



# 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?

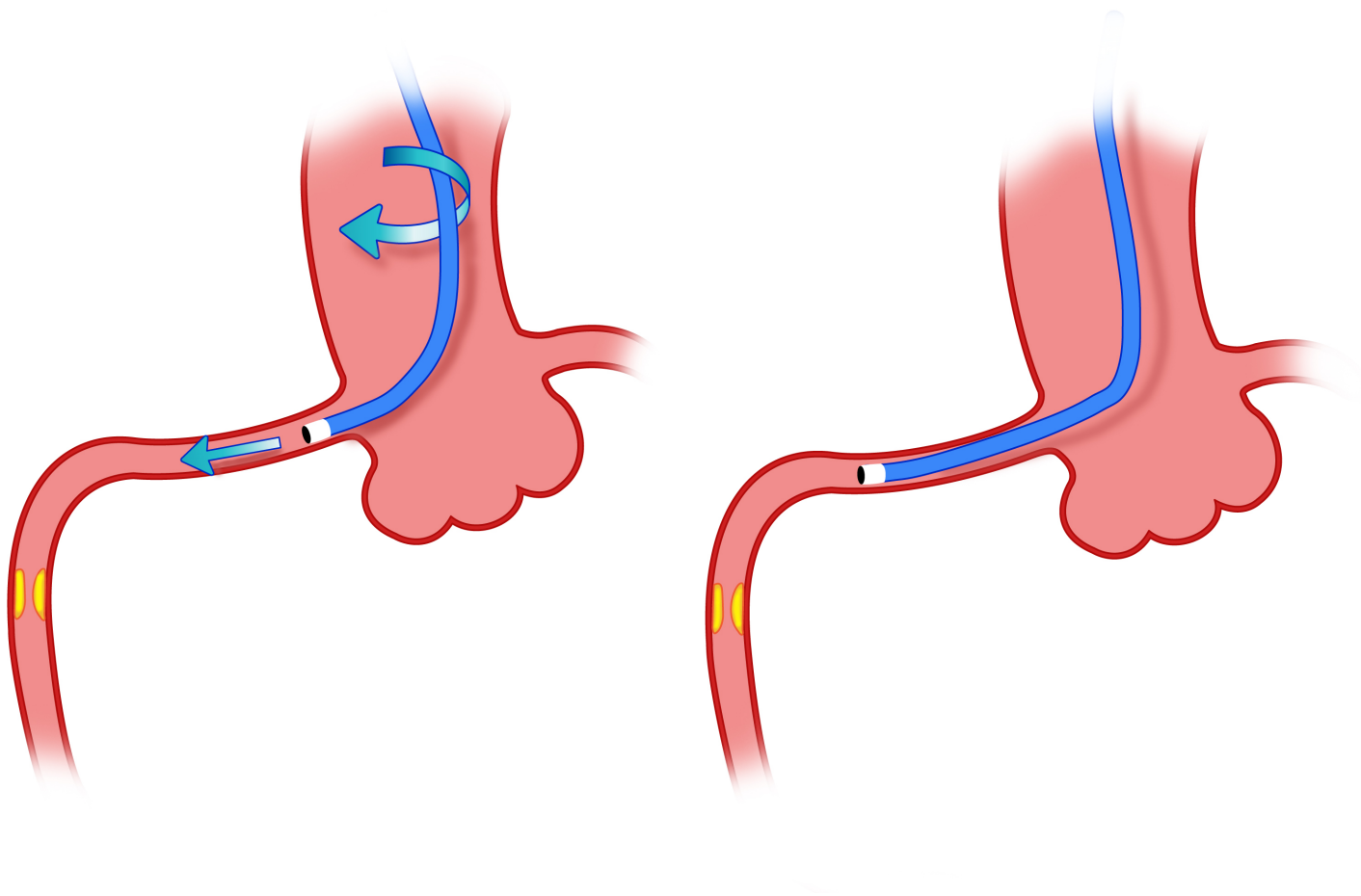
Catheter usually falls into non-coronary sinus

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

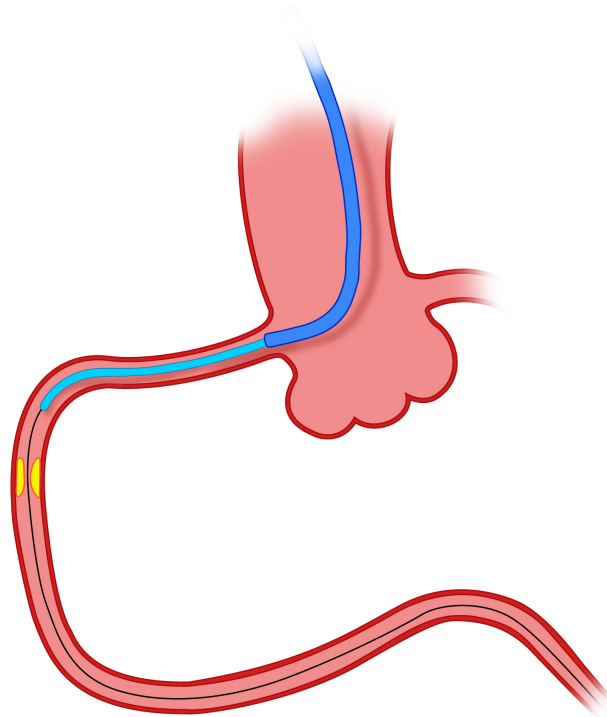
Once the catheter is in the left coronary sinus, turn anti-clockwise and advance

# Deep intubation

## Deep intubation With JR

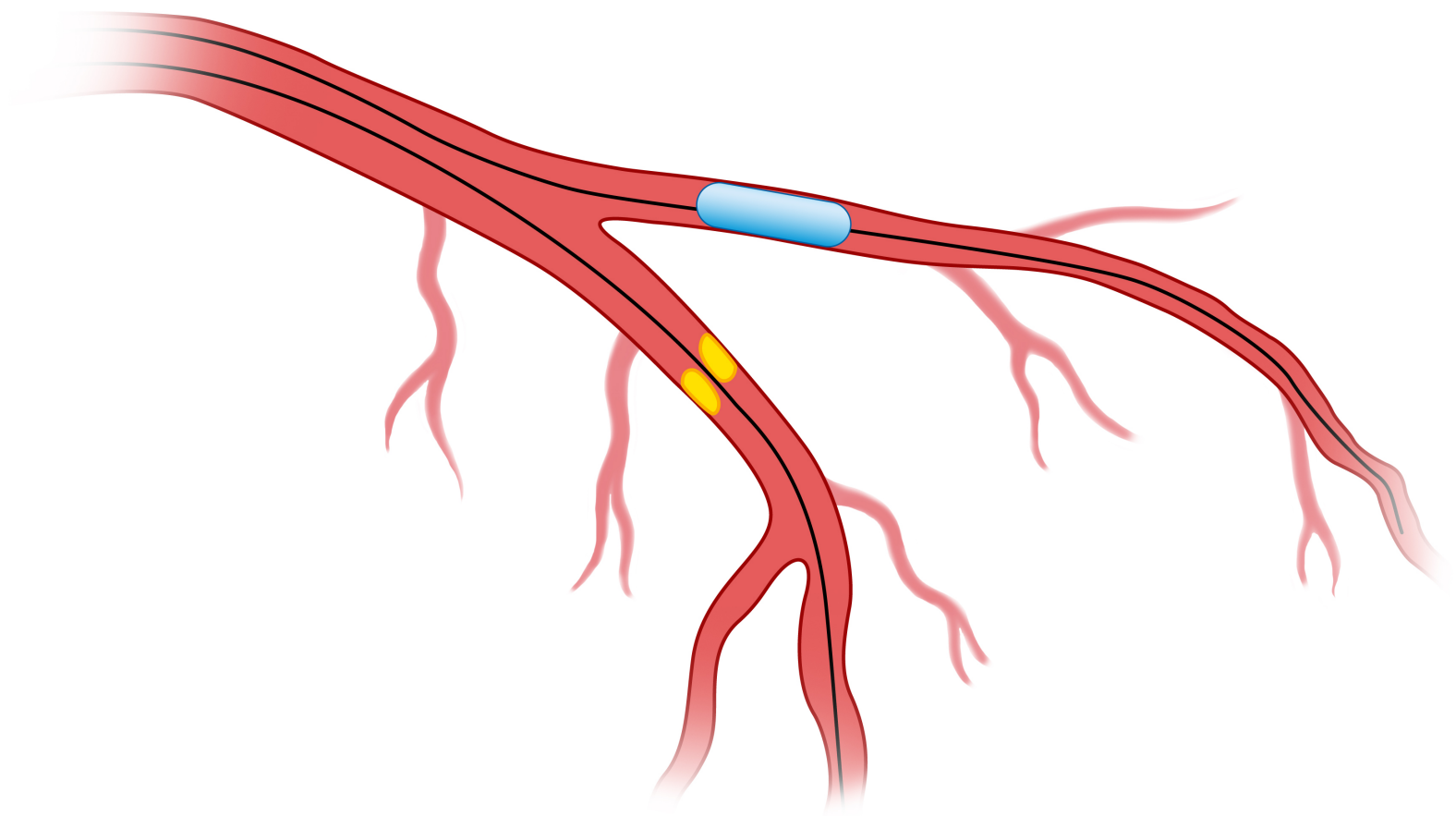


5 in 6



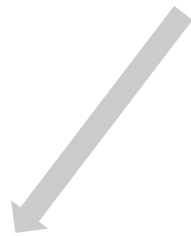
# Anchoring balloon

## Anchoring balloon





# 2 ways how to improve support?

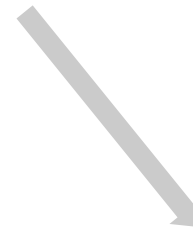


## **Passive support**

GC with back-up support

7Fr or 8Fr GC

Anchoring balloon



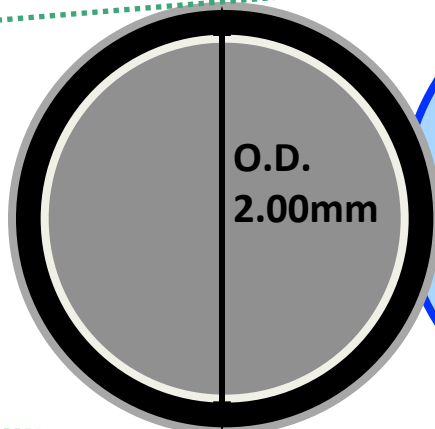
## **Active support**

Deep intubation

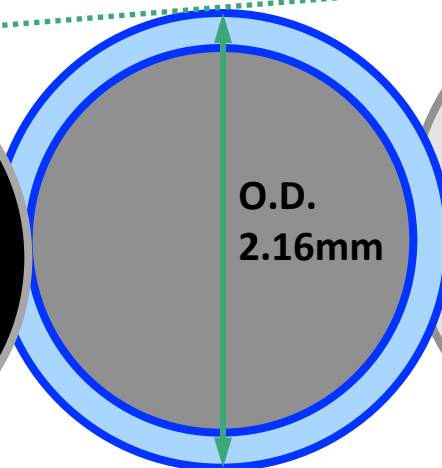
GC extensions:  
5 in 6F

Over the wire

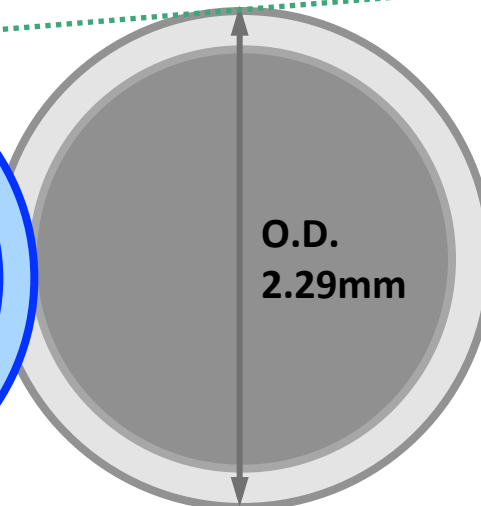
6.5Fr



4Fr Sheath Introducer

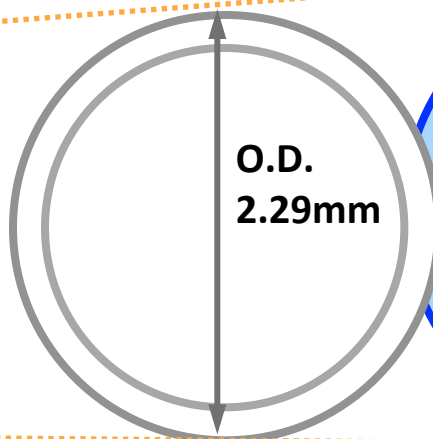


6.5Fr / 0.058"  
SheathLess

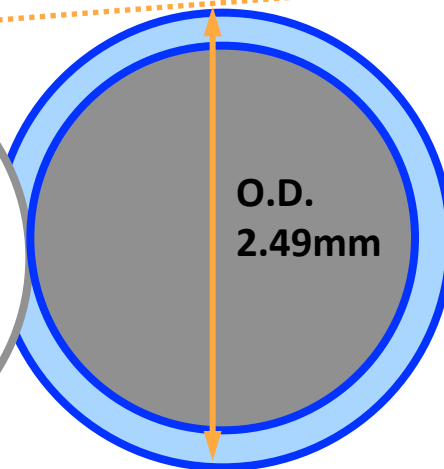


5Fr Sheath Introducer

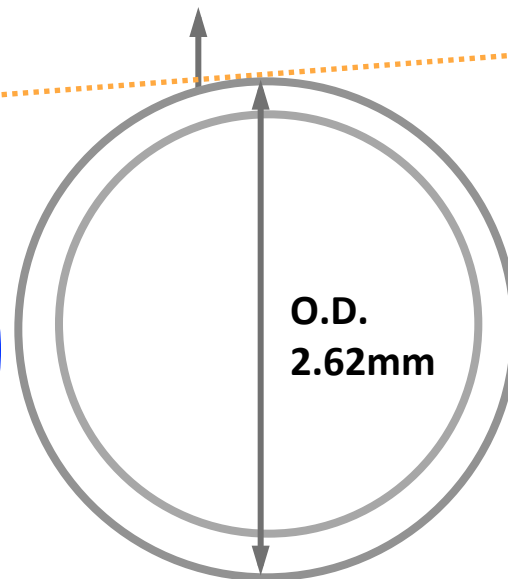
7.5Fr



5Fr Sheath Introducer



7.5Fr / 0.070"  
SheathLess

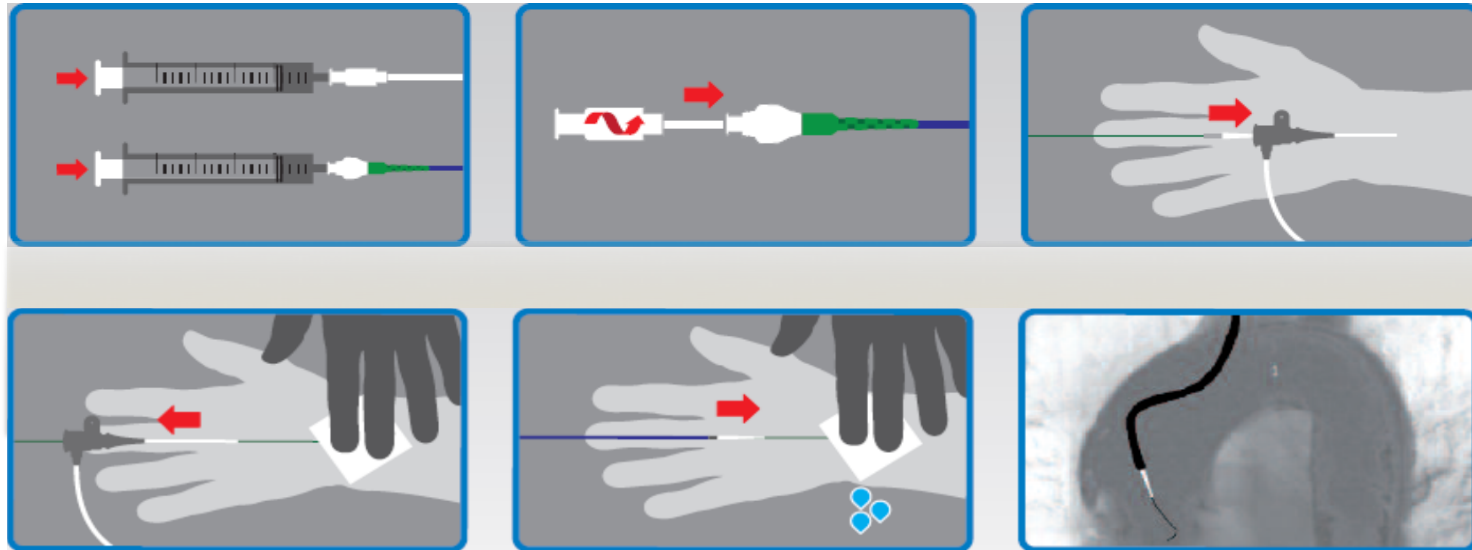


6Fr Sheath Introducer

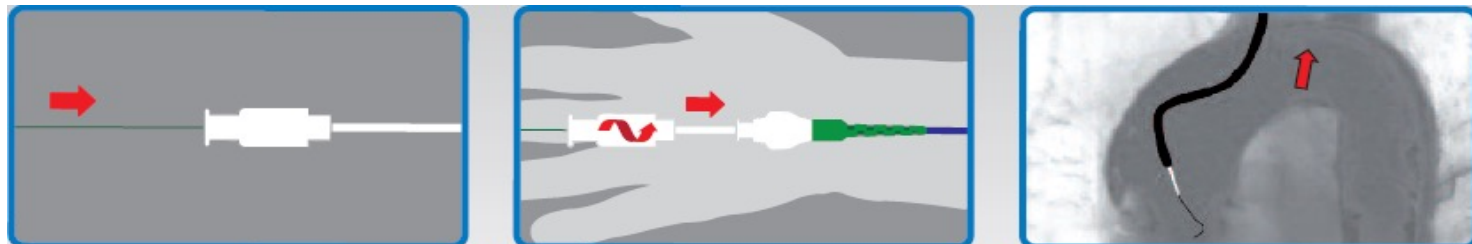


# How to use sheathless GC?

## 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



# Guiding catheter choice - summary

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