How to Cross the Un-crossing Lesions?

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Disclosure

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I have the following potential conflicts of interest to report:

☐ Consulting

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☑️ I do not have any potential conflict of interest
Main Causes to Hamper an Acute Procedural Success

- Long CTO
- Bidirectional approach
- CTA, TPA, DP, Extreme DP, etc
- Special technique
- BTK/BTA lesion
Extreme Distal Puncture
Digital a. puncture
Yubi pun.

Plantar a.
Soko

Wound puncture
Kizu pun.
Needle Cracking Technique
Needle Cracking Technique
Completion Angiography
Jet Mole Attack
Jet Mole Attack
After passing the wire, no device can pass through the lesion!

- Low profile balloon
- Microcatheter
- Tornus PV®
- Additional wire (Crusade PV®)
- Crosser®
- Excimer laser®

- Rotablator®
- GuideLiner®
- Subintimal passage
- Needle cracking technique
- Brockenbrough needle
- Tag of wire

BAFORM Technique

Forcible Manner
A novel lesion crossing technique: Balloon deployment using FORcible Manner (BADFORM) technique.

BAD FORM Technique
Case 1

BADFORM Technique
Calcified plaque moved distally

Rupture?
BADFORM & POBA
Completion Angiography
Case 2

Coyote FC OTW 1.2 × 15mm  Coyote FC OTW 2.0 × 20mm
Completion Angiography
Calcified plaque is removed cylindrically like an endoarterectomy by the BADFORM technique.
Conclusion

• BAD FORM technique can be the most promising option for device delivery failure.

• An artery is not likely to be ruptured by the BADFORM technique.
Where there’s a will there’s a way!
How to Cross the Un-crossing Lesions?

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