Optimize stents with IVUS

Optimize short- and long-term patient outcomes using defined pre- and post-stent criteria with Philips IVUS.1,2 Plan the procedure with pre-stent IVUS to size stents and identify the optimal landing zone. Perform post-stent IVUS to confirm good stent expansion, apposition and no edge dissection.

Plan

Pre-stent IVUS to guide procedural planning

Stent/vessel diameter
- Measure distal reference and determine stent diameter
- Measure proximal reference to guide post stent dilation

Landing zone/stent length
Identify normal segments adjacent to target lesion, with plaque burden <50% at 5mm. Measure distance between distal and proximal reference point, round up to the nearest stent length.

Lesion
Assess lesion characteristics to guide plaque modification strategy.

Land and expand

Post-stent IVUS to guide and confirm stent optimization

Landing zone
Plaque burden <50% at 5 mm proximal and distal to stent edge.

Expansion and apposition
MSA ≥90% of the distal reference lumen area and full stent apposition throughout.

Stent edges
No edge dissection involving media with length > 3mm and arc ≥ 60°.

Criteria used for IMPact on Revascularization Outcomes of intraVascular Ultrasound Guided Treatment of Complex Lesions and Economic Impact (IMPROVE) trial. Shlofmitz et al.1