

MLD MAX CLINICAL DECISION MAKING WORKSHEET

Pre-PCI Strategize		
MORPHOLOGY	LENGTH	DIAMETER ⁵
<p>High Calcium¹ Criteria: >180 degrees >0.5 mm thickness >5 mm in length</p> <p>Common Practice:² NC Balloon, IVL, Cutting/Scoring Balloon, or Atherectomy</p> <p>Note Nodular Calcium: Atherectomy. Not recommended to do balloon deployment prior to atherectomy, due to creation of dissection.</p>	<p>Select Landing Zones³ Visually scan for largest luminal area in lumen profile proximally and distally</p> <p>Place landing zones in healthy tissue (as determined by greatest EEL visualization)</p> <p>Adjust to select an available stent length</p> <p>Note In the absence of EEL to represent healthy tissue find the largest lumen to avoid areas of TCFA or lipid pools so as to not land your stent edge in these high risk areas⁴</p>	<p>Measure Vessel Diameter Take EEL measurements at each reference (lumen if EEL not visible)</p> <p>Choose Stent Diameter Use the distal reference measurements to select stent diameter</p> <p>EEL Measurements Average two perpendicular EEL measurements Round down to the next quarter size, unless already at a stent size</p> <p>Lumen Measurements Use automatic measurements at distal reference Round up to the next quarter size, even if already at a stent size</p> <p>Choose Post Dilatation Balloon Diameter Distal Balloon: Use distal reference measurement Proximal Balloon: Use proximal reference measurement</p>

Post-PCI Optimize		
MEDIAL DISSECTION	APPOSITION	EXPANSION
<p>Address Significant Dissection⁴ Criteria: Dissection penetrates medial layer, and is greater than 1 quadrant arc</p> <p>Common Practice:^{4,5} Place an additional stent, particularly for distal dissections</p>	<p>Address Gross Malapposition Criteria: Malapposition indicator shows longer than 3 mm⁵ of significant (≥ 0.3 mm from wall⁶) malapposition</p> <p>Common Practice:⁴ If stent is fully expanded, dilate with semi-compliant balloon at low pressure</p>	<p>Confirm Expansion^{4,7} Criteria: $\geq 80\%$ acceptable, $\geq 90\%$ expansion is optimal</p> <p>Common Practice:⁸ If not achieved, post-dilate with non-compliant balloon; use target diameter measurement and round up to next available balloon size</p> <p>Note After one post-dilatation, physician discretion should be used for further treatment</p>

Strategize		Pre-PCI
MORPHOLOGY	LENGTH	DIAMETER
<p>At which location (in millimeters) does the Minimum Lumen Area (MLA) occur? _____ mm</p> <p>Is high calcium present in the vicinity (plus/minus 10 mm) of the MLA? yes / no</p> <p>What, if any, vessel preparation or strategy could be chosen to address this morphology?</p>	<p>Where should the distal and proximal reference markers be placed (from millimeters to millimeters), why? _____ mm \rightarrow _____ mm</p> <p>After adjusting your references, what stent length do you recommend? _____ mm</p>	<p>What are the External Elastic Lamina (EEL) measurements at the distal and proximal reference points? (or Lumen if EEL is not visible)</p> <p>Distal: _____ mm <input type="checkbox"/> EEL <input type="checkbox"/> Lumen</p> <p>Proximal: _____ mm <input type="checkbox"/> EEL <input type="checkbox"/> Lumen</p> <p>Which diameter stent do you recommend? _____ mm</p> <p>What size post-dilatation balloon would you recommend for each segment?</p> <p>Distal: _____ X _____ mm</p> <p>Proximal: _____ X _____ mm</p>

Optimize		Post-PCI
MEDIAL DISSECTION	APPOSITION	EXPANSION
<p>Are there any medial dissections? Identify the location (in millimeters). yes / no _____ mm</p> <p>What would you do next?</p> <p>Common Practice:^{4,5} Place additional stent (particularly for distal dissections) _____ X _____ mm</p>	<p>Is the apposition considered major or minor?</p> <p>Major: Minor:</p> <p>What would you do next?</p> <p>Common Practice: If stent is fully expanded, dilate with semi-compliant balloon at low pressure.⁴ If stent expansion has not been achieved, post-dilate with non-compliant balloon⁸ _____ X _____ mm</p>	<p>What is the minimum expansion (%EXP) in the stented segment? _____</p> <p>What would you do next? Which segment, if any, would you treat for under expansion, why?</p> <p>_____ mm \rightarrow _____ mm</p> <p>_____ mm \rightarrow _____ mm</p> <p>If yes, what size NC balloon would you use? Balloon diameter and length:</p> <p>_____ X _____ mm _____ ATM</p> <p>_____ X _____ mm _____ ATM</p>

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