

L I N C

LIVE WEBINAR SERIES



Needs in BTK

When to escalate
from **Work Horse** to **Specialty Wires**

L. Maene, MD



Disclosure

Speaker name:

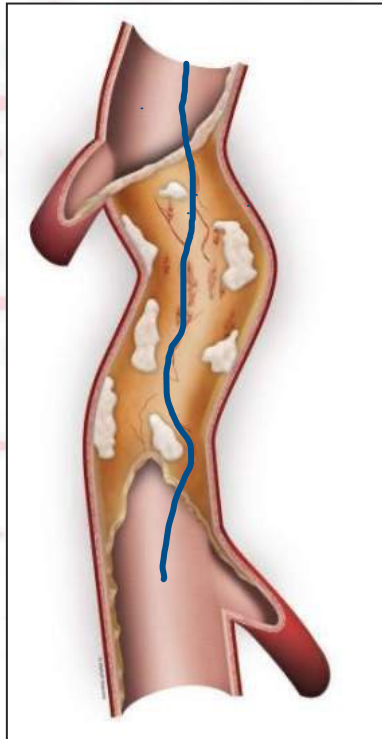
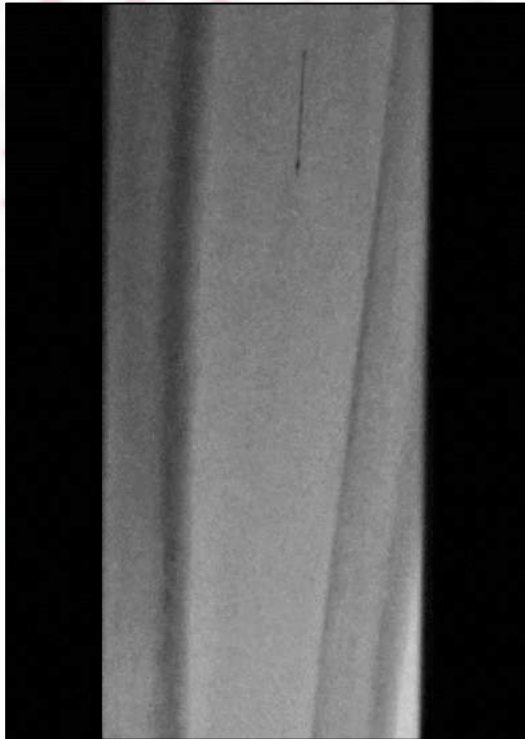
.....MAENE LIEVEN.....

I have the following potential conflicts of interest to report:

- ☒ Consulting : Abbott Vascular
- ☐ Employment in industry
- ☐ Shareholder in a healthcare company
- ☐ Owner of a healthcare company
- ☐ Other(s)
- ☐ I do not have any potential conflict of interest

My BTK Wire Algorithm

1. Start intraluminal **“Slider”** workhorse-wire... as long as possible



Wiggle → Spin → Drill

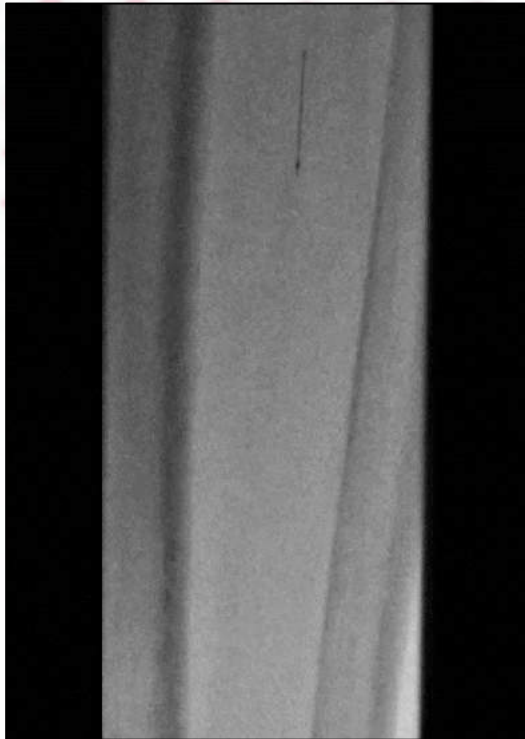
Path of Low Resistance

- “Feeling on the Tip”
- Torque control



My BTK Wire Algorithm

1. Start intraluminal **“Slider” workhorse-wire...** as long as possible



Nitinol vs Stainless Steel core

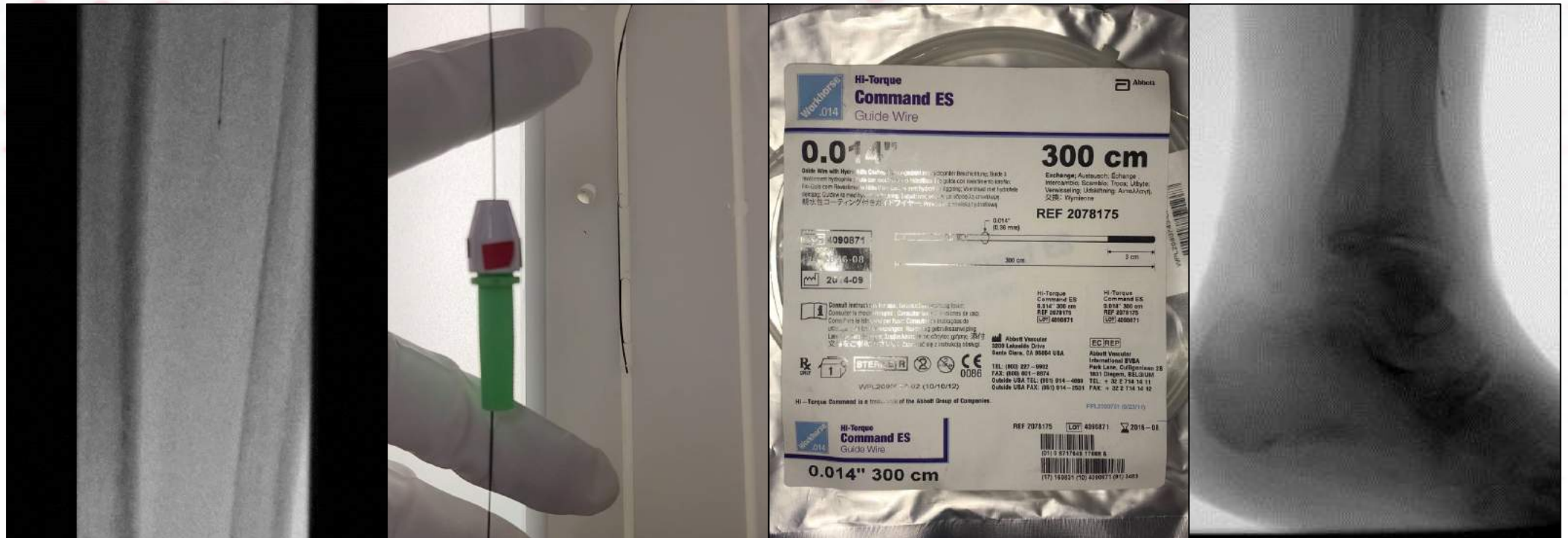
- + Durability
 - + Kink resistant/looping
 - + Flexibility
- + High torque
 - + Pushability
 - + Support

0.018" vs 0.014"



My BTK Wire Algorithm

1. Start intraluminal **“Slider”** workhorse-wire... as long as possible

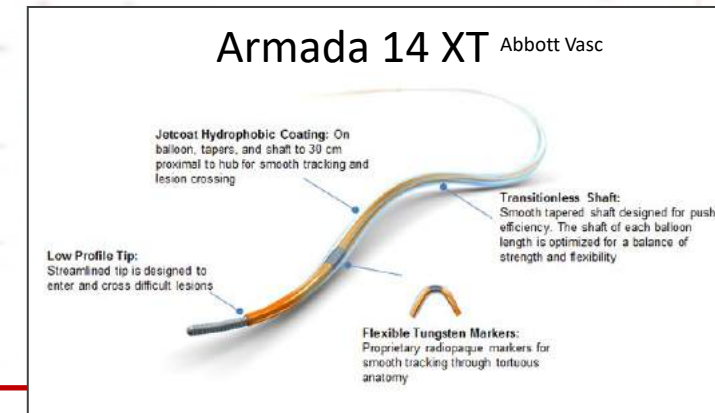
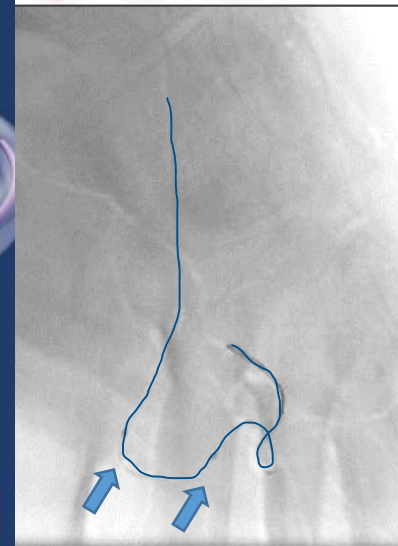
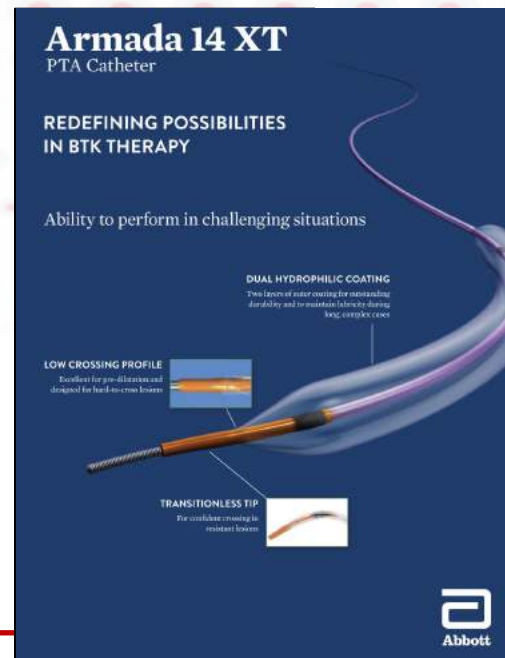
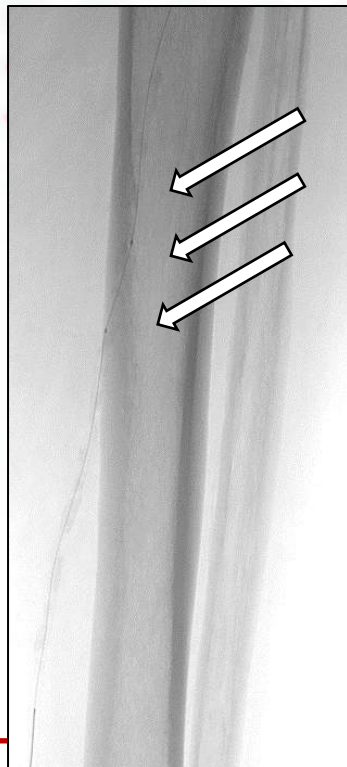


My BTK Wire Algorithm

1. Start intraluminal “Slider” workhorse-wire... as long as possible
2. Stay intraluminal → External support (cath / balloon)

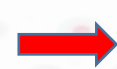
→ Specialty Wire

- A. Prox. Body support
- B. Flexibility
- C. Steering Power
- D. Penetration power

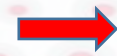


My BTK Wire Algorithm

1. Start intraluminal
 2. Stay intraluminal
- “Slider” workhorse-wire... as long as possible



External support (cath / balloon)



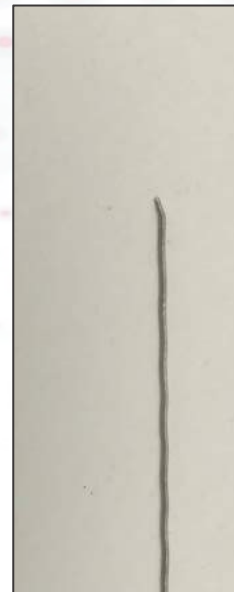
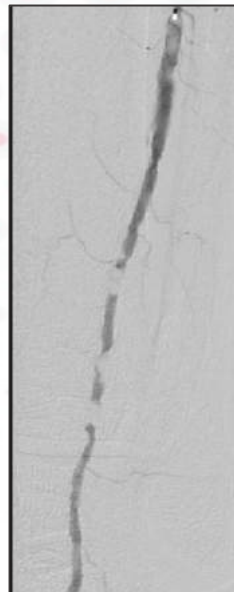
Specialty Wire

A. Prox. Body support

B. Flexibility

C. Steering Power

D. Penetration power



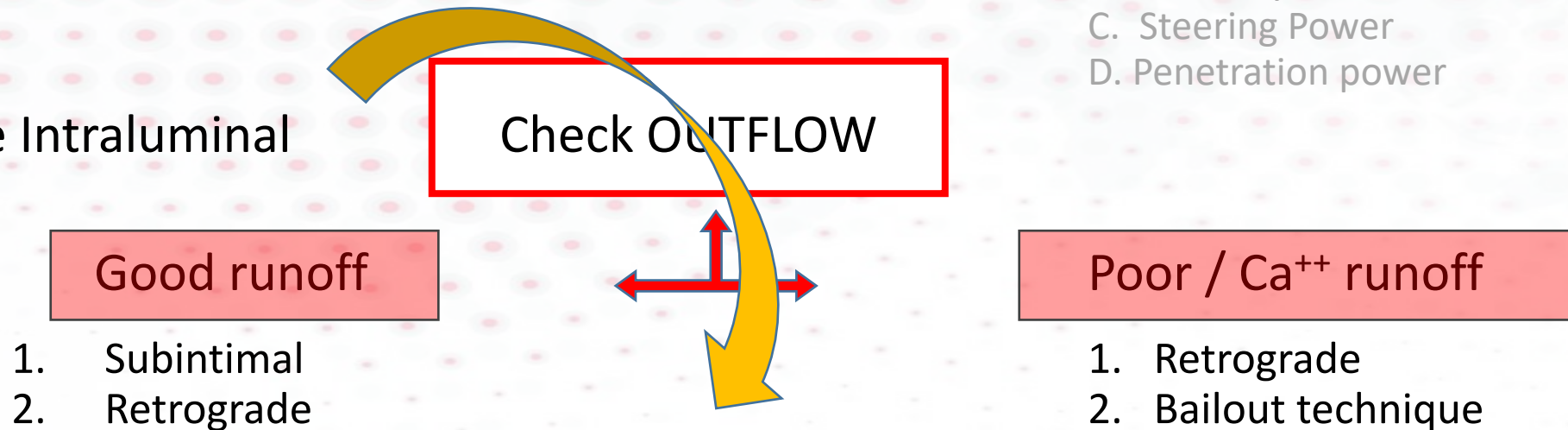
My BTK Wire Algorithm

1. Start intraluminal **“Slider” workhorse-wire**... as long as possible
2. Stay intraluminal External support (cath / balloon)

Specialty Wire

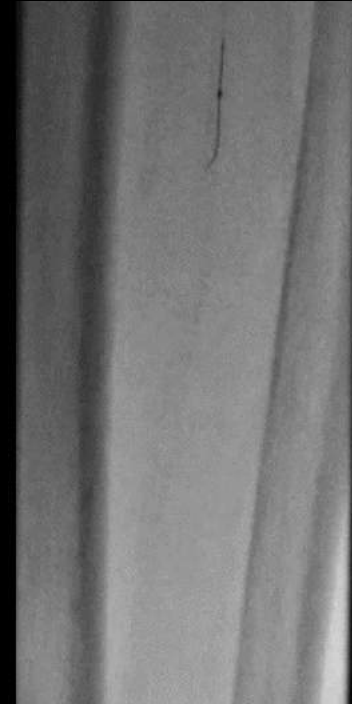
- A. Prox. Body support
- B. Flexibility
- C. Steering Power
- D. Penetration power

3. Failure Intraluminal



“Slider” workhorse-wire

One Slider is not the other ...



Transitionless nitinol to stainless steel weld for smooth
device compatibility

Performance – Wire specs

Polymer jacket for lubricity and to reduce
interaction with calcifications

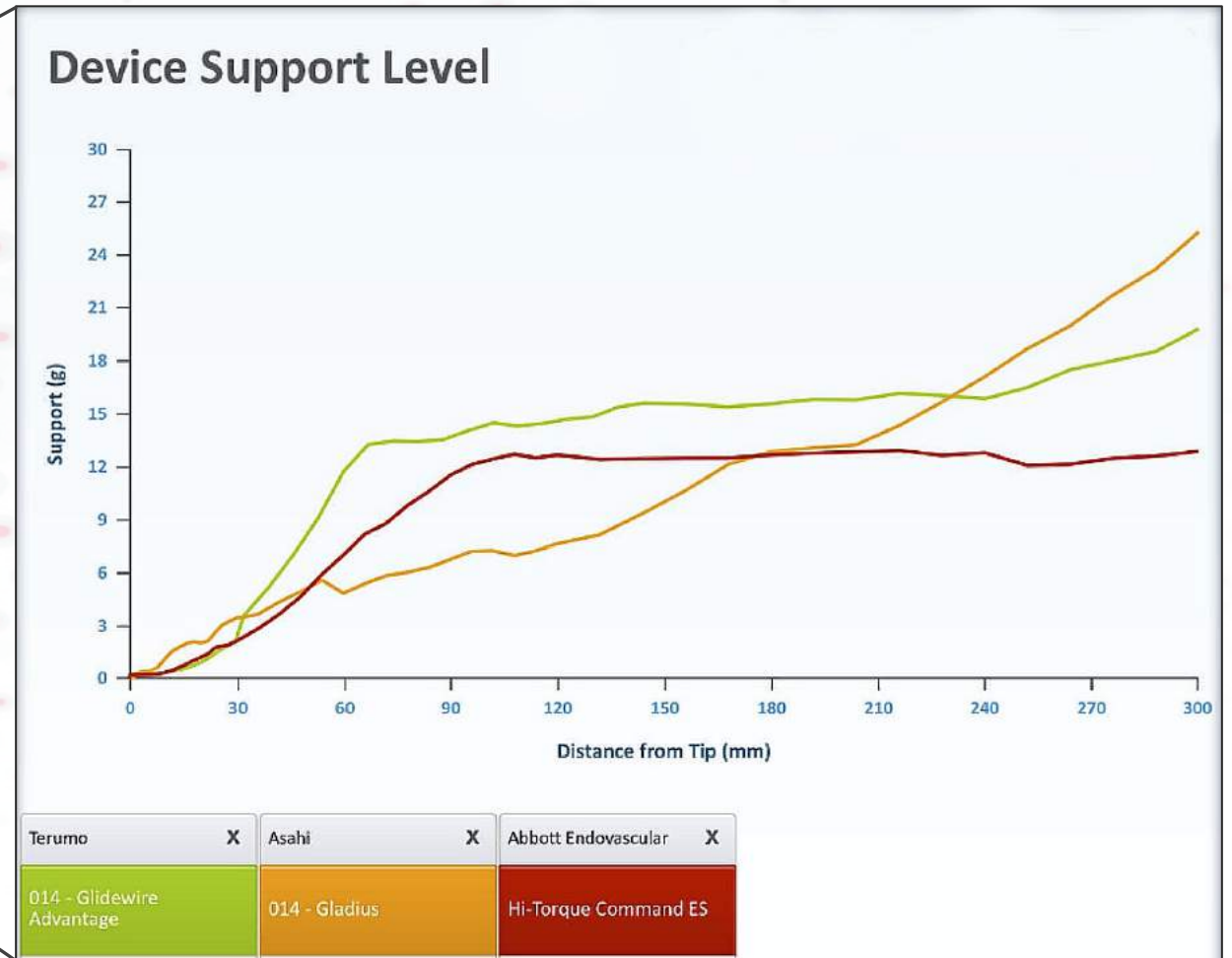
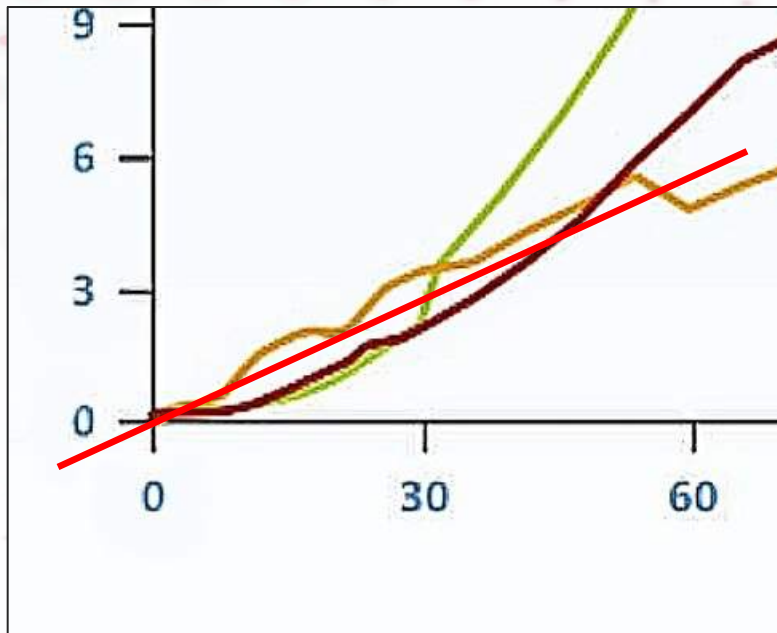
Tip durability
Shape retention

Torque,
Prolapse control

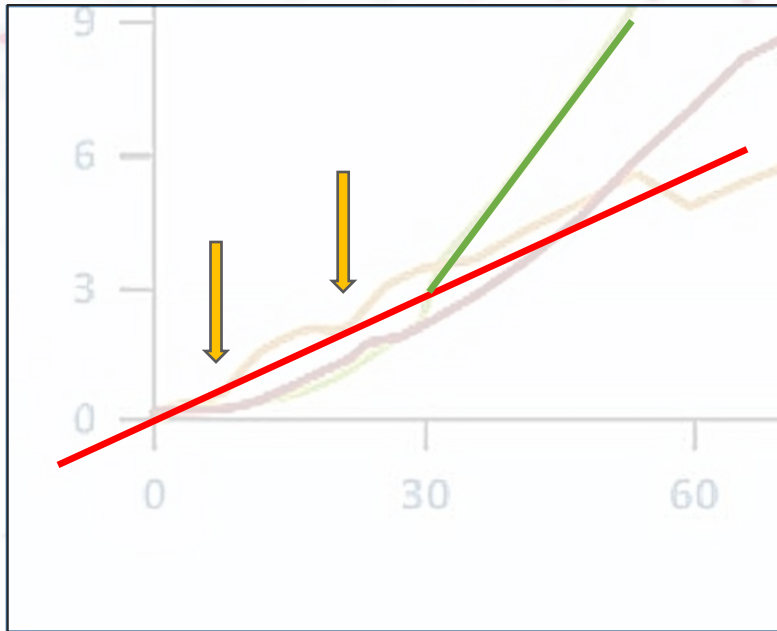
radiopaque coils

Courtesy Abbott Vasc.

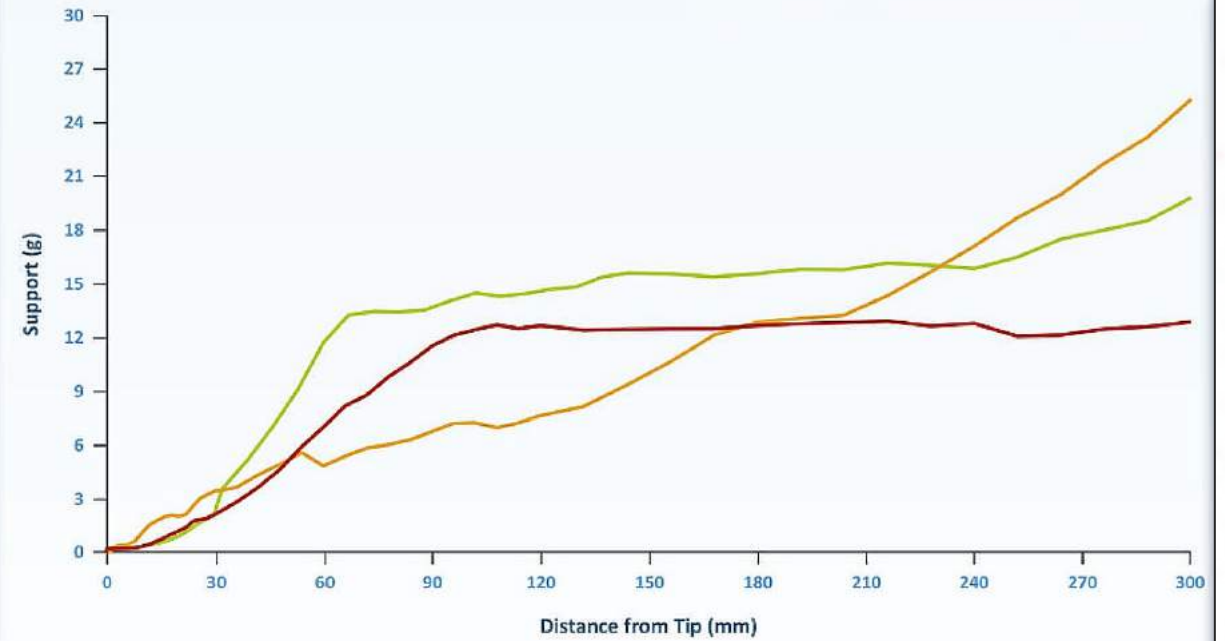
Wire Support Graph



Wire Support Graph

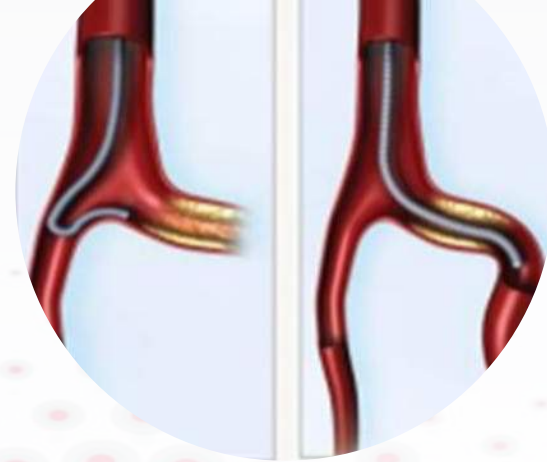


Device Support Level



Terumo	X	Asahi	X	Abbott Endovascular	X
014 - Glidewire Advantage		014 - Gladius		Hi-Torque Command ES	

1. (Un-) Intentional Prolapse

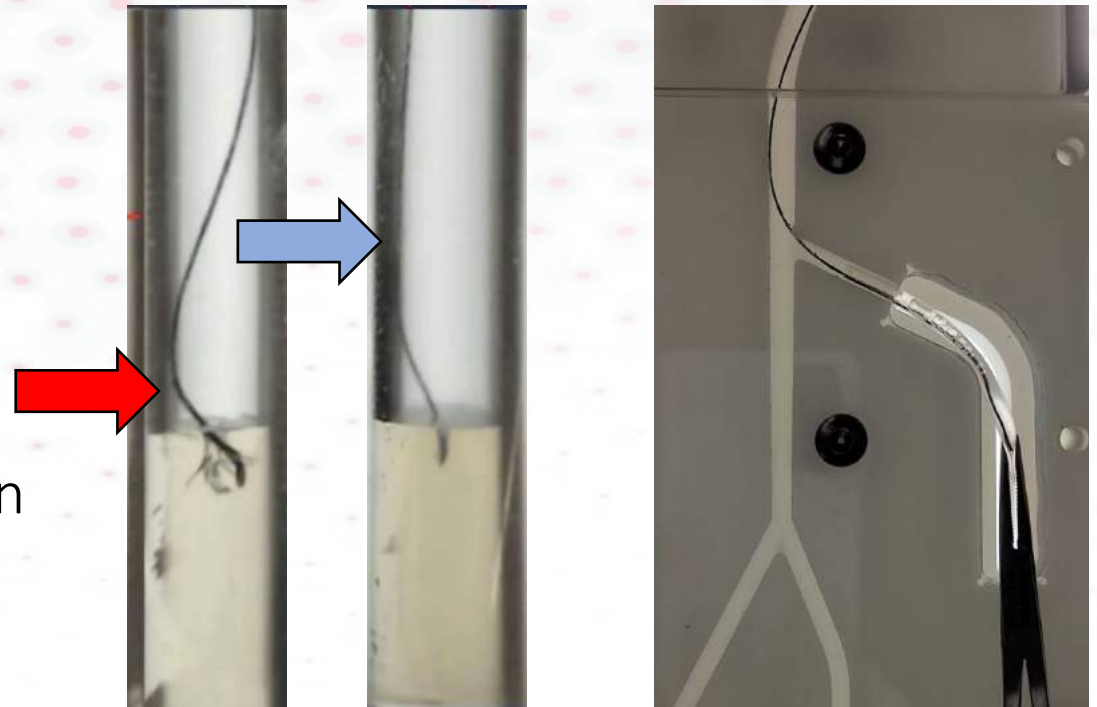


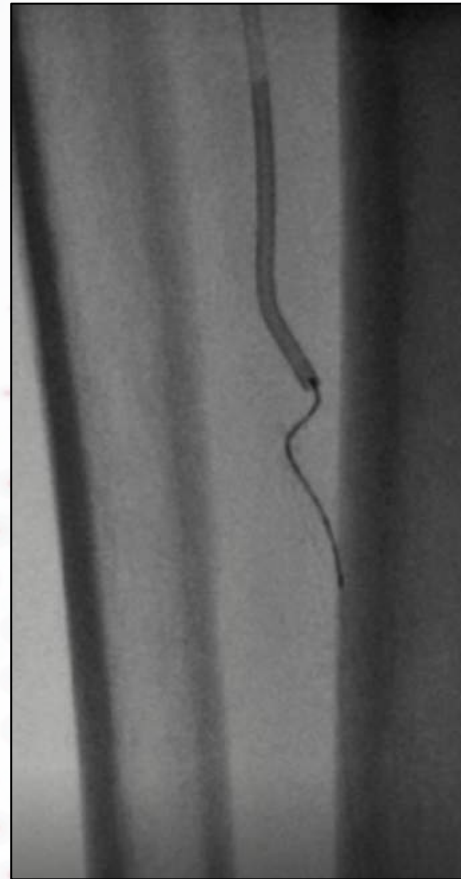
Proximal Prolapser :

- Within the first mm's of the wire
- (Very) Easy looping
- Loss of Penetration force

Distal Prolapser

- Away from the tip
- Good balance Navigation & Penetration



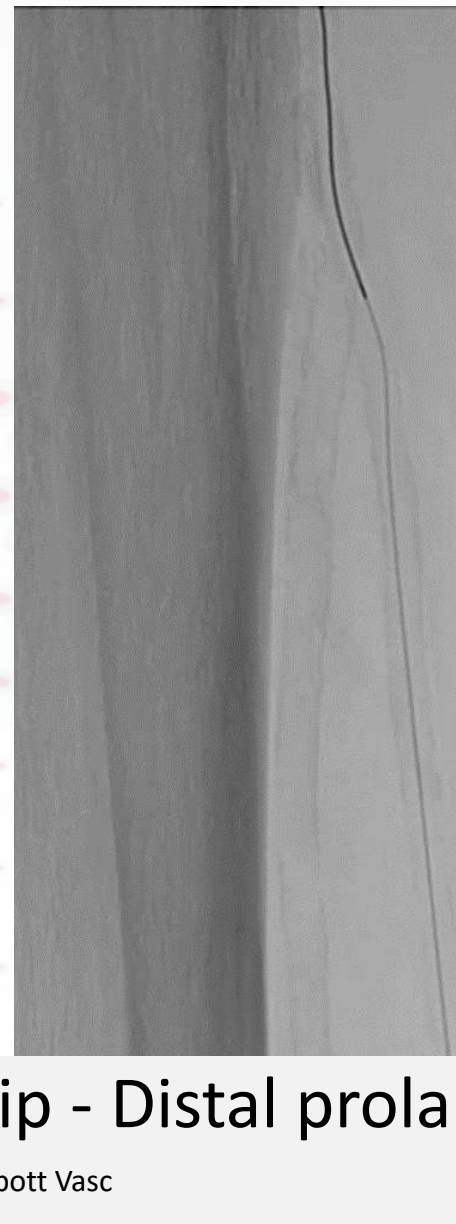
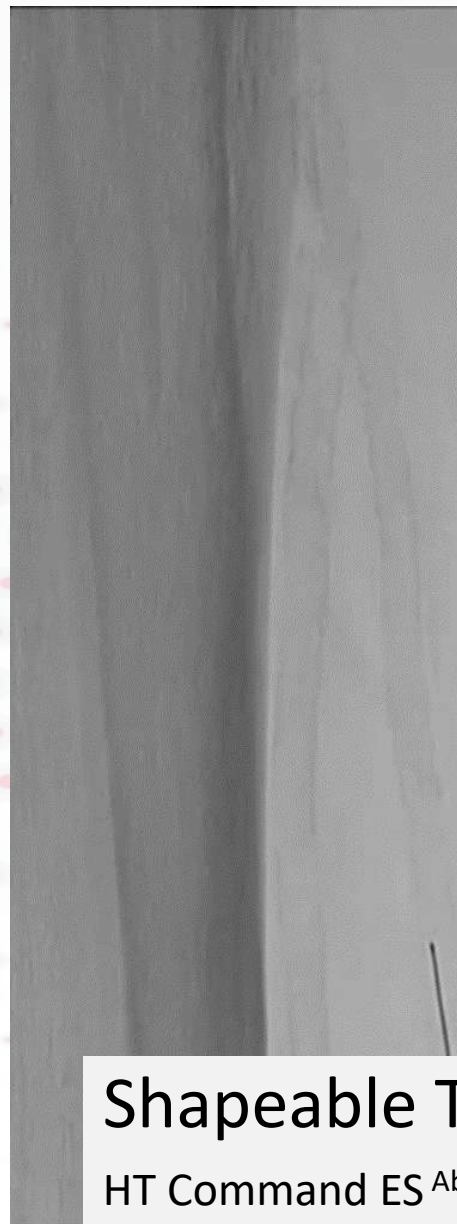
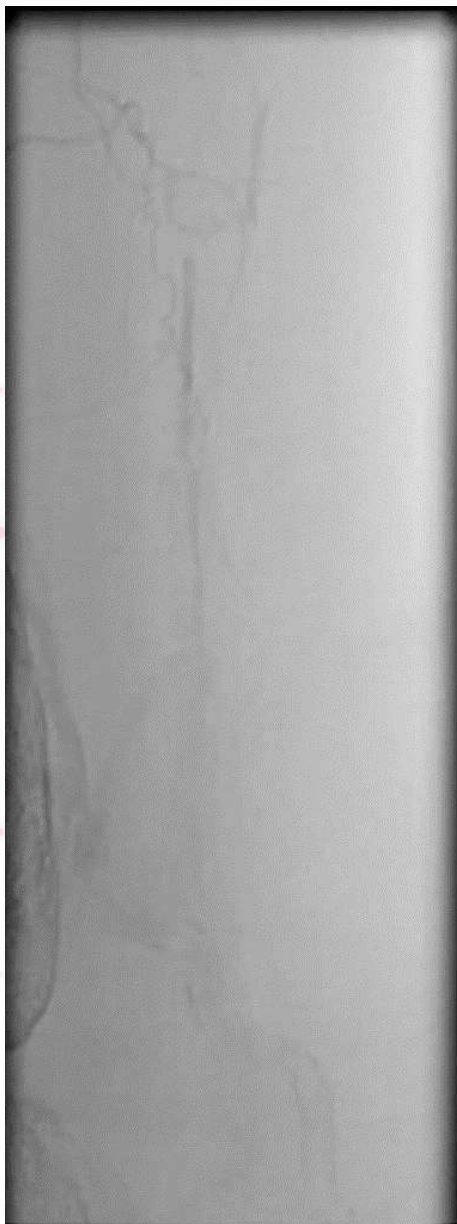


Proximal

Distal

Very Distal

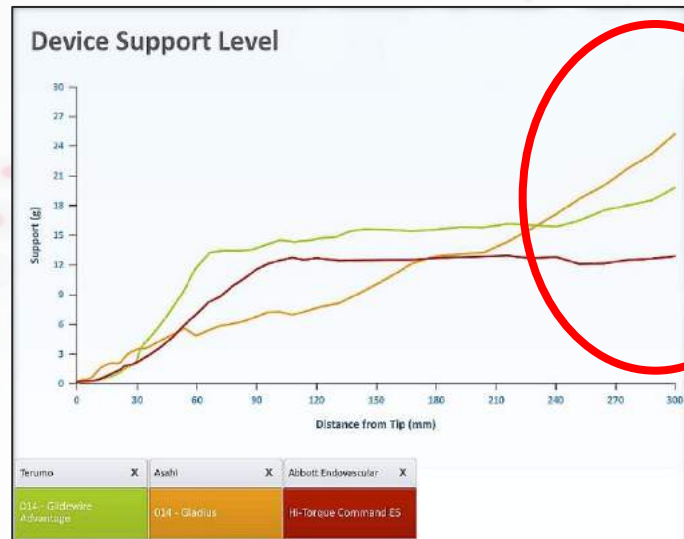
Case



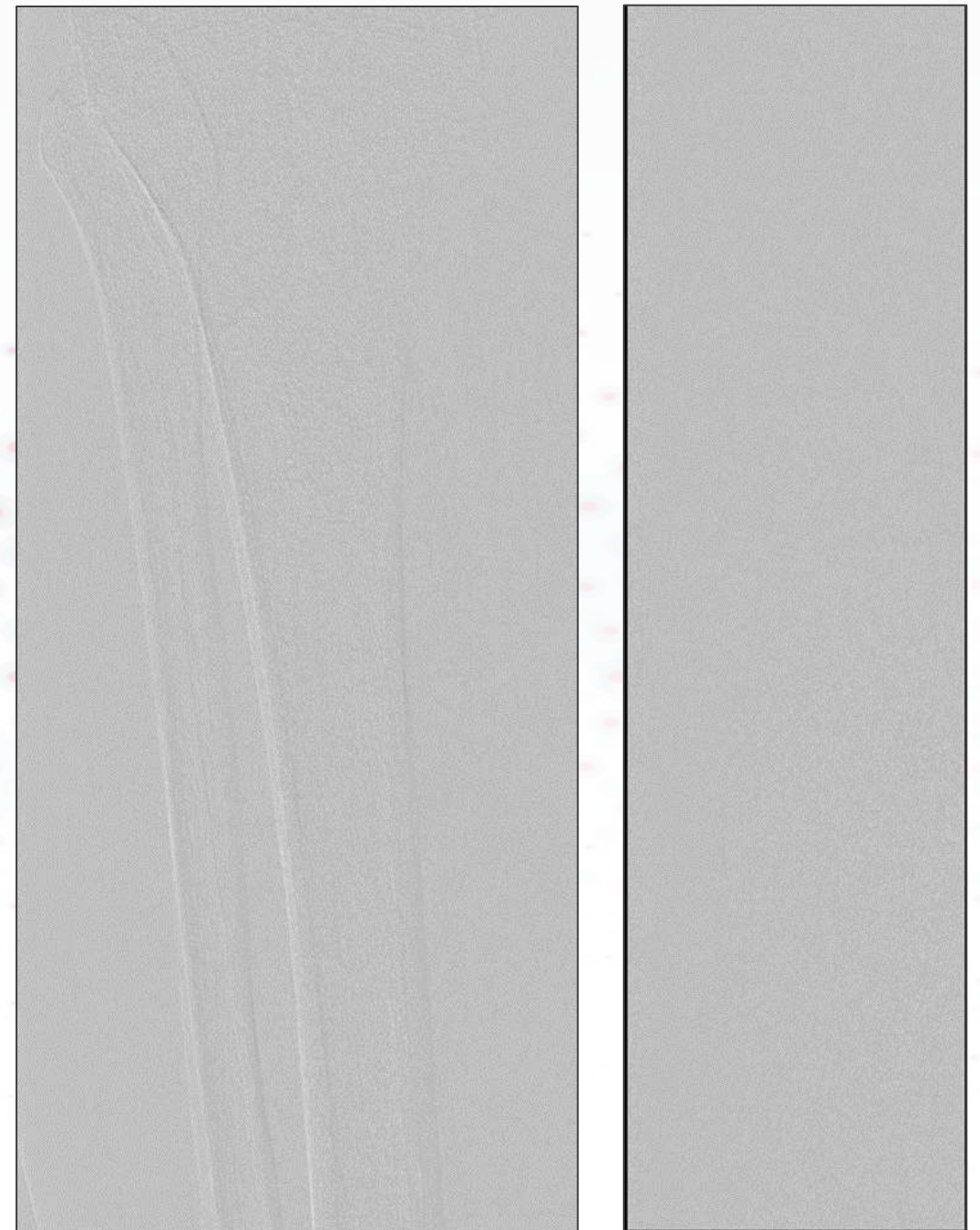
Shapeable Tip - Distal prolapse

HT Command ES^{Abbott Vasc}

② Torque control



- Challenge :
 1. Tortuous origin of the ATA
 2. Fibrotic & Ca^{++} short occlusion at the ankle





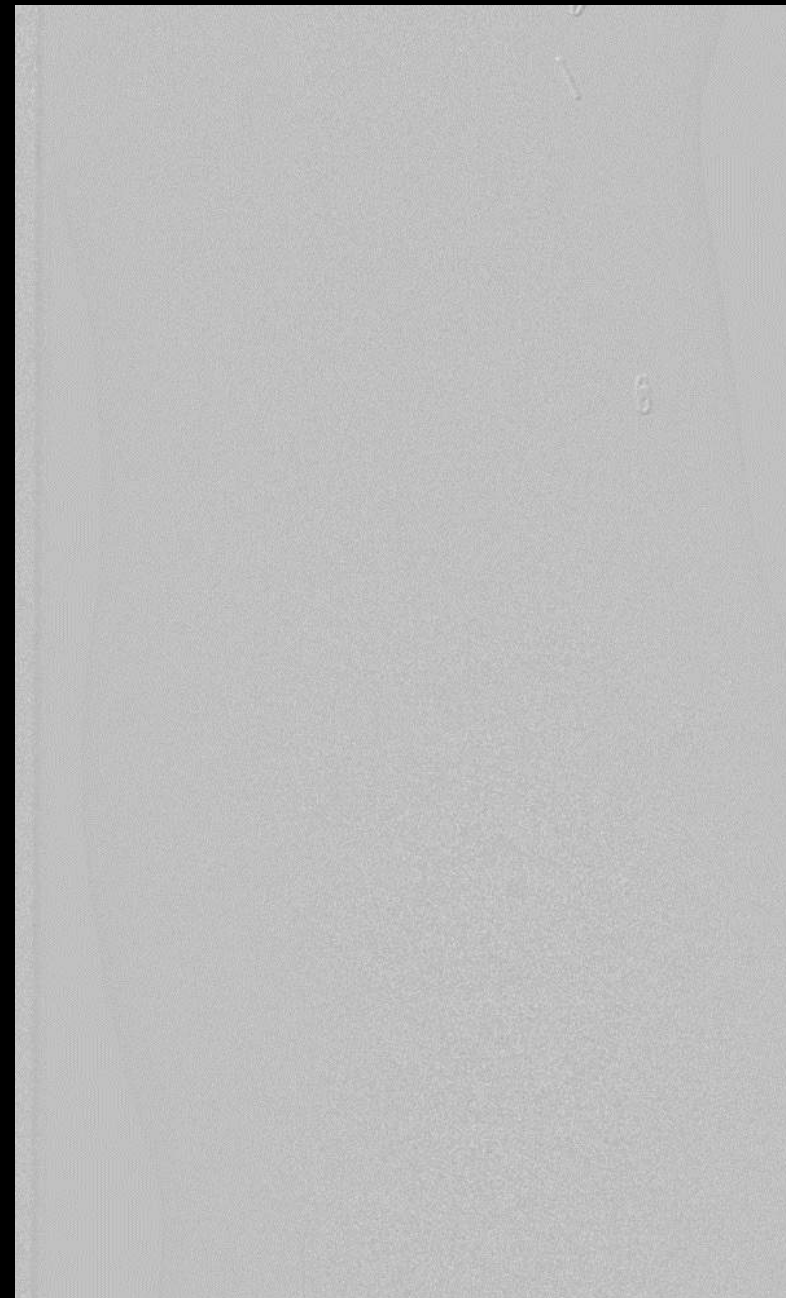


Retrograde puncture

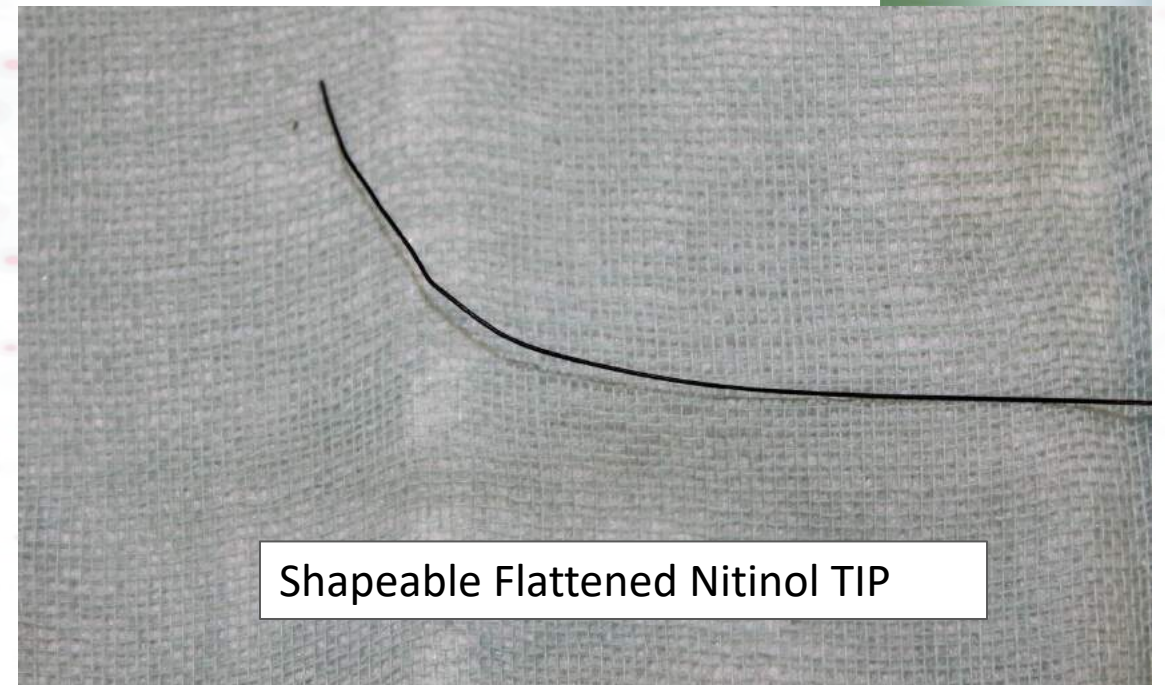
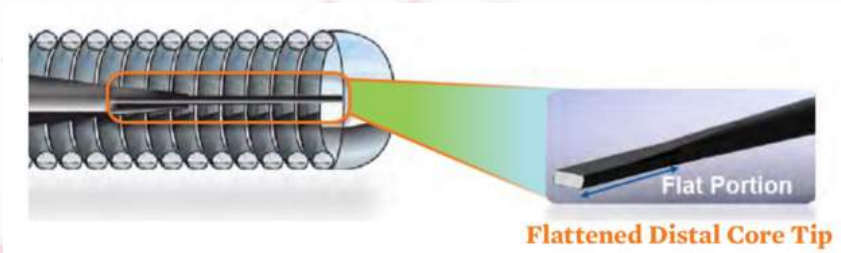
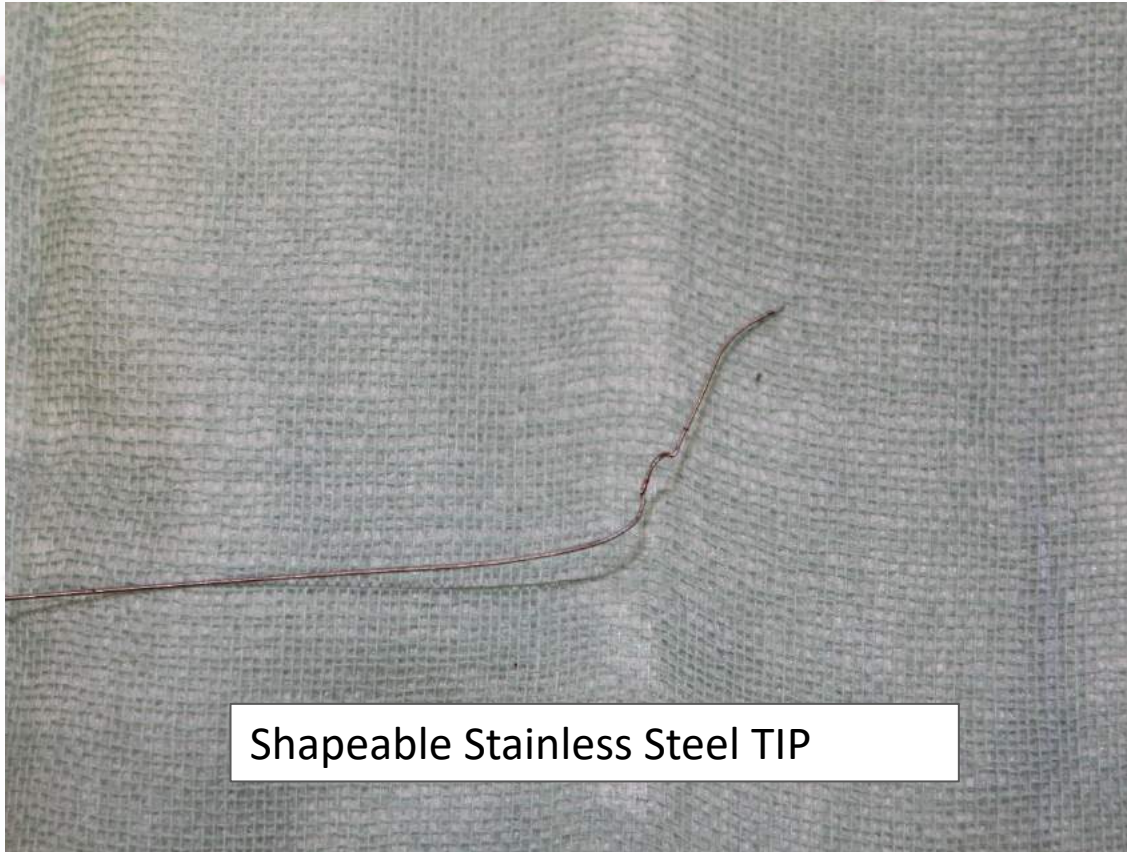
Slider 0.014

Glidewire Advantage^{Terumo}

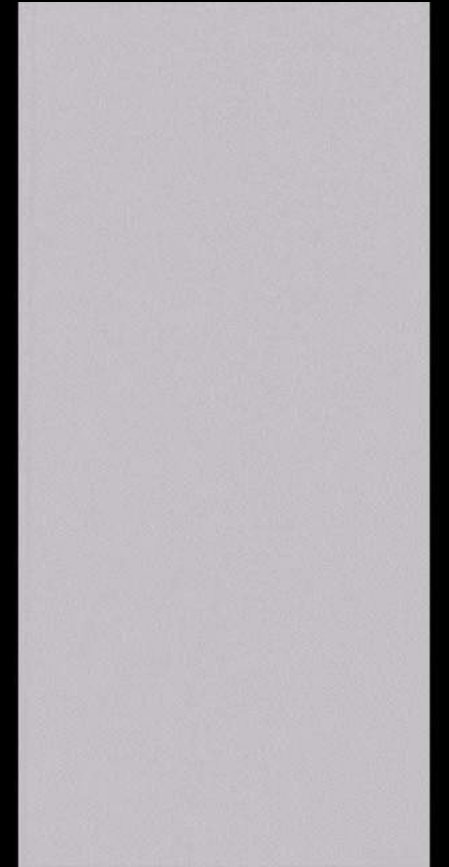
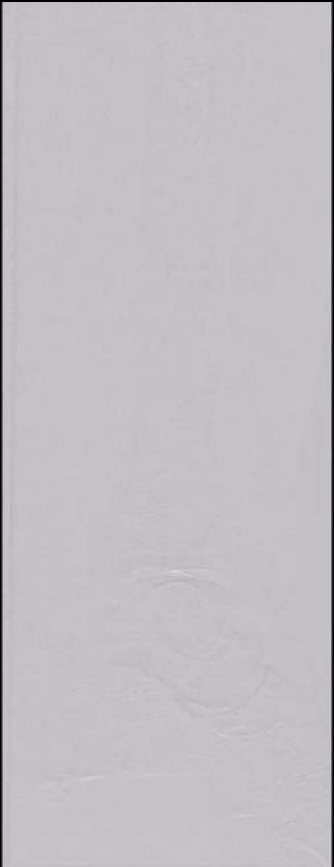
Proximal prolapse



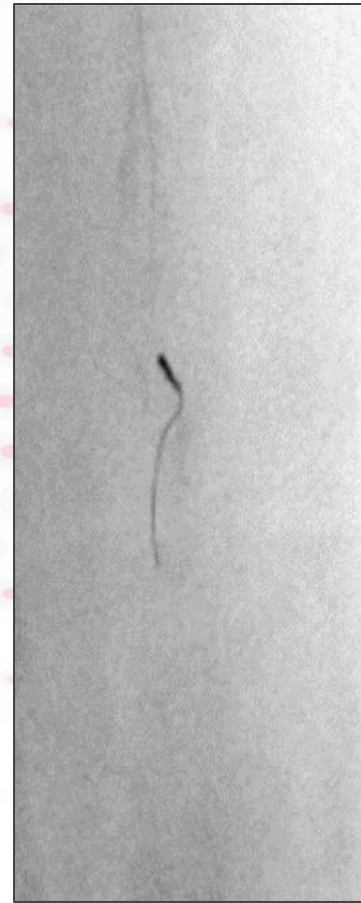
③ Tip Shape & Retention



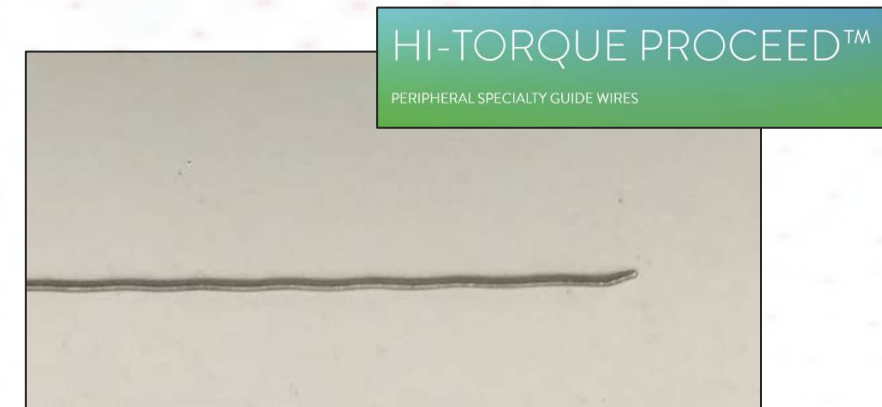
HT Command ES Abbott Vasc

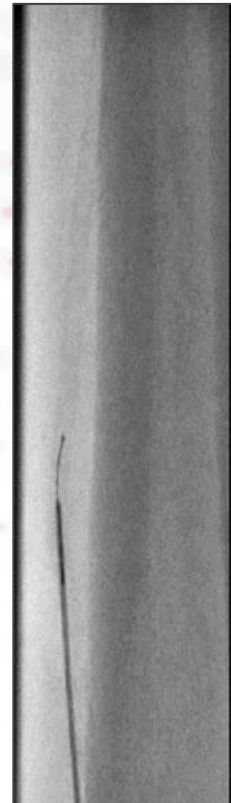
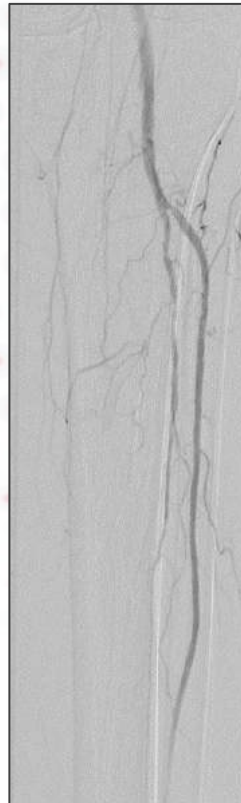
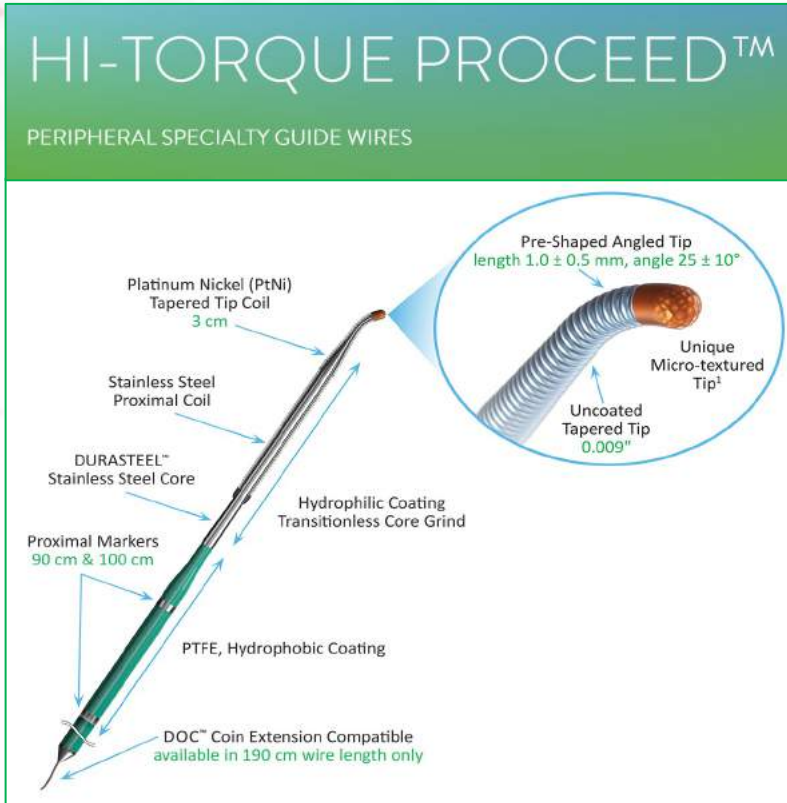


④ Penetration Power : CTO Wires...



- Focal Ca⁺⁺ / Fibrotic
- Lesions resistant to “sliders”
- Risky Subintimal approach
- Tip shape & distal Support





Conclusions

- Knowledge of **Wire specs** will lead to predictable Wire performance and clinical success.
- Tip stability , shape retention and prolapse significantly differ among all available Sliders...
- Select your workhorse “Slider” that meets the expectations.
- **A correctly selected “Slider” ...**
will be at its best when backed up by a CTO wire

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