

FIGURE 1

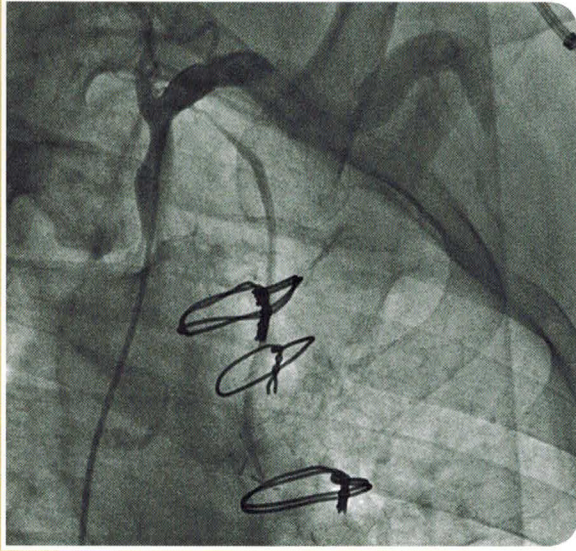


FIGURE 2

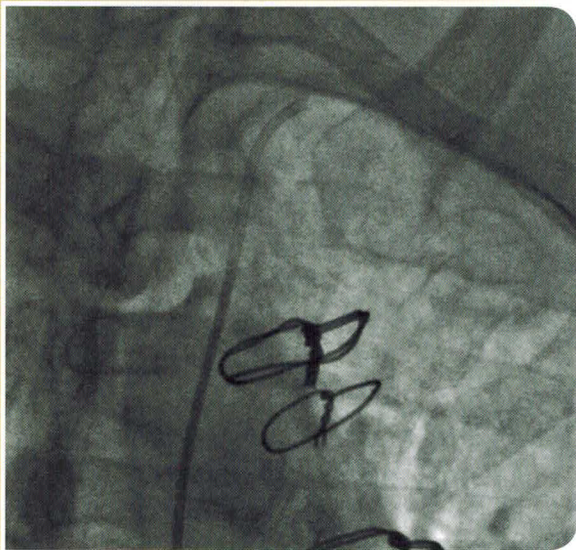
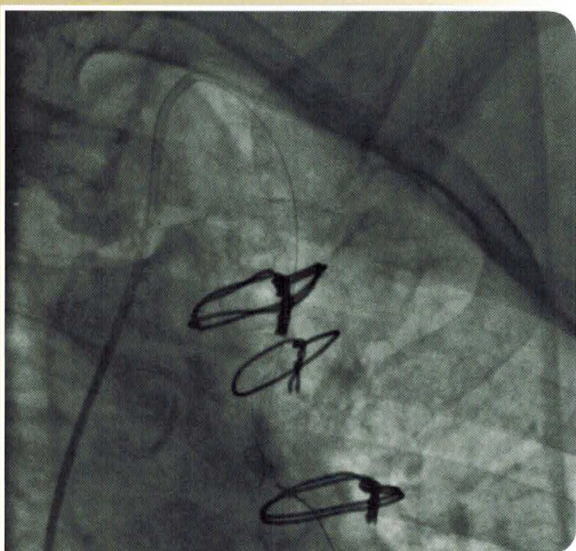


FIGURE 3



Use of SuperCross™ Angled Tip Catheter to Perform PCI of Ostial LIMA Stenosis

PHYSICIAN

Matthew Voss, MD

PRESENTATION

The patient is a 67-year-old male with a history of hypertension, hyperlipidemia, tobacco abuse, CAD and PAD. The patient has had previous Left Main PCI, CABG, and SFA stent following failed peripheral bypass. The patient presented to the ER with chest pain and evidence of non-ST elevation MI.

INITIAL FINDINGS

The patient underwent emergent cath and was found to have >90% stenosis (Type A) of the ostial LIMA which was grafted to a diagonal branch (Figure 1).

TREATMENT

It was determined that the ostial LIMA lesion was not a result of vasospasm following IA injection of NTG so PCI was performed using a 6F system. The patient was given an Angiomax® bolus and drip. A 6F IM w/SH guide was selected. Multiple attempts were made to access the IM but due to ostial takeoff angulation and proximal disease this was not possible. The decision was made to use a SuperCross 90 degree Angled Tip (Figure 2) which resulted in immediate wire access (Figure 3). The proximal lesion was then dilated with a 2.5mm balloon (Figure 4) and a 2.5mm stent was placed (Figure 5).

(continued on back)

FIGURE 4

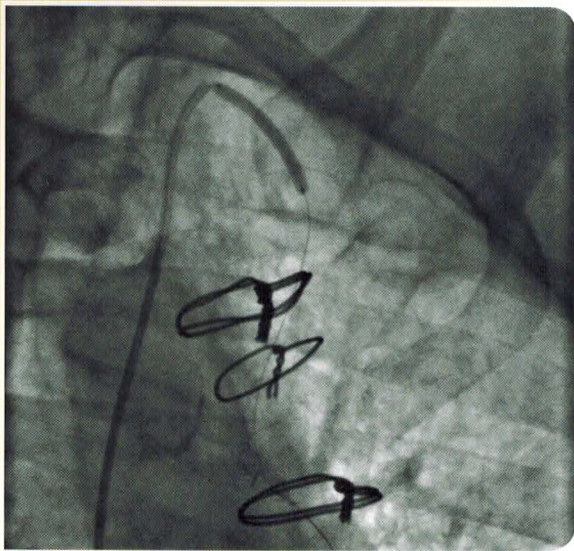
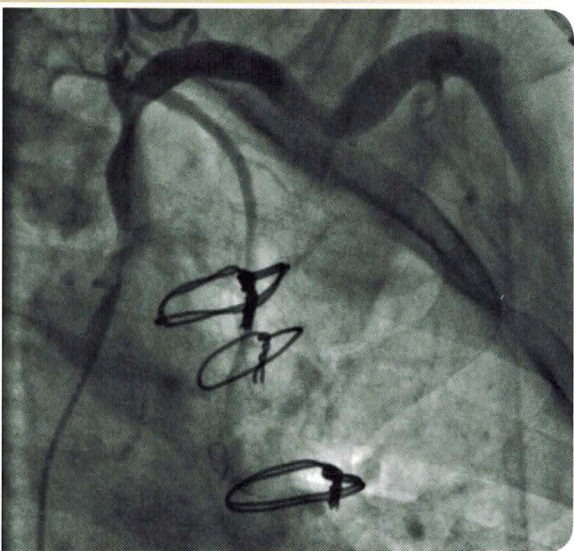


FIGURE 5



FIGURE 6



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CONCLUSION AND POST PROCEDURE

The patient tolerated the procedure well and had a 0% residual stenosis of the proximal LIMA with TIMI 3 flow (Figure 6). Patient will continue anti-coagulation therapy and risk factor modification.

SUMMARY

Due to anatomical limitations and lesion severity wire purchase in the target vessel was not possible without the use of the SuperCross 90 degree Angled Tip catheter. This device would be very useful in side branch access and acute angulation of CFX or OM branches.



Matthew Voss, MD

Dr. Matthew Voss studied internal medicine at Yale University and cardiology at the University of Colorado in Denver. He then went on to complete two more years of specialty training in interventional cardiology at Brown University. In 2008, Dr. Voss moved to Baltimore where he provides interventional cardiology coverage at six area hospitals. He has performed over 6,000 diagnostic catheterizations and over 2,000 coronary interventions. He pioneered radial catheterization and intervention at Saint Agnes Hospital and is currently the Director of the Cardiac Catheterization Lab and Interventional Cardiology.

The SuperCross catheter is intended to be used in conjunction with steerable guidewires to access discrete regions of the coronary and/or peripheral vasculature. It may be used to facilitate placement and exchange of guidewires and other interventional devices and to subselectively infuse/deliver diagnostic and therapeutic agents. Please see the Instructions for Use for a complete listing of the indications, contraindications, warnings and precautions.

CAUTION: Federal law (U.S.A.) restricts this device to sale by or on the order of a physician.

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