**15.2. Branch-ostial lesion treatment**

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| **Step** | **Challenge** | **Prevention** | **Treatment** |
| 1. Planning |  |  |  |
| 1. Monitoring |  |  |  |
| 1. Pharmacology |  |  |  |
| 1. Access |  |  |  |
| 1. Engagement |  |  |  |
| 1. Angiography | Poor lesion visualization | Multiple angiographic projections to fully characterize lesion |  |
| 1. Determine target lesion |  |  |  |
| 1. Wiring | Navigating tortuosity |  | * Polymer-jacketed guidewires * Microcatheter (including angled- and dual lumen) * Reversed guidewire * Deflection balloon |
| 1. Lesion preparation | Lesion under-expansion |  | Balloon undilatable algorithm – chapter 23.2 |
|  | Water melon seeding | Plaque modification balloon |  |
|  | Main vessel dissection | * Plaque modification balloon * Do not oversize balloon | * Stent main vessel |
| 1. Stenting | Incomplete ostial coverage | * SB angulation 70-90°: **T-stent** * SB angulation <70°: **mini-crush** * Is SB is large, lesion could considered a Medina 0.1.0 bifurcation and treated with **provisional stenting** | * Deploy another stent |
|  | Excessive stent overhang | * Multiple projections to guide deployment | * Mini-crush |
|  | Stent under-expansion | * Good lesion preparation prior to stenting | Balloon undilatable algorithm – chapter 23.2 |
| 1. Closure |  |  |  |
| 1. Physiology |  |  |  |
| 1. Imaging |  | Highly recommended to ensure good stent expansion and stent coverage of the ostium |  |
| 1. Hemodynamic support |  |  |  |