A new application of CTO crossing device – CROSSER
How to treat non-stenting zone using CROSSER

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Disclosure Statement

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Consulting for

Cordis, Cardinal Health
Boston Scientific Japan
Terumo
Asahi Intecc
Kaneka
Tokai Medical Products
Goodman
Future Medical Device
Medikit Japan
EVT devices for atherectomy

- Crosser (Bard)
- Diamondback (CSI)
- Turbo Elite (DVx)
- Turbohawk (Medtronic)
- JetStream (Boston)
- Phoenix Atherectomy System
You may say that Crosser is a CTO crossing device, not debulking (atherectomy) device.

Yes, It is!
New technique

Crossbow

CROSsor® supported by bended 0.014 wire
Technical tips

Guidewire bias for directional ablation
Technical tips

Guidewire bias for directional ablation
Technical tips

It is hard to keep appropriate position in eccentric lesions
Double bended guidewire greatly reduces the whip motion of the system
Crossbow case 1

Control angio  Crossbow  After Crossbow  After POBA
Crossbow case 2

CO₂ angiography
How to perform Crossbow technique
Advance a soft guidewire beyond the lesion
Advance a microcatheter beyond the lesion
Remove the guidewire
Advance a double-bended guidewire through microcatheter.
Remove the microcatheter
Withdraw the guidewire
Withdraw the guidewire

Distal bending point
Advance Crosser to the distal bending point
Advance Crosser and guidewire together
Withdraw Crosser and guidewire
Advance Crosser and guidewire together
Withdraw Crosser and guidewire
Advance Crosser and guidewire together
New technique
Rambo technique
Naked CROSSBOW
Contralateral vs. Ipsilateral

**CROSSER® Catheter 14S**

- **Contralateral**
- **Ipsilateral**

Crossing Efficiency

N = 60
Naked CROSSBOW
Rambo Technique
Another case treated by Rambo Technique
Summary

Crosser® can improve initial outcome of the EVT for severely calcified lesions.

CROSSBOW and Rambo techniques are very useful to debulk eccentric calcified lesions. Of course, at your own risk.
Fighting for Limb salvage
LINC 2017 Global Expert Exchange
CCT @ LINC - Japanese art of endovascular treatment

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