EVT for Long SFA-CTO, usefulness of GIP method

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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
Antegrade approach

- body surface duplex-guide
- IVUS-guide
- subintimal tracking by small J knuckle
- sometimes the GW does not re-enter!!

Distal puncture

- Rendezvous
- CART
- externalization

somewhat complicated!!
Antegrade

Think different

Retrograde
The popliteal artery puncture was performed under duplex-guidance to avoid AV fistula.
GOGO Catheter

- GOGO Catheter is an inner guiding catheter with 5.5Fr size and 0.062 inch inner diameter, and it is used with 6Fr sheathless guiding catheter.
- As the outer diameter of GOGO catheter is 5.5Fr, contrast medium can be injected into the space between sheathless guiding and GOGO Catheter.
- Big inner diameter (0.062inch) which is bigger than 5Fr makes it possible for devices such as IVUS, etc. to pass through it smoothly.

Components

![Diagram of GOGO Catheter components]

- Total Length
  - Effective Length
  - Coating Length
    - Soft tip length (2cm)
    - Radiopaque Marker: 3mm from the distal tip, 1.0mm in width. Highly visible under fluoroscopy.
    - Atraumatic Tip: Prevents damage to blood vessel walls.
    - Inner Liner coated with PTFE and Wired Braiding
a. IVUS preceding (blunt approach)
b. Hard part where IVUS dose not proceed
c. GW preceding
d. Advanced Gogo catheter towards the IVUS for reinforcement
IVUS preceding (blunt approach)
Antegrade

Rear alignment

Retrograde

Head alignment
The retrograde approach enables accurate positioning of the self-expandable nitinol stent.
GIP method

GIP: Gogo catheter with IVUS via Popliteal puncture
GIP method

May/2017→Sep/2017, consecutive 9 cases

- Revascularization: 9/9 (100%)
- Single-puncture: 9/9 (100%)
- Fluoroscopy time: 35.0±19.1 min
- Radiation dose: 75.1±39.2 mGy
- Contrast medium: 17.9±12.3 ml
- Procedure time*: 39.1±23.0 min
- Popliteal A. complication: 1 small hematoma

*Procedure time was defined as the start of popliteal artery puncture until the GW passed through the target lesion, including the posture transforming time from prone to spine position.
Advantage of GIP method

✓ single puncture
✓ simple technique
✓ low radiation exposure
✓ low contrast medium
✓ short procedure time
✓ accurate positioning
✓ cost-effectiveness
Thank you for your attention
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