Summary surgical youtube video

<https://www.youtube.com/watch?v=5xcswUJFLew>

Why implant resorbable scaffold?

* Restoration of vessel anatomy
* Reduction of late events (liberation from permanent metal cage potentially helps in reducing rate of late events)
* Restoration of low thrombogenic milieu (risk of late scaffold thrombosis eliminated as foreign material will be resorbed)
* Potential elimination of neoatherosclerosis (complete scaffold resorption 🡪 eliminate risk for in-stent sclererosis)

TLF definition: Composite of cardiac death, target vessel myocardial infarction, clinically driven TLR or CABG

Expert’s consensus on patient selection (<https://pubmed.ncbi.nlm.nih.gov/27639734/>)

|  |  |  |  |
| --- | --- | --- | --- |
| Patient’s characteristics | Recommendation | Lesion Characteristics | Recommendation |
| Patients with long life expectancy | Recommended | De novo lesions | Recommended |
| Diabetic patients | Evaluation pending | Tortuous vessels | Not Recommended |
| STEMI | Not Recommended | Severe calcification | Not Recommended |
| Cardiogenic Shock | Not Recommended | In-stent restenosis | Not Recommended |
| Stable angina | Recommended | Reference vessel diameter less or larger than available device size | Not Recommended |
| NESTEMI/Unstable angina | Evaluation pending | Diffuse long lesions | Not Recommended |
| Contraindications for DAPT | Not Recommended | Chronic total Occlusions | Not Recommended |
| TL located in a SVG | Not Recommended | Ostial lesions | Not Recommended |
| Patients with poor medical compliance | Not Recommended | Bifurcations | Evaluation pending |
| No adequate lesion preparation | Not Recommended | Presence of thrombus | Not Recommended |
|  |  | Left main lesions | Not Recommended |

Strategy:

* IVUS nad/or OCT lesion evaluation
* Lesion preparation (NC(non-compliant) balloon, if necessary, scoring balloon)
* Magmaris implantation
* Post-diliation with NC balloon with high pressure
* Final IVUS and OCT documentation of implant result (in order to show stent position)
* iFR/FFR for evaluation of distal LAD lesion (whether request to do something additional or the sole intervention was good enough)

Achtung:  
before using Magmaris very good balloon result (balloon size deutlich größer als zu Beginn oder restenosis <20%) 🡪 wenn eins von beidem nicht erreicht, dann Magmaris nicht verwenden

How long to use DAPT for the device:

The time for the absorption  
In trial: 6 month – 12 month  
  
How to choose scaffold size:  
Angiography wise 🡪 usually underscoring the real size of the dimensions  
Additional imaging empfehlenswert like OCT

Case presentation

* if restenosis after Magmaris:  
  - 6 month – 12 montsg: impant permanent drug eluting stent to keep lumen open

Conclusion:

* key success is the 4Ps: Patient selection, proper sizinh, pre-&post-dilatation
* Magmaris suitable for more complex anatomies if best clinical practice