

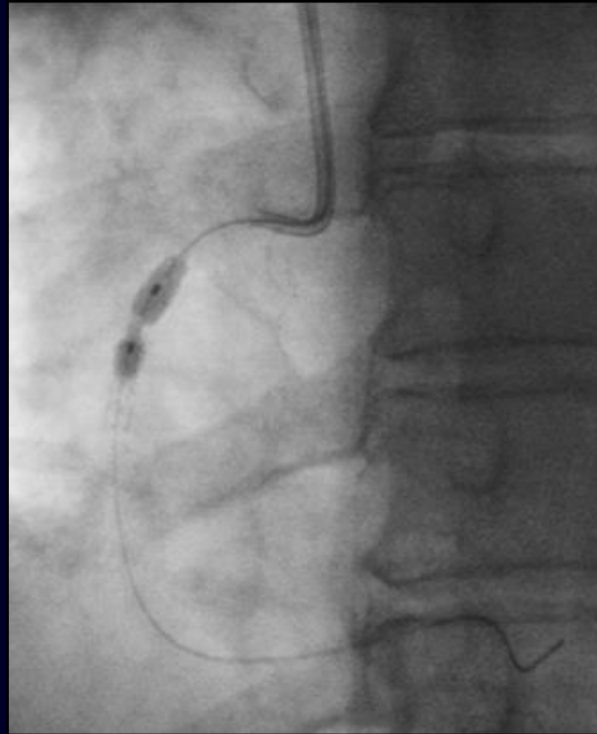
Rotoblator Is Still The Way to Go

Michael C Kim, MD
Director Cardiac Cath Labs and IC
Lenox Hill Hospital
Northwell Health
NYC

Clinical Application

Case Example – “Atherectomy Regret”

Single 2.75 mm stent placed



Post Dilatation:

- 3.5x9mm NC balloon x 30 sec @ 22 atm
- 4.0x9mm NC balloon x 30 sec @ 16 atm

Results sub-optimal

Unique Aspects of Rotational Atherectomy

- Ideal for very stenotic calcified lesions due to the option of a 1.25 burr and drilling mechanism
- Navigates tortuosity better than orbital atherectomy
- Once you have the “polish run” you know you are most likely ready to expand balloon and stents
- Paves pathway for distal lesions and longer stents
- Economically advantageous for hospital if only single burr is used given current calcium DRG payment.
- Fellows love the excitement and speed of rotablator!

ROTAPRO™ Rotational Atherectomy System



Design Goals:

- Easier to learn & use (no foot pedal)
- Easier to set up (consolidated cables)
- Allows single operator use

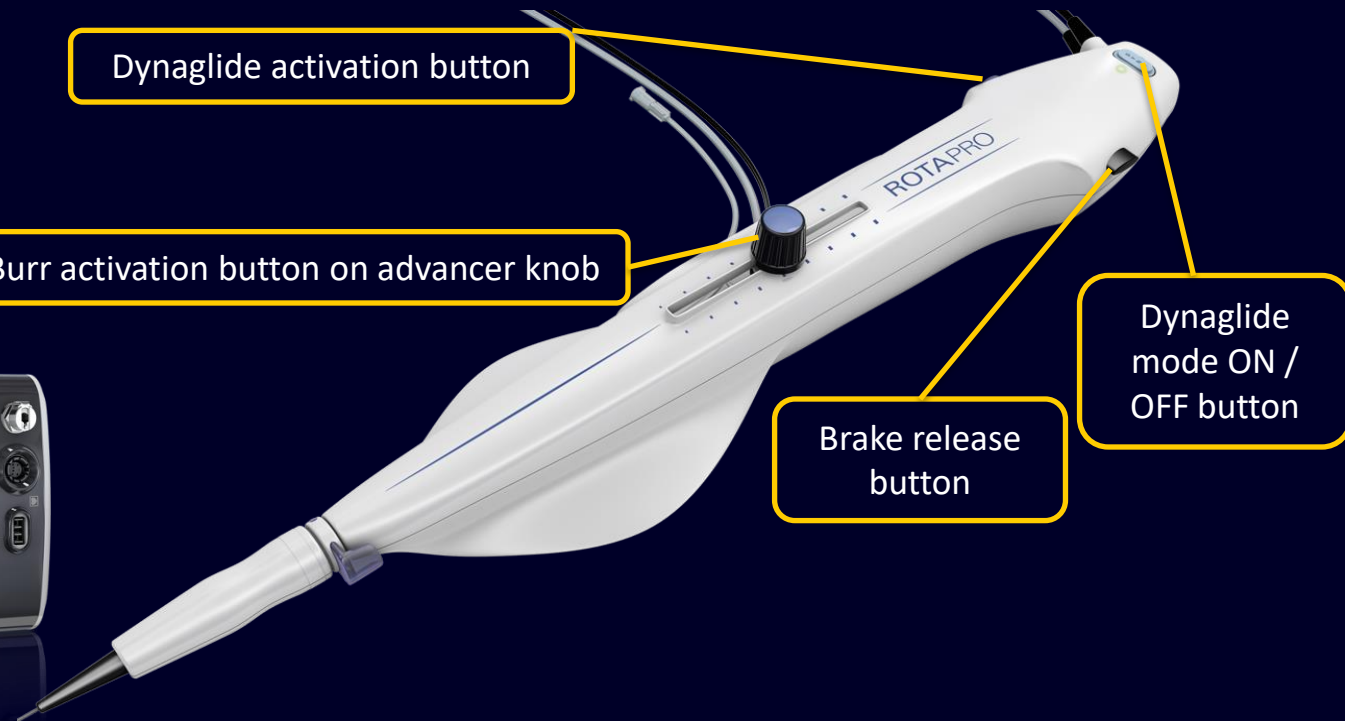


Dynaglide activation button

Burr activation button on advancer knob

Brake release button

Dynaglide mode ON / OFF button

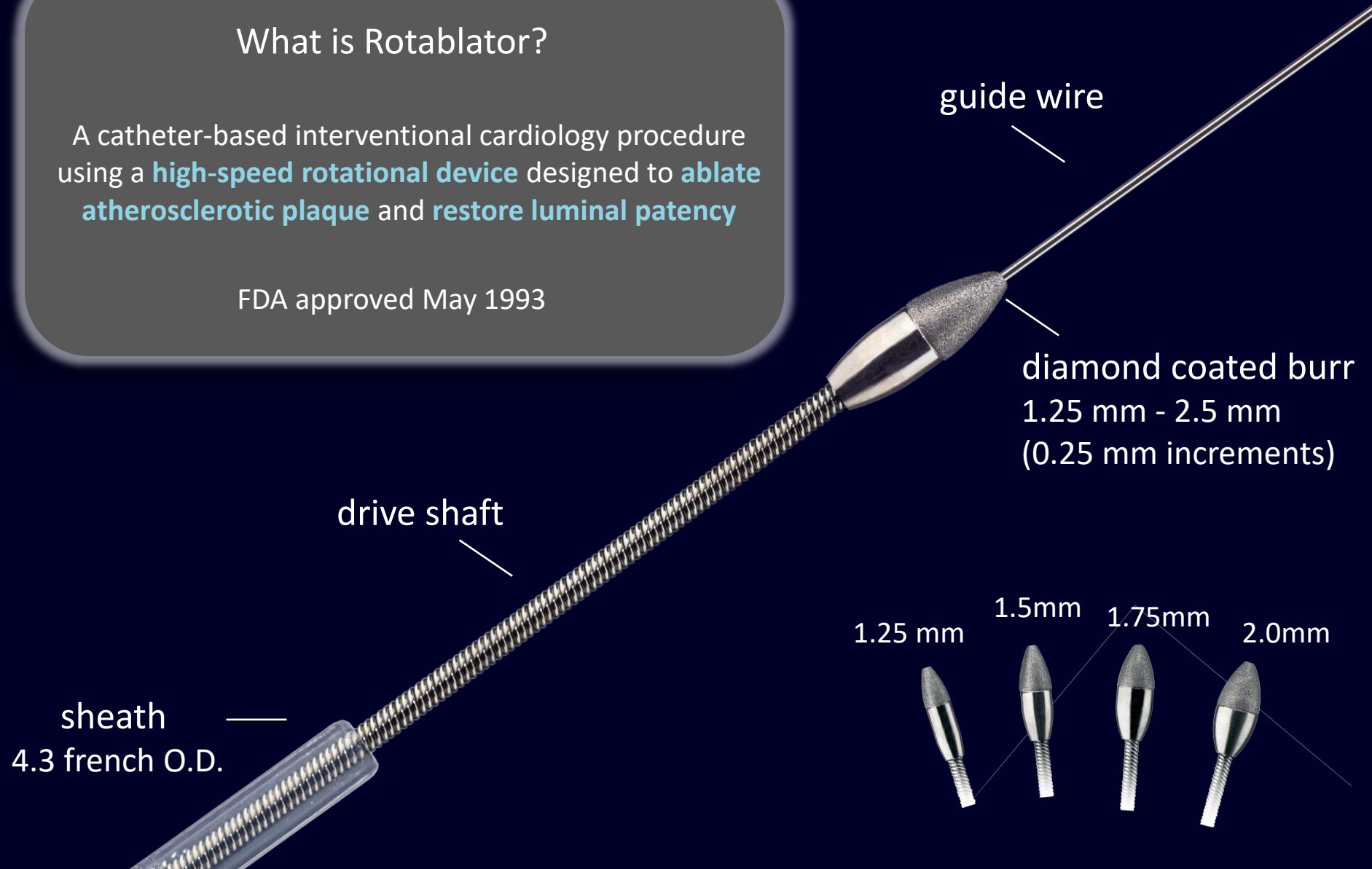


Rotablator[®] Rotational Atherectomy System

What is Rotablator?

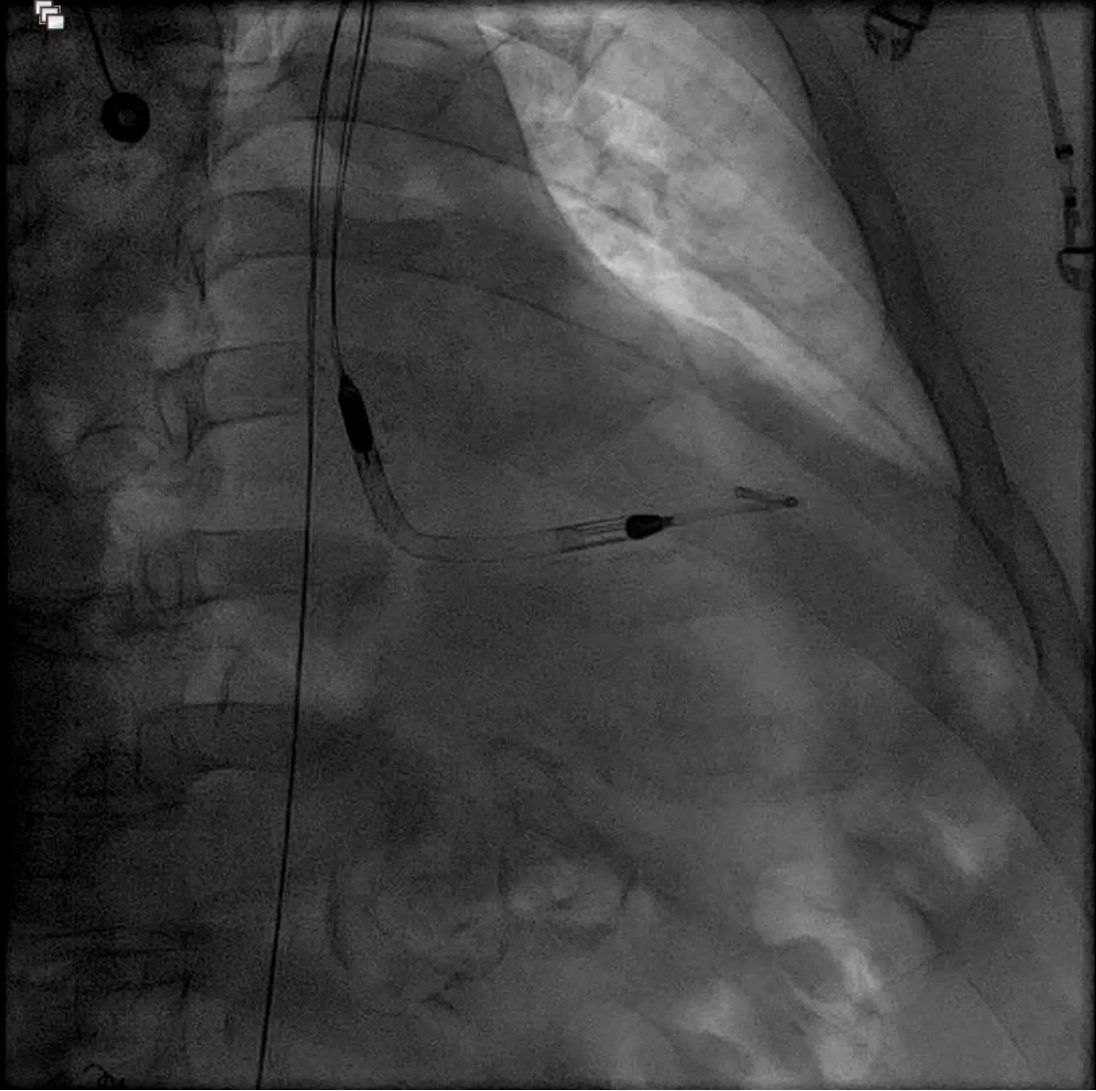
A catheter-based interventional cardiology procedure using a **high-speed rotational device** designed to **ablate atherosclerotic plaque** and **restore luminal patency**

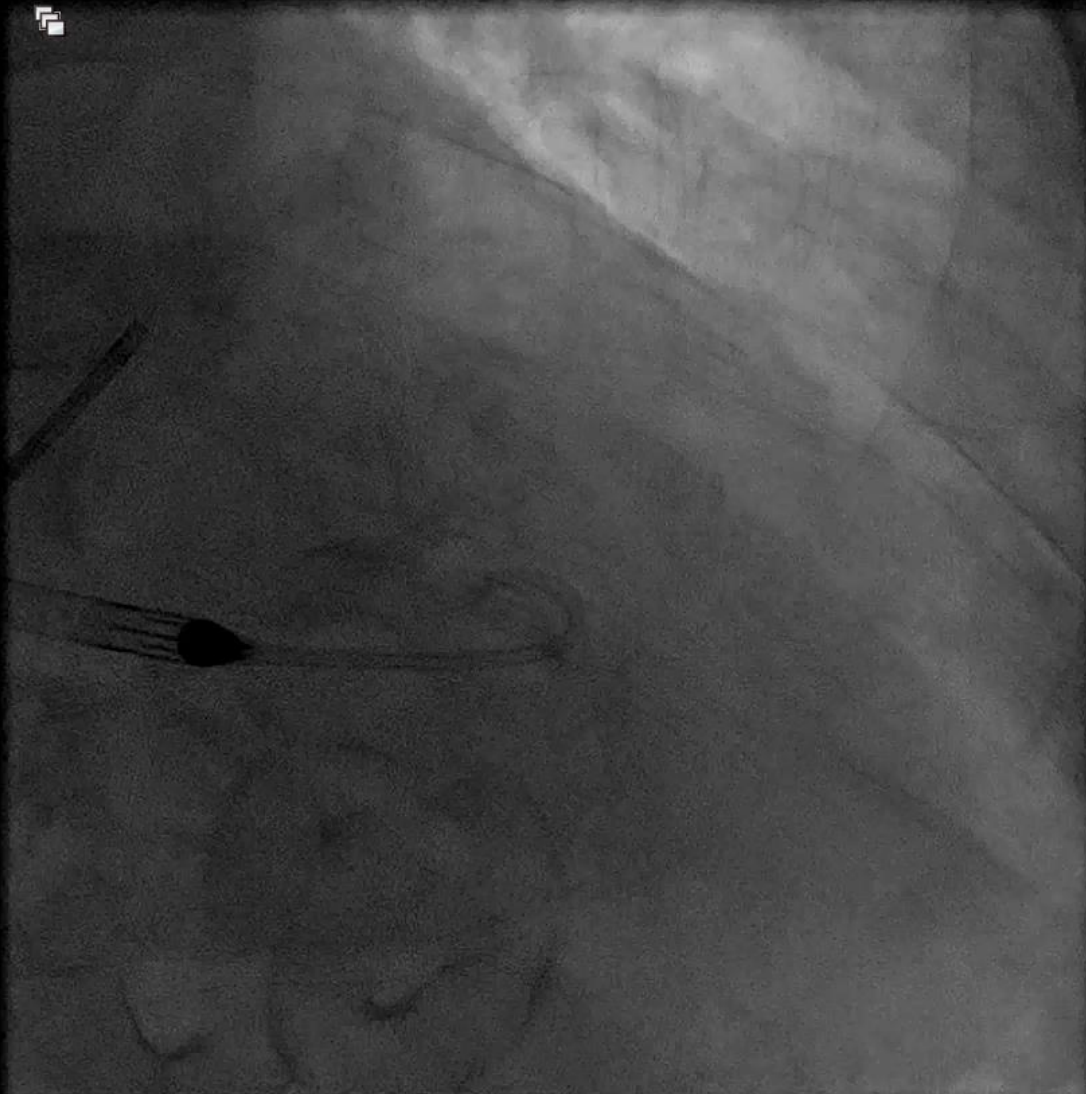
FDA approved May 1993

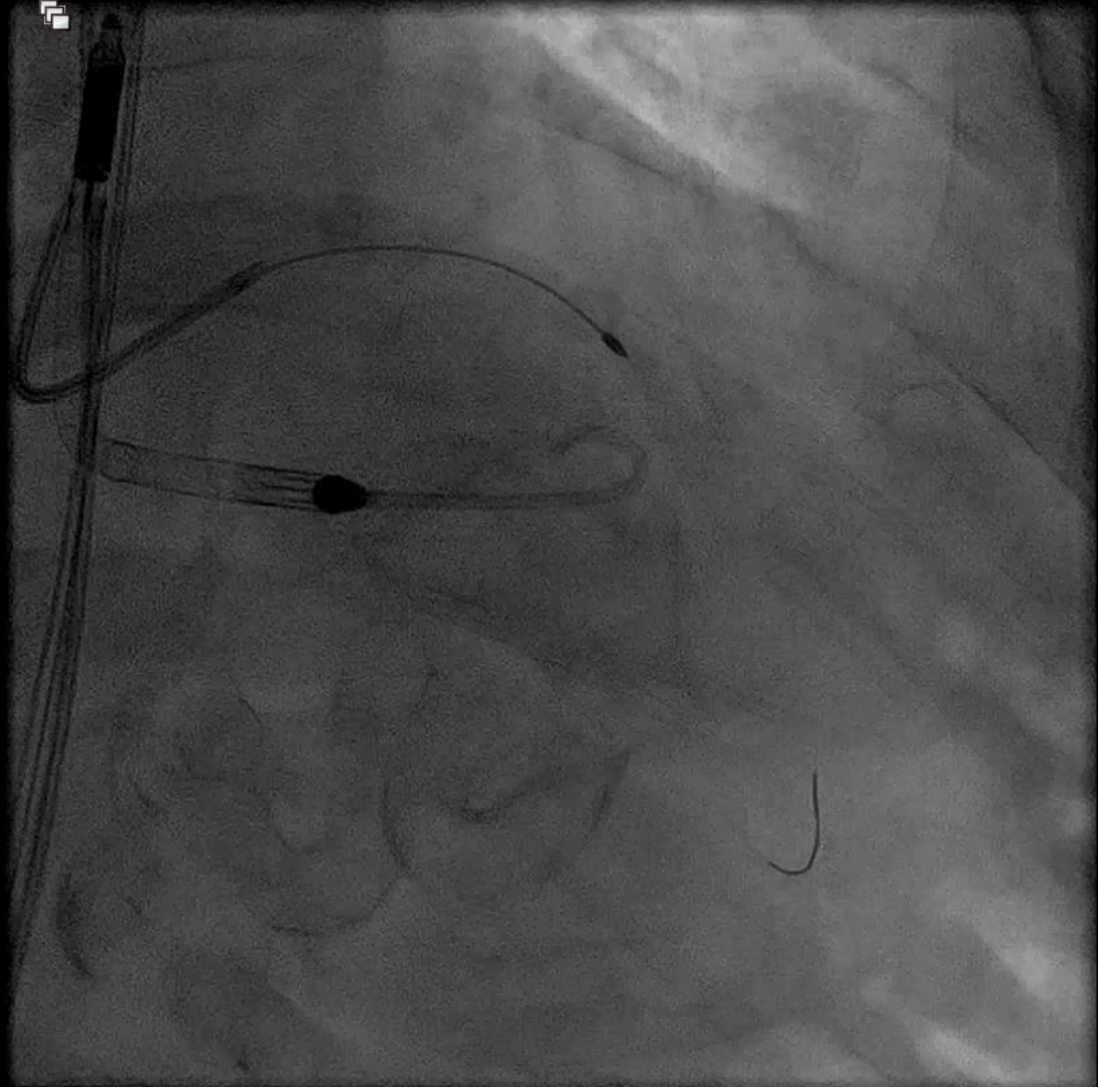


Case From Last Week

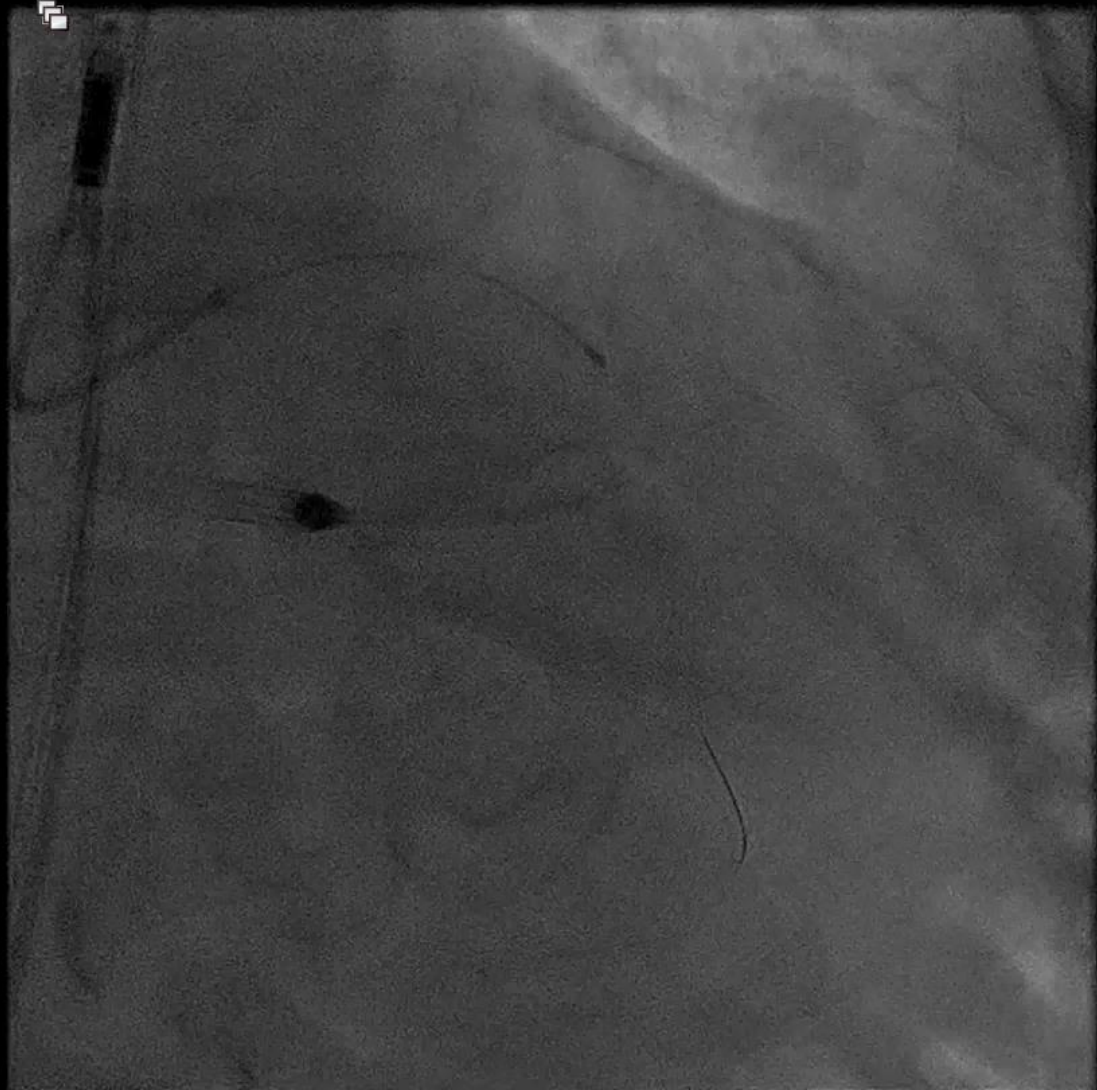
- 84 yo transfer from OSH
- EF 32%
- Admitted with NSTEMI
- Patient preferred PCI and CTS preferred PCI

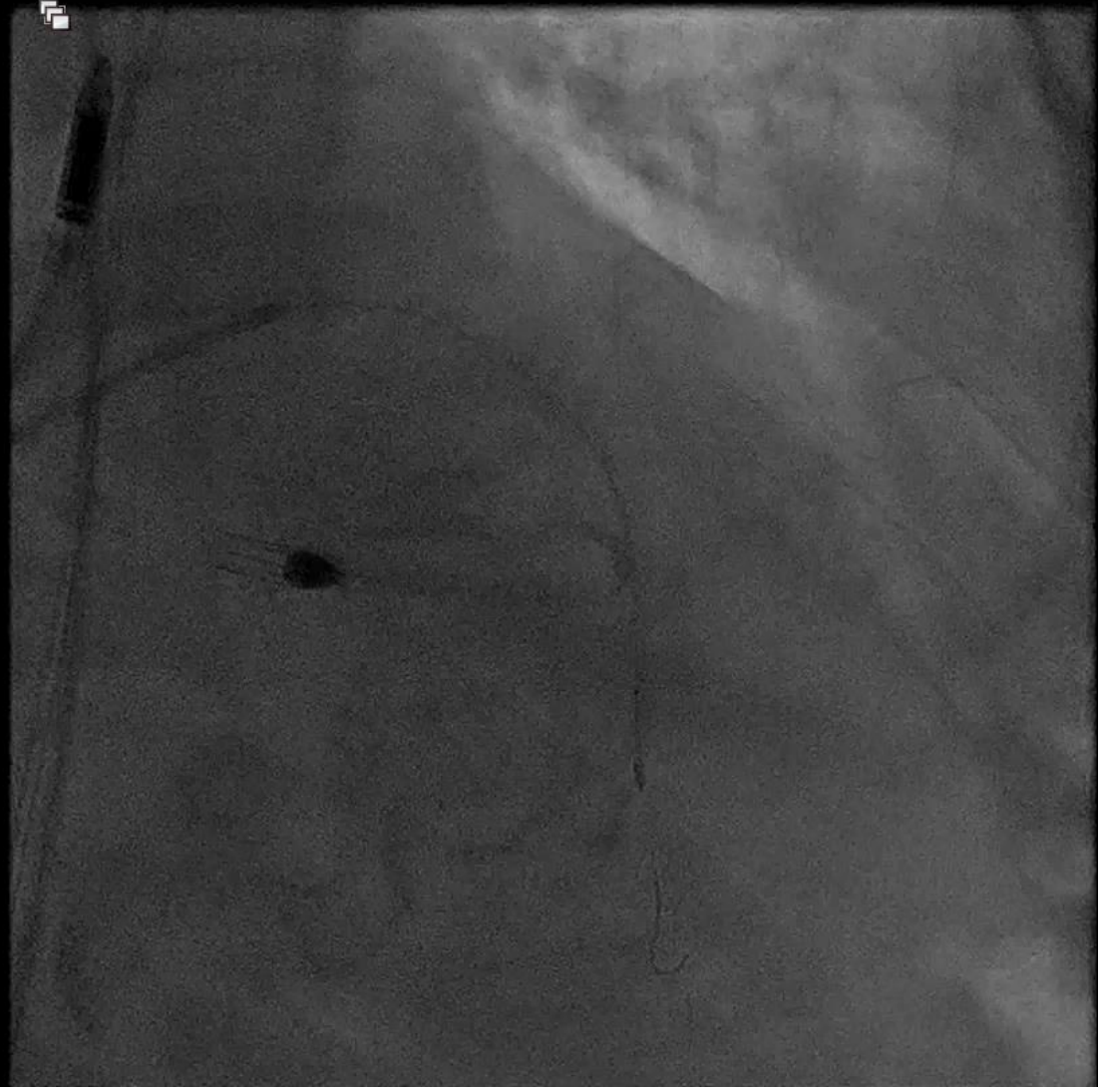




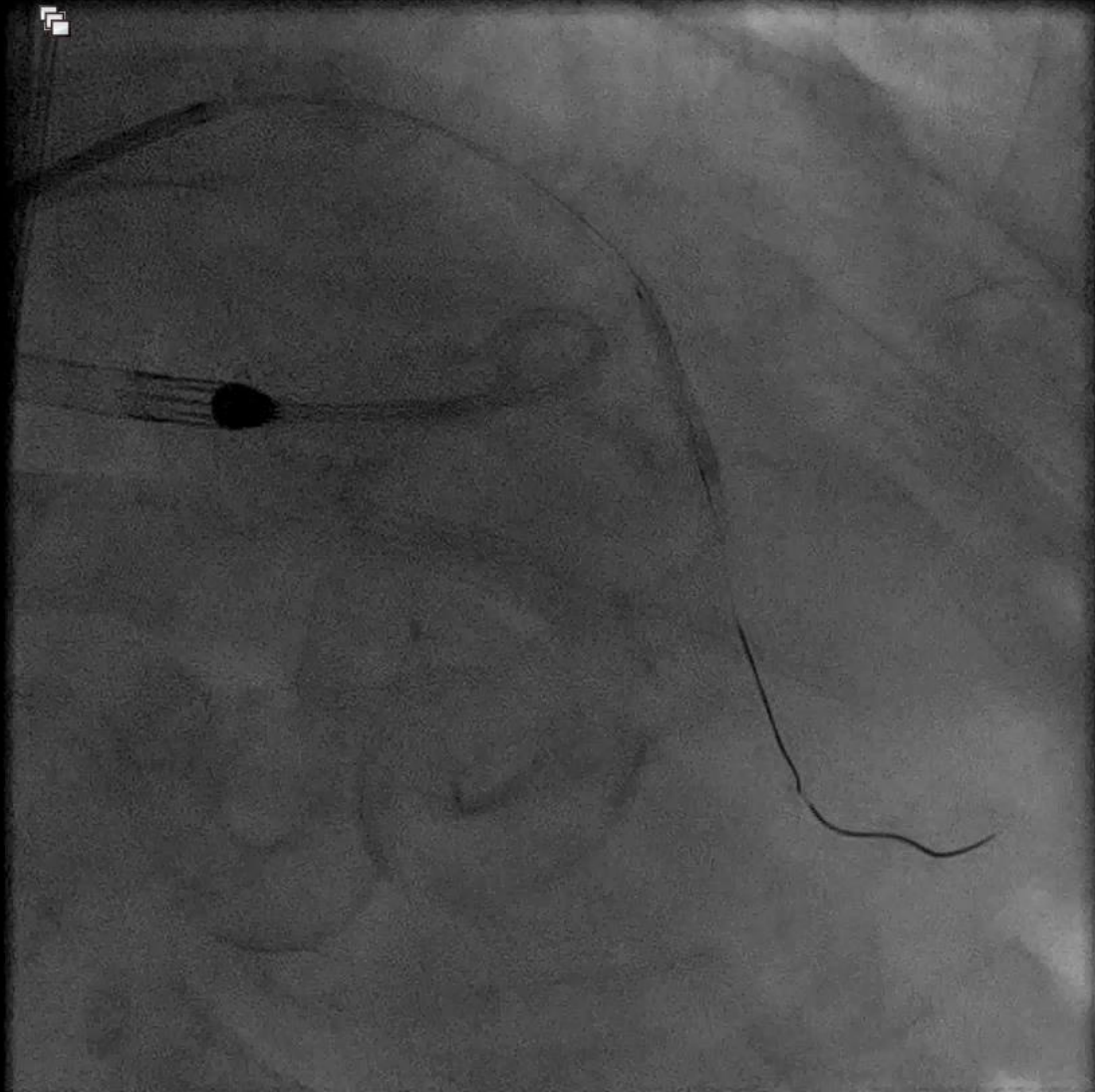


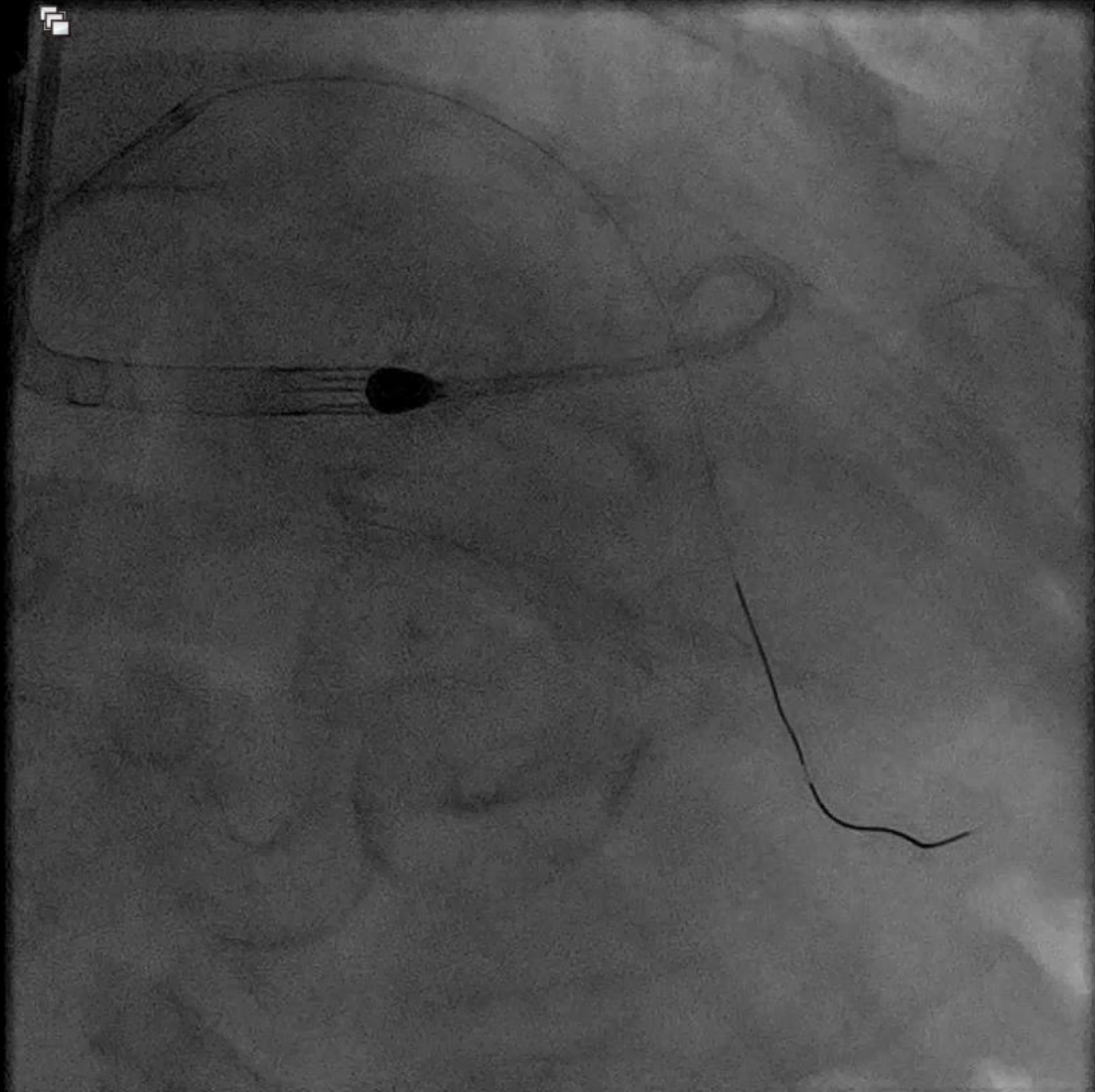
- Wire with Caravel and Runthrough
- Exchange with Rota Floppy wire
- 1.5 burr as the Caravel went through without too much difficulty
- Use 1.25 burr if microcatheter cannot cross lesion or can barely cross lesion.

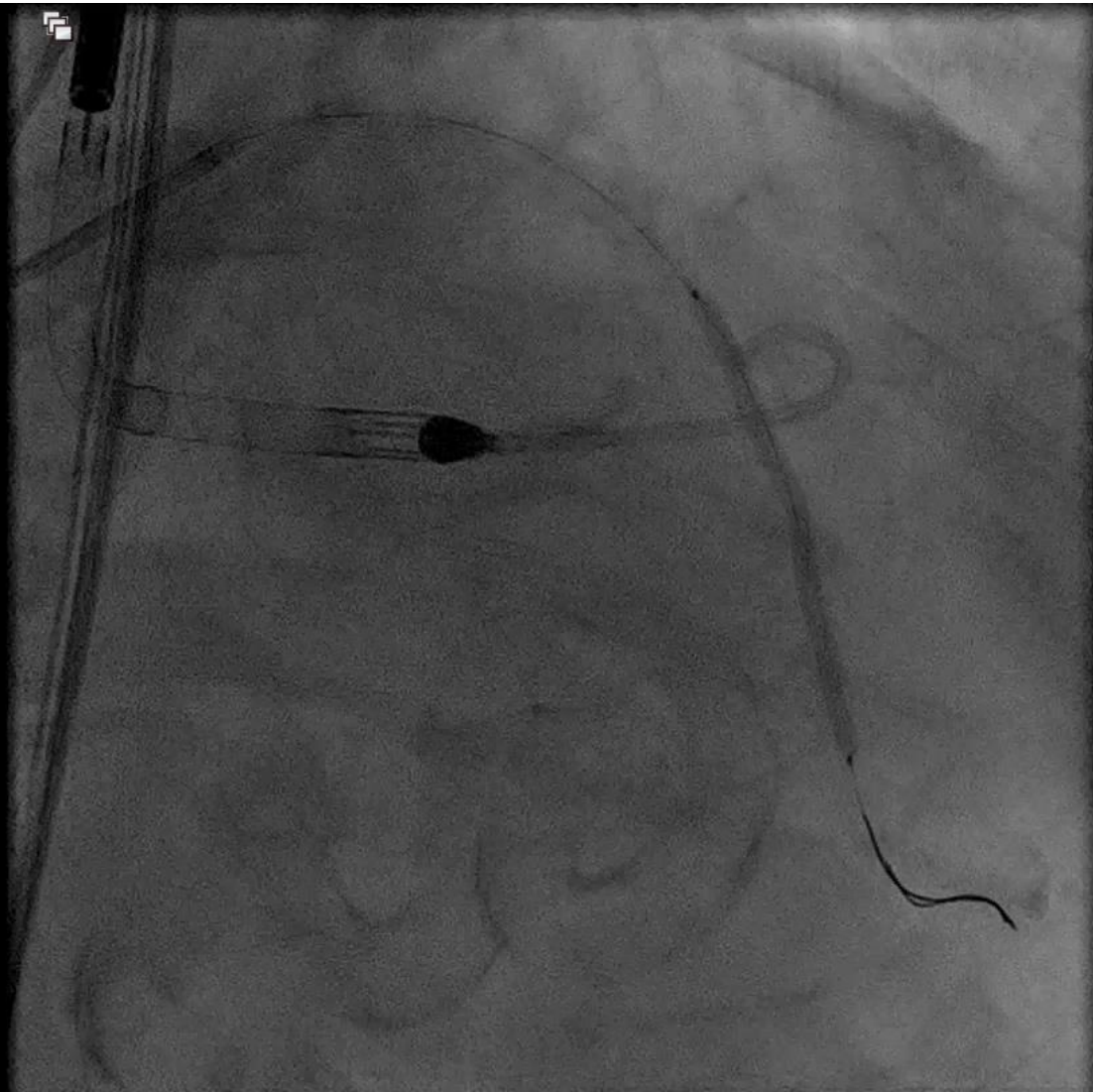


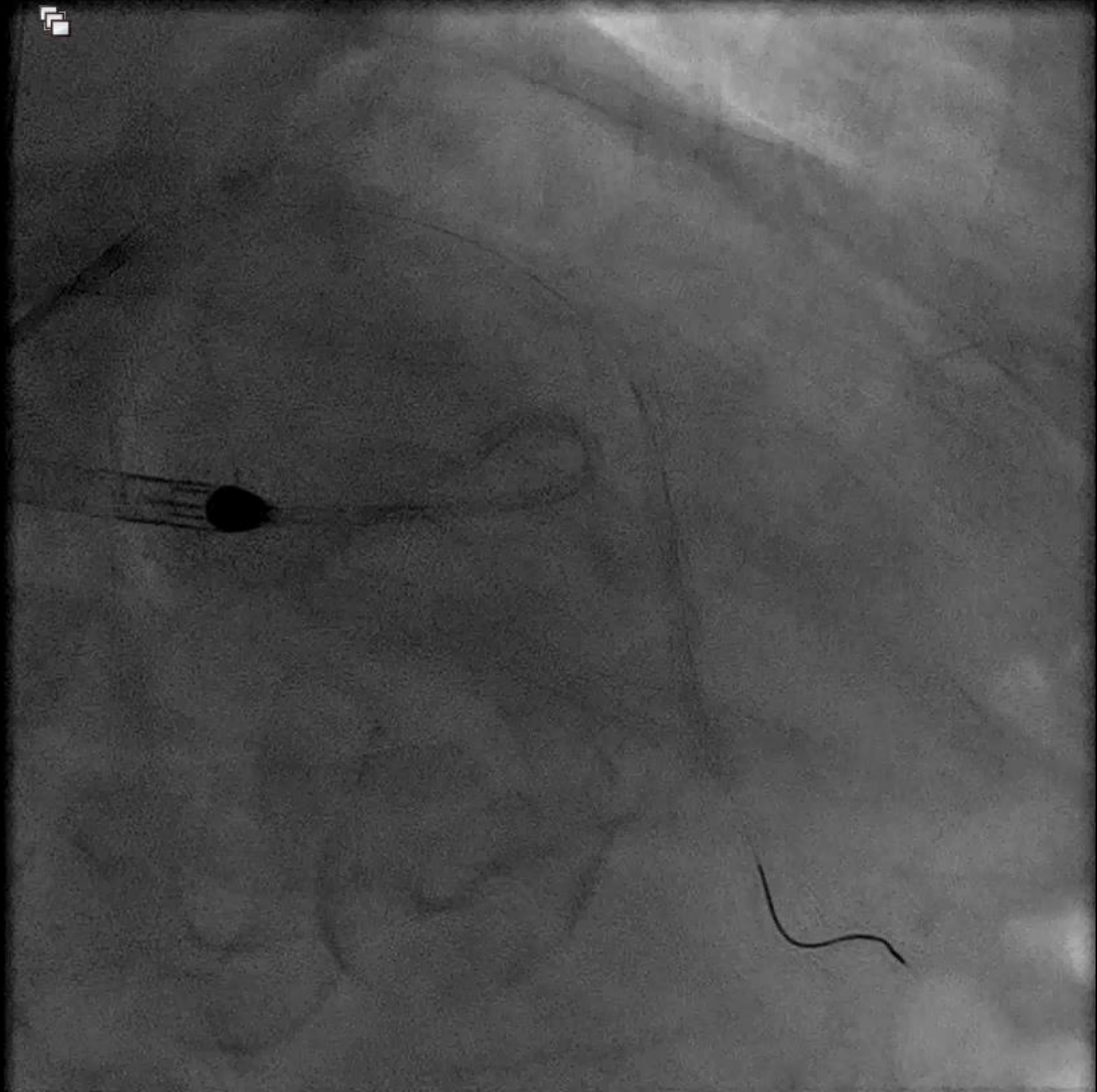


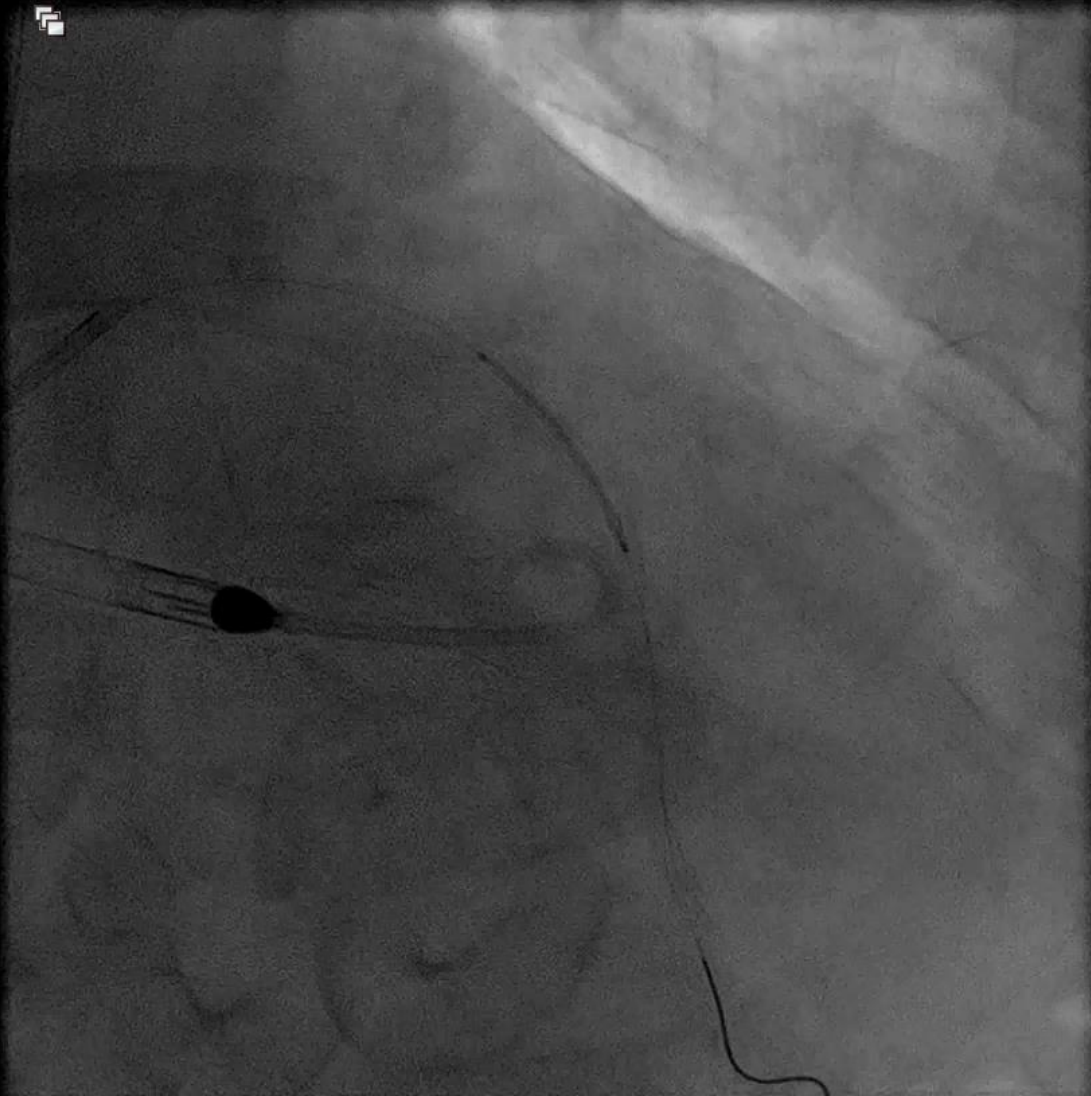
- Can usually use Runthrough as buddy wire directly next to Rota Floppy
- In this case I used Caravel to exchange RotaFloppy with a Wiggle wire

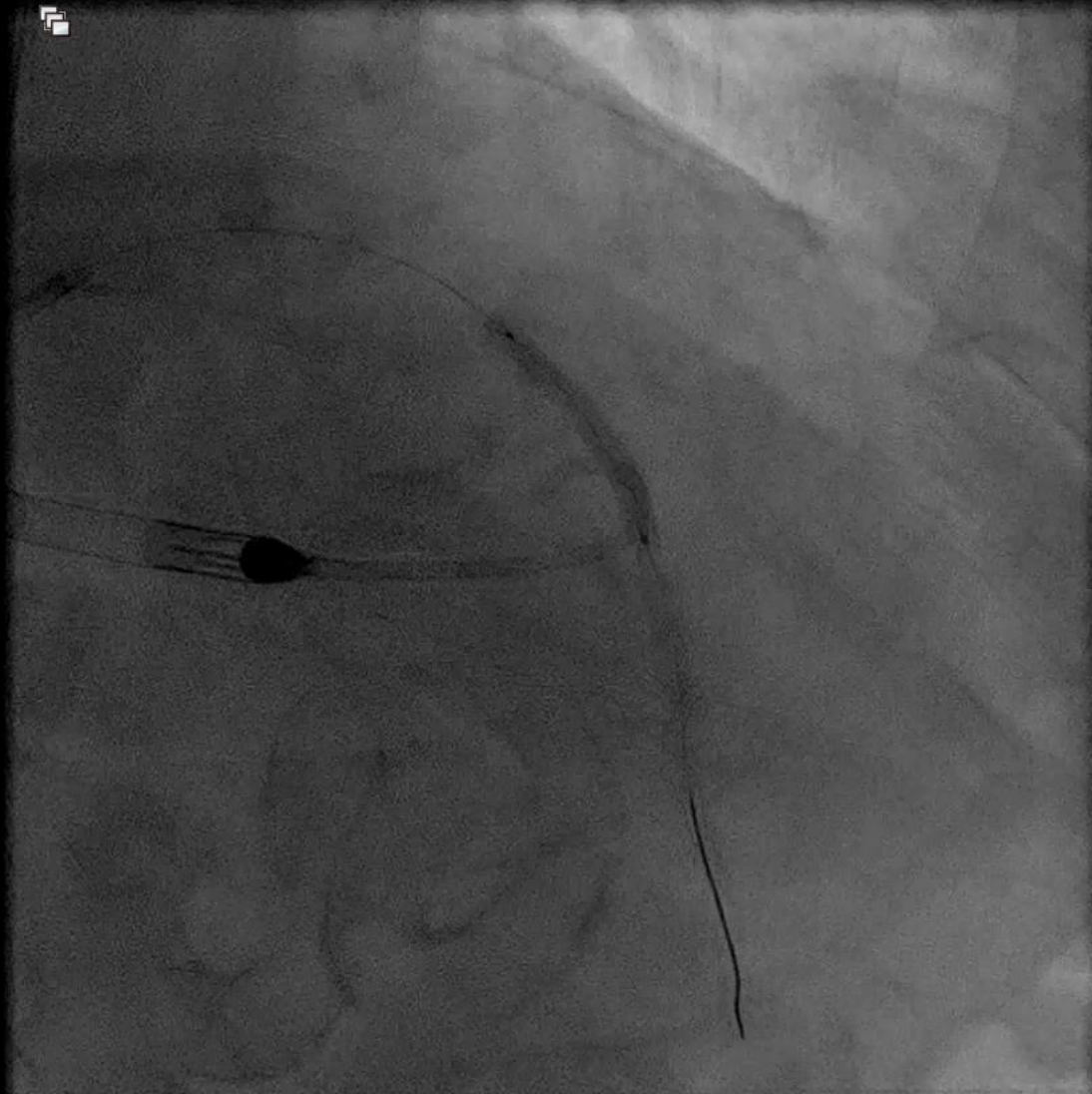


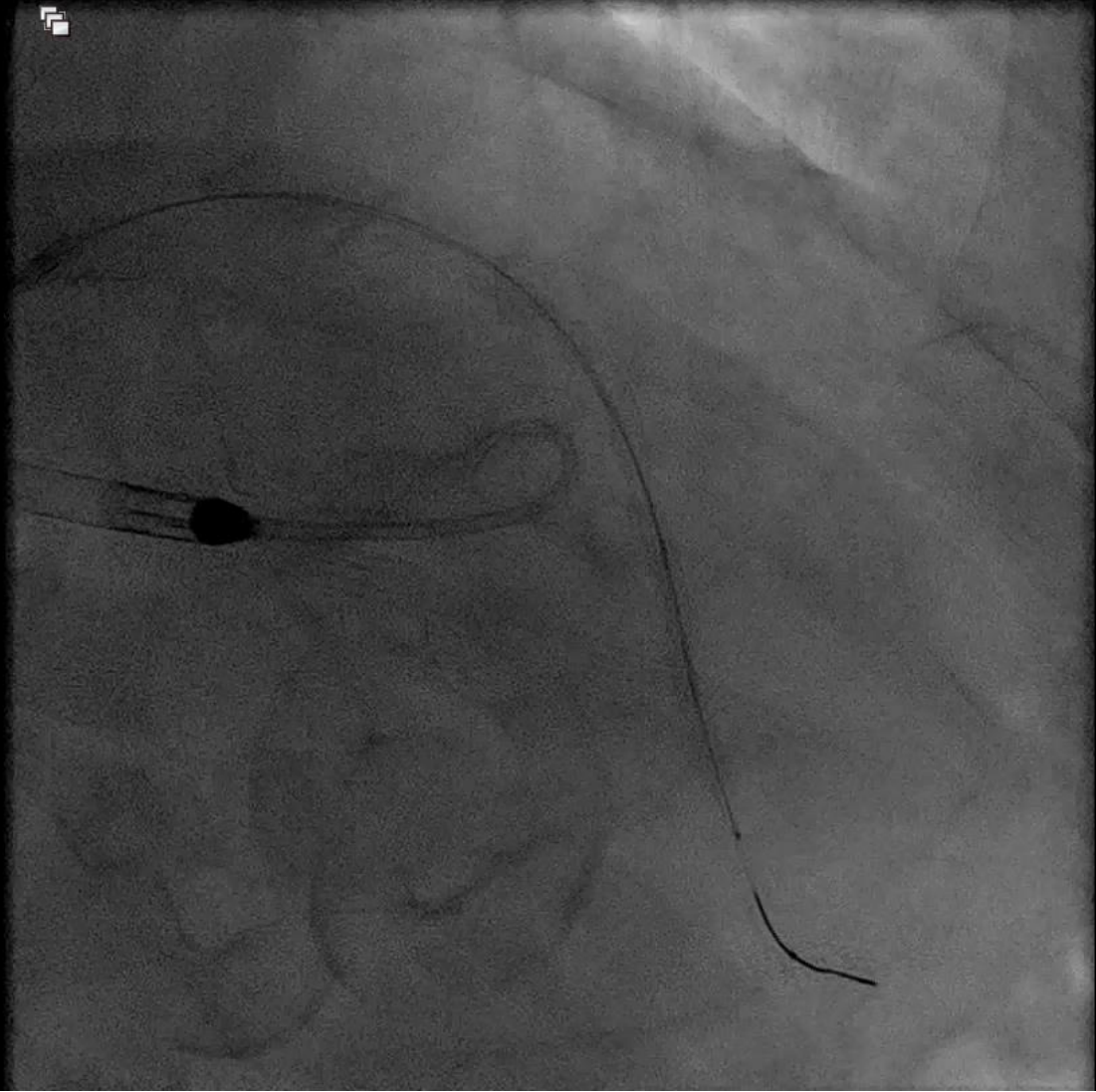


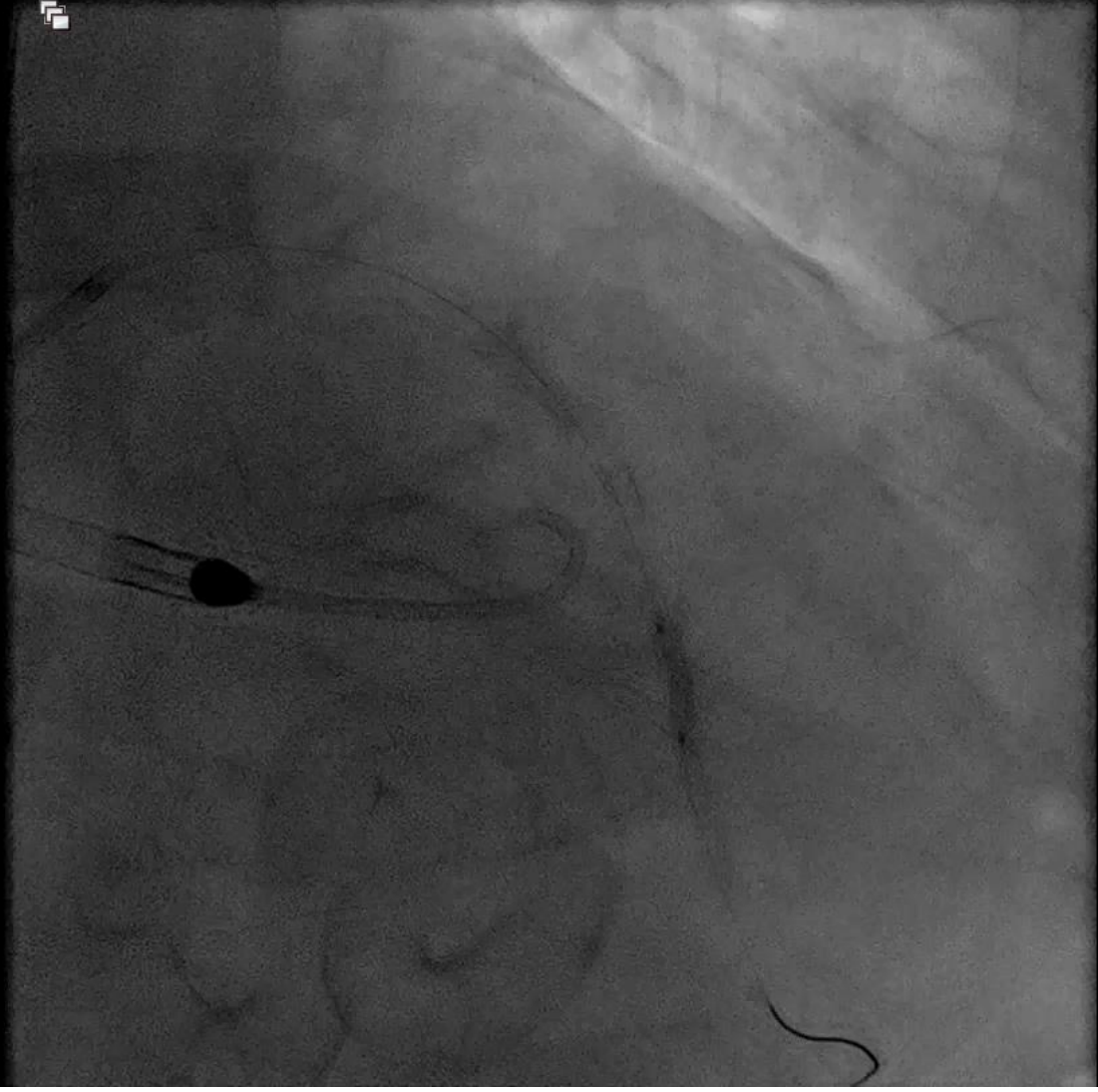


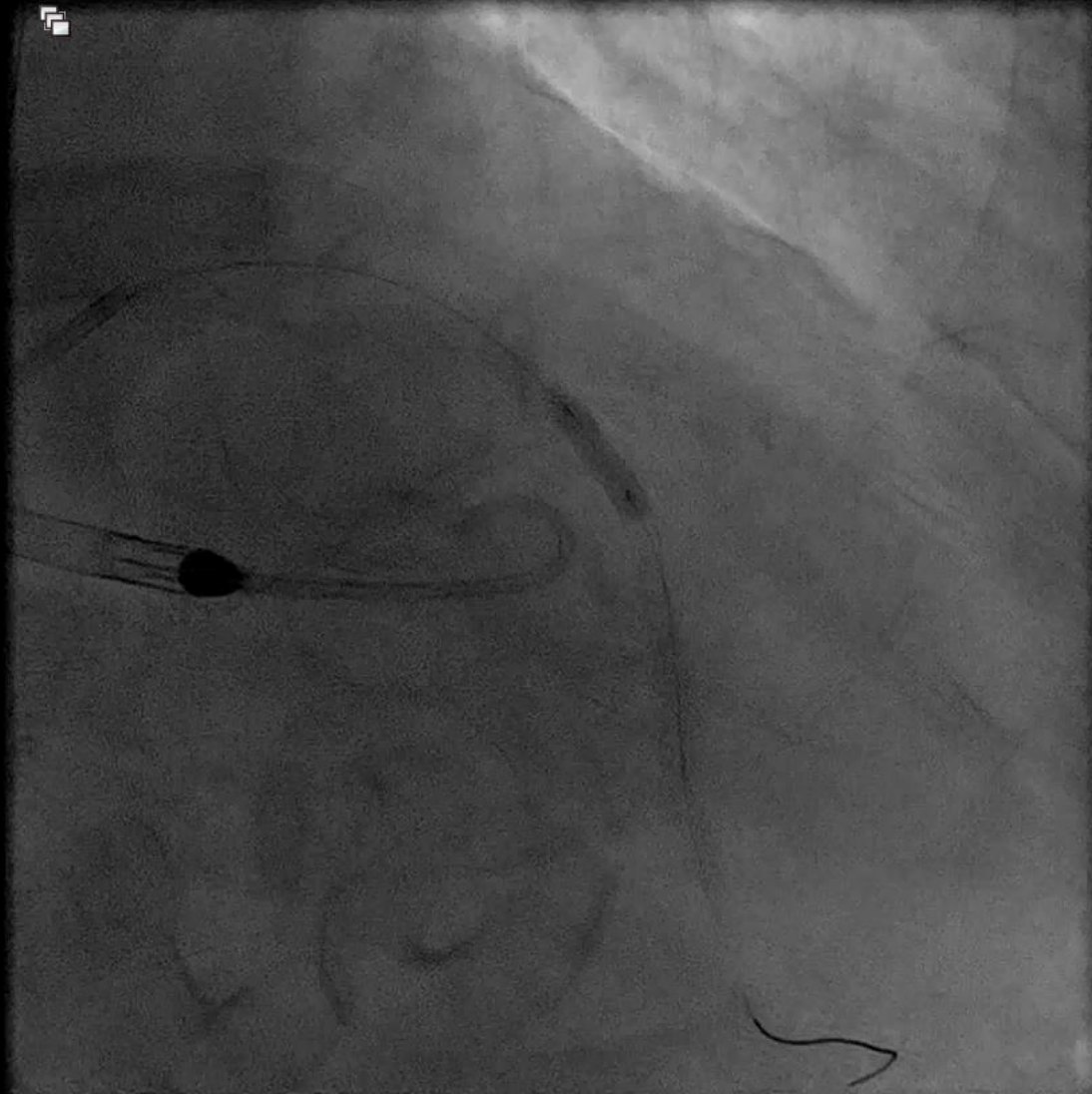


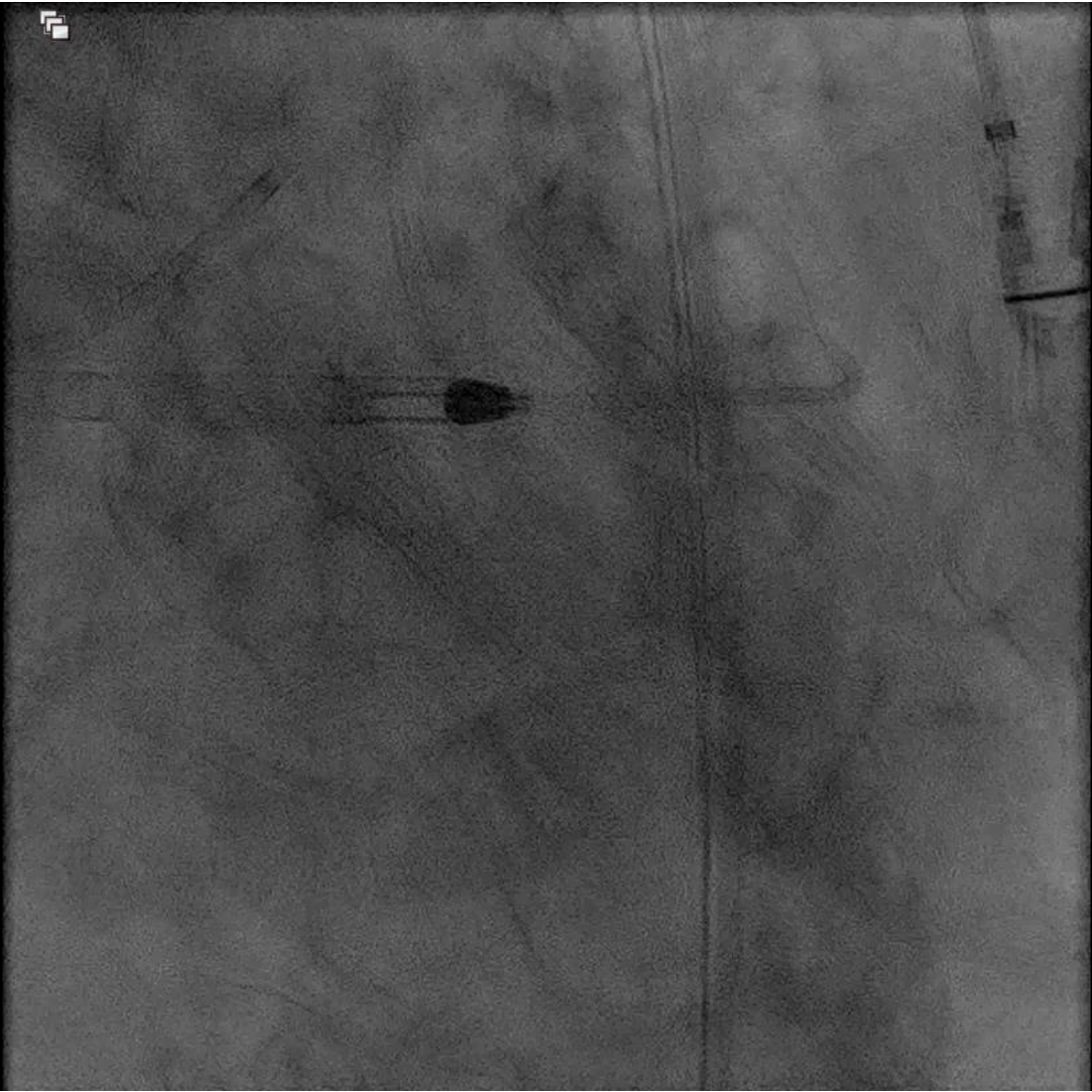






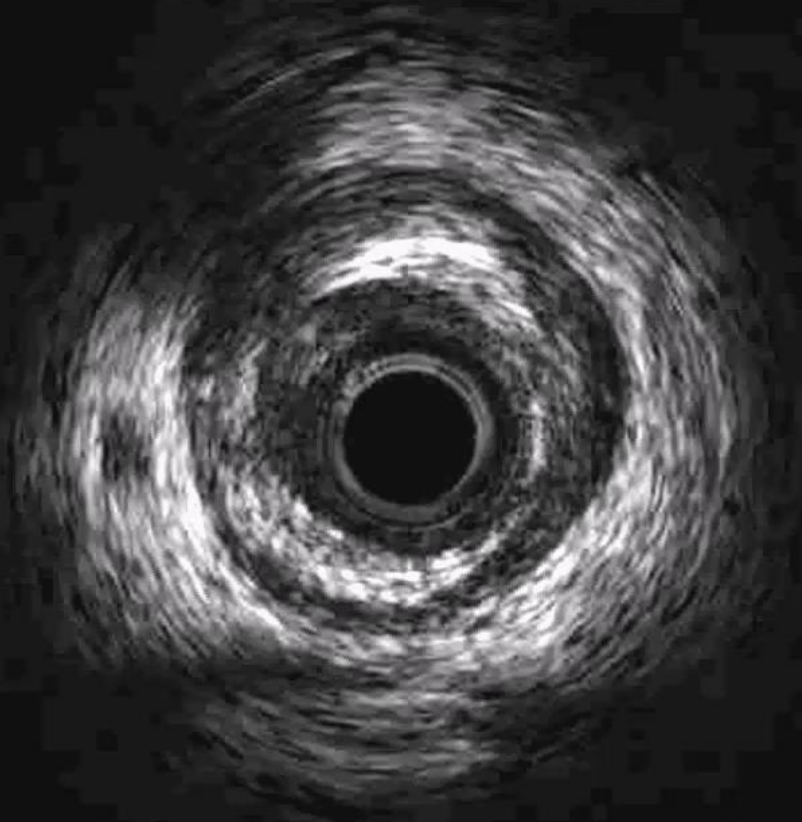








Frame 1



- Post PCI IVUS shows no significant medial dissections at edges.
- Excellent expansion
- Excellent apposition

- Only rotational atherectomy is able to handle this type of case in an efficient manner-practically and financially.