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Chronic total occlusions (CTO) are common, and found in approximately one third of patients with significant coronary artery disease who undergo angiography. CTO constitute one of the main criteria when selecting between angioplasty and bypass surgery. Angioplasty for CTO is intricate, requires excellent operator skill, but is also plagued by a reduced success rather when compared to non-total occlusions. The main problem with CTO is not the type of st3ent to use but rather the possibility to cross the occlusion and advance the wire into the true lumen of the distal vessel. Having accomplished this, the rates of restenosis are prohibitively high. Mehran, Dangas and an internationally team of experienced operators offer the reader sound advice on the evaluation and management of CTO in both the coronary and peripheral vascular systems. Their practical guidance should aid all those working with this difficult subset of patients.