Chapter 3:
Catheter choice for diagnostic angiogram
Catheter choice for graft cannulation
Guiding catheter choice
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

JR catheter for RCA
Dedicated catheters for both ostia

Tiger

Barbeau

BLK
Catheter course according to vascular approach and aorta shape

- Left radial approach
- Right radial approach
- Femoral approach
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?

- **ONLY SVG**
  - RIGHT OR LEFT RADIAL (LRA easier)

- **LIMA + SVG**
  - LEFT RADIAL

- **LIMA + RIMA +/- SVG**
  - FEMORAL or RIGHT + LEFT RADIAL

- **LIMA + Left Radial +/- SVG +/- RIMA**
  - FEMORAL or RIGHT + LEFT RADIAL
Homolateral IMA cannulation
SVG to LCA

JR

AL

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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

Deep intubation With JR
Anchoring balloon
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
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