

CORPATH[®] PCI OF TORTUOUS ANATOMY USING MULTIPLE DEVICES, INCLUDING GUIDEZILLA[™]

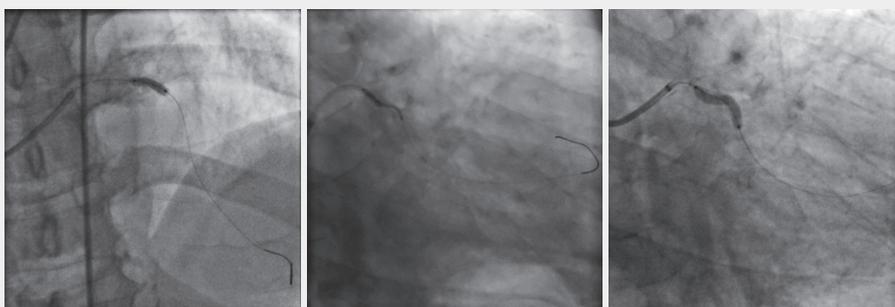
Case History

A 64-year-old male presented with 90% occlusion of the proximal LAD and 80% stenosis in the mid circumflex artery. PCI was scheduled for PTCA and implantation of two DES.

Robotic Angioplasty Procedure

Standard interventional techniques were used to introduce a 6F JCL4 guide catheter. A CoPilot Y-adapter was attached to the guide catheter and connected to the CorPath cassette, which was also loaded with a 0.014 guidewire and a 2.5x15mm pre-dilation balloon.

From the interventional cockpit, the guidewire was advanced and crossed the LAD lesion. PTCA was performed using CorPath, and the dilation balloon was exchanged for a Resolute Integrity DES 2.75X15mm in the CorPath cassette. The stent was positioned robotically, and the guidewire was left in the LAD to provide support. Using robotic controls, a second guidewire was used to cross the mid circumflex target lesion. A dilation balloon was robotically positioned, and PTCA was performed. The dilation balloon was exchanged for a Resolute Integrity DES 2.75x26mm. Stent implantation was attempted but the delivery catheter repeatedly pushed the guide catheter out of the vessel, which had to



Stent being deployed in LAD

Guidezilla advanced into circumflex providing support for the stent

Stent being deployed in circumflex



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Fellow: Deepak Thomas, MD

Facility Details

University of Virginia Medical Center
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Devices Used

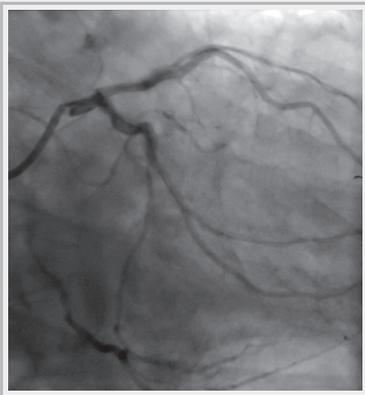
- CorPath System
- Judkins Curved Left (JCL4) Guide Catheter (Cordis)
- PROWATER Guidewire (Abbott) x 2
- Sprinter[®] RX 2.5x15 PTA Balloon Dilation Catheter x 2 (Medtronic)
- Guidezilla[™] RX Guide Extension Catheter (Boston Scientific)
- 2.75x15mm Resolute Integrity DES (Medtronic)
- 2.75x26mm Resolute Integrity DES (Medtronic)
- NC Euphora[™] 3.0x8 (Medtronic)

be recannulated. The LAD guidewire was then removed, and the Guidezilla RX Guide Extension Catheter was advanced manually over the guidewire to provide distal support past a tortuous bifurcation into the circumflex artery, and held in the parking track. The Resolute Integrity DES 2.75x26mm was advanced robotically over the guidewire into the Guidezilla catheter. Using controls at the cockpit, the stent was advanced to the target lesion. Without opening the CorPath cassette, the Guidezilla catheter was manually pulled back within the parking track, and the stent was successfully implanted. Post-dilation of the mid circumflex was performed using NC Euphora 3.0x8.

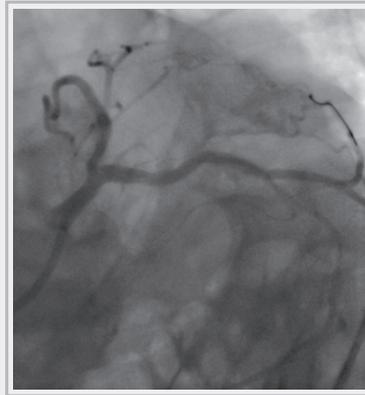
At the bedside, fluoroscopy equipment showed that 1,648 mGy was emitted during this complex procedure. By performing the majority of the procedure at CorPath's interventional cockpit, 1,449 mGy of radiation exposure was avoided.

Results / Conclusion

Multiple devices, including Guidezilla, were easily integrated with CorPath. The CorPath System provided enhanced visualization to facilitate successful, precise stent manipulation.



Final post-intervention image of LAD



Final post-intervention image of circumflex

“CorPath offers enhanced visualization, provides me with a tool for precise measurement, and enables placement of stents with 1mm accuracy. CorPath’s control, visualization, and measurement will transform PCI and ultimately improve patient care.”

– Michael Ragosta
MD, FACC

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.

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Vascular Robotics