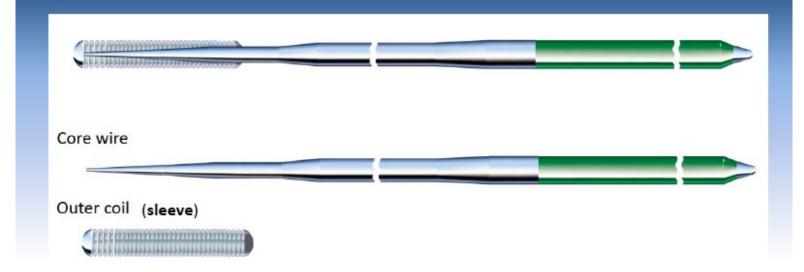
The essentials of guide wires for CTOs

Dr García Touchard Hospital Puerta de Hierro Majadahonda

Guide wire in CTO PCI

- 1) Essential tool for crossing occlusion
- 2) No single wire fits the whole sequence of PCI
- 3) Difference of Non-CTO PCI wires are small (overlapping), but significant in dedicated wires
- 4) Cross CTO safely, it is imperative to understand the characteristics of each wire
- 5) Use of micro catheter and trapping is essential
- 6) Focus on 3-4 broad categories will foreshorten learning process

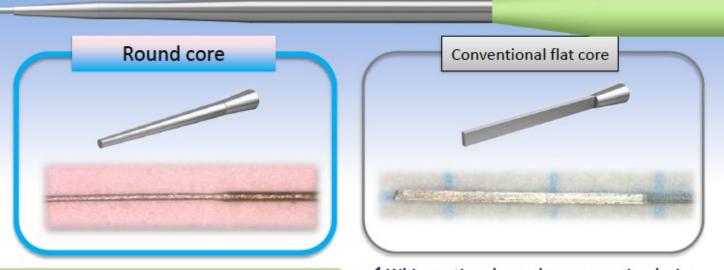
Basic Structure of the Guide wire



- 1. Core Material
- 2. Core Shape (Tapering)
- 3. Outer sleeve
- 4. Tip (shape)
- 5. Coating (none, hydrophobic, hydrophilic, polymer jacket)

Guide wire basic structure

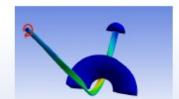
Difference in the core Round core and conventional flat core design



Avoid whipping phenomenon

Better maneuverability even in complex vessel anatomy

✔ Whip motion depends on core wire design

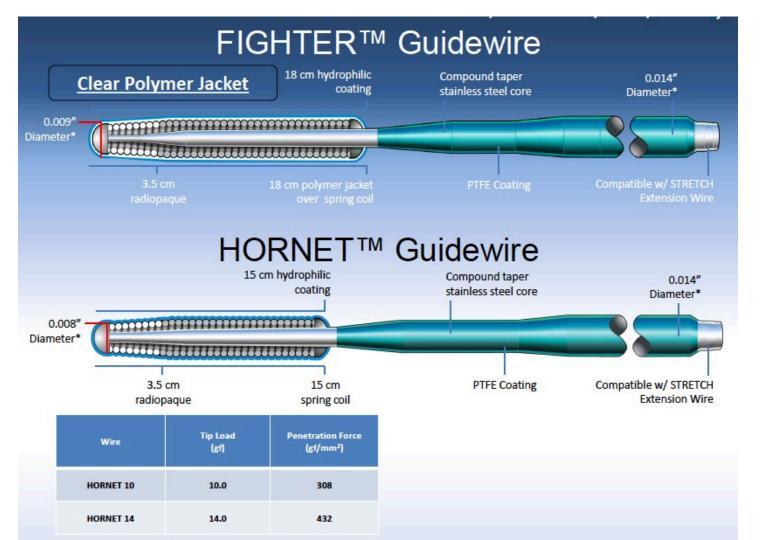




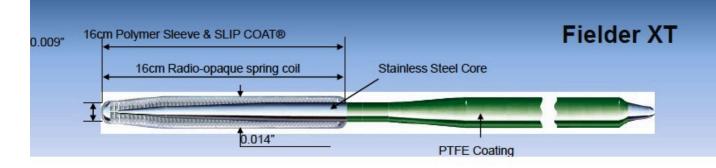
CTO wires

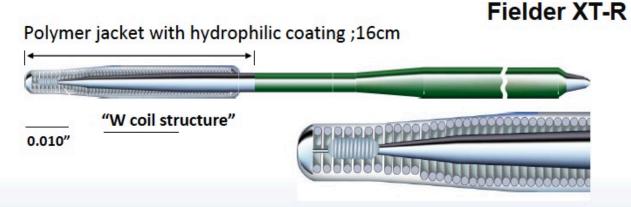
ABBOTT HI-TORQUE PILOT 50/150/200

- > Tip load: 1.5g/ 2.7g/ 4.1g
- Radiopaque length: 3 cm
- Outside diameter: 0.014"
- Tip Outside diameter: 0.014"
- Coating: Hydrophilic
- > Tip style: Core to tip
- Polymer cover: Full Polymer
- CORE MATERIAL: DURASTEEL Stainless Steel



Structure of the wires





More controllable & safe collateral channel tracking; Tip load = 0.6g with Superb torque response "No whip" and Durable tip

Composite guide wire structure

Composite guide wire

Core wire (round / flat)

Outer coil

ACT ONE (inner coil)

annamamamam

Twist wire (runs parallel to the core wire)

ACT ONE: **Patented**ASAHI brand **multi wire coil**provides torque force, torque

response, durability and flexibility.

Terminology & Definition summary Primary wires & Coils>

	r i ii i iai y	wires & Coi	13/	
Primary wire		Coil formation	Coil name	Picture
Wire type	Amount of wires	(General name)	(ASAHI original name)	ricture
Wire	Single	Single wire coil		
	Multi	Multi wire coil	ACT ONE construction	mmin
Wire rope	Single	Single wire rope coi		menocolo men
	Multi	Multi wire rope coil	XTRAND	MARRIE

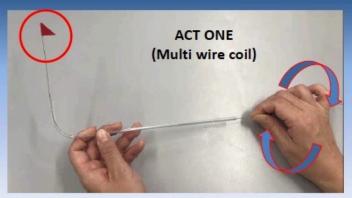
Characteristics of Outer sleeves

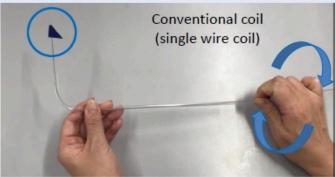
Definition and name	Flexibilit y	Torque force
Single wire coil i.x) Same as the outer coil of conventional guide wires	2 nd	3 rd
i.x) Same as the inner coil, ACT Office In composite guide wires	4 th	1 st
Single wire rope coil i.x) Same as the outer coil of SUOH 03	1 st	4 th
Multi wire rope coil i.x) Same as the outer coil of Gaia Next	3 rd	2 nd

Condition:
Outer diameter of
the primary wire
(wire / wire rope) is
the same.
Same amount of
wires in multiple
numbers.

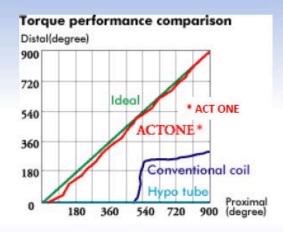
Ranking shows the comparison of 4 kinds of coils with 2 different features

New technology that overcomes the trade-off: ACT ONE



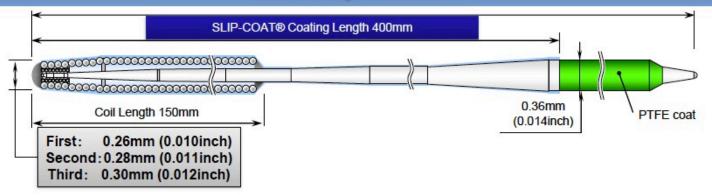


Same torque force input by hand, but different output at the wire tip.



Gaia™ Guidewire

Total Length 1900mm



ASAHI Gaia First

Diameter : 0.26mm (0.010") - 0.36mm (0.014")

Tip load : 1.7gf

Diameter : 0.28mm (0.011") - 0.36mm (0.014")

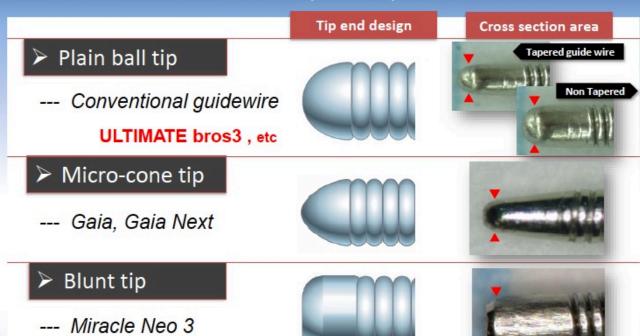
Tip load : 3.5gf

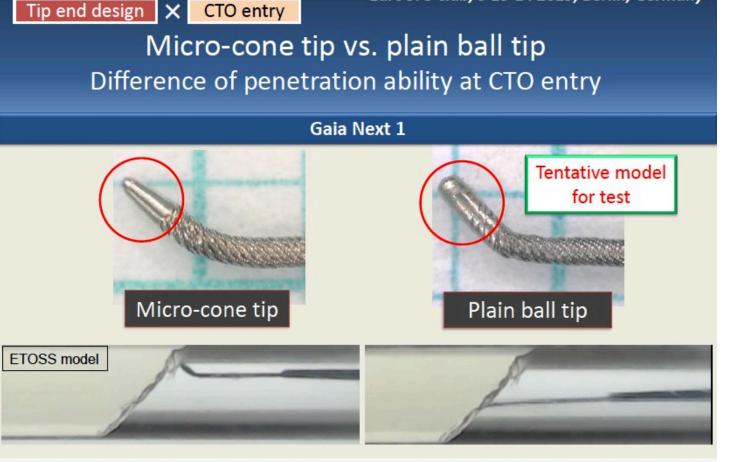
Diameter : 0.30mm (0.012") - 0.36mm (0.014")

Tip load : 4.5gf

Tip design / Cross section

The ball tip has been sharpened to provide the necessary penetration ability to enter hard occlusions, while the tip flexibility is still maintained.





Tentative model of Gaia Next 1 with plain ball tip failed to enter the lesion as the tip could not stick onto the diagonal entry

Miracle 6 vs. Gaia Next 3 (ETOSS 6000

Miracle 6
with plain ball tip







➤ Blunt tip

--- Miracle Neo 3

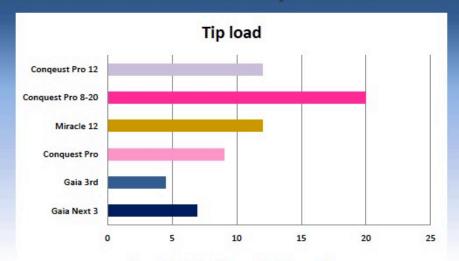


➤ Micro-cone tip

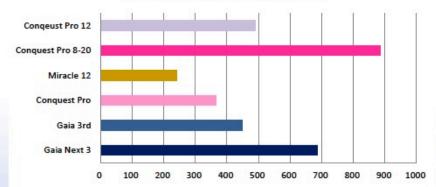
--- Gaia, Gaia Next

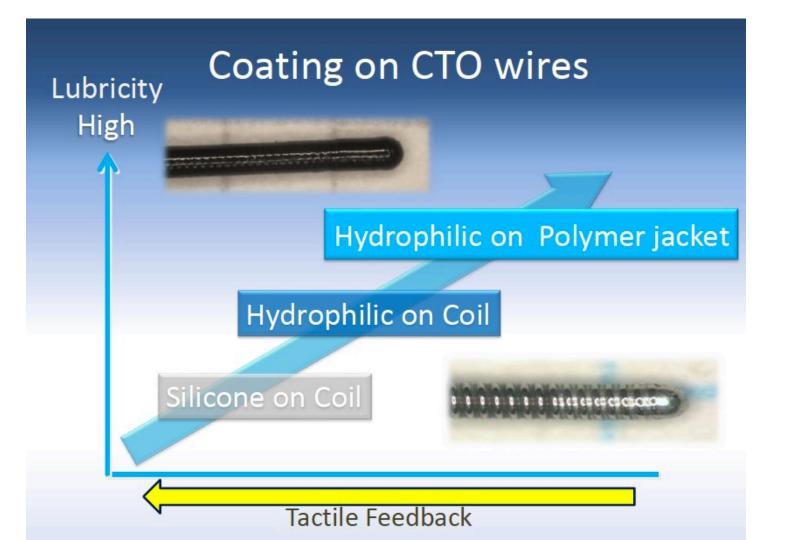


Penetration force and tip load



Penetration force [gf/mm2]

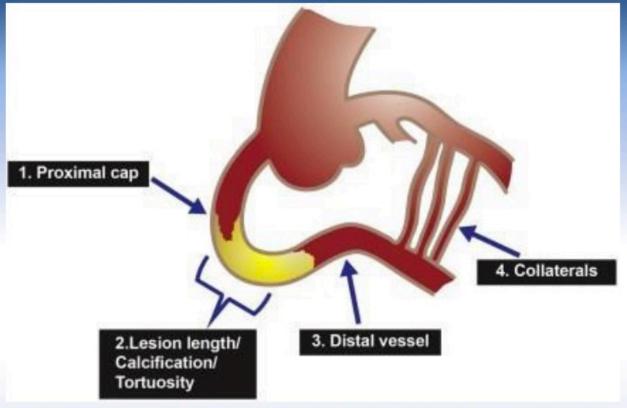






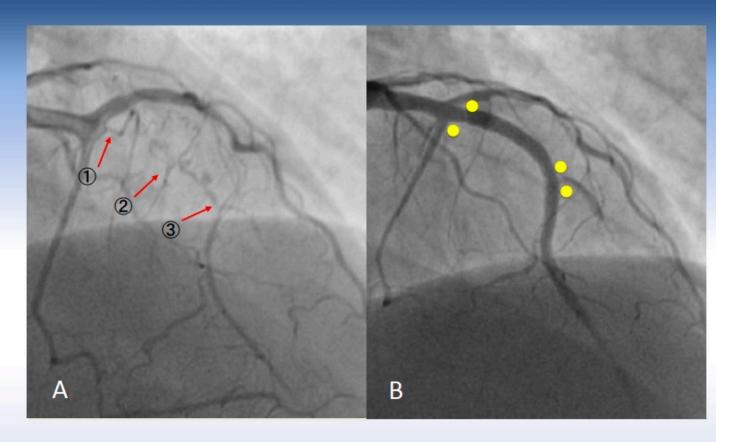
In the case with abrupt and smooth lesion entry, XT-A, after wiping off the coating, could penetrate the lesion as the tip caught at the entry like a hook. However, it failed to go further due to heavy resistance because of the uncoated tip within the lesion. On the other hand, for conventional XT-A, it slipped and was not able to penetrate the lesion.

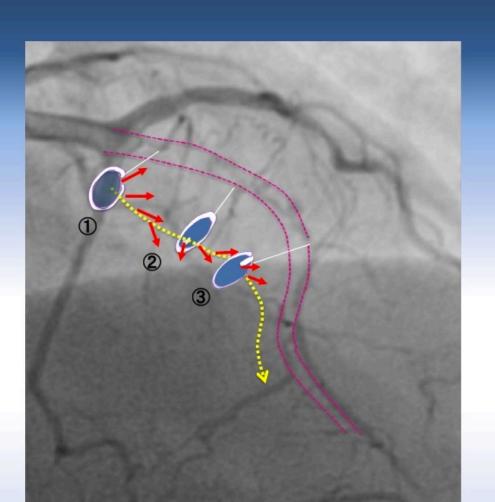
4 Key Factors in CTO PCI



Brilakis ES. Manual of coronary CTO interventions 2nd edition. Elsevier 2017

Expected movement of CTO Wires





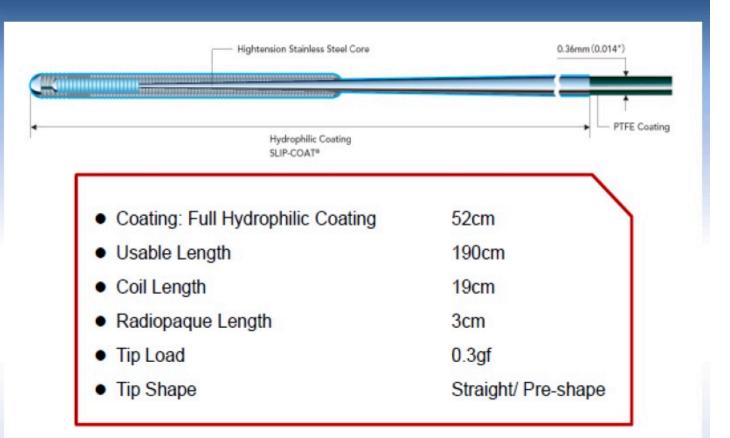
Guide Wires for collatéral crossing

	Sion	Sionblack	XT-R	Suoh 03
Septal CC	STD	АР	Limited	АР
Epicardial CC	AP	limited	Very limited	STD
Atrial or marginal	АР	limited	Very limited	STD
CC 1 or 2	STD	АР	АР	АР
CC 0	AP	limited	АР	STD
Unvisualized CC	limited	?	limited	АР
Corkscrew	limited	limited	Risk of perforation	АР
Rigid Epicardial or AM	limited	limited	Risk of injury	АР

AP: Applicable

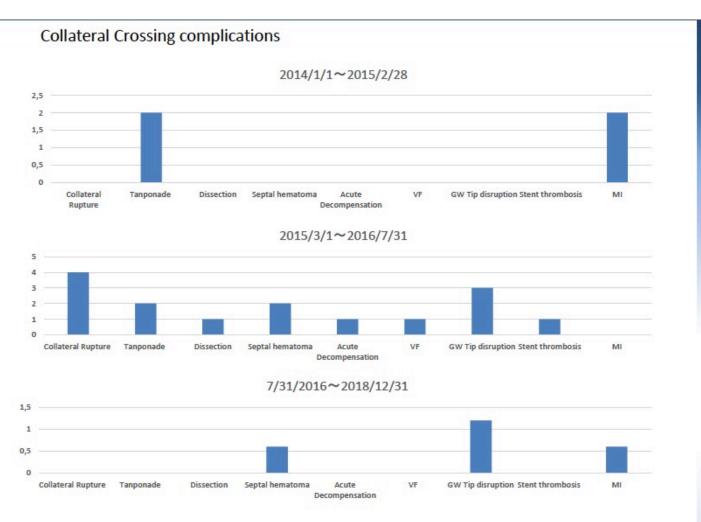
STD: Standard

Suoh-03



Before/After Suoh 03 availability





CTO Guide wire

· Collateral crossing

Non-tapered, low gram, composite core wires with/without polymer jacket, Sion, Suoh 03, Fielder FC, Sion black, Fielder XT-R(tapered)

Gaia Next™ Guidewire

SLIP-COAT® Hydrophilic coating: 40cm

ASAHI Gaia Next 1 0.36mm/0.27mm (0.014inch/0.011inch)

ASAHI Gaia Next 2 0.36mm/0.30mm (0.014inch/0.012inch)

ASAHI Gaia Next 3 0.36mm/0.30mm (0.014inch/0.012inch)

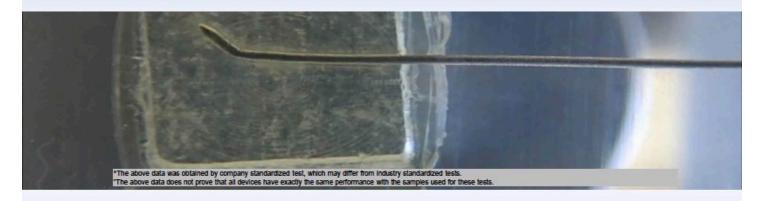
- Length :190cm
- Hydrophilic coating length : 40cm
- Multi-stranded Coil length : 15cm
- Radiopaque length : 15cm

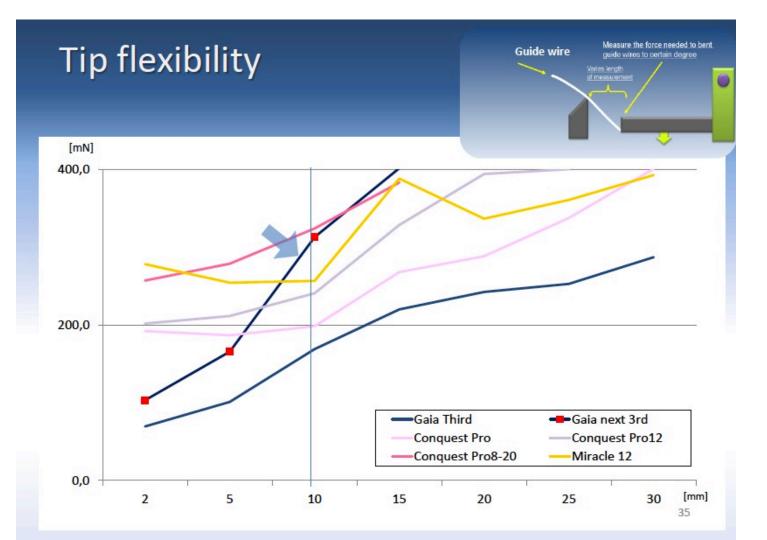


ASAHI Conquest Pro8-20

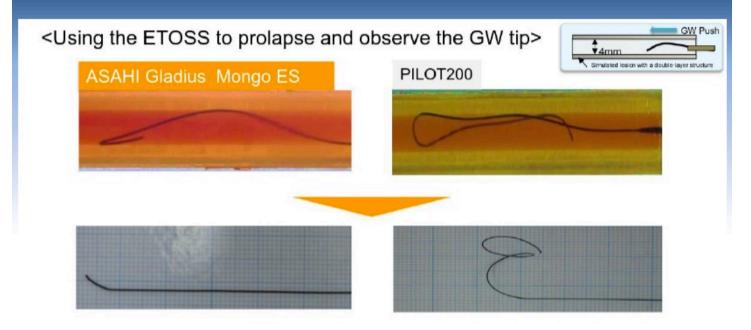


ASAHI Gaia Next

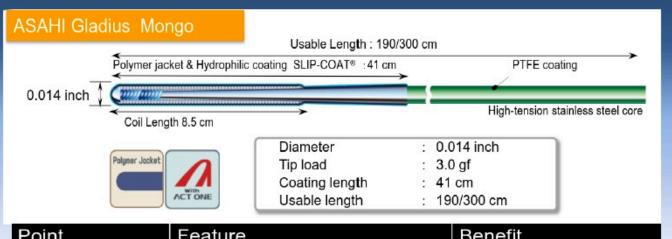




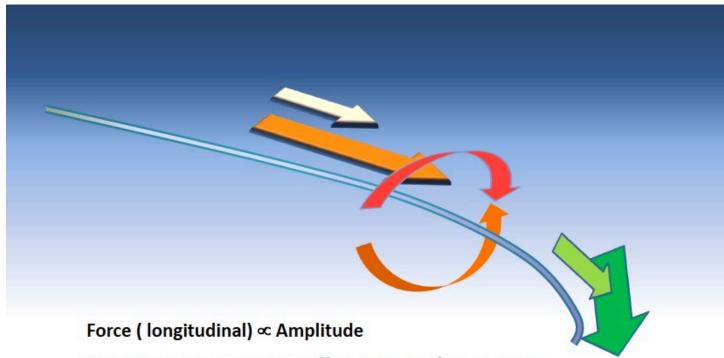
Gladius Mongo



The prolapse is less likely to be enlarged relative to the products of other manufacturers. This can suppress kinking and maintain the GW performance even after the GW has passed though the lesion.



Point	Feature	Benefit
Minimize prolapse	Modified distal core balance	Due to high tip durability, maintain the maneuverability even when the prolapse occurs
Lubricity	Polymer jacket and hydrophilic coating SLIP-COAT	High lubricity can help the procedure smoothly during the end even in the complicated lesion.
Torque	ACT ONE®	One-to-one torque is provided because of the absence of whip motion in the torque response.



Direction

c tip curve, tip-stiffness, tissue characteristics

Deflection

above mentioned + tip bend + torque transmission

Amplitude + Direction = Vector *

How to create the tip curve?

1-< 2mm tip Angle 30-45° mild 2 nd curve



CTO Probing Wire After Micro catheter Advancement to the proximal cap 1-< 2mm tip Bend ~90°

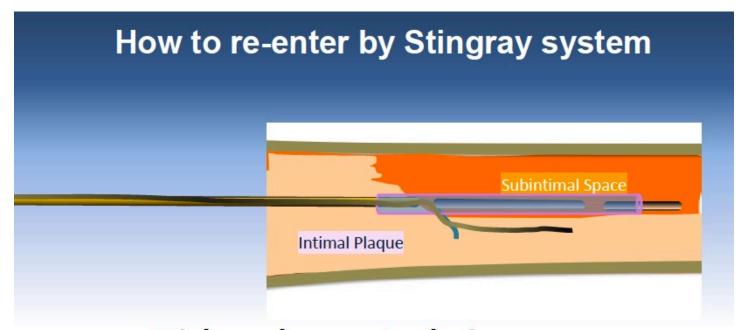


CTO Wire for intraplaque puncture from Subintimal

1-2mm tip

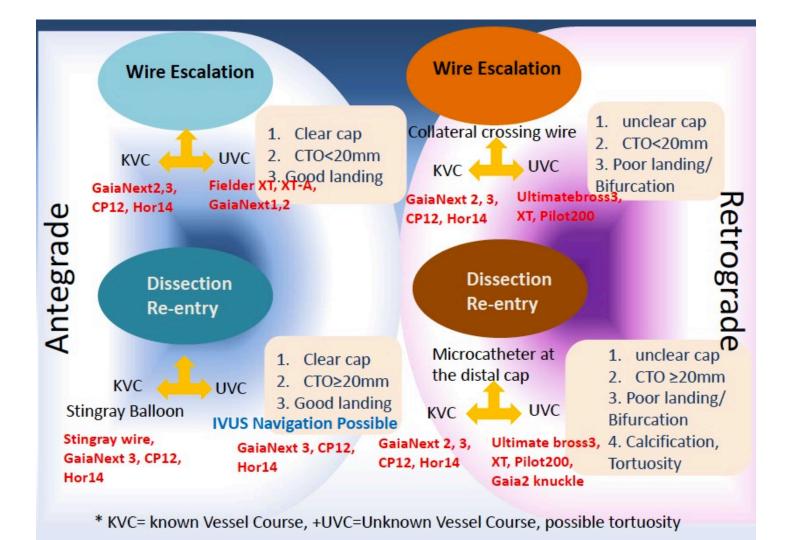
Bend >90°

CTO Wire intended to knuckle, push without rotation, XT FFC, PL200, Gaia2



Stick-and-swap technique Stingray wire, GaiaNext 3, CP12, Hor14

41



CTO Guide wire in Essence

- Cap puncture (both ant & ret) is a key for success
- · Trade off in increased penetrability and flexibility
- Parallel wiring and Step-Up or Down remain key strategies and require specific wires
- Faster and efficient wiring possible in a limited loop knuckle in crossing the resistant segment safely
- Deflection control is now possible even in moderate-heavy calcified occlusion in the CTO body
- Adoption of new wire technology needs hands-on experience.