

Reverse Crush Technique

“When TAP goes wrong”

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Disclosure Statement of Financial Interest

I, Alejandro D. Fernandez DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Guidelines

Provisional vs. Doble Stent

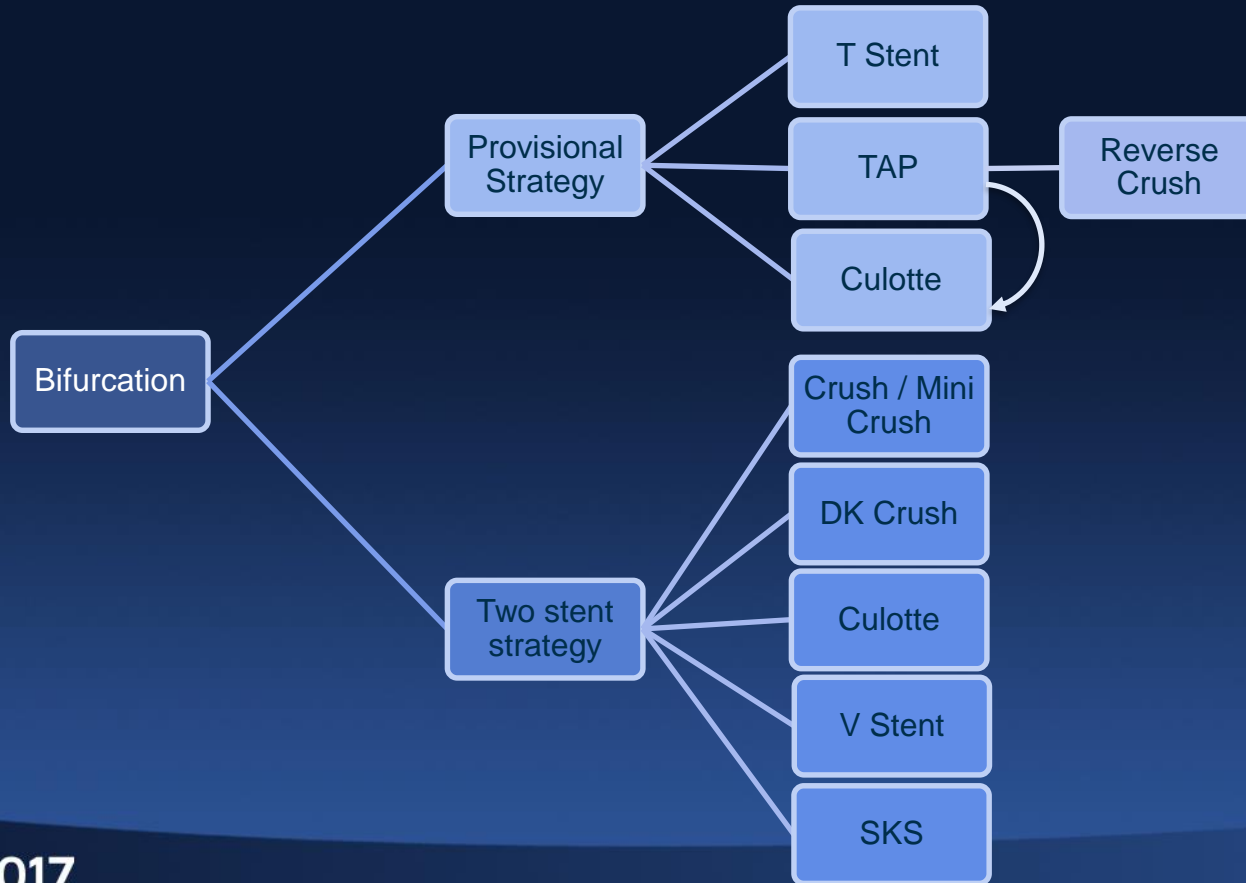


Provisional side-branch stenting should be the initial approach in patients with bifurcation lesions *WHEN* the side branch is not large and has only mild or moderate focal disease at the ostium



It is reasonable to use elective double stenting in patients with *complex bifurcation morphology* involving a large side branch where the risk of side-branch occlusion is high and the likelihood of successful side branch re access is low

Bifurcation Strategy

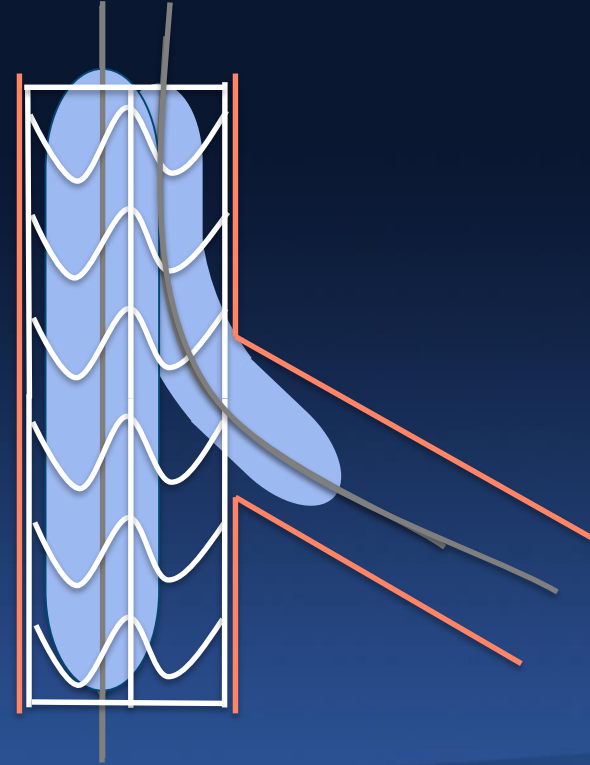


Reverse Crush Technique

- The main reason for performing the “reverse crush” is to allow an opportunity for provisional SB stenting
- Good technique to fix a TAP when it goes wrong

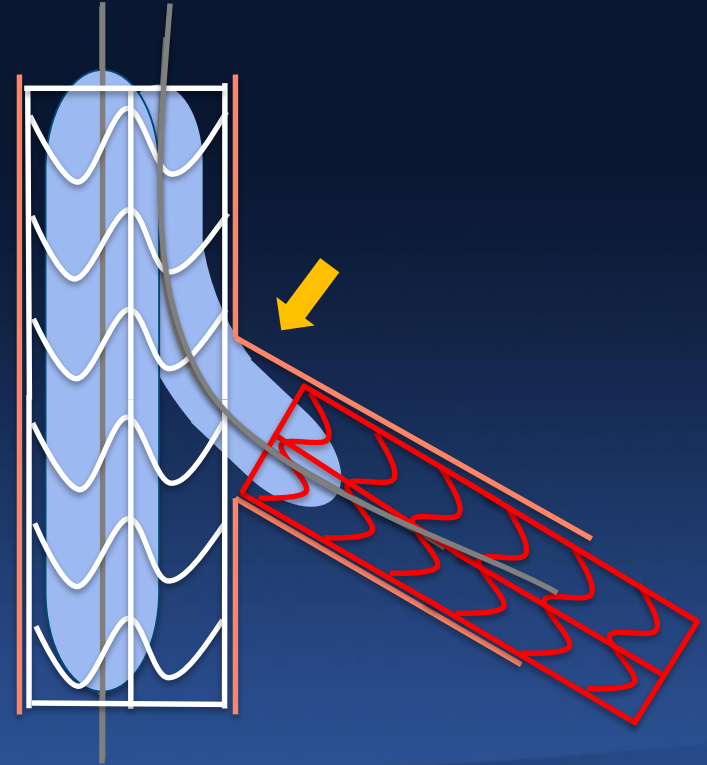
Provisional SB stenting

- A stent is deployed in the MB and balloon dilatation with final kissing is performed



TAP

- A second stent is advanced into the SB and left in position without being deployed and, a balloon is positioned at the level of the bifurcation in MB.
- The stent in the SB is retracted minimally into the MB and deployed
- Final kissing balloon inflation.



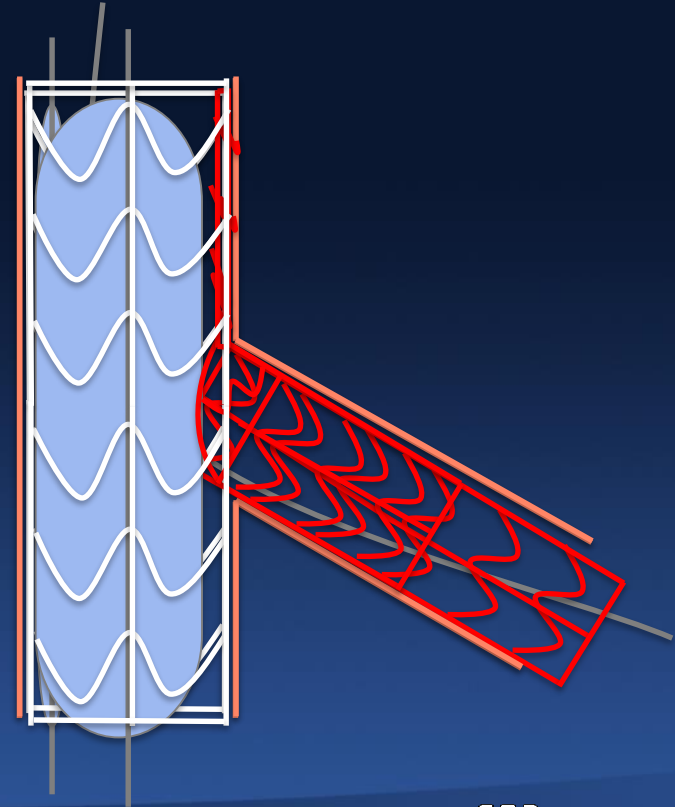
TAP



What can we do if TAP goes wrong?

Reverse Crush

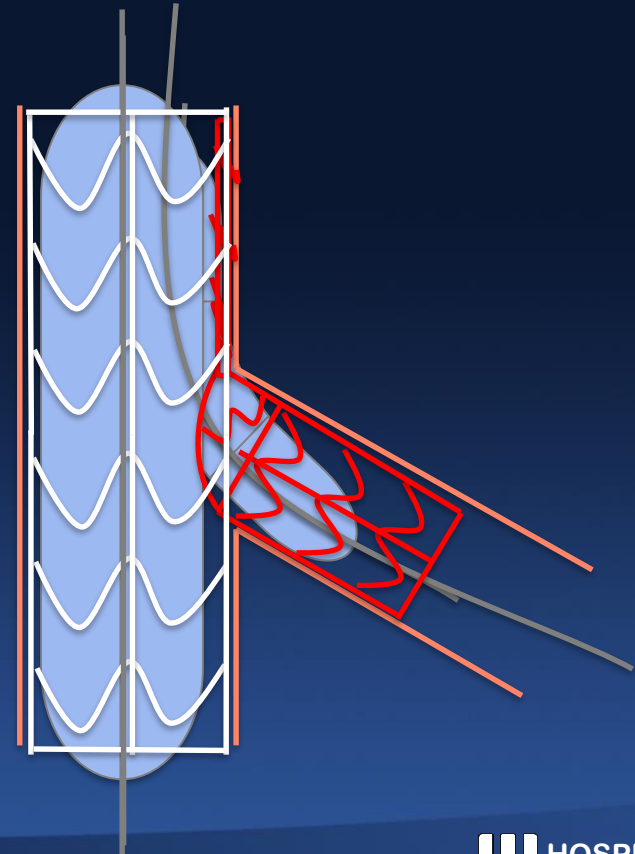
- After the stent in the SB is deployed, the deploying balloon is removed and an angiogram is obtained to verify that a good result is present in the SB
- If this is the case, the wire from the SB is removed
- The balloon in the MB is inflated at high pressure (12 atm or more)
- Re-cross into the SB, SB stent dilatation, and final kissing balloon inflation.



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Advantages

- The main advantage of the “reverse crush” technique is that the immediate patency of both branches is assured and that it can be performed using a 6F guiding catheter.

Disadvantages

- It has the same disadvantages as the “standard crush”.
- The main disadvantage is the difficulty to perform the final kissing balloon inflation, because of the necessity of re-crossing multiple struts with a wire and a balloon.
- It is even more laborious than the “standard crush”.

Conclusions

- If you plan to go Provisional, better do a “TAP”.
- If the TAP goes wrong and you need to fix it, do a “Reverse Crush”.
- If you plan to “Crush” a stent , better do a “Standard Crush”.