**Reply: Embolic Protection: Should it Be Put in the Dustbin of History or are There Other Alternatives?**

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**Running title:** Embolic protection devices alternatives in SVG PCI

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**Tweet:** “EPD use and outcomes in SVG PCI using UK data, shows similar in-hospital MACE, Stroke & short or long-term mortality, although lower IP mortality in EPD Group in PSM analysis”

We thank the correspondents for their careful appraisal of our study “Outcomes following Percutaneous Coronary Intervention (PCI) in Saphenous Vein Grafts (SVG) with and without Embolic Protection Devices (EPD)”.(1) They suggest an alternative technique called “Suck-U-Surge” in SVG PCI cases where EPD cannot be used. This technique was first described by Morales et.al in a case series of seven patients where EPD couldn’t be used.(2) None of these patients suffered from “no-flow” phenomenon or had major elevation in serum creatinine kinase-MB fractions. The basic principle of this technique is to create a reverse flow of blood generated by negative pressure aspiration through the simple syringe attached to guiding catheter to prevent distal embolization. Apparently, this technique is cost effective, easy to use and conceptually valid. We have similarly described such a technique in 30 cases in the past using a guideliner catheter and an inflated balloon distal to the lesion.(3) Whilst such techniques may be useful in a minority of cases, they have never been tested in randomised clinical trials and no comparative observational data is available. It’s difficult to assess the real benefits and possible risks of these techniques due to paucity of scientific data.

It is clear from our work and that of others that use of EPD is sub-optimal in the real world, and this may relate to concerns about their efficacy, operator’s familiarity with them or technical challenges in certain cases. Pre-dilatation with an undersized balloon can facilitating the delivery of EPD in some cases. Judicious use of pharmacotherapy, better procedural techniques like direct stenting and intravascular imagining can potentially reduce periprocedural thromboembolic events in cases where EPDs cannot be used, and techniques such as those that we and Dr Heuser and colleagues have described may be useful, albeit should not be considered to be alternatives to EPD use.

**References**

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