CAS Access: Tips, Tricks, and When to Walk Away

With Case Illustrations….

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Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship	Company
Grant/Research Support	None
Consulting Fees/Honoraria	*Abbott, IDEV, Cordis, Medtronic, Boston Scientific*
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Ownership/Founder	None
Intellectual Property Rights	None
Other Financial Benefit	None
National PI	None
National Co-PI	*CANOPY*
	SAPPHIRE WW

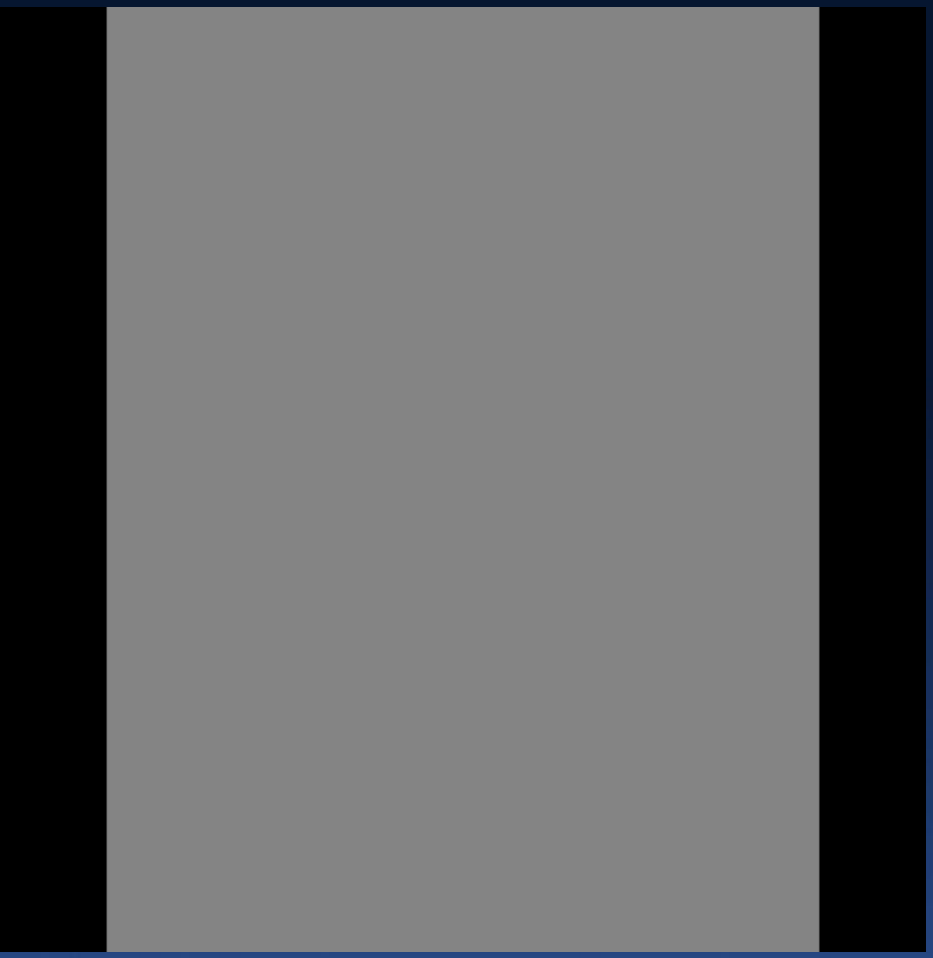
BEFORE We Talk About Accessing Difficult Carotids, Remember…..

- *ALWAYS* Assess Arch First!
- For difficult anatomy, reconsider the R/B ratio & options of CEA or Med Rx!!
- *Be especially careful with diffusely diseased, calcified arches & carotids*
- Increased manipulation, force, time, & disease traversed = ↑emboli= ↑strokes!
- OK to stop if can't access carotid

Considerations for CAS in Challenging Arches (IF R/B OK)

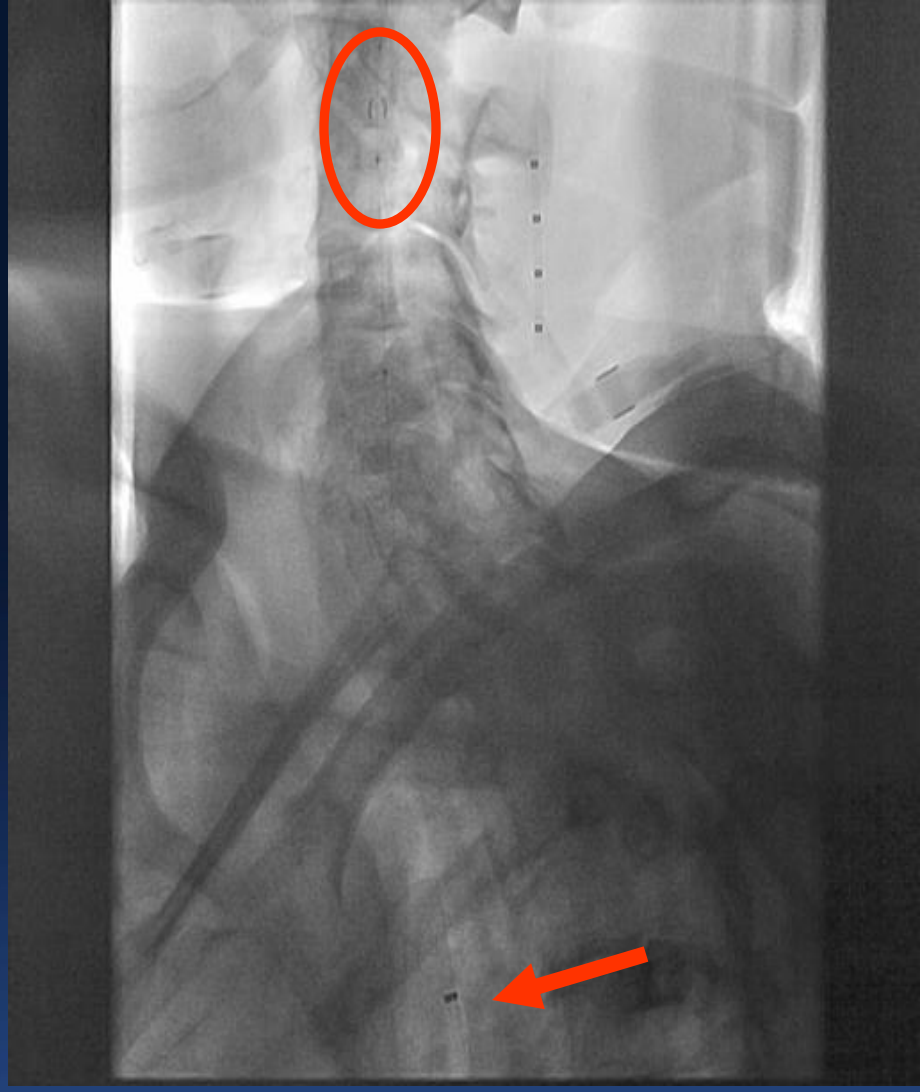
- Is there clear path to ECA? Roadmap!
  - 20º RAO, 20º Caudal for RCCA/RSCA Bif
- Anticoagulate *early (bivalirudin for us)*
- Place Guide (CBL) > Sheath *early*
- Familiar w/ neuro dx's (Vitek,Simmons)
- Proximal protection works well! (stable)
- ICA anatomy may change w/ sheath in!
- Careful not to allow prolapse of guide

Unique Arch Issues

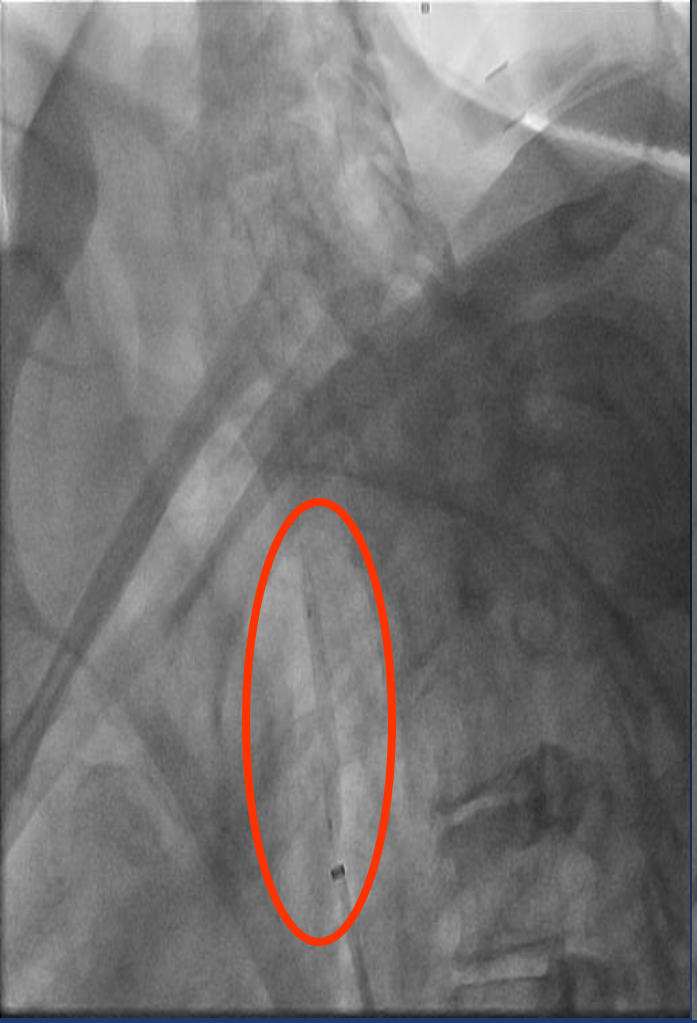


XC length barewire thru vert

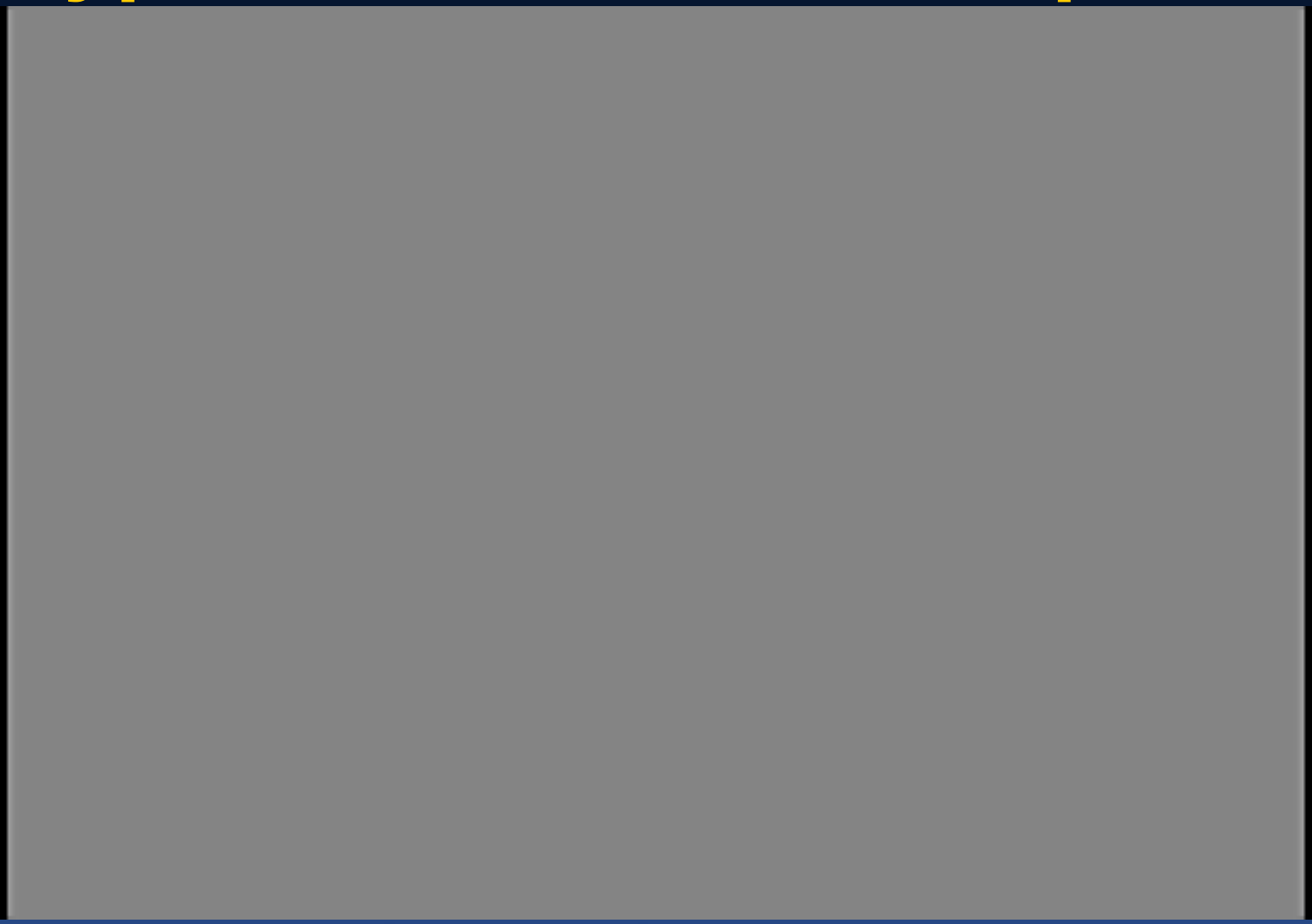
Shuttle close over vert



Nav6 Advanced..



Type 3 Arch WITH ECA patent

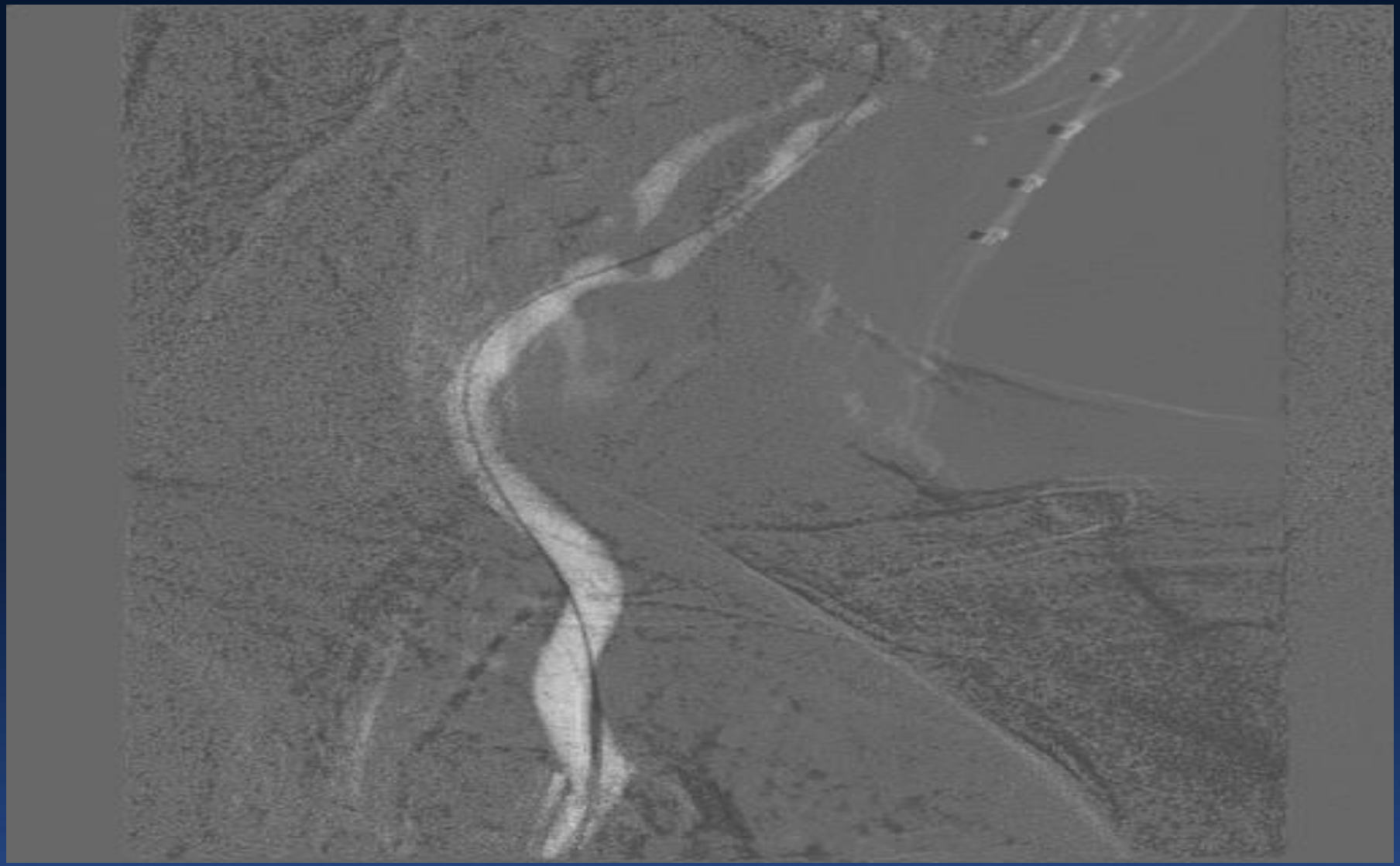


Anticoagulated & Guide cath in EARLY

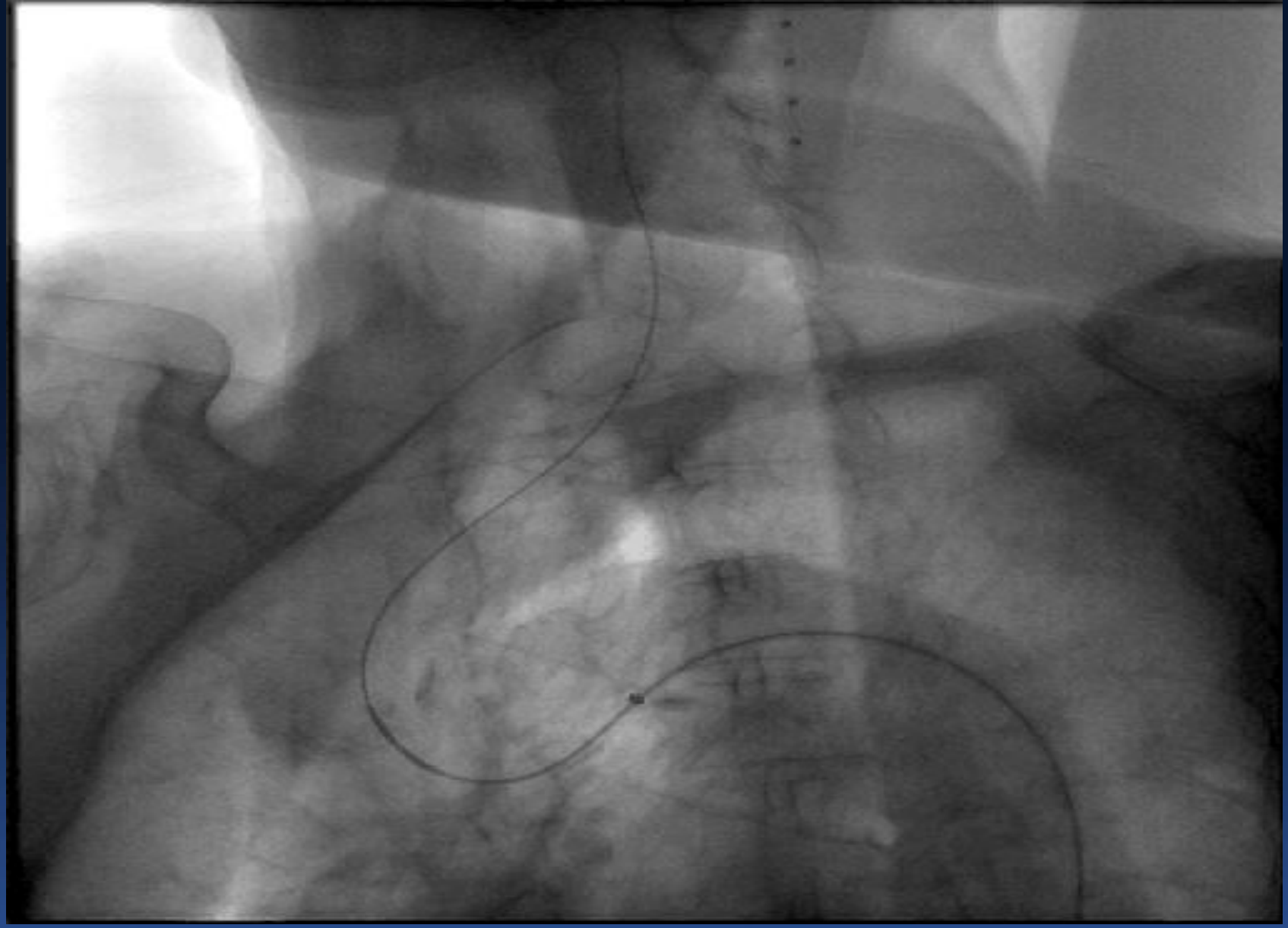
Guide

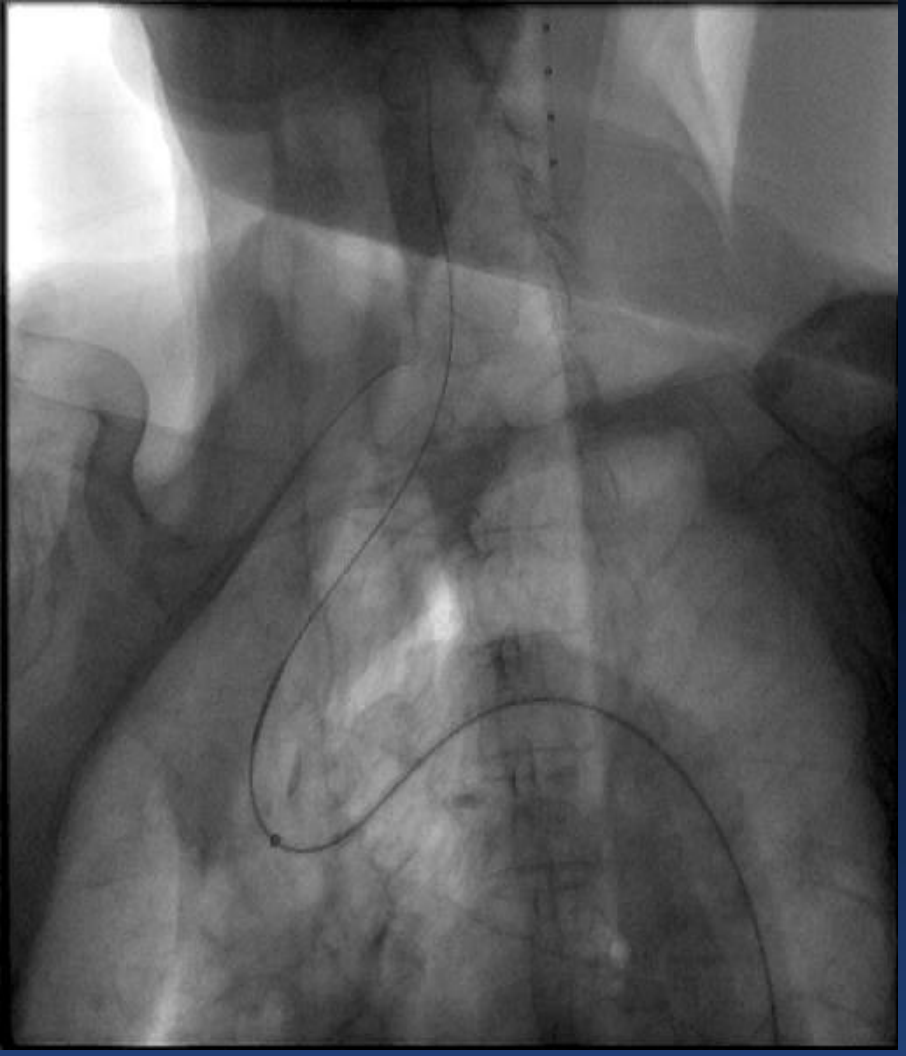
Final Angio

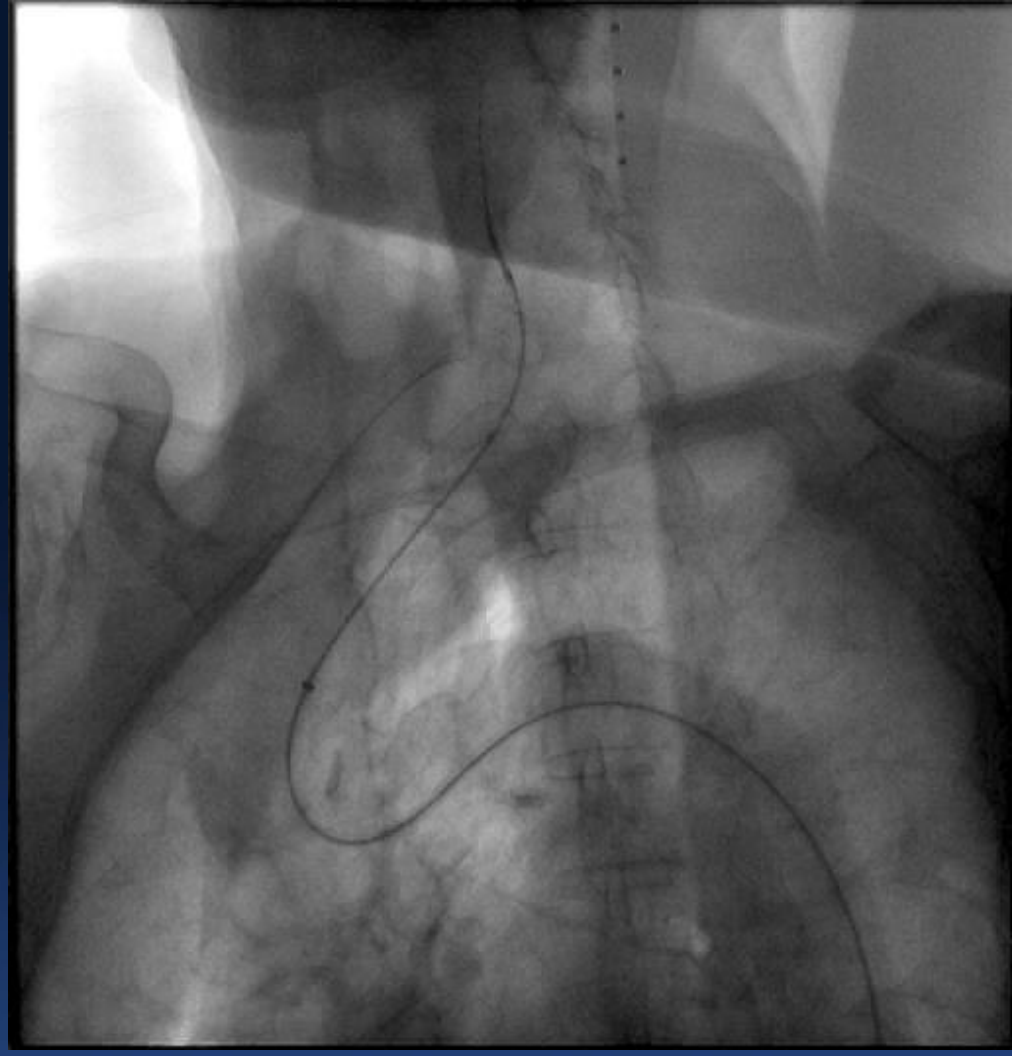
Type 3+ Arch WITH ECA Option



Wire ECA with Sheath in CCA

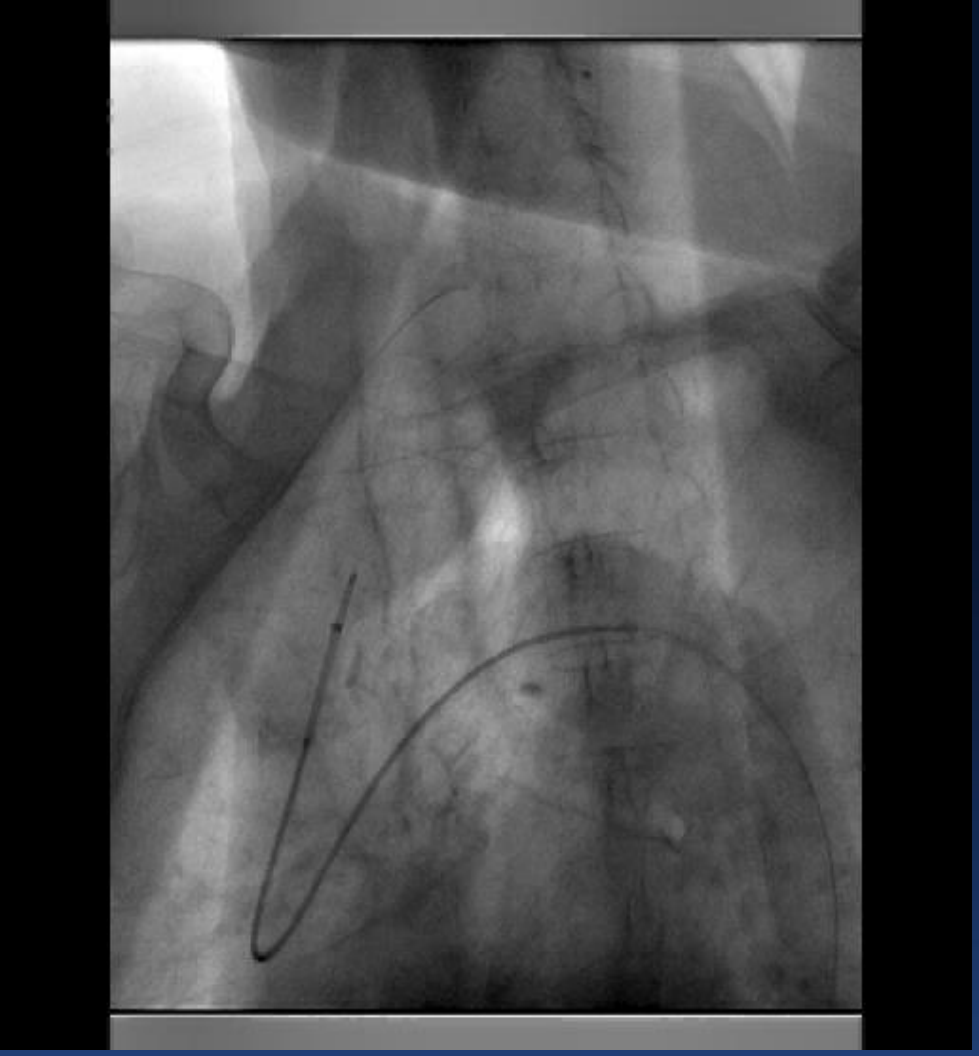






Advance Vitek Catheter

Advance Shuttle Sheath

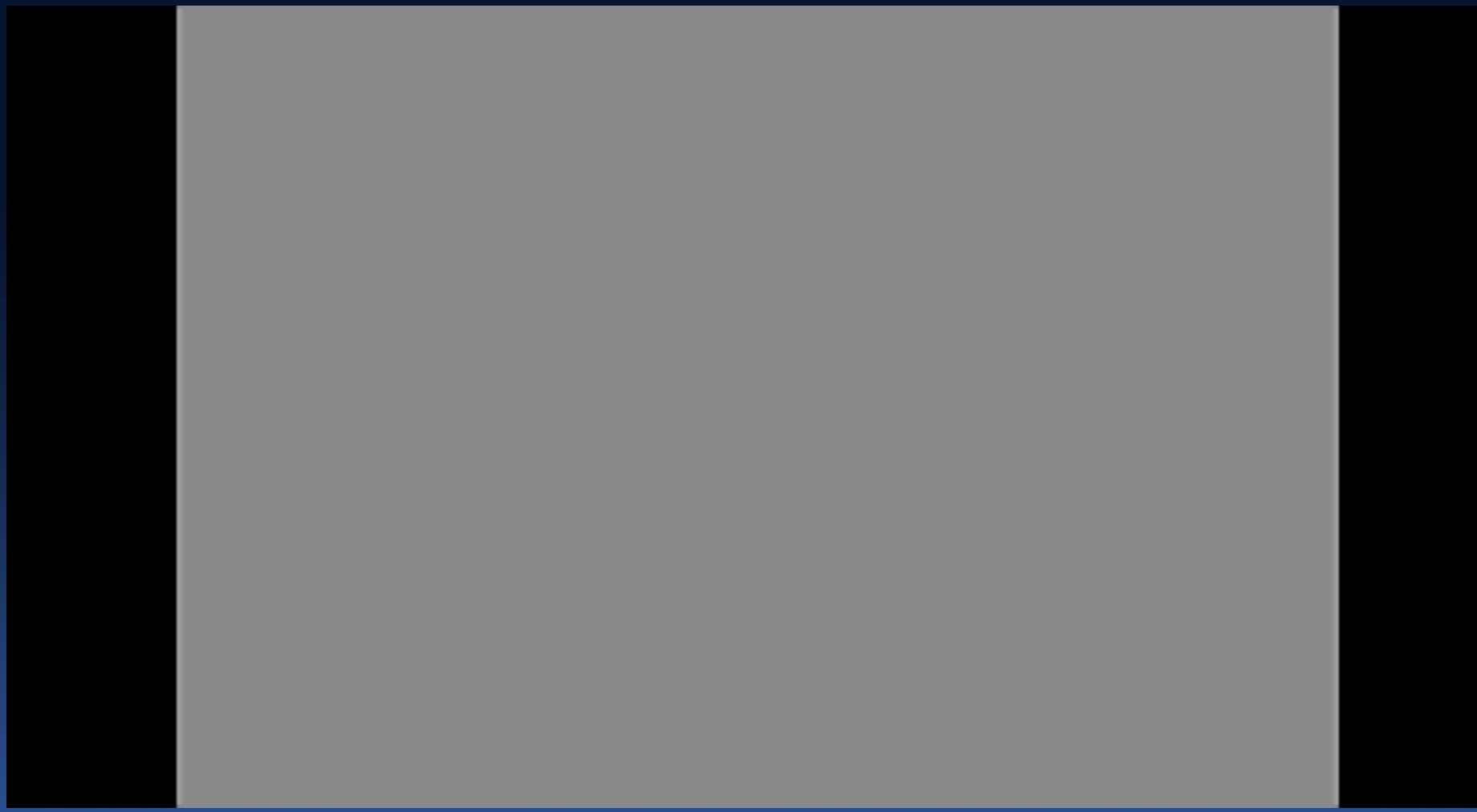


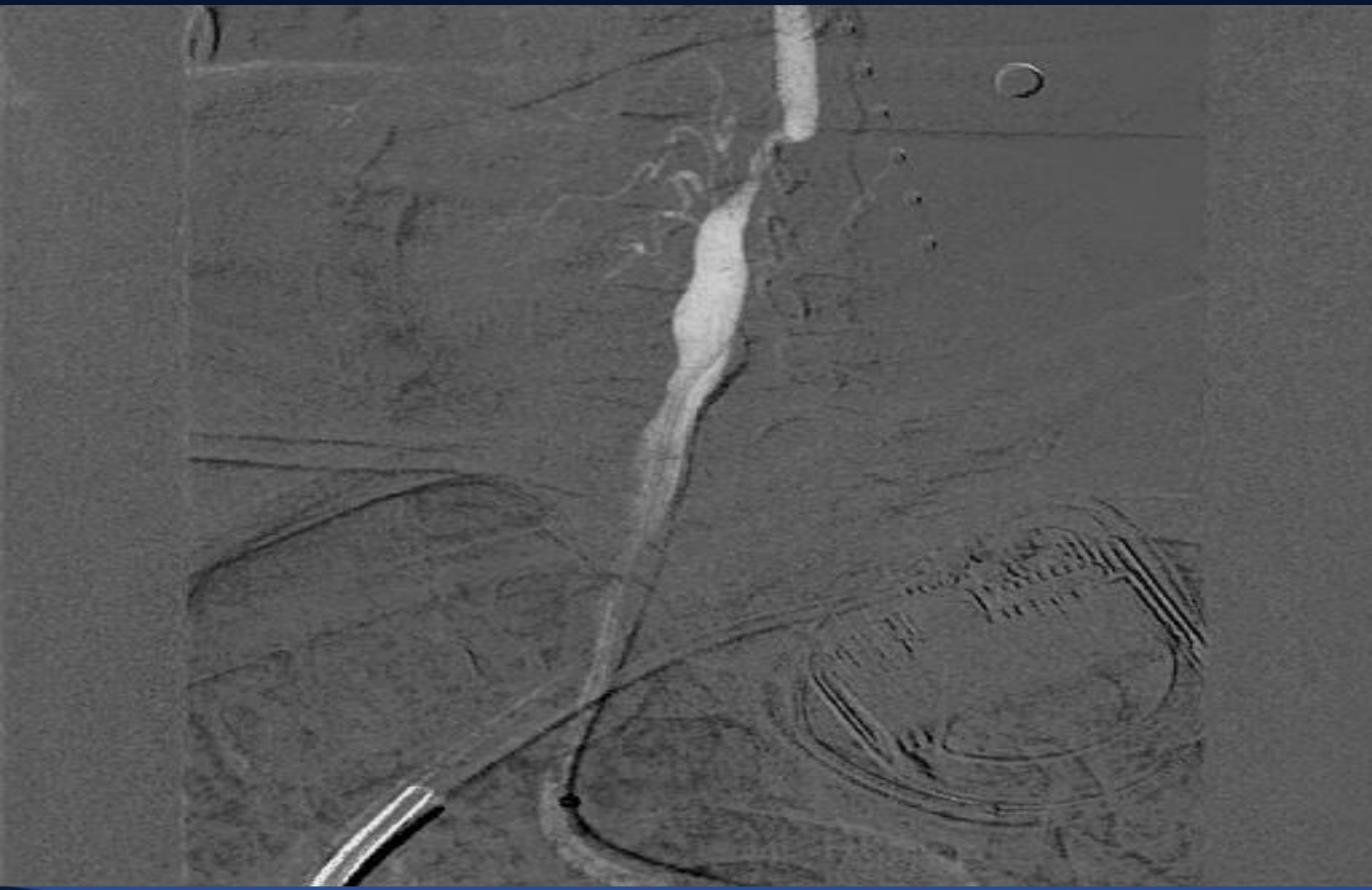
BE Careful advancing equipment, especially with sheath!

Before……

After ☺

Bovine Arch with No ECA Option



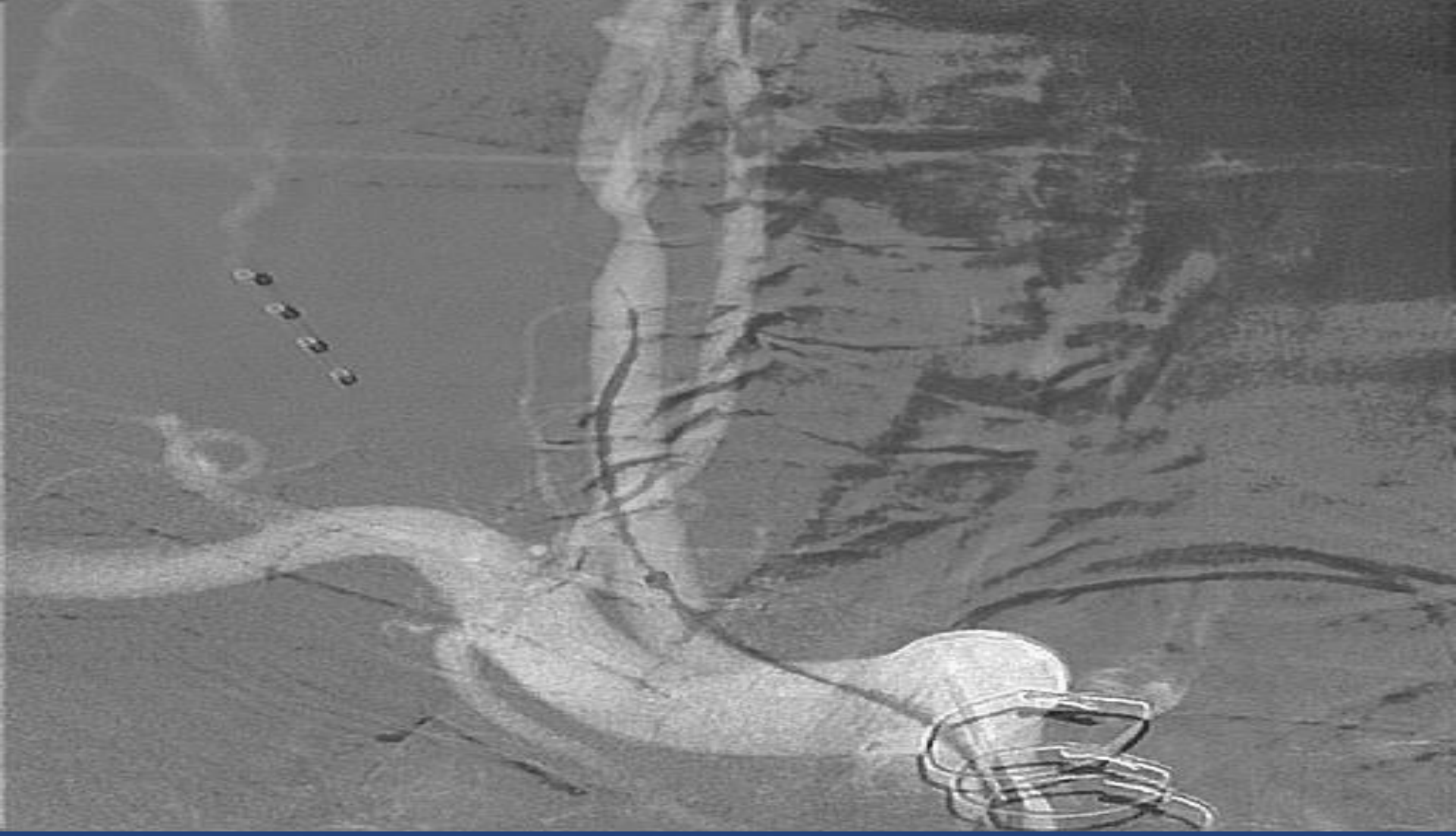


Guide- PRE

Post

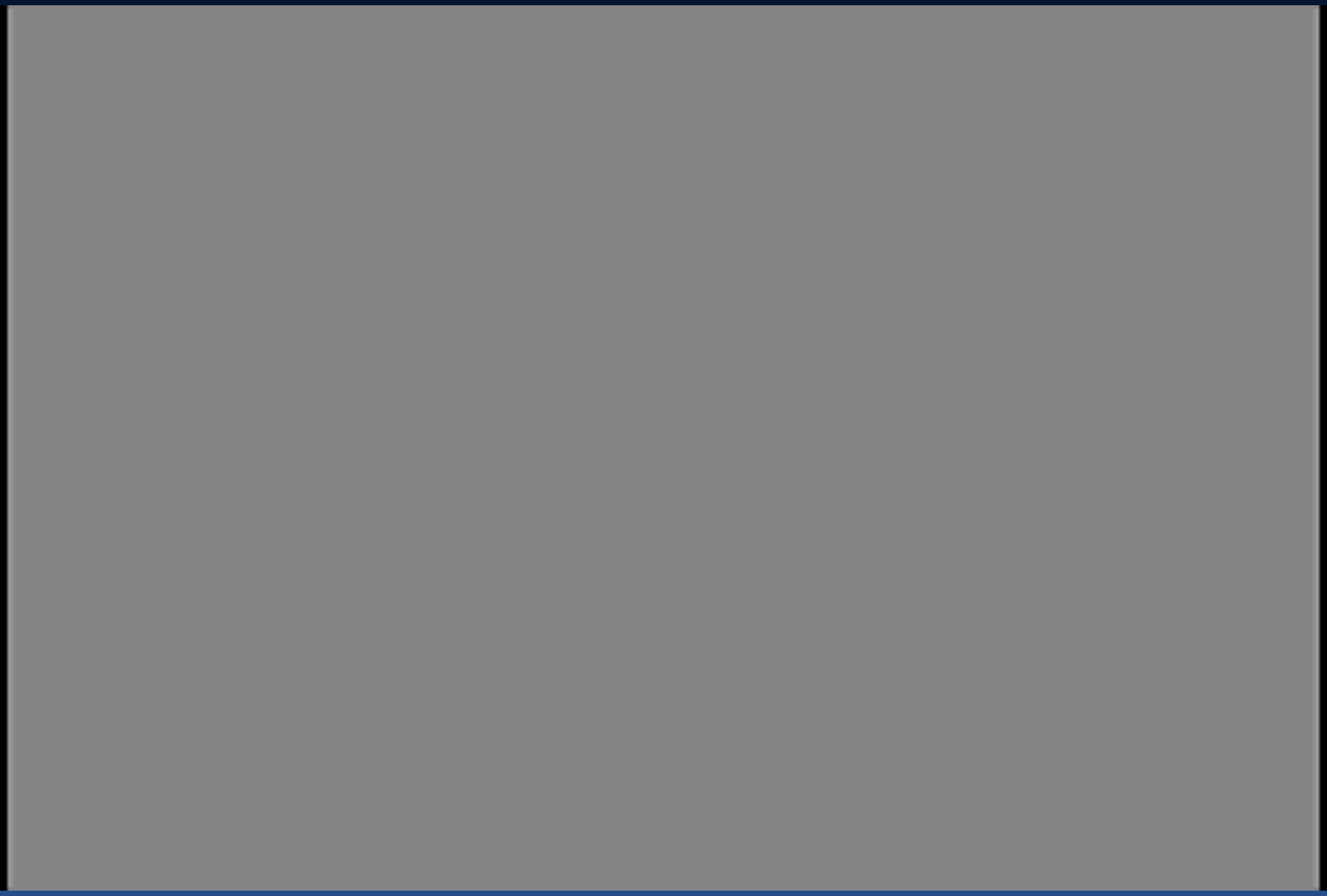
Tortuous Vessels with Low, Diseased Bifurcation

RAO 20, Caudal 20 (“Barbara Walters”) Roadmap



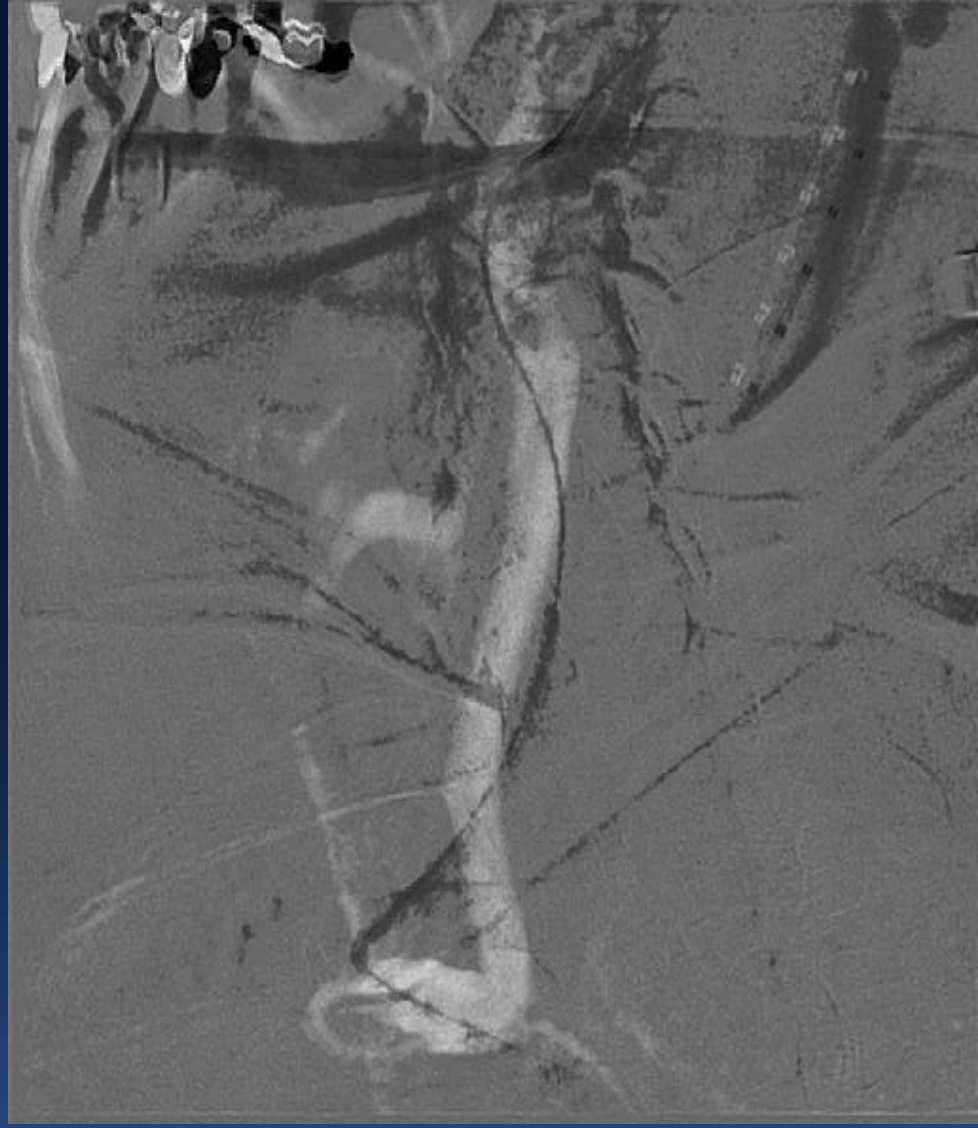
Sheath carefully over cath/GW

Severely Angulated Bovine LCCA
Roadmap CCA, wire ECA



Note: No Ca++ or disease in CCA…

Roadmap, CBL guide in arch, Vitek in CCA



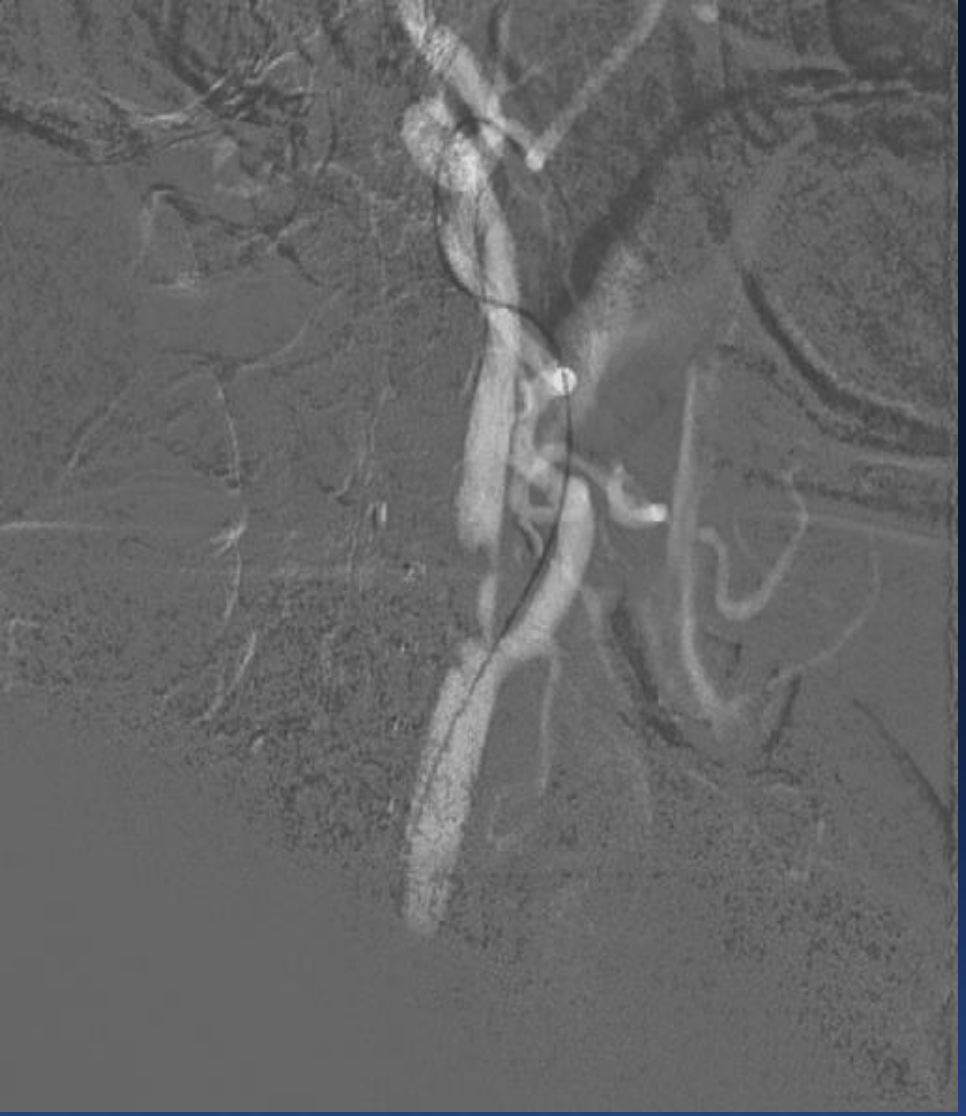
Vitek into ECA w CBL support

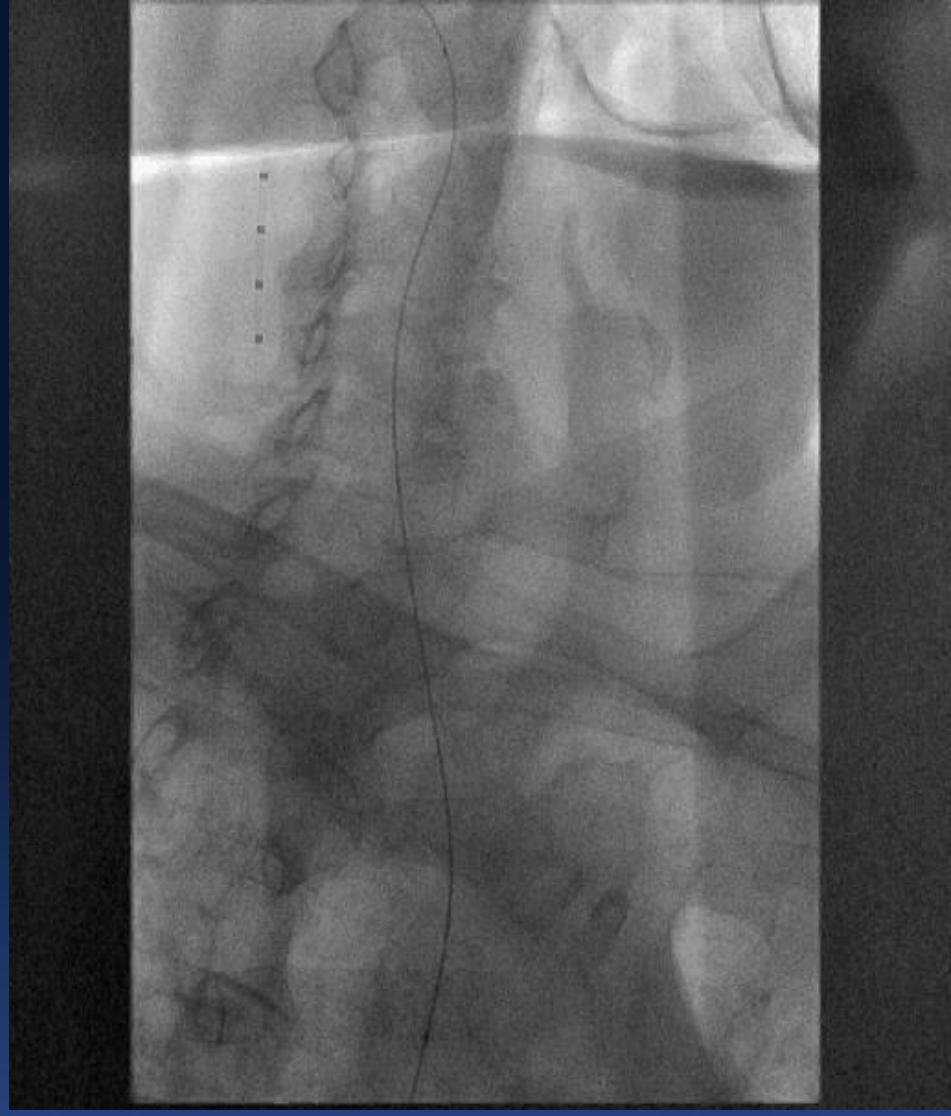
CBL guide up over Vitek, GW

Guide- PRE

POST

Sx Pt; Bad ICA landing zone; need guide stability: Proximal EPD

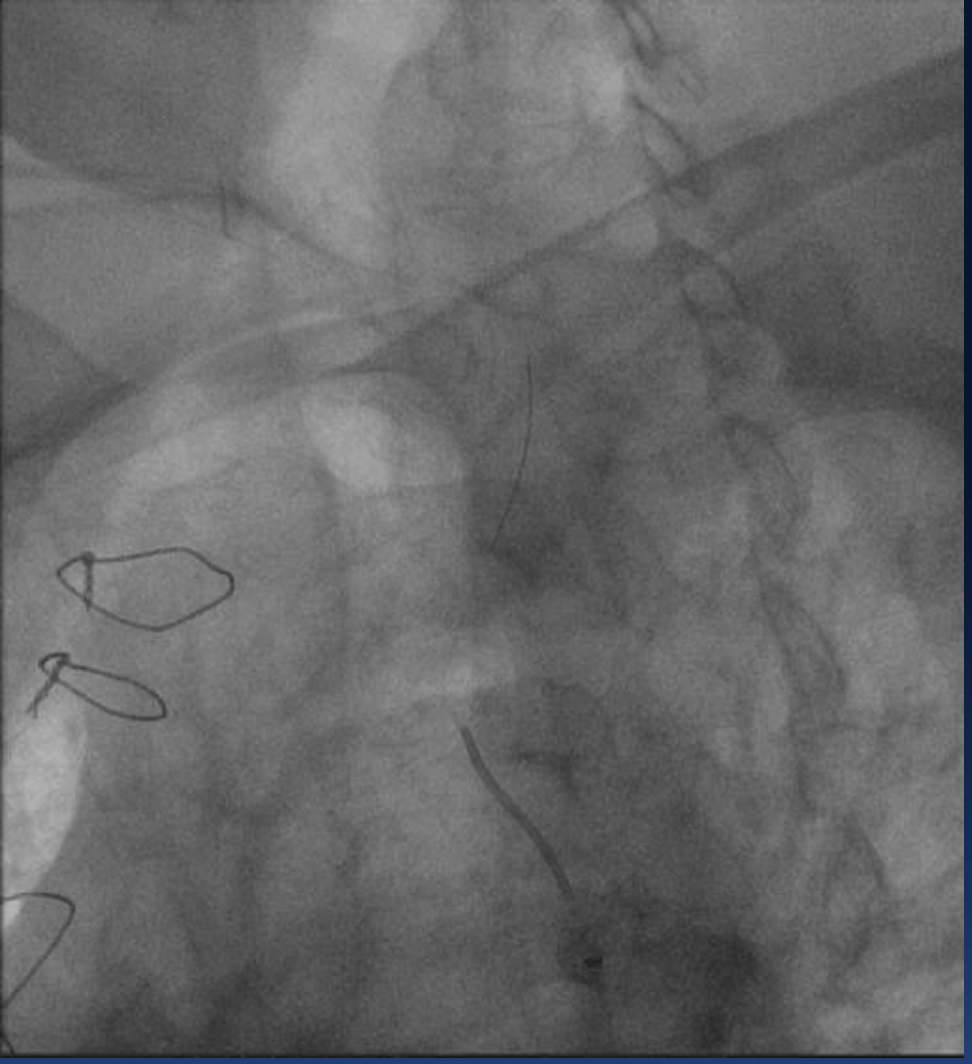


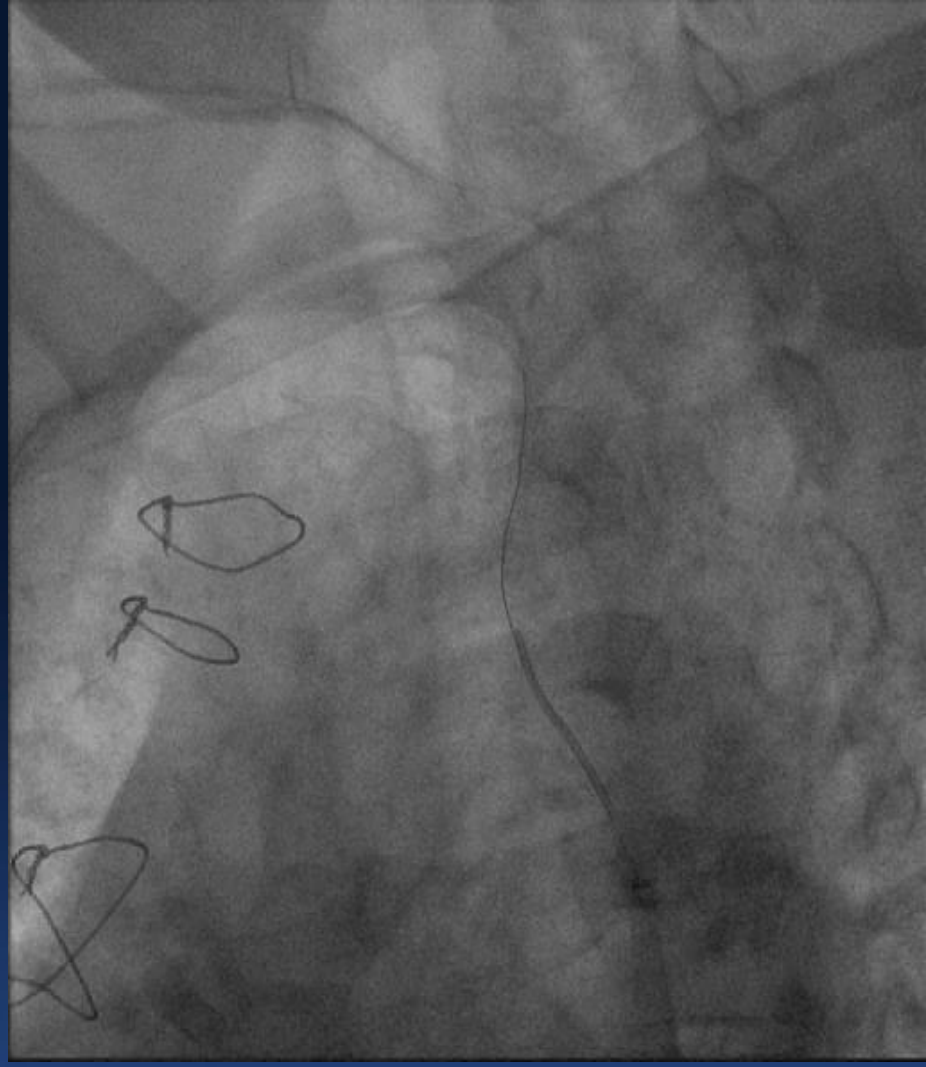


XC GW to Support Wire in ECA

MoMa easily advanced..

Ostial CCA AND ICA Disease

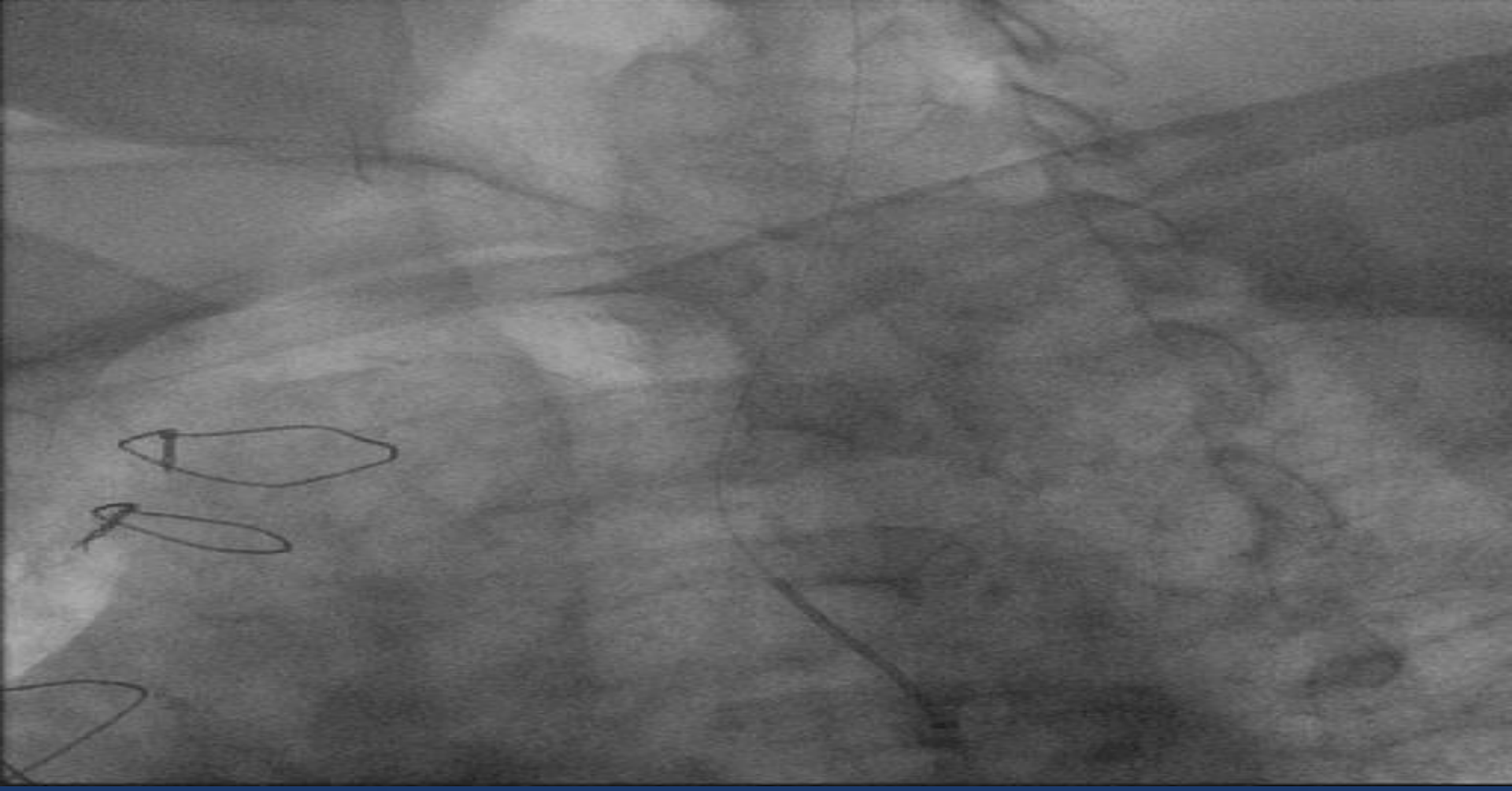




"No Touch"

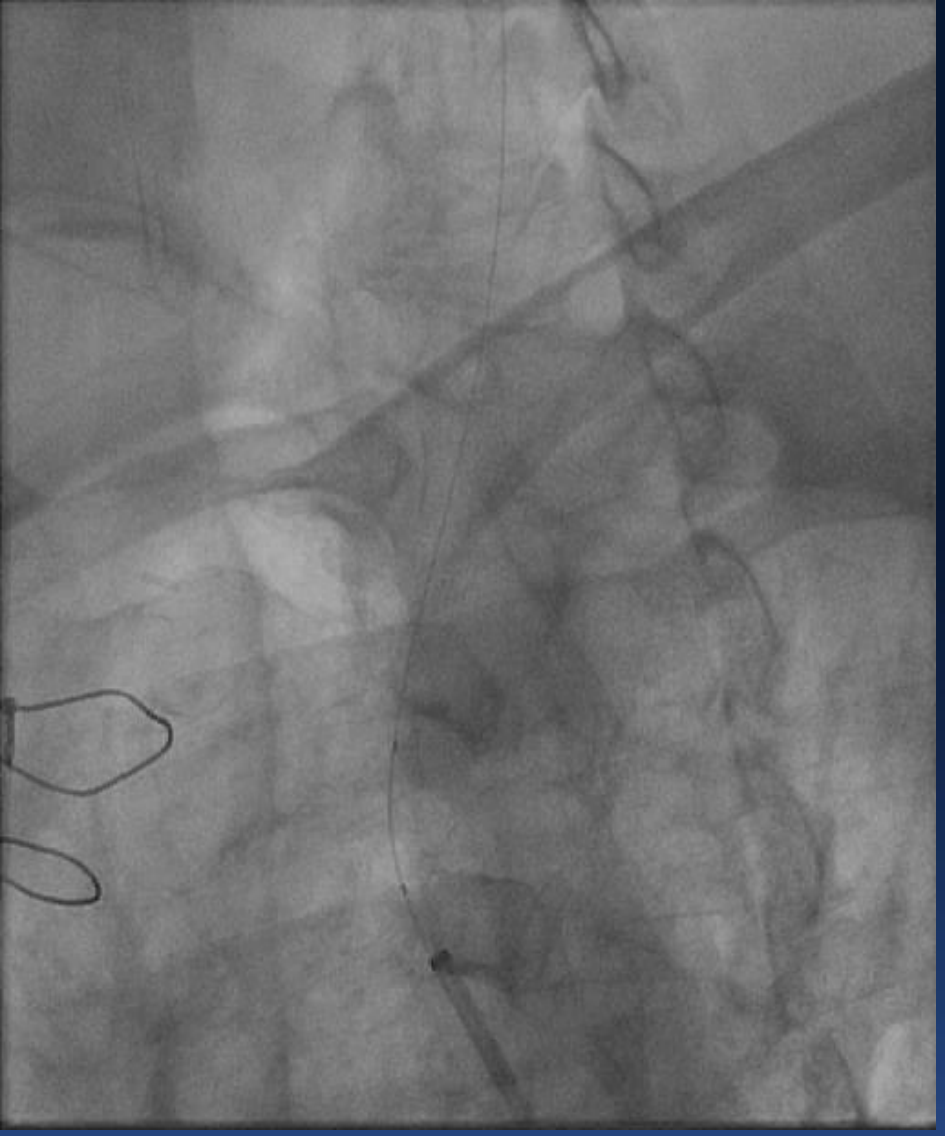
1st: XC length
Whisper 0.014 wire

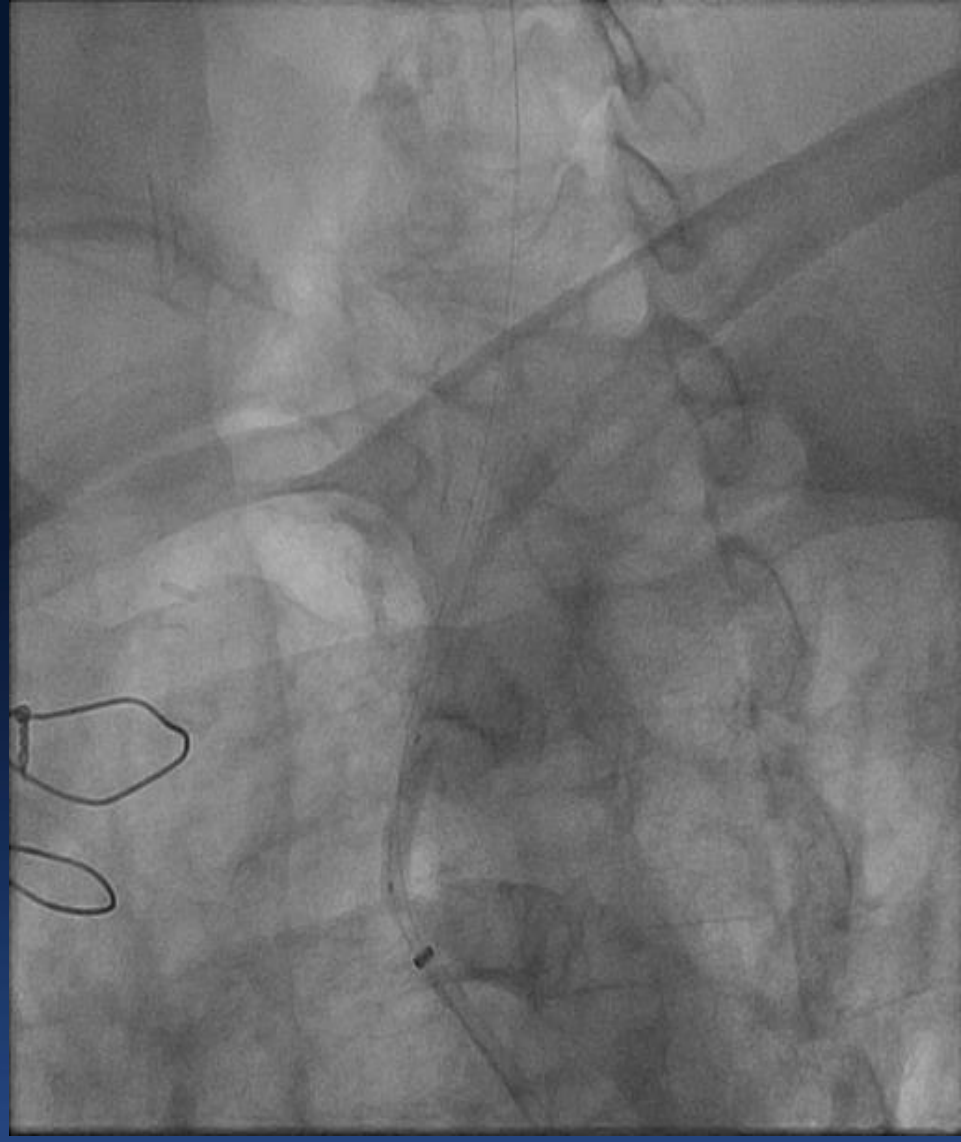
2nd: XC length
Nav 6 EPD wire

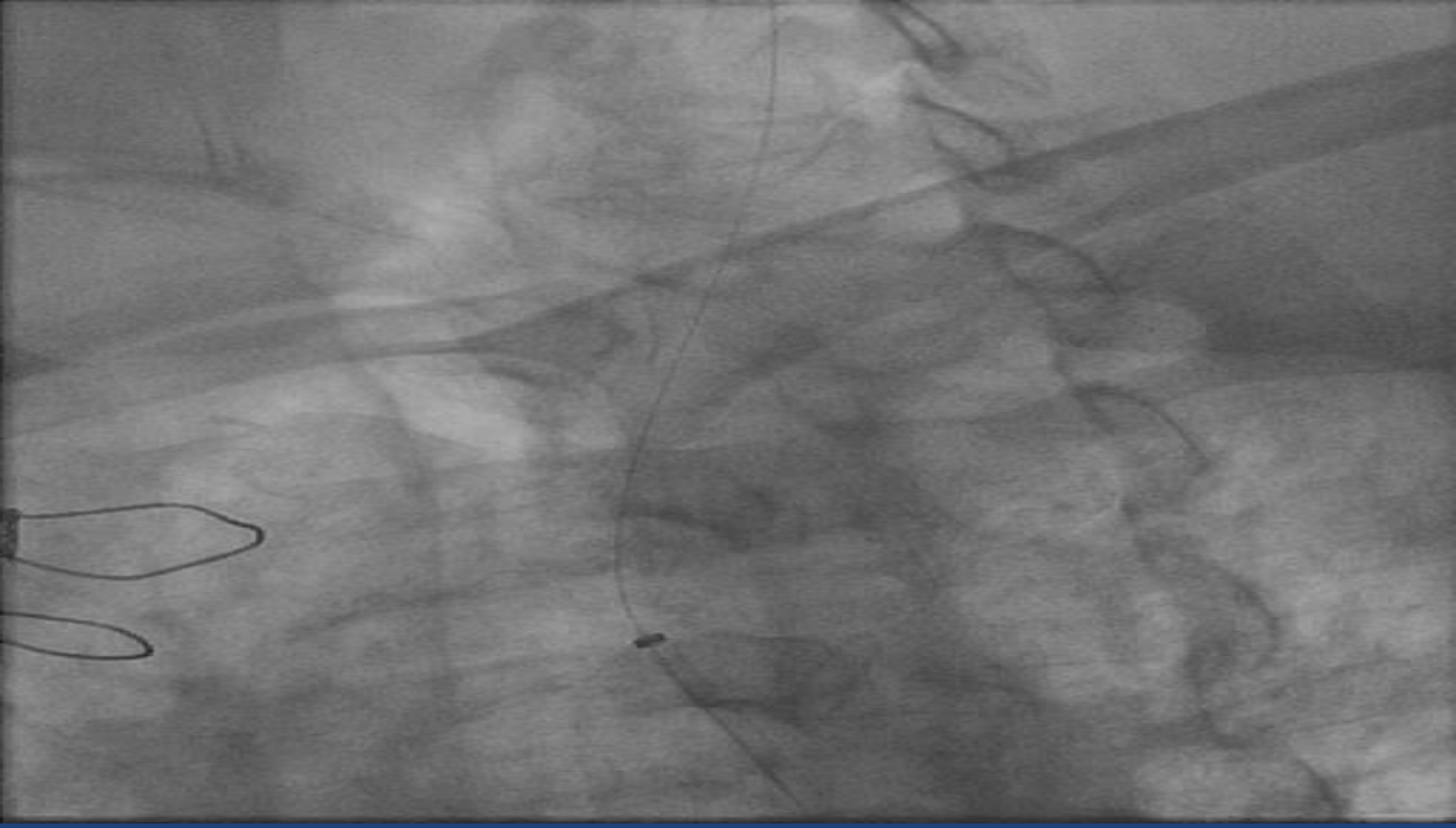


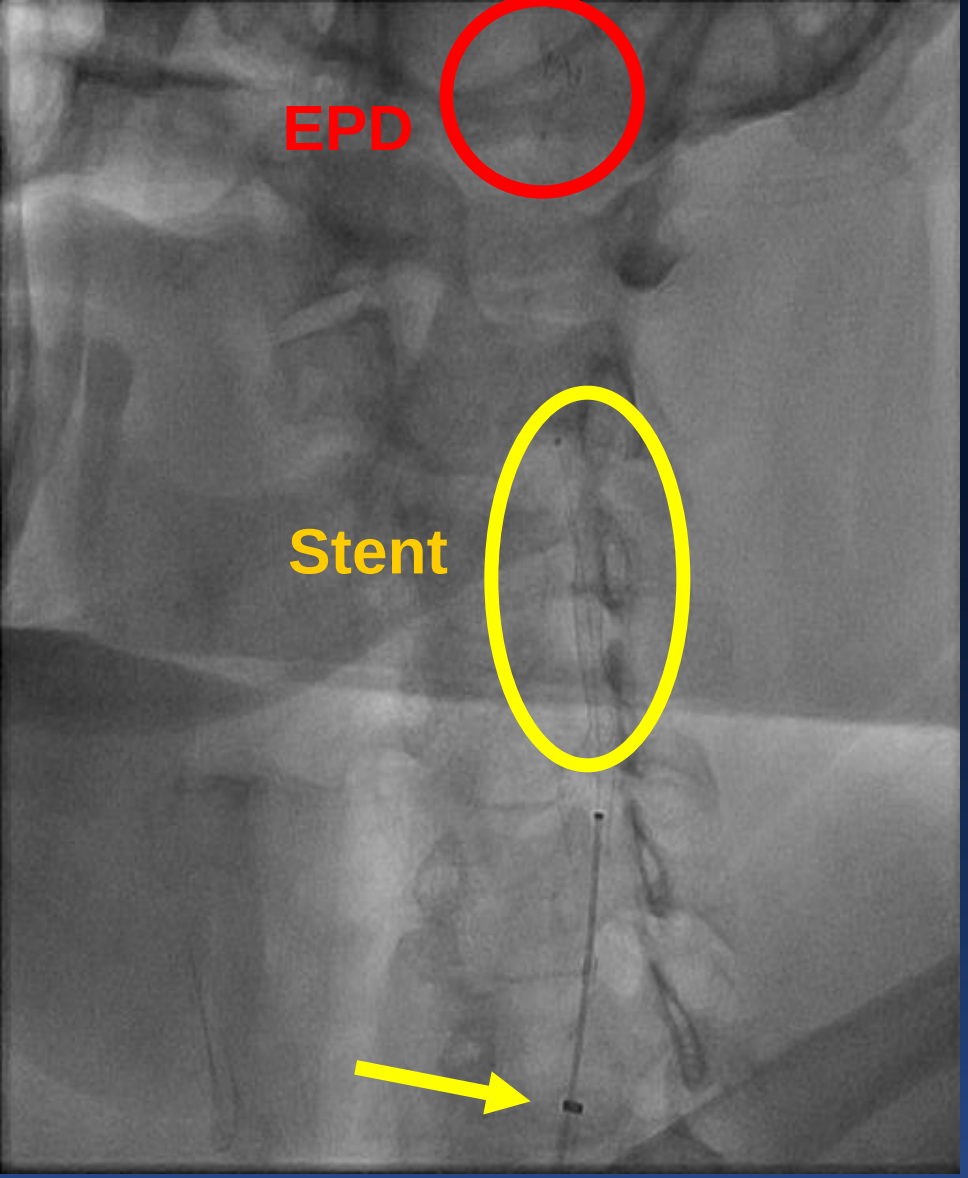
Getting Shuttle sheath close..

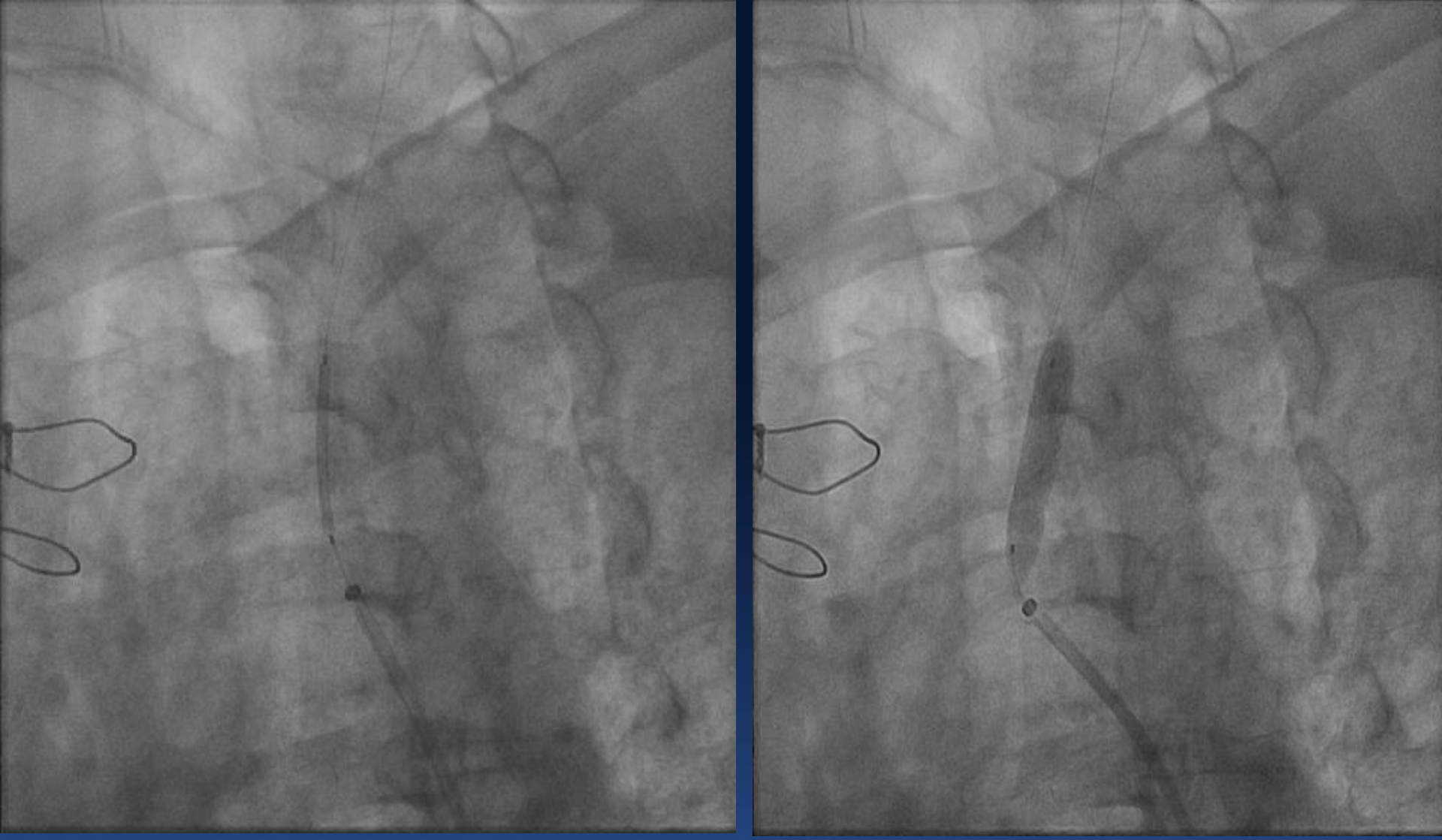
Advancing Nav 6 EPD over XC BARE wire





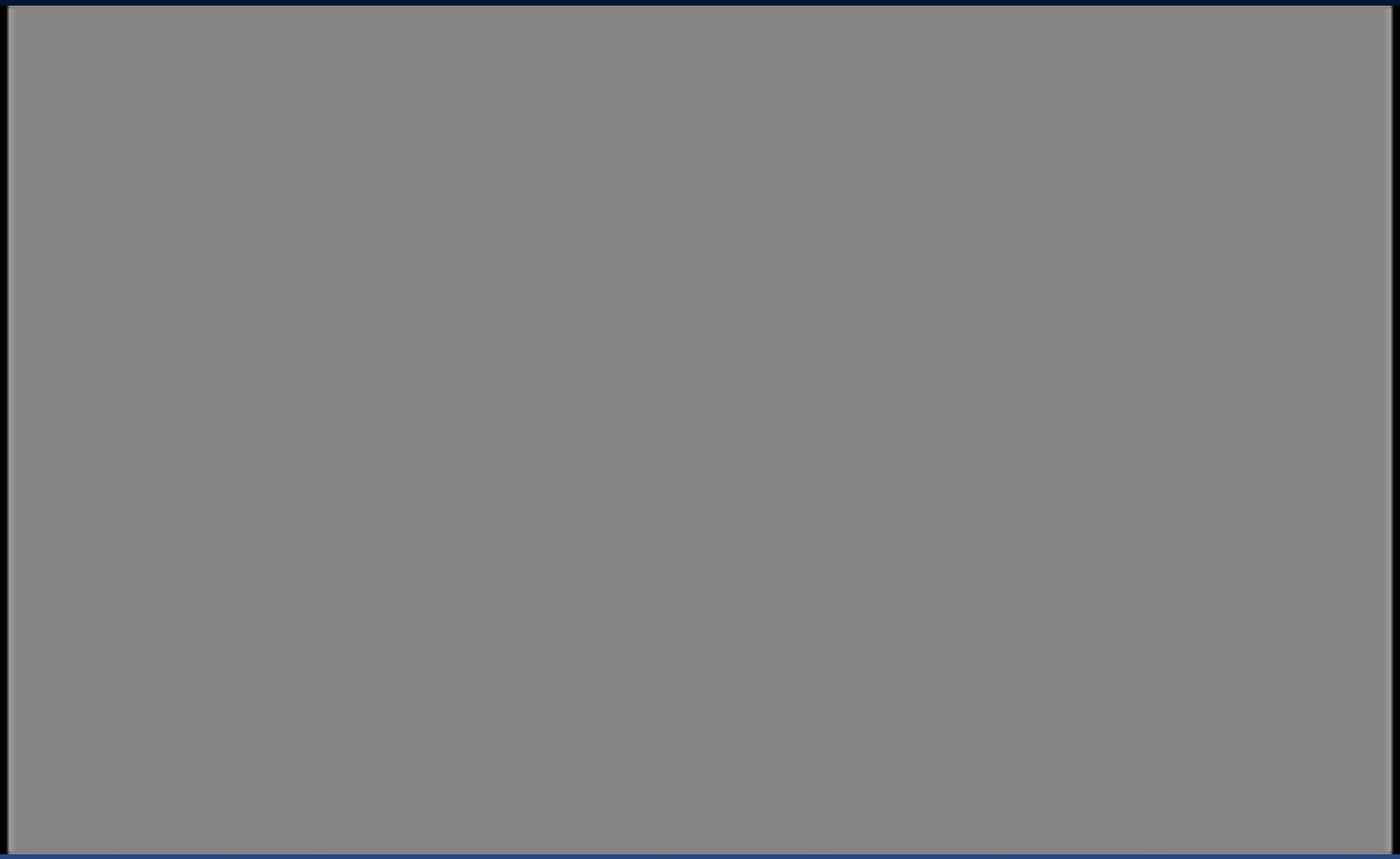



EPD
Stent

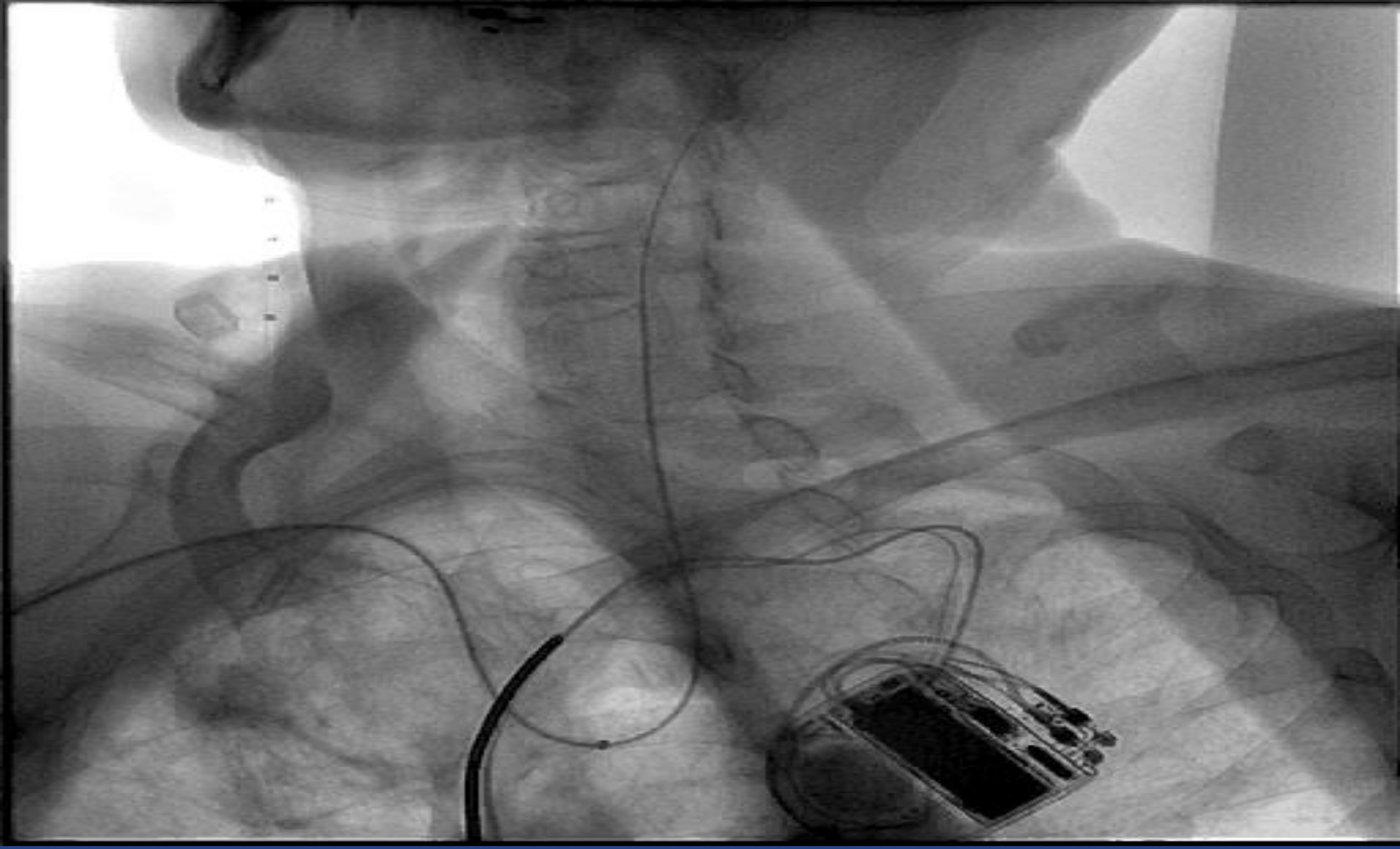


0.035 stent over BOTH XC length wires

No Femoral artery access?
ECA is your friend



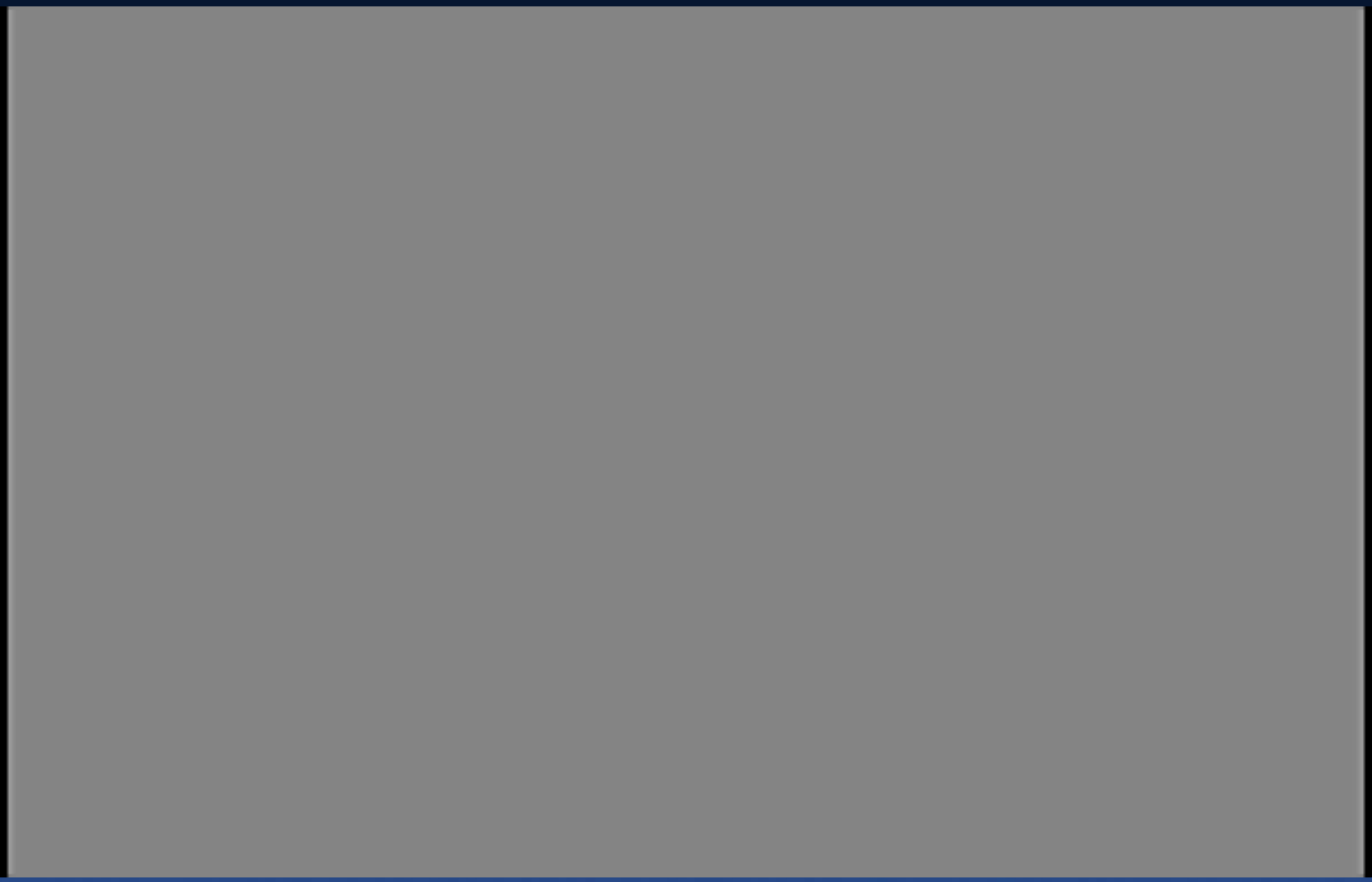
Shuttle sheath in EARLY; IM cath over GW into ECA

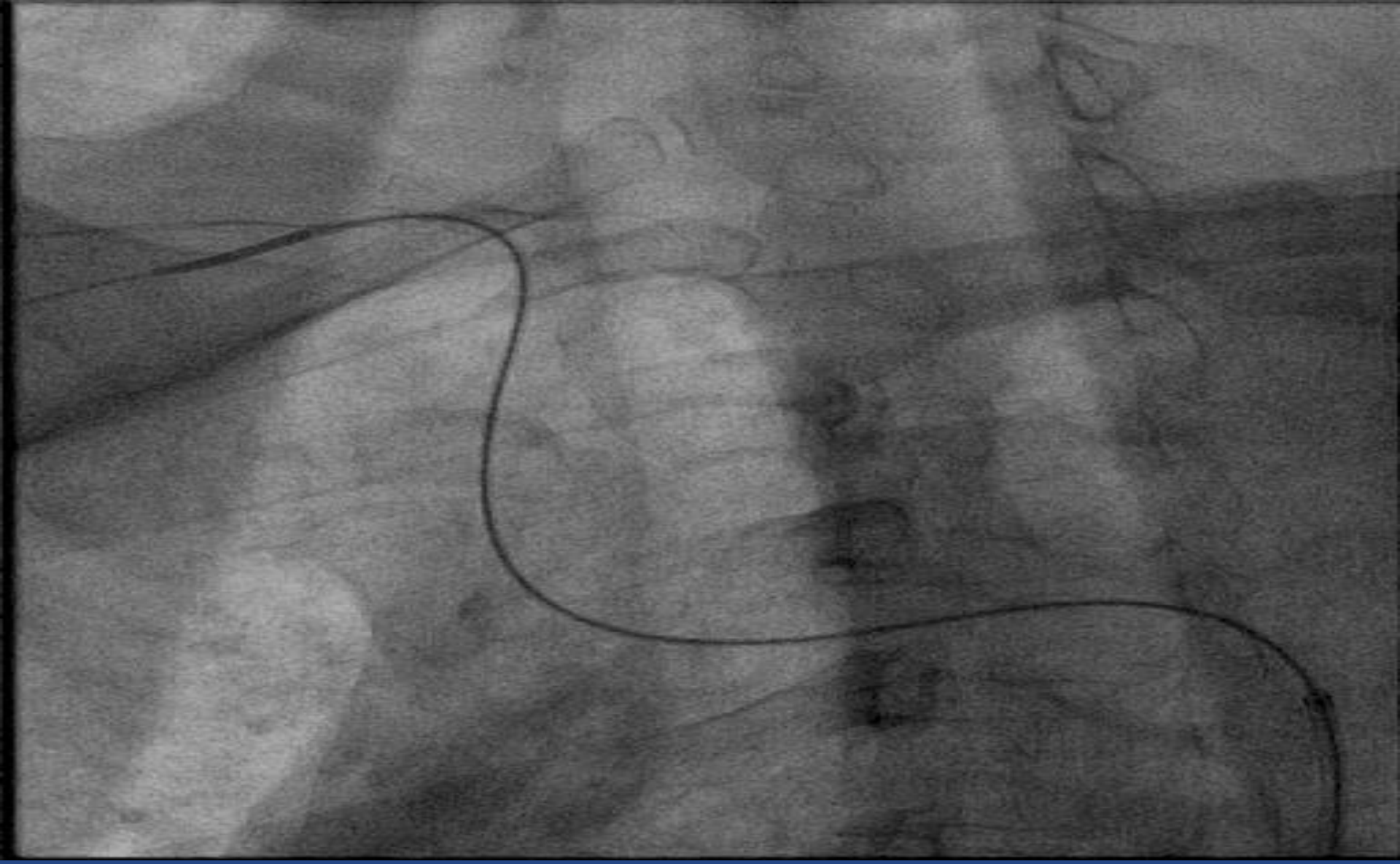


Guide- PRE

POST

Can’t Get There?
Be Creative

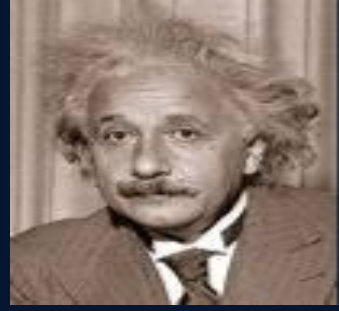




GW and vert to CCA using 20 RAO, 20 Caudal Roadmap

Guide carefully up..

CONCLUSIONS



- **FIRST consider risk/ benefit ratio of CAS in patients w difficult access, especially early in CAS experience**
- ***Avoid*** **diffuse Ca++ arch & CCA disease**
- **With favorable risk/benefit ratio, most CAS access issues can be overcome with a careful, modified approach**
- **“Direct carotid access” may prove helpful**

Thank You for Your Attention!