

CASE STUDY

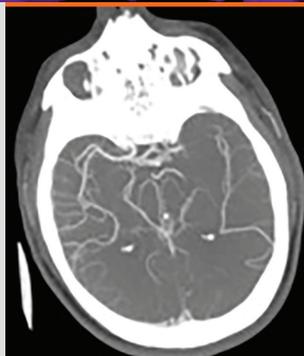
Recanalisation of A1/2 junction with MIVI Q4™ Aspiration Catheter

Courtesy of:
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53 year old Male. Wake-up stroke. Last seen well previous afternoon 5 pm. Presented out-of-hours to Southmead at 10:30 pm. Repeat imaging performed first thing following morning including CT, CTA and CTP.

PMHx: Hypertension, Hypercholesterolemia

Repeat Imaging findings: ASPECTS 7, Dense left M1, Occluded ICA origin and M1 on CTA



CTA - Occluded ICA origin



CTA demonstrating occluded ICA

USS right CFA 9F Sheath

NeuronMax/VTK/Terumo Advantage catheter to left ICA

9:13 am Initial angiogram. Atherosclerotic occlusion of left ICA

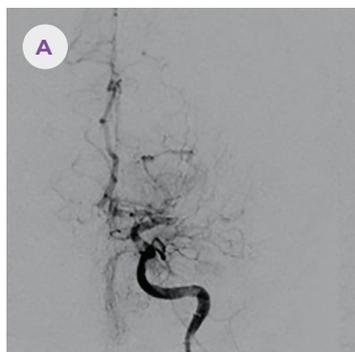
9:40 am ICA reconstruction complete using two Protégé stents and 5x30 mm Sterling balloon for angioplasty

9:45 am Distal ICA cleared with Sofia 5 catheter

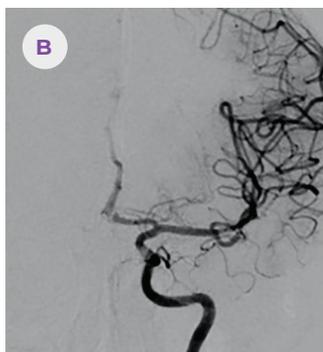
9:50 am M1 cleared with Sofia 5 catheter

9:57 am A1/2 junction clot targeted with MIVI Q4 catheter/Velocity microcatheter/Synchro wire with 3 cm clot retrieved on first pass. Sofia 5 catheter not able to track into A1

10:00 am TIC13



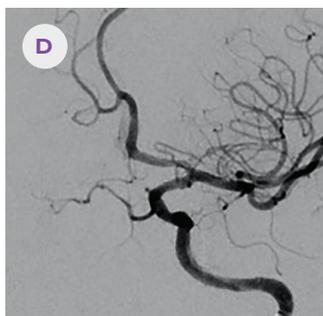
A. Clot in distal ICA, M1 and A1.



B. Recanalisation of distal ICA and M1 with Sofia 5 catheter.



C. Occluded ACA at A1/2 junction.



D. Complete recanalisation of ACA using MIVI Q4.

CASE OVERVIEW | Tandem occlusion

- Carotid reconstruction with two telescopic Protégé stents
- Distal ICA and M1 cleared with Sofia 5 catheter
- A1/2 junction clot targeted initially with Sofia 5 catheter. The Sofia 5 catheter would not track into the A1 due to vessel diameter/technical/anatomical factors. A Velocity microcatheter/Synchro wire was tracked into left A2 and a MIVI Q4 catheter navigated to proximal clot surface. Aspiration via Medela pump produced a clot 3 cm in length on first pass.

TECHNICAL LEARNING POINTS

- In my experience, the MIVI Q Aspiration catheters track incredibly well including the Q6 to proximal targets. The Q3 and Q4 catheters lend themselves to distal targets or tortuous/tight anatomy.
- The increased aspiration force achieved with the MIVI system has resulted in improved recanalisation rates for distal occlusions in my practice (particularly ACA occlusions) using the Q3 and Q4 (3F and 4F, respectively) aspiration catheters.
- Once navigated to the clot surface, ensure the RHV on the guide catheter is tightened sufficiently to allow maximal aspiration force and to prevent premature proximal migration of the MIVI Q Catheter.

Indications for Use:

In the European Union, the Q Aspiration Catheter is indicated for the removal of fresh, soft emboli and thrombi in the peripheral and neurovascular systems. It may also be used as a diagnostic angiographic catheter

In the United States, the Q Catheter is indicated for use with compatible guide catheters in facilitating the insertion and guidance of microcatheters into a selected blood vessel in the peripheral, coronary and neuro vascular systems. Refer to product labels and Instructions For Use for a complete list of contraindications, warnings and precautions.

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.