

# Fractional Flow Reserve (FFR)

--Practical Set Up Pressure Measurement --



Joint meeting of  
Coronary  
Revascularization

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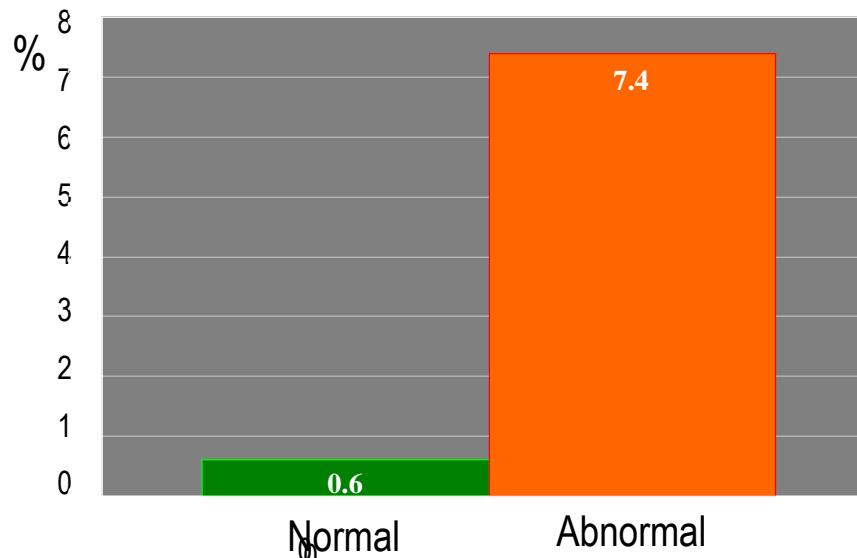


# 목차

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- FFR 결정수치와 임상근거
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- FFR측정시의 주의사항

# 관상동맥 중재시술을 하는 이유 : 심근허혈을 완화

- Studies such as Iskander et al. have shown that a person is significantly more likely to die or have a myocardial infarction (M.I.) if they have a lesion causing inducible ischemia compared to one that does not.
- Therefore it is essential to differentiate between both types of lesions.

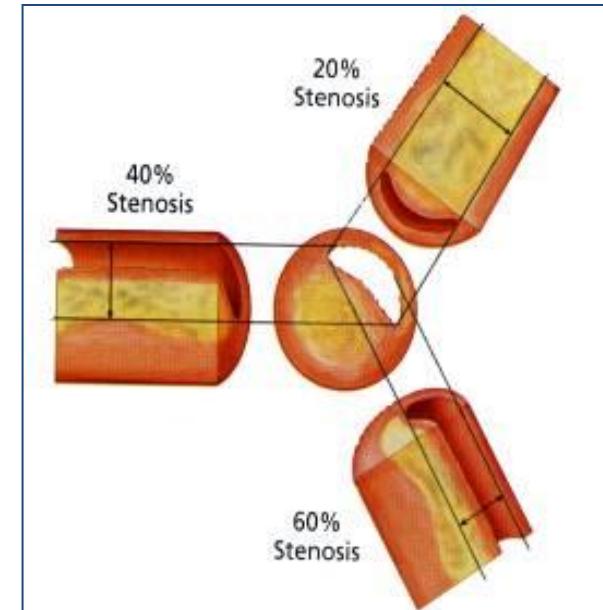
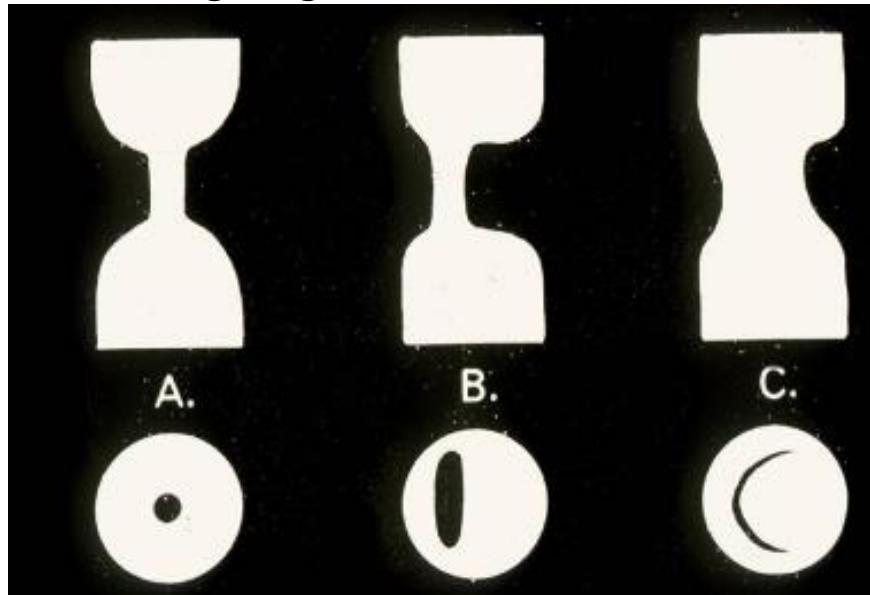


Average Annual Hard Events  
(Death or MI) in > 12000 Patients

Iskander S, Iskandrian A E JACC 1998

# 관상동맥 조영술의 한계

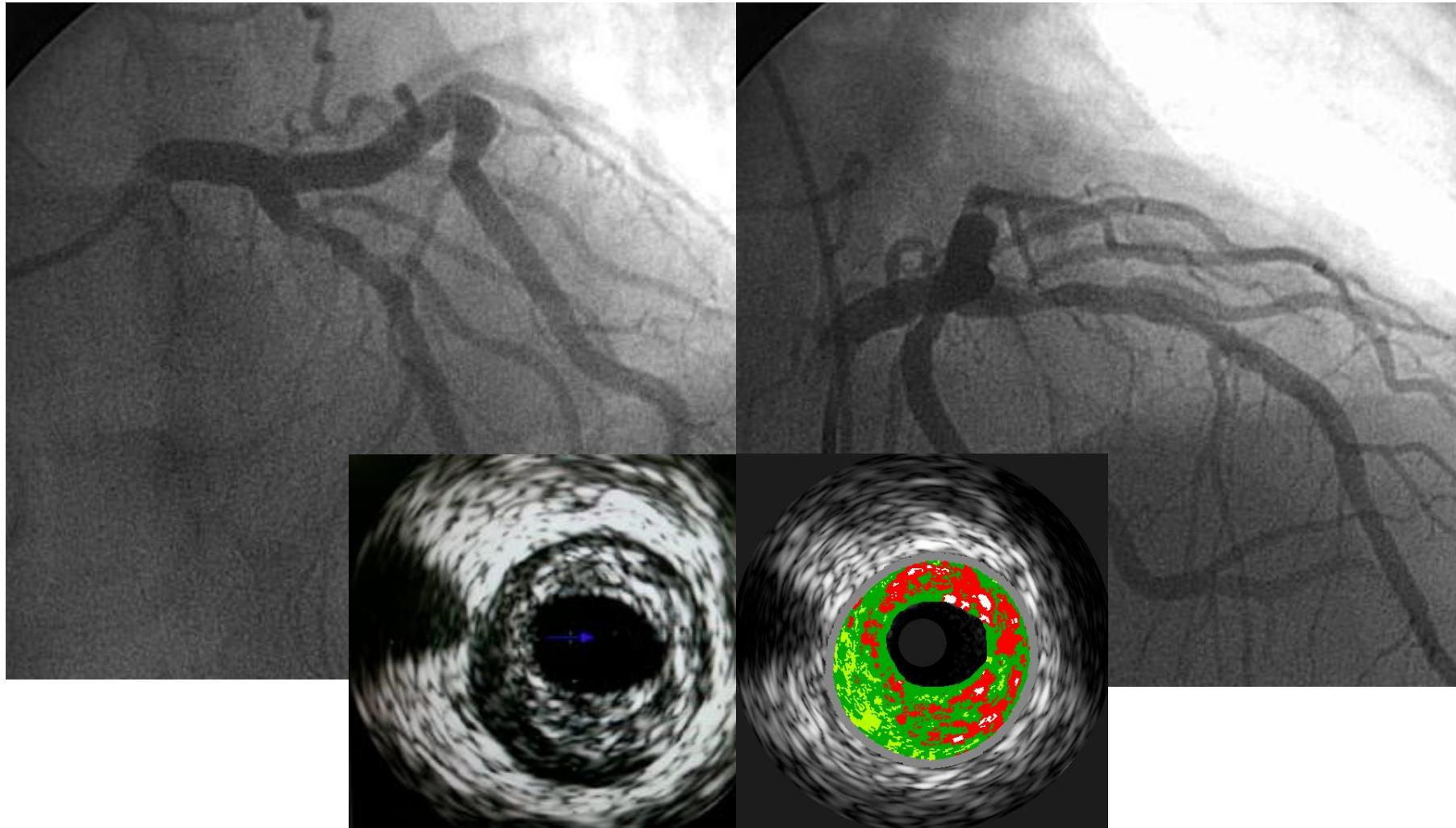
- 2-D angiograms facts



In a study of patients with LMCA stenoses (n=51), 4 experienced cardiologists achieved correct lesion classification **no more than 50% of the time** using angio when comparing to FFR as the gold standard.

Lindstaedt et al, Int J Cardiol 2007; 120(21): 254-261

# CASE #M/62, acute resting chest pain



# Fractional Flow Reserve<sup>myo</sup> (심근분획혈류 예비력)

## FFR<sub>myo</sub>

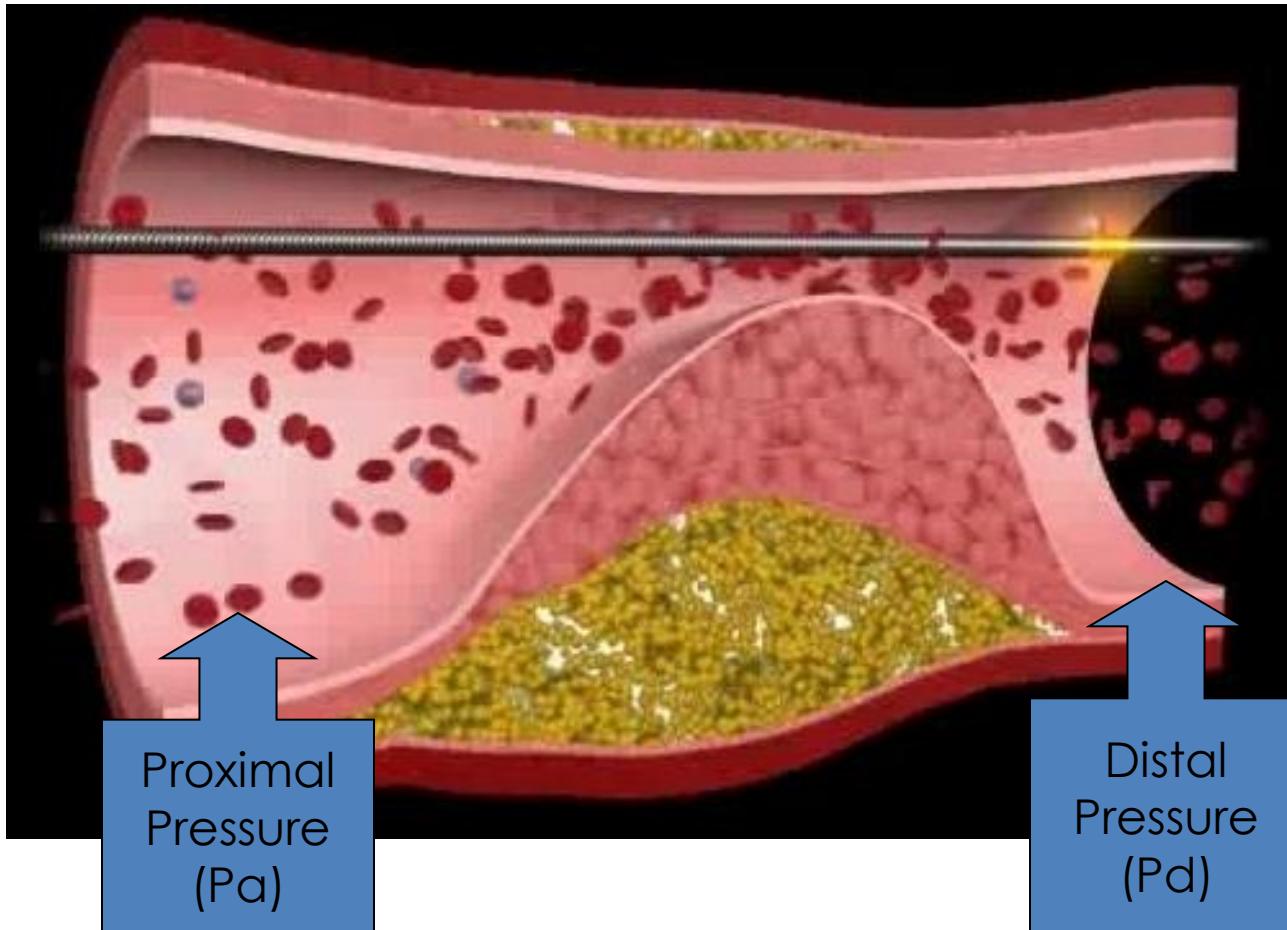
Max. myocardial blood flow  
In the presence of a stenosis

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Normal maximum blood flow

\* Maximum blood flow achieved by inducing hyperemia in the patient \*

# FFR 측정



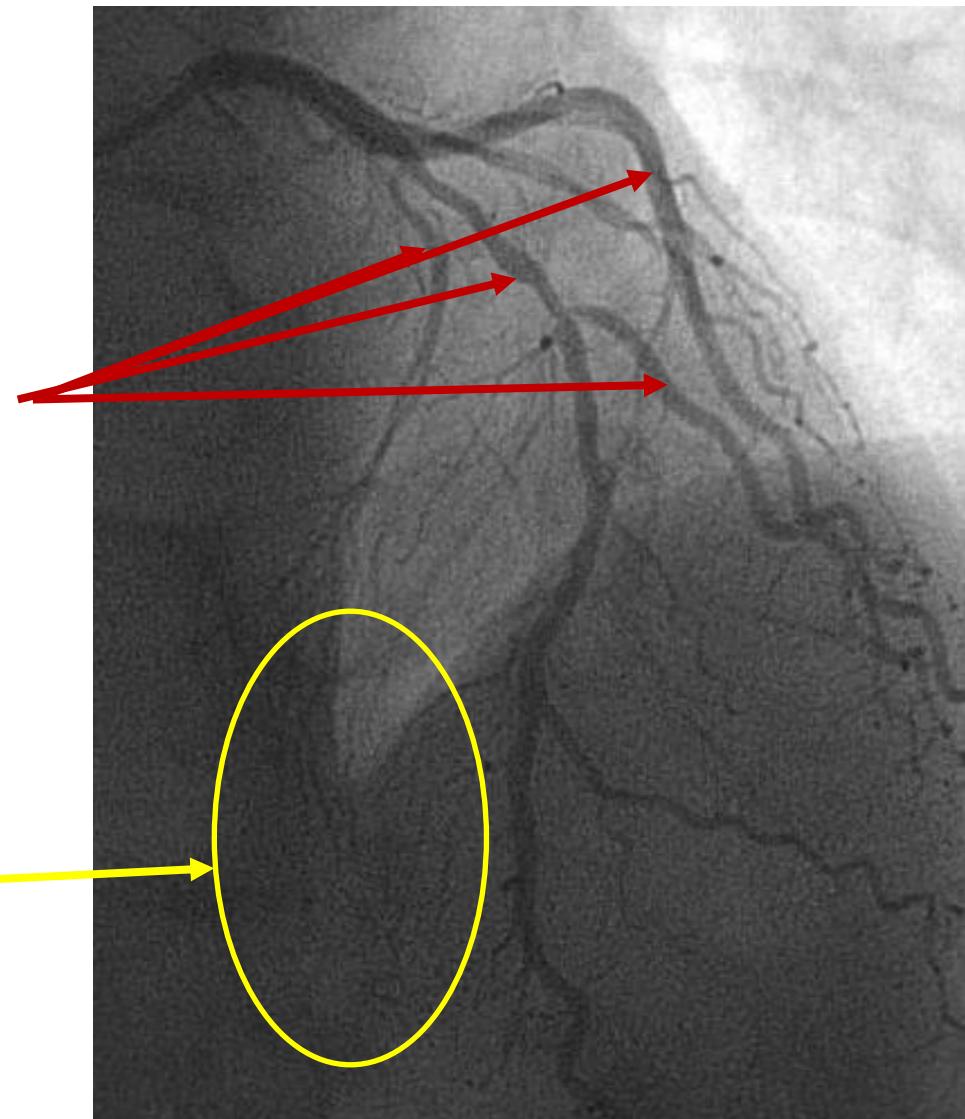
\*\*A hyperemic agent is administered IV or IC to induce hyperemia in the patient\*\*

De Bruyne B, Sarma J. (2008). Fractional Flow Reserve: A Review. *Heart*. Volume 94:949-959.

# FFR 이란 무엇인가?

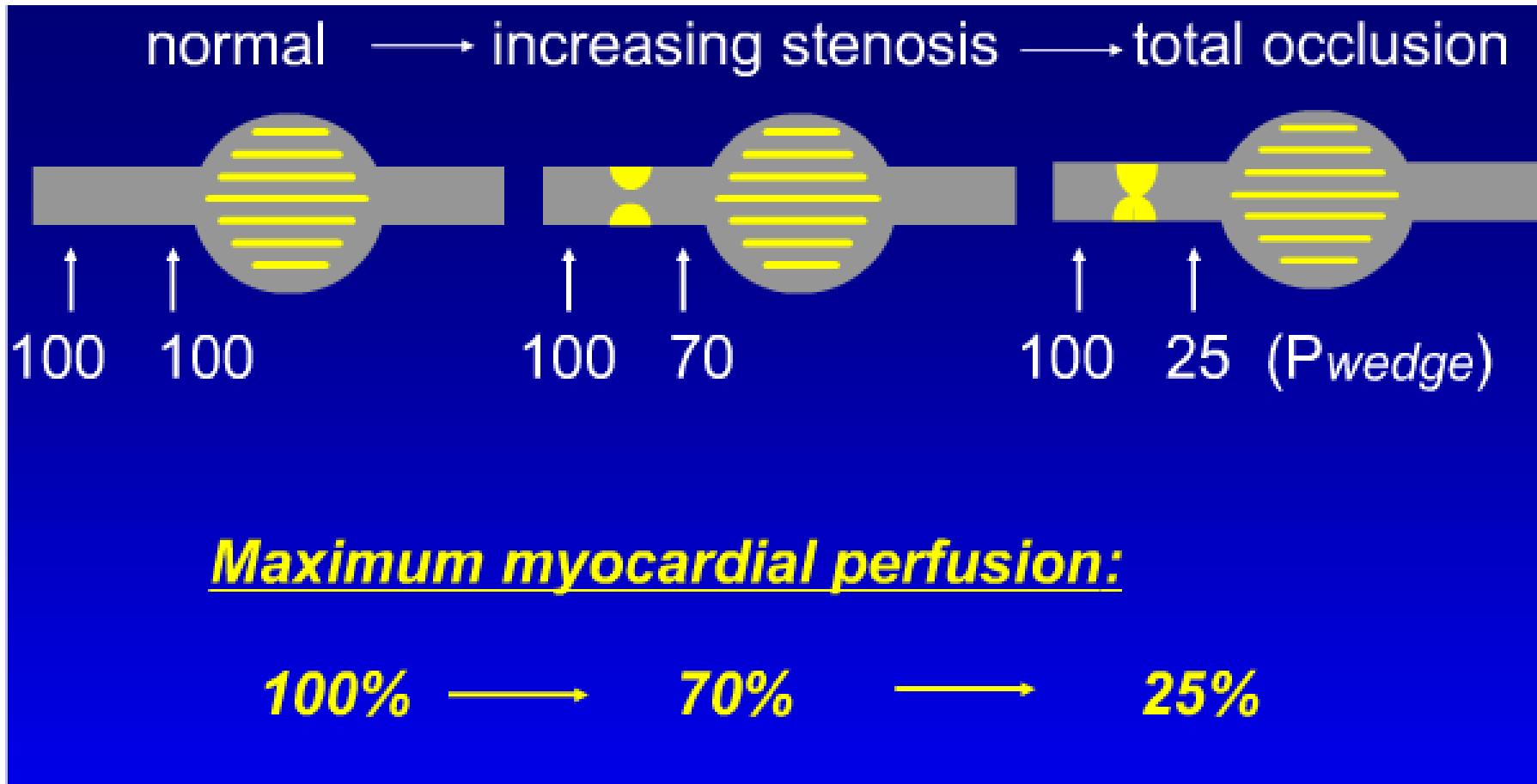
# 관상동맥의 해부학적 생리학적 특성

>400 $\mu\text{m}$   
Conduit Vessels  
= Epicardial coronary arteries



<400 $\mu\text{m}$   
Resistive vessels  
= arterioles & capillaries

# 심근혈류량은 혈관내 관류압력에 비례



# (Reactive) Hyperemia 심근충혈

- Concept
  - Minimize vascular resistance of the resistive vasculature
- Inducer
  - Ischemia: most potent
  - Adenosine, ATP, papaverine etc.
  - Increase 4-6 folds blood flow

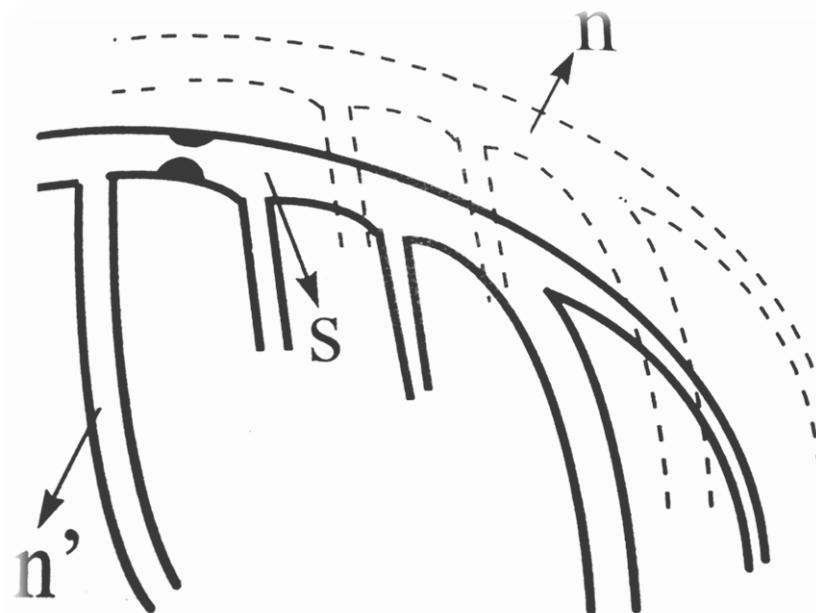
# 관상동맥 혈류 예비력 (Coronary Flow Reserve)

Absolute vs Relative vs Fractional  
flow reserve

$$\frac{QS \max}{QS \text{ rest}}$$

$$\frac{QS \max}{Qn' \max}$$

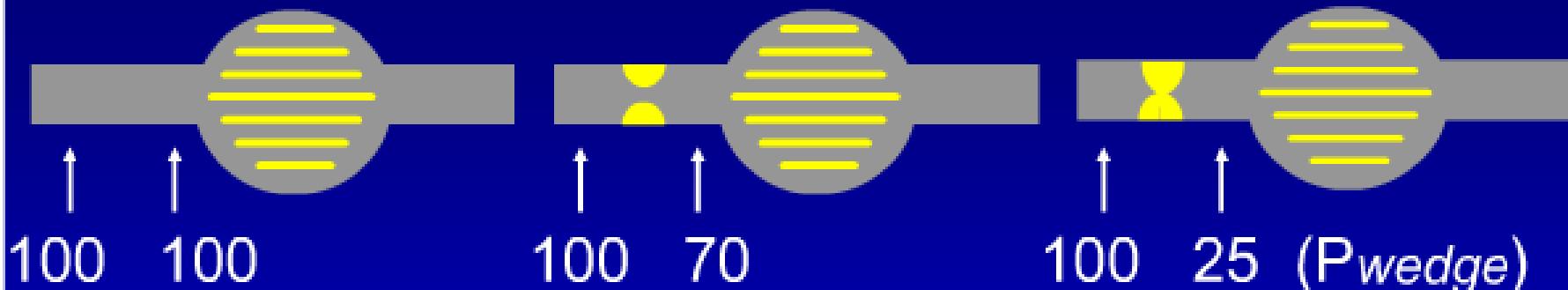
$$\frac{QS \max}{Qn \ max}$$



Courtesy by Pijls NH, De Bruyne B, Coronary Pressure, 2<sup>nd</sup> edition, Kluwer, 2000

# 관상동맥 압력차의 비로 심근혈류량 추정

normal → increasing stenosis → total occlusion



Maximum myocardial perfusion:

100% → 70% → 25%

FFR: 1.0 → 0.7 → 0.25

# FFR의 정의

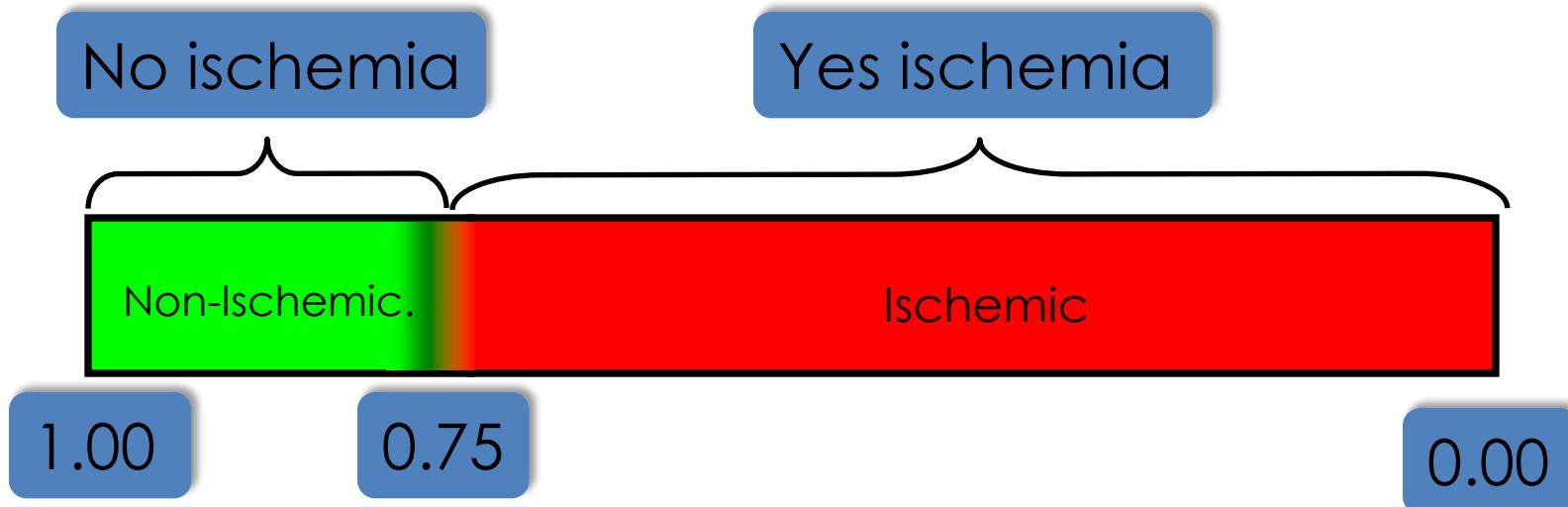
$$\text{FFR } \textit{myo} = \frac{P_d}{P_a}$$

$P_a$  = mean aortic pressure at maximum hyperemia

$P_d$  = mean distal coronary pressure at maximum hyperemia

# FFR 결정 수치와 임상근거

# FFR 결정수치

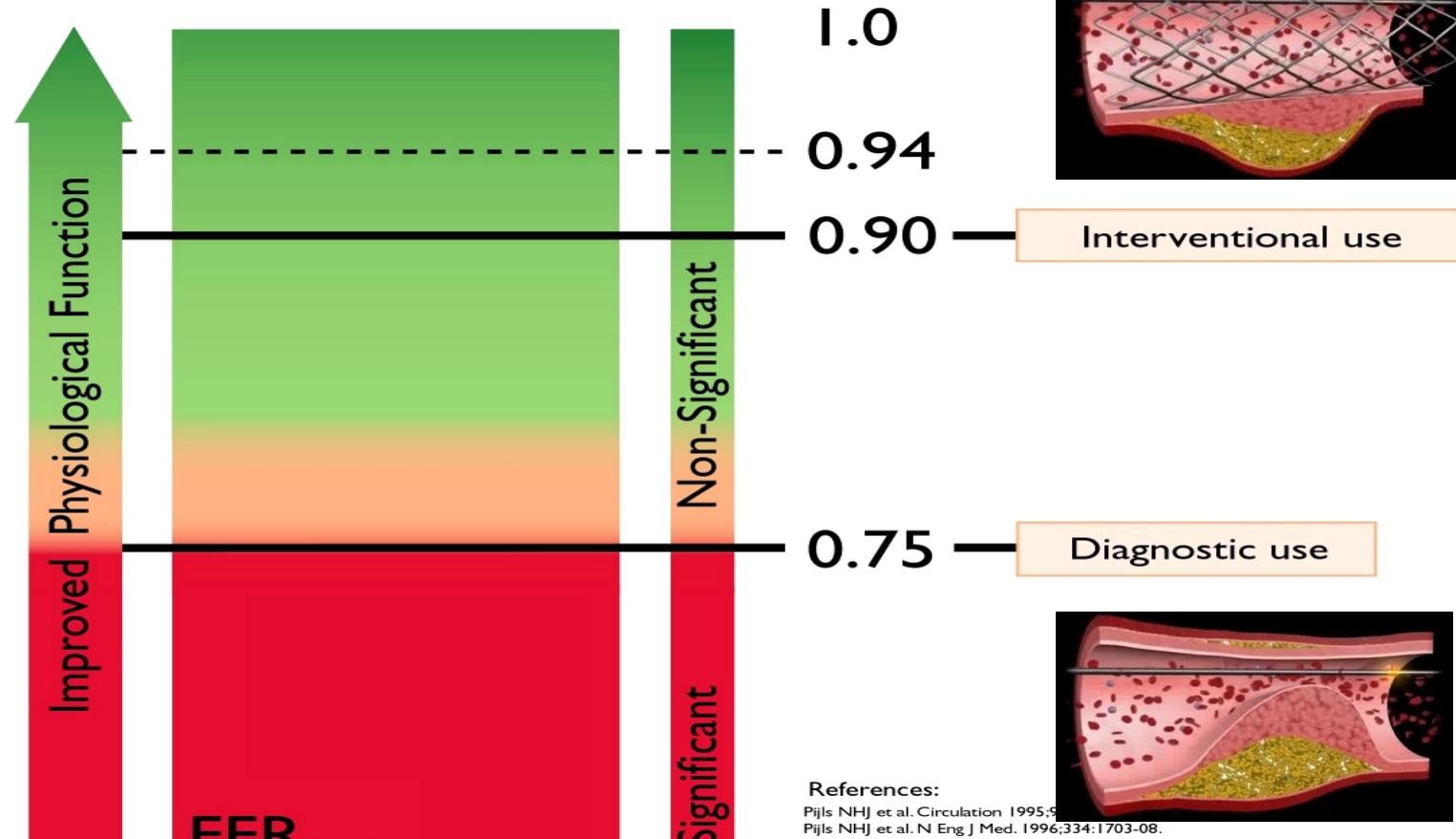


FFR < 0.75 → inducible ischemia      (specificity 100 % )  
FFR > 0.75 → no inducible ischemia    (sensitivity 88 % )

Pijls, De Bruyne et al, NEJM 1996

# FFR 결정수치

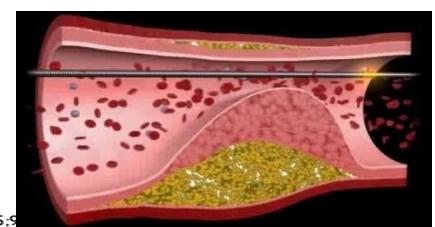
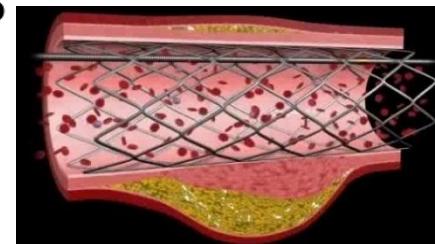
FFR for decision-making in the cath lab



Note: The specificity of this cut-off value is 100% and the sensitivity is 88%.

#### References:

- Pijls NHJ et al. Circulation 1995;92:1703-10.
- Pijls NHJ et al. N Eng J Med. 1996;334:1703-08.
- Hanekamp C. Circulation 1999;99:1015-1021.
- Bech GJW et al. Circulation 1999;99:883-889.
- Pijls NHJ and De Bruyne B. 2000.
- Coronary Pressure 2nd Edition. Kluwer Academic Publishers



# FFR (myo)수치의 특성

- Lesion specific index
- Independent HR, BP & contractility
- 1.0 normal value for every situation
- Clear cut-off value: 0.75 & 0.90
- Account the collateral flow to myocardial perfusion
- Easy apply: just mean Pa/Pd pressure

# FFR 측정의 임상적용

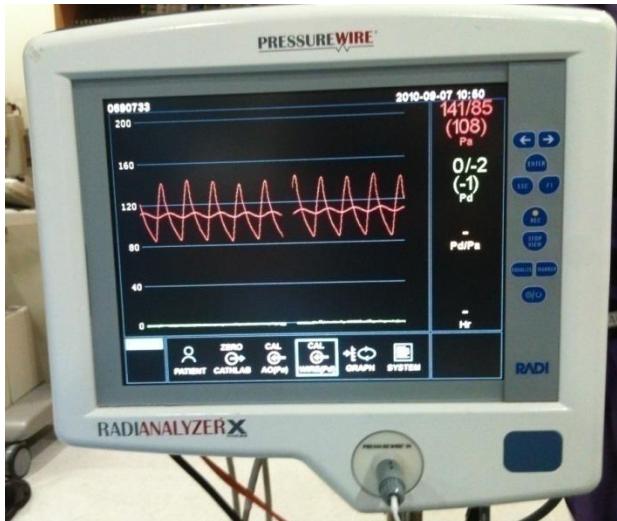
관상동맥 중재시술의 ‘애정남’?

- Single vessel intermediate lesions
- Serial lesions
- Multi-vessel disease
- Bifurcations and jailed side branches
- Left Main disease
- Secondary lesions
- In-stent restenosis

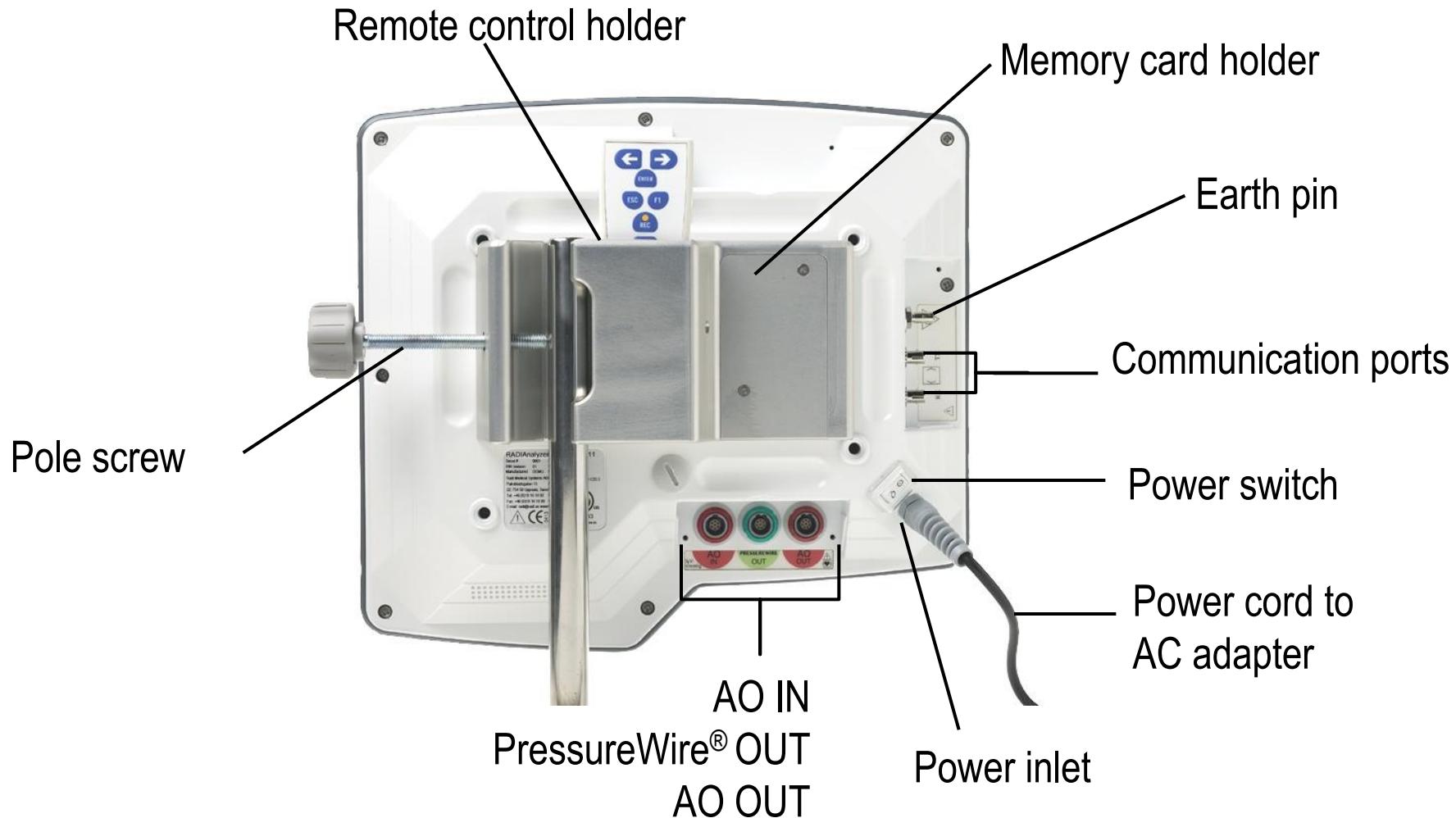
# Pressure wire를 이용한 FFR 측정의 Set-Up



# FFR 측정장비



# RADI™ Analyzer



# RADI View™ 2.2 Software



# FFR 측정의 실제

- Step 1 Pressure wire and analyzer setting



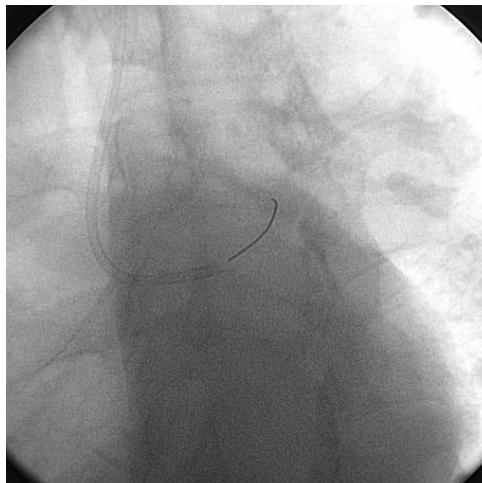
# 영점보정

- Step-by-step startup guide

1. ZERO 2. AO 3. WIRE	ZERO CATHLAB CHANNELS NOW, THEN PRESS ENTER  Test AO 200 mmHg	OK	Test WIRE 200 mmHg	
1. ZERO 2. AO 3. WIRE	OPEN AO TRANSDUCER TO AIR AND PRESS ENTER	CAL		
1. ZERO 2. AO 3. WIRE	FLUSH WIRE COIL, PLACE FLAT AND PRESS ENTER	CAL		
MAIN VIEW CURSOR	<<   LEFT	SAVE & EXIT	>> RIGHT	

# FFR 측정의 실제

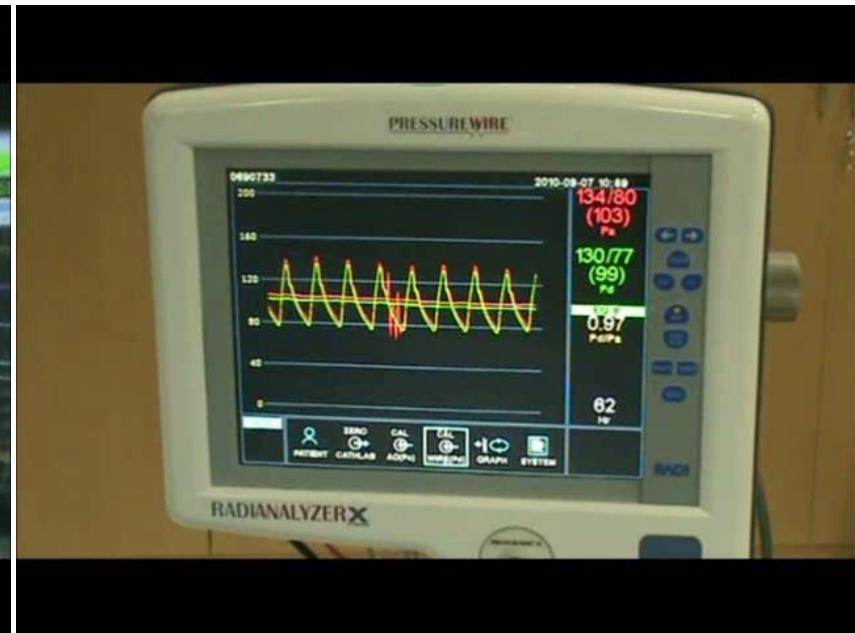
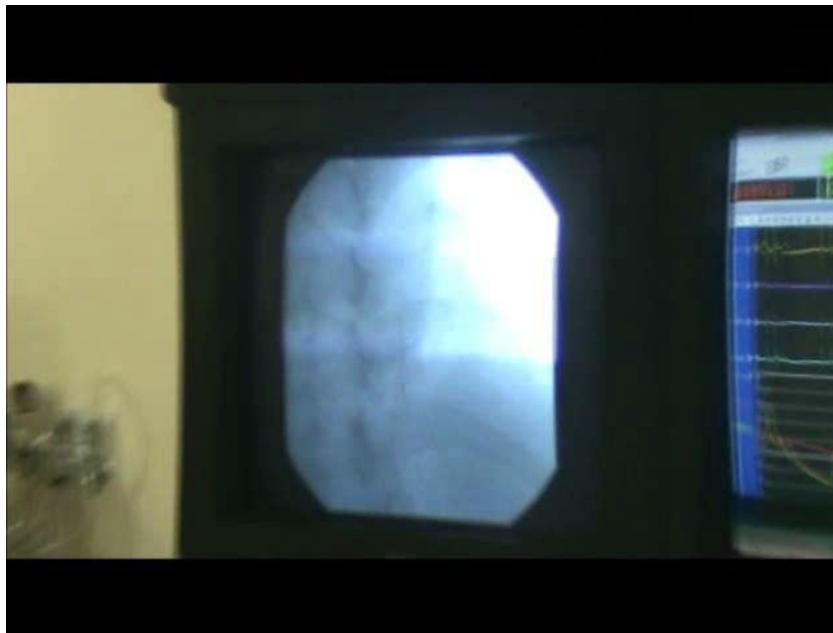
- Step 2 Pa/Pd pressure equalization



# FFR 측정의 실제

- Step3

Wiring, check baseline pressure gradient and induce hyperemia

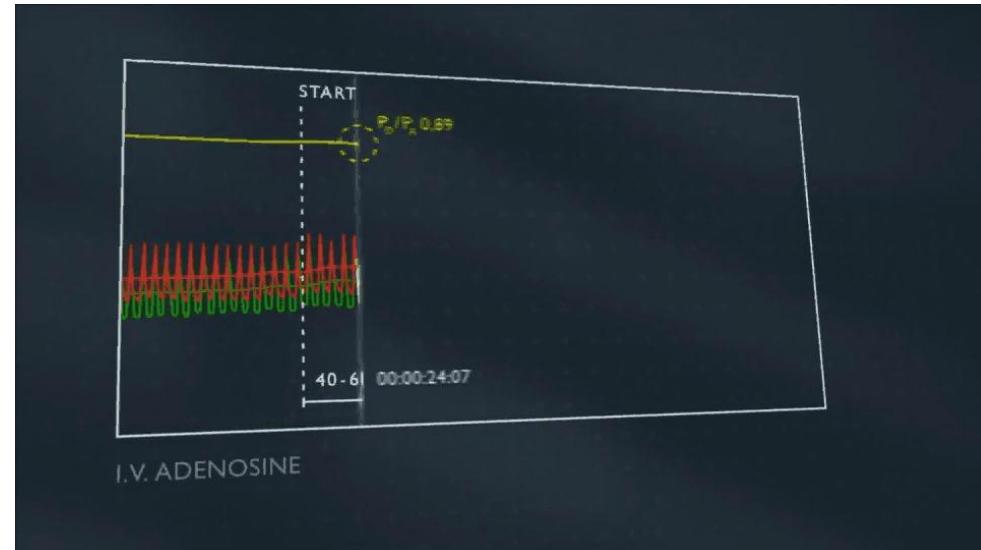
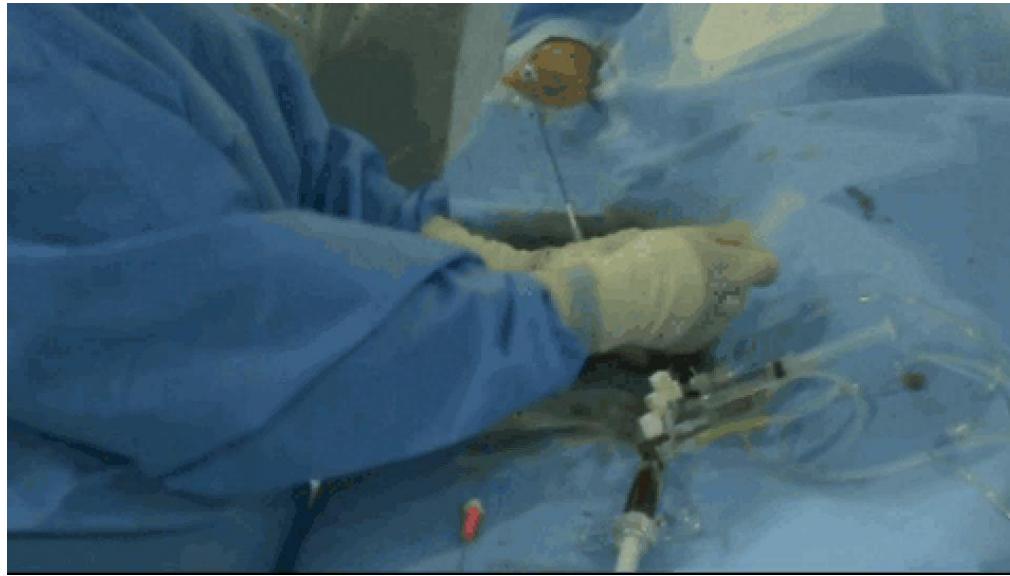


# 혈류 충혈 유도 (inducing hyperemia)

- Hyperemic stimuli by adenosine
- Route:
  - IC bolus,
  - IV infusion,
  - IC infusion
- Dose:
  - IC bolus: RCA 24-40 $\mu$ g,  
LCA 40-80 $\mu$ g
  - IV infusion: 140 $\mu$ g/kg/min
  - IC infusion: 240 $\mu$ g/kg/min

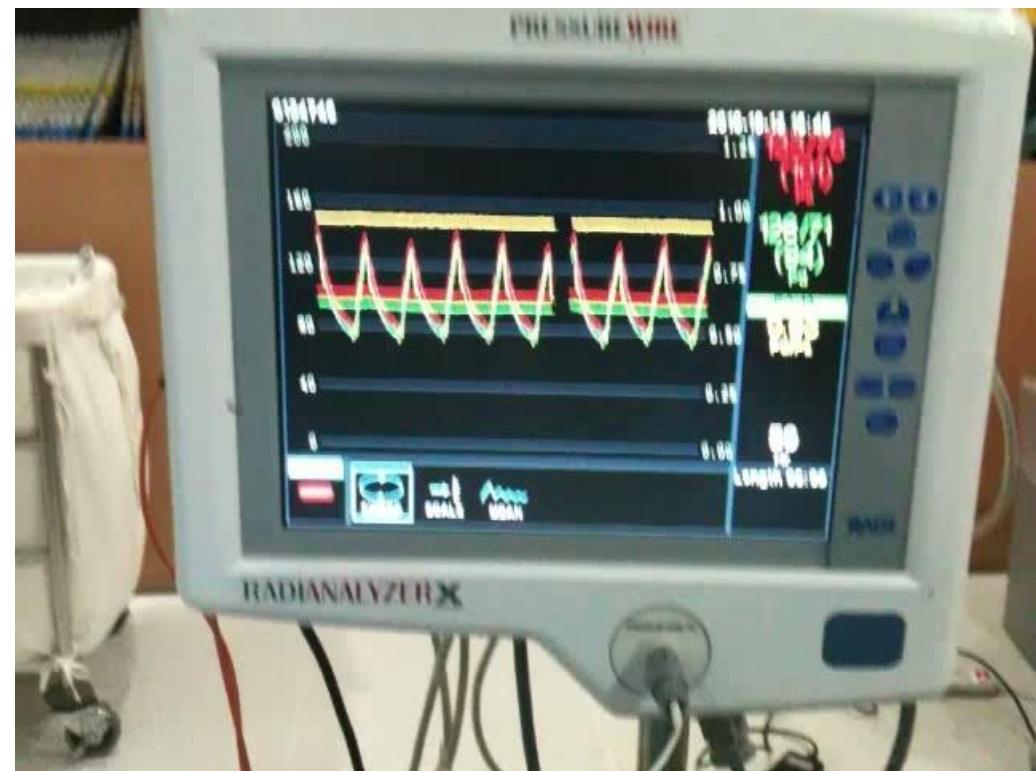


# 아데노신 주입을 이용한 Hyperemia

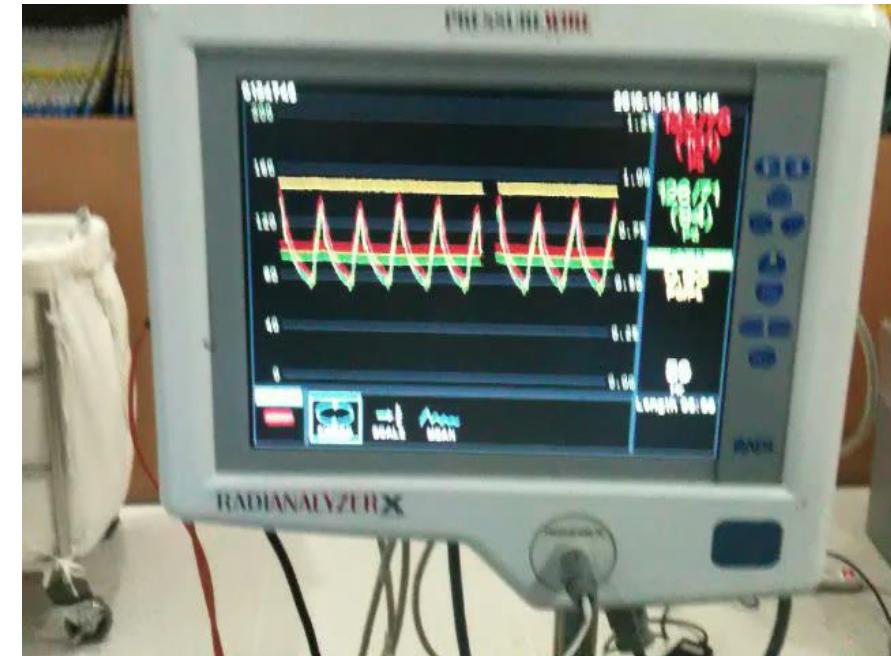
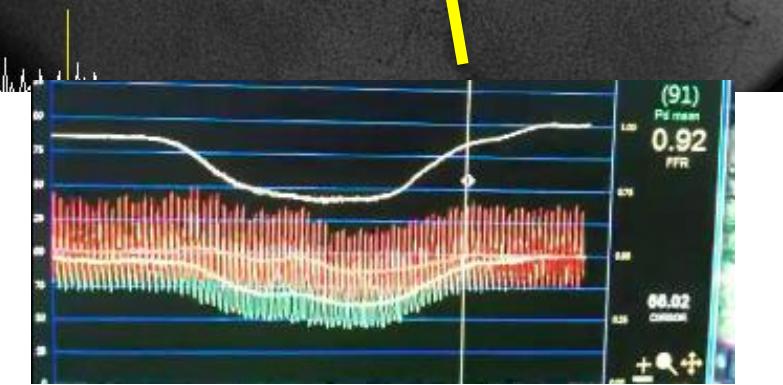
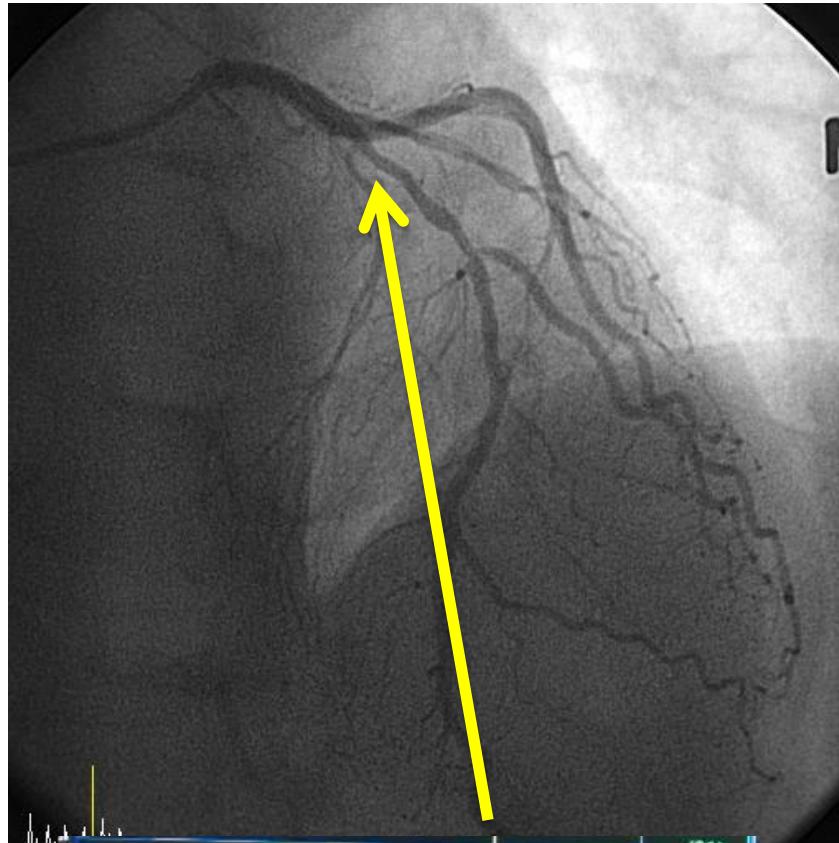


# FFR 측정의 실제

- Step 4. check hyperemic FFR

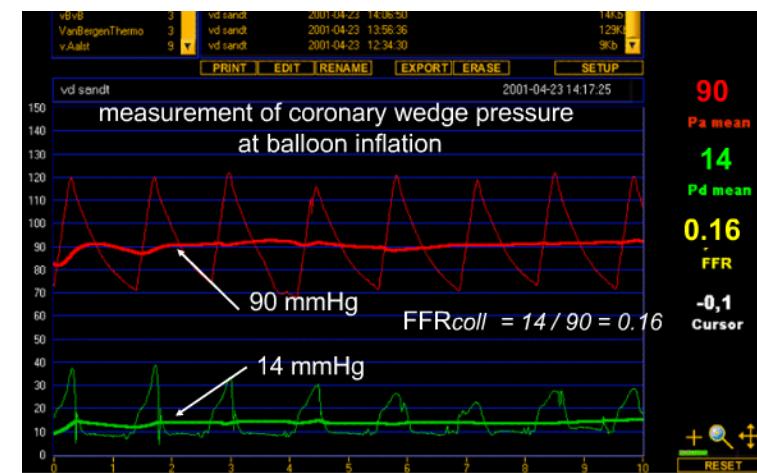


# FFR 결과 확인 및 분석



# FFR 측정의 실제

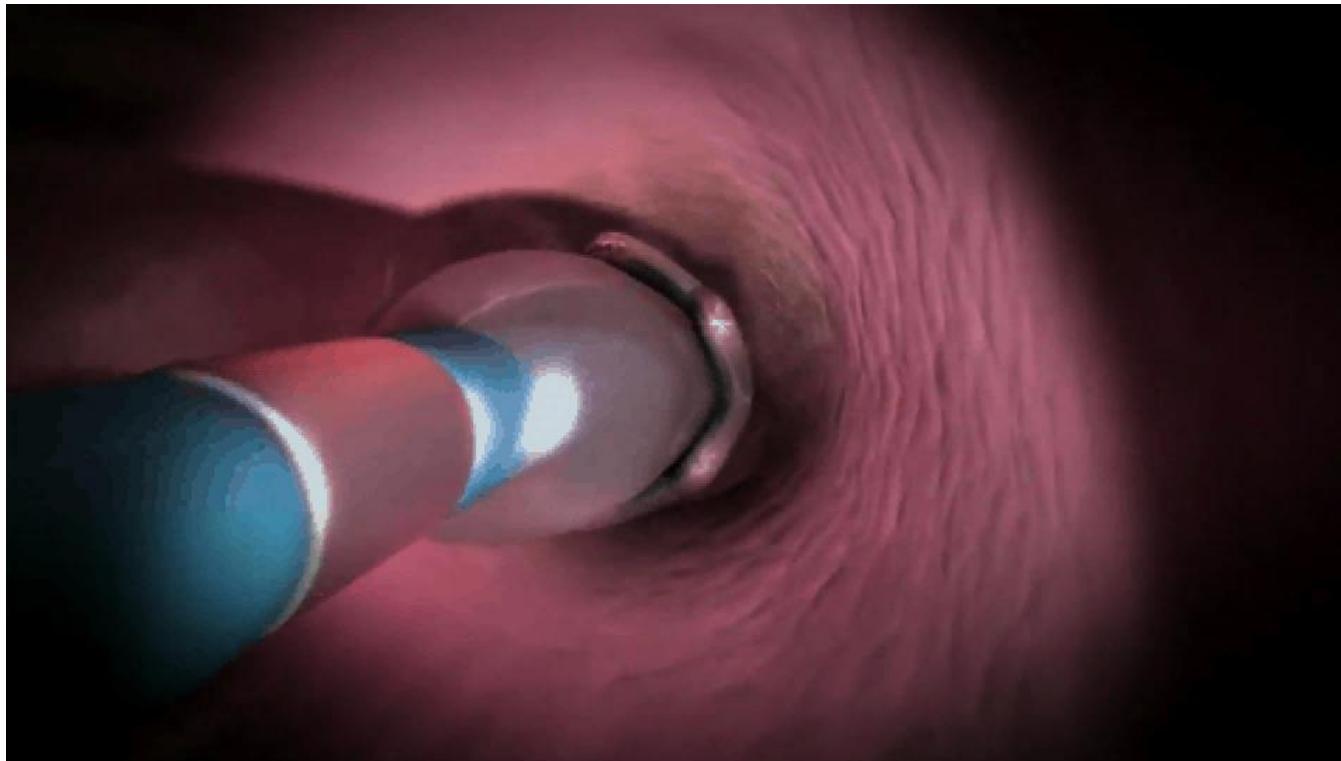
- Step 5. check IVUS &perform PCI
- as a primary angioplasty GW
- pressure wire give us additional hemodynamic informations
- coronary wedge pressure, immediate post ballooning &stenting pressure gradient



# FFR 측정의 실제

- Step 6

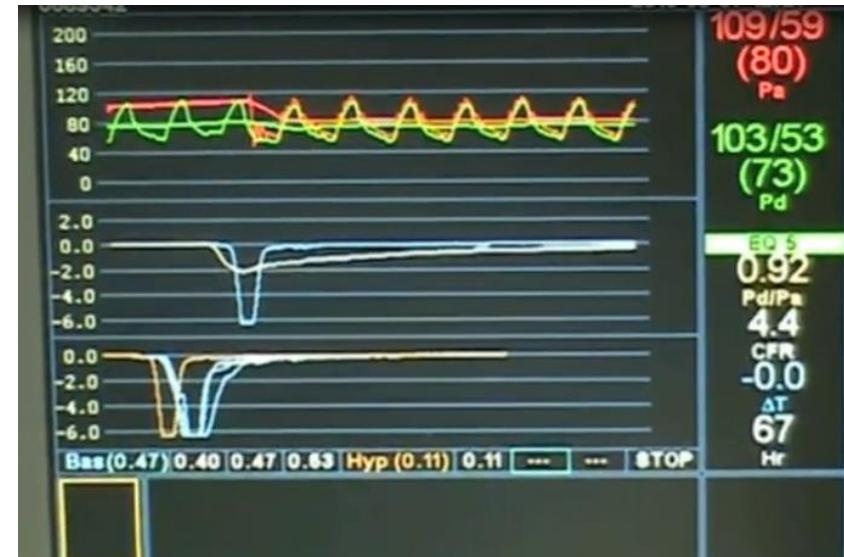
Post stent FFR



# CFR/IMR 측정의 실제



# CFR/IMR 측정결과



# FFR 측정시 주의사항

# FFR측정의 허점 및 문제 해결

- Possible cause of underestimation severity
  - Sub-maximal hyperemia
  - Guiding catheter wedging
  - Other devices in the guiding catheter
  - Pressure signal reversion

→high FFR value

- Pressure signal drift

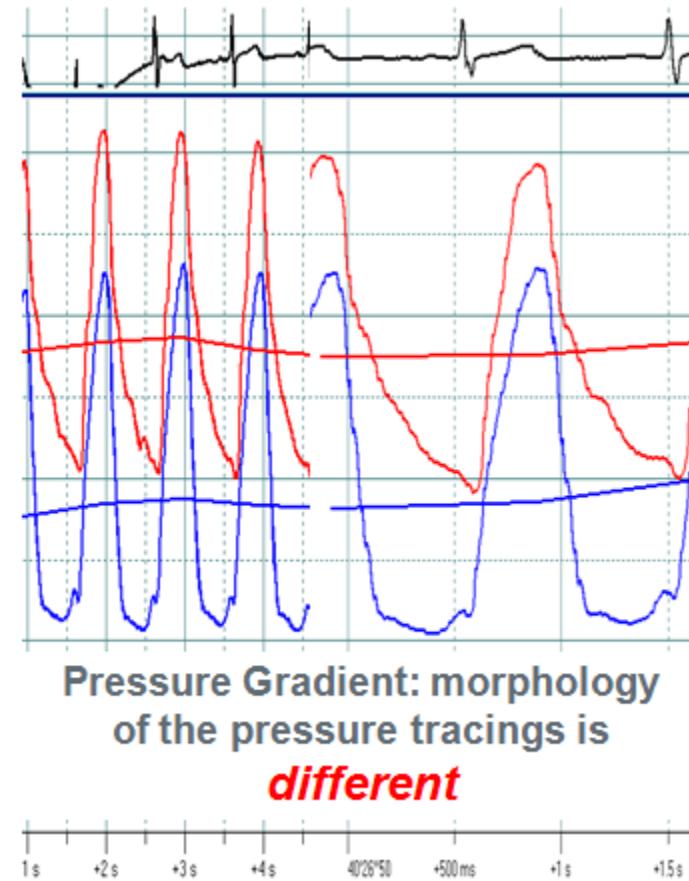
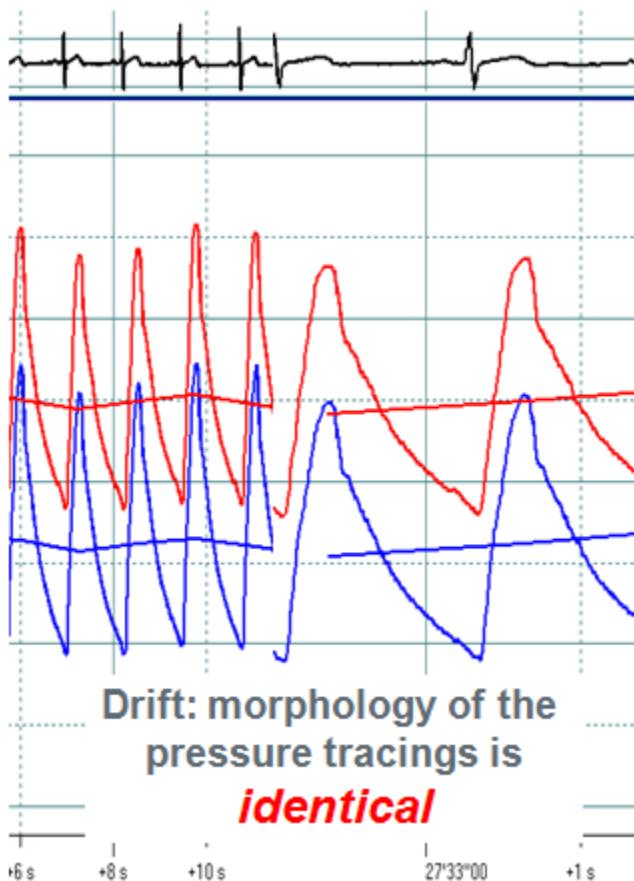
# Pressure Signal Drift

- Procedure time after equalization
- Guiding cath damping

To avoid..

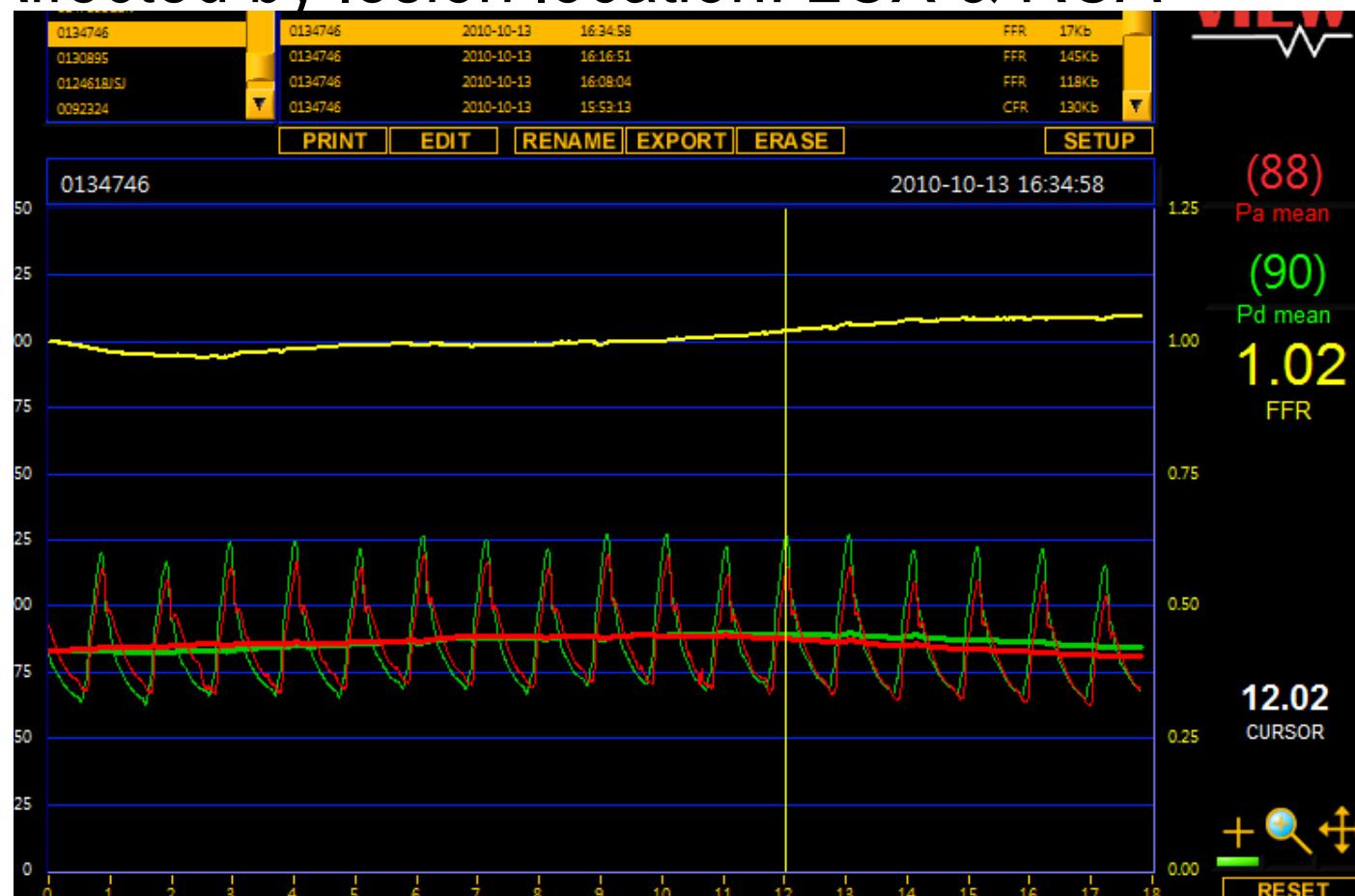
- Keep the eyes both pressure graph pattern
- Equal pressure should be re-confirmed.

# Pressure Signal Drift



# Pressure Signal Reversion

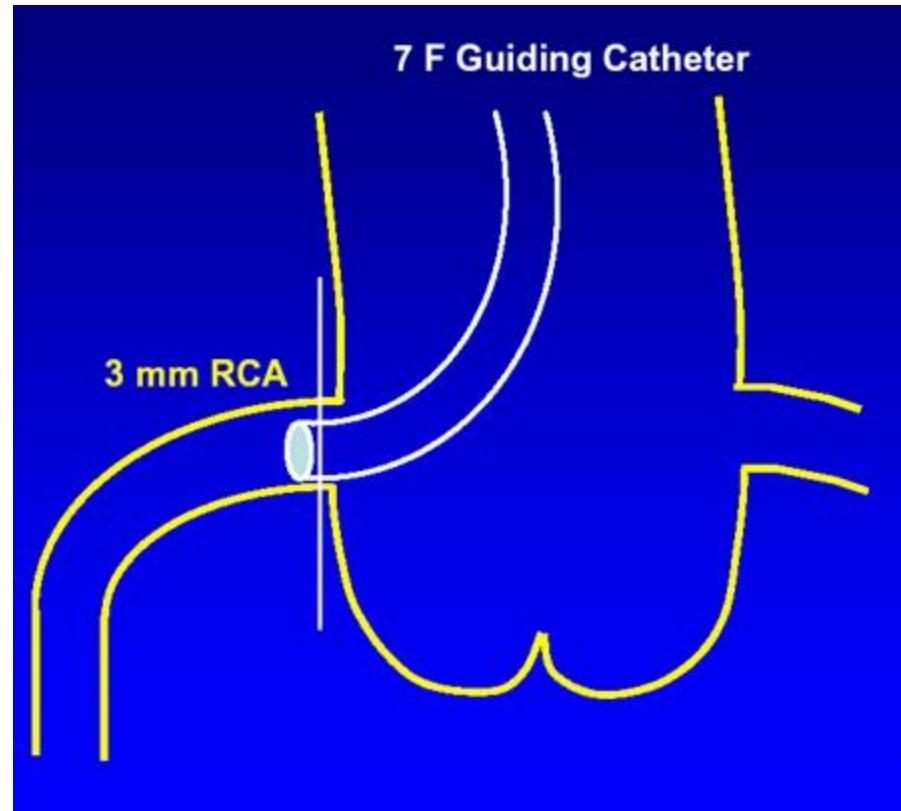
- Affected by lesion location: LCX & RCA



# Possible Device Related Problems Compromising Pressure Measurement

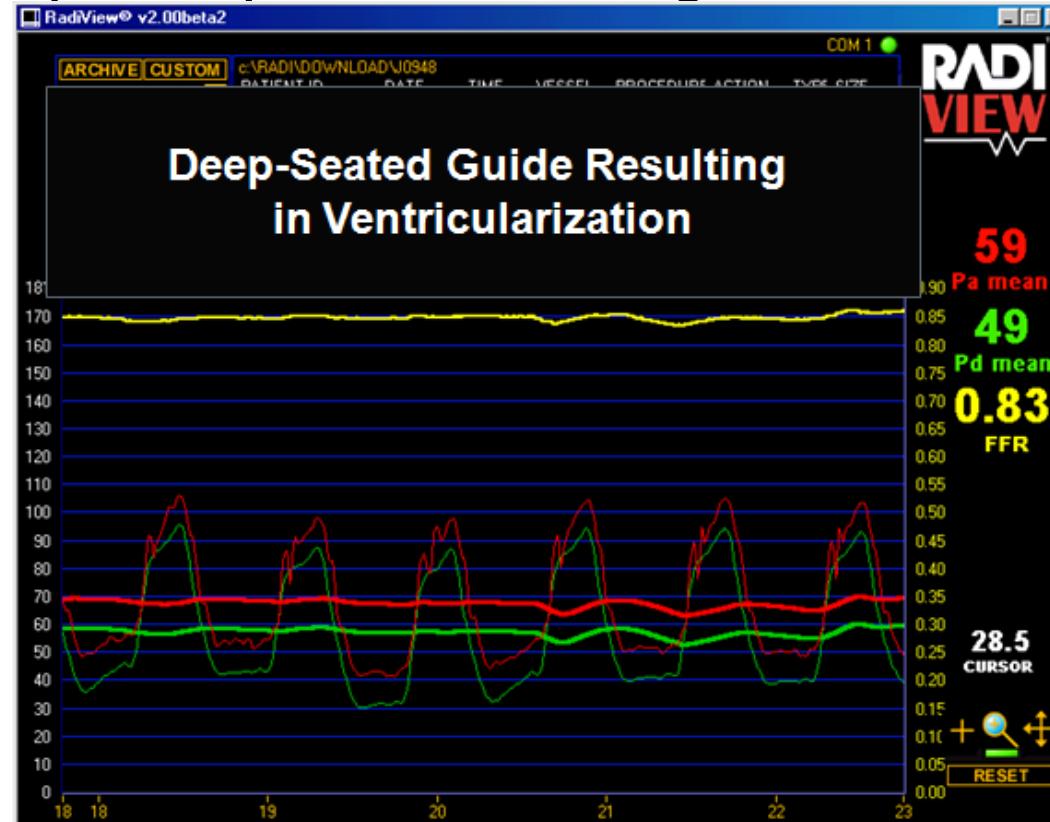
- Guiding catheter
- Guidewire Introducer
- Balloon catheter
- Micro-catheter
- Guidewire

→ Acts like ostial stenosis



# Guiding Catheter Trouble

- Side hole guiding catheter
- Inappropriate position or alignment



# 숙련과정이 필요하다.

- Some learning period for everybody
  - To manipulate pressure wire
  - To make reliable hyperemia and pressure
  - To interpretate FFR result
- Safe?
  - Transient AV block
  - Broncho-spasm

Experts say “Yes” & I think so.

# 요약

- PCI Under Pressure Measurement

One of the reliable and helpful technique making up for the anatomical imaging.

관상동맥 중재시술의 ‘애정남’이 될 수 있다.

# 경청해 주셔서 감사합니다.

