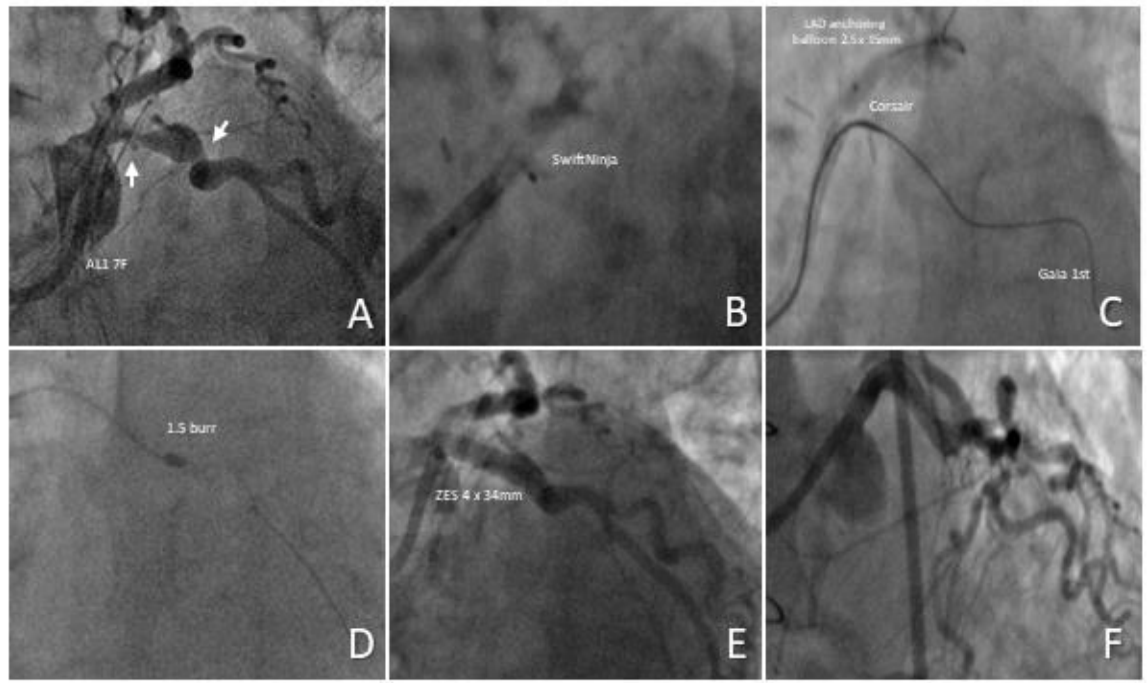
7D


8A


8B


8C


9A
9B
9C
Corsair
9D
9E
9F
9G
9H


AL1 7F
A
SwiftNinja
B
Corsair
Gaia 1st
C
1.5 burr
D
ZES 4 x 34mm
E
F

After PCI

- Review the patient
- Risk for CIN
- Medications (DAPT how long, ….)
- Arrange follow up
- Arrange plan for non treated lesions