



Why do I prefer Guiding Catheters ?

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DISCLOSURE

- CONSULTANT : CORDIS



Operator Bias

- Because I'm a Cardiologist ?
- Crucial importance : fast , safe & accurate
- That's not all



Objective Criteria Advantages

Long Sheath :

- 6-7 F in the groin
→ better in patients with P.V.D.
- Smooth transition between dilator & Sheath
→ less risk of scraping C.C.A.

Guiding Cath.:

- Allows one step access
- Good torque control
- Provides superior support
- Least chance for kink
- Easier to position into C.C.A when E.C.A. occluded
- Allows easier retrieval of filters



Objective Criteria Disadvantages

Long Sheath :

- No torque option
- Potential risk for kink
- Offers less support , more likely to be displaced distally into C.C.A.
- Greater risk of air embolism

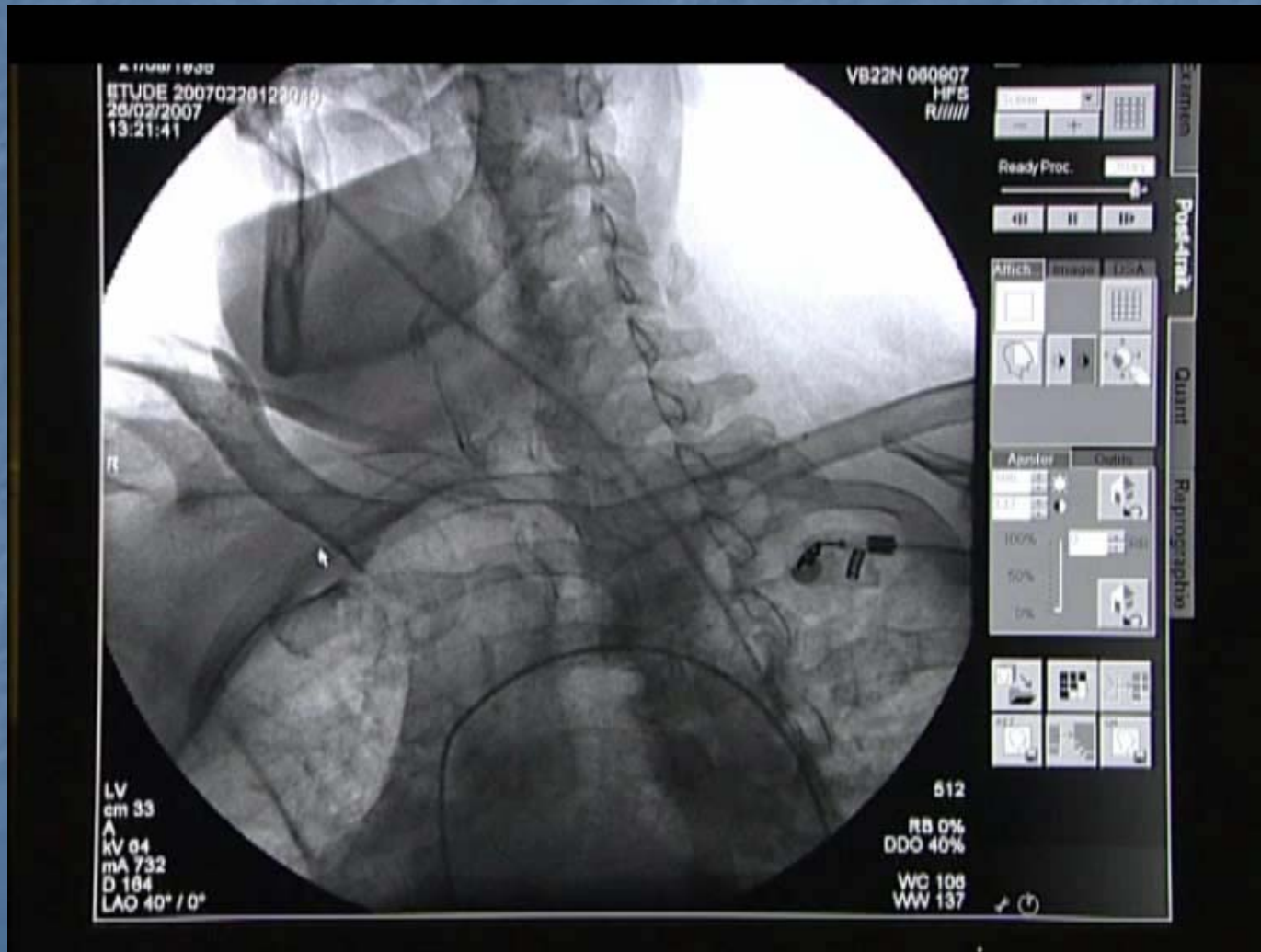
Guiding Cath.:

- 8F in the groin
- Transition from diagnostic cath (5F) to guiding (8F) less optimal → more risk of scraping C.C.A.



Anatomic Variations

- Type 1 & 2a Aortic arches : very easy access → No competition between Guiding & Sheath
- Type 2b & 3 Aortic arches : highly more challenging → the 9 steps Exchange technique or the 5 steps Telescopic technique were practically mandatory



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Conclusion

The dedicated new tools (SAAD Guidings) offer a fast & safe access to the carotid arteries in difficult anatomy

Leaving the Exchange technique to the past century & the telescopic technique (Long Sheath) 3 steps behind