### Pre-PCI | Strategize

<table>
<thead>
<tr>
<th>MOPHOLGY</th>
<th>LENGTH</th>
<th>DIAMETER&lt;sup&gt;5&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Calcium</strong>&lt;sup&gt;1&lt;/sup&gt; Criteria:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;180 degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;0.5 mm thickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;5 mm in length</td>
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</tr>
</tbody>
</table>

**Common Practice:** NC Balloon, IVL, Cutting/Scoring Balloon, or Atherectomy

**Note:** Nodular Calcium: Atherectomy. Not recommended to do balloon deployment prior to atherectomy, due to creation of dissection.

Select Landing Zones<sup>4</sup>

Visually scan for largest luminal area in lumen profile proximally and distally

Place landing zones in healthy tissue (as determined by greatest EEL visualization)

Adjust to select an available stent length

**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 areas<sup>4</sup>

Measure Vessel Diameter

Take EEL measurements at each reference (lumen if EEL not visible)

Choose Stent Diameter

Use the distal reference measurements to select stent diameter

**EEL Measurements**

Average two perpendicular EEL measurements

Round down to the next quarter size, unless already at a stent size

**Lumen Measurements**

Use automatic measurements at distal reference

Round up to the next quarter size, even if already at a stent size

Choose Post Dilatation Balloon Diameter

Distal Balloon: Use distal reference measurement

Proximal Balloon: Use proximal reference measurement

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### Post-PCI | Optimize

<table>
<thead>
<tr>
<th>MEDIAL DISSECTION</th>
<th>APPPOSITION</th>
<th>XPANSION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address Significant Dissection</strong>&lt;sup&gt;1&lt;/sup&gt; Criteria: Dissection penetrates medial layer, and is greater than 1 quadrant arc</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Common Practice:</strong>&lt;sup&gt;4&lt;/sup&gt; Place an additional stent, particularly for distal dissections</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address Gross Malapposition**

Criteria: Malapposition indicator shows longer than 3 mm of significant (>0.3 mm from wall)<sup>7</sup> malapposition

**Common Practice:**<sup>4</sup> If stent is fully expanded, dilate with semi-compliant balloon at low pressure

**Choose Stent Diameter**

Use the distal reference measurements to select stent diameter

Confirm Expansion<sup>4</sup>

Criteria: ≥80% acceptable, ≥90% expansion is optimal

**Common Practice:**<sup>4</sup> If not achieved, post-dilate with non-compliant balloon; use target diameter measurement and round up to next available balloon size

**Note:** After one post-dilatation, physician discretion should be used for further treatment

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### Strategize

**Pre-PCI**

<table>
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<tr>
<th>MORPHOLGY</th>
<th>LENGTH</th>
<th>DIAMETER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At which location (in millimeters) does the Minimum Lumen Area (MLA) occur?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes / no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is high calcium present in the vicinity (plus/minus 10 mm)?**

**What, if any, vessel preparation or strategy could be chosen to address this morphology?**

<table>
<thead>
<tr>
<th>Proximal Balloon: Use proximal reference measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distal Balloon: Use distal reference measurement</td>
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</table>

**Choose Post Dilatation Balloon Diameter**

Distal Balloon: Use distal reference measurement

Proximal Balloon: Use proximal reference measurement

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### Optimize

**Post-PCI**

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<th>MEDIAL DISSECTION</th>
<th>APPPOSITION</th>
<th>XPANSION</th>
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<tr>
<td><strong>Are there any medial dissections?</strong> Identify the location (in millimeters).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes / no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What would you do next?**

**Common Practice:**<sup>4</sup> Place additional stent (particularly for distal dissections)

**Is the apposition considered major or minor?**

**Major:**

**Minor:**

**What would you do next?**

**Common Practice:**

If stent is fully expanded, dilate with semi-compliant balloon at low pressure<sup>4</sup>. If stent expansion has not been achieved, post-dilate with non-compliant balloon<sup>8</sup>.

**What is the minimum expansion (%EXP) in the stented segment?**

**What would you do next?**

Which segment, if any, would you treat for under expansion, why?

**What size post-dilatation balloon would you recommend for each segment?**

**Balloon diameter and length:***

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   *EuroIntervention*, April 2018; 13(18):e2182-e2189.


   *JACC: Cardiovascular Imaging*, 2015: Vol 8, No. 11:1297-305.


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