How to chose the support catheter

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We’ve got the two different support catheter

Corsair, as a gentle snake

Armet, as a flexible Spear
Corsair, as a gentle snake

A- Tip entry profile 0.42mm (0.016”)
B- Shoulder O.D. 0.87mm (0.034”)
**Rotation Resistance Reduction** – “$R^3$” effect

By adding the torque rotation, it reduces the friction within the vessel and enhances propulsion.
Easy to go even severe tortious vessel
Advancement of micro-catheter and wires
Advancement of micro-catheter and wires
Good enough for tip injection
Corsair works well as an channel dilator
### Warnings and Cautions !!

Be careful when using ASAHI Corsair PV in cases with calcification or crossing stent struts.

Do not advance or rotate ASAHI Corsair PV if the tip is trapped or impacted; doing so may lead to damage to the coating, tip, or braiding of ASAHI Corsair PV.

Never accumulate the torque power for one direction.

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- **Braided tip; visual exam and x-ray**
Much calcified lesion is not good for Corsair
This is the ENDOTRASH
Here Came Armet!
What should we do in this kind of situation
The risk of the Brochkenbrough needle
Doraemon, please help us!

Yes, I will give you Armet
「High Durability」
「Retained Performance」
New generation peripheral dedicated microcatheter
Super SHINKA-Shaft

- Anti kinking
- High durability
- Retained performance
- High lubricity

Retained performance even in long and hard lesion/ Crossover
Keep GW manipulability
Corsair Armet  Retained performance

Resin  Tip

Armet  Metal Tip
CTO of the SFA
Armet easily passed the lesion where even coronary balloon could not pass.
Easy to use in the distal puncture
Easy to inject!
How to chose the support catheter?

- Distal Puncture
- Tough Calcified Lesion
- Wire Support
- Wire Exchange

Armet better

Corssair better

- Severely Tortuous Lesion
- Trans Collateral Approach
- Rendez-Vous
Thank you for your attention!
How to chose the support catheter

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