

CTO NHI EXPERINCE

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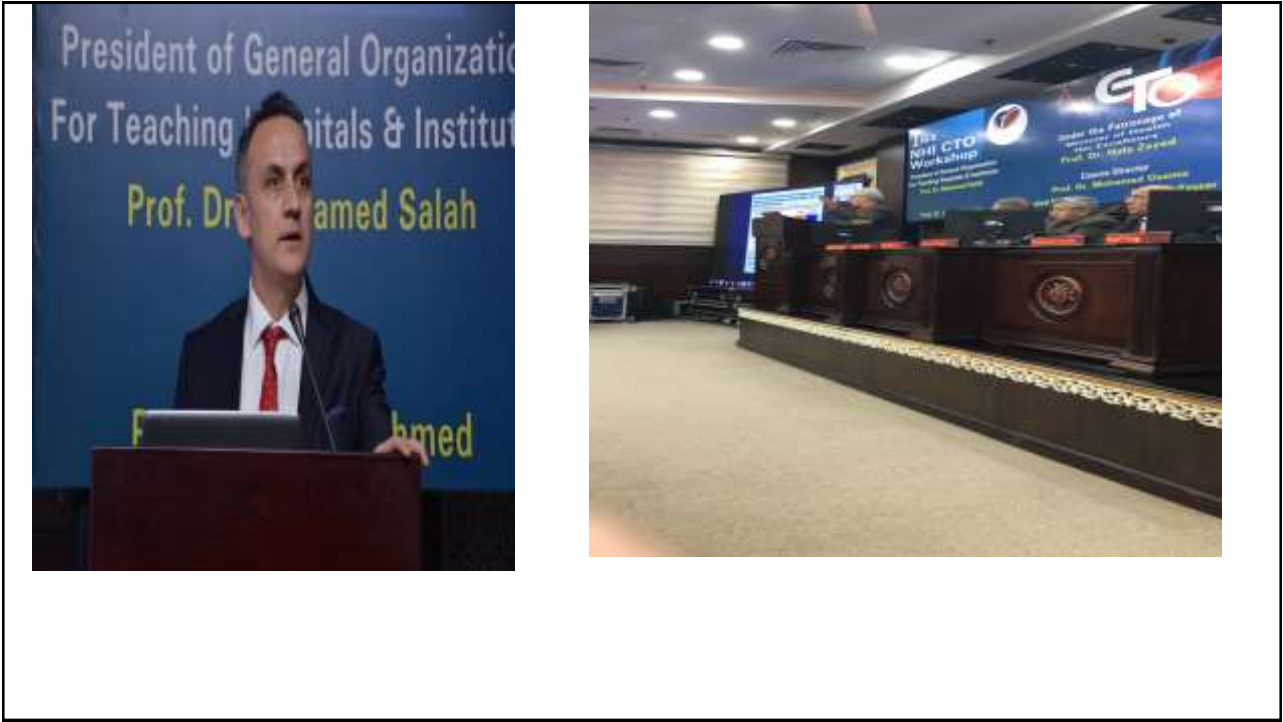
- NHI one of the 1st centers did CTO in EGYPT
- We started with experts visits at NHI
- But in the beginning we have no regular workshops for CTO

Expert Visits



Former dean of NHI







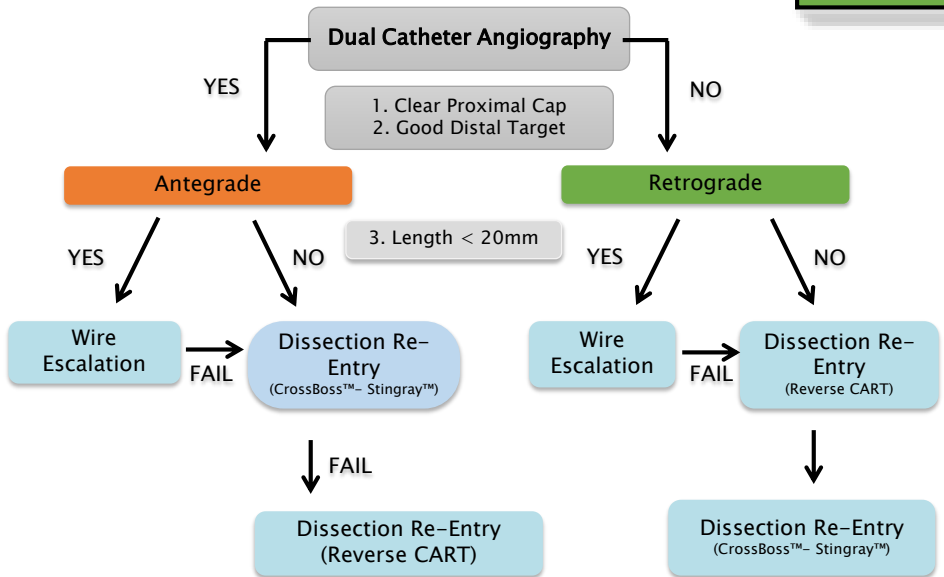
Our Dean of NHI



After CTO with ROTA (very tough case)



The Hybrid Algorithm



Brilakis E et al. J Am Coll Cardiol Intv 2012

Japanese CTO Score

- 1- Proximal cap
- 2- Length of CTO (20mm)
- 3- Calcification
- 4- Bending
- 5- Re-try






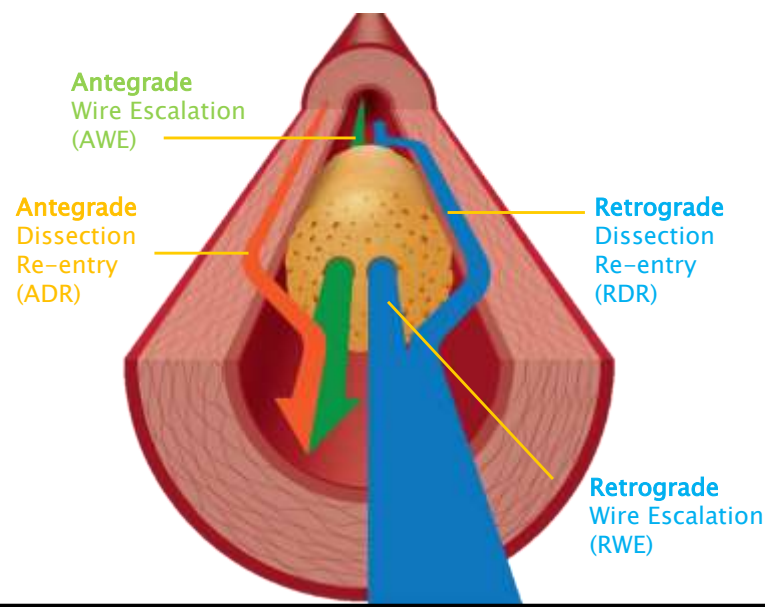
Variables and definitions		Entry shape
Tapered 	Blunt 	<input type="checkbox"/> Tapered (0) <input type="checkbox"/> Blunt (1) point
Calcification 		Regardless of severity, 1 point is assigned if any evident calcification is detected within the CTO segment. <input type="checkbox"/> Absence (0) <input type="checkbox"/> Presence (1) point
Bending > 45degrees 		One point is assigned if bending > 45 degrees is detected within the CTO segment. Any tortuously separated from the CTO segment is excluded from this assessment. <input type="checkbox"/> Absence (0) <input type="checkbox"/> Presence (1) point
Occlusion length 		Using good collateral images, try to measure "true" distance of occlusion, which tends to be shorter than the first impression. <input type="checkbox"/> <20mm (0) <input type="checkbox"/> ≥20mm (1) point
Re-try lesion Is this Re-try (2 nd attempt) lesion? (previously attempted but failed)		<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) point
Category of difficulty (total point) <input type="checkbox"/> easy (0) <input type="checkbox"/> Intermediate (1) <input type="checkbox"/> difficult (2) <input type="checkbox"/> very difficult (≥3)		Total points

Figure 6. J-CTO Score Sheet A calculation sheet for J-CTO (Multicenter CTO Registry of Japan) scoring. Definitions of each variable are summarized and illustrated. The total score is identified as the "J-CTO score".

Options to crossing CTOs



Basic Principles

- Know the wire you are using very well
- Limit the number of wire you are using
- Use wires with vastly different properties
- When we mean change, we mean change
- If one strategy is not working, then switch

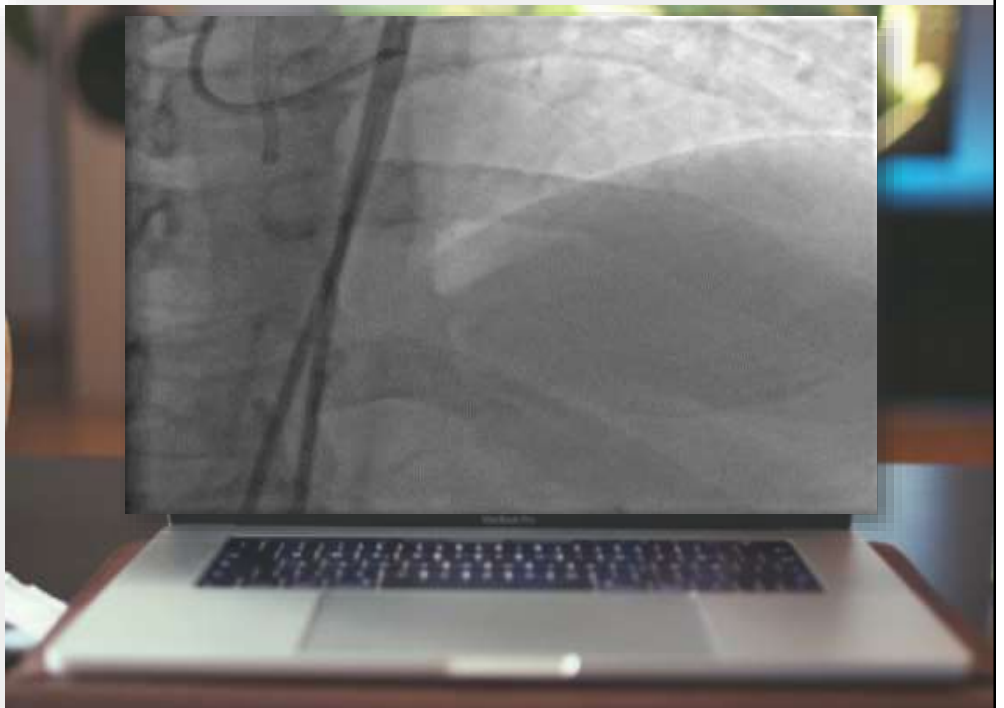
After Data Collection

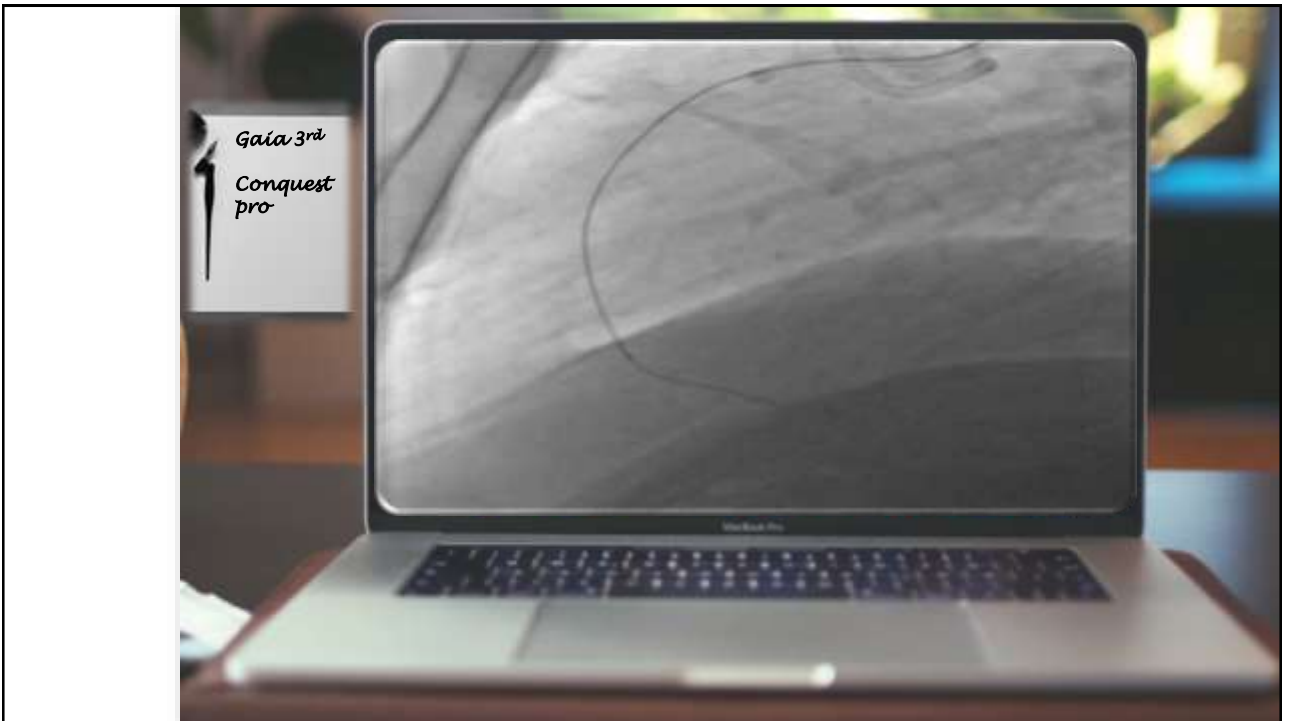
- 90 cases collected till now
- Friday 1st of November we have 15 cases to be operated in 5 rooms
cath lab

Our Results

- Success rate about 90%
- 30% of cases done retrogradely
- 20% of cases done by IVUS
- now we have more than 10 competent CTO operators

CASE 1







Another trial with AWE

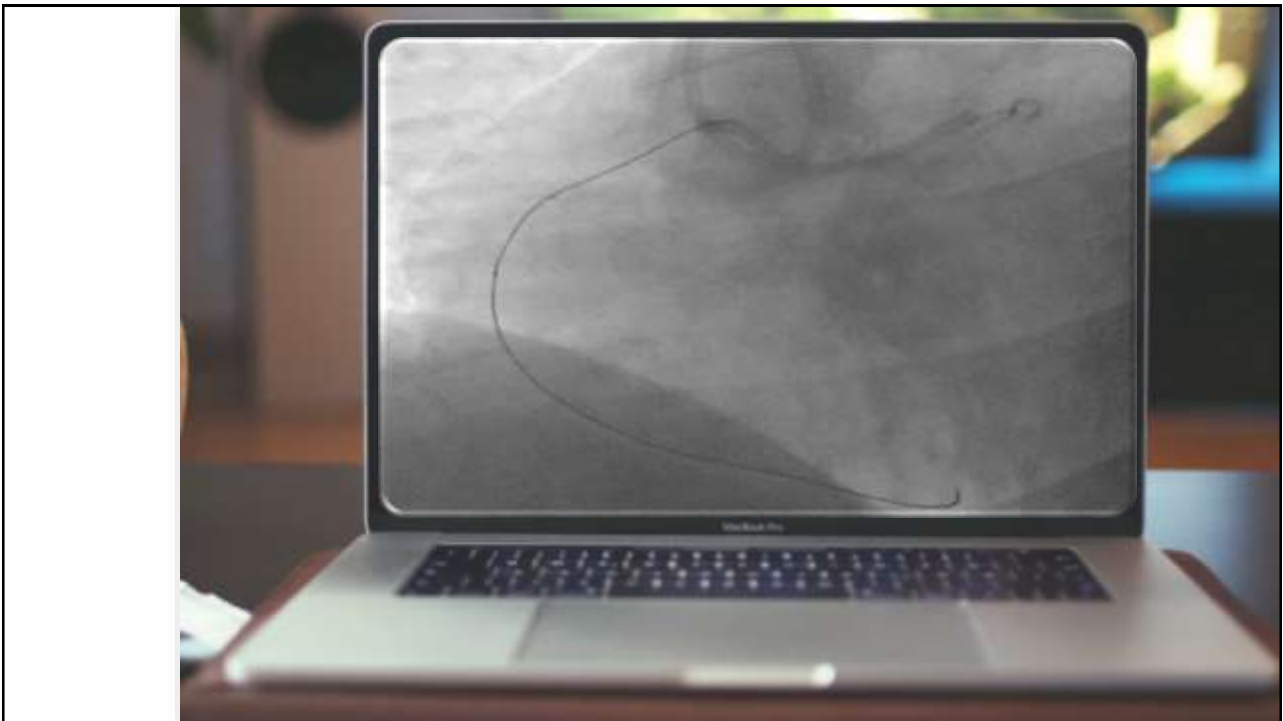
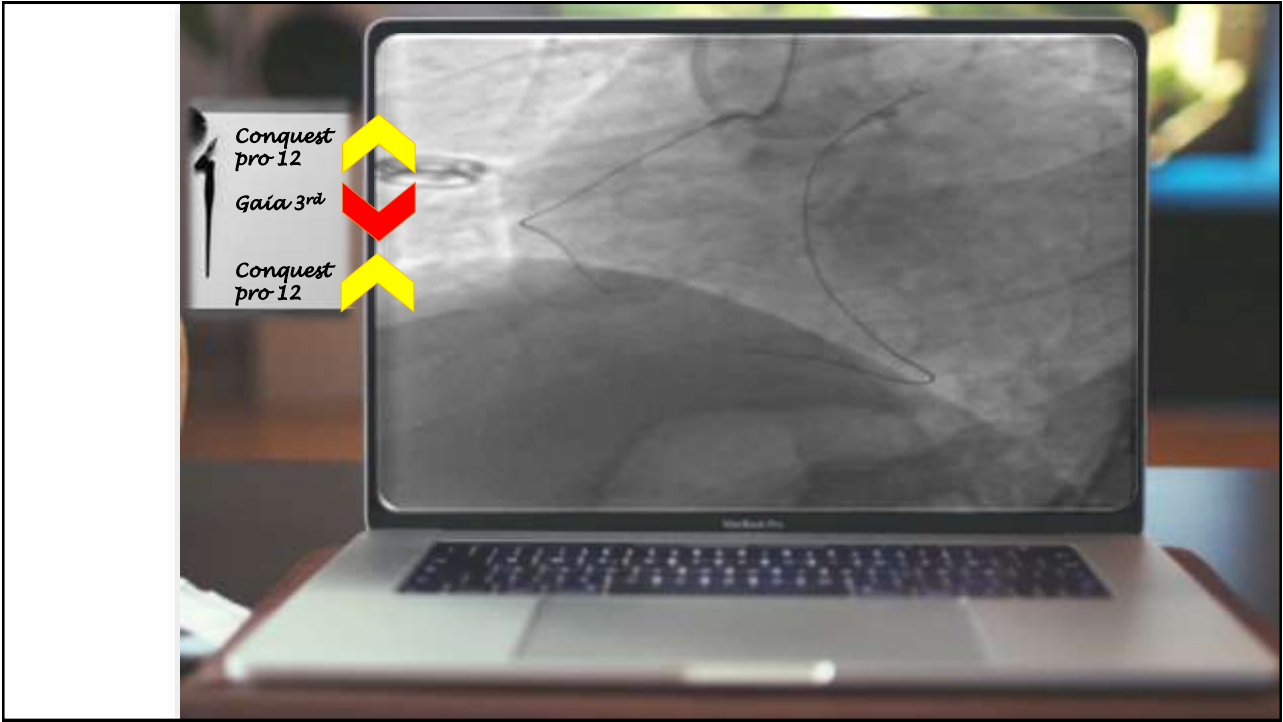
Terminate and send patient to CABG

Terminate and 2nd trial after 8 weeks

Hybrid algorithm and stick to our plan

The image shows the same laptop as above, but with an orange circle drawn around a specific area in the lower-left quadrant of the X-ray image. To the left of the laptop, there is a white text box with a black border containing four lines of bold text. The background of the slide includes a pen and a small inset image of a person at the bottom left.







A photograph of a silver laptop on a desk, similar to the one above. The screen displays the same grayscale medical image. On the left side of the image, there is a white text box with a list of procedural details. In the bottom left corner, there is a small image of a newspaper or magazine with a person's face on it.

Procedural time:
130 min

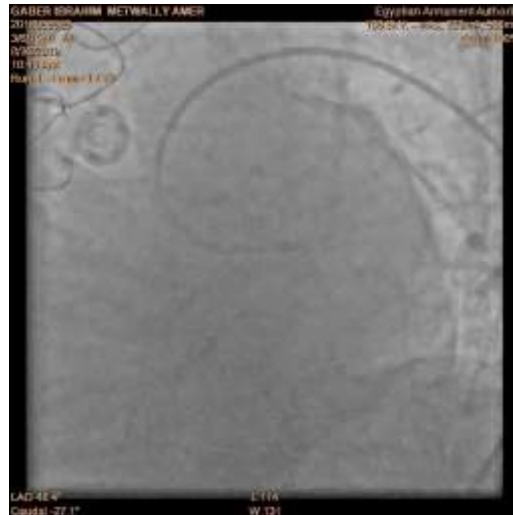
Contrast volume:
300 ml

Supplies:

- 2 7F Fem Sheaths**
- 2 Guiding Cath**
- 6 Wires**
- 2 Microcatheters**
- 4 Balloons**
- 4 stents**

CASE II

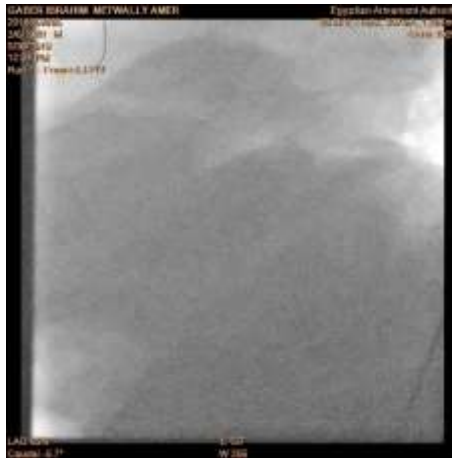
CTO post CABG





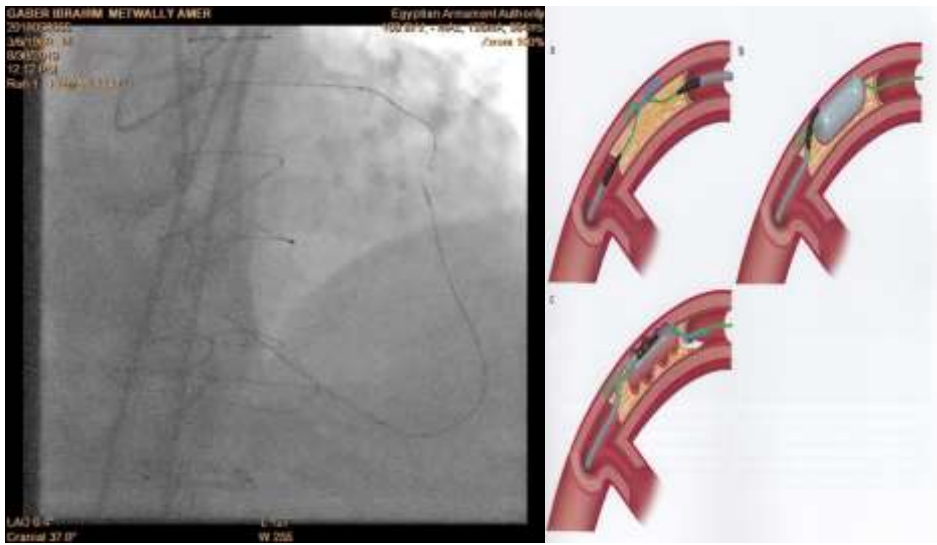


Caravel- Sion black



Ultimate Bros 3 - Gaia 3rd





Reversed CART

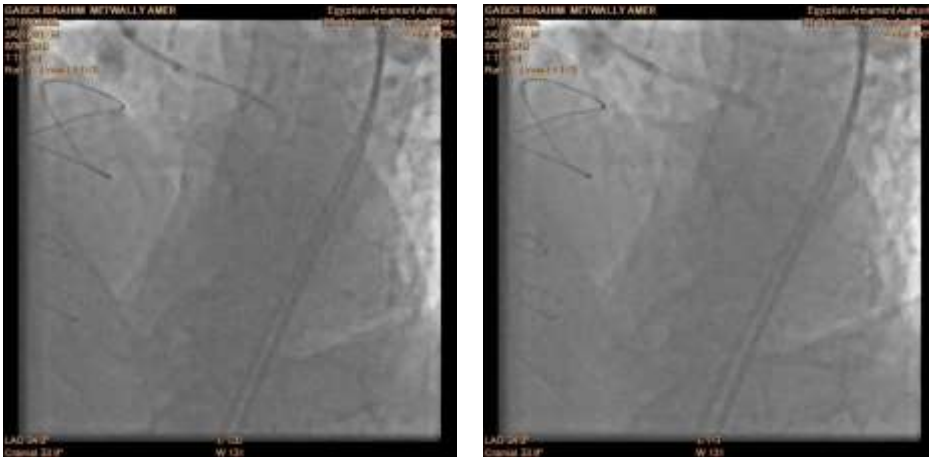


Sion black into antegrade GC



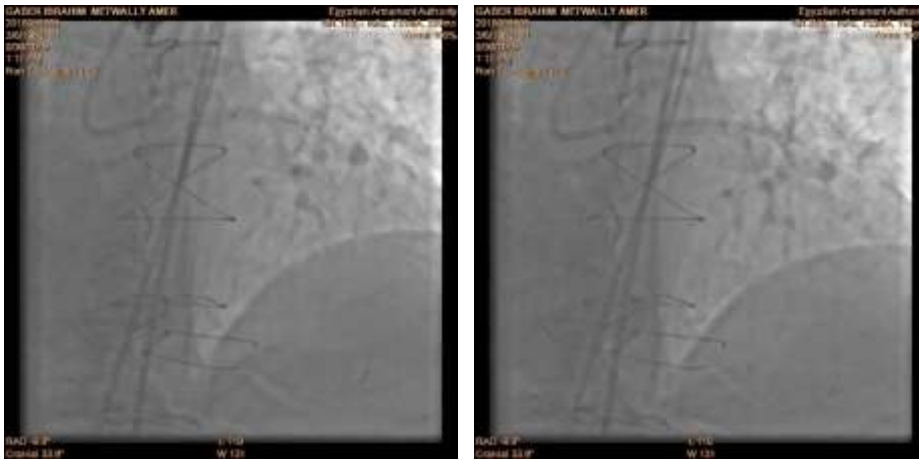


RG3 for externalization



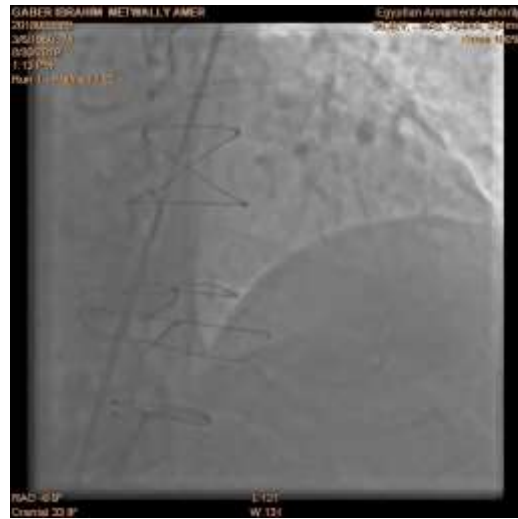
Xience 3.5x23 mm





Post-dilatation





Thank you