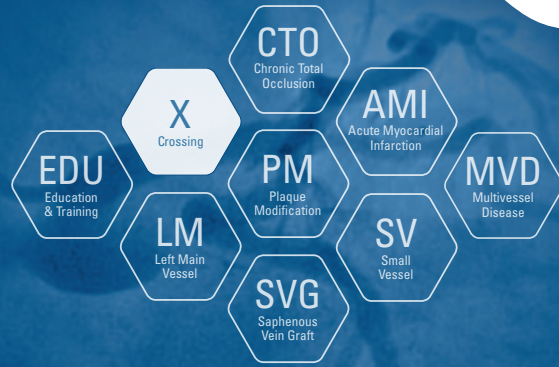


MASTER THE COMPLEX™

Optimizing revascularization through innovation, training, and education.



CASE STUDY

GUIDEZILLA™

TRANSRADIAL BACK-UP SUPPORT FOR CALCIFIED, COMPLEX AND TORTUOUS ANATOMY

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This case illustrates the need of GUIDEZILLA™ Guide Extension Catheter as a transradial back-up support for calcified, complex and tortuous anatomy.

Patient History

- 66 year old male
- Former smoker, severe dyslipidemia
- Several prior angioplasties, CABG in April 2013

Previously Failed PCI

- Presented to ER with classic angina symptoms, referred for coronary angiography
- Failed PCI - stent was unable to traverse tortuosity of the retrograde limb using buddy wires, a 1.5 mm balloon to pre-dilate lesion, and several different guides
- Patient was put on medical therapy

Diagnosis

- Patient returned with recurrent anginal symptoms
- Crushing chest pain and elevated troponins
- Referred for coronary angiography and PCI
- Initial angiogram showed diffuse disease and complex tortuous coronary anatomy (**click on video 1**)
- Patient had SVG to PDA that fills the PLV which supplies collaterals to LCx
- Critical in-stent restenosis in the PLV from stent placed prior to CABG
- Severe stenosis of the origin of the PDA at the PLV
- Severe stenosis of the SVG graft to the anastomosis to the PDA
- Concern for sharp 90 degree angle from SVG to PDA and another PDA to PLV
- Determined need for great back-up support to deliver balloons and stents through tortuous anatomy as previous PCI failed because devices could not pass SVG to PDA tortuosity



1
Diagnostic Angiogram

KEY LEARNINGS

This case highlights:

- **Complex, calcified and tortuous distal lesions and transradial cases are perfect cases to use the GUIDEZILLA™ to increase the probability of success and reduce the time spent delivering devices to lesions**
- **Balloon anchor technique makes delivery of GUIDEZILLA™ through complex, transradial anatomy easy**



GUIDEZILLA™ delivery and Stent 1



GUIDEZILLA™ delivery and Stent 2



GUIDEZILLA™ delivery and Stent 3



Final View

Procedure

- Patient was anticoagulated with Angiomax
- Mach 1™ multipurpose guide catheter used to gain transradial access
- Runthrough™ guidewire was advanced into the PDA and then down the posterolateral branch to the distal vessel
- GUIDEZILLA™ Guide Extension catheter delivered to severe angle of SVG to PDA (no difficulty) **(click on video 2)**
- Pre-dilated in the PDA in-stent restenotic area with a 2.5 x 20 mm NC QUANTUM APEX™ PTCA Dilatation Catheter, reducing to a 0% residual
- First DES (2.5 x 12 mm) delivered through severe angle SVG to PDA and into the posterolateral branch **(click on video 3)**
- Second DES (3.0 x 12 mm) delivered to the anastomosis of the SVG graft to the PDA **(click on video 4)**
- Flared the proximal portion of the second stent to oppose it to the SVG graft using a 4.0 x 6 mm balloon
- All lesions were post dilated with NC QUANTUM™ APEX PTCA Dilatation Catheter

Definitive Treatment

- Following PTCA with DES stenting and post-dilatation the patient's flow and anginal symptoms greatly improved **(click on video 5)**
- TIMI III flow to PLV and to collaterals feeding LCX

PHYSICIAN COMMENTARY

- "There is no way I would get two stents around two 90 degree turns without the support of the GUIDEZILLA™; the PCI of the PLV would have otherwise been impossible."

Study and videos courtesy of Brian D. Arcement, MD, Gulf Coast Hospital, Fort Myers, Florida. Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

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