In-stent restenosis (ISR) cases are one of the most complex challenges, often resulting in costly and lengthy procedures, that require a high degree of personalization.

Clear procedural guidance and optimal vessel preparation may help you succeed in ISR cases.

1. Obligate initial intravascular imaging: diagnose cause of stent failure
   2. Treatment goal: maximize stent expansion and lumen size

   - Stent undersized or underexpanded
     - High pressure or scoring balloon - 1:1 sized
       - Complete expansion? +/- confirm with imaging
         - No
         - Yes
   - Neo-intimal hyperplasia and/or neo-atherosclerosis
     - Laser atherectomy
     - High pressure or scoring balloon - 1:1 sized
       - Ensure complete stent expansion +/- confirm expansion with imaging

   - Step 1: Laser atherectomy
   - Step 2: Expansion resistant: rotational atherectomy*

   - Single vs. multilayer ISR
     - Single stent layer: re-stent
     - ≥ 2 stent layers: brachy or DCB*
     - Single vs. multilayer ISR
     - Single stent layer: re-stent
     - ≥ 2 stent layers: brachy or DCB*

*Rotational atherectomy, brachytherapy and coronary drug-coated balloon devices are not manufactured by Philips. Refer to product IFUs for appropriate use.

The treatment algorithm presented herein is the view and opinion of the featured physician and is for information purposes only. The treatment algorithm is based on the experiences of the featured physician and may not be predictive for all patients. Individual results may vary depending on a variety of patient-specific attributes and related factors. Nothing in this algorithm is intended to provide specific medical advice or to take the place of written law or regulations. Philips expresses no opinion on the ISR treatment algorithm.

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