

# CELIAC, SMA, AND IMA INTERVENTIONS



## PHYSICIANS

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(not photographed)

## ACCESS SITES

- Femoral or brachial.

## DIAGNOSTIC DEVICES USED

### SHEATH SIZES

4 F (femoral), 5 F (brachial).

### FLUSH DIAGNOSTIC CATHETERS

Pigtail, Omniflush.

### SELECTIVE DIAGNOSTIC CATHETERS

Internal mammary, hockey stick, JR4, Simmons 2.

### DIAGNOSTIC GUIDEWIRES

.035 Glidewire, Wholey, Magic Torque.

### DIAGNOSTIC NOTES

- Diagnostic evaluation of the celiac and SMA origins must be obtained in a lateral projection because these vessels arise from the anterior aspect of the aorta. For flush angiography, the catheter is placed at the level of L1. Usually, the sideholes of the catheter should be oriented anteriorly for better visualization. An injection rate of 20 mL/s for 1 second is used.
- Diagnostic evaluation of the inferior mesenteric may need to be performed with up to a 45-degree angulation depending on how the vessel arises from the abdominal aorta.

## INTERVENTIONAL DEVICES USED

### INTERVENTIONAL GUIDEWIRES

.014-inch, .018-inch, or .035-inch steerable guidewires. Wire sizes are more of a physician preference. We tend to use .018-inch wires and small catheter-based stent systems for better visualization through the guide.

### INTERVENTIONAL SHEATHS OR GUIDE CATHETERS

RES, IM, hockey stick guiding catheters, Biocardia Morph universal guiding catheter (femoral), 6-F, 90-cm sheath (brachial).

### PTA BALLOONS

5-mm to 8-mm X 2-cm balloons.

### STENTS

Balloon-expandable stents (ostial disease). Self-expanding nitinol stents for nonostial disease.

### INTERVENTIONAL NOTES

- Predilate: Not only do you test whether the lesion can

be adequately expanded, as in the case of calcified ostial disease, but it can also be a guide to sizing. If the patient feels pain upon inflation, go no bigger.

- When dealing with ostial disease, extend the stent 1 mm to 2 mm into the aorta for optimal scaffolding.
- In celiac interventions, be aware that the median arcuate ligament may cause “crushing” of the stent and one must be prepared to place a second stent to keep this from happening.

### OTHER EQUIPMENT USED

If dealing with in-stent restenosis we do “debulk” these lesions with excimer laser.

### PHARMACEUTICALS

We use bivalirudin for all peripheral interventions. ■