Prevention and Management of Slow Flow on Rotablator

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Although rotational atherectomy (RA) has been used in the treatment of complex coronary lesions, such as calcified, diffusely diseased, small coronary artery and in-stent restenosis, with highly procedural success rates, the unique complication of slow flow or no reflow during RA may occur in some patients around 5% - 10%. It's associated with non-Q MI or Q-wave MI. The cause of slow flow is not unclear and embolization of microparticles of the atheroma, thrombosis or coronary vasospasm may be one of the mechanisms of the phenomenon. Slow flow is defined as delayed filling into the distal coronary artery (TIMI grade 2) immediately after RA. No reflow is defined as the cessation of flow into the distal coronary bed of the treated artery (TIMI grade 0 or 1). RA for diffusely diseased long lesion, severe calcified lesion, degenerated vein graft and the lesion with thrombus (ACS) correlates to an increased incidence of slow flow. It's also depend on ablation time and the drop in burr's rpm. At the meeting, I want to show the strategies and techniques to reduce the incidence of slow flow.