SECTION 7.1 A: ADVANCED PCI PROCEDURE DETAILS - SIDE BRANCH								
Instructions: 1. Please fill up this section when Side Branch treated (including LMS or non LMS side branch)  2. Please fill up additional form if the lesion is CTO > 3mo and/or Calcified lesion (#3. Lesion Description)								
1. Lesion Code * (1-25):	to (if applicable)	1	NATIVE					
2. Coronary * lesion:	De novo Restenosis (No prior stent)	Domina	ance: Right	Dominance: Left				
· lesion.	Stent thrombosis	(2)		2				
	a.Type: Acute Late Sub acute Very late	16	16c)					
	In stent restenosis	3	16b	3				
		4	(loa)	(5)				
	rear(s)   Month (s)	5	9	(11) (12) (13)				
	previous procedure)	12	9a	12a 7 10				
	ii. Prior stent type:  DES BMS BVS Mg	13 14 12b	7 10 10a	13 (12b) 10a				
	Others, specify: Unknown	140		14a				
	iii. Clasification:	14b	8	145				
	<ul><li>Class I (Focal ISR)</li><li>Class II ('Diffuse intrastent' ISR)</li></ul>	12. Dissection:	( Yes	○ No				
	Class III ('Diffuse proliferative' ISR)	(Post procedure)	Ĭ . ⊚ F	Flow limiting Non flow limiting				
	Class IV (ISR with 'total occlusion')							
3. Lesion	CTO > 3mo Calcified lesion	13. Slow Flow / No Reflow:	Yes	○ No				
description:	Thrombus Not Applicable		1. ( F	low limiting Non flow limiting				
4. Size SB (mm):	© 2.0 - 2.5	14. Final Kissing:	Yes	No				
5. Estimated SB lesion length:	mm	15. Final POT:	Yes	○ No				
6. Pre PCI % of	% i.TIMI Flow @ TIMI-0 @ TIMI-1	* 16. Intracoronary						
stenosis :	(pre): ① TIMI-2 ② TIMI-3	IVUS Aspiration	OCT Penumbra	FFR / IFR / Others Embolic Angiojet				
7. Post PCI % of stenosis :	% i.TIMI Flow @ TIMI-0 @ TIMI-1	catheter		Protection				
3(0)10313	(post): TIMI-2 TIMI-3	Rotational artherectomy	Orbital atherect	Intravascular Lithotripsy (IVL)				
8. SB Protection:	a.Wire ::	Micro	Extension catheter	Double lumen micro catheter				
	b. Jailed balloon technique:   Yes  No	catheter  Coil	POBA	Stent / DCB				
9. Bifurcation tech	niques :	Other, specify:						
1 stent → i.	Simple cross over	17. Stent / DCB det (To fill up ONLY	•					
	<ul><li>Ostial stenting</li><li>Simple cross over with kissing balloon</li></ul>	a. Stent Code		. Diameter(mm) c. Length(mm)				
	<ul><li>Simple cross over with drug eluting balloon side branch</li></ul>	#1						
	Proximal optimisation technique (POT)	a. Stent Code	Others: b	. Diameter(mm) c. Length(mm)				
② 2 stents i.	Planned Provisional	#2						
ii	Crush  Crush  Reverse crush	a. Stent Code	Others: b	. Diameter(mm) c. Length(mm)				
	<ul><li> Crush</li><li> Mini crush</li><li> ™ T</li></ul>	#3 a) P	redilatation:	b) Postdilatation:				
	<ul><li>Double barrel Y</li><li>Small portrusion (TAP)</li></ul>	balloon: i. Si:		i. Size:				
	<ul><li>Dedicated bifurcation stent</li><li>V</li><li>Proximal optimisation technique (POT)</li></ul>	,	ypes:	ii. Pressure: (atm)				
	Others, specify		Regular Cut					
10. Perforation:		19. If intracoronary		9				
	i) Classification		MB Pro					
	Type I (extraluminal crater without extravasation)     Type II (pericardial or myocardial blushing)			Distal				
	Type III (perforation ≥1mm diameter with contrast streaming)	i. Pre measureme		mm <sup>2</sup> mm <sup>2</sup> mm <sup>2</sup>				
	© Cavity spilling	ii. Post measurem	nent	mm <sup>2</sup> mm <sup>2</sup> mm <sup>2</sup>				
11. Lesion result:	Successful							

b. MyKad / Other ID No:

c. Date of Procedure:

a. Patient Name :

a. Patient Name	e:			b. MyKac	d / Other ID No:	c. Date of Procedure:			
Instructions: 1. I	Please fi	II up this form	when Left Main Ste	em treated					
SECTION 7.	1 B: F	OR LEFT	MAIN STEM						
1.LMS intervention:		<ul><li>Unprotected</li><li>Protected</li></ul>		2. Location:	Ostial Mid Distal bifurcation Distal trifurcation				
3. IVUS guided:		Yes	Yes No 4. OCT		4. OCT guided				
5.CSA interven	tion:	a. Pre:		mm <sup>2</sup>	b. Post:	• mm²			
6. Side branch wire protected:				7. Final Kissing	○ Yes ○ No ○ Failed				
		◯ Yes ◯ No			8. Final POT:	○ Yes ○ No			
9. Techniques :									
1 stent → i.		Simple cross over			<ul> <li>Simple cross over with kissing balloon</li> </ul>				
		Ostial stenting			<ul> <li>Simple cross over with drug eluting balloon side branch</li> </ul>				
		Proximal opt	imisation techniqu	ie (POT)					
2 stents	i.	Planned			Provisional				
	ii 🔘	Cullote				Double kiss crush			
		Crush				<ul><li>Reverse crush</li><li>Small portrusion (TAP)</li><li>T</li></ul>			
		Mini crush							
		Double barre	el Y						
		Dedicated bifurcation stent				) V			
	Others, specify Proximal optimization technique (POT)			Proximal optimization technique (POT)					

a. Patient Name :		b. MyKad	/ Other ID No:		c. Date of P	rocedure:	
SECTION 7.1 C: ADV	ANCED PCI P	ROCEDURE DETAIL	LS (FOR CTO >	3 MONTHS	6)		
1. CTO characteristics:	i. Estimated length of CTO (mm):		<b>()</b> <20		≥20		
	ii. Side branches	(within 3mm of entry):			No		
	iii. Entry site:	Blunt		Tapered			
	iv. Calcification:		○ Yes		No No		
	v. Bridging collaterals:		( Yes		No		
	vi. Tortuosity / Be	end >45 °:	( Yes		No		
	vii. Re-attempt les	sion:	○ Yes		No		
	viii. JCTO Score:			(autocalculated)			
	ix. Duration of CT	·O:		Months	or	Not available	
2.Antegrade Guide size:			3. Contralateral	injections:		,,	
		⊚ 7 ⊚ 8		,	<ul><li>○ Yes</li><li>→</li><li>No</li></ul>	i) Which vessel?  CLCx RCA	
4.Retrograde Guide size:	5				0 140	Others, specify	
	None						
5. IVUS guided:		○ Na	6. CTA guided:		⊘ Vaa	○ N-	
7. Approach attempted:	○ Yes	○ No			○ Yes	○ No	
	Antegrade:	Single wire Parallel wire Anchor wire ADR Anchor balloon Knuckle wire Other, specify:	Retrograde:		CART Reverse CAI Knuckle wire Kissing wire Other, specif	technique	
8. The final successful crossing approach:	Antegrade:	<ul> <li>Single wire</li> <li>Parallel wire</li> <li>Anchor wire</li> <li>ADR</li> <li>Anchor balloon</li> <li>Knuckle wire</li> <li>Others, specify</li> </ul>	O Retrograde:				
9. Name of wires:	1)			5)			
(Please follow the sequence)				· <del></del>			
sequence)	2)			6)			
	3)		7)				
	4)			8)			
10. Name of wire that crossed:							
11. Name of microcatheters used:	Finecross Corsair Teleport Mizuki Others, specify			Caravel Turnpike			
12. Other devices:	Over the wire	nge balloon Rotab	lator	Re-enti	ry devices: -	Stingray  Double lumen micro catheter	
13. Result:	Extension cat		r			<u></u>	
	Failed attemp	t	sed → ( Onl	ly wire crossed		Successful PCI	
14. Complication:	i. Perforation: ii. Others, specify	○ Yes →	Wire	Balloon	Stent	Guiding catheter No	

a. Patient Name :	b. MyKad / Other ID No: c. Date of Procedure:	
SECTION 7.1 D: AD	/ANCED PCI PROCEDURE DETAILS (FOR CALCIFIED LESION)	
1. Angiography severity:	<ul> <li>None (no radiopacity)</li> <li>Mild (densities noted only after contrast injection)</li> <li>Moderate (radiopacities noted only during the cardiac cycle before contrast injection)</li> <li>Severe (radiopacities noted without cardiac motion before contrast injection)</li> </ul>	
2. Intravascular imaging:	□ IVUS □ OCT	
3. Intravascular imaging assessment:	<ul> <li>Yes → Findings: i) Arc of calcium (degree):</li></ul>	
	<ul> <li>No</li> <li>ii) Length of calcium (mm):</li></ul>	
4. IVUS assessment:	Compliant Balloon  Cutting Balloon  Scoring Balloon  Tornus  Others, specify:  b) Burr size: i)  mm  ii)  mm  iii)  mm	