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:

- **Hydrophilic coating applied to distal 60cm section**
- **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**

**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.
Vasculaperspectives
innovations for the interventionalist

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

Image 1
Initially RCA CTO approaches antegrade 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 Confienza 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 A Fielder XT was externalized and the Corsair withdrawn revealing a dilated channel to the crux connecting the proximal and distal ends of the RCA.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 antegrade 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
Image 1
1. Retrograde approach. Corsair 150 cm along Fielder FC
2. Pilot 200 wire could not get advance past lesion or re-enter true lumen

Image 2
Corsair tracks Fielder FC through epicardial collateral

Image 3
1. Corsair follows comfortably the tortuosity of vessel
2. Corsair allows for smooth wire exchange to Confianza Pro 12 which crosses the lesion in the true lumen

Image 4
1. Wire externalised for greater support
2. Corsair used as a support catheter for pre dilation of vessel and stenting

Image 5
Final result

Asahi Corsair Microcatheter

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

Ordering information

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Innovations for the Interventionalist

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