**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
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| 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
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