Focused Force Angioplasty

Is a technique in which the forces resulting from inflating an angioplasty balloon in a stenotic lesion are concentrated and focused at one or more locations within the stenosis.

The Scoreflex lesion scoring balloon concentrates stress to crack plaque at low inflation pressures, using dual wires (0.011" Nitinol Integral wire & 0.014" Standard PTCA wire) to exert focused inflation force.

Before Dilatation

Cross-sectional View

Longitudinal View

X-Flex Tip

Nitinol Integral wire (0.011") with dual radiopaque markers

Wire Exit Port

Standard PTCA wire (0.014")

Balloon

Plaque

During Dilatation

Cross-sectional View

Longitudinal View

Controlled Plaque Fracture

Dual Wires Exert Focused Inflation Force
Case Studies

Case 01

Patient Data
- 60 years old
- Previous circumflex stent
- Presented with N-STEMI
- History of Anemia of uncertain origin

Treatment Plan
- Use Drug Eluting balloon to treat ISR in circumflex artery
- Use Scoreflex lesion scoring balloon to prepare lesion

“Traditionally, one might consider using a cutting balloon, but the Scoreflex has the advantage of being more flexible and trackable. So a vessel like this where we have limited catheter support from a 5Fr system, add a 90° bend just into the entry of the stent, I think the Scoreflex has a particular advantage in this case. Once the balloon is delivered, it tends to stay in place with very little slippage.”

Dr Dougie Muir – Consultant Cardiologist, James Cook Hospital, Middlesbrough, UK

Case 02

Patient Data
- 61 years old
- Stable but limiting angina
- Three anti-angina agents
- Two vessel disease. Severe lesion in LAD and proximal RCA

Treatment Plan
- Treat proximal RCA

“We had ruptured two standard balloons on this lesion before we were able to achieve success with the Scoreflex. The Scoreflex was very deliverable here and worked to finally crack the lesion at high pressure and allow us to successfully implant and dilate a stent without any risk of under-expansion or malapposition.”

Dr Dougie Muir – Consultant Cardiologist, James Cook Hospital, Middlesbrough, UK
Recommended Applications

Ostial lesions
Bifurcation lesions
Long diffuse disease
In-stent restenosis
Smaller vessels

Recommended Procedural Steps*

**STEP 1**
Advance a standard guidewire through the target lesion.

**STEP 2**
Advance Scoreflex over the guidewire and cross the target lesion. Position the dilatation section of the balloon within the stenosis.

**STEP 3**
Begin inflation of Scoreflex at 2 atm and hold at this pressure for 10-20 seconds. Gradually increase pressure in 1 atm steps until the target balloon diameter is achieved. Hold at the final pressure for 20 seconds.

**STEP 4**
Withdraw the deflated Scoreflex catheter once the desired result is achieved.

*Consult Product Instructions For Use.*
Transit Zone
Transit zone provides a balanced support to guide the balloon through the lesion

Support Zone
Support zone secures the guidewire exit positioning and assists in the pushability of the device

Flex Zone
Flexible soft tapered tip allows for smooth lesion entry

Guidewire Exit Port
11mm from distal tip

Standard PTCA Wire
0.014"

Nitinol Integral Wire
0.011"

Ti-Fo Balloon Folding
Tight Fold (Ti-Fo) balloon wrap results in a lower profile for enhanced crossability.

Dual Marker Bands
Nitinol Integral Wire (0.011"
Distal Shaft (2.9F)
Proximal Shaft (2.3F)
Guidewire Exit Port (11mm from Distal Tip)
Standard 0.014" Guidewire
(90cm) Exit Markers (100cm)
Catheter Working Length (139cm)
### Compliance Table: 2.0 - 4.0mm

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### Ordering Information

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