

## **Rotablation in Side Branches Preservations**

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Rotablation has been an old tool which survives the market for more than 20 years and proves to be very effective and efficient in lesion preparation in the DES era. Rotablation remains a vital tool in conquering very difficult heavily calcified or severely fibrotic lesions, especially when it is done in the first place rather than adopted as a bail-out procedure. Rotablation in the DES era helps stent delivery, minimizes stent under-expansion or shortens procedure time. Moreover, we find that it is also a very useful tool for side branch preservation when dealing with very complex heavily calcified or atheromatous true bifurcation lesions.

In recent years we have been doing rotablation for side branch preparation or preservation in case of very complex and heavily calcified true bifurcation lesion interventions in which side branches are at extremely high risk of loss and could not be stented if side branch lesion preparation was not done. Doing side branch rotablation is technically challenging because side branch usually has short wire landing zone and we have to readjust wire position by dynaglide from time to time in order to keep rotawire in acceptable position before re-ablation and most of the time demands an experienced team with good mutual understanding. Also when doing SB rotablation we have to do it very slowly in order to keep stable wire position and to prevent burr stuck. Finally we find that rotablation burr could go across stent struts in order to treat side branch lesions.