

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)

2. Coronary lesion:

De novo Restenosis (No prior stent)

Stent thrombosis

 ↳ a. Type: Acute Late
 Sub acute Very late

In stent restenosis

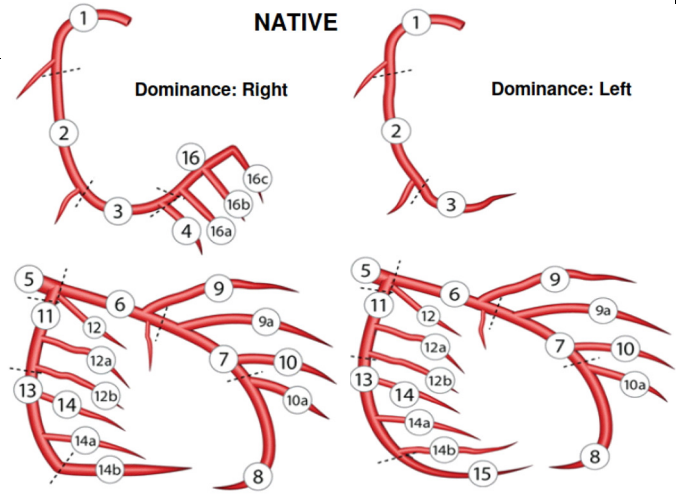
 ↳ i. Duration: Year(s) Month(s)
 (*Duration from the known previous procedure) Not available

 ii. Prior stent type:

DES BMS BVS Mg
 Others, specify: _____ Unknown

 iii. Classification:

Class I (Focal ISR)
 Class II ('Diffuse intrastent' ISR)
 Class III ('Diffuse proliferative' ISR)
 Class IV (ISR with 'total occlusion')



3. Lesion description:

CTO > 3mo Calcified lesion
 Thrombus Not Applicable

4. Size SB (mm): 2.0 - 2.5 > 2.5

12. Dissection: (Post procedure)

Yes No

 ↳ i. Flow limiting Non flow limiting

5. Estimated SB lesion length: mm

13. Slow Flow / No Reflow:

Yes No

 ↳ i. Flow limiting Non flow limiting

6. Pre PCI % of stenosis : %

 i. TIMI Flow (pre): TIMI-0 TIMI-1
 TIMI-2 TIMI-3

14. Final Kissing: Yes No Failed

7. Post PCI % of stenosis : %

 i. TIMI Flow (post): TIMI-0 TIMI-1
 TIMI-2 TIMI-3

15. Final POT: Yes No

8. SB Protection:

a. Wire :: Yes No

b. Jailed balloon technique: Yes No

*** 16. Intracoronary devices used:**

IVUS OCT FFR / IFR / Others
 Aspiration catheter Penumbra Embolic Protection Angiojet
 Rotational atherectomy Orbital atherect Intravascular Lithotripsy (IVL)
 Micro catheter Extension catheter Double lumen micro catheter
 Coil POBA Stent / DCB
 Other, specify: _____

9. Bifurcation techniques :

1 stent → i. Simple cross over
 Ostial stenting
 Simple cross over with kissing balloon
 Simple cross over with drug eluting balloon side branch
 Proximal optimisation technique (POT)

2 stents

 i. Planned Provisional

 ii. Cullote Double kiss crush
 Crush Reverse crush
 Mini crush T
 Double barrel Y Small portusion (TAP)
 Dedicated bifurcation stent V
 Proximal optimisation technique (POT)
 Others, specify _____

17. Stent / DCB details per lesion:
 (To fill up ONLY the stent / DCB details)

a. Stent Code Others: b. Diameter(mm) c. Length(mm)

#1

a. Stent Code Others: b. Diameter(mm) c. Length(mm)

#2

a. Stent Code Others: b. Diameter(mm) c. Length(mm)

#3

10. Perforation: Yes No

 ↳ i) Classification

Type I (extraluminal crater without extravasation)
 Type II (pericardial or myocardial blushing)
 Type III (perforation ≥1mm diameter with contrast streaming)
 Cavity spilling

18. Maximum balloon:

a) Predilatation:

 i. Size: (mm) .

 ii. Types: Regular Cutting NC Scoring

b) Postdilatation:

 i. Size: (mm) .

 ii. Pressure: (atm)

11. Lesion result: Successful Unsuccessful

19. If intracoronary imaging done: Yes No

	MB Proximal	MB Distal	SB
i. Pre measurement	mm ²	mm ²	mm ²
ii. Post measurement	mm ²	mm ²	mm ²

SECTION 7.1 C: ADVANCED PCI PROCEDURE DETAILS (FOR CTO >3 MONTHS)

1. CTO characteristics:	i. Estimated length of CTO (mm):	<input type="radio"/> <20 <input type="radio"/> ≥20		
	ii. Side branches (within 3mm of entry):	<input type="radio"/> Yes <input type="radio"/> No		
	iii. Entry site:	<input type="radio"/> Blunt <input type="radio"/> Tapered		
	iv. Calcification:	<input type="radio"/> Yes <input type="radio"/> No		
	v. Bridging collaterals:	<input type="radio"/> Yes <input type="radio"/> No		
	vi. Tortuosity / Bend >45 °:	<input type="radio"/> Yes <input type="radio"/> No		
	vii. Re-attempt lesion:	<input type="radio"/> Yes <input type="radio"/> No		
	viii. JCTO Score:	<input style="width:50px;" type="text"/> (autocalculated)		
	ix. Duration of CTO:	<input style="width:50px;" type="text"/> <input type="radio"/> Months or <input type="radio"/> Years <input type="radio"/> Not available		
2. Antegrade Guide size:	<input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		3. Contralateral injections: <input type="radio"/> Yes <input type="radio"/> No → i) Which vessel? <input type="radio"/> LCx <input type="radio"/> RCA <input type="radio"/> Others, specify _____	
4. Retrograde Guide size:	<input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> None			
5. IVUS guided:	<input type="radio"/> Yes <input type="radio"/> No		6. CTA guided:	<input type="radio"/> Yes <input type="radio"/> No
7. Approach attempted:	<input type="checkbox"/> Antegrade:	<input type="checkbox"/> Single wire <input type="checkbox"/> Parallel wire <input type="checkbox"/> Anchor wire <input type="checkbox"/> ADR <input type="checkbox"/> Anchor balloon <input type="checkbox"/> Knuckle wire <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Retrograde:	<input type="checkbox"/> CART <input type="checkbox"/> Reverse CART <input type="checkbox"/> Knuckle wire <input type="checkbox"/> Kissing wire technique <input type="checkbox"/> Other, specify: _____
	<input type="radio"/> Antegrade:	<input type="radio"/> Single wire <input type="radio"/> Parallel wire <input type="radio"/> Anchor wire <input type="radio"/> ADR <input type="radio"/> Anchor balloon <input type="radio"/> Knuckle wire <input type="radio"/> Others, specify _____	<input type="radio"/> Retrograde:	<input type="radio"/> CART <input type="radio"/> Reverse CART <input type="radio"/> Knuckle wire <input type="radio"/> Kissing wire technique <input type="radio"/> Others, specify _____
8. The final successful crossing approach:	<input type="radio"/> Antegrade:	<input type="radio"/> Single wire <input type="radio"/> Parallel wire <input type="radio"/> Anchor wire <input type="radio"/> ADR <input type="radio"/> Anchor balloon <input type="radio"/> Knuckle wire <input type="radio"/> Others, specify _____	<input type="radio"/> Retrograde:	<input type="radio"/> CART <input type="radio"/> Reverse CART <input type="radio"/> Knuckle wire <input type="radio"/> Kissing wire technique <input type="radio"/> Others, specify _____
9. Name of wires: (Please follow the sequence)	1) _____ 5) _____ 2) _____ 6) _____ 3) _____ 7) _____ 4) _____ 8) _____			
10. Name of wire that crossed:	_____			
11. Name of microcatheters used:	<input type="checkbox"/> Finecross <input type="checkbox"/> Corsair <input type="checkbox"/> Caravel <input type="checkbox"/> Teleport <input type="checkbox"/> Mizuki <input type="checkbox"/> Turnpike <input type="checkbox"/> Others, specify _____			
12. Other devices:	<input type="checkbox"/> Over the wire balloon <input type="checkbox"/> Tornus <input type="checkbox"/> Re-entry devices: → <input type="radio"/> Stingray <input type="checkbox"/> Rapid exchange balloon <input type="checkbox"/> Rotablator <input type="checkbox"/> Others, specify: <input type="radio"/> Double lumen micro catheter <input type="checkbox"/> Extension catheter <input type="checkbox"/> CrossBoss			
13. Result:	<input type="radio"/> Failed attempt <input type="radio"/> Lesion crossed → <input type="radio"/> Only wire crossed <input type="radio"/> Successful PCI			
14. Complication:	i. Perforation:	<input type="radio"/> Yes → <input type="checkbox"/> Wire <input type="checkbox"/> Balloon <input type="checkbox"/> Stent <input type="checkbox"/> Guiding catheter <input type="radio"/> No		
	ii. Others, specify:	_____		

