It's about recanalisation.

Recanalisation of A1/2 junction with MIVI Q4™ aspiration catheter. Courtesy of: James Wareham FRCR Consultant Neuroradiologist Southmead Hospital, Bristol



Clinical

53 yo Male. Wake-up stroke. Last seen well previous afternoon 5pm. Presented 00H to Southmead at 10:30pm.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

Procedure

USS right CFA 9F Sheath. NeuronMax/VTK/Terumo Advantage to left ICA

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

9:40am ICA reconstruction complete using 2x Protégé stents and 5x30mm Sterling balloon for angioplasty

9:45am Distal ICA cleared with Sofia 5

9:50am M1 cleared with Sofia 5

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

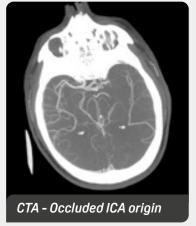
10:00am TICI3

Case Overview: Tandem occlusion

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

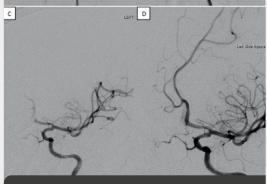
Technical Learning Points

- In my experience, the MIVI Q Aspiration catheters track incredibly well including the Q6 to proximal targets. The Q3 and Q4 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.









A. Clot in distal ICA, M1 and A1. B. Recanalisation of distal ICA and M1 with Sofia 5. C. Occluded ACA at A1/2 junction. D. Complete Recanalisation of ACA using MIVI Q4.

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

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

