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
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

- O.D. 2.00mm
- 4Fr Sheath Introducer
- 6.5Fr / 0.058” SheathLess
- O.D. 2.16mm
- 5Fr Sheath Introducer

7.5Fr

- O.D. 2.29mm
- 5Fr Sheath Introducer
- 7.5Fr / 0.070” SheathLess
- O.D. 2.49mm
- 6Fr Sheath Introducer
- O.D. 2.62mm
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
Usual guiding catheters, but adapted to have a good support and specific manipulation to ostial cannulation.

Right knowledge of tips and tricks to increase support (passive and active).

Sheathless solution in case of small radial artery.