

## PRODUCT

Anatomy-matching bifurcating stent and bifurcating delivery system for bifurcating large veins

## INDICATION

Endovascular procedure to treat May-Thurner Syndrome, malignant and benign stenosis of SVC, IVC, brachiocephalic and Iliac veins

## VALUE PROPOSITION

- Single stent perfectly matches the bifurcating anatomy
- No need for two or three stents
- No major veins are blocked
- Simple technique with no jailed guidewires
- No need for removing and rewiring techniques or guidewire exchanges
- Eliminates procedural complexity

## DEVELOPMENT STAGE

Prototypes ready

## INTELLECTUAL PROPERTY

Issued and pending patents

## CONTACT INFORMATION

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# Bifurcating Anatomy-Matching Self-Expanding Stent and Delivery System

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## UNMET NEED

In May-Thurner Syndrome, there is compression of the left iliac vein, very close to its confluence with IVC bifurcation. Such a lesion poses an ongoing challenge for interventionalists. A very precise placement of a stent is required. In addition to fluoroscopy, advanced imaging guidance, such as intravascular ultrasound, is frequently used, resulting in an expensive longer procedure. Stent chosen for and placed in the left iliac vein, does not match the size of the IVC but partially extends into the IVC. This can block the right iliac vein, injure the IVC wall, or result in dangerous migration of the stent.

Similar to May-Thurner syndrome, cancer or scarring near the bifurcation of other large vessels, pose similar challenges for interventionalists. Treating them is time consuming, requires preparation of the lesions, and potentially multiple exchanges of devices, which can make them complex to treat, and more susceptible to adverse events. Standard of care is to either place a single stent that treats only one of the two branches, thus blocking the other major branch, or using two separate stents to treat both branches, which results in suboptimal treatment of the main vessel.

## SOLUTION

The single self-expanding bifurcating anatomy-matched stent overcomes the limitations of current stents, and the novel delivery system overcomes the current procedural challenges. The specialized stent with the delivery system makes it easy to deploy, reduce procedural time, and minimize radiation. The anatomy-matched stent, while treating the lesion optimally, does not injure or block any major vessel and cannot migrate. This new system can be the primary preferred way of treating bifurcation lesions of the venous system at inferior vena cava and iliac veins, and superior vena cava and brachiocephalic veins.

