



## Vascularperspectives

innovations for the interventionalist

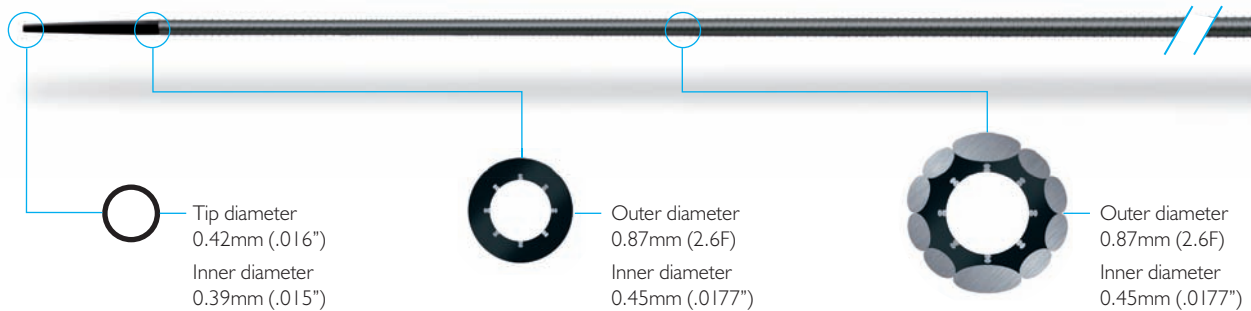
### ASAHI CORSAIR MICROCATHETER

OTW Support Hybrid Catheter  
/ Septal Dilator

For Antegrade and especially for Retrograde  
approaches to CTO's

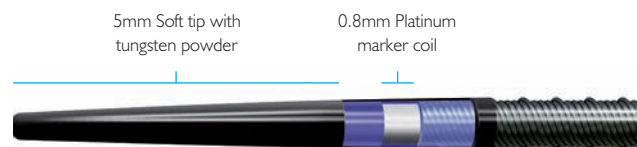
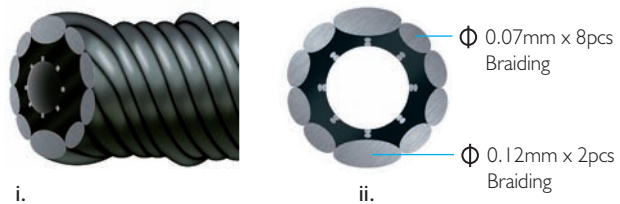
For increased success with Antegrade and Retrograde approaches to CTO's:

- Kink resistant tapered tip (.016") eases access to complex channels
- Ease in crossing and dilating micro-channels or lesions
- Improves wire support and wire manipulation
- Hydrophilic coating applied to distal 60cm section



#### Features:

- Tungsten braiding + 10 elliptical stainless steel braids (i, ii)
- SHINKA-Shaft
- Excellent pushability and flexibility due to unique construction
- Enables contrast injection and wire exchange
- Superb manoeuvrability due to excellent hydrophilic coating
- Kink resistant soft radiopaque tapered tip (iii)
- 135cm (antegrade) or 150cm (retrograde) lengths available



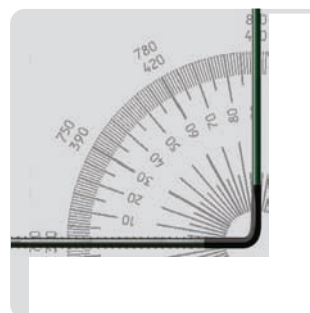
#### Visibility, Manoeuvrability & Flexibility

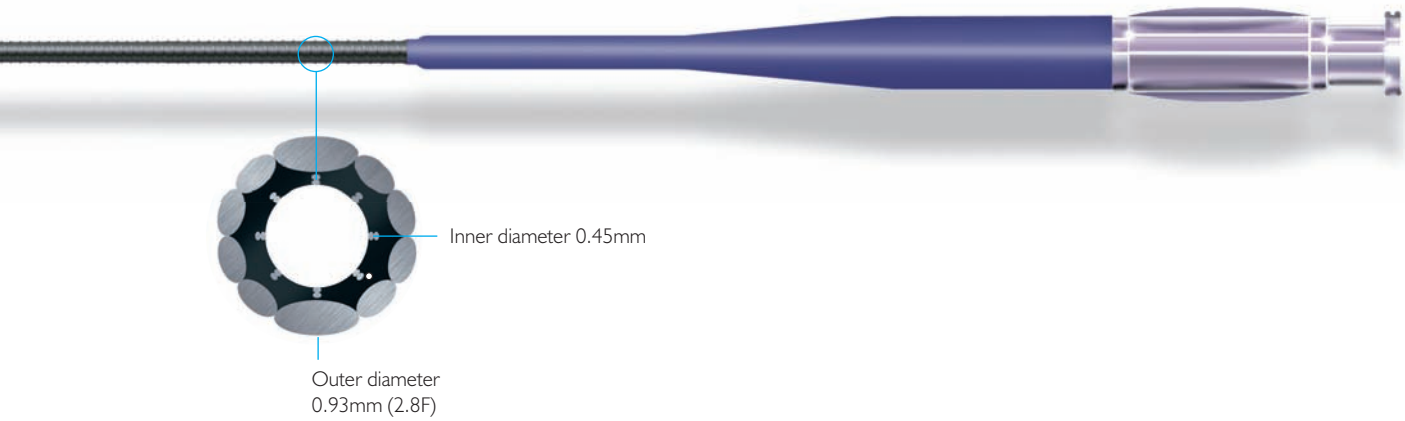
Tapered soft tip provides superior tip flexibility which enables smooth approaches to narrow tortuous vessels, such as septal channels or other micro channels. (iv)

#### Pushability, Trackability, Support, SHINKA-Shaft

SHINKA-Shaft is an ASAHI brand proprietary braiding pattern, which consists of 8 thinner wires wound with 2 larger ones. (ii)

This provides far superior pushability, trackability, and support for crossing small, tortuous channels.





## Corsair microcatheter in a retrograde approach to CTO of the right coronary artery.

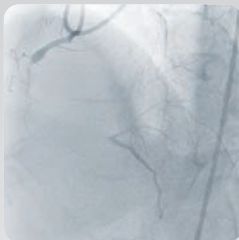


Image 1

Initially RCA CTO approaches antegradely with various wires unsuccessfully. Switched to retrograde approach as retrograde largely from an epicardial collateral was evident.

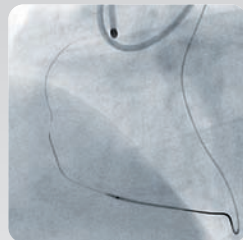


Image 2

Fielder FC wire negotiated collateral easily with excellent support from 150cm Corsair catheter. The wire was finally parked at the crux of the PDA and exchanged for a Fielder XT. This wire tracked up the RCA to lie sub-intimally adjacent to the antegrade wire (confirmed by IVUS). The Corsair was advanced to the same position dilating a channel and providing wire support.

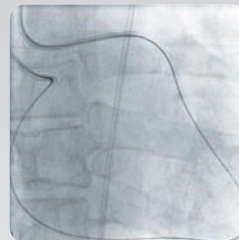


Image 3

Following balloon dilation of RCA a Confianza Pro wire was used to eventually enter the true lumen. This wire was advanced and followed by the Corsair to provide support for externalizing the wire whilst protecting the RCA and collateral vessels. A Fielder XT was externalized and the Corsair withdrawn revealing a dilated channel to the crux connecting the proximal and distal ends of the RCA.

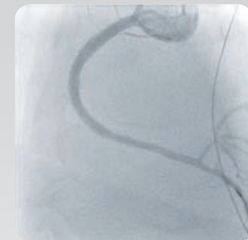


Image 4

The RCA was ballooned antegradely and a series of long Promus stents implanted followed by post-dilation with an NC balloon.

Case Study  
by Dr. Palmer.  
Liverpool Heart  
& Chest Hospital

## Ordering information

## Asahi Corsair Microcatheter

Cat No.	O.D. of Distal Shaft (mm/Fr)	O.D. of Proximal Shaft (mm/Fr)	Tip I.D. (mm/inch)	Shaft I.D. (mm/inch)	Usable Length (cm)	Recommended G.W. (mm/inch)	Max Pressure (kPa/psi)
CSW135-26N	0.87/2.6	0.93/2.8	0.38/0.015	0.45/0.018	135cm	0.36/0.014	2,070/300
CSW150-26N	0.87/2.6	0.93/2.8	0.38/0.015	0.45/0.018	150cm	0.36/0.014	2,070/300

## Vascularperspectives

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