The Hybrid Approach to Treating CTOs

>90% CTO Crossing Success

83 Minutes

Treating the Most Complex Lesions Safely, with Maximum Efficiency and Success

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To order product or for more information contact customer service at 1.888.272.1001.
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Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Information for the use only in countries with applicable health authority product registrations.

For CROSSBOSS® and STINGRAY™ US prescriptive information, visit bostonscientific.com/Coronary-CTO.
Patients with coronary Chronic Total Occlusions (CTOs) represent one of the biggest challenges in interventional cardiology today. CTOs have been described as the last great barrier to percutaneous coronary intervention (PCI) success. In 2011, a consensus algorithm was developed by 13 high-volume CTO operators in order to establish a framework that can be used to strategize treatment for patients considered for CTO PCI.

The Algorithm Emphasizes:
- Procedural efficiency and minimizing the amount of radiation and contrast
- Quick transition to alternate plans when failure mode occurs; always make progress—don’t let the case stall

New techniques and technologies, including the CROSSBOSS® and STINGRAY™ Coronary Crossing and Re-Entry Devices, have supported this new approach to CTO PCI.

Three Basic Techniques
1. Retrograde
2. Antegrade Dissection/Re-Entry
3. Antegrade Wiring

While historic complication rates for CTO PCI have been similar to that of standard angioplasty (about 1%), CTO PCI has only been attempted in a small percentage of cases. In these attempted cases, the success rates have been suboptimal—usually only around 65%—UNTIL NOW.

In 193 patients, CTO crossing success was > 90% with the hybrid approach. The hybrid approach has demonstrated lower procedure times compared to other CTO techniques.

Visit bostonscientific.com/CTO-System to view a technology animation of the CROSSBOSS and STINGRAY Coronary CTO Crossing and Re-Entry Devices.