



**Endovascular  
Cardiac  
Complications**

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## Entrapment of kinked catheter in brachial artery

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## Case summary

46 male

Smoker

No CVRF

Angina will positive TMX

Listed for angiography

JL 3.5 5F catheter kinked and stuck in brachial artery

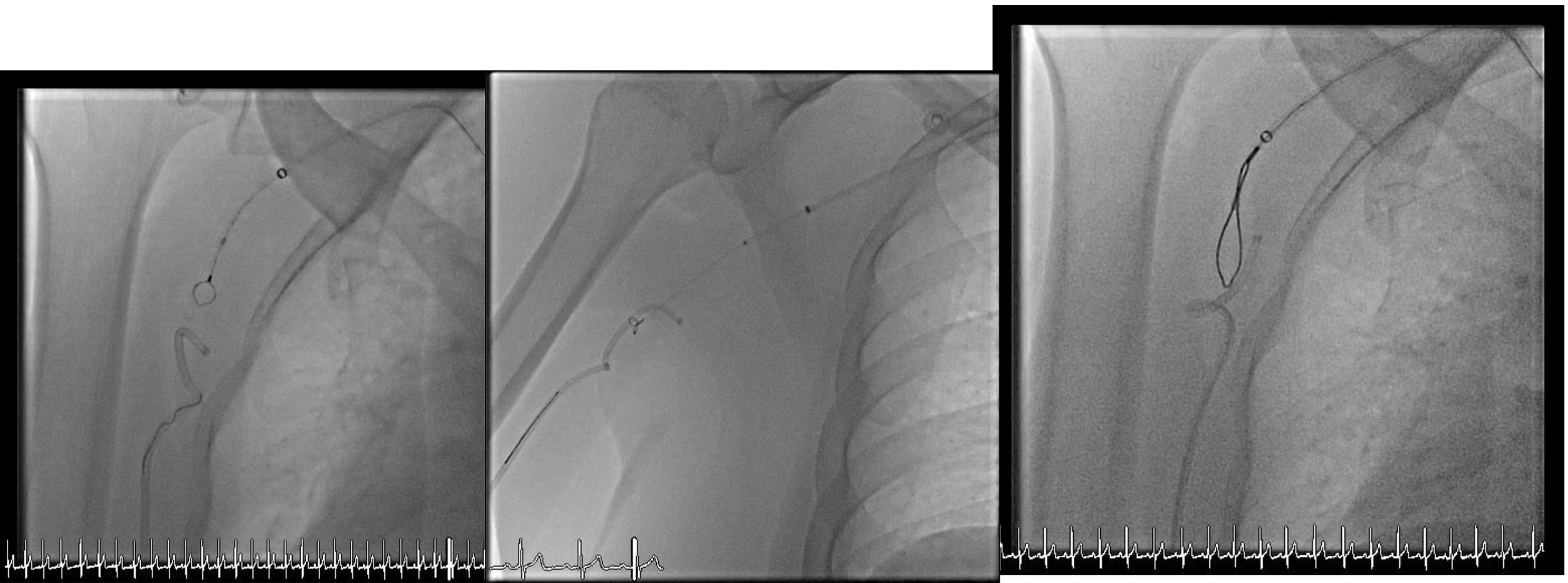
Severe pain on external fixation ! Failed to untwist and wire could not go through it



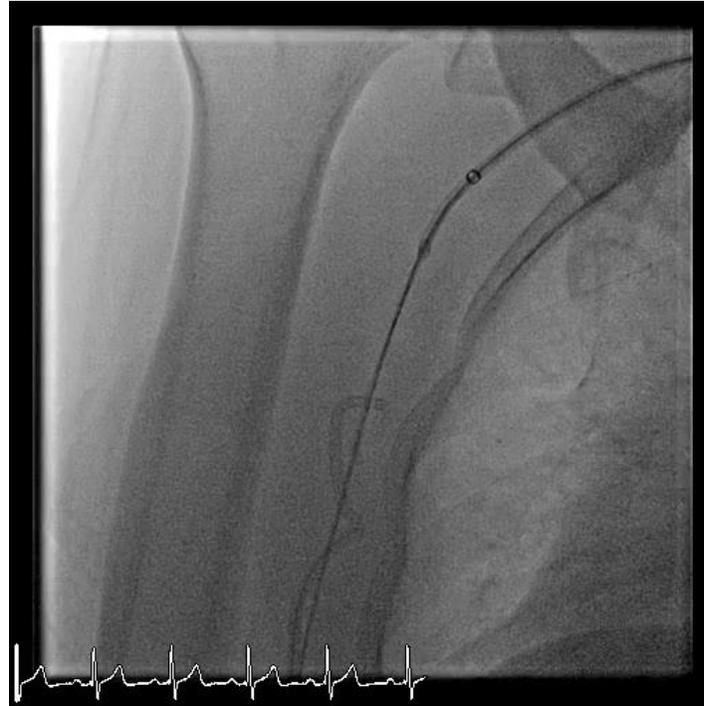
# Q 1 What do you propose?

- a. Pull everything in block
- b. Snare it with contralateral access
- c. Use a trapping balloon
- d. Catch the catheter with a bioptome from contralateral access
- e. Something else

Snare kits 120 cm x 5 mm (and 25 mm) - but snare could not hook around the tip



Why my snare could not loop around ?



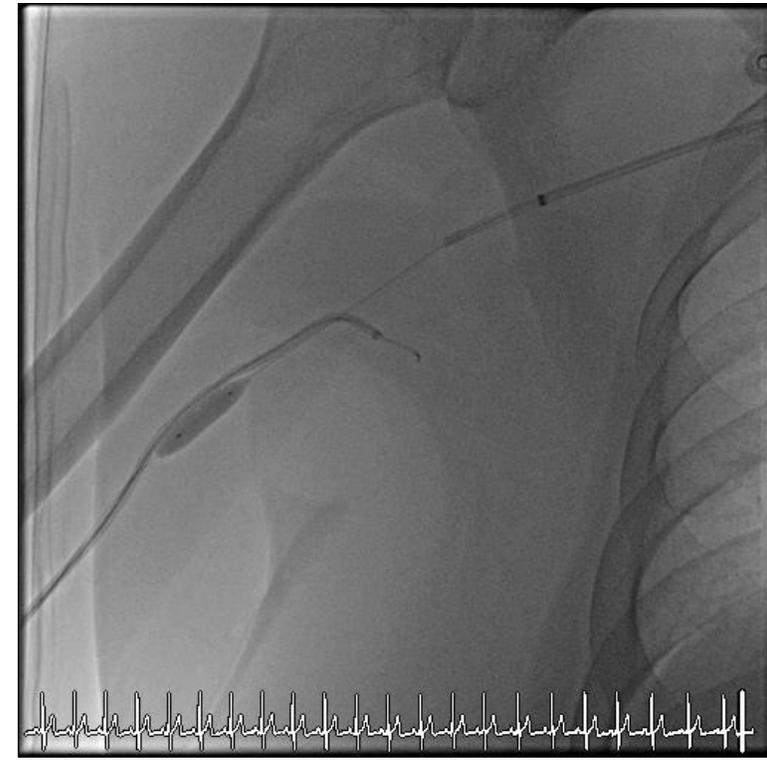
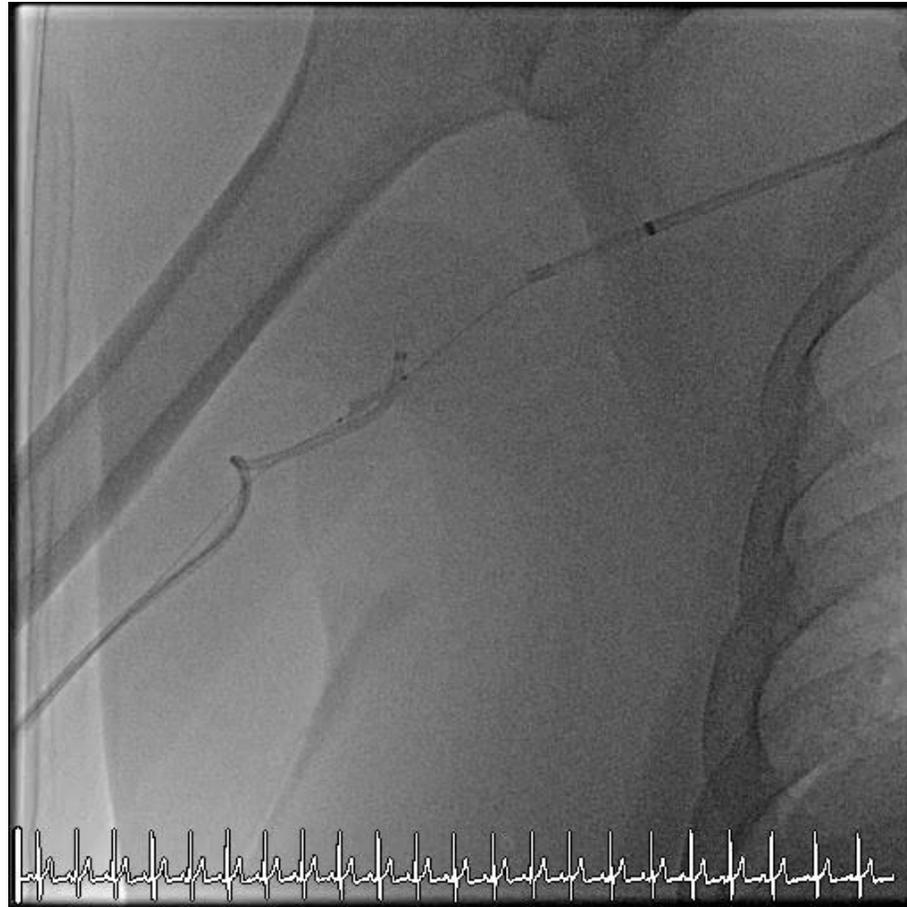
## Q 2 What do you propose?

- a. Pull everything in block
- b. Home made snare
- c. Use a trapping balloon
- d. Catch the catheter with a bioptome from contralateral access
- e. Something else

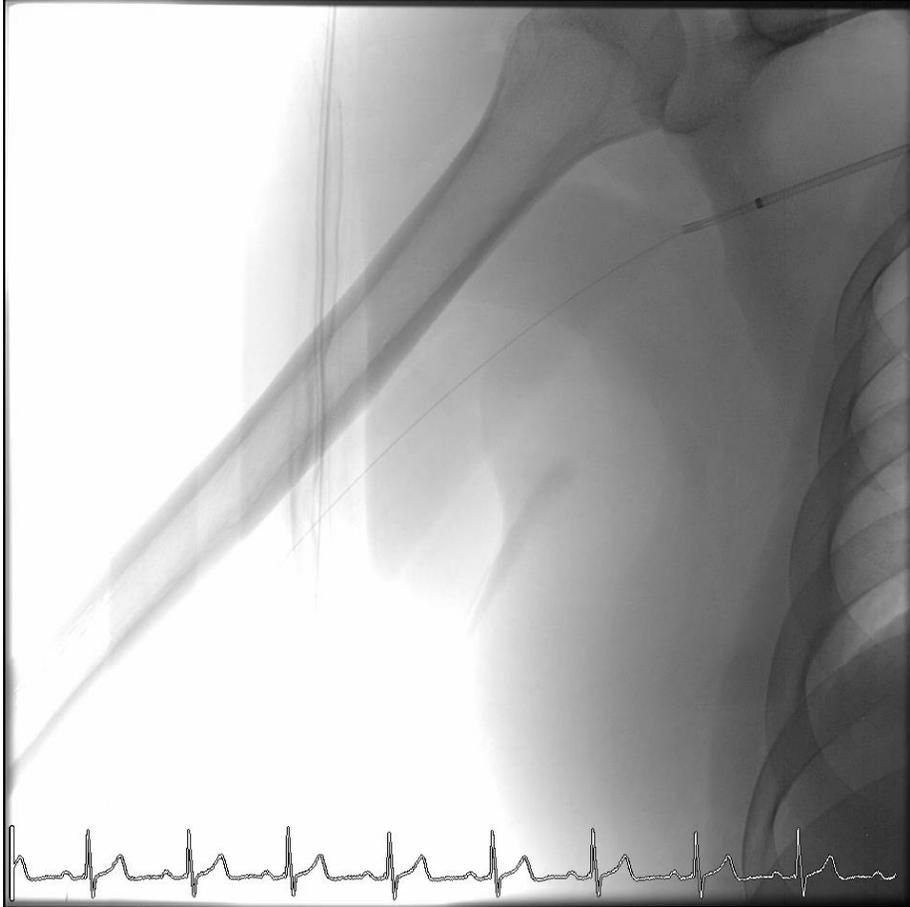
What is next – balloon support but failed to anchor the catheter ( 5.5 mm x 15 mm balloon)



Balloon placed across kink for good anchorage and it worked



Severe spasm but no perforation was noted.



## Q 3 What do you propose?

- a. Use the same approach after nitrates administration
- b. Use left radial access
- c. Use right humeral access
- d. Use femoral access even if people say that it kills the patients
- e. Something else

Cath was normal !



# Take home

1. Catheter kink is avoidable and is usually due to aggressive manipulation of catheter. Keep an eye on blood pressure trace !
2. Aim to untwist in bigger arteries, and avoid pull back into smaller branch
3. Snare failed to hook the tip of the catheter as the catheter tip was against the wall of brachial artery.
4. Balloon placed “across the kink” managed to hold the distal catheter and was a useful tool to untwist the whole system.