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BVS Implantation using highly-non-compliant balloons at very high pressures: outcome of 300 cases

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Introduction: Bioresorbable vascular scaffolds (BVS) represent a new step in interventional cardiology but adverse outcomes, especially scaffold thrombosis, have raised discussions about "proper" Implantation techniques. Methods: Implantation of the Abbott everolimus eluting BVS started in July 2012 at our Institution and we have treated more than 700 patients. Our Implantation technique has been modified for the last 300 cases and we perform high pressure pre- and post-Dilatation using the OPN NC high-pressure balloon (Swiss Interventional Systems, Switzerland; rated burst pressure 35 atm) in order to achieve an optimal Implantation. Results: Using the new Implantation technique the rates of scaffold thrombosis has been brought down from 3 to less than 1 %. 1- and 2-years follow-up will be available for CCT if the Abstract is accepted. Conclusions: Lesion preparation is crucial before implanting BVS. High-pressure post-Dilatation of the BVS up to 30-40 atm is safe and should be performed to achieve the best angiographic result.