

TRYTON Side Branch Stent Built For Bifurcation

- FEATURED CASE -

High Risk Patients Require a Predictable Procedure

Baseline



Patient was referred for CABG, but refused open heart surgery.

This was an LAD/ D1, Medina 1.1.1 bifurcation.

Access was femoral. After aggressive predilatation of the D1 a 3.0/3.5mm Tryton was used.

Tryton Deployed



Tryton was accurately positioned ensuring the mid-markers straddle the ostium. A 3.5/15mm semi-compliant balloon was used to perform the POT for optimal appositioning of the ostial segment of the Tryton.

Final Results



A 3.0/34mm DES was chosen for the LAD and a 3.0/20mm and 3.5/10mm semi-compliant balloons were used to perform the kissing technique and achieve great final results.

Key Takeaway

“These high risk patients require a predictable outcome. Clinical data confirm Tryton outperforms the provisional approach on device and procedural success” says Dr. Monson.

