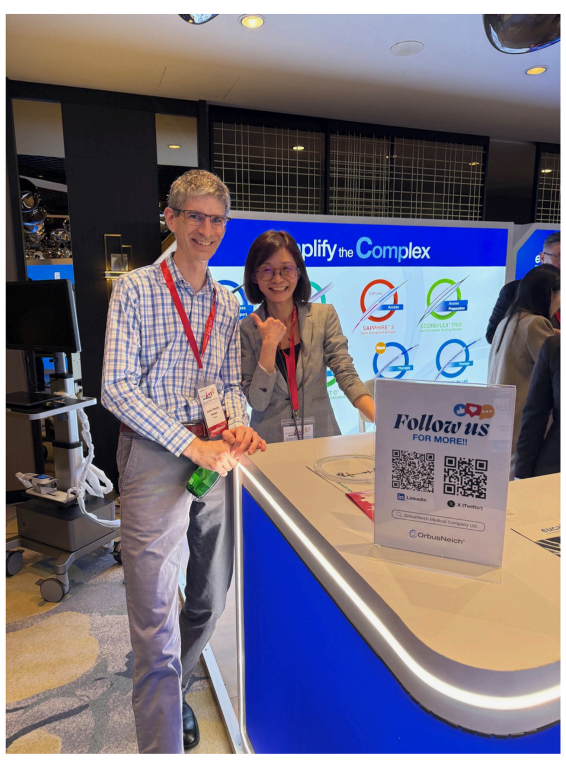
OrbusNeich®
Pioneers in life-changing technologies

SINGAPORE LIVE 2026

22-24 January 2026 | Raffles City Convention Center Singapore, Level 4

Introduction

OrbusNeich participated in Singapore Live 2026 (Jan 22–24) with a 20.25 sqm booth showcasing products to Simplify Complex PCI, featuring eucaLimus™, Support C™, Scoreflex®TRIO, Xtenza®, and V20 IVUS, making the event a strong success with high engagement, meaningful clinical discussions, and valuable connections across the interventional cardiology community. The event attracted 1,400 participants, reflecting strong interest and broad engagement.


Live Case Highlights

Patient History

A 67-year-old dialysis-dependent ESRF patient presented with NSTE-ACS and a diffuse, heavily calcified proximal-to-mid LAD lesion, prompting an imaging-guided PCI due to high bleeding risk.

Lesion Crossing & Procedure Details

PCI was performed via right radial access to preserve dialysis access sites and minimize vascular trauma and bleeding risk compared with femoral approach.

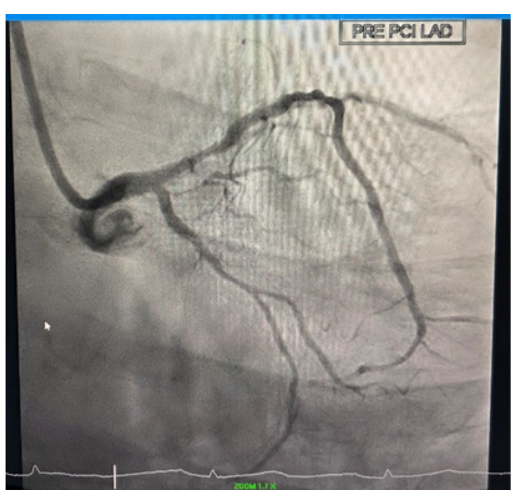
IVUS Imaging

IVUS (Class IA-recommended for complex PCI) revealed a severely narrowed MLA of 2.71 mm^2, significant vessel tapering (3.5–4.5 mm), and extensive deep, eccentric, circumferential calcium with a proximal LAD calcium nodule over ~20 mm.

Lesion Preparation

Lesion preparation was achieved with cautious IVL (3.5 mm balloon, 120 pulses), with transient hypotension during shock delivery requiring close hemodynamic monitoring. Further optimization was performed with a 3.5 mm Scoreflex®TRIO, followed by implantation of a 3.5 mm COMBO® Plus stent in the proximal LAD and post-dilatation with 3.5 mm and 4.0 mm Sapphire® NC24 balloons.

COMBO® PLUS DUAL THERAPY STENT | scoreflex TRIO Balloon Dilatation Catheter | SAPPHIRE® NC24 Coronary Dilatation Catheter


Pre


Post

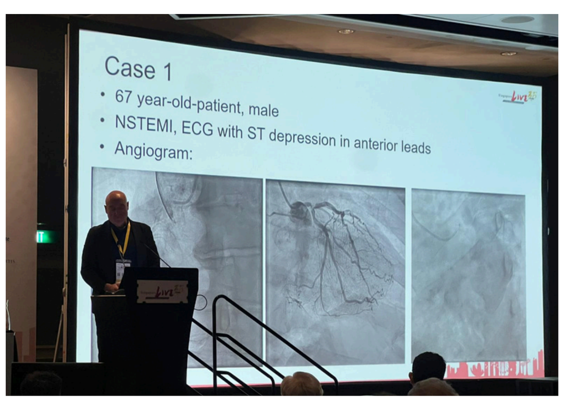

Key Takeaways

- IVL improves vessel compliance but does not reduce plaque volume.
- Hemodynamic monitoring during IVL is essential, especially in unstable patients.
- IVL treats deep calcium but is less effective for severe circumferential calcium; atherectomy may be needed.
- Proper lesion preparation is mandatory for both DCB and DES strategies.
- ESRF increases MI, ISR, and vessel closure risk, requiring meticulous lesion preparation.
- IVUS is critical for determining stent sizing and length, optimization in complex PCI.
- Stenting remains preferred in dialysis patients due to limited DCB-only data.

Symposium Highlights

Dr. Jose F. Diaz

- IVUS is essential in complex PCI to reduce complications.
- Adequate lesion preparation is key for optimal outcomes.
- Demonstrated ultrathin eucaLimus™ stent deliverability.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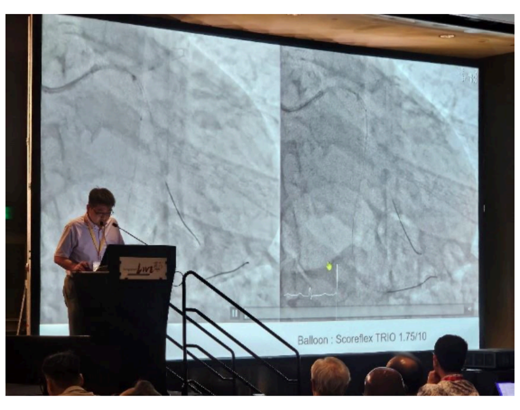
Dr. Mitsunori Muto

Dr. Mitsunori Muto

- 1.75 mm Scoreflex®TRIO: small, high-crossability scoring balloon, as the first dilatation balloon to dilate the tight lesion.
- IVUS showed calcium fractures; lumen gain was critical for safe stenting.
- Xtenza® aids device delivery in tortuous vessels.

SingLive 2026 served as a pivotal platform integrating clinical practice, education, technology, and international exchange, delivering high-impact practical insights through live demonstrations while fostering innovation and collaboration in interventional cardiology.

Overall, SingLive 2026 was a successful and memorable event for OrbusNeich, made possible by the strong collaboration and seamless coordination of the OrbusNeich teams.