Towards an EBC consensus

Prof Adrian Banning

EBC – reasons to exist

There are many…

But one is to be clear about the best bifurcation technique for the *majority* of operators performing the *majority* of cases

Risks of an expert community

"It's the exception that proves the rule"

but

That shouldn't mean we don't need some rules

Towards an EBC consensus on left main stenting

Democracy is great – ideal

(The House of Commons, London)

Towards an EBC consensus on left main stenting

BUT “Poorly informed” debate can lead to questionable democratic decisions

Towards a consensus on bifurcation stenting

If you don’t vote .. Then you cant complain about the outcome

EBC consensus

- How to vote
- Website address
- **Slido.com** #EBC2017

EBC consensus

Format

Presentation of the EBC position	1 minutes
Pro this position	5 minutes
Contra this position	5 minutes
Discussion	7 minutes
Summary with voting	2 minutes

How often do you open the stuts to the side branch

a) Every time in a vessel >2.5mm
b) Most of the time – but always in the left main
c) Only in the left main
d) Hardly ever these days

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In a 2 stent procedure bifurcated anatomy should determine the sequence of stent insertion

Sequence in 2 stent procedure

2015

In the case of intended double stenting, the first stent is usually implanted from the distal SB into the MV followed by distal MV rewiring and stent implantation from distal to the proximal MV.

2016

When the operator feels that double stenting is needed and SB cannot safely be overstented, other techniques able to fix the SB before or contemporary to MB have to be considered

PRO / AGAINST

- I. Sheiban
- O. Darremont

In a 2 stent procedure bifurcated anatomy should determine the sequence of stent insertion

a) I agree strongly ….even if the bulk of the lesion is in a modest diagonal
b) I usually stent the main vessel first but occasionally “follow” the anatomy
c) Main vessel first is my default stategy and that’s what I teach

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In every left main procedure intravascular imaging is mandatory

IVUS in Left main EBC 12

- Angiographic assessment of the LM has several limitations calling for a low threshold for use of IVUS or OCT as imaging may influence lesion preparation, as detection of confluent arcs of calcium will usually require use adjunctive technology rather than just conventional balloon predilation.
- Stent malapposition, distortion of stents during rewiring and catheter/guideliner manipulations in the LM as well as stent under-sizing contributes to the long-term risk of stent thrombosis which in the LM is potentially catastrophic. As a consequence:It is strongly recommended to have access to intravascular imaging modalities (IVUS/OCT/Optical Frequency Domain Imaging (OFDI)) during elective PCI of LM.
- It is strongly recommended to use intravascular imaging during LM intervention when passage of devices during the procedure does not proceed in a predictable way

PRO / AGAINST

- J. Legutko
- A.Latib

Towards an EBC consensus on left main stenting

Which statement reflects your opinion

When treating a 2 stent left main bifurcation in an *elective* patient

- I always use imaging (IVUS or OCT) its essential- Id criticize those that don't
- I usually use imaging – about 75 % of the time .. But not always
- I sometimes use it probably less than 50% of cases.. Im busy and its not always required
- I just use imaging about once a month for LMS treatment … when I really need to

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