

10101

Our experience in the use of OCT during BVS implantation

**Background**Initial studies show that OCT is useful during and after BVS implantation**Methods**From December 2012 to June 2013 we implanted 34 Absorb BVS during which OCT was done in 9 patients. Among these 5 patients had bifurcation lesions, 2 were STEMI, 2 ostial lesions, 1 calcified and 2 overlapping lesions, 2 ACS.**Results** OCT identified proximal edge dissections in 2 patients, of which one was treated with another overlapping scaffold, the other was left without scaffolding. In bifurcation lesions, OCT helped to understand the effects of high pressure snuggle balloon dilatation and confirmed that the scaffold struts in the main branch was not deformed despite side branch balloon dilatation and additional scaffolding using TAP technique. In LAD ostial lesions, OCT confirmed partial or complete jailing of LCX which we find ideal for BVS implants as it gets resorbed. In ACS patients OCT showed frequent thrombus prolapse through the scaffold struts which is common and does not affect clinical outcome. In vein graft PCI, tissue and plaque prolapse were seen through the scaffold struts even without post dilatation. In overlapping segments it helps to accurately measure length of the overlapping scaffold areas and confirm adequate apposition at the scaffold junctions.**Conclusion**OCT is helpful in BVS implantation, through it is not mandatory to use BVS for every case. Its useful to perform OCT in suboptimal PCI after BVS and in complex PCI such as bifurcation lesions and long overlapping scaffolds and calcified lesions where suboptimal scaffold expansion maybe frequent.