CORPATH® PCI OF RECENT RCA TOTAL OCCLUSION

Case History

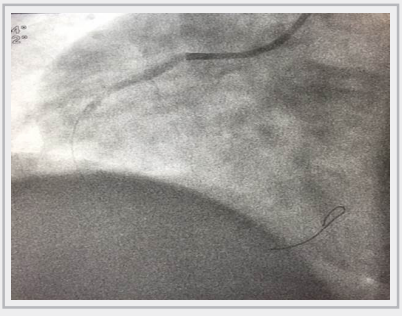
An 81-year-old female with hypertension and CAD presented to the emergency room with angina. Her troponin levels were elevated, and angiogram showed recent total occlusion of the mid right coronary artery (RCA), distal to a previously stented area. She was admitted with a non-STEMI diagnosis, and PCI was scheduled.

Robotic Angioplasty Procedure

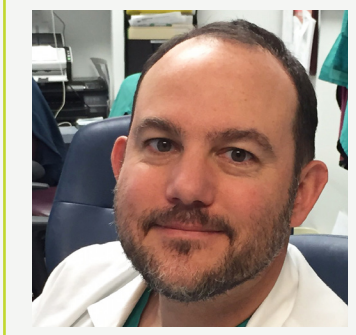
A 6F Ikari Right Guide Catheter was manually introduced and connected to the CorPath cassette. The CorPath cassette was also loaded with a 0.014 guidewire and a 2.5x15mm pre-dilation balloon.

The guidewire was safely advanced through the RCA using CorPath. Contrast collected in the proximal RCA, indicating no flow in the mid RCA. Aggressive pre-dilation was performed in the mid to distal RCA. Post-dilation, an angiogram revealed a long diseased mid segment and a good distal vessel. Robotic measurement showed the diseased segment to be 23.3mm. A MULTI-LINK VISION 4.0x28mm bare metal stent was selected to allow for 2mm coverage on either side of the lesion.

Dr. Kroll at Interventional Cockpit



Contrast "hang up" in proximal vessel



Physician: Christopher Kroll, MD

Sanger Heart & Vascular Institute
Carolinas Medical Center-NorthEast

Facility Details

Carolinas Medical Center-NorthEast
Concord, NC

Devices Used

- CorPath Vascular Robotic System
- Ikari Right Guide Catheter (Terumo)
- Runthrough® NS Guidewire 160mm (Terumo)
- Trek 2.5x15mm Coronary Dilation Catheter (Abbott Vascular)
- 4.0x28mm MULTI-LINK VISION® (Abbott Vascular)
- NC Quantum Apex™ PTCA Dilatation Catheter (Boston Scientific)

CorPath
Precision Vascular Robotics

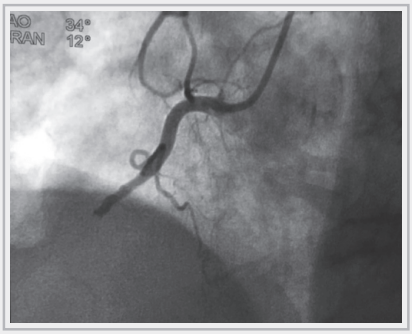
CorPath PCI of Recent RCA Total Occlusion

Using controls at the CorPath interventional cockpit, the stent was precisely manipulated for deployment. The CorPath controls were also used to robotically position a NC Quantum Apex balloon at the proximal portion of the stent for post-dilation.

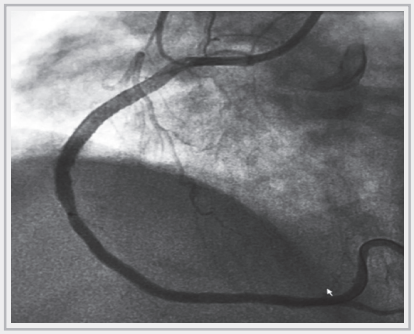
Results / Conclusion

CorPath PCI of a recently occluded mid RCA was successful. Robotic manipulation of a guidewire in a vessel with a total occlusion was safe. There were no complications, nor additional procedural time, related to the use of CorPath. Robotic measurement of the relevant anatomy enabled the placement of a single stent.

- Case Time: 29 min.
- Fluoro Time: 6.14 min.



Before Intervention



After Intervention

"CorPath enabled me to advance the guidewire safely and precisely. CorPath's measurement feature may have saved me from using a second stent, as I was able to advance devices in 1mm increments, which allowed me to place the stent in the ideal location."

– Christopher Kroll
MD

To learn more, call **1-800-605-9635** or email: **sales@corindus.com**

CorPath 200 System is intended for use in the remote delivery and manipulation of coronary guidewires and balloon/stent catheters during PCI procedures.

Corindus
Vascular Robotics

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309 Waverley Oaks Road, Suite 105 | Waltham, MA | 02452
www.corindus.com | sales@corindus.com