

Summary of Technical Specifications	
Total length	138-140 cm
Length of the distal body	25 cm
Tip profile	0,017"
Length of the tip	2 mm
Crossing profile	0,023"
"Dotter" profile	1,45 mm
Radiopaque markers	4 arranged 10/20/30 mm from first marker
Sideholes	4 spirally placed between the proximal markers
Diameter of the proximal body	2,3 F
Diameter of the distal body	4,35 F
Pushability	high
Flexibility	high on distal extreme
Trackability	high
Ordering reference number	

Recommended guiding catheter 6 F. Recommended steerable guide wire 0,014″.

53900

Device to be used by a Doctor or under his control. Before using this device, read carefully the corresponding instructions, warnings and possible complications, described on the instructions for use.







Amicath

Perfusion catheter for AMI

Designed for a safer and easier primary angioplasty in AMI



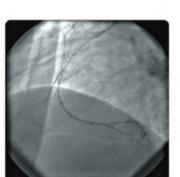


Amicath

Perfusion catheter for AMI

A unique device, specifically designed to facilitate the decision-making process in primary angioplasty, with efficacy and safety.







Inferior AMI Proximal RCA occlusion. Persistent and invariable TIMI 0 flow, after crossing the lesion with the guide wire.

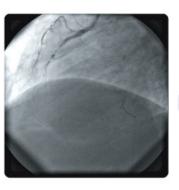
Amicath easily crosses the lesion, allows the analysis of the distal vessel and provides protection of the microcirculation against reperfusion injury before recanalization of the artery.

Through the high flow distal holes, fluids can be injected:

- Contrast media to assess the anatomy of the vessel, distal to the occlusion. By simultaneous injection of contrast media through the guiding catheter, lesion length can be analized.
- Drugs (Adenosine, Nicorandil, etc...) to prepare the microcirculation and reduce the risk of reperfusion injury, prior to the recanalization of the artery.

Amicath's "Dotter" effect avoids thrombus fragmentation and distal embolization, while reaching artery TIMI 3 flow after its removal.

The increasing profile from the tip (0,017" to 1,4 mm) and its high pushability provide the "Dotter" effect, opening the artery without thrombus fragmentation. The artery remains with a TIMI 3 flow, ready for direct stenting without balloon predilatation.









Radiopaque markers are spatially arranged at 10/20/30 mm, from the first marker. These permit an exact intra-coronary analysis of the lesion length, making much accurate the selection of the stent to be implanted.

Direct stent implantation.

Final result after stent implantation. TIMI 3 distal flow, without evidence of embolization.