

## M-06

How to secure access routes for PCI and mechanical supporting systems to dialysis patients

Tokyo Metropolitan Police Hospital, Japan

Mitsunobu Kaneko

**Purpose:**It is difficult to decide PCI approach regions for dialysis patients, for the reason, multivessel disease, sever calcification, unable to upper limbs of the opposite side of dialysis shunt, and or complicated with ASO. We experienced the complex case of triple vessel disease that was diagnosed as unstable angina pectoris, with sever stenosis of both side iliac arteries.

**Method:**The patient was admitted to our hospital due to unstable angina pectoris, so we introduced PCI from left femoral artery. At the same time, we find sever stenosis of both side iliac arteries. So we introduced PTA to left external iliac artery at first, and kept the stenosis of right common iliac artery intact till the elective PTA.

**Result:**After PTA to left external iliac artery, we introduced PCI for RCA. Unfortunately slow flow appeared after deploying stent to RCA mid-portion. Immediately we considered supporting IABP, but there was no access route at that time. Above all things, we decide to have finished PCI for RCA and finally we had TIMI 2 grade flow. Then, we introduced IABP support from left femoral artery after the PCI for RCA had done.

**Conclusion:**Before introducing complex PCI to the dialysis patients, to secure the access routes of PCI and mechanical supporting systems is essentially.