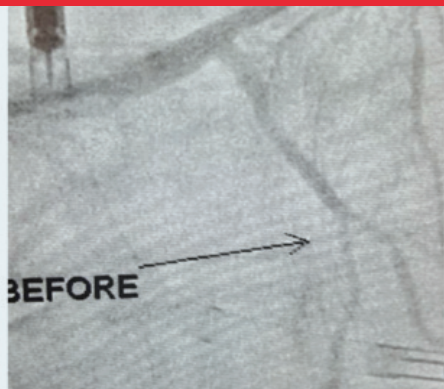


TRYTON Side Branch Stent Built For Bifurcation

- FEATURED CASE -
First Case in Palm Springs, CA

Baseline



Circumflex – Obtuse Marginal

- 68 yo Female
- Limiting Angina/Heart Failure (NYHA II)
- Hospice Evaluation Ongoing
- Non-Surgical Candidate
- Patient Unable to Perform Active Daily Living Duties
- Ejection Fraction 20%

Procedure

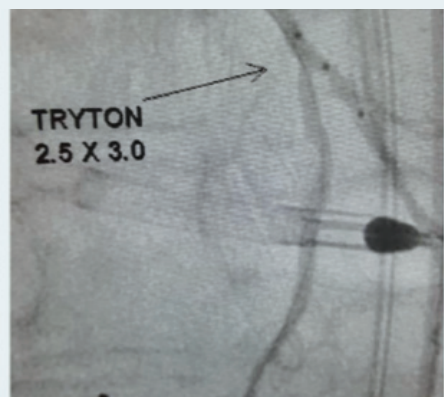
- Right Femoral: 6Fr Guide
- Left Femoral: Impella
- Acute take-off of Circumflex
- Pre-Dilation of SB and MB with 2.5 balloon
- Tryton 2.5 x 3.0mm
- Final Kiss 2.5x12 (SB) & 3.0x12 (MB)
- Procedure time <45 minutes

TIMI 3 Flow - No Residual Stenosis

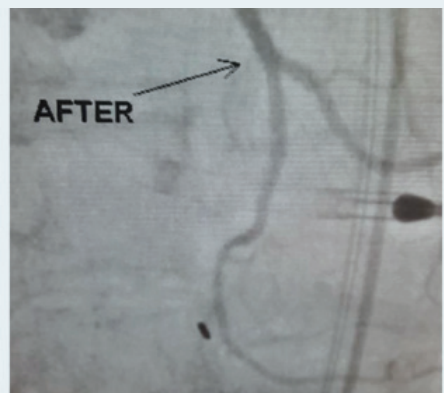
30-Day Follow-Up

- Angina Free
- Performing all Activities of Daily Living
- Living Independently
- Ejection Fraction 40%

Tryton Deployed



Final Results



Key Takeaway

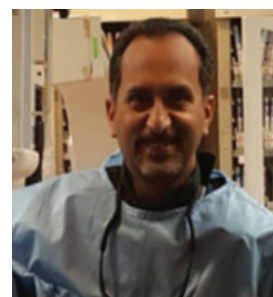
For tortuous iliacs consider the use of a long sheath to improve the co-axial alignment of your guide catheter.

Tryton can be done radially, but in this case, the femoral approach employed for additional guide catheter support.

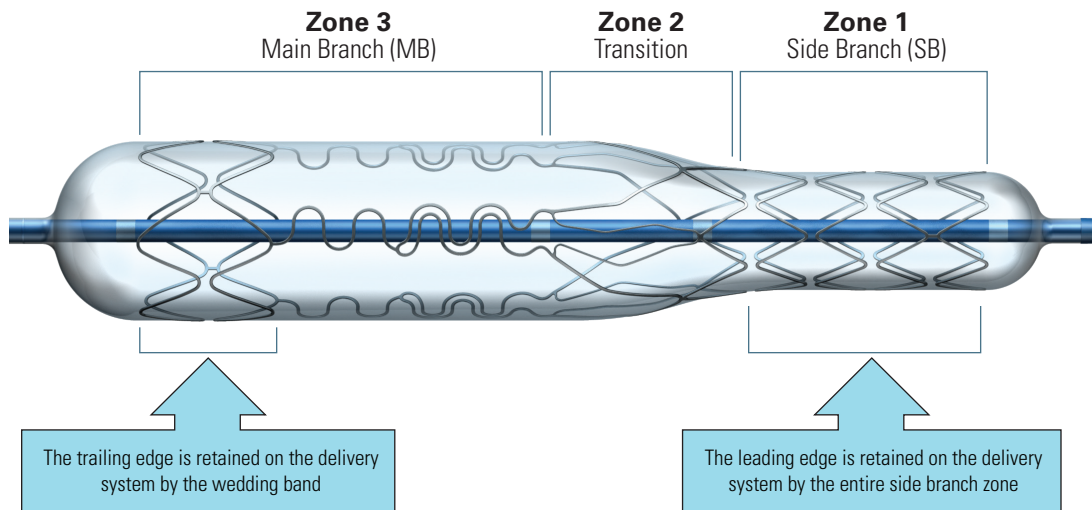
Pre-Dilation balloon used to prepare and measure the lesion.

The patient was on hospice because she was not a candidate for long term dialysis or kidney transplant or CABG. Treating the CX and Obtuse Marginal branch will improve her EF, get her off hospice and on the transplant waiting list.

Tryton demonstrated in this case it simplifies the treatment of complex lesions in patients with complex co-morbidities.



TRYTON IS NOT RETAINED ON ITS DELIVERY SYSTEM LIKE A WORKHORSE STENT



TIPS & TRICKS

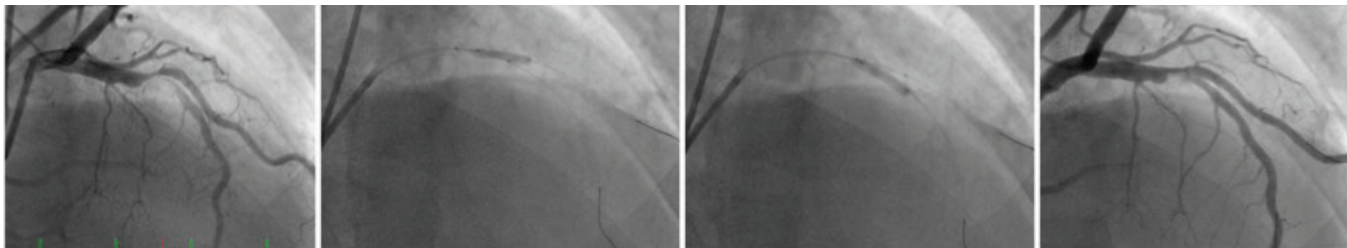
Lesion Preparation: Adequate Lesion Preparation is essential in ensuring successful Tryton Placement

Prepare Lesion

- Place guide wires in both main branch & side branch
- Pre-dilate side branch with balloon appropriate for the side branch diameter
- **Ensure good pre-dilation**
- Main branch preparation per operator discretion with 'pre-dilation' of main branch lesion recommended

Position & Deploy TRYTON

- Obtain multiple views to ensure distal mid marker is in the side branch and proximal mid marker is in the main branch



Base Line LAD-Diag (1.1.1)

Pre-Dilate Side Branch

Pre-Dilate Main Branch

Lesion Prepared for Tryton

Removal of Stent/Stent Delivery System: Special Attention Required to Prevent Stent Dislodgement

If unable to cross the lesion with the TRYTON Side Branch Stent/Stent Delivery System, **do not apply excessive force to advance the TRYTON Side Branch Stent/Stent Delivery System.**

If the advancement of the system is not possible in spite of adequate guiding catheter support, **consider removing the TRYTON Side Branch Stent/Stent Delivery System** to perform additional pre-dilatation. **Do not attempt to pull an unexpanded stent back into the guiding catheter**, as stent damage or stent dislodgement may occur.

To withdraw the TRYTON Side Branch Stent/Stent Delivery System, the entire system with the guiding catheter should be removed as a single unit.

If this is not clinically feasible, prior to retracting the TRYTON Side Branch Stent/Stent Delivery System all efforts should be made to ensure the **guiding catheter** is:

- 1) **Coaxial** with the TRYTON Side Branch Stent/Stent Delivery System,
- 2) **Disengaged** from the coronary artery, and
- 3) **Withdrawn** into the aorta as far as feasible.

After successful removal of the TRYTON Side Branch Stent/Stent Removal System, it should be examined to ensure that the stent is still affixed to the delivery balloon.