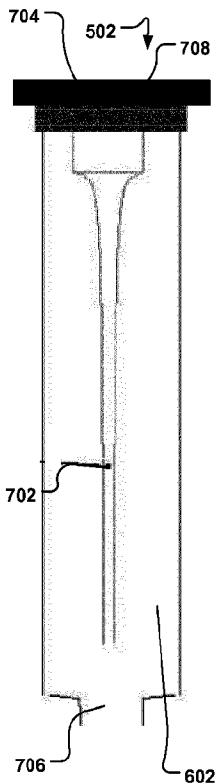




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(54) Title: A REMOVABLE IMPLANTABLE NON-INDWELLING VALVE



(57) Abrégé/Abstract:

Disclosed is a valve (502) for short time replacement, for taking over the function of and/or for temporary support of a native valve in a heart, the valve being positioned through the native valve upon implantation, the valve comprising an at least partially collapsible and/or at least partially expandable tube (602) and a flange (708). The valve allows for fast and easy replacement of a native valve, and more time for medical personnel to make decisions, prepare and/or perform surgery/medical intervention. Thus, the valve may provide for an improved quality of surgery/medical intervention.

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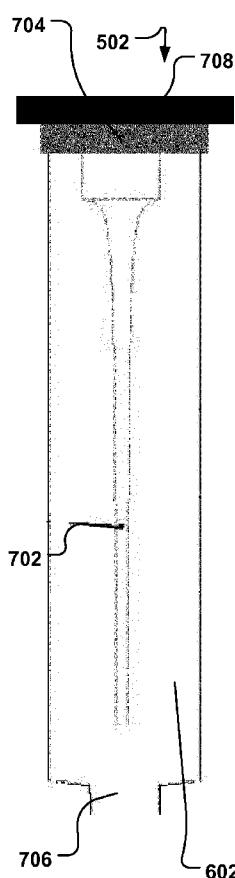
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(54) Title: A VALVE FOR SHORT TIME REPLACEMENT, FOR TAKING OVER THE FUNCTION OF AND/OR FOR TEMPORARY OR PARTIAL SUPPORT OF A NATIVE VALVE IN A HEART AND A METHOD FOR DELIVERY THEREFOR



(57) **Abstract:** Disclosed is a valve (502) for short time replacement, for taking over the function of and/or for temporary support of a native valve in a heart, the valve being positioned through the native valve upon implantation, the valve comprising an at least partially collapsible and/or at least partially expandable tube (602) and a flange (708). The valve allows for fast and easy replacement of a native valve, and more time for medical personnel to make decisions, prepare and/or perform surgery/medical intervention. Thus, the valve may provide for an improved quality of surgery/medical intervention.

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## A Removable Implantable Non-indwelling Valve

### BACKGROUND OF THE INVENTION

5                   **Field of the Invention**

This invention pertains in general to the field of medical devices for improvement of heart valves, such as mitral, aortic or tricuspid valves, as well as tools and methods therefore. More particularly the invention relates to a valve for short time replacement or support of a native valve, such as a mitral, an aortic or a tricuspid valve, in a heart and a method of delivery therefor.

10

**Description of the Prior Art**

During heart surgery, a premium is placed on reducing the amount of time used to replace and repair valves as the heart is frequently arrested and without perfusion.

15

Thus, it would be advantageous to have a short time replacement valve temporarily replacing a native valve to be repaired or replaced during such repair, replacement or preparations therefor in order to allow for e.g. a beating heart intervention.

20

Furthermore, since a premium is placed on reducing the amount of time used to replace and repair valves, there is not a lot of time for making decisions, preparing or performing surgery or medical intervention. Thus, it would also be advantageous to have more time to make decisions, for preparations and/or for performing surgery or medical intervention. This may be important, especially since more time may lead to an improved quality of the replacement or repair.

The use of a temporary valve has been disclosed in US20070219630 A1.

25

In US2012/101571A1 a mitral valve prosthesis is disclosed, for replacing failed/failing mitral valve in heart of patient. The valve prosthesis is for permanent implantation in the ventricle of the heart only and has multiple components to be assembled in the heart.

30

In US2008/077235 A1 an inflatable balloon is disclosed for the placement and treatment of an insufficient or stenotic cardiac valve, such as the mitral valve. Balloon may deflate, dislocate, puncture during delivery, etc.

In WO2012/095159 A2 a ring-shaped prosthetic valve is disclosed for permanently replacing an atrioventricular heart valve that comprises an annular body on which valvular cusps are fastened for insertion into a valve annulus of the heart.

In US2007/255396 A1 a girdle is disclosed for surrounding the chordae tendinae of a heart valve.

In US2007/038293 A1 a device and methods for endoscopic annuloplasty are disclosed. Opposed valve leaflets may be temporarily grasped and held into position prior to permanent attachment. No replacement valve is disclosed in US2007/038293 A1.

However, as can be seen from e.g. fig. 5 and [0129] in this document, the temporary 5 valve is placed away from the mitral valve. Furthermore, as can be seen in [0075] of this document, a mitral valve separation unit is needed for proper function. Moreover, the flow is in the examples described in this document directed through conduits, such as conduits 130, 140, 330, 340, 430, 440, and thus not through the native valve.

The construction of the temporary valve function as a whole is thus rather complicated. 10 It may thus be advantageous to have a temporary valve which is of a simple, effective and cost-effective construction. Such a construction may utilize parts of or the whole native valve.

### SUMMARY OF THE INVENTION

Accordingly, examples of the present disclosure preferably seek to mitigate, alleviate or 15 eliminate one or more deficiencies, disadvantages or issues in the art, such as the above-identified, singly or in any combination by providing a valve for short time replacement of a native valve in a heart and a method of delivery therefor.

The invention is advantageous, since by the use of the temporary valve disclosed herein, there may be more time for making decisions about how to perform surgery or 20 intervention, for preparing surgery and/or for performing surgery or medical intervention. Thus, quality of repair or replacement of a native valve may be improved.

According to aspects of the disclosure, a valve for short time replacement of a native valve in a heart and a method of delivery therefor are disclosed.

According to one aspect of the disclosure, a valve for short time replacement, for taking 25 over the function of and/or for temporary or partial support of a native valve in a heart is provided. The valve is positioned through the native valve upon implantation. The valve comprises a tube and a flange. The tube is at least partially collapsible. The tube may alternatively or in addition be at least partially expandable. The expandable flange prevents the valve from moving out of position from the left atrium towards the left ventricle or from the ascending aorta towards the 30 aortic arc or to the descending aorta.

According to another aspect of the disclosure, a method of delivering a valve for short time replacement of a native valve, such as a mitral valve, in a heart, is provided. The method comprises gaining trans-apical or trans-aortic access to the heart or transseptal access to the heart via a venous route for a mitral valve. The method further comprises forwarding a catheter, 35 via a trans-apical route or via an aortic route, i.e. trans-catheter-based, into the left ventricle of the heart. Alternatively, the catheter may be forwarded transseptally via a venous route. During the

forwarding, the catheter passes at least partly through the native valve. Thereafter the valve is positioned inside the native valve. The method may also comprise pulling a plurality of chordae together and towards the valve for fixation of the valve. Furthermore, the method may comprise deploying of a clip to surround the valve and/or to keep the chordae in position towards the valve.

5 The method also comprises removing the catheter.

Some examples of the disclosure provide for more time for making decisions about how to perform surgery or medical intervention.

Some examples of the disclosure provide for more time for preparing surgery.

Some examples of the disclosure provide for more time for performing surgery or

10 medical intervention.

Some examples of the disclosure provide for an improved quality of repair or replacement of a native valve.

Some examples of the disclosure provide for a simple and/or a reliable temporary valve function.

15 Some examples of the disclosure provide for that the tube does not interfere with any annuloplasty device or similar device.

Some examples of the disclosure provide for reliable securing of the temporary valve.

Some examples of the disclosure provide for fast and/or easy replacement of a native valve.

20 Some examples of the disclosure provide for fast and/or easy positioning of a temporary valve.

Some examples of the disclosure provide for that simple and/or fast deployment of a clip is enabled.

Some examples of the disclosure provide for a fast and easy collection of chordae.

25 Some examples of the disclosure provide for fast and easy securing of the temporary valve.

Some examples of the disclosure provide for fast and easy tightening to minimize paravalvular leakage.

Some examples of the disclosure provide for a procedure that is less prone to errors and thus a faster and easier securing of the valve.

30 Some examples of the disclosure provide for reliable securing of a temporary valve and/or chordae.

Some examples of the disclosure enable precise positioning of an implant or a valve in the anatomically correct position.

Some examples of the disclosure provide for that the procedure or surgery can be performed with high accuracy.

Some examples of the disclosure provide for an easier and/or less invasive delivery method.

5 Some examples of the disclosure provide for fast and easy collection of chordae.

Some examples of the disclosure provide for a fast and easy way of delivering, positioning and/or securing a temporary valve from outside the body of a patient.

Some examples of the disclosure enable beating heart surgery.

Some examples of the disclosure provide for a reduced leakage.

10 Some examples of the disclosure provide for a minimized regurgitation during e.g. beating heart surgery.

15 It should be emphasized that the term "comprises/comprising" when used in this specification is taken to specify the presence of stated features, integers, steps or components but does not preclude the presence or addition of one or more other features, integers, steps, components or groups thereof.

#### BRIEF DESCRIPTION OF THE DRAWINGS

These and other aspects, features and advantages of which examples of the disclosure are capable of will be apparent and elucidated from the following description of examples of the 20 present disclosure, reference being made to the accompanying drawings, in which

Fig. 1A is a cross-sectional view of a patient with a heart;

Fig. 1B is a perspective view of a mitral valve and an aortic valve;

Fig. 2 is a schematic cross-sectional view of a mitral valve;

25 Fig. 3A is a cross-sectional view of a mitral valve with a catheter inserted into the left ventricle;

Fig. 3B is a schematic cross-sectional view of an aortic valve with a catheter inserted into the aortic arc and partly into the ascending aorta;

Fig. 4A is a schematic cross-sectional view of a mitral valve with a catheter partly in the left atrium;

30 Fig. 4B is a schematic cross-sectional view of an aortic valve with a catheter partly in the ascending aorta;

Fig. 5A is a schematic cross-sectional view of a mitral valve with a valve being delivered;

35 Fig. 5B is a schematic cross-sectional view of an aortic valve with a valve being delivered;

Fig. 6A is a schematic cross-sectional view of a mitral valve with a valve for short time replacement of the mitral valve;

Fig. 6B is a schematic cross-sectional view of an aortic valve with a valve for short time replacement of the aortic valve;

5 Fig. 7A-C are schematic illustrations of a principle of a valve for short time replacement of a native valve;

Figs. 8A-B are schematic perspective views of a collecting unit for collecting and arranging chordae towards a valve;

Fig. 9 is a schematic view of a clip used to secure a valve;

10 Figs. 10 and 11 are schematic perspective views of various collecting units for collecting and arranging chordae towards a valve;

Figs. 12A-B are schematic perspective views of a collecting unit for collecting and arranging chordae towards a valve, which unit comprises two hooks, arms or balloons; and

15 Figs. 13A and 13B are schematic perspective views in partial cross-section which illustrate retracting of chordae.

#### DESCRIPTION OF THE PREFERRED EMBODIMENTS

Specific examples of the disclosure will now be described with reference to the  
20 accompanying drawings. This invention may, however, be embodied in many different forms and should not be construed as limited to the examples set forth herein. Rather, these examples are provided so that this disclosure will be thorough and complete, and will fully convey the scope of the invention to those skilled in the art. The terminology used in the detailed description of the examples illustrated in the accompanying drawings is not intended to be limiting of the invention.  
25 In the drawings, like numbers refer to like elements.

The following description focuses on an example of the present disclosure applicable to a native valve of the heart and in particular to a mitral and an aortic valve. However, it will be appreciated that the disclosure is not limited to this application but may be applied to many other native valves including for example a tricuspid valve or a pulmonary valve.

30 Fig. 1A illustrates a patient 10 having a heart 12 shown in cross-section including a left ventricle 14 and a right ventricle 16. The concepts of the present invention are suitable to be applied, for example, to a mitral valve 18, which supplies blood into the left ventricle 14 or to an aortic valve 34. The tricuspid valve (15) and the pulmonary valve (17) are also shown in Fig. 1A. Native mitral valve 18, also shown in Fig. 1B, includes an annulus 20 and a pair of leaflets 22, 24  
35 which selectively allow and prevent blood flow into the left ventricle 14. Leaflets 22, 24 are

supported for coaptation by chordae tendinae, chordae or chords 26, 28 extending upwardly from respective papillary muscles 30, 32. Blood enters the left ventricle 14 through the mitral valve 18 and is expelled during subsequent contraction of heart 12 through aortic valve 34. The aortic valve 34 controls blood flow to the aorta and organs connected to the aorta. It will be appreciated that the present invention may also be applicable to a tricuspid heart valve (15).

Fig. 2 is a cross-sectional view of a mitral valve 18 and surroundings. The left atrium 44, the left ventricle 14, the chordae 26, 28 and the mitral valve 18 can be seen in this figure.

Fig. 3A illustrates a catheter 310, which is being utilized for delivering a valve for short time replacement of a native valve, such as the mitral valve 18. The catheter 310 may be inserted into the left ventricle 14 of the heart in any known way. The catheter 310 is in some examples inserted via a transapical route. In these examples trans-apical access to the heart is gained and the catheter 310 will be forwarded, via the trans-apical route, into the left ventricle 14 of the heart.

Once the catheter has entered the left ventricle 14, the catheter is forwarded so that it is at least partly put through the mitral valve 18 and partly into the left atrium 44 as illustrated in Fig. 4A. The catheter 310 may be the delivery system for all implements used in the procedure. Thus, the catheter 310 may be utilized also for delivery of chordae collection devices, commissure locating tools and/or annuloplasty devices for long-term use. Thereafter, the valve for short-time replacement 502, which may be an artificial valve, is positioned inside the native mitral valve 18. This is illustrated in Fig. 5A. In order to facilitate the delivery of the valve 502 and to enable the positioning of the valve 502, the valve 502 may be collapsible for delivery and/or expandable upon delivery. This may be achieved by the use of an at least partly flexible valve. As an example, a flange of the valve 502 may be flexible during delivery. Once the valve 502 has been positioned inside the native valve, a plurality of chordae may be pulled together and towards the valve 502 for fixation of the valve 502.

Pulling of a plurality of chordae together is in some examples performed for creation of a temporary space between at least one chorda and a ventricular wall of the heart. Within this temporary space, an annuloplasty device may pass for delivery. Thus, an additional space may be created between e.g. at least two chordae and a ventricular wall of the heart by pulling a plurality of chordae together. Through the additional space an annuloplasty device may be advanced into position. The insertion of an annuloplasty device is preferably performed after the valve 502 has been positioned.

The plurality of chordae may in some examples be pulled together by rotation or twisting of the valve 502. The rotation of the valve 502 for pulling the chordae together is preferably specified to one direction, such as anticlockwise rotation. The rotation of the valve 502

may be actuated by rotating a catheter. As an example, a two-axis steerable catheter may be used for actuating the rotation of the valve 502.

A clip may thereafter be deployed to surround the valve 502 and/or to keep the chordae in position towards the valve 502. In some examples, the clip is deployed by pushing it out of the catheter 310 and into position with a pusher or a pushing catheter. Alternatively or in addition, the clip may be delivered with a special clip guide tube. The catheter 310 may thereafter be removed or utilized for inserting further implants or devices, such as an annuloplasty device. The valve 502 may remain inside the native valve during positioning of an annuloplasty device. Once an annuloplasty device has been inserted for permanent implantation, positioned and secured, the temporary, short-term, valve 502 is removed.

Fig. 3B illustrates a catheter 310, which is being utilized for delivering a valve for short time replacement of a native valve, such as the aortic valve 34. The catheter 310 may be inserted via the aortic arc at least partly into the ascending aorta 52. In these examples, the catheter enters for instance trans-femorally from the groin and goes via aorta at least partly into the ascending aorta 52 for delivery of the valve at the aortic valve 34.

Once the catheter has entered the ascending aorta 52, the catheter is forwarded so that it is at least partly put through the aortic valve 34 and partly into the left ventricle 14 as illustrated in Fig. 4B. The catheter 310 may be the delivery system for all implements used in the procedure. Thus, the catheter 310 may in addition be utilized also for delivery of chordae collection devices, commissure locating tools and/or annuloplasty devices for long-term use. Thereafter, the valve for short-time replacement 502, which may be an artificial valve, is positioned inside the native aortic valve 34. This is illustrated in Fig. 5B. In order to facilitate the delivery of the valve 502 and to enable the positioning of the valve 502, the valve 502 may be collapsible for delivery and/or expandable upon delivery. This may be achieved by the use of an at least partly flexible valve. As an example, a flange of the valve 502 may be flexible during delivery. Once the valve 502 has been positioned inside the native valve, a plurality of chordae may be pulled together and towards the valve 502 for fixation of the valve 502.

Pulling of a plurality of chordae together is in some examples performed for creation of a temporary space between at least one chorda and a ventricular wall of the heart. Within this temporary space, an annuloplasty device may pass for delivery. Thus, an additional space may be created between e.g. at least two chordae and a ventricular wall of the heart 12 by pulling a plurality of chordae together. Through the additional space an annuloplasty device may be advanced into position. The insertion of an annuloplasty device is preferably performed after the valve 502 has been positioned.

The plurality of chordae may in some examples be pulled together by rotation or twisting of the valve 502. The rotation of the valve 502 for pulling the chordae together is preferably specified to one direction, such as anticlockwise rotation. The rotation of the valve 502 may be actuated by rotating a catheter. As an example, a two-axis steerable catheter may be 5 used for actuating the rotation of the valve 502.

A clip may thereafter be deployed to surround the valve 502 and/or to keep the chordae in position towards the valve 502. In some examples, the clip is deployed by pushing it out of the catheter 310 and into position with a pusher or a pushing catheter. Alternatively or in addition, the clip may be delivered with a special clip guide tube. The catheter 310 may thereafter be removed 10 or is alternatively utilized for inserting further implants or devices, such as an annuloplasty device. The valve 502 may remain inside the native valve during positioning of an annuloplasty device. Once an annuloplasty device has been inserted, positioned and secured, the valve 502 is removed.

The valve 502, shown in Figs. 6A and 6B, is for short time replacement of a native valve 15 in a heart and the valve 502 may be positioned through the native valve upon implantation. The valve 502 comprises an at least partially collapsible and/or at least partially expandable tube 602. Furthermore, the valve 502 comprises a flange 604. The flange 604 may be flexible during 20 delivery, and is preferably somewhat rigid once the valve 502 has been implanted. The flange 604 prevents the valve 502 from moving out of position from e.g. the left atrium 44 towards the left ventricle 14 if the valve is for the mitral valve 18 and from moving out of position from e.g. the ascending aorta towards the aortic arc if the valve is for the aortic valve 34.

In some examples, the valve 502 is a one-way valve comprising a tube 602 having an inlet side 704 and an outlet side 706. This is depicted in Fig. 7A-C. The tube 602 may be flexible. This may be advantageous, since the use of a flexible tube prevents interference between the 25 tube 602 and annuloplasty devices. Alternatively, the tube 602 may be rigid or at least somewhat rigid. The valve 502 may further comprise a flexible inner sleeve 702 attached to an inlet side 704 of the tube 602 and positioned inside the tube 602. This is depicted in fig. 7A. The flexible inner sleeve 702 may be made of a flexible material such as rubber. In fig. 7A, the pressure inside the tube 602 is similar to the pressure at the inlet side 704 of the tube 602. Therefore, the flexible 30 inner sleeve 702 has more or less a same pressure on an inside of the sleeve 702 which is in contact with the inlet side 704, as on an outside of the flexible inner sleeve 702 which is in contact with the outlet side 705, thus making the valve partly open. In Fig. 7b the pressure inside the tube 602 has increased so that the pressure inside the tube 602, outside of the flexible inner sleeve 702 and in the left ventricle 14 is larger than the pressure at the inlet of the tube 602, inside of the 35 flexible inner sleeve 702 and the left atrium 44. When the pressure inside the tube 602 becomes

higher than the pressure at and/or outside the inlet of the tube, the valve 502 closes by the flexible inner sleeve 702 contracting together. In Fig. 7C the pressure inside the tube 602 and outside of the flexible inner sleeve 702 is lower than the pressure at or outside the inlet of the tube 704 and inside of the flexible inner sleeve 702. When the pressure inside the tube 602 5 becomes lower than the pressure at or outside the inlet of the tube, the valve 502 and flexible inner sleeve 702 opens. Thus, a simple, yet reliable replacement valve is obtained by the construction of a valve 502 as illustrated in Figs. 7A-7C. The flange 708 can also be seen in Fig. 7A. The flange 708 may be expandable. In one example, the flange 708 is an expandable balloon.

10 Fig. 8A illustrates an example, wherein a collecting unit 802 is utilized for collecting and arranging chordae towards the valve 502. The collecting unit 802 may together with the tube 602 form one integral part. Alternatively, the collecting unit 802 may be attachable or attached to the tube 602. In some examples, the collecting unit 802 comprises a single arm or a single hook. Alternatively or in addition, the collecting unit 802 comprises a ring and/or a fluid-filled balloon. A 15 collecting unit 802 comprising a fluid-fillable or fluid-filled balloon 804 is depicted in Fig. 8B. The collection unit 802 may in addition to the fluid-fillable or fluid-filled balloon 804 comprise a single arm.

20 In some examples the valve 502 comprises the collecting unit 802 for collecting and arranging chordae towards the valve 502. The valve may be secured, held and/or stabilized in a desired position by the collecting and arranging of chordae towards the valve 502. Thus, a reliable securing of the valve 502 may be achieved.

By the use of a collecting unit 802, fast and easy replacement of a native valve may be achieved. Furthermore, fast and easy positioning of a temporary valve may be obtained. Therefore, the use of a collecting unit may contribute to give more time to make decisions related 25 to surgery, more time to prepare for surgery and/or more time to perform surgery or medical intervention. Thus, overall quality of valve replacement or repair may be improved. The securing of the valve with chordae together with the shape of the valve 502 and a correct dimensioning of the valve 502 may be advantageous, since a valve with proper dimensions secured by the chordae does not press against any ventricular wall. Thus, there will be no damage to the 30 ventricular walls. Although, there may be a small leakage outside the valve 502, this may be acceptable for a short period of time, such as minutes, hours or a few days.

The valve may thus in certain examples include a collecting unit for collecting and arranging chordae towards the valve. The valve is thus secured, held and/or stabilized in a desired position by the collecting unit and arranging of chordae towards said valve. In an example 35 the collecting unit includes a clip, wherein the chordae and/or leaflets are kept in position towards

the valve with said clip. The clip may form a helix. The clip, in particular when in form of a helix, may be integral with or connected to the collecting unit and not a separate piece. Hence, in some examples, the collecting unit 802 may comprise a clip. Fig. 9 illustrates such a clip 902. The chordae are kept in position towards the valve 502 with the clip 902. The clip 902 may be formed as a ring or ring-like structure. Alternatively, the clip 902 may be formed or shaped as a helix. Thereby, the clip 902 can easily be rotated into position. Rotation is preferably made together with the valve when the collecting unit, such as a clip, in particular when in form of a helix, is integral with the collecting unit. The chordae and/or leaflets are kept in position towards the valve with said collecting unit and secured with said clip. This may be advantageous, since a simple and/or fast deployment of the clip 902 is enabled thereby. Furthermore, reliable securing, simple and/or fast deployment of a clip is enabled. Alternatively, when the clip, in particular when in form of a helix, is a separate piece and not integral with or unconnected with the valve, the collecting unit may be rotated separately into position. The clip may then be applied to the collecting unit for securing the latter in position at the chordae and/or leaflets.

Fig. 10 illustrates a valve 502 having a collecting unit for collecting and arranging chordae towards the valve 502 according to some examples. In these examples the collecting unit is shaped as a ring or ring-like structure. The ring-shaped unit 1002 may be extended to a rod-like structure for delivery and changeable into a ring-like structure upon delivery or implantation. Thus, it may be advantageous to have a collecting unit shaped as a ring, since it may facilitate delivery.

Fig. 11 illustrates a valve 502 having a collecting unit for collecting and arranging chordae towards the valve 502 according to some examples. In these examples the collecting unit is a fluid-filled balloon 1102. The fluid-filled balloon 1102 may be ring-like. The use of a fluid-filled balloon 1102 as a collecting unit may be advantageous, since the use of a balloon facilitates delivery and since fluid may be used to stabilize the balloon and/or give some rigidity to the balloon. In one example, the balloon is filled with fluid upon or after delivery at the native valve.

Fig. 12A illustrates a collecting unit for collecting and arranging chordae towards the valve 502 according to some examples. In these examples the collecting unit comprises two hooks 802, 1202 or arms. Alternatively, the collecting unit comprises a plurality, such as four, of hooks or arms. The hooks or arms are preferably positioned equidistantly around the valve 502, i.e. the hooks or arms are preferably equidistantly distributed exteriorly along the valve 502. A collection unit comprising two fluid-fillable or fluid-filled balloons 804, 1206 is depicted in Fig. 12B. The collection unit may in addition to the fluid-fillable or fluid-filled balloons 804, 1206 comprise two arms. Alternatively, the collecting unit comprises a plurality, such as four, of fluid-fillable or fluid-filled balloons. The fluid-fillable or fluid-filled balloons are preferably positioned equidistantly

around the valve 502, i.e. the fluid-fillable or fluid-filled balloons are preferably equidistantly distributed exteriorly along the valve 502.

In some examples, the collecting unit collects and arranges the chordae towards the valve 502 during rotation of the valve 502. The rotation is preferably anticlockwise rotation. The 5 rotation of the valve 502 may be actuated by rotating a catheter, such as a two-axis steerable catheter. Thus, fast and easy collection of chordae may be achieved. Furthermore, fast and easy securing of the valve may be achieved. In addition, with a steerable catheter, fast and easy 10 collection of chordae from outside the body of a patient may be achieved. Moreover, by specifying a direction of rotation, such as clockwise or anticlockwise, a procedure that is less prone to errors, and thus a faster and easier securing of the valve, may be obtained. In addition, reliable securing of the valve 502 and the chordae may be achieved.

In some examples, the valve 502 comprises a collecting unit for collecting and arranging leaflets towards the valve 502. In these examples, the valve 502 is secured, held and/or stabilized in a desired position by the collecting and arranging of leaflets towards the valve 15 502. In one example, the valve 502 is secured, held and/or stabilized in a desired position by the collecting and arranging of leaflets towards the valve 502 and by the collecting and arranging of chordae towards the valve 502. In some examples, the valve comprises a collecting unit for collecting and arranging chordae and leaflets towards the valve 502.

Figs. 13A and 13B illustrate retracting of chordae. Fig. 13A illustrates retracting of 20 chordae with a collection unit comprising a hook, an arm or a wire. A first end of a steerable catheter or wire 1310 exits a side lumen 1302 of the delivery catheter 310. The steerable catheter 1310 is then moved and manipulated by a user so as to surround the chordae 1340, without touching any ventricular wall 1320. The end of the catheter 1310 moves in a radial direction away from the delivery catheter 310 towards the ventricular wall 1320 as it is advanced and/or rotated. 25 Once the catheter 1310 has encircled all the chordae 1340 and 360 degree coverage of the space is achieved, an end unit of the steering catheter or wire 1310 is activated to pull the chordae 1340 together. Activation may include rotation of the catheter or valve 502 whereupon the curvature of the end of the catheter having grasped the chordae pulls them together towards the valve. The delivery catheter 310 is held stationary during the whole deployment of the 30 steerable catheter or wire 1310.

Fig. 13B illustrates retracting of chordae 1340 with a collection unit comprising two fluid-35 fillable or fluid-filled balloons. The delivery catheter 310 has two side lumens, which are equidistantly distributed around the delivery catheter 310, i.e. 180 degrees apart. The two balloon catheters 1330, 1332 exits the side lumens of the delivery catheter 310. The balloon catheters 1330, 1332 are then manipulated and moved towards a ventricular wall 1320 past the chordae

1340. Once the two balloon catheters are in position between the ventricular wall 1320 and the chordae 1340, the balloons may be inflated or filled with a fluid. When the balloons have been inflated or filled with a fluid, the balloons will fill the space between the ventricular wall 1320 and the chordae 1340 and press the chordae 1340 away from the ventricular wall and towards the 5 centre and towards each other, i.e. the balloons will encapsulate the chordae 1340 and tighten the native valve and bring the chordae 1340 towards the delivery catheter 310. The surfaces of the balloons may be provided with grooves, which form hollow channels when the balloons are fully inflated or fluid-filled. These channels may then guide a ring or a replacement valve during deployment. Below, a medical system for short time replacement and repair of a native valve is 10 described. The medical system comprises a valve 502. The valve 502 is in these examples an artificial valve. Furthermore, the medical system comprises a device for collecting and arranging chordae to hold and/or stabilize the artificial valve in a desired position. The device comprises a unit for grasping a plurality of chordae. With the medical system a fast and easy replacement of a native valve may be achieved. Furthermore, fast and easy positioning of a temporary artificial 15 valve may be achieved. Moreover, use of the medical system may contribute to give more time to make decisions related to surgery, more time to prepare for surgery and/or more time to perform surgery/medical intervention. Thus, overall quality of e.g. valve replacement may be improved.

In some examples, the medical system comprises a steerable catheter for delivering the artificial valve; an annuloplasty device, which may be used to perform annuloplasty, i.e. to 20 reshape the valve annulus, in order to improve the function of the valve; a location valve expander and/or a clip for locking the chordae in positions towards the artificial valve. This may enable fast and easy replacement of a native valve. Furthermore, it may enable fast and easy positioning of a temporary artificial valve.

Below, a device for collecting and arranging chordae to hold and/or stabilize an artificial 25 valve in a desired position is described. The device may be a medical device, and comprises a unit for grasping a plurality of chordae. With the device, a fast and easy replacement of a native valve may be achieved. Furthermore, fast and easy positioning of a temporary artificial valve may be achieved. Moreover, use of the medical system may contribute to give more time to make decisions related to surgery, more time to prepare for surgery and/or more time to perform 30 surgery/medical intervention. Thus, overall quality of e.g. valve replacement may be improved.

In some examples, the unit for grasping a plurality of chordae comprises an arm, a hook, a ring and/or a fluid-filled balloon. These examples provide for an easy way of grasping and/or collecting the chordae.

In some examples, the artificial valve is collapsible for delivery. Alternatively or in 35 addition, the artificial valve may be expandable upon delivery. Furthermore, the device may be

attachable to or integrable with the artificial valve. Thus, the device may be attached to or integrated with the artificial valve. These examples provide for an easier and less invasive delivery.

5 In some examples, the unit for grasping a plurality of chordae comprises a plurality of hooks. The number of hooks may be three, four or any other suitable number. Preferably, the hooks are positioned on opposite sides of the artificial valve. The hooks may also be equidistantly or symmetrically distributed exteriorly along the artificial valve.

10 In some examples, the catheter 310 enters from the groin and goes via a venous route transseptally to the right atrium 44 for delivery of the valve 502.

15 The medical system described herein may be utilized for short-term replacement of a native valve and/or for temporary use during beating heart surgery. The device described herein may be utilized for short-term replacement of a native valve and/or for temporary use during beating heart surgery. The valve 502 may be utilized during beating heart surgery. Thus, the system, the device and/or the valve 502 may enable beating heart surgery. Furthermore, the valve 502 may be utilized during life saving intervention, intervention in acute leaflet and/or chordate rupture.

20 The system, the device and or the valve 502 may provide for a reduced leakage and/or a minimized regurgitation during e.g. beating heart surgery. Furthermore, the system, the device and or the valve 502 may enable precise positioning of an implant or valve 502 in the anatomically correct position. Moreover, the procedure used for delivering a valve 502 described herein enables high accuracy of delivery, positioning and securing of a temporary valve 502.

25 Within this disclosure the term short-time or short-time replacement has been used. Short-term replacement and/or repair of native valves is considered to be a temporary replacement. Such a temporary replacement may be a replacement that last for minutes, hours or possibly up to a few days. Short-term replacement includes non-indwelling, i.e. non-permanently implanted, devices and methods described herein. Short-term replacement devices are intended to be removed from the body after use. With a long-time replacement is herein meant a replacement, which last for several days, weeks, months or longer. Such a long-time replacement may be made with devices intended to be permanently implanted and not removed from the body, such as indwelling annuloplasty devices. Structural requirements for such devices are thus 30 different for short-term use and long-term use.

35 As used herein, the singular forms "a", "an" and "the" are intended to include the plural forms as well, unless expressly stated otherwise. It will be further understood that the terms "includes," "comprises," "including" and/or "comprising," when used in this specification, specify the presence of stated features, integers, steps, operations, elements, and/or components, but do

not preclude the presence or addition of one or more other features, integers, steps, operations, elements, components, and/or groups thereof. It will be understood that when an element is referred to as being "connected" or "coupled" to another element, it can be directly connected or coupled to the other element or intervening elements may be present. Furthermore, "connected" 5 or "coupled" as used herein may include wirelessly connected or coupled. As used herein, the term "and/or" includes any and all combinations of one or more of the associated listed items.

Unless otherwise defined, all terms (including technical and scientific terms) used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this disclosure belongs. It will be further understood that terms, such as those defined in 10 commonly used dictionaries, should be interpreted as having a meaning that is consistent with their meaning in the context of the relevant art and will not be interpreted in an idealized or overly formal sense unless expressly so defined herein.

The present disclosure has been described above with reference to specific examples. However, other examples than the above described are equally possible within the scope of the 15 disclosure. Different method steps or a different order thereof than those described above may be provided within the scope of the disclosure. The different features and steps of the disclosure may be combined in other combinations than those described. The scope of the disclosure is only limited by the appended patent claims.

## CLAIMS

1. A removable implantable non-indwelling valve (502) for short time replacement, for taking over the function of and/or for temporary support of a native valve in a heart (12), said valve (502) configured for being positioned through said native valve upon implantation, said valve (502) comprising:

an at least partially collapsible and/or at least partially expandable tube (602); and a flange (604) positioned at an inlet side of said tube for temporary securing the non-indwelling valve at the native valve, wherein said valve is a one-way valve, which further comprises

a flexible inner sleeve attached to said inlet side of said tube and positioned inside said tube.

2. The valve of claim 1, wherein said tube is flexible.

3. The valve of claim 1, wherein said tube is rigid.

4. The valve according to any one of claims 1-3, further comprising a collecting unit for collecting and arranging chordae towards said valve and wherein said valve is secured, held and/or stabilized in a desired position by said collecting and arranging of chordae towards said valve.

5. The valve according to any one of claims 1-3, further comprising a collecting unit for collecting and arranging leaflets towards said valve and wherein said valve is secured, held and/or stabilized in a desired position by said collecting and arranging of leaflets towards said valve.

6. The valve of claim 4 or 5, wherein said unit comprises an arm, a hook, a ring and/or a fluid-filled balloon.

7. The valve according to any one of claims 4-6, wherein said collecting unit comprises a clip and wherein said chordae and/or said leaflets are kept in position towards said valve with said clip.

8. The valve of claim 7, wherein said clip forms a helix.

9. The valve according to any one of claims 4-8, wherein said collecting unit collects and arranges said chordae and/or said leaflets towards said valve during rotation of said valve and wherein said rotation is anticlockwise rotation.

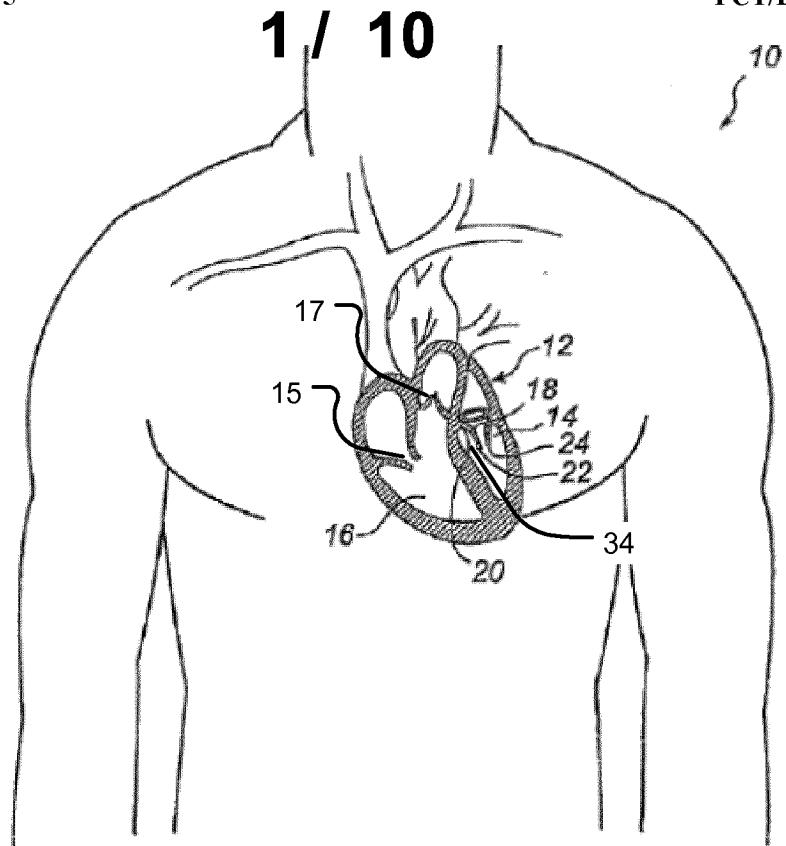
10. The valve of claim 9, wherein rotation of said valve is actuated by rotating a catheter.

11. The valve according to any one of claims 1-10, wherein said valve is collapsible for delivery and/or expandable upon delivery.

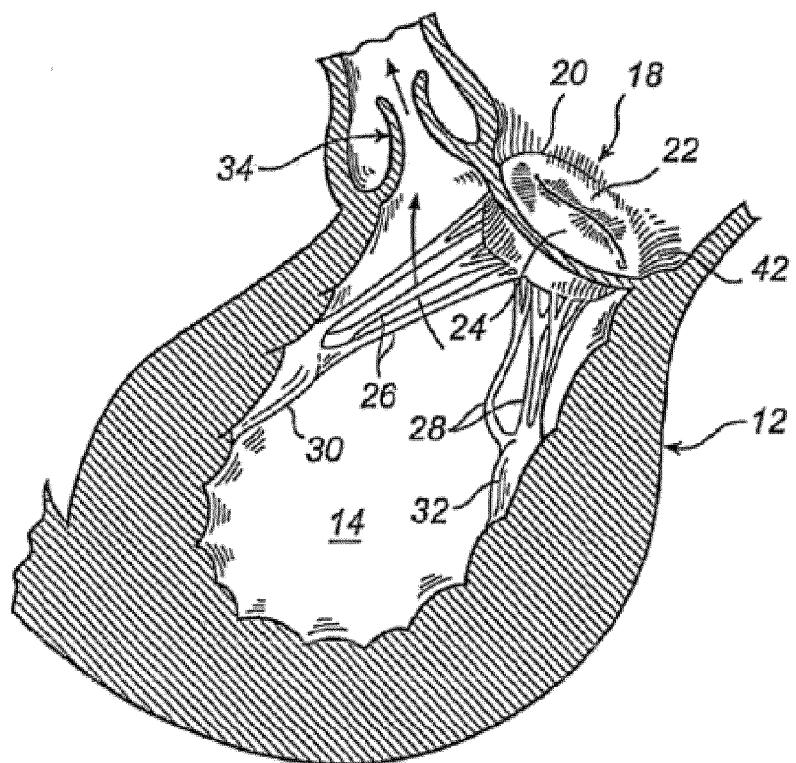
12. The valve according to any one of claims 1-11, wherein said native valve is a mitral valve.

13. Use of the valve according to any one of claims 1-12 during beating heart surgery and/or intervention.

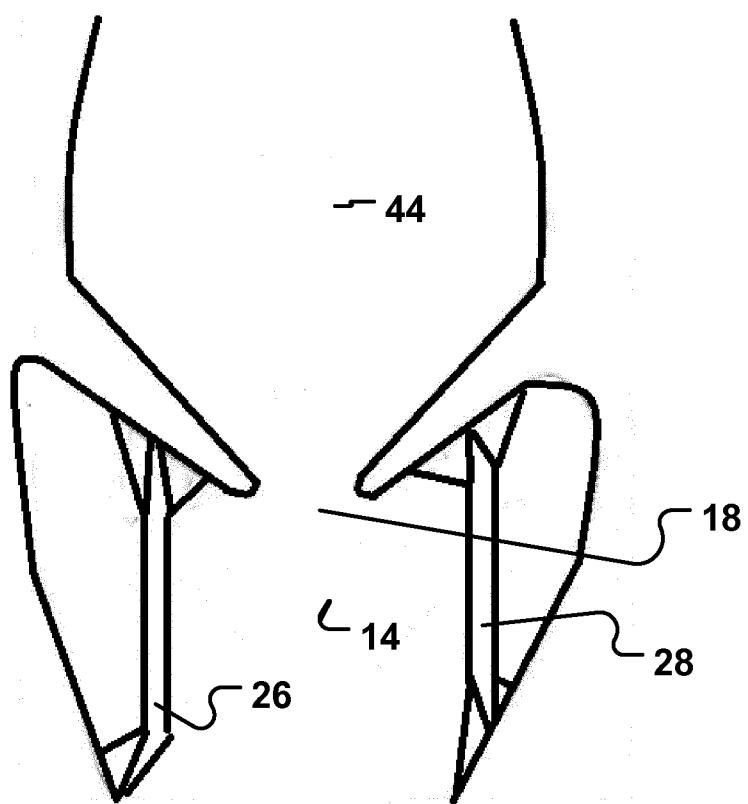
14. Use of the valve according to any one of claims 1-13 during life saving intervention, intervention in acute leaflet and/or chordate rupture.



**Fig. 1A**



**Fig. 1B**



**Fig. 2**

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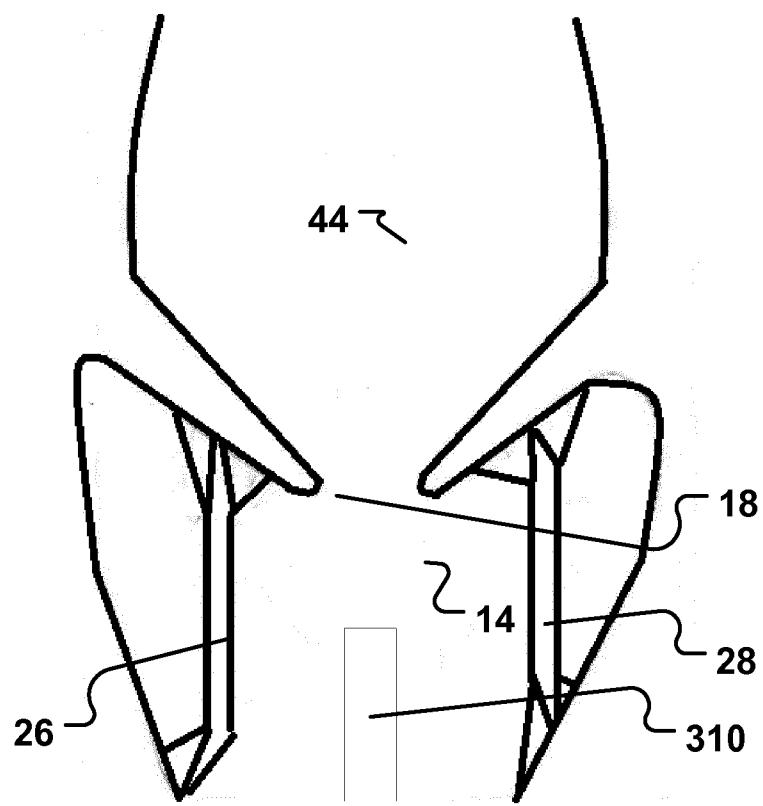


Fig. 3A

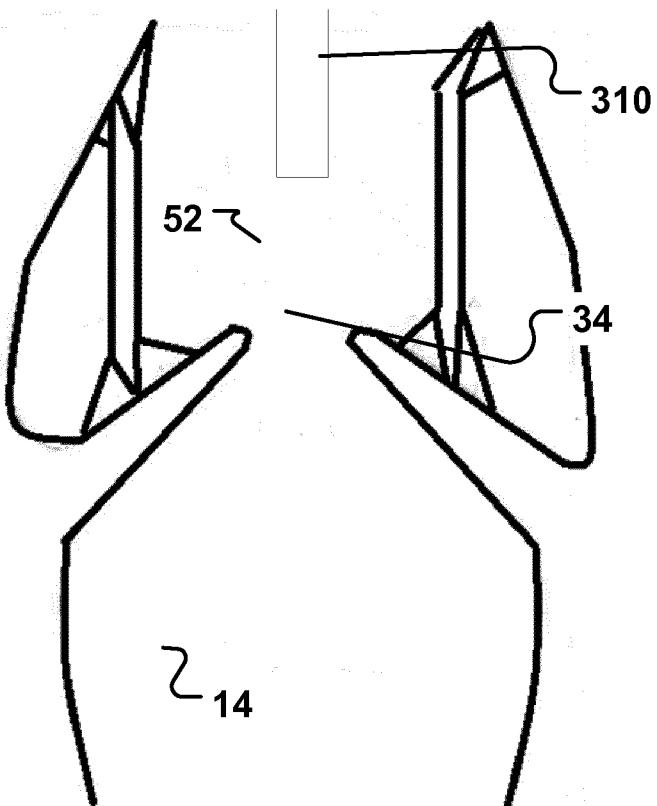
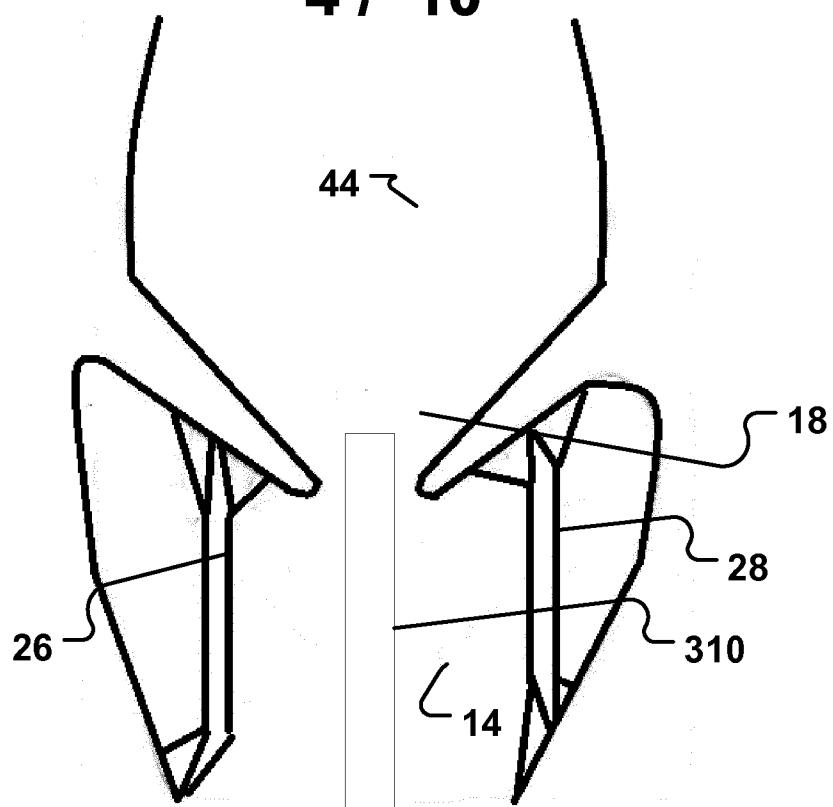
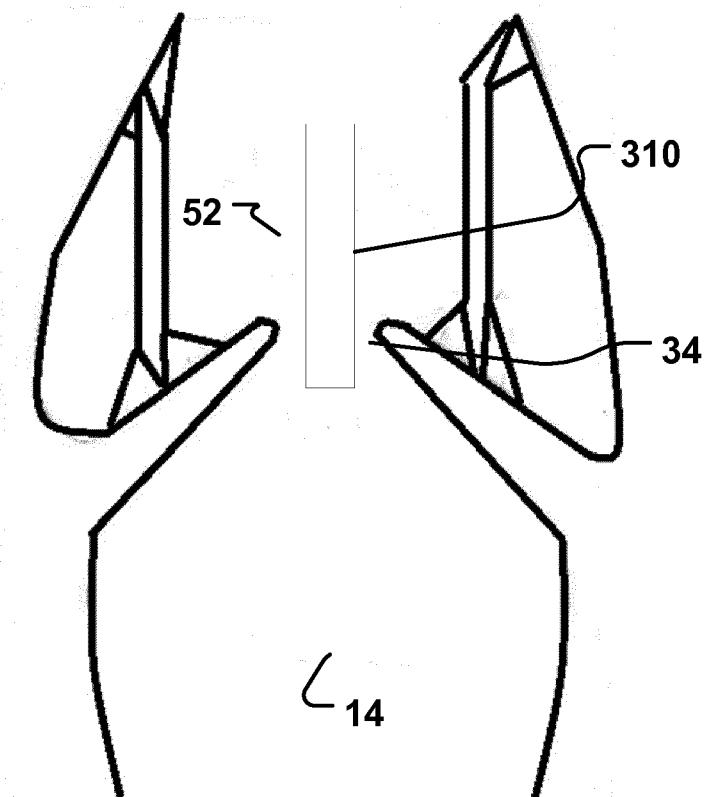


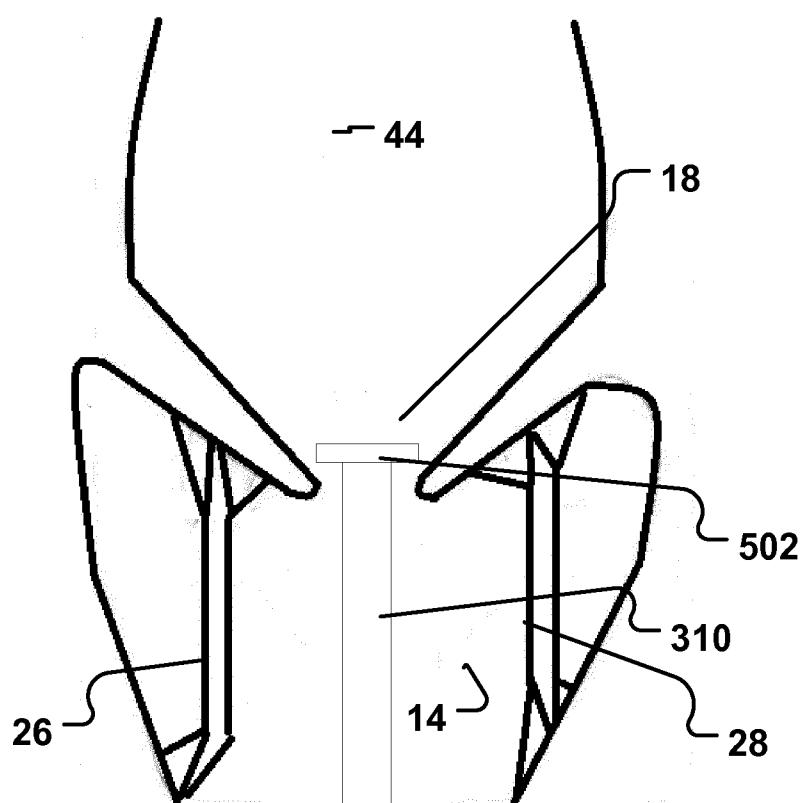
Fig. 3B



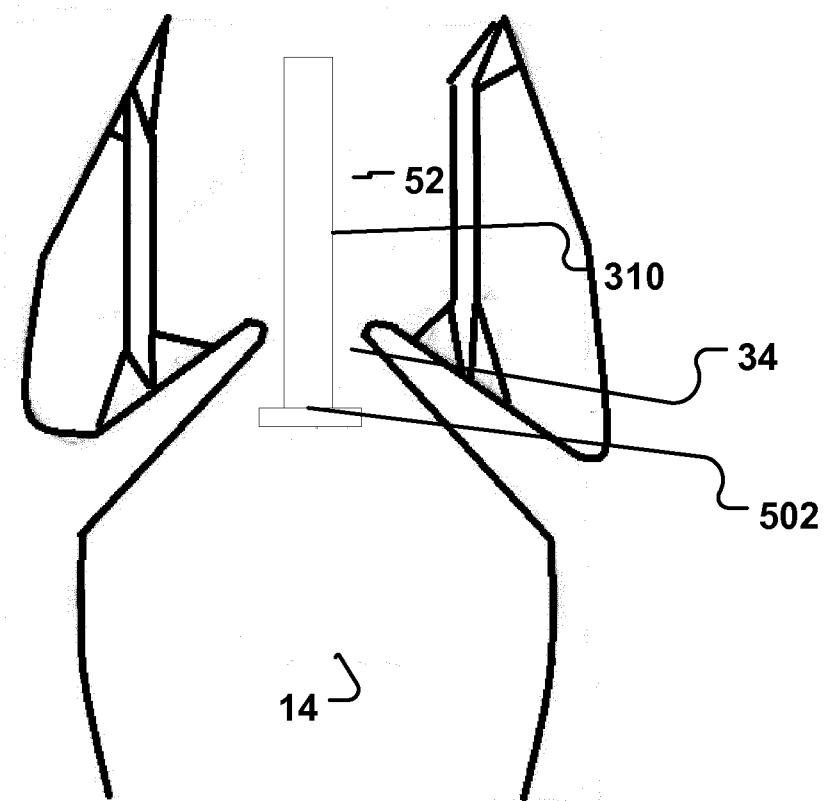
**Fig. 4A**



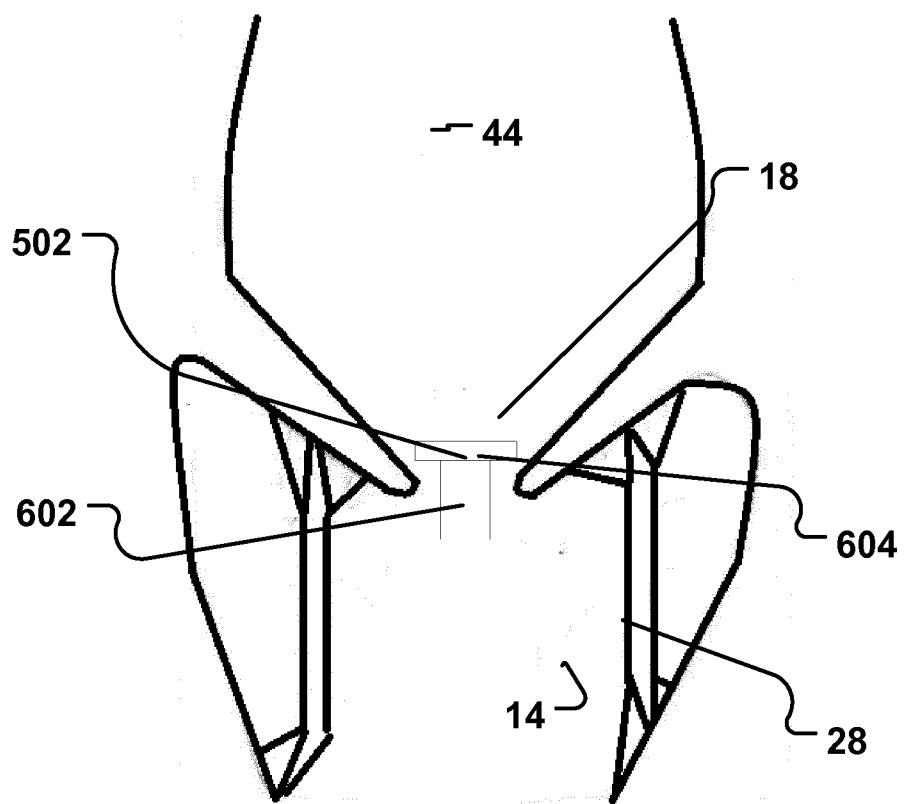
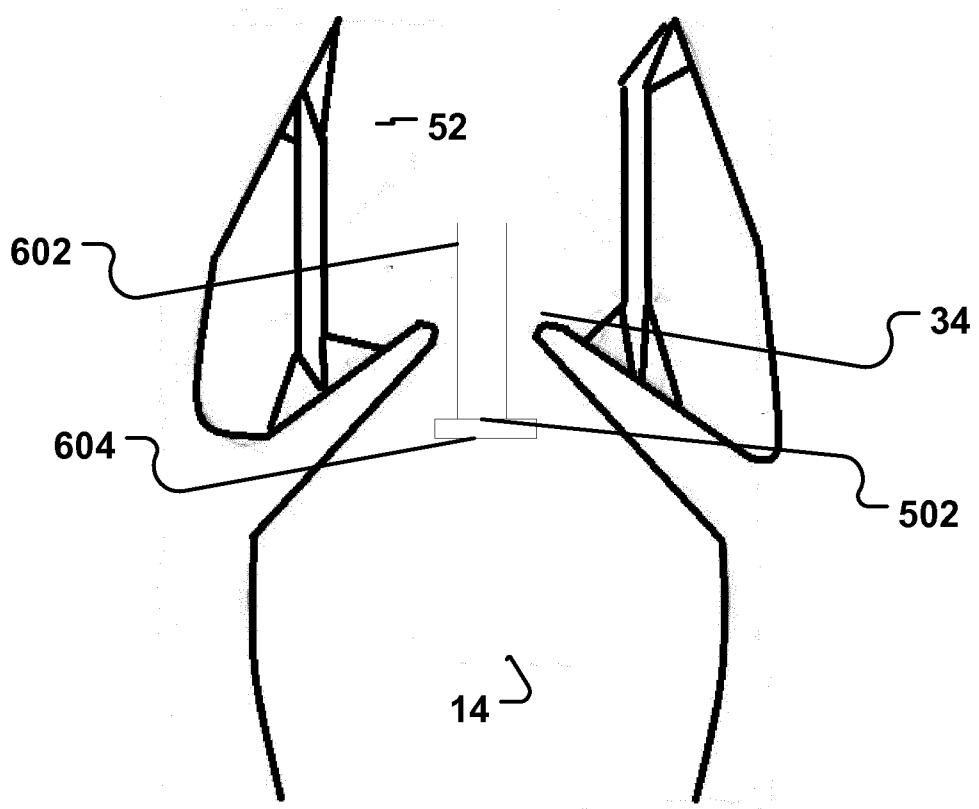
**Fig. 4B**



**Fig. 5A**



**Fig. 5B**

**6 / 10****Fig. 6A****Fig. 6B**

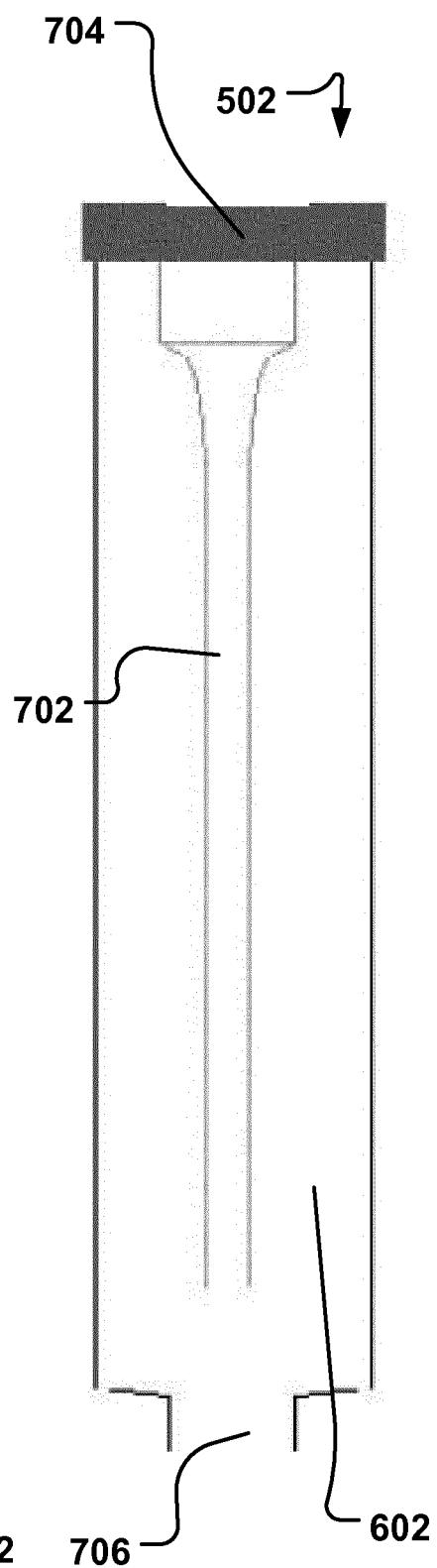
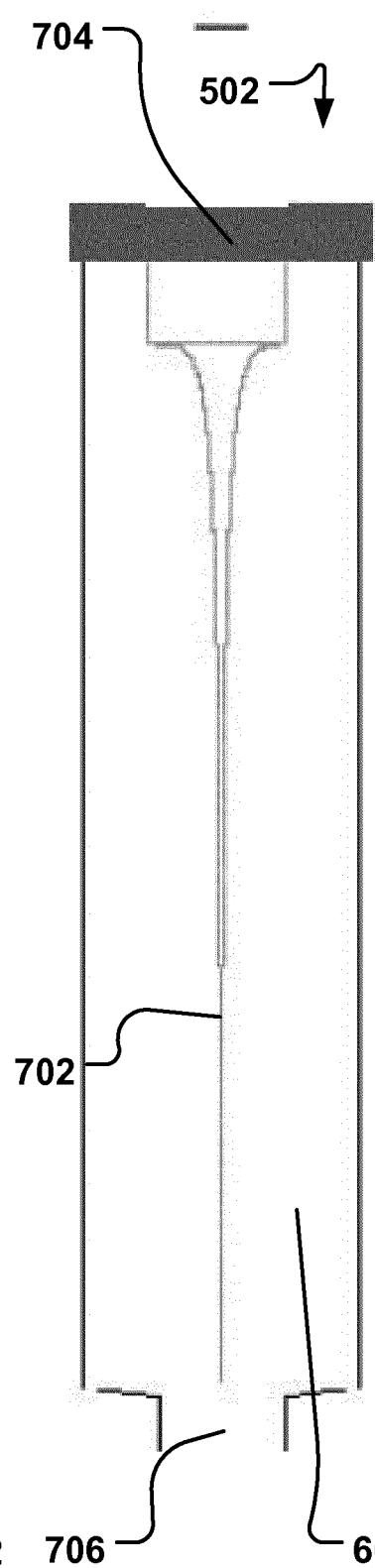
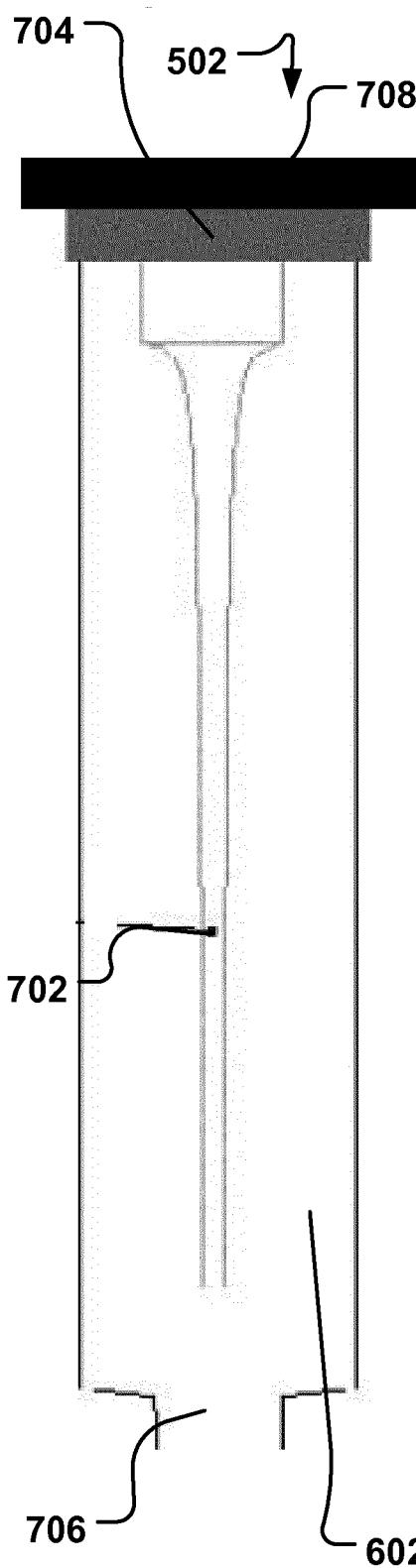
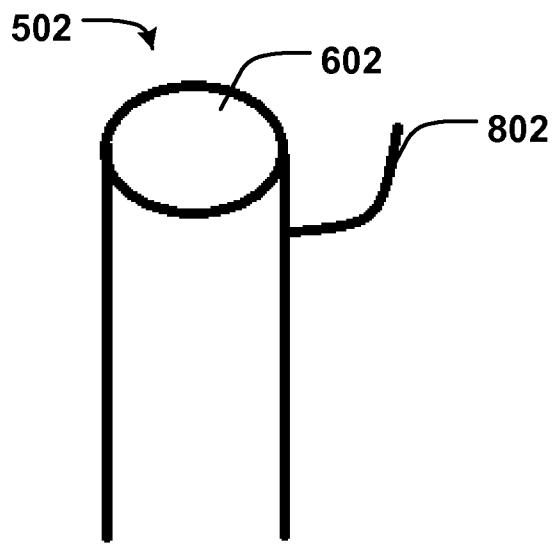


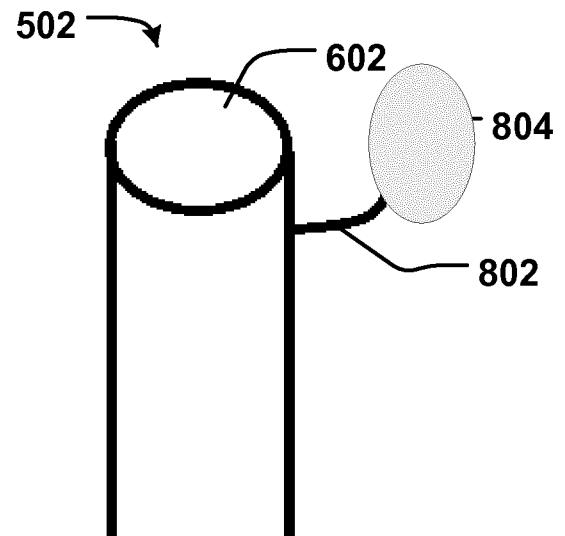
Fig. 7A

Fig. 7B

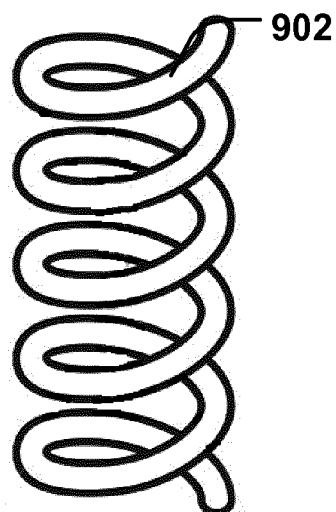
Fig. 7C



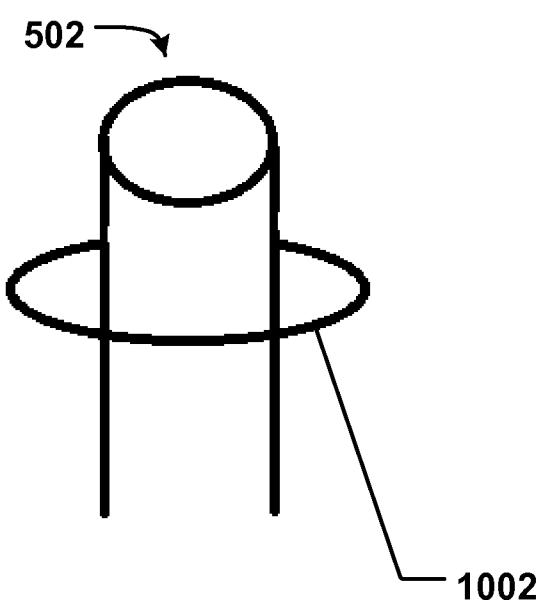
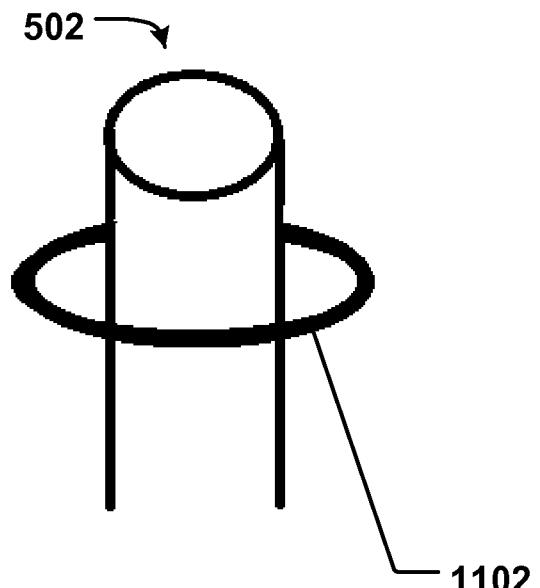
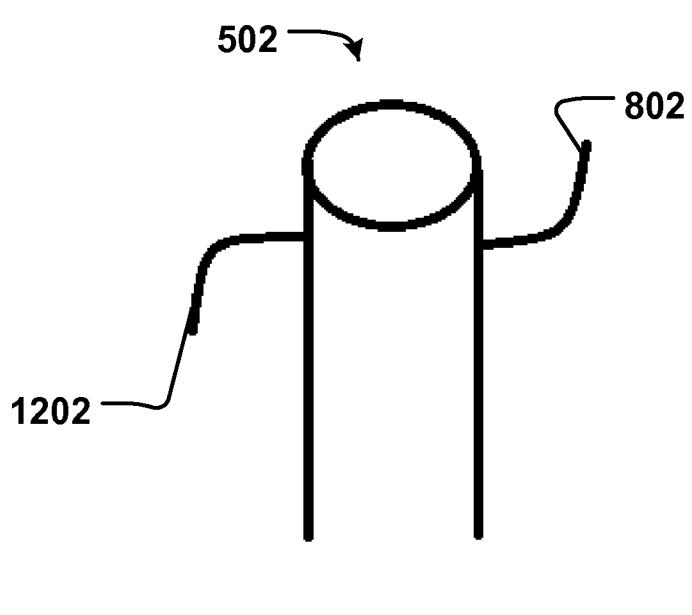
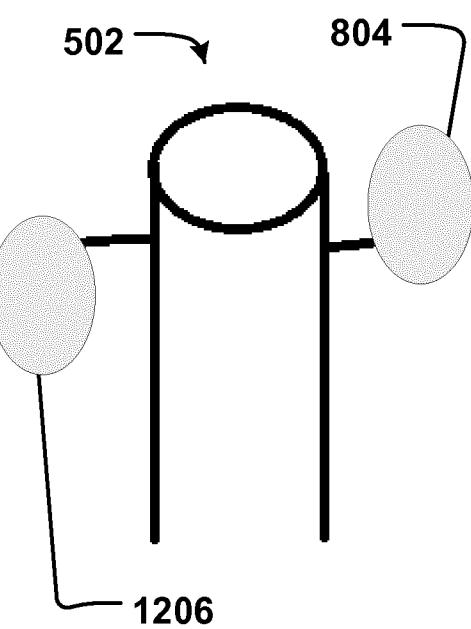
**Fig. 8A**



**Fig. 8B**



**Fig. 9**

**Fig. 10****Fig. 11****Fig. 12A****Fig. 12B**

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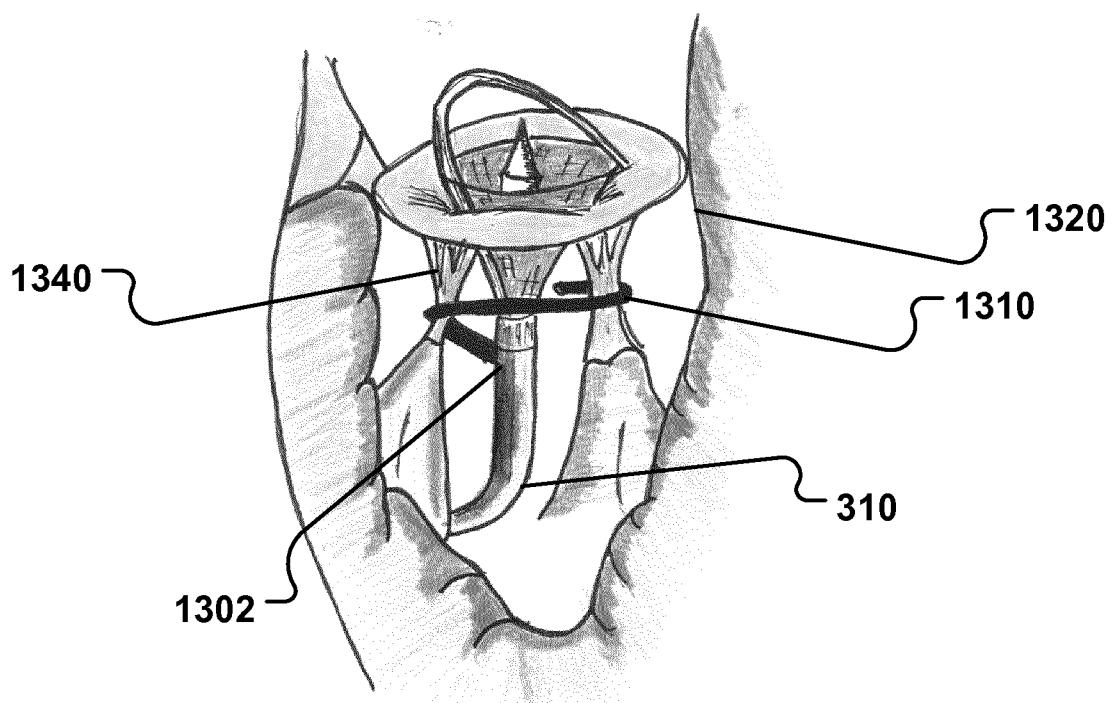


Fig. 13A

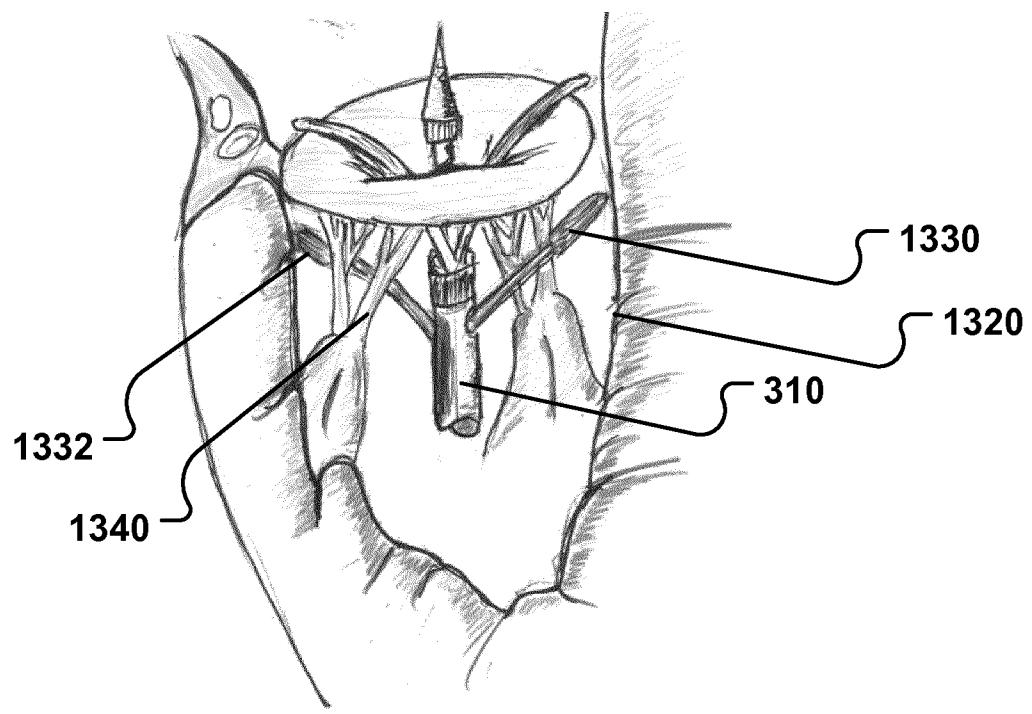


Fig. 13B

