

September 19<sup>th</sup> – 21<sup>st</sup>, 2024 İstanbul, Türkiye

## Routine graft closure after native vessel to specify the control of the control o

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#### **Disclosure Statement of Financial Interest**

I, Andrew Ladwiniec declare the following conflicts:

Receipt of honoraria or consultation fees: Abbott,

BIOTRONIK, Boston Scientific, BrosMed Medical,

**Shockwave Medical, SMT** 









Does it work?

Is it safe?

How much does it cost?

### Your CTO programme

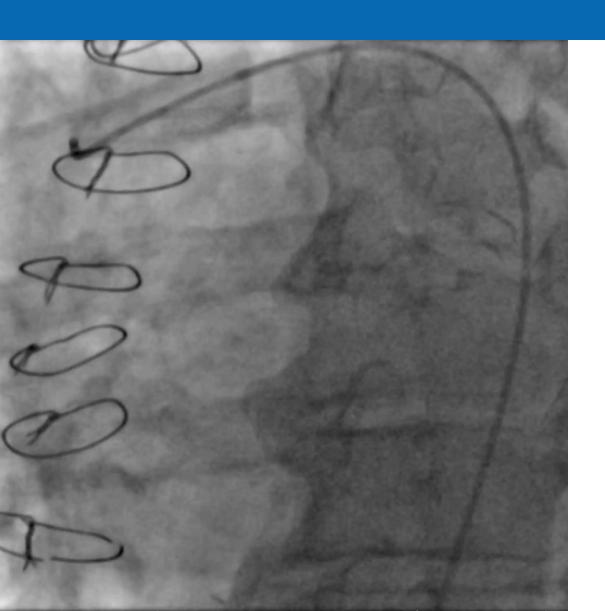


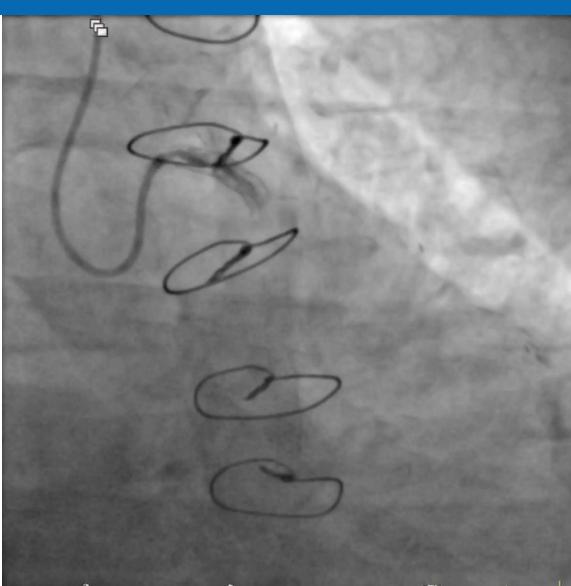




## Vein graft PCI

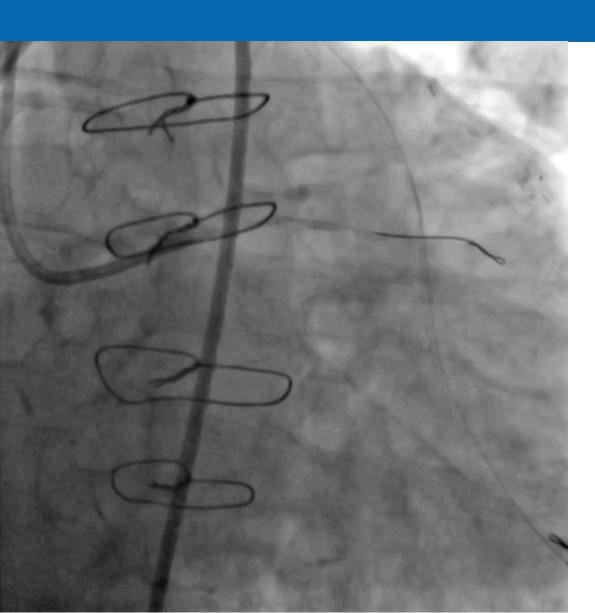


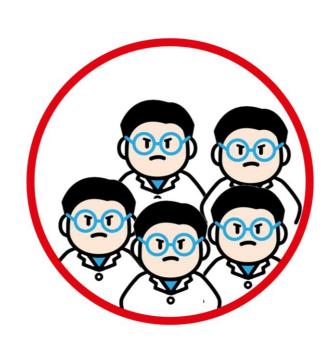




### Opening the native









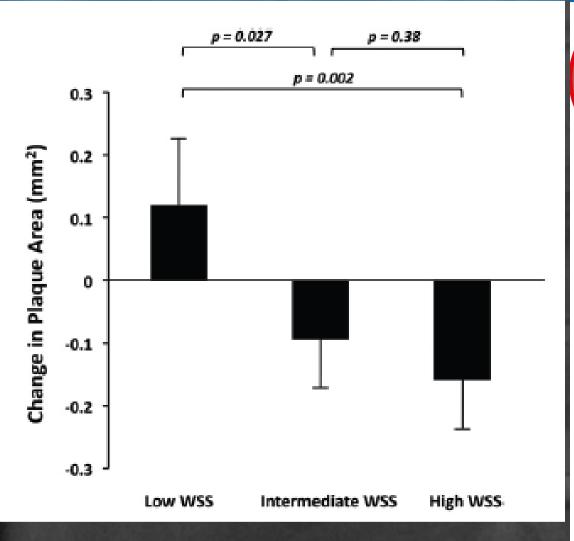


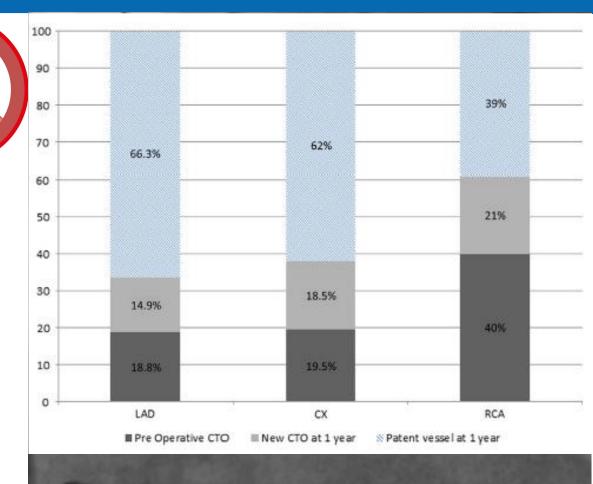




#### Waftingises sets and disease progression





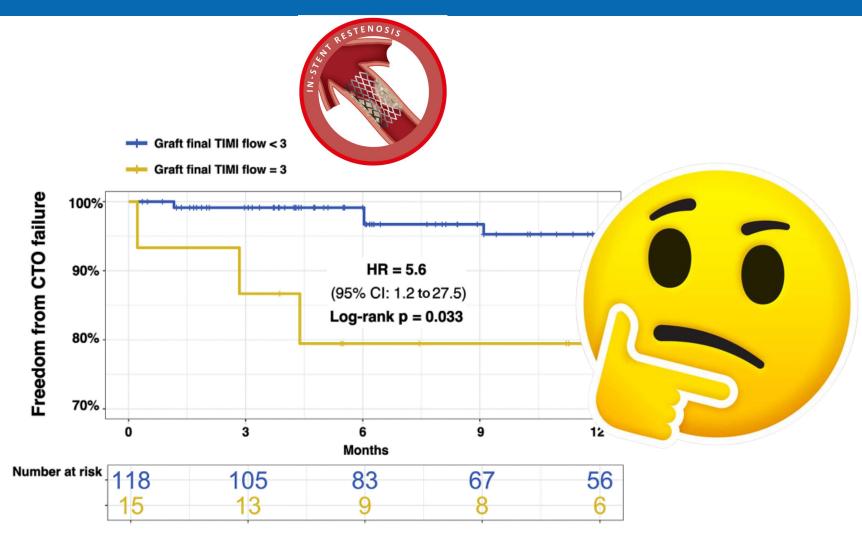


Pereg et al. JACC Cardiovasc Interv. 2014 Jul;7(7):761-7.

Samady et al. Circulation. 2011 Aug 16;124(7):779-88.

#### Hot off the press!!





Poletti et al. Am J Cardiol. 2024; 226:24-33.









#### Whathdosureiseslafe indicated?





Table 3 Safety and outcomes.

Event	Incidence (%)
Peri-procedural complication	1 (3.0)
Transient slow flow	1 (3.0)
Other	0(0)
In-hospital complication	0 (0)
Target lesion failure	3 (9.1)
Target lesion revascularisation	3 (9.1)
Target vessel recurrent myocardial infarction	1 (3.0)
Cardiac death	0(0)
Target vessel failure	4 (12.1)





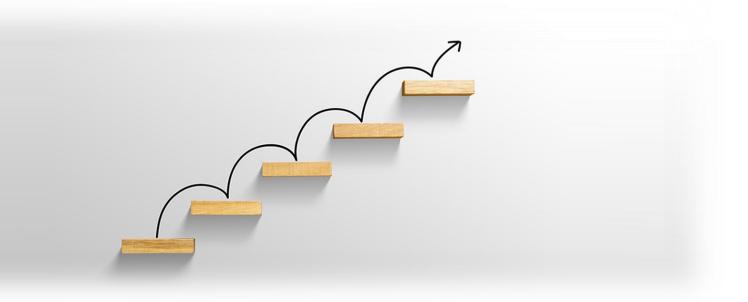




#### Motefreie, a peapeoture imblirstal?







An (unproven) marginal gain?

#### Another marginal gain...



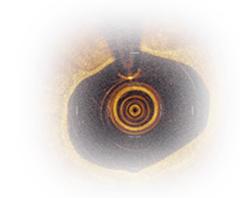


#### A Target lesion failure

	Proportion of evidence		RR (95% CI)
IVUS or OCT vs Angio			
Direct estimate (19 trials, 13 030 patients)	1.00	■	0.71 (0.63-0.80)
Indirect estimate	0.00		
Network estimate	1-00	$\Diamond$	0.71 (0.63-0.80)

Intracoronary imaging guidance by IVUS or OCT is recommended when performing PCI on anatomically complex lesions, in particular left main stem, true bifurcations, and long lesions. ravours intravascular imaging - ravours angiography





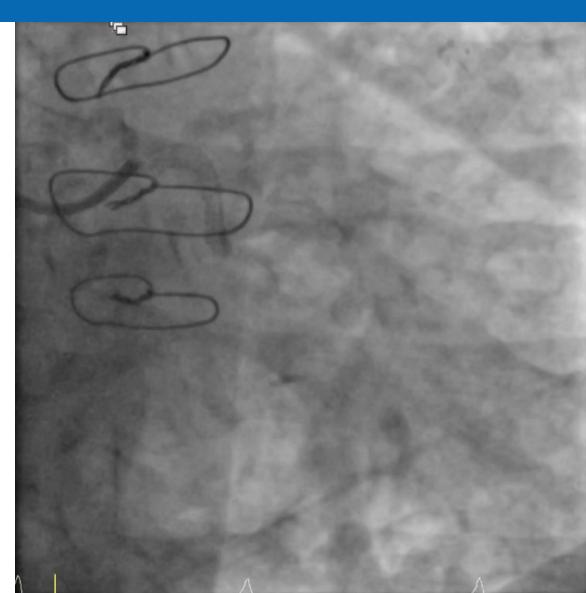
#### B All-cause death

	Proportion of evidence			RR (95% CI)
IVUS or OCT vs Angio				
Direct estimate (18 trials, 12 913 patients)	1.00	_		0.75 (0.60-0.93)
Indirect estimate	0.00			
Network estimate	1.00	<	>	0.75 (060-0.93)
	0.25	0.50	1.00	2-00
		◀		→
	Favours in	travascular in	naging Favo	ours angiography

### They often close on their own...







#### So in summary





Evidence of efficacy is extremely limited



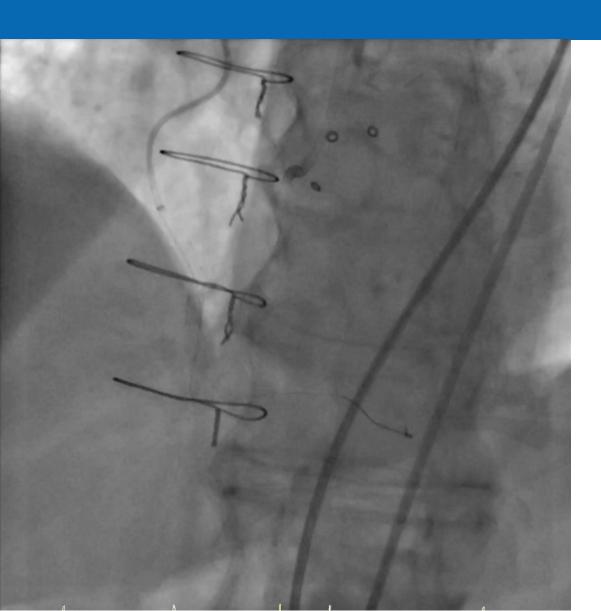
Graft closure appears to be safe



Your\* money is probably better spent elsewhere

#### No to routine closure does not mean never







# Routine graft closure after native vessel PCI in post-CABG patients is not indicated at present