Cannulation

Chapter 3:

- Catheter choice for diagnostic angiogram
- Catheter choice for graft cannulation
- Guiding catheter choice

JL: how to do it?

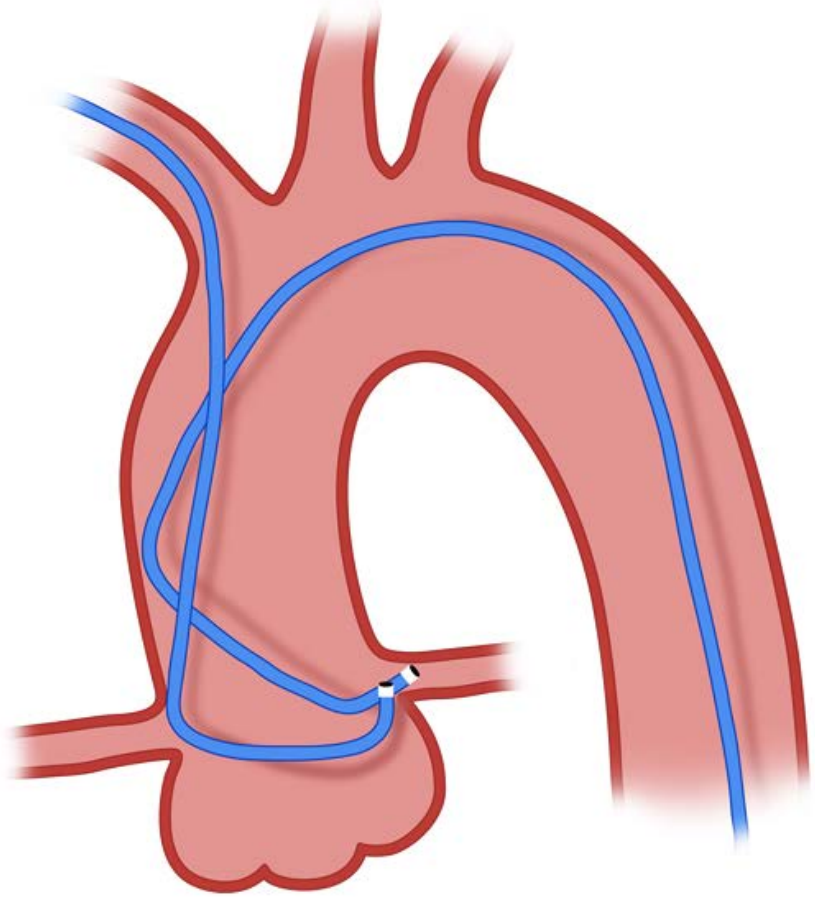
Catheter often arrives in right or non-coronary sinus

Pull and clockwise rotate to get into left sinus

If catheter below LCA ostium anticlockwise and advance (or pull)

Get co-axial!

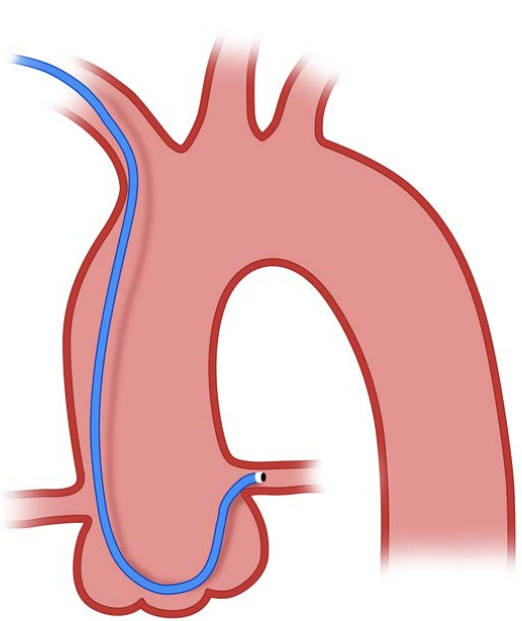
JL right radial vs femoral, different size of catheter and different co-axiallity



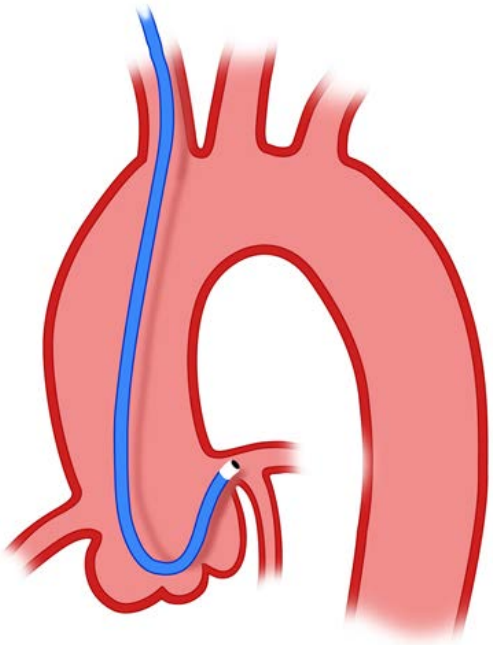
Second choice catheters, LCA

Dilated aorta:	JL4-5-6, AL2-3
High take-off / aberrant:	AL2 or AL3
Distorted aorta:	AL3 or MP
No reach:	Extra back-up guide

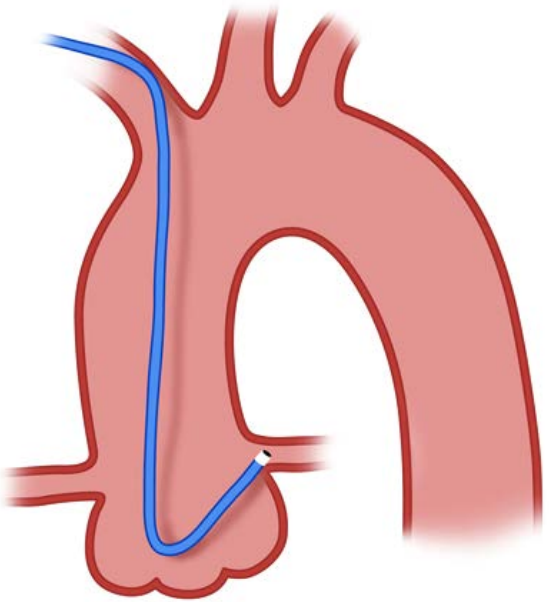
Second choice catheters, LCA



AL



extra back-up GC



MP

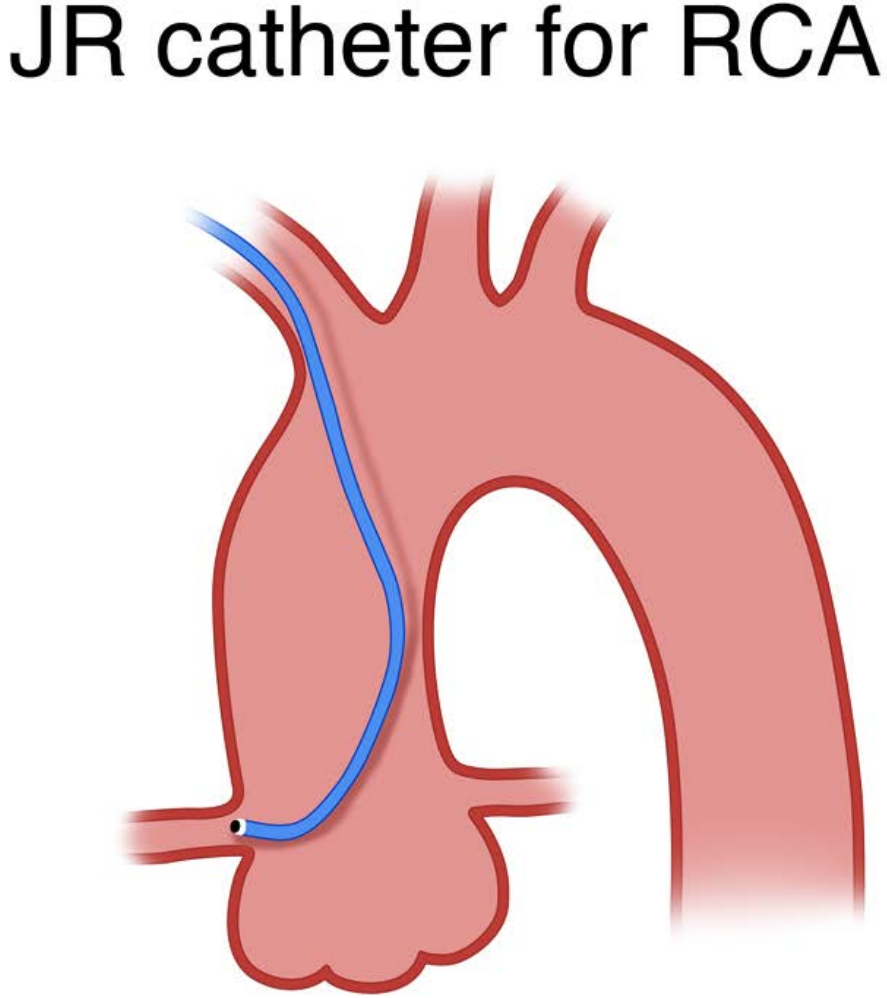
Catheter exchange

It is preferable to keep the 0.035” wire in the ascending aorta

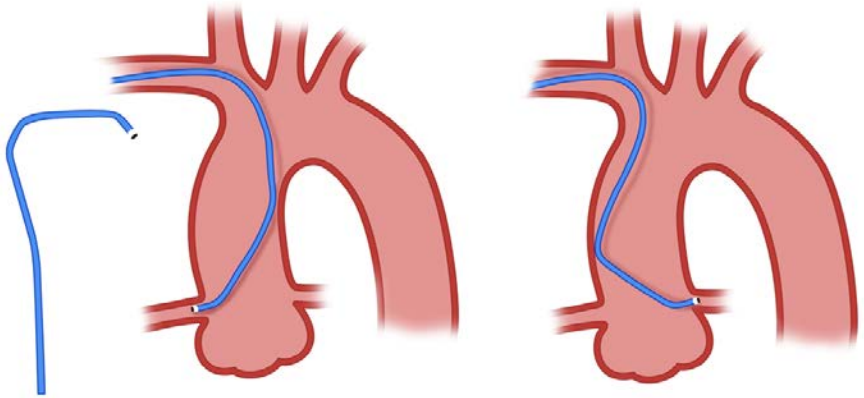
2 methods:

- Long (260cm) wire
- Standard wire

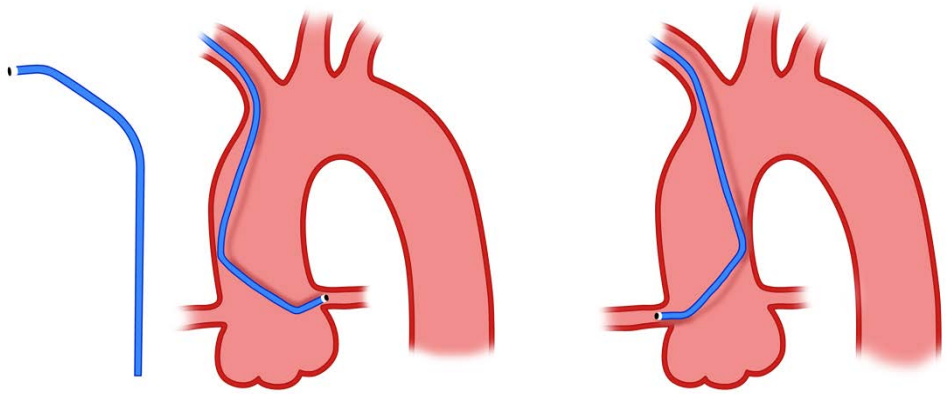
JR catheter



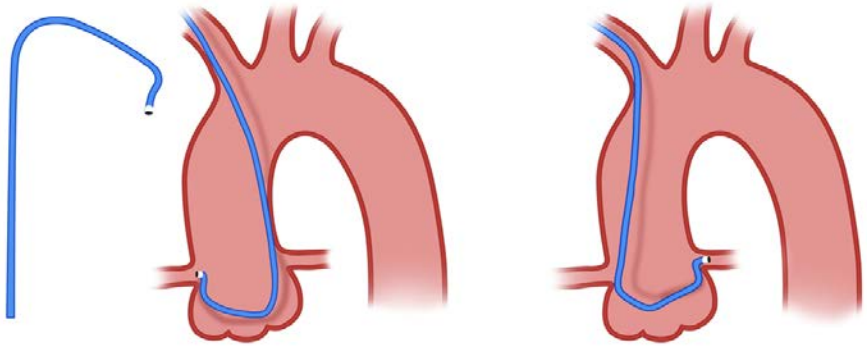
Dedicated catheters for both ostia



Tiger

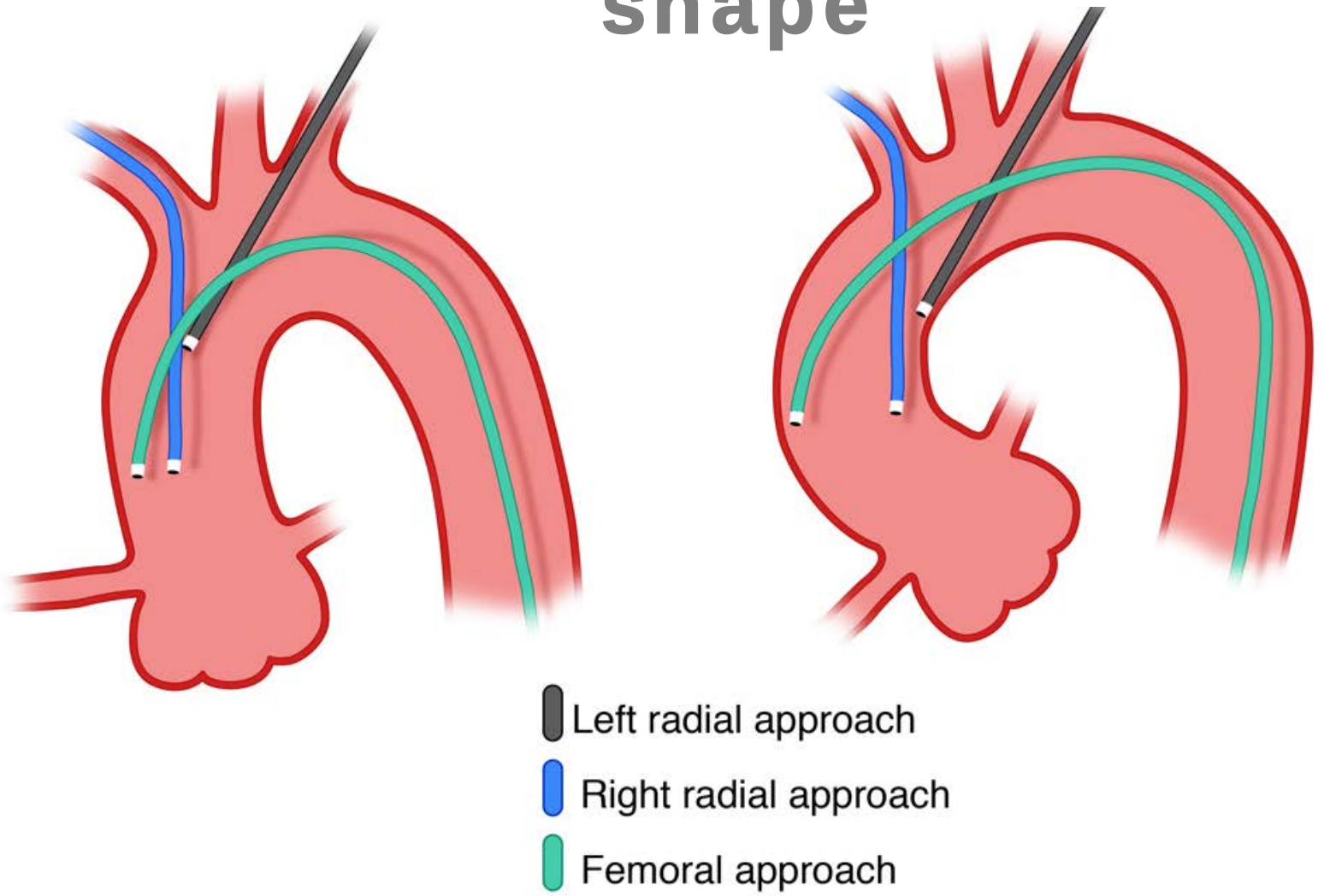


Barbeau



BLK

Catheter course according to vascular approach and aorta shape



Alternative catheters, RCA

High and anterior	AL1 or AR
Short aorta	JR 3.5
Inferior take-off	MP

Why standard catheters don't fit?

Short patient

Barrel chested

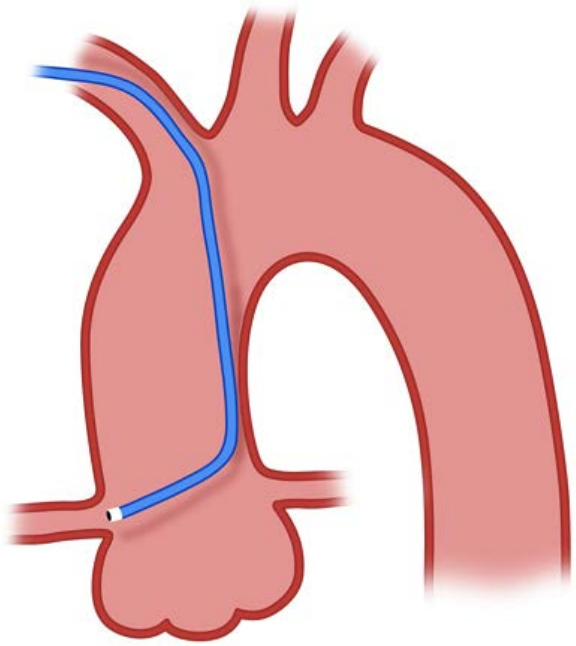
Sub-clavian tortuosity

Enlarged aorta

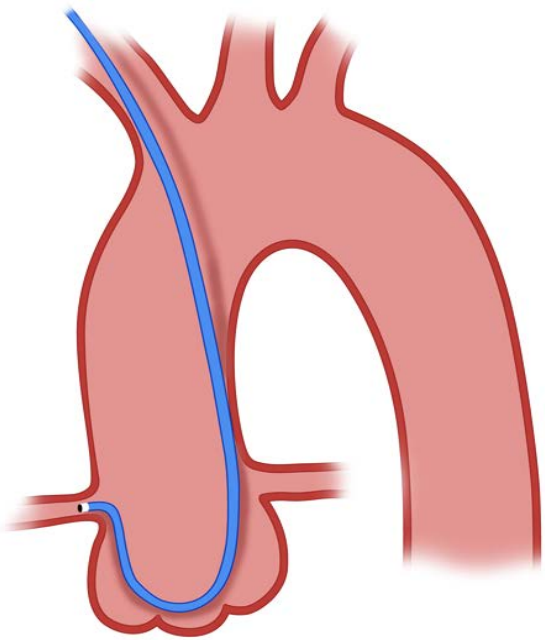
Extreme take-off

Aberrant origin

Alternative catheters, RCA



MP



AL

Key messages

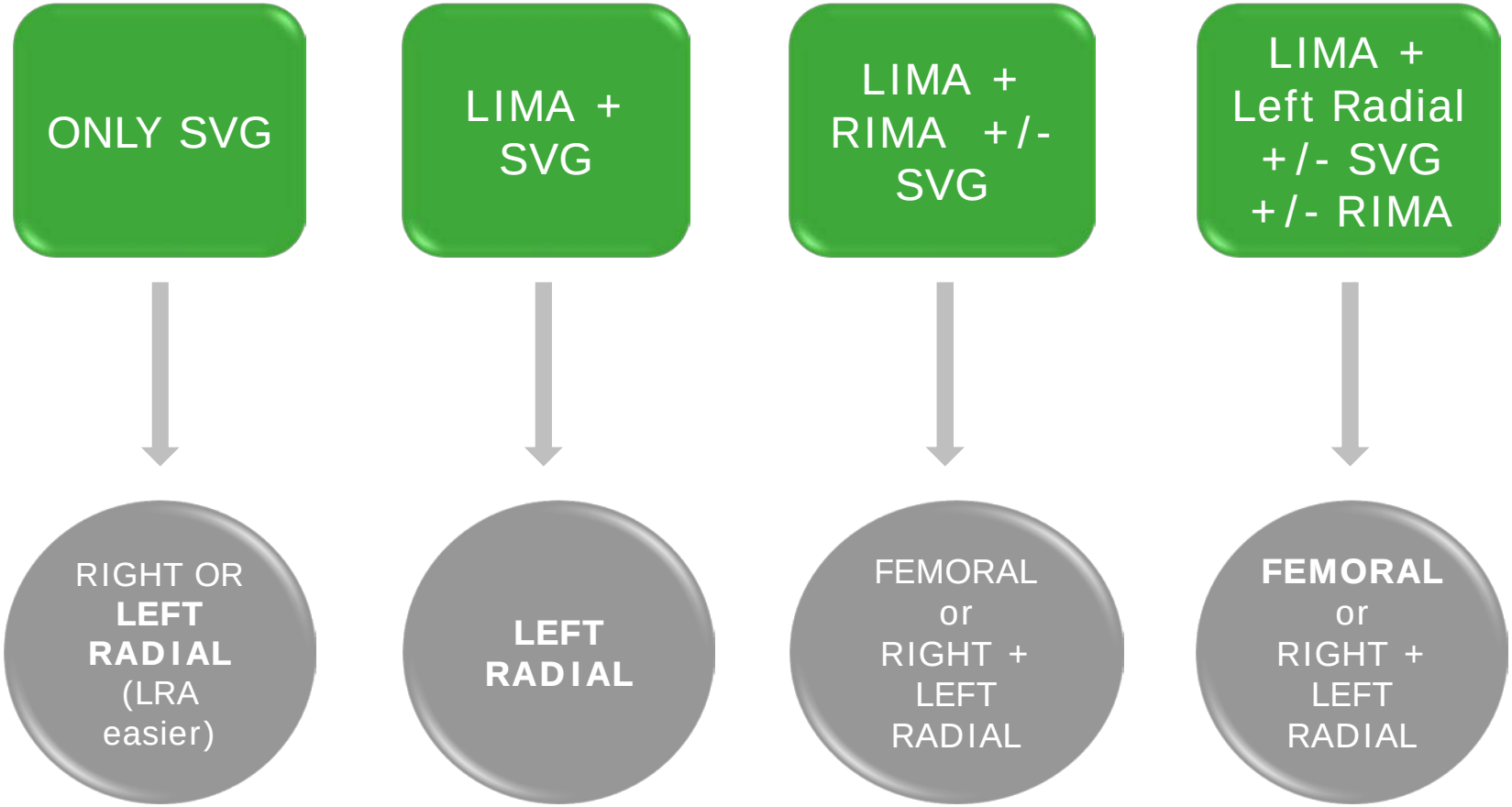
Most diagnostic angiography can be done with standard catheters

Gentle movements to avoid spam

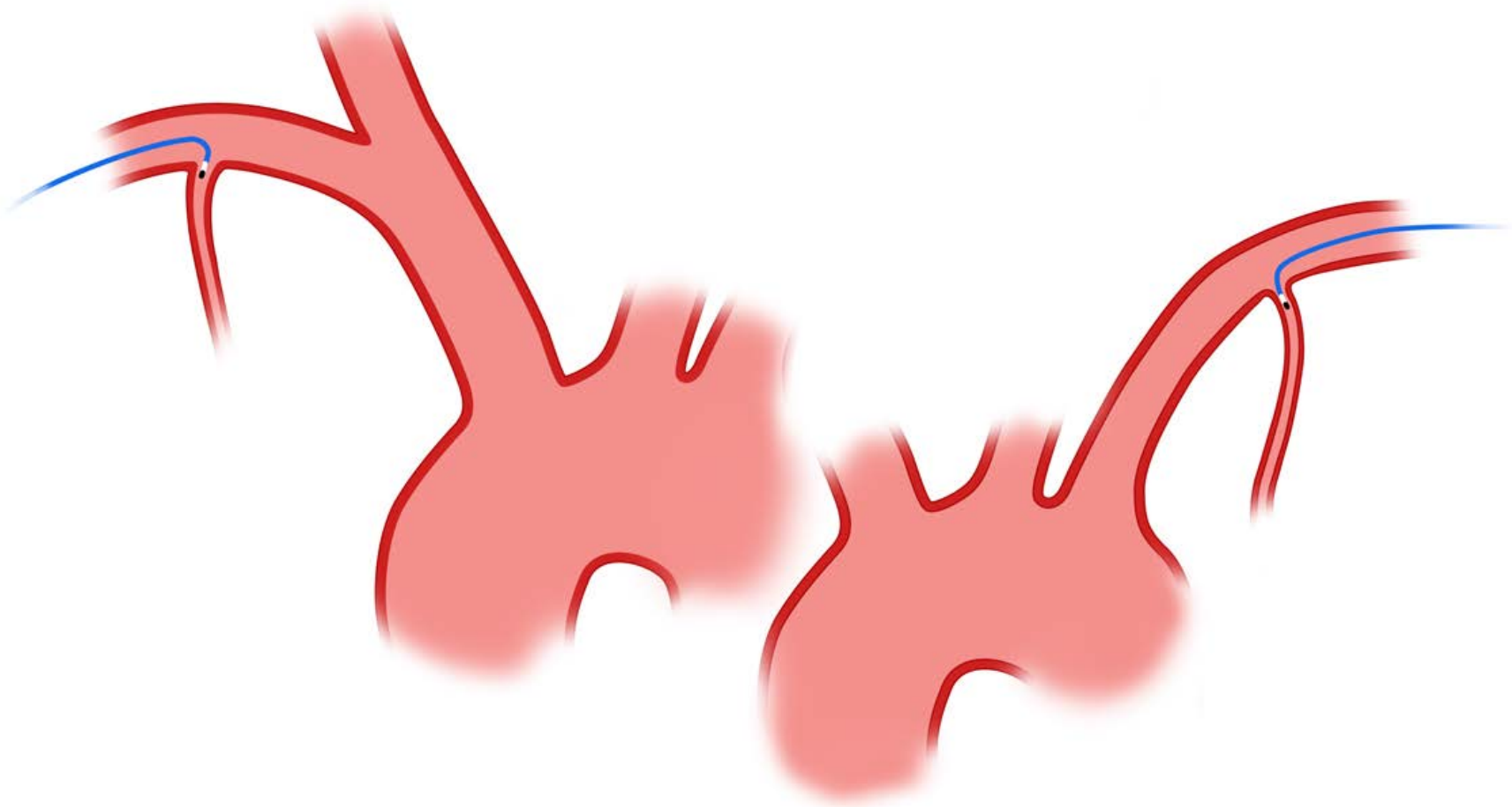
LCA – JL3.5, different manipulation

RCA – JR4, similar manipulation

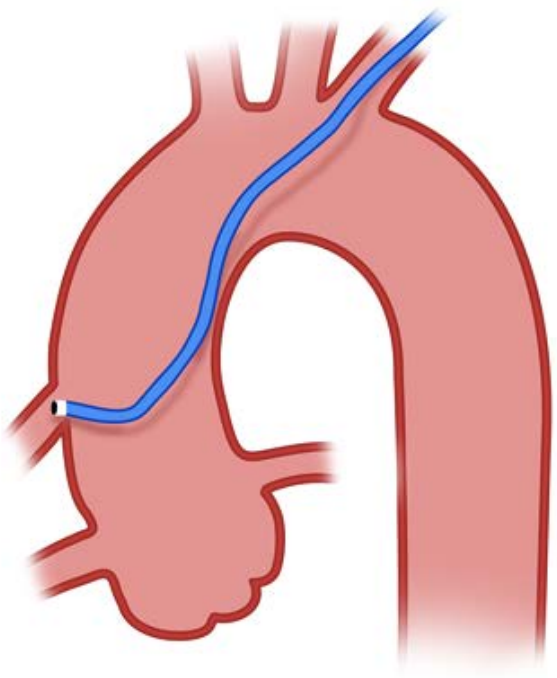
What is the preferred approach according to graft type?



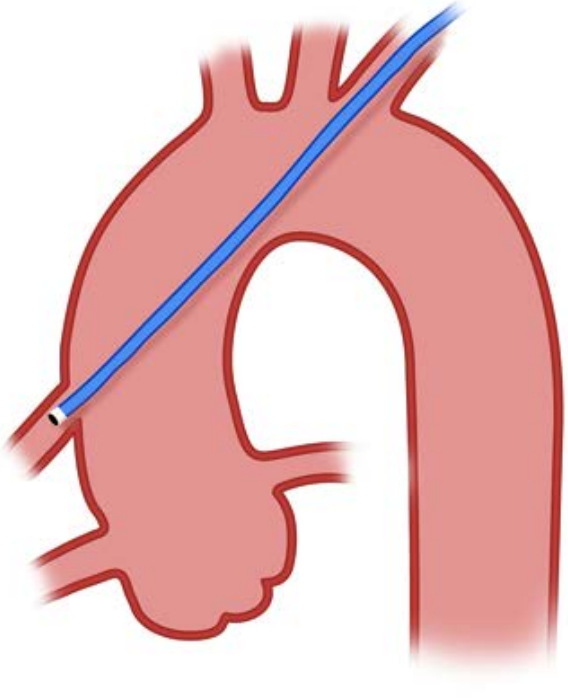
Homolateral IMA cannulation



SVG to RCA

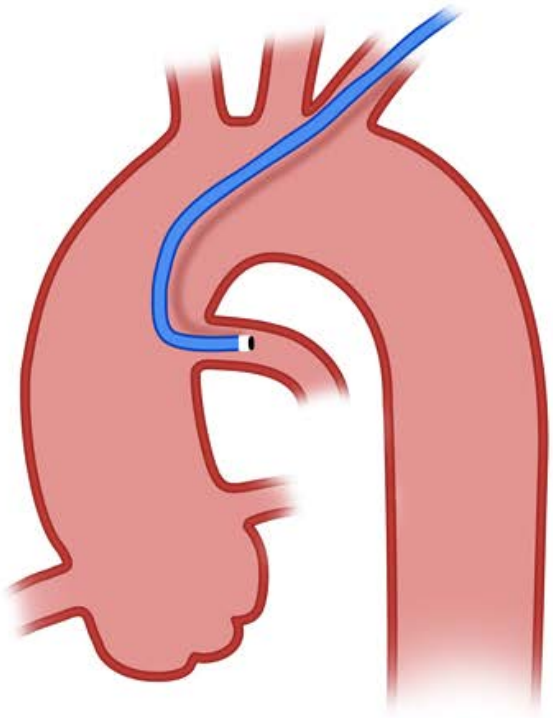


JR

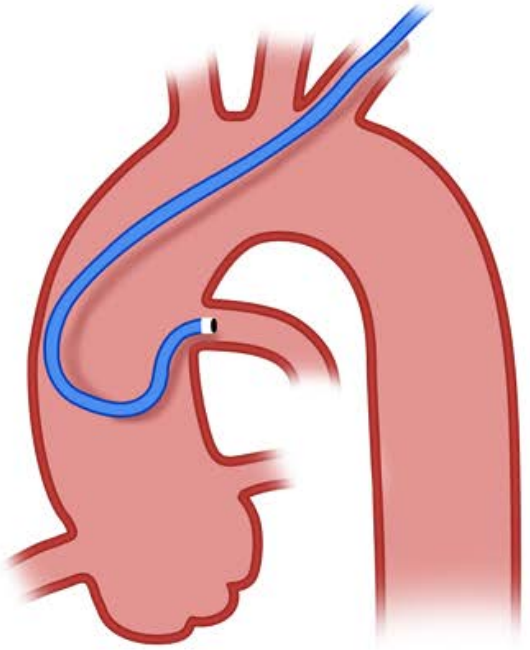


Multipurpose

SVG to LCA

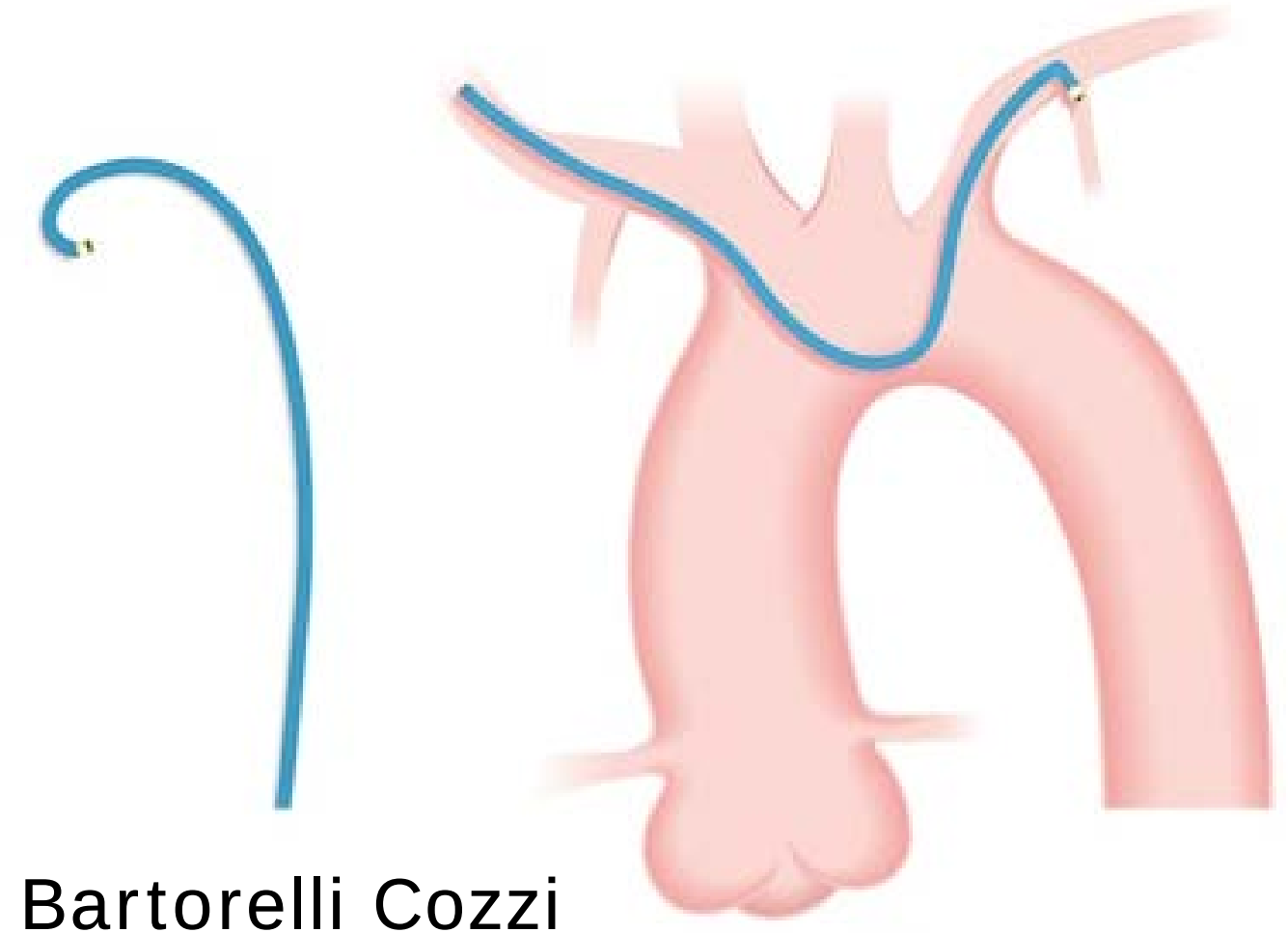


JR



AL

LIMA from right radial approach



IM Bartorelli Cozzi

Grafts

LIMA → IM or IM Bartorelli Cozzi

R-SVG → JR4 or MP

L-SVG → AL1-AL2

Selecting a guide catheter for LCA

Extra back-up curves shapes suit most cases (EBU / XB / Voda / CLS)

Judkins: easy but poor support

LCX lesions: Amplatz might help but tricky

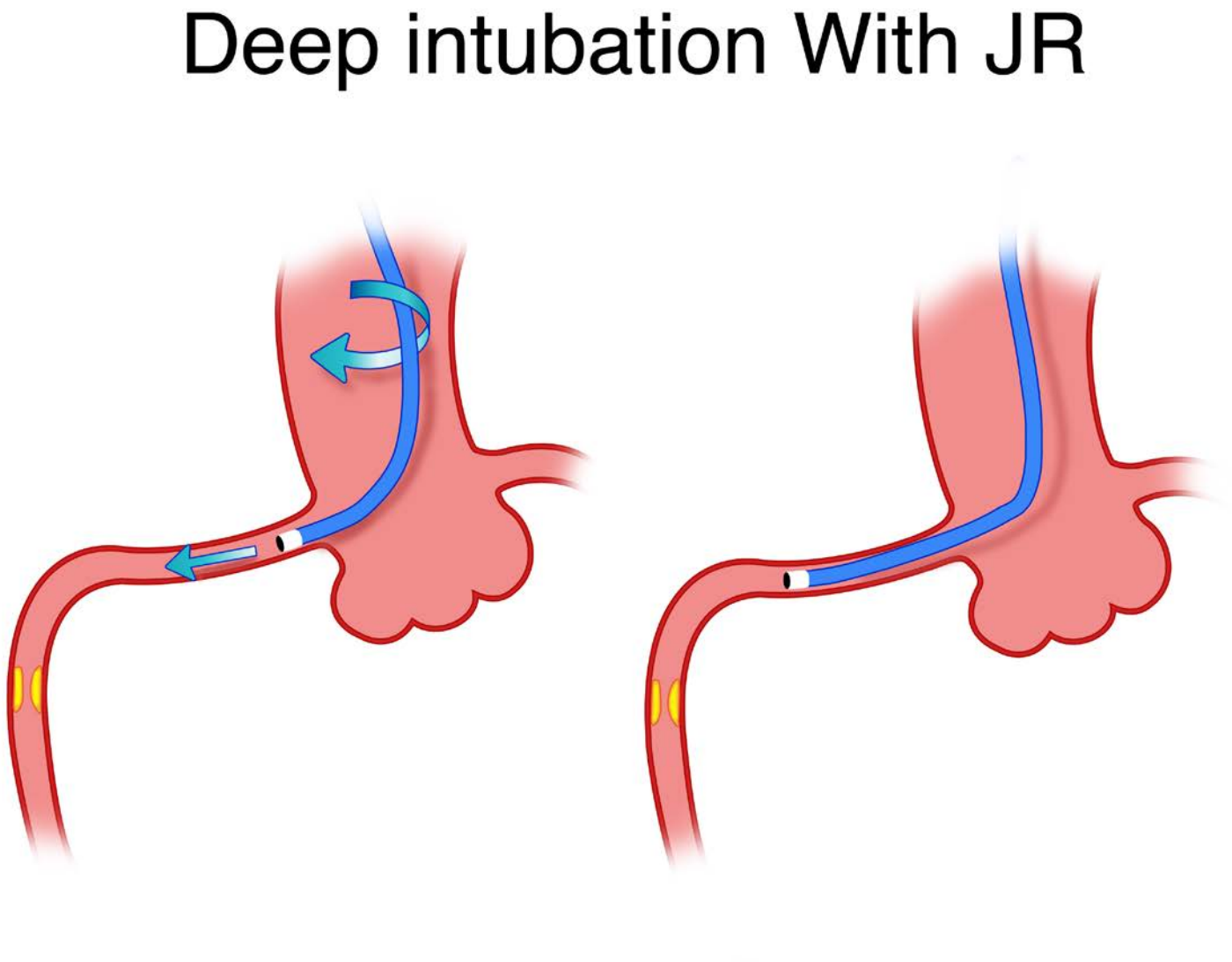
How to engage with EBU shape?

Catheter usually falls into non-coronary sinus

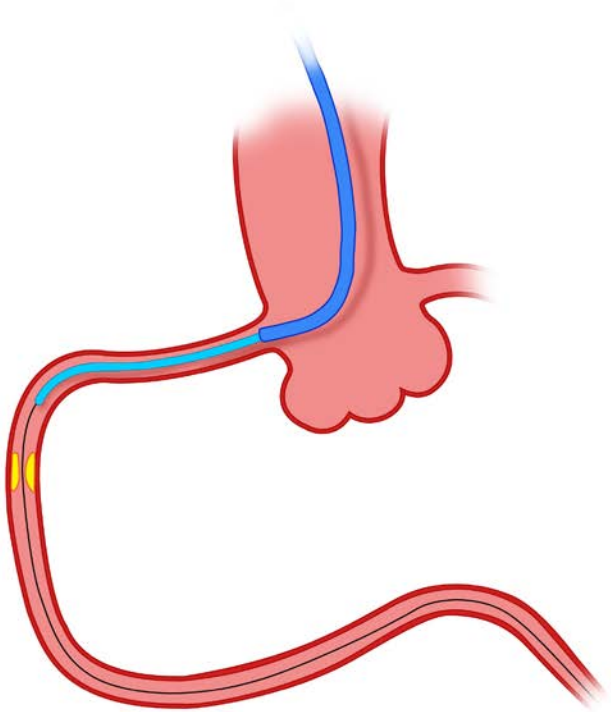
Pull gently, it will fall into the left coronary sinus (asking the patient to take a deep breath helps)

Once the catheter is in the left coronary sinus, turn anti–clockwise and advance

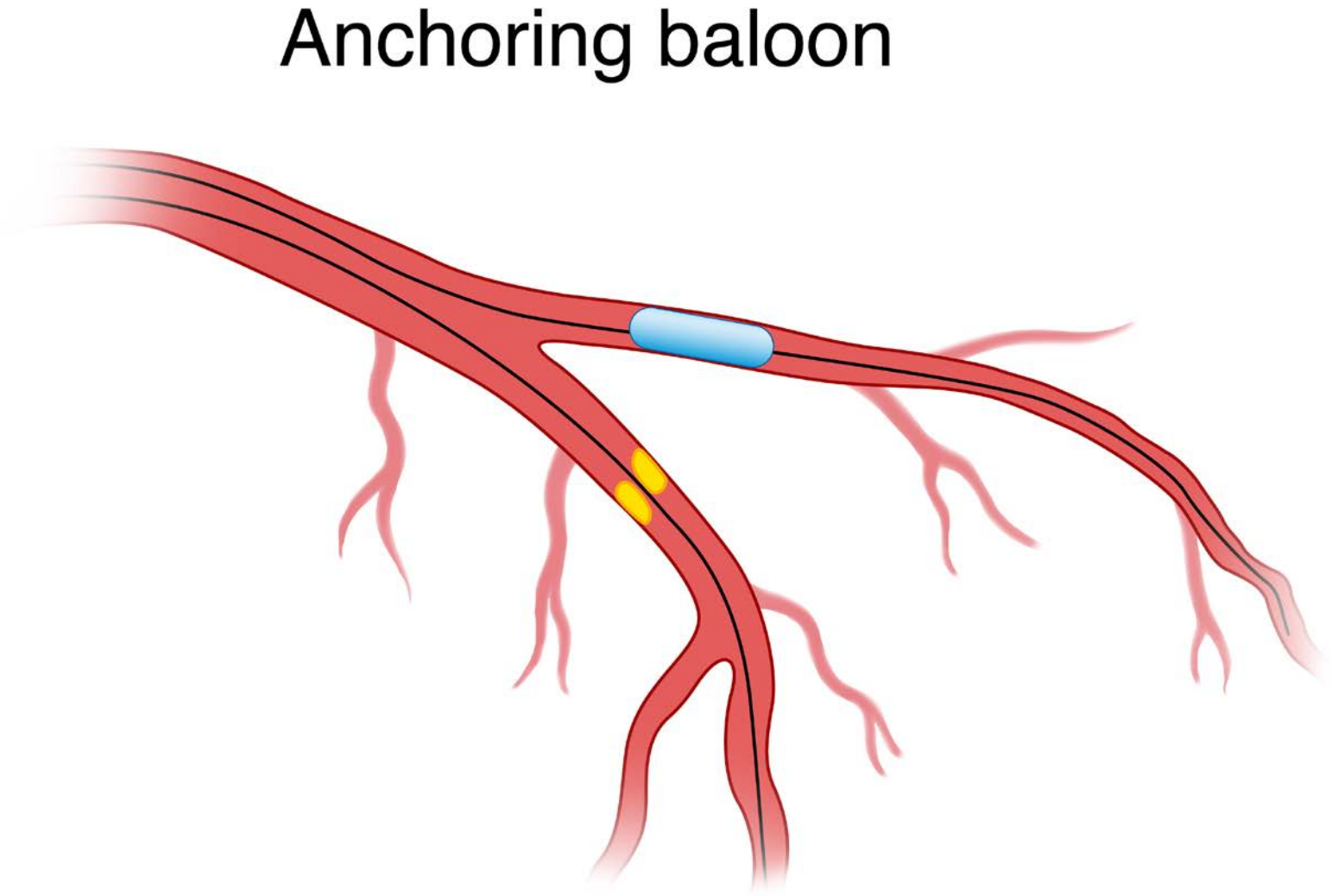
Deep intubation



5 in 6



Anchoring baloon



2 ways how to improve support?

Passive support

GC with back-up support

7Fr or 8Fr GC

Anchoring balloon

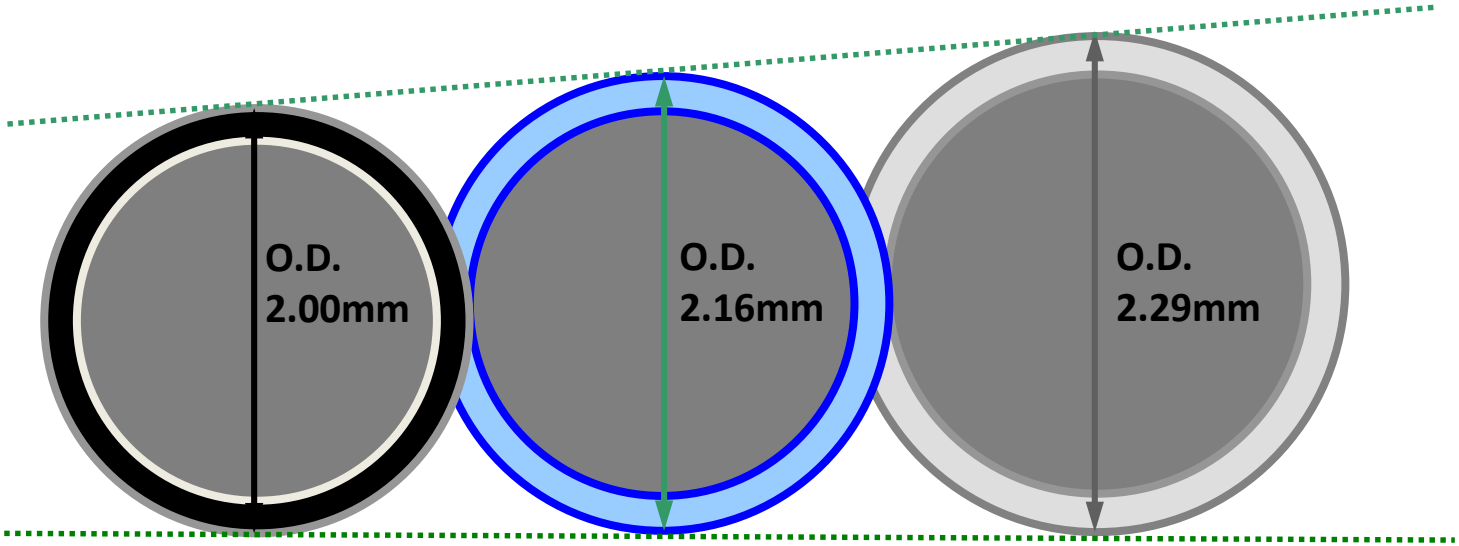
Active support

Deep intubation

GC extensions:
5 in 6F

Over the wire

6.5Fr

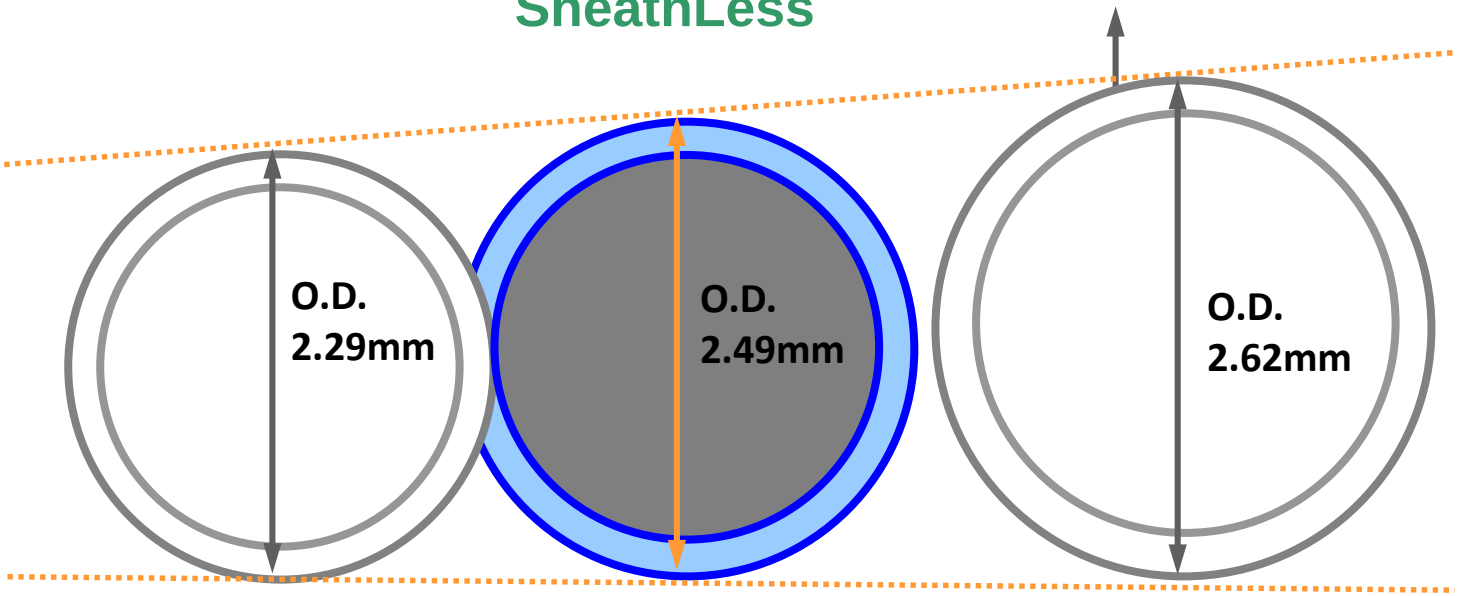


4Fr Sheath Introducer

6.5Fr / 0.058”
SheathLess

5Fr Sheath Introducer

7.5Fr



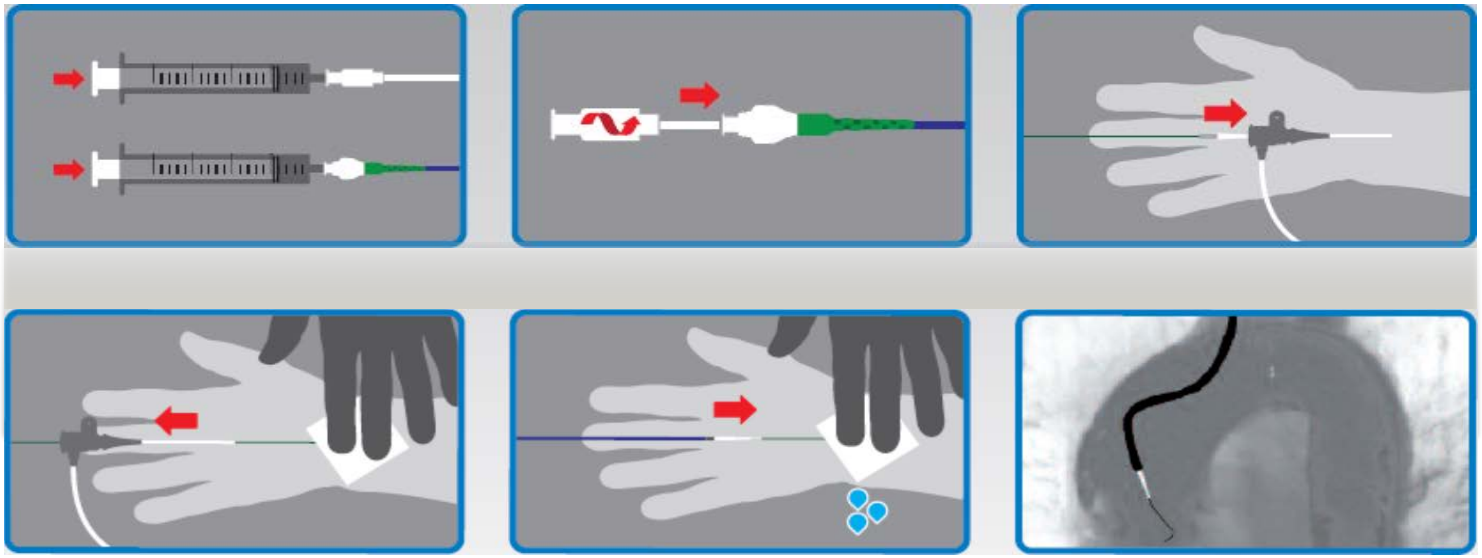
5Fr Sheath Introducer

7.5Fr / 0.070”
SheathLess

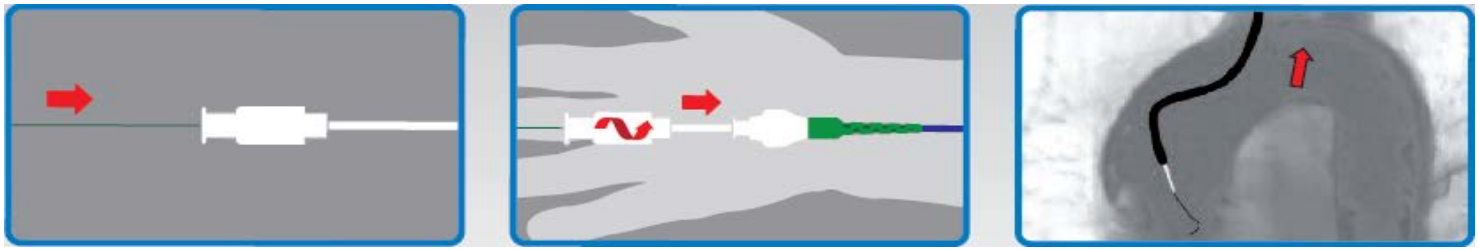
6Fr Sheath Introducer

How to use sheathless GC?

Introducing:



Removing:



Key messages – Radial PCI

Similar guiding catheters to femoral PCI, choice based on angiography

Support might be insufficient, especially for the RCA

A few techniques & catheters will help