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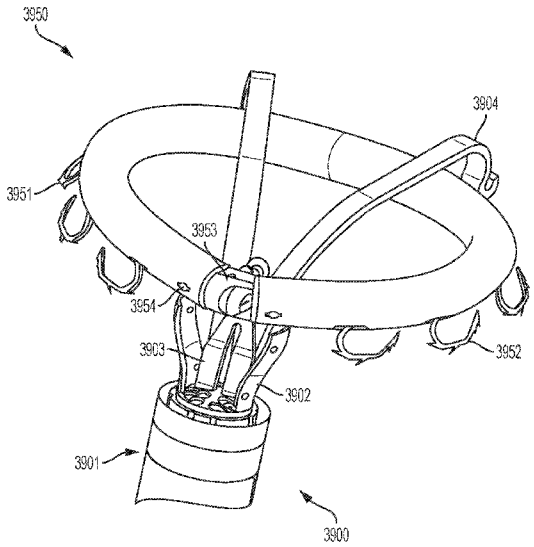


FIG. 39

(57) Abstract: Disclosed herein are various embodiments directed to a device for minimally invasive medical treatment. The device being a hollow tube with a first end, a second end, and one or more anchors configured to extend outward from the exterior of the hollow tube. The hollow tube having a plurality of cutouts on the exterior, wherein the cutouts allow the hollow tube to be flexible. Additionally, the hollow tube may have at least one snap mechanism configured to connect the first end and the second end together.

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[Continued on next page]

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DEVICES AND METHODS FOR THE TREATMENT OF HEART VALVE INSUFFICIENCIES

CROSS-REFERENCED TO RELATED APPLICATIONS

[0001] The present application claims benefit of priority to the filing date of U.S. Provisional Patent Application 62/375,079 filed August 15, 2016, entitled, "DEVICES AND METHODS FOR THE TREATMENT OF HEART VALVE INSUFFICIENCIES," the contents of which is incorporated herein by reference in their entirety.

BACKGROUND

[0002] The present disclosure is generally related to a device for minimally invasive treatment of human tricuspid valve regurgitation.

[0003] Tricuspid valve regurgitation is a condition evidenced by leakiness of the tricuspid valve, which is the valve between the upper and lower chambers of the right side of the heart. An individual exhibiting tricuspid valve regurgitation will have blood leak backwards through the tricuspid valve each time the right ventricle contracts. More particularly, when the right ventricle contracts to pump blood toward the lungs, some of the blood leaks backward into the right atrium. This increases the volume of blood in the atrium, which can cause the right atrium to enlarge. Enlargement of the right atrium can result in a change in the pressure in both the nearby heart chambers and adjacent blood vessels.

[0004] Functional tricuspid valve regurgitation is the most common type of valve pathology and is usually associated with mitral valve disease. Currently, the majority of patients with both mitral valve disease and tricuspid valve regurgitation receive surgical treatment for the mitral valve only. Tricuspid valve regurgitation is most often under-diagnosed and/or ignored. Asymptotic dilation of the tricuspid annulus may benefit from repair independent of

regurgitation. Without treatment for tricuspid dilation, mitral valve disease can lead to biventricular failure and even death.

[0005] Thus, a device and method for a minimally invasive treatment of human tricuspid valve regurgitation is needed.

SUMMARY

[0006] An embodiment of a device for minimally invasive medical treatment comprising: a hollow tube comprising: a first end; a second end; an exterior having a plurality of cutouts, wherein the cutouts allow the hollow tube to be flexible; at least one snap mechanism configured to connect the first end and the second end together; and one or more anchors configured to extend outward from the exterior.

BRIEF DESCRIPTION OF THE DRAWINGS

[0007] Aspects, features, benefits and advantages of the embodiments described herein will be apparent with regard to the following description, appended claims, and accompanying drawings where:

[0008] FIG. 1 depicts an illustrated tricuspid valve in normal and dilated conditions.

[0009] FIG. 2 depicts an illustrated pattern cut into a hollow tube, which is used to form a tricuspid ring.

[0010] FIG. 3 depicts another illustrated pattern cut into a hollow tube, which is used to form a tricuspid ring.

[0011] FIG. 4 depicts the back side of the hollow tube and the pattern of the cuts for anchor deployment windows.

[0012] FIG. 5 depicts an illustrated shape of a tricuspid ring.

[0013] FIG. 6 depicts an illustrated schematic laser cut pattern.

[0014] FIG. 7 depicts an illustrated schematic laser cut tube.

[0015] FIG. 8 depicts a perspective view of an illustrated tricuspid ring with the deployed anchors.

[0016] FIG. 9 depicts a perspective view of an illustrated tricuspid ring with zone distributions.

[0017] FIG. 10 depicts a perspective view of an illustrated laser cut fluorinated ethylene propylene (FEP) material.

[0018] FIG. 11 depicts an illustrative laser cut pattern of an FEP tube.

[0019] FIG. 12 depicts an illustrative laser cut FEP in a tubular configuration.

[0020] FIG. 13 depicts an illustrated geometric view of septal anchors.

[0021] FIG. 14 depicts an illustrated geometric view of posterior anchors.

[0022] FIG. 15 depicts an illustrated geometric view of anterior anchors in zone A.

[0023] FIG. 16 depicts an illustrated geometric view of anterior anchors in zone B.

[0024] FIG. 17 depicts an illustrated laser cut pattern for a posterior and/or anterior zone.

[0025] FIG. 18 depicts an illustrated laser cut pattern for a septal zone.

[0026] FIG. 19 depicts detail view of an illustrated harpoon.

[0027] FIG. 20 depicts a detail view an illustrated anchor stop feature.

[0028] FIG. 21 depicts a detail view of another illustrated anchor stop feature

[0029] FIG. 22 depicts a detail view of another illustrated anchor stop feature.

[0030] FIG. 23 depicts a detail view of another illustrated anchor stop feature.

[0031] FIG. 24 depicts another illustrated anchor stop feature and an illustrated harpoon.

[0032] FIG. 25 depicts a perspective view of an illustrative non-deployed anchor parked adjacent to a deployment window.

[0033] FIG. 26 depicts an illustrative view of non-deployed an anchor.

[0034] FIG. 27 depicts an illustrative view of a deployed anchor.

[0035] FIG. 28 depicts a detail view of a segment of the tricuspid ring with a deployed anchor.

[0036] FIG. 29 depicts an illustrative initial geometry of a tricuspid ring.

[0037] FIG. 30 depicts an illustrative tricuspid ring in a "D" shape geometry.

[0038] FIG. 31 depicts another illustrative tricuspid ring with a snap mechanism.

[0039] FIG. 32 depicts a detail view of an illustrative snapping mechanism in a closed configuration.

[0040] FIG. 33 depicts a detail view of an illustrative snapping mechanism in an open configuration.

[0041] FIG. 34 depicts an isolated detail view of an illustrative snapping mechanism in a closed configuration.

[0042] FIG. 35 depicts an isolated detail view of an illustrative female snapping mechanism.

[0043] FIG. 36 depicts a cross-sectional view of an illustrative female snapping mechanism.

[0044] FIG. 37 depicts a detail view of an illustrative male snapping mechanism.

[0045] FIG. 38 depicts a view of an illustrative delivery system that is connected to a snapped ring.

[0046] FIG. 39 depicts another view of an illustrative delivery system that is connected to a ring with deployed anchors with the stabilizing tool in the center.

[0047] FIG. 40 depicts an illustrative view of the delivery system.

[0048] FIG. 41 depicts another illustrative view of the delivery system connected to a deployed ring.

[0049] FIG. 42 depicts another illustrative view of the delivery system that is connected to a ring.

[0050] FIG. 43 depicts another illustrative view of a hinge system associated with the delivery system and a stabilizing tool.

[0051] FIG. 44 depicts an illustrative view of a delivery system connected to a fully deployed ring and stabilizing tool.

[0052] FIG. 45 depicts another illustrative view of a hinge system associated with the delivery system.

[0053] FIG. 46 depicts another illustrative view of a delivery system that is connected to a deployed ring while being manipulated by a stabilizing tool and before anchors are deployed.

[0054] FIG. 47 depicts another illustrative view of a hinge system associated with the delivery system.

[0055] FIG. 48 depicts another illustrative view of a hinge system associated with the delivery system.

[0056] FIG. 49 depicts an illustrative view of a stabilizing tool and tricuspid ring.

[0057] FIG. 50 depicts an isolated illustrative view of a stabilizing tool.

[0058] FIG. 51 depicts an illustrative view of deployed anchors at the septal zone.

[0059] FIG. 52 depicts another illustrative view of deployed anchors at the septal and posterior zones.

[0060] FIG. 53 depicts another illustrative view of deployed anchors at the septal zone, posterior zone, and first anterior zone.

[0061] FIG. 54 depicts another illustrative view of a stabilizing tool and tricuspid ring with deployed anchors at all zones.

[0062] FIG. 55 depicts an illustrative view of a tricuspid valve.

[0063] FIG. 56 depicts another illustrative view of a tricuspid valve.

DETAILED DESCRIPTION

[0064] This disclosure is not limited to the particular systems, devices and methods described, as these may vary. The terminology used in the description is for the purpose of describing the particular versions or embodiments only, and is not intended to limit the scope.

[0065] As used in this document, the singular forms "a," "an," and "the" include plural references unless the context clearly dictates otherwise. Unless defined otherwise, all technical and scientific terms used herein have the same meanings as commonly understood by one of ordinary skill in the art. Nothing in this disclosure is to be construed as an admission that the embodiments described in this disclosure are not entitled to antedate such disclosure by virtue of prior invention. As used in this document, the term "comprising" means "including, but not limited to."

[0066] As discussed herein, the existing treatment for tricuspid valve regurgitation is invasive and potentially dangerous. For example, current treatment may include repair methods such as DeVega Repair and utilization of annuloplasty rings or tricuspid rings that require open heart surgery. Open heart surgery may introduce several comorbidities in addition to any existing

conditions. Thus, many patients who suffer from tricuspid valve regurgitation may not be appropriate candidates for open heart surgery, and would therefore greatly benefit from a new device and/or method for percutaneous or minimally invasive treatment of tricuspid valve regurgitation.

[0067] An implant and delivery system for introduction of a semi-rigid ring for treatment of tricuspid valve regurgitation includes a tricuspid annuloplasty ring comprising an outer hollow member with a plurality of segments. In a further embodiment, segments may be adjustable and may cooperate with one another in order to change the outer hollow member from an elongated insertion shaped geometry to an annular operable shaped geometry. The tricuspid annuloplasty ring may include one or more zones comprising internal anchor members located at least partially within the outer hollow member. In one non-limiting embodiment, the tricuspid annuloplasty ring may include up to four different anchor zones, which are further discussed herein. In an embodiment, the internal anchor members may be configured to emerge sequentially from windows (i.e., openings) along the hollow tube, thereby engaging the tissue of the tricuspid valve annulus under treatment, potentially in a predetermined sequence.

[0068] Disclosed herein are various embodiments related to minimally invasive or percutaneous trans-catheter delivery of a tricuspid ring. In addition, an embodiment may comprise methods for reducing or adjusting the dimension between the anterior and septal leaflets and/or reducing or adjusting the dimension between the anteroposterior commissure to septal leaflet, thereby minimizing or eliminating the issue of tricuspid valve regurgitation.

[0069] The illustrated example embodiments will be best understood by reference to the figures. The following description is intended only by way of example, and simply illustrates certain example embodiments.

[0070] Referring to FIG. 1, a perspective view of a tricuspid valve **100**, as it relates to various embodiments discussed herein, is shown. As shown, in an embodiment, the tricuspid valve **100** may have an anterior-septal direction and an anterior-posterior to septal leaflet direction. Additionally, FIG. 1 illustrates an outline of a normal sized annulus **101**, a dilated annulus **102**, a desired shape of a tricuspid ring **103**, and an Atrioventricular (AV) node **104**. FIG. 1 further shows the annular reduction directions (i.e., the plurality of arrows **105**) that may be required to reduce tricuspid valve regurgitation.

[0071] As would be understood by one skilled in the art, the AV node **104** is a part of the electrical conduction system of the heart that coordinates the top of the heart. The AV node **104** is an area of specialized tissue between the atria and the ventricles of the heart, specifically in the posteroinferior region of the interatrial septum near the opening of the coronary sinus, which conducts the normal electrical impulse from the atria to the ventricles. Puncturing or introducing any impulse into this node causes adverse effects such as Arrhythmia, irregular heart rhythm, and, in the worst, case heart failure. Therefore, in an embodiment, the design of a tricuspid ring may not include anchors in the segment of the ring that will be located adjacent to the AV node.

[0072] In FIGs. 2 and 3, a perspective view of an illustrative embodiment may include a hollow tube **201/301**, which may be made of various materials (e.g., a shape memory hypotube (nickel titanium (Ni-Ti) super elastic alloy)) cut to form a plurality of segments **202/302**. In one embodiment, the cuts **203/303** in the hollow tube may allow for the tube to be used as an outer tube of a segmented tricuspid annuloplasty ring. Additionally, FIG. 4 shows an illustrative schematic diagram further detailing the cutting pattern used for laser processing (e.g.,

the cutting of windows **402** through which anchors (not shown) may be deployed) of the hypo tube **401** as illustrated in FIG. 2 and 3.

[0073] In an embodiment, as shown by the schematic diagram in FIG. 5, the shape of the memory hypotube **501**, as discussed and shown in FIGs. 2 and 3, may have an operable geometry. For example, the hypotube may be annular and/or D shaped (as shown in FIG. 5). Furthermore, an embodiment may, as shown, comprise a delivery system interface point **502**.

[0074] Referring now to FIG. 6, a schematic laser cut pattern **600** for use in laser processing is shown. In one embodiment, the laser cut pattern **100** may integrate a plurality of segments (e.g., the windows for the anchors and the specific attachment holes for additional members. In one embodiment, a closing feature(s) may utilize the specific attachment holes in order to secure a connection and close the tricuspid ring. Thus, as shown in FIG. 6, an illustrative embodiment may include one or more laser cut patterns **600**, one or more laser cut slots for flexibility **601**, one or more windows for anchors **602**, one or more windows for sutures **603**, one or more holes for fabric attachment and fluorinated ethylene propylene (FEP) attachment **604**, one or more holes for a suture pin **605**, and one or more snap features for the suture pin **606**.

[0075] Fluorinated ethylene propylene or FEP is a copolymer of hexafluoropropylene and tetrafluoroethylene. It differs from polytetrafluoroethylene resins in that it is melt-processable using conventional injection molding and screw extrusion techniques. Moreover, it has a very low coefficient of friction and thus, in an embodiment, may make an exceptional material to serve as an anchor track and/or anchor the assemblies within the laser cut Ni-Ti rings. FEP provides various benefits over current methods, such require a significant pulling force to retrieve a metal end of a metal ring, particularly one that has a bend radius, after deployment

from a catheter. In contrast, an embodiment may utilize an FEP tube that is laser cut and allows easy sliding of the anchor assembly within the laser cut Ni-Ti ring.

[0076] FEP is very similar in composition to the fluoropolymers PTFE (polytetrafluoroethylene) and PFA (perfluoroalkoxy polymer resin). FEP and PFA both share PTFE's useful properties of low friction and non-reactivity, but are more easily formable. FEP is softer than PTFE and melts at 260 °C. It is also highly transparent and resistant to sunlight.

[0077] As shown in FIG. 7, a further embodiment may include a schematic laser cut tube **700**. In one embodiment, the schematic laser cut tube **700** configuration may integrate a plurality of segments (e.g., the windows for the anchors and the specific attachment holes for additional members such as a closing feature(s) to close the tricuspid ring). Thus, as shown in FIG. 7, an illustrative embodiment may include one or more laser cut slots for flexibility **701**, one or more windows for anchors **702**, one or more windows for sutures **703**, one or more holes for fabric and FEP attachment **704**, one or more holes for a suture pin **705**, and a snap feature for the suture pin **706**.

[0078] Referring now to FIG. 8, a perspective view of an illustrative embodiment is shown including a tricuspid annuloplasty ring **800** with four zones of internal anchors being deployed. Specifically, an embodiment may have a first anterior anchoring zone **801**, a second an anterior anchoring zone **802**, a posterior anchoring zone **803**, a septal anchoring zone **804**, and an AV node **805**. In some embodiments, the AV node may comprise no anchors.

[0079] Additionally or alternatively, FIG. 9 illustrates alternative zone distributions in a tricuspid ring. In this configuration, the septal zones may overlap and thus create an improved attachment to the septal annulus. As shown in FIG. 9, an illustrative embodiment may include a tricuspid ring with four zones of anchors **900**, an outer ring **901**, a first septal zone **902**,

a second septal zone **903**, a posterior zone **904**, and an anterior zone **905**, a snapping/closure mechanism **906**, and a pivot pin attachment point **907**, wherein the pivot pin attachment point attaches to a snapping mechanism of a delivery system.

[0080] Referring now to FIG. 10, a perspective view of a laser cut FEP **1001** that is used as a lining for the inside diameter of the hollow laser cut tube is shown. In one embodiment, the laser cut FEP may include laser cut anchor deployment windows **1002** that correspond to the laser cut windows on the hollow segmented tube (i.e., **700** shown in FIG. 7). Additionally, an embodiment may, as shown in FIG. 11, include a laser cut pattern **1100** for the FEP to enable it to properly line the inside diameter of the hollow laser cut tube. Moreover, as shown in FIG. 11, the laser cut pattern may include laser cut windows **1103** that correspond to laser cut windows on the hollow segmented tube, wherein both patterns allow for the flexibility of the FEP tube to bend along with the outer ring. As shown in FIG. 11, an illustrative embodiment may include a laser cut FEP **1100**, a material release to allow flexibility **1101**, one or more corresponding holes for sutures and coding of the FEP to the ring tube **1102**, and one or more corresponding windows for the anchors **1103**.

[0081] FIG. 12 shows an alternate perspective view of an embodiment including a laser cut FEP in its tubular configuration **1200**. As shown, the laser cut FEP **1200** may provide a lining for the inside diameter of the hollow laser cut tube, and include one or more laser cut windows that correspond to one or more laser cut windows **1203** on the hollow segmented tube, as discussed herein. A further embodiment may have a pattern that allows the FEP tube **1200** to be flexible and bend with the outer ring, such as that shown in FIG. 12. As shown in FIG. 12, an embodiment may include a laser cut FEP **1200**, a material release to allow flexibility **1201**, one

or more corresponding holes for sutures and coding of the FEP to the tricuspid ring tube **1202**, and one or more corresponding windows **1203** for the anchors.

[0082] Referring to FIGs. 13-16, embodiments are shown that illustrate the geometry and view of four anchor rails. For example, FIG. 13 depicts the anchor rail for the septal zone of the tricuspid ring and FIG. 14 depicts the anchor rail for the posterior leaflet. FIGs. 15 and 16 depict two anchor rails which are each designed to anchor the tricuspid ring to the anterior section of the tricuspid valve (e.g., Zone A and Zone B of the anterior section).

[0083] A further embodiment, as illustrated in FIG. 17, may have an anchor system for a posterior/anterior zone. By way of non-limiting example, an illustrative embodiment, such as is shown in FIG. 17, may include an anchor zone **1700**, a harpoon **1702**, a harpoon barb **1703**, an anchor stop (AS) feature **1704**, an anchor zone rail **1706**, an anchor zone deployment hole **1719**, and a loading hole **1720**.

[0084] As discussed herein, various embodiments may employ an anchor stop (e.g., **1704**). The need for an anchor stop arises from the fact that the anchors may move after a tricuspid ring is deployed from the catheter (e.g., in linear shape) and takes on the "D" shape, as discussed herein. Specifically, the anchor assemblies that were held stationary when the ring was held in a linear position (e.g., the anchors held beneath and adjacent to the windows in the laser cut tube) may start moving and emitting prematurely from the windows because of the bend radius of the ring.

[0085] Thus, in order to combat premature deployment, which may render the ring useless and cause serious issues during the procedure, an embodiment utilizes the anchor stops to hold the anchors in place until the ring has reached its final location and deployment is appropriate. Once the assembly has reached its final location, the anchor stop may be overcome

when an operator pulls a suture that is connected to the anchor assembly and forces the assembly and its stopper to slide, thus deploying the anchor systems, in the method discussed herein. Generally, an anchor stop is a bump geometrical feature, or step that prevents the anchor assembly from moving when the ring is deployed out of the delivery system; however, various embodiments and configurations are discussed herein and shown in the corresponding figures.

[0086] In another embodiment, illustrated in FIG. 18, a laser cut pattern may be used for a septal zone. As shown in FIG. 18, an embodiment may include an anchor zone **1800**, a harpoon **1801**, a harpoon barb **1802**, an anchor stop (AS) feature **1803**, an anchor zone rail **1804**, an anchor zone deployment hole **1819**, and a loading zone **1820**. Additional detail regarding the harpoon **1801** is shown in FIG. 19. As illustrated by the embodiment in FIG. 19, the harpoon **1801** may have one or more harpoon barbs **1902**. Additional detail regarding the anchor stop feature **1803** is shown in FIG. 20. As illustrated by the embodiment in FIG. 20, the anchor stop feature **1803** may include a first connecting strut **2011**, a second connecting strut **2012**, a deployment angle **2013**, and an anchor stop feature height **2014**.

[0087] Additionally or alternatively, as shown in FIG. 21, an embodiment may include an anchor stop feature **1803** attached with one strut to an anchor zone having a negative deployment angle **2113**. In a further embodiment, the anchor stop feature **1803** may include one or more deployment holes **2115**. Thus, as illustrated in FIG. 21, an embodiment may include a typical anchor stop feature **1803**, a first connecting strut **2111**, a deployment angle **2113**, an anchor stop feature height **2114**, an anchor stop deployment hole **2115**, and an anchor zone suture routing hole **2118**.

[0088] FIG. 22 depicts another illustrative embodiment of an anchor stop feature **1803**. As shown, the anchor stop feature **1803** may include a first connecting strut **2211**, a second

connecting strut **2212**, a deployment angle **2213**, and an anchor stop feature height **2214**. Additionally or alternatively an embodiment, as shown in FIG. 23, may include an anchor stop feature **1803** with a weak point **2216** to direct an anchor stop disconnection at a certain point. Thus, an embodiment, as shown in FIG. 23, may include a first connecting strut **2311**, a deployment angle **2313**, an anchor stop feature height **2314**, an anchor stop deployment hole **2315**, and a weak point of the anchor stop feature strut **2316**.

[0089] Referring now to FIG. 24, an embodiment may include an active anchor stop feature with activation holes **2417** on the anchor zone rail. Thus, as shown in FIG. 24, an illustrated embodiment may include a first connecting strut **2411**, a deployment angle **2413**, an anchor stop feature deployment hole **2415**, an activation hole **2417** for transforming the suture direction from horizontal to vertical, an anchor zone suture routing hole **2418**, and an anchor zone deployment hole **2419**.

[0090] As discussed herein, an embodiment may take the shape of the memory hypotube and may have an operable geometry, for example, an annular and/or D shaped geometry (as shown in FIG. 5). Referring now to FIG. 25, a perspective view of an illustrative distal end of a delivery system **2501** with an implant interface member connected to the tricuspid ring **2502** is shown.

[0091] FIGs. 26 and 27 illustrate a general view of one or more typical anchors in an initial and deployed position, respectively. In FIG. 26, the anchor **2601** is tucked within the hollow laser cut tube **2602** under its respective deployment window. In FIG. 27, a non-limiting illustration shows a deployed anchor **2701** after it has been deployed from its respective deployment window **2702**. Further detail of a deployed anchor **2701** is shown in FIG. 28, which

depicts a magnified view of a segment of the tricuspid ring **2803** that includes a deployment window **2802** (see also **602** of FIG. 6) and a deployment anchor **2801**.

[0092] Referring now to FIG. 29, an embodiment is depicted that includes an initial geometry of the tricuspid ring when deployed from the delivery system (e.g., the solid lines) and the geometry of the tricuspid ring after deployment of all anchors (e.g., the dashed lines). In some embodiments the tricuspid ring may comprise a first anterior zone, a second anterior zone, a posterior zone, and a septal zone. Thus, as shown in FIG. 29, the solid lines may depict the initially deployed geometry, while the dashed lines may depict one possible final geometry after the anterior leaflet (e.g., at zone 2) has been transferred to reduce the anterior septal height.

[0093] FIG. 30 shows a perspective view of an embodiment wherein a tricuspid ring **3000** may include one or more snap mechanisms **3001** that connect a proximal and distal end of the laser cut hollow tube to create a geometric shape (e.g., a "D" shape). In a further embodiment, the geometrically shaped tricuspid ring may include one or more anchors **3002** which can be deployed from the deployment windows **3003**.

[0094] FIG. 31 shows a perspective view of an embodiment wherein a tricuspid ring **3100** includes a snap mechanism **3105** that connects a proximal and a distal end of the laser cut hollow tube (**700** of FIG. 7) to create a shape that mimics the native shape of the tricuspid annulus. In a further embodiment, the tricuspid ring **3100** may also include one or more anchors deployed from the one or more deployment windows. In one embodiment, as shown in FIG. 31, the anchors may exit from the deployment windows at an angle within a range of about 30 degrees to the horizontal plane to about 75 degrees to the horizontal plane.

[0095] Thus, as shown in FIG. 31, an embodiment may include a tricuspid ring **3100**, an anterior zone **3101** where the anchors exit from the tricuspid ring at an angle to provide

anchoring forces in both the radial and axial directions, a posterior zone **3102** where the anchors exit from the tricuspid ring at an angle to provide anchoring forces in both the radial and axial directions, a first septal zone **3103** where the anchors exit the ring at an angle to provide anchoring forces in both the radial and axial directions, a second septal zone **3104** where the anchors exit from the ring at an angle to provide anchoring forces in both the radial and axial directions, a snapping mechanism (e.g., closure mechanism) **3105**, and a suture pin to provide a rotational pin for the sutures **3106**.

[0096] FIG. 32 shows a perspective view of an embodiment wherein a snapping mechanism **3200** is utilized to secure the tricuspid ring in a closed configuration. Thus, as shown in FIG. 32, an embodiment may include a snapping mechanism **3200**, a suture pin (e.g., attachment of female and male parts of the ring tube) **3201**, a female part of the snapping mechanism **3202**, a pivot pin (e.g., attachment of the snapping mechanism to the delivery system with a safety wire) **3203**, a cover part (e.g., a component to hold the nitinol disk that snaps the male part into the female) **3204**, and a male part of the snapping mechanism **3205**.

[0097] FIG. 33 shows a detailed view of an embodiment, wherein the snapping mechanism **3300** is in an open configuration. Again, similar to embodiments discussed herein, the snapping mechanism **3300** is utilized to secure the tricuspid ring in a closed configuration. Thus, as shown in FIG. 33, an embodiment may include a snapping mechanism **3300**, a female part of the snapping mechanism **3301**, a pivot pin (e.g., attachment of the snapping mechanism to the delivery system with a safety wire) **3302**, a cover part (e.g., a component to hold the Nitinol disk that snaps the male part into the female) **3303**, a cup (e.g., an interface of the female to the ring tube) **3304**, and a male part of the snapping mechanism **3305**.

[0098] A detailed view of an embodiment where the snapping mechanism is in a closed configuration is shown in FIG. 34. Similar to embodiments discussed herein, the snapping mechanism **3400** is utilized to secure the tricuspid ring in a closed configuration. Thus, as shown in FIG. 34, an embodiment may include a snapping mechanism **3400**, a female part of the snapping mechanism **3401**, a pivot pin (e.g., attachment of the snapping mechanism to the delivery system with a safety wire) **3402**, a cover part (e.g., part to hold the Nitinol disk that snaps the male part into the female) **3403**, a cup (e.g., an interface of the female to the ring tube) **3404**, and a male part of the snapping mechanism **3405**.

[0099] A detailed view of the female part **3401** of the snapping mechanism **3400** according to one embodiment is shown in FIG. 35. As shown in FIG. 35, the female part **3401** of the snapping mechanism **3400** may include, a pivot pin (e.g., an attachment of the snapping mechanism to the delivery system with a safety wire) **3502**, a cup (e.g., an interface of the female to the ring tube) **3503**, a nitinol disk for locking the snap into position **3504**, a window for suture routing **3505**, a window for a suture pin **3506**, and a gold marker **3507**.

[0100] FIG. 36 shows an illustrative cross section of the female part **3401** of the snapping mechanism **3400** according to an embodiment. As shown in FIG. 36, the female part **3401** of the snapping mechanism **3400** may include a pivot pin (e.g., an attachment of the snapping mechanism to the delivery system with a safety wire) (not shown), a cover that holds a nickel titanium (Ni-Ti) disk **3602**, a cup (e.g., an interface of the female to the ring tube) **3603**, a nitinol disk for locking the snap into position (tongues can open only in one direction to prevent un-intentional unsnapping) **3604**, a window for suture routing **3605**, and a window for a suture pin **3606**.

[0101] A detailed view of the male part **3405** of the snapping mechanism according to an embodiment is shown in FIG. 37. As shown in FIG. 37, the male part **3405** of the snapping mechanism **3400** may include a male cone **3701** to allow smooth entrance and locking of the male within the female, a least one window for suture routing **3702**, at least one window for a suture pin **3703**, and at least one protrusion **3704** upon the suture pin.

[0102] Turning now to FIG. 38, a detailed view of a distal end of a delivery system is shown. In one embodiment, the distal end of the delivery system may interface with the tricuspid ring assembly. For example, FIG. 39 illustrates a detailed view of the distal end **3901** of the delivery system **3900**, wherein the delivery system interfaces with the tricuspid ring assembly and the tricuspid ring **3950**.

[0103] As shown in FIG. 39, the delivery system **3900** may interface with a tricuspid ring **3950** that may have an anterior zone **3951** where anchors exit the ring at an angle to provide anchoring forces in both the radial and axial direction. The tricuspid ring **3950** may also have a posterior zone **3952** where anchors exit the tricuspid ring at an angle to provide anchoring forces in both the radial and axial direction, a snapping mechanism (e.g., closure mechanism) **3953**, and a suture pin to provide a rotation pin for the sutures **3954**. the delivery system **3900** may include a distal end of the guiding catheter **3901**, a stabilizing mechanism to ensure ring stabilization during an implantation procedure **3902**, a delivery system (DS) tongue (e.g., ring interface device) **3903**, and a stabilizing tool **3904**.

[0104] FIGs. 40-42 depict various views of the delivery system during the beginning of the deployment of the tricuspid ring from the delivery system. In one embodiment, and as shown in FIG. 40, the tricuspid ring **4001** may exit the delivery system **4002** in a linear shape. Once the tricuspid ring **4001** exits the delivery system, it may in some embodiments be formed

into a ring-like shape using methods disclosed herein, and as shown in FIGs. 41 and 42. FIG. 41 shows an embodiment in which the tricuspid ring **4101** is formed using the delivery system **4102**. In some embodiments, and as shown in FIG. 41, the tricuspid ring **4101** may be between about 30° and about 40° from a plane normal to the delivery system **4102**. FIG. 42 shows an embodiment in which the tricuspid ring **4201** is formed and the snapping mechanism (e.g., closure mechanism) **4203** secures the ring in the proper geometry. In some embodiments, such as that shown in FIG. 42, the delivery system **4202** may be used to move or modify the shape or location of the tricuspid ring **4201**.

[0105] In some embodiments, such as that shown in FIG. 43, the delivery system **4300** may interface with a tricuspid ring **4350**. The tricuspid ring **4350** may also have a posterior zone where anchors exit the tricuspid ring (not shown) at an angle to provide anchoring forces in both the radial and axial direction, a snapping mechanism (e.g., closure mechanism) (not shown), and a suture pin to provide rotation pin for the sutures (not shown). The delivery system **4300** may include a distal end of the guiding catheter (not shown), a stabilizing mechanism **4301** to ensure ring stabilization during an implantation procedure, a delivery system (DS) tongue (e.g., ring interface device) (not shown), and a stabilizing tool **4302**. As shown, the plane of the tricuspid ring **4350** may be between about 0° and about 40° removed from the plane of the tricuspid valve after rotation around the hinge.

[0106] In another embodiment, as shown in FIG. 44, the plane of the ring may be parallel or slightly angled (e.g., from about 0° to about 40°) to the plane of the tricuspid valve after rotation around the hinge. Thus, an embodiment may utilize a trans-apical approach (i.e., pulling the ring to the tissue). In some embodiments, the delivery system **4400** may interface with a tricuspid ring **4450** that may have an anterior zone where anchors (not shown) exit the

ring at an angle to provide anchoring forces in both the radial and axial direction. The tricuspid ring **4450** may also have a posterior zone **4403** where anchors exit the tricuspid ring at an angle to provide anchoring forces in both the radial and axial direction, a snapping mechanism (e.g., closure mechanism) (not shown), and a suture pin to provide a rotation pin for the sutures (not shown). The delivery system **4400** may include a distal end of the guiding catheter **4401**, a stabilizing mechanism **4402** to ensure ring stabilization during an implantation procedure, a delivery system (DS) tongue (e.g., ring interface device) (not shown), and a stabilizing tool **4404**. As stated, the ring orientation in relation to the delivery system **4400** may be in a range of about 0 degrees to about 40 degrees "above" the horizontal plane. As discussed herein, this approach is trans-apical, thus pulling the ring to the tissue. In a further embodiment, the ring orientation may be in a range of about 0 degrees to about 40 degrees "above" the horizontal plane of the delivery system. FIG. 44 depicts the embodiment of FIG. 43 with the anchors deployed.

[0107] In another embodiment, as shown in FIG. 45, the position of the tricuspid ring may be parallel to or below the plane of the tricuspid valve after rotation around the hinge. Again this approach is trans-apical, thus pulling the ring to the tissue. However, FIG. 45 differs from the embodiment of FIGs. 43-44, in that the ring orientation in relation to the delivery system may be in a range of about 0 degrees to about 40 degrees "below" the horizontal plane. In an additional embodiment, as shown in FIG. 45, the position of the tricuspid ring after rotation around the hinge may be parallel or slightly below to the plane of the tricuspid valve. The ring orientation, in this embodiment, in relation to the delivery system may be in a range of about 0 degrees to about 40 degrees "below" the horizontal plane. FIG. 46 depicts an embodiment with the anchors deployed.

[0108] As shown in FIGs. 45-46, in some embodiments, the delivery system **4500/4600** may interface with a tricuspid ring **4550** that may have an anterior zone where anchors (not shown) exit the ring at an angle to provide anchoring forces in both the radial and axial direction. The tricuspid ring **4550** may also have a posterior zone where anchors exit the tricuspid ring at an angle to provide anchoring forces in both the radial and axial direction, a snapping mechanism (e.g., closure mechanism) (not shown), and a suture pin to provide a rotation pin for the sutures (not shown). The delivery system **4500** may include a distal end of the guiding catheter **4501**, a stabilizing mechanism to ensure ring stabilization during an implantation procedure **4502**, a delivery system (DS) tongue (e.g., ring interface device) (not shown), and a stabilizing tool **4504**.

[0109] FIG. 47 shows a zoomed in view of the tricuspid ring **4750** after rotation around the hinge whereby the plane of the ring may be parallel to the plane of the tricuspid valve. The approach may be trans-atrial, trans-septal, and/or trans-jugular, thus pulling the ring to the tissue. In an embodiment, as shown in FIG. 47, the ring orientation in relation to the delivery system may be in a range of about 0 degrees to about 40 degrees "below" the horizontal plane, and the anchors may or may not be deployed.

[0110] Additionally or alternatively, FIG. 48 shows a zoomed in view of the tricuspid ring **4850** after rotation around the hinge whereby the plane of the ring is parallel to the plane of the tricuspid valve. The approach of FIG. 48 may also be trans-atrial, trans-septal, and/or trans-jugular, thus pulling the ring to the tissue. In another embodiment, as shown in FIG. 48, the ring orientation in relation to the delivery system may be in a range of about 0 degrees to about 40 degrees "above" the horizontal plane, and the anchors **4751** may or may not be deployed.

[0111] Referring now to FIGs. 49-50, an embodiment shows the geometry of the stabilizing tool that may be needed for the placement of the tricuspid ring **4901** above the annulus. By way of non-limiting example, FIG. 49 shows the tricuspid ring **4901**, which may comprise various zones, and its interaction with the stabilizing tool **4902**. In one embodiment, the stabilizing tool **4902** may be incorporated or attached to the delivery system **4903**, as shown in FIG. 49. A more detailed view of the stabilizing tool is shown in FIG. 50. In some embodiments, the stabilizing tool **5001** may be made of super elastic nickel titanium (Ni-Ti) from a laser cut hypotube.

[0112] FIGs. 51-54 depict an illustrative ring as it is placed in the annulus, and the deployment of the anchors into the tricuspid annulus. In particular, FIG. 51 depicts the deployment of the septal anchors into the septal section of the tricuspid annulus adjacent to the septal leaflet. Additionally, FIG. 52 shows the deployment of the posterior anchors into the posterior section of the annulus adjacent to the posterior leaflet. FIG. 53 shows the additional deployment of the first zone of the anterior anchors that are adjacent to the anterior leaflet. FIG. 54 shows dragging of the anterior leaflet (e.g., by the stabilizing tool) as a means to reduce the dilation of the annulus and as a consequence, improve the coaptation of the anterior leaflet and the septal leaflet.

[0113] FIGs. 55-56 shows further illustrative embodiments of a tricuspid valve **5500/5600**. With reference to FIG. 55, it should be understood that a tricuspid valve **5500** may include: an anteroseptal commissure **5501**, a septal leaflet **5502**,an anteroposterior commissure **5503**, an anterior leaflet **5504**, a posteroseptal commissure **5505**, an annulus **5506**, a coronary sinus **5507**, and an AV node **5508**. As shown in FIG. 56, the annulus of tricuspid valve **5600** may be dilated. A dilated annulus shape **5601** is shown alongside a normal sized annulus (i.e., the

desired shape if a tricuspid ring) **5602** (dashed lines) as a non-limiting example for clarity purposes. The tricuspid valve **5600** may also include an AV node **5608**.

[0114] Accordingly, systems and methods are provided for introducing a tricuspid ring (e.g. while it is housed in a linear shape within the delivery system) in a trans-apical or trans-femoral approach. In an embodiment, the distal tip of the delivery system may be introduced above the tricuspid annulus. Once the tricuspid ring is introduced, the plane of the tricuspid ring may be rotated (e.g., automatically) to be parallel to the plane of the tricuspid annulus.

[0115] The tricuspid ring may then be snapped into a proper shape (e.g., a "D" shape) and introduced to the stabilization tool. The shape is possible because, as discussed herein, the tricuspid ring comprises an outer hollow member with a plurality of segments, wherein the segments may be adjustable and may cooperate with one another in order to change the outer hollow member from an annular operable shaped geometry to an elongated insertion shaped geometry and vice versa.

[0116] Once the tricuspid ring is properly controlled by the stabilization tool (e.g., as depicted in FIGs. 38-54), the properly shaped (e.g., "D" shaped) tricuspid ring may be inserted and guided to the desired location within the patient (e.g., the tricuspid valve). Once in the proper location, an embodiment may deploy a plurality of anchors. For example, an embodiment may deploy anchors associated with the septal zone, the posterior zone, or the first or second anterior zones.

[0117] In a further embodiment, the anchored tricuspid ring is anchored towards the septal leaflet, thereby reducing the height of the anterior-septal leaflets by approximately 15% to 20 %. One or more second anterior zone anchors may also be deployed. In another embodiment,

the design of the tricuspid ring may not include anchors in certain zones (e.g., the AV node zone). As discussed herein, this may be due to a particular zone being sensitive to external forces which could lead to adverse effects for the patient such as Arrhythmia, an irregular heart rhythm or heart failure.

[0118] Additionally or alternatively, the tricuspid ring (e.g., the septal zone and the posterior zone) may be dragged by the stabilizing tool to reduce the height of the anterior -septal leaflet height prior to the anchors in the first and second anterior zones one and two being applied.

[0119] In the above detailed description, reference is made to the accompanying drawings, which form a part hereof. In the drawings, similar symbols typically identify similar components, unless context dictates otherwise. The illustrative embodiments described in the detailed description, drawings, and claims are not meant to be limiting. Other embodiments may be used, and other changes may be made, without departing from the spirit or scope of the subject matter presented herein. It will be readily understood that the aspects of the present disclosure, as generally described herein, and illustrated in the Figures, can be arranged, substituted, combined, separated, and designed in a wide variety of different configurations, all of which are explicitly contemplated herein.

[0120] The present disclosure is not to be limited in terms of the particular embodiments described in this application, which are intended as illustrations of various aspects. Many modifications and variations can be made without departing from its spirit and scope, as will be apparent to those skilled in the art. Functionally equivalent methods and apparatuses within the scope of the disclosure, in addition to those enumerated herein, will be apparent to those skilled in the art from the foregoing descriptions. Such modifications and variations are

intended to fall within the scope of the appended claims. The present disclosure is to be limited only by the terms of the appended claims, along with the full scope of equivalents to which such claims are entitled. It is to be understood that this disclosure is not limited to particular methods, reagents, compounds, compositions or biological systems, which can, of course, vary. It is also to be understood that the terminology used herein is for the purpose of describing particular embodiments only, and is not intended to be limiting.

[0121] With respect to the use of substantially any plural and/or singular terms herein, those having skill in the art can translate from the plural to the singular and/or from the singular to the plural as is appropriate to the context and/or application. The various singular/plural permutations may be expressly set forth herein for sake of clarity.

[0122] It will be understood by those within the art that, in general, terms used herein, and especially in the appended claims (for example, bodies of the appended claims) are generally intended as "open" terms (for example, the term "including" should be interpreted as "including but not limited to," the term "having" should be interpreted as "having at least," the term "includes" should be interpreted as "includes but is not limited to," et cetera). While various compositions, methods, and devices are described in terms of "comprising" various components or steps (interpreted as meaning "including, but not limited to"), the compositions, methods, and devices can also "consist essentially of" or "consist of" the various components and steps, and such terminology should be interpreted as defining essentially closed-member groups. It will be further understood by those within the art that if a specific number of an introduced claim recitation is intended, such an intent will be explicitly recited in the claim, and in the absence of such recitation no such intent is present.

[0123] For example, as an aid to understanding, the following appended claims may contain usage of the introductory phrases "at least one" and "one or more" to introduce claim recitations. However, the use of such phrases should not be construed to imply that the introduction of a claim recitation by the indefinite articles "a" or "an" limits any particular claim containing such introduced claim recitation to embodiments containing only one such recitation, even when the same claim includes the introductory phrases "one or more" or "at least one" and indefinite articles such as "a" or "an" (for example, "a" and/or "an" should be interpreted to mean "at least one" or "one or more"); the same holds true for the use of definite articles used to introduce claim recitations.

[0124] In addition, even if a specific number of an introduced claim recitation is explicitly recited, those skilled in the art will recognize that such recitation should be interpreted to mean at least the recited number (for example, the bare recitation of "two recitations," without other modifiers, means at least two recitations, or two or more recitations). Furthermore, in those instances where a convention analogous to "at least one of A, B, and C, et cetera" is used, in general such a construction is intended in the sense one having skill in the art would understand the convention (for example, "a system having at least one of A, B, and C" would include but not be limited to systems that have A alone, B alone, C alone, A and B together, A and C together, B and C together, and/or A, B, and C together, et cetera). In those instances where a convention analogous to "at least one of A, B, or C, et cetera" is used, in general such a construction is intended in the sense one having skill in the art would understand the convention (for example, "a system having at least one of A, B, or C" would include but not be limited to systems that have A alone, B alone, C alone, A and B together, A and C together, B and C together, and/or A, B, and C together, et cetera). It will be further understood by those within the art that virtually

any disjunctive word and/or phrase presenting two or more alternative terms, whether in the description, claims, or drawings, should be understood to contemplate the possibilities of including one of the terms, either of the terms, or both terms. For example, the phrase "A or B" will be understood to include the possibilities of "A" or "B" or "A and B."

[0125] In addition, where features or aspects of the disclosure are described in terms of Markush groups, those skilled in the art will recognize that the disclosure is also thereby described in terms of any individual member or subgroup of members of the Markush group.

[0126] As will be understood by one skilled in the art, for any and all purposes, such as in terms of providing a written description, all ranges disclosed herein also encompass any and all possible subranges and combinations of subranges thereof. Any listed range can be easily recognized as sufficiently describing and enabling the same range being broken down into at least equal halves, thirds, quarters, fifths, tenths, et cetera. As a non-limiting example, each range discussed herein can be readily broken down into a lower third, middle third and upper third, et cetera. As will also be understood by one skilled in the art all language such as "up to," "at least," and the like include the number recited and refer to ranges that can be subsequently broken down into subranges as discussed above. Finally, as will be understood by one skilled in the art, a range includes each individual member. Thus, for example, a group having 1-3 cells refers to groups having 1, 2, or 3 cells. Similarly, a group having 1-5 cells refers to groups having 1, 2, 3, 4, or 5 cells, and so forth.

[0127] Various of the above-disclosed and other features and functions, or alternatives thereof, may be combined into many other different systems or applications. Various presently unforeseen or unanticipated alternatives, modifications, variations or improvements

therein may be subsequently made by those skilled in the art, each of which is also intended to be encompassed by the disclosed embodiments.

CLAIMS

What Is Claimed Is:

1. A device for minimally invasive medical treatment comprising:

a hollow tube comprising:

a first end;

a second end;

an exterior having a plurality of cutouts, wherein the cutouts allow the hollow tube to be flexible;

at least one snap mechanism configured to connect the first end and the second end together; and

one or more anchors configured to extend outward from the exterior.

2. The device of claim 1, wherein the plurality of cutouts are laser cutouts.

3. The device of claim 1, wherein the cutouts comprise windows; and wherein the anchors exit the exterior of the hollow tube using the windows.

4. The device of claim 1, wherein the hollow tube is configured to take a geometric D shape when the first end and second end are connected.

5. The device of claim 1, wherein the hollow tube further comprise one or more zones; and wherein the one or more zones are configured to control when the anchors extend outward.

6. A method of delivering a tricuspid ring comprising:

delivering an annuloplasty ring in a linear shape using a delivery system, wherein the delivery of the annuloplasty ring utilizes at least one of a trans-femoral approach, a trans-apical approach, a trans-jugular approach, and a trans-atrial approach;

assuming a desired positioning of the annuloplasty ring by rotating the annuloplasty ring around a hinge until the annuloplasty ring is parallel to a plane of an annulus; and

activating one or more anchors to extend outward from the annuloplasty ring.

7. The method of claim 6, further comprising shaping the annuloplasty ring using a stabilizing tool prior to delivery.

8. The method of claim 7, wherein the shaping further comprises reducing the height of the annuloplasty.

9. The method of claim 8, wherein the height is reduced by approximately 15% to 20%.

10. The method of claim 6, wherein activating the one or more anchors to extend outward is based on one or more predefined zones on the annuloplasty ring.

11. The method of claim 6, wherein there are no anchors within a section of the ring that will be installed into the annulus section that is adjacent to a patient's AV node.

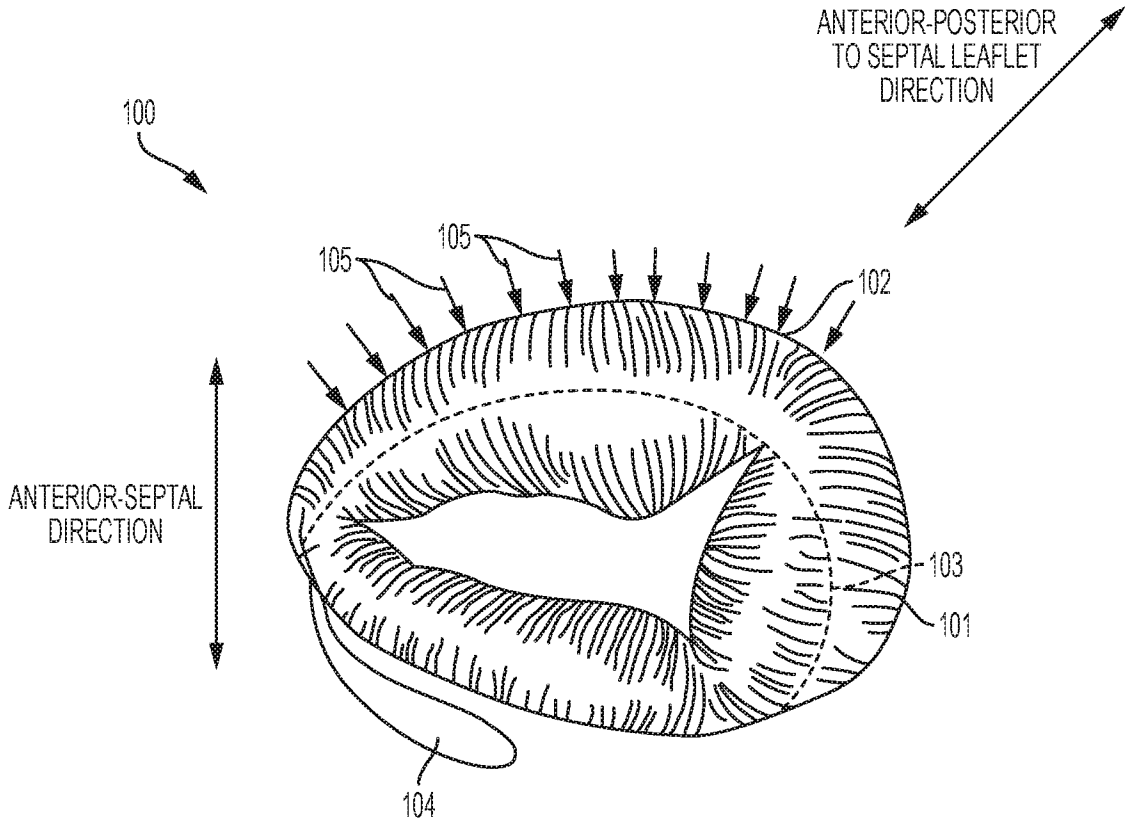

ANTERIOR-POSTERIOR
TO SEPTAL LEAFLET
DIRECTION
100
105
105
102
ANTERIOR-SEPTAL
DIRECTION
103
101
104

FIG. 1

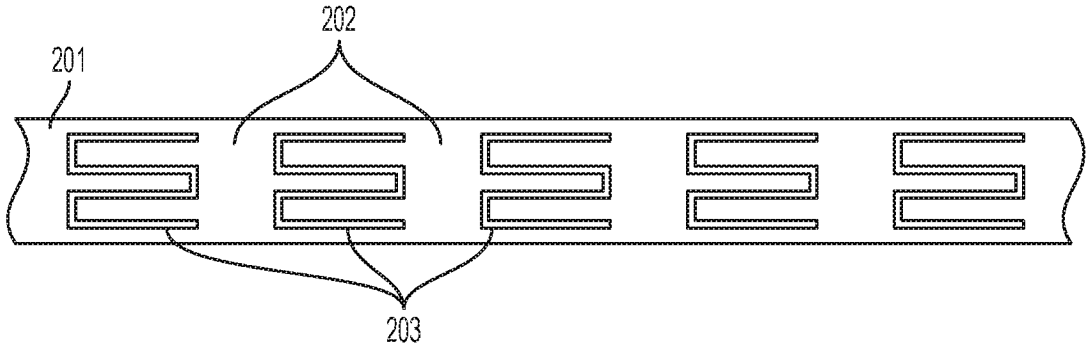


FIG. 2

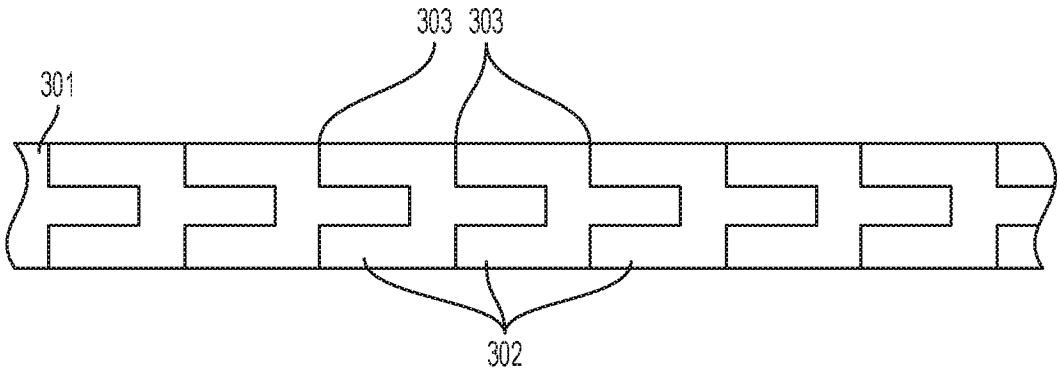


FIG. 3

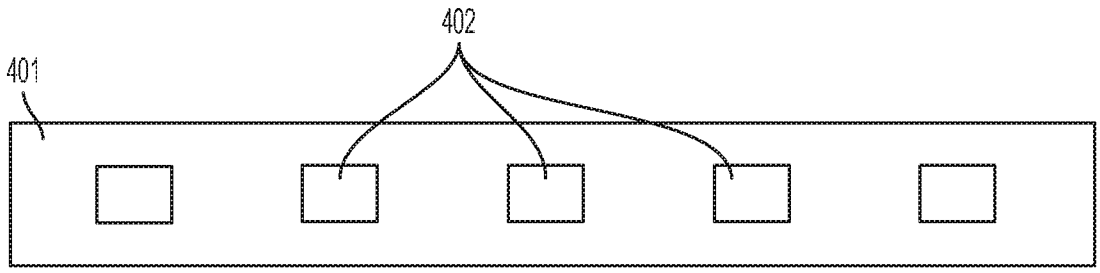


FIG. 4

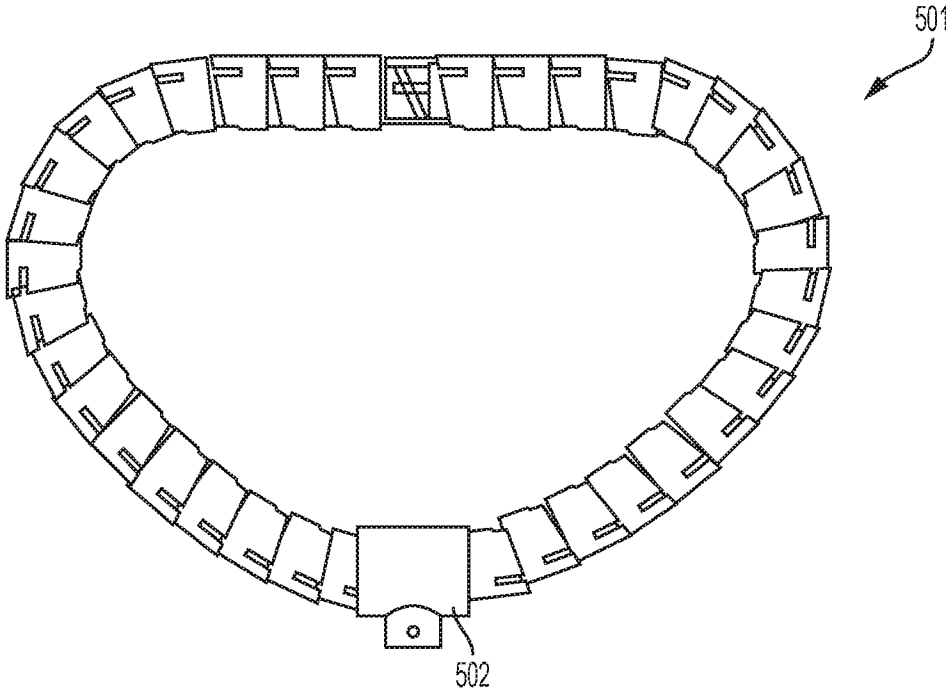


FIG. 5

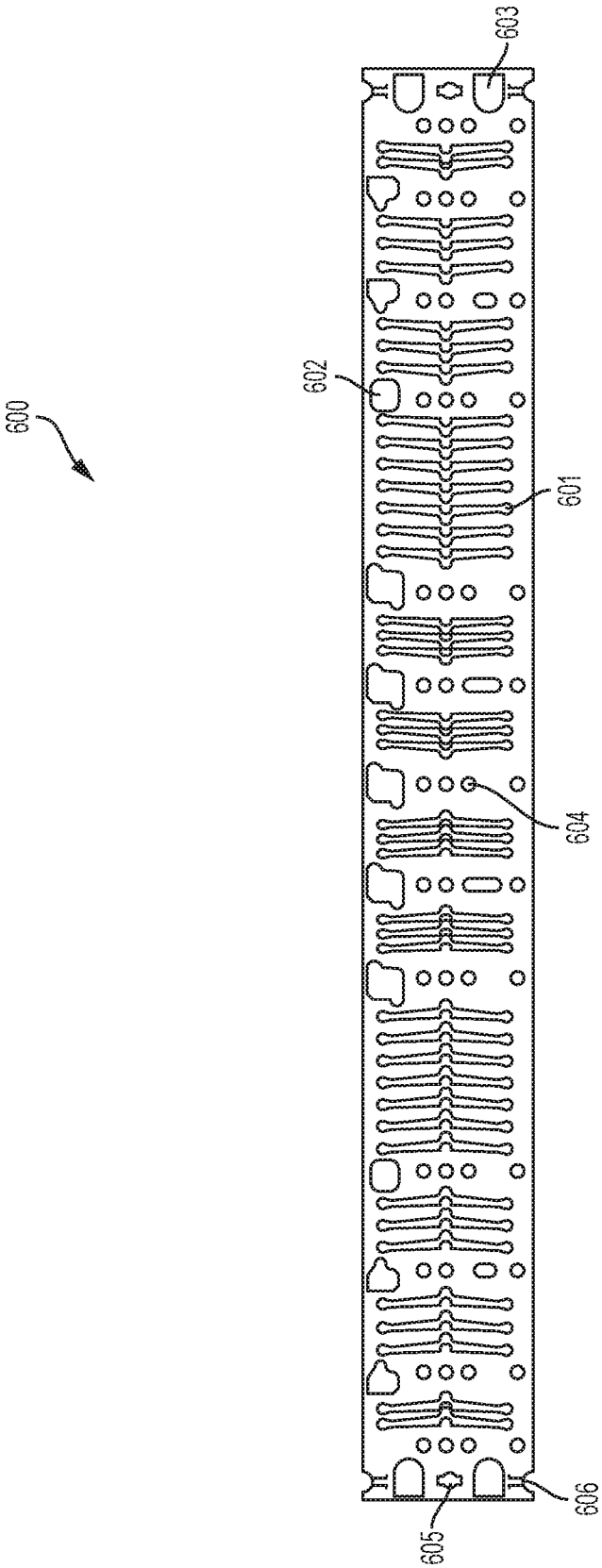


FIG. 6

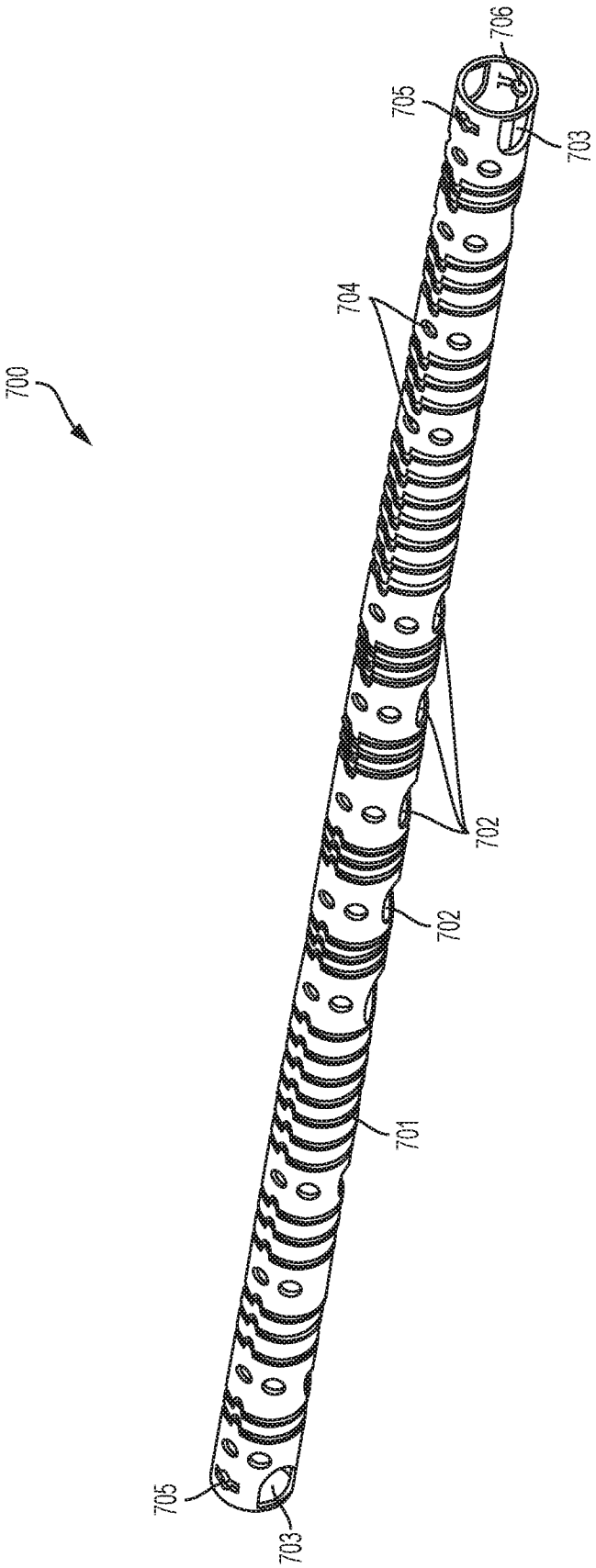


FIG. 7

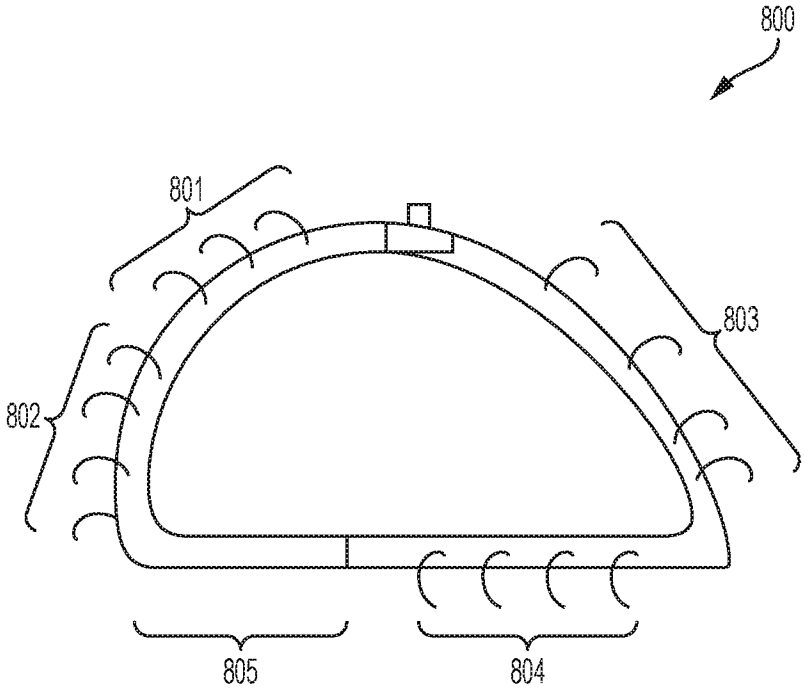


FIG. 8

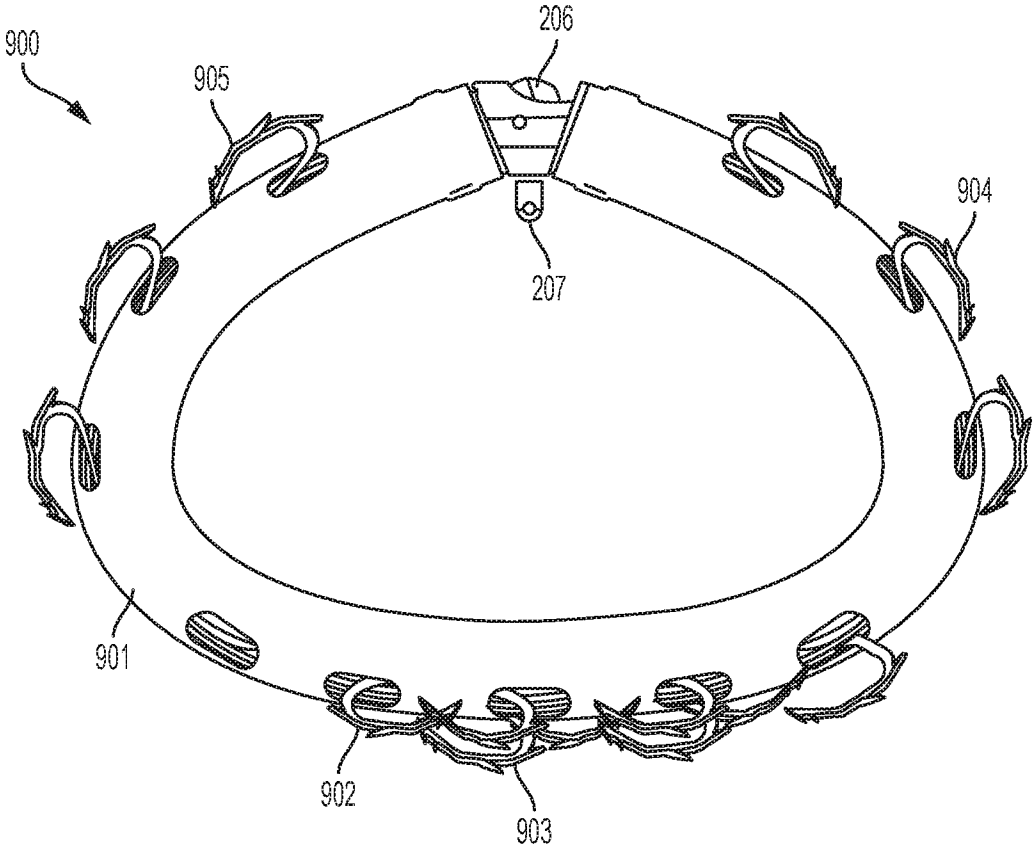


FIG. 9

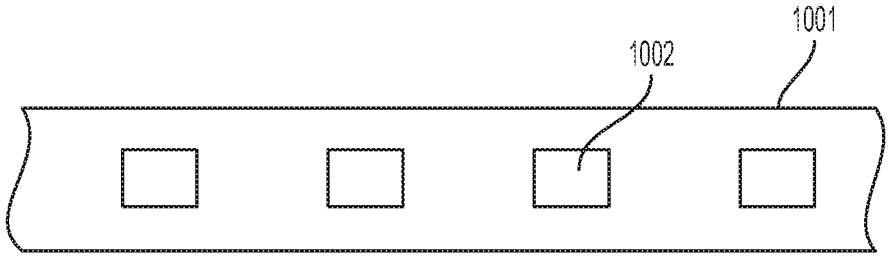


FIG. 10

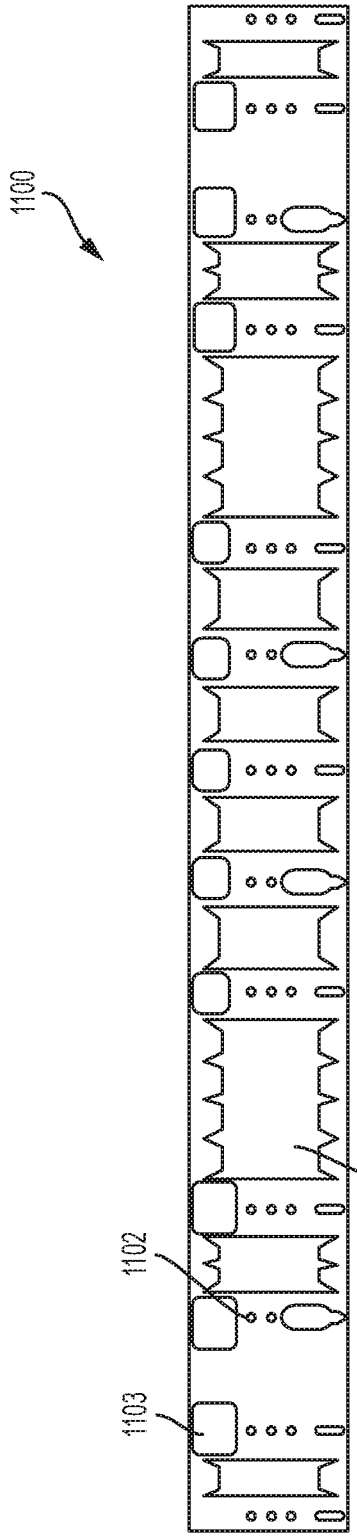


FIG. 11

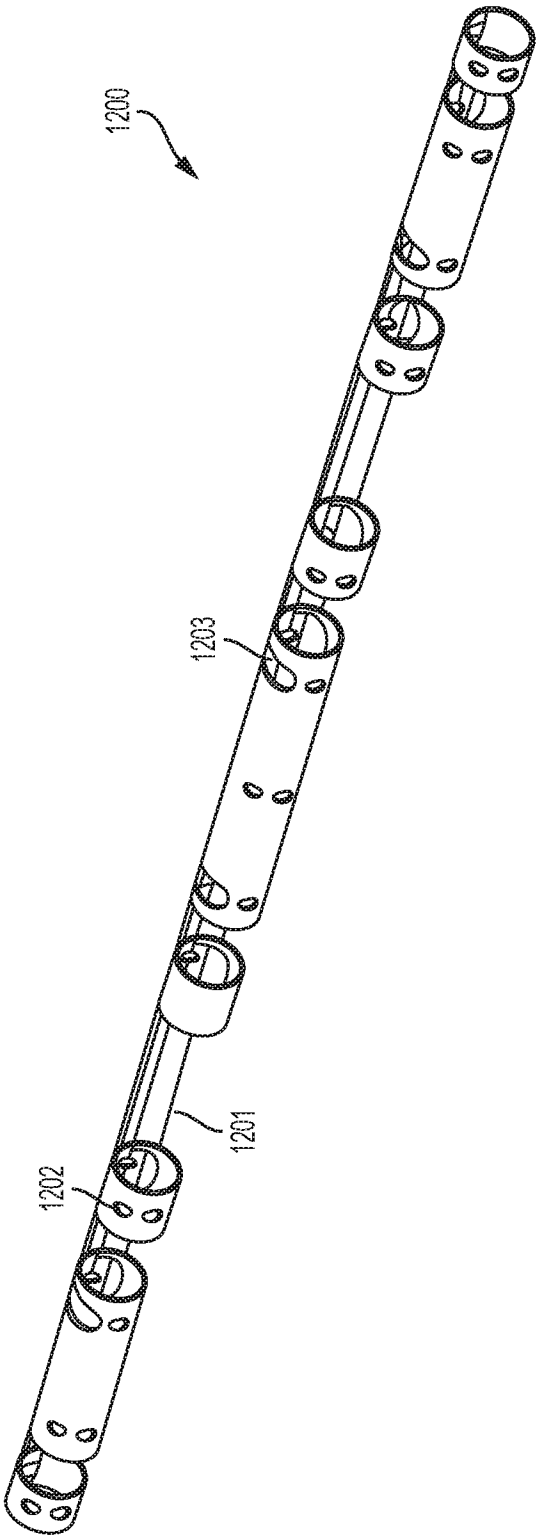


FIG. 12

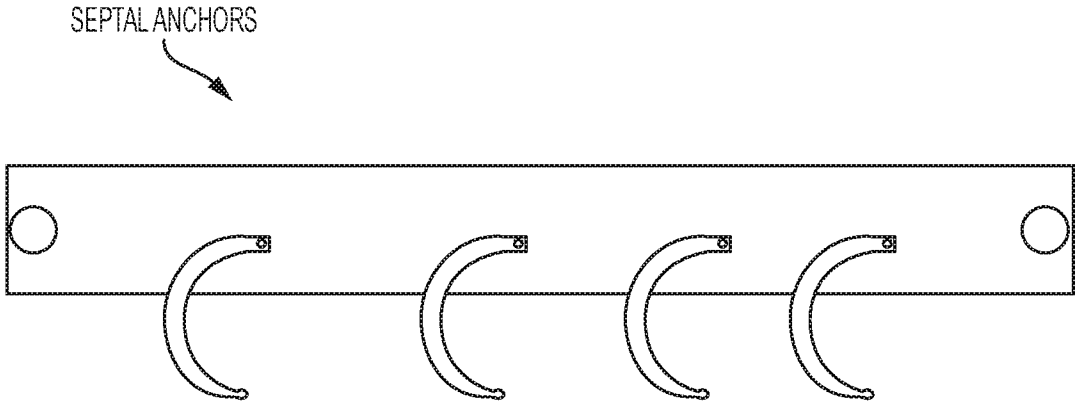


FIG. 13

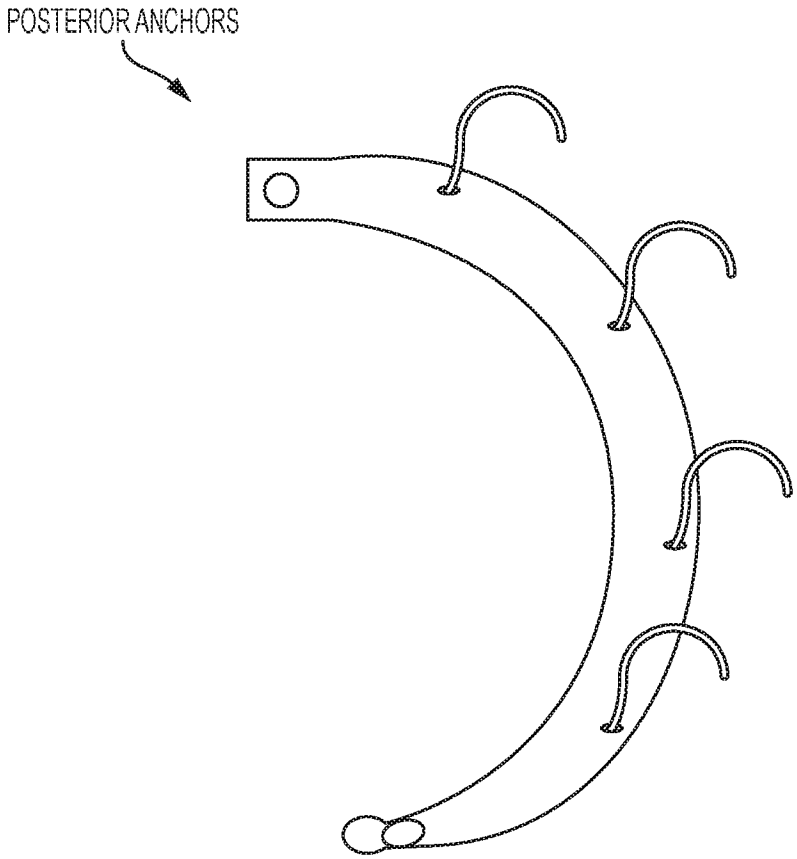


FIG. 14

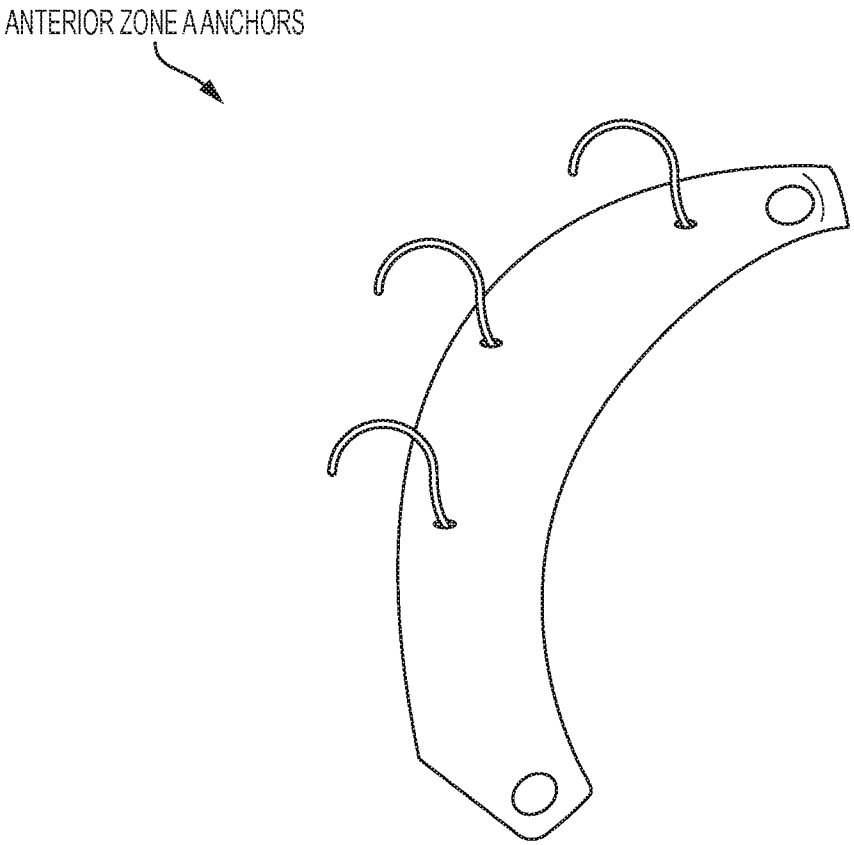


FIG. 15

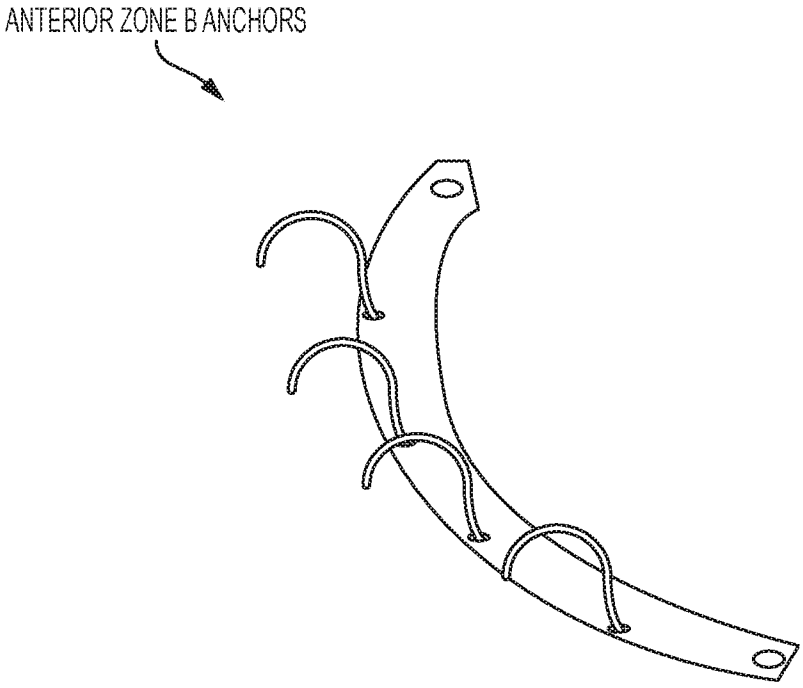


FIG. 16

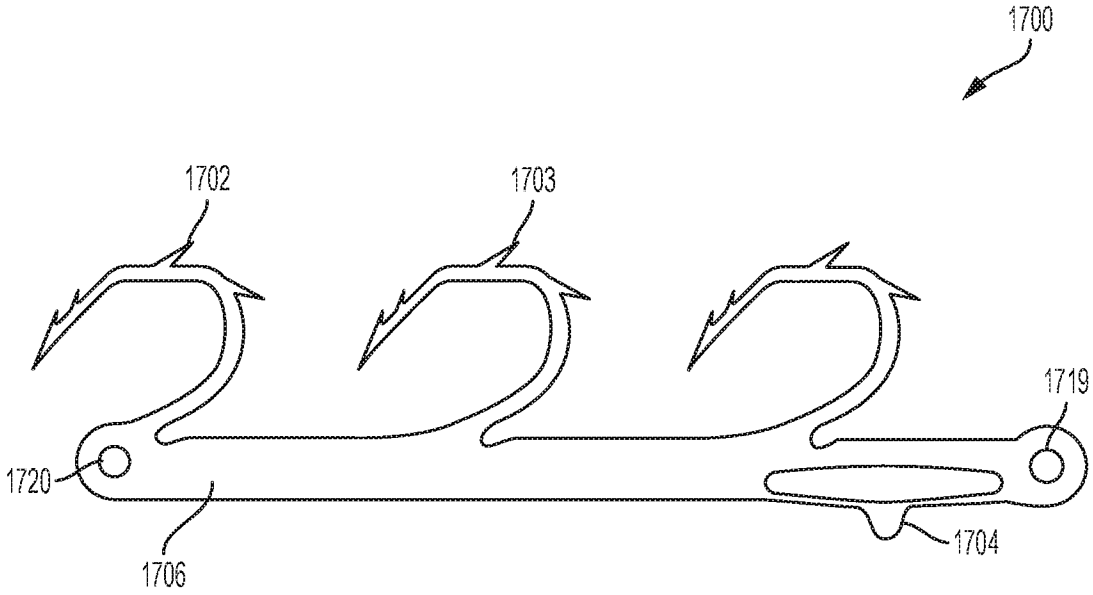


FIG. 17

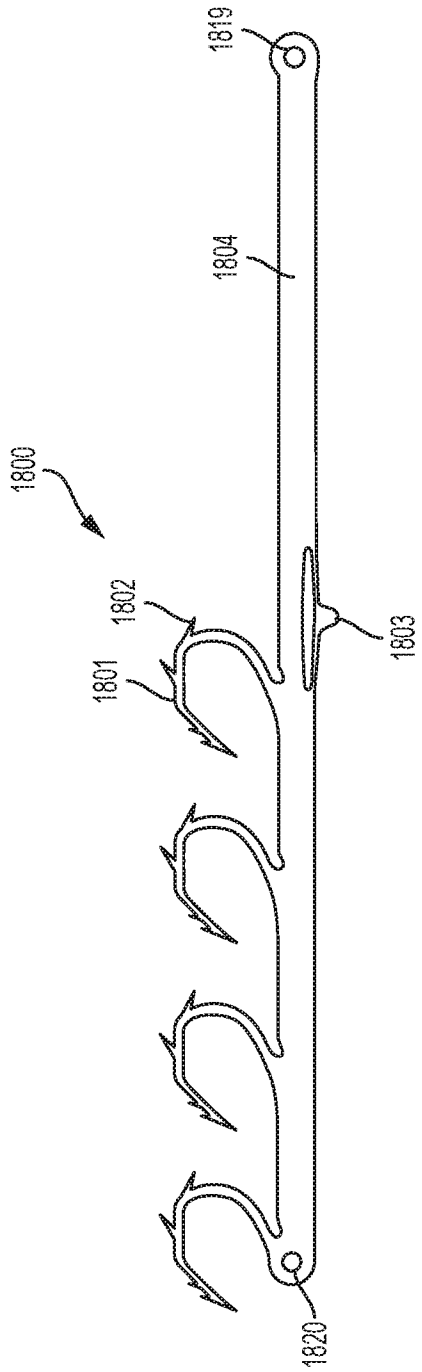


FIG. 18

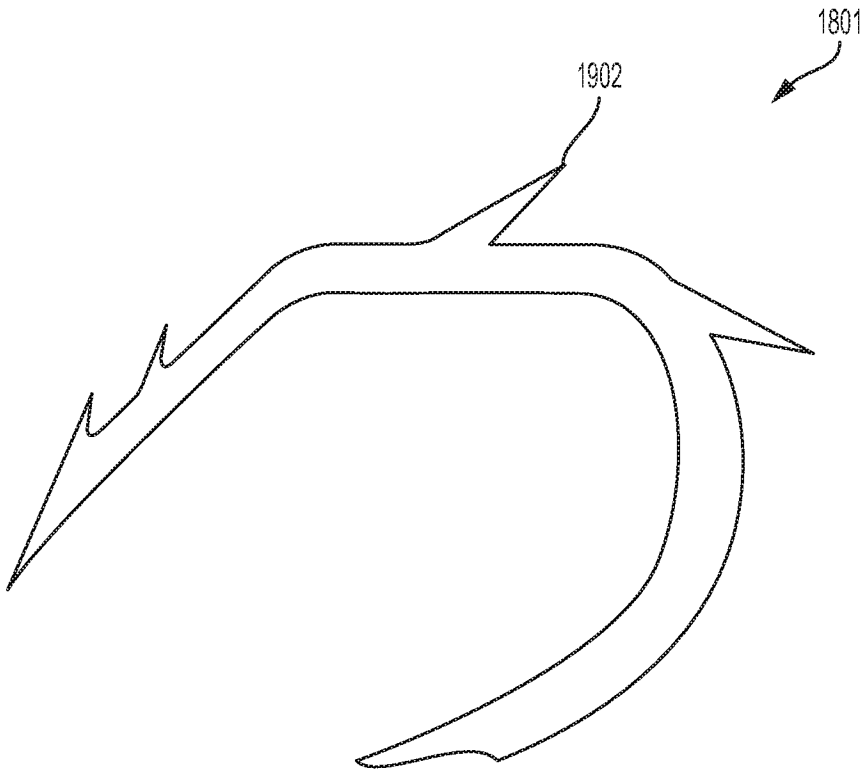


FIG. 19

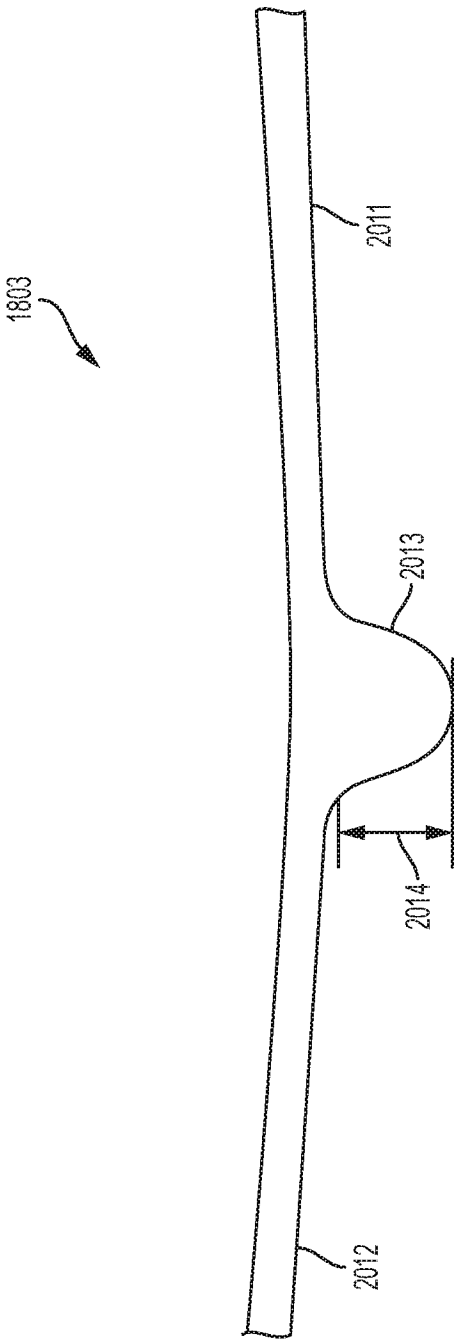


FIG. 20

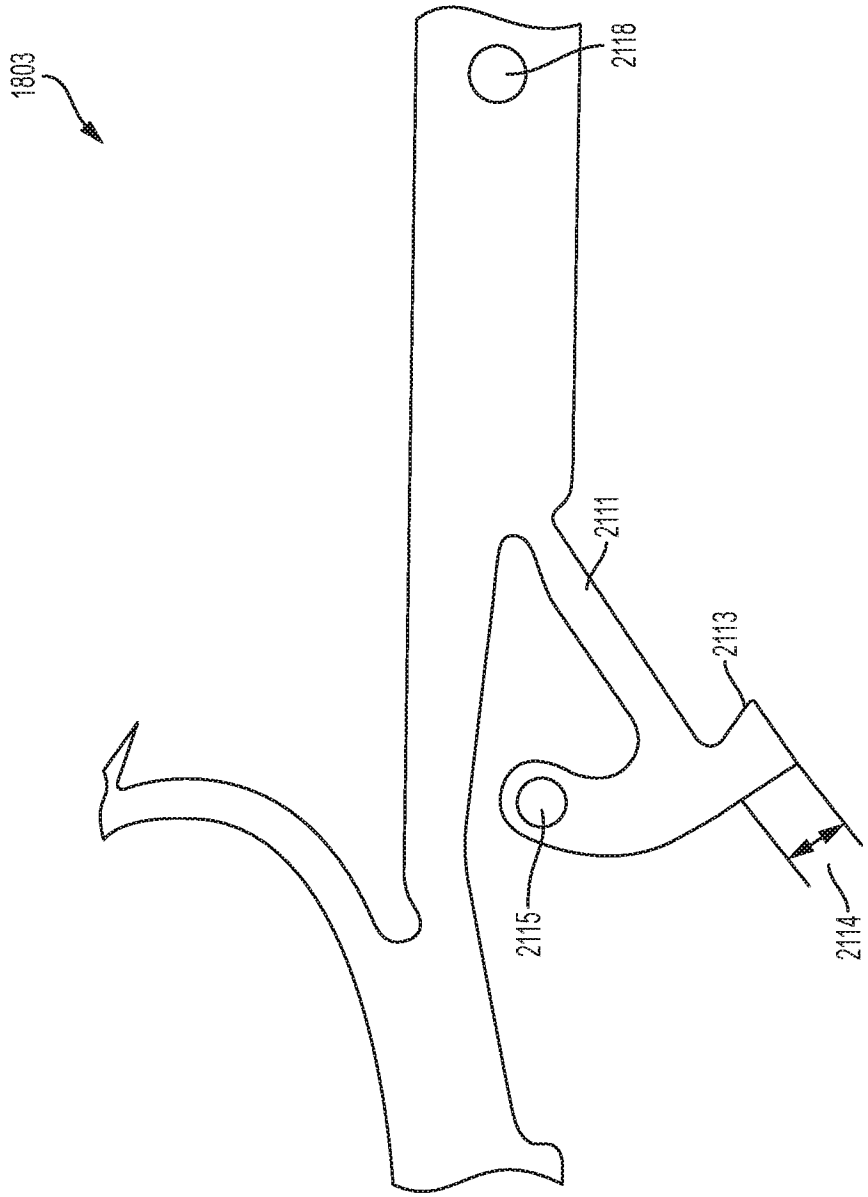


FIG. 21

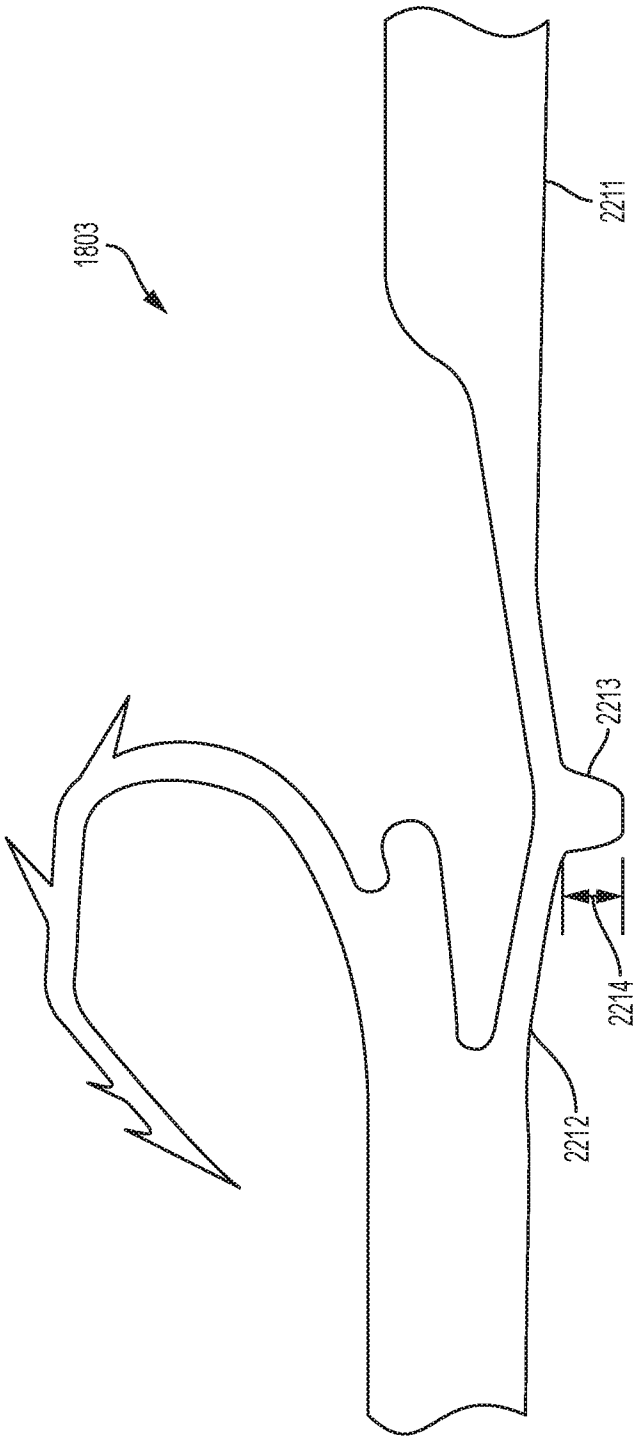


FIG. 22

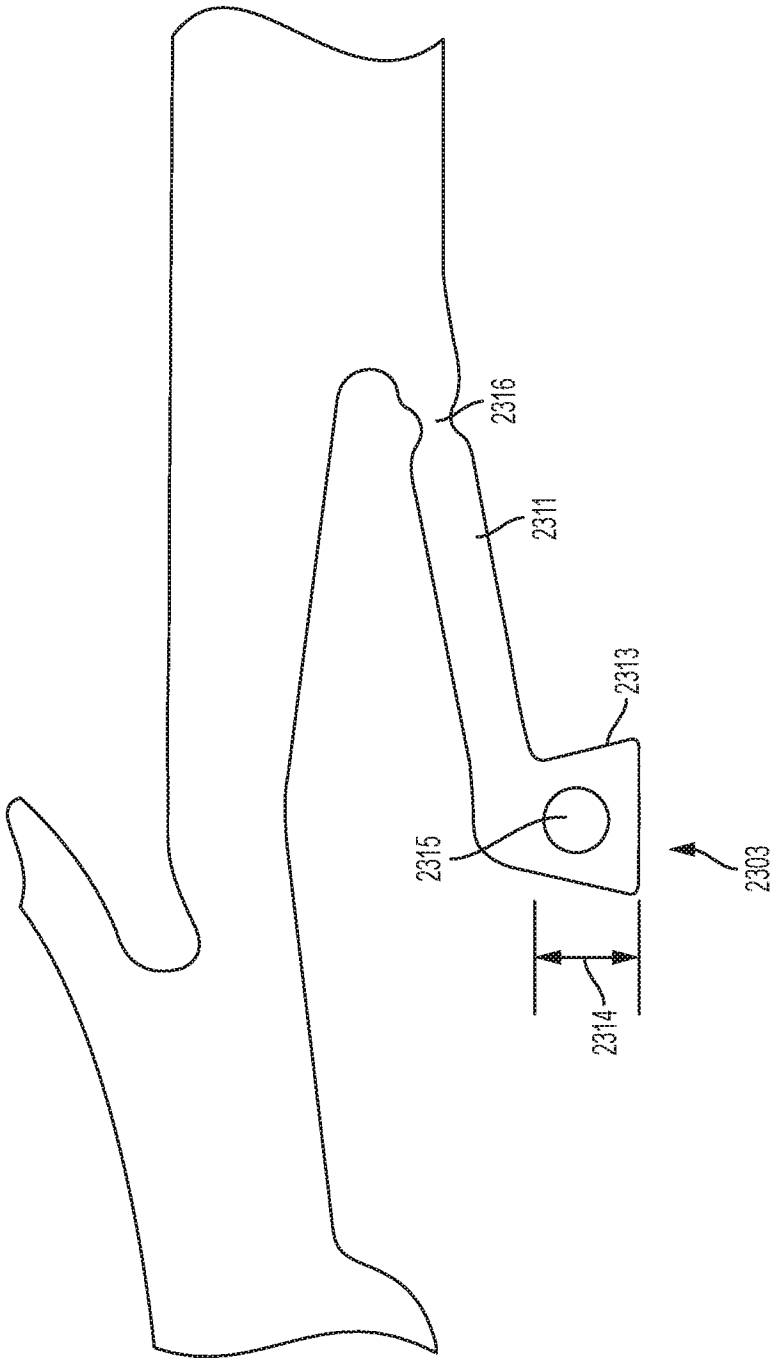


FIG. 23

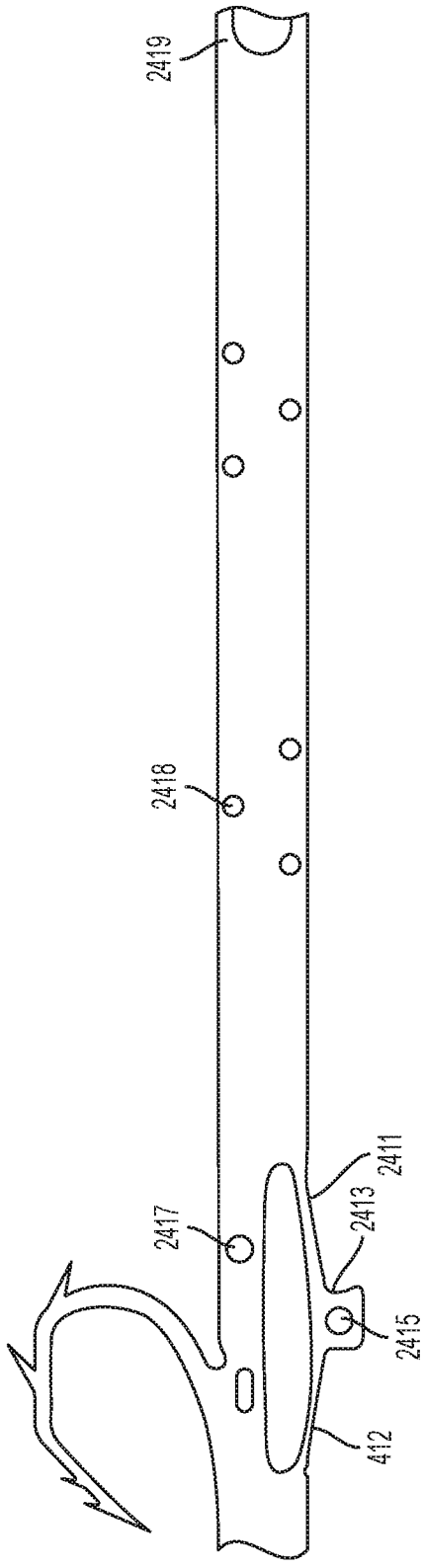


FIG. 24

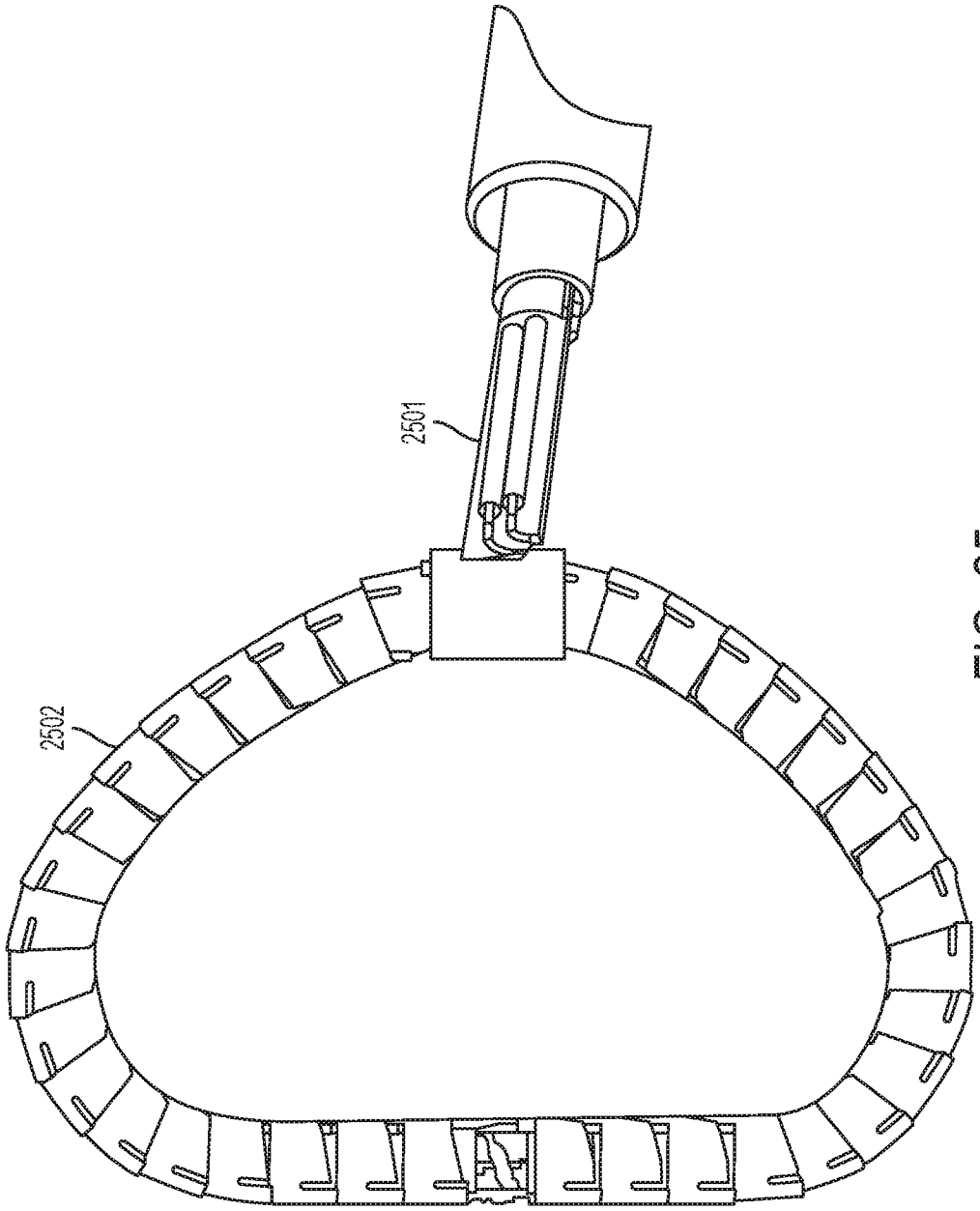


FIG. 25

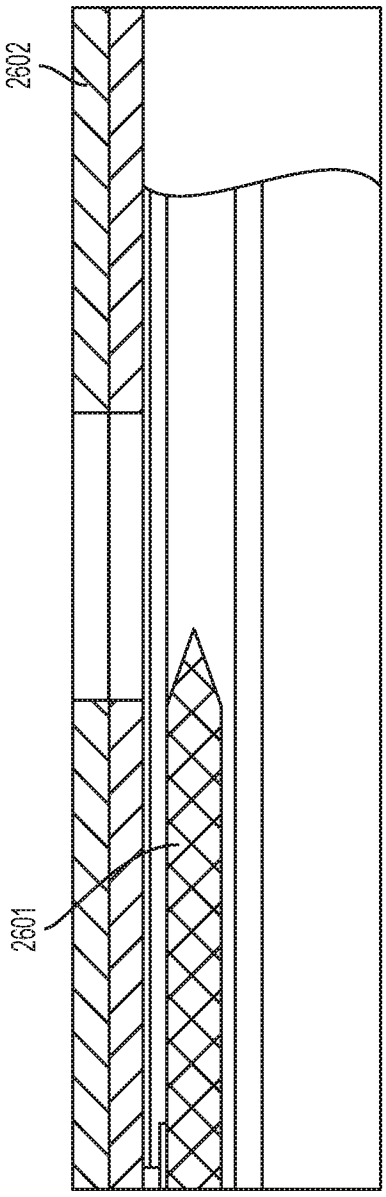


FIG. 26

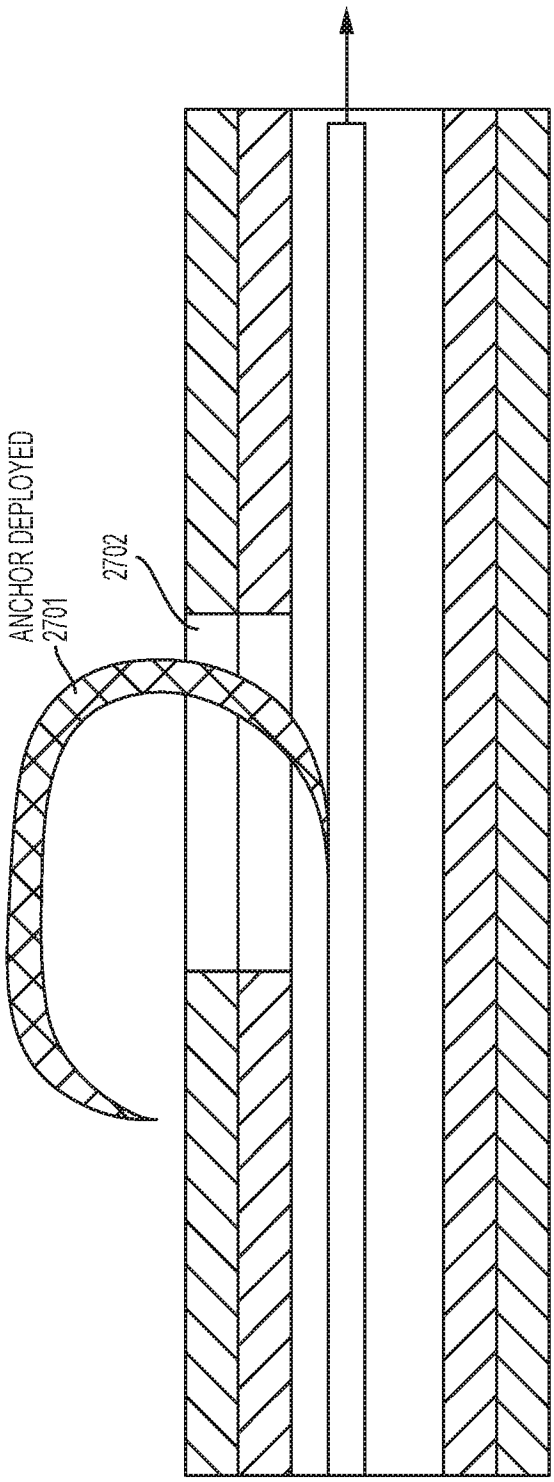


FIG. 27

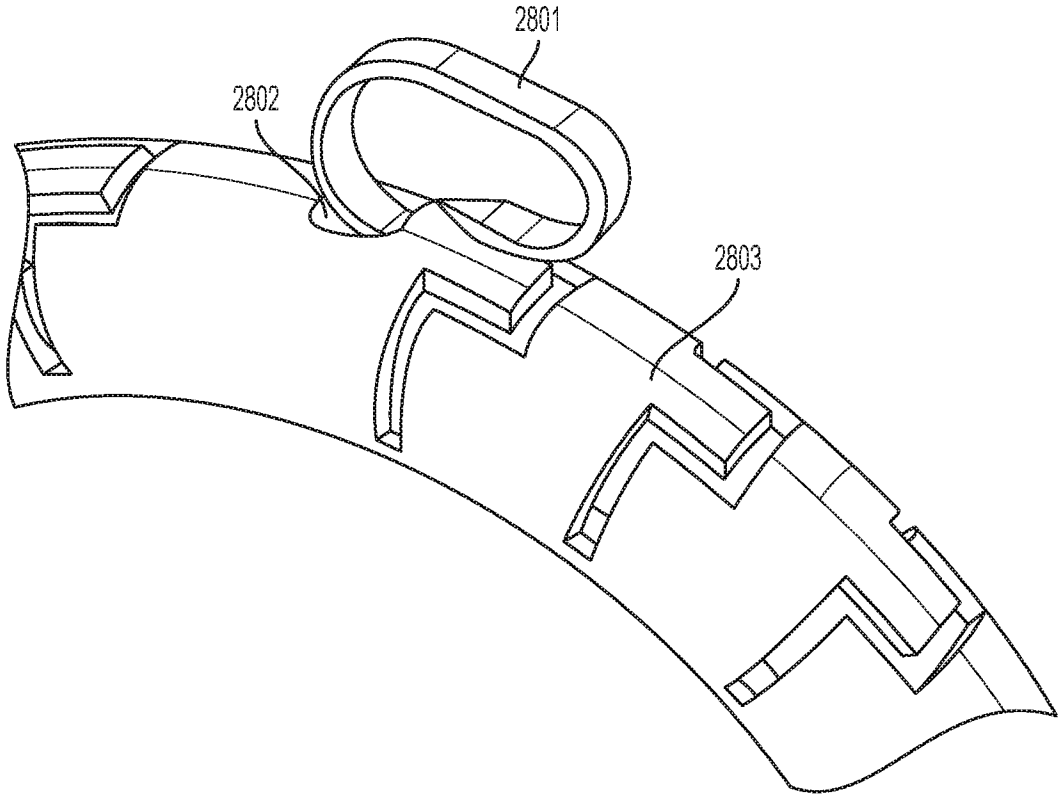


FIG. 28

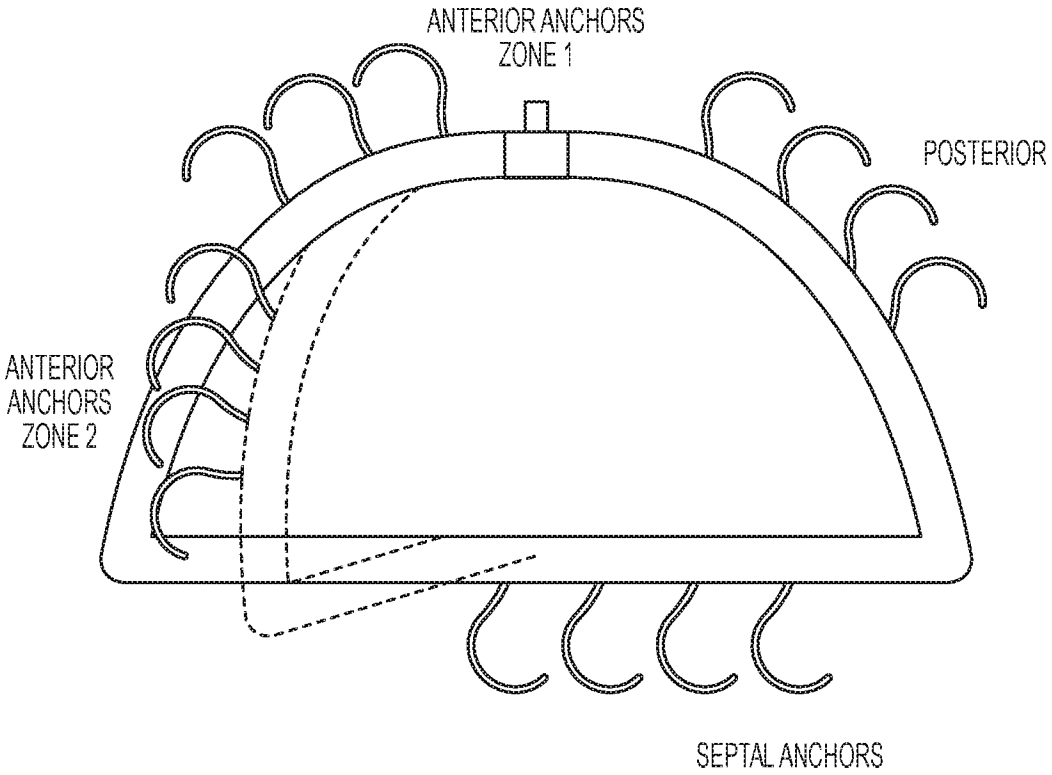

ANTERIOR ANCHORS
ZONE 1
POSTERIOR
ANTERIOR
ANCHORS
ZONE 2
SEPTAL ANCHORS

FIG. 29

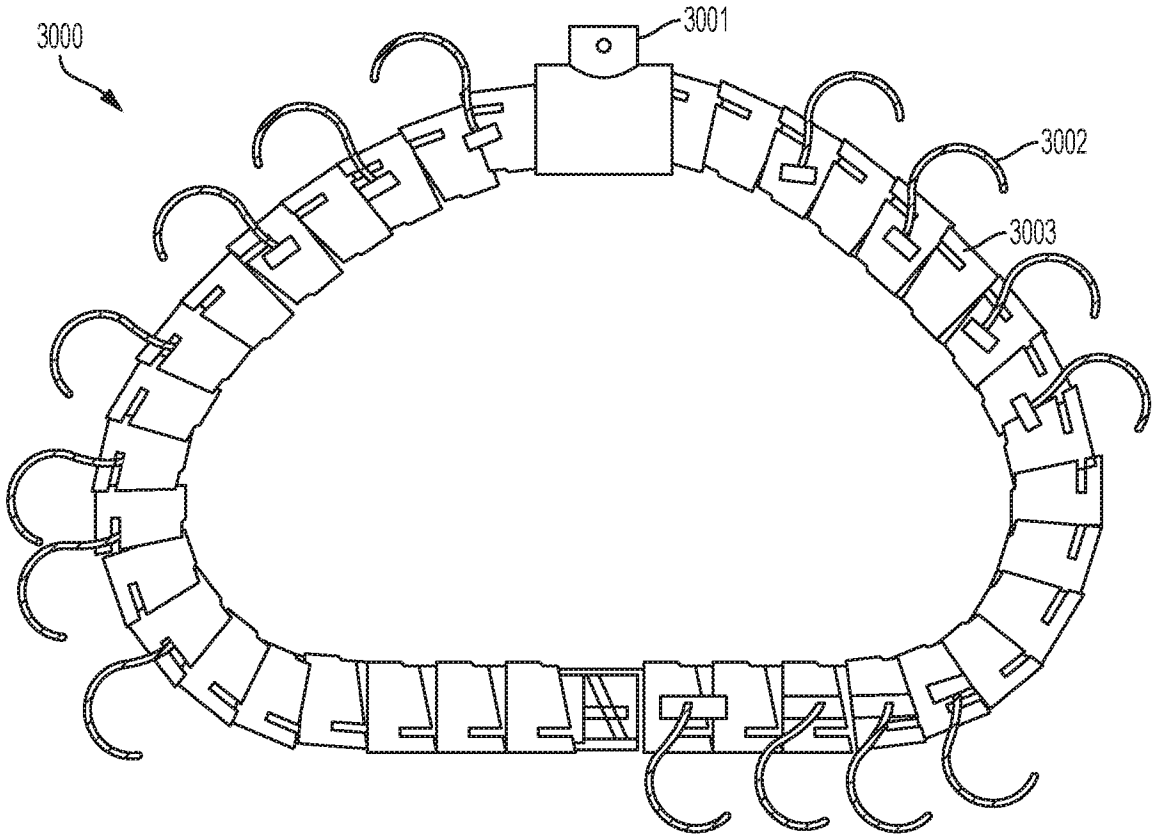


FIG. 30

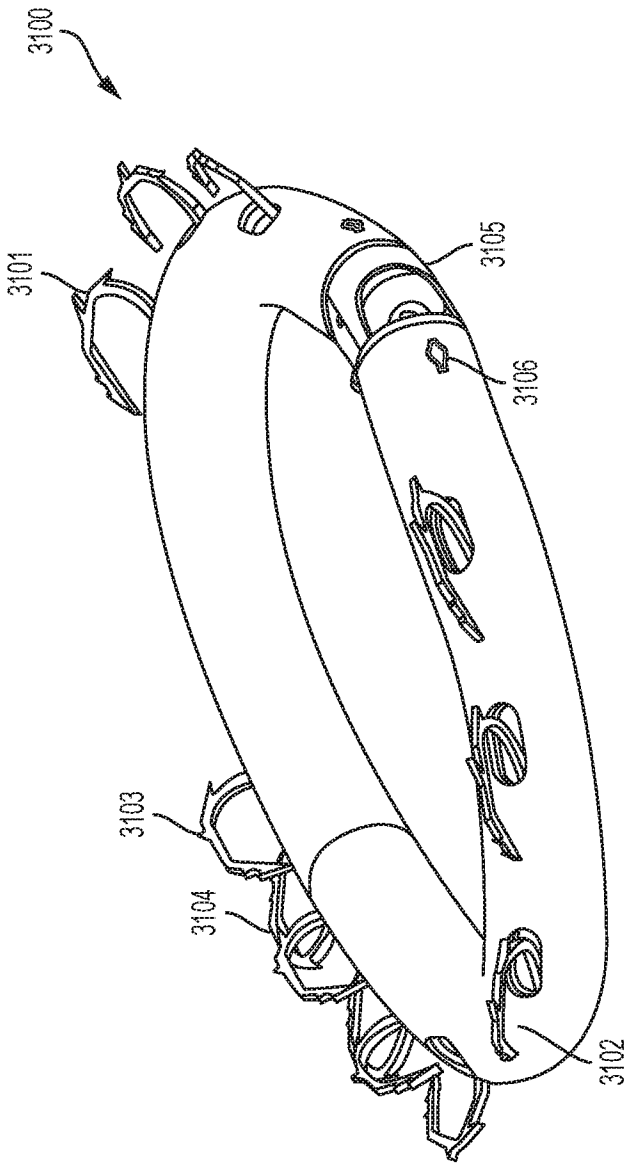


FIG. 31

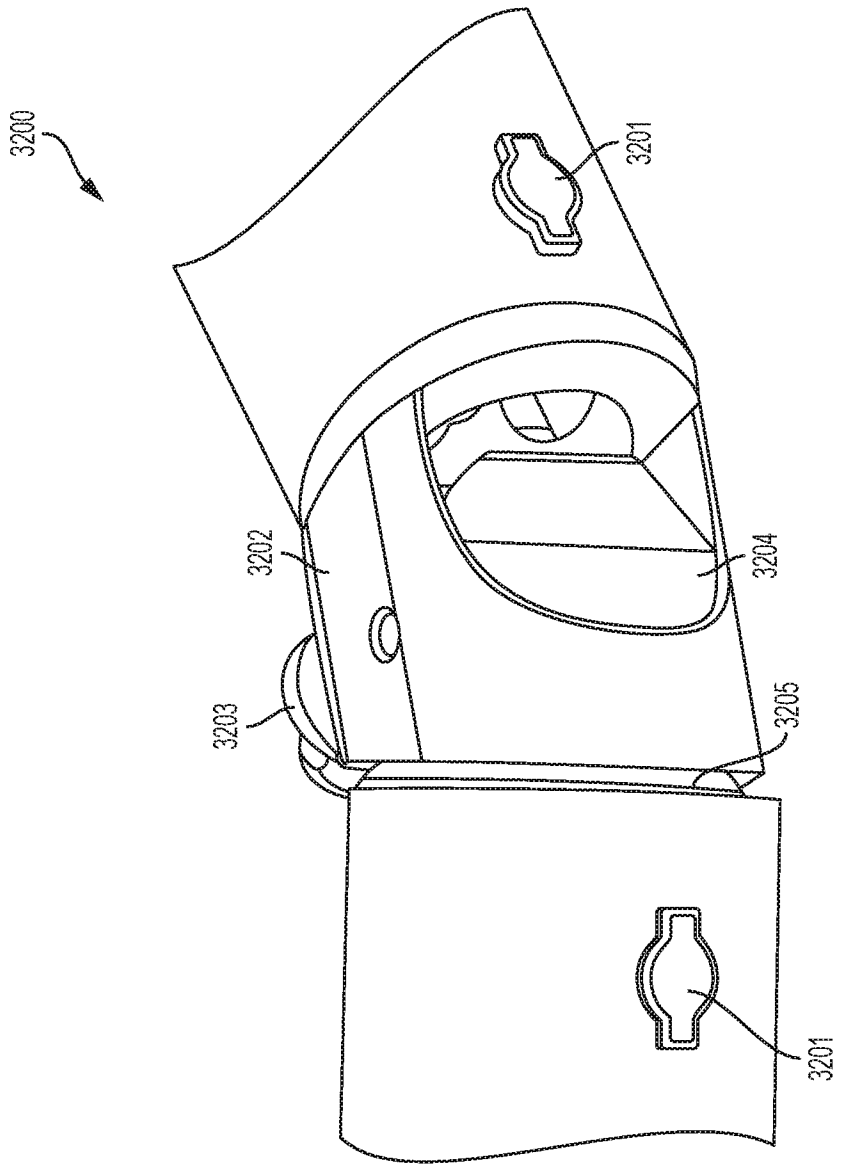


FIG. 32

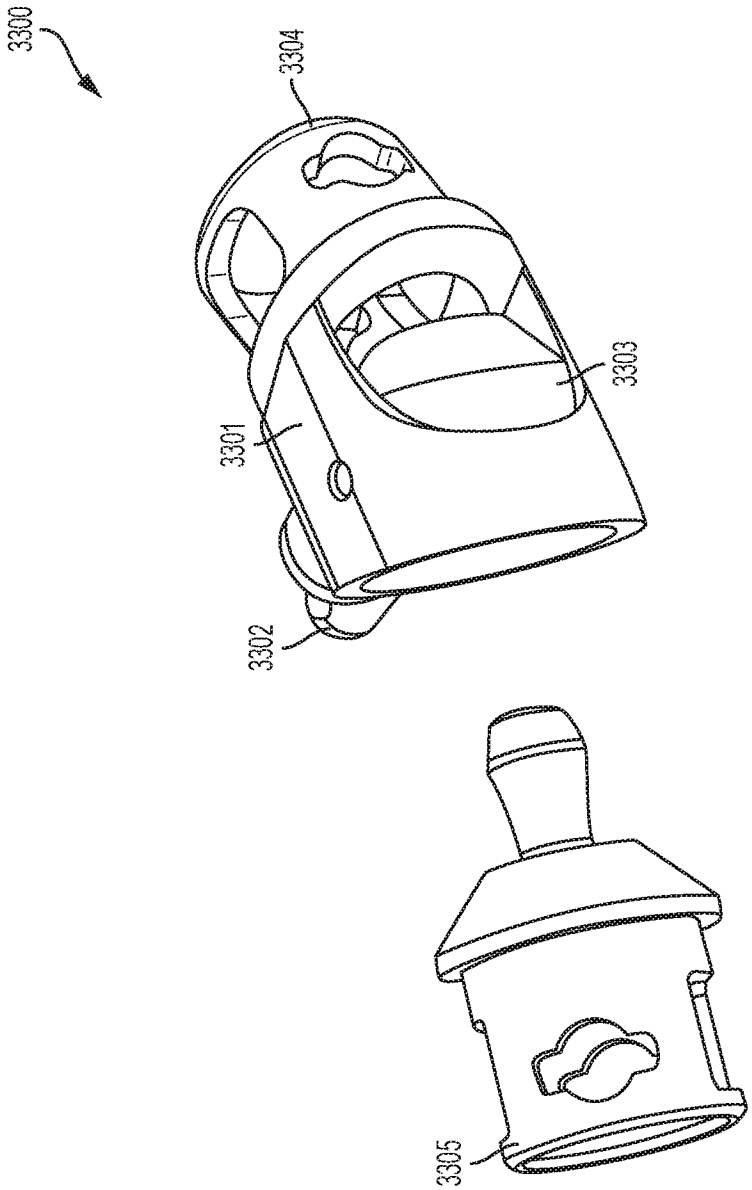


FIG. 33

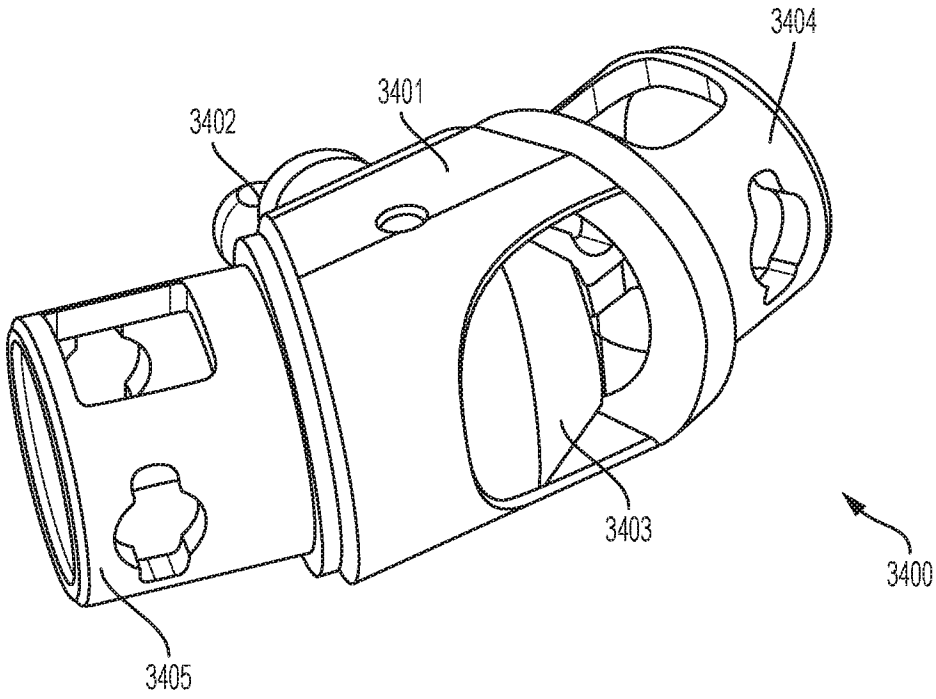


FIG. 34

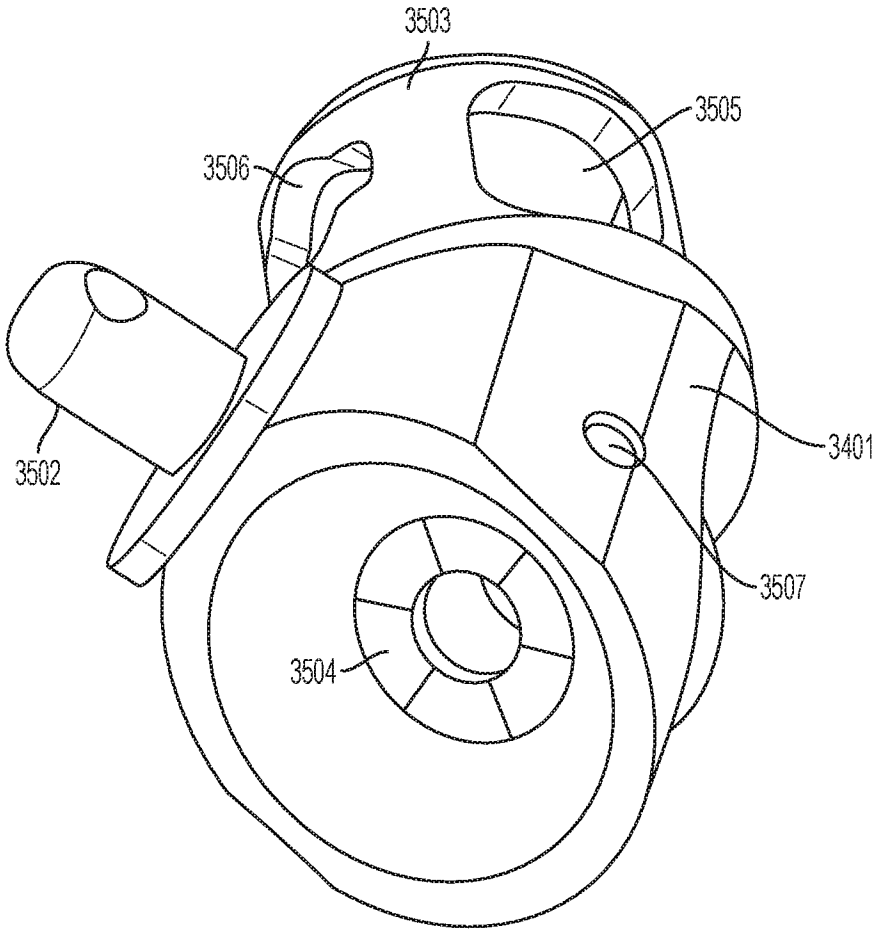


FIG. 35

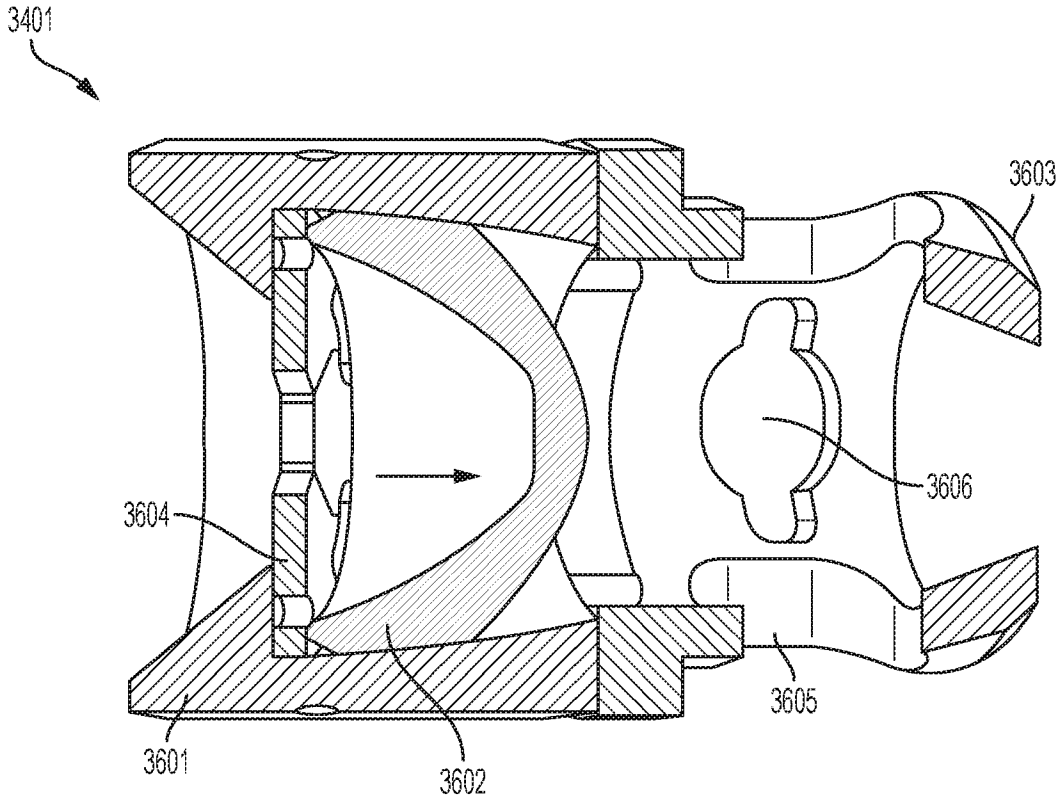


FIG. 36

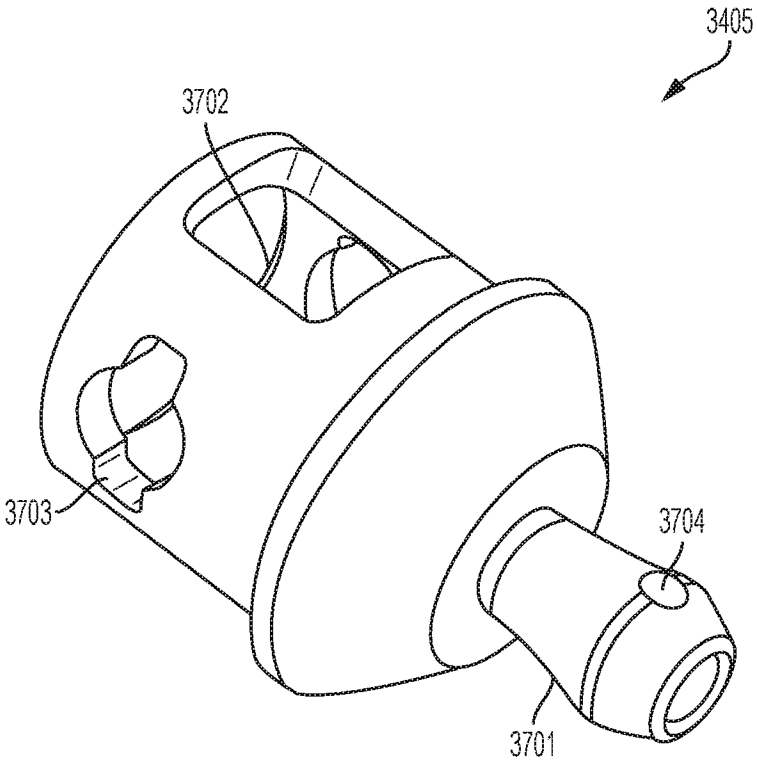


FIG. 37

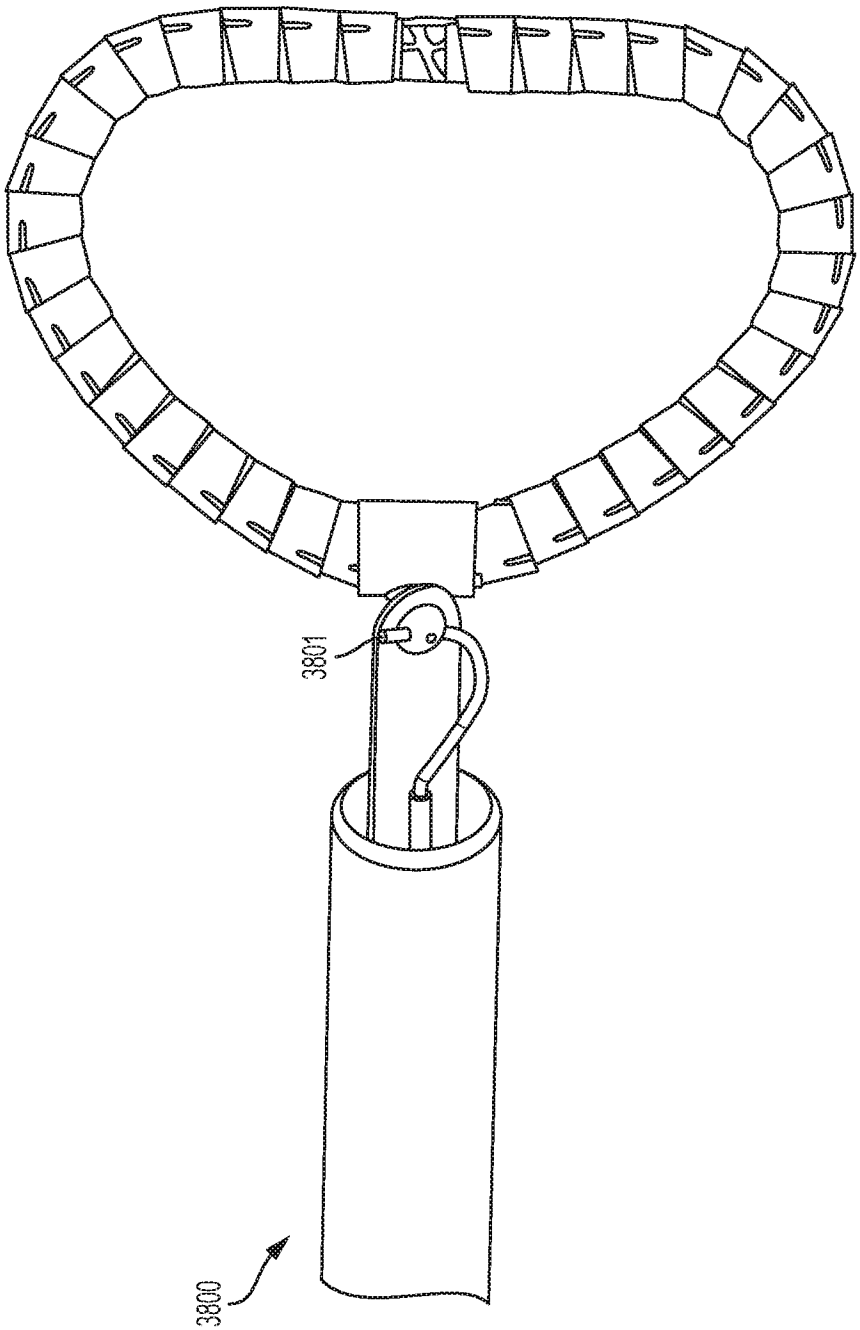


FIG. 38

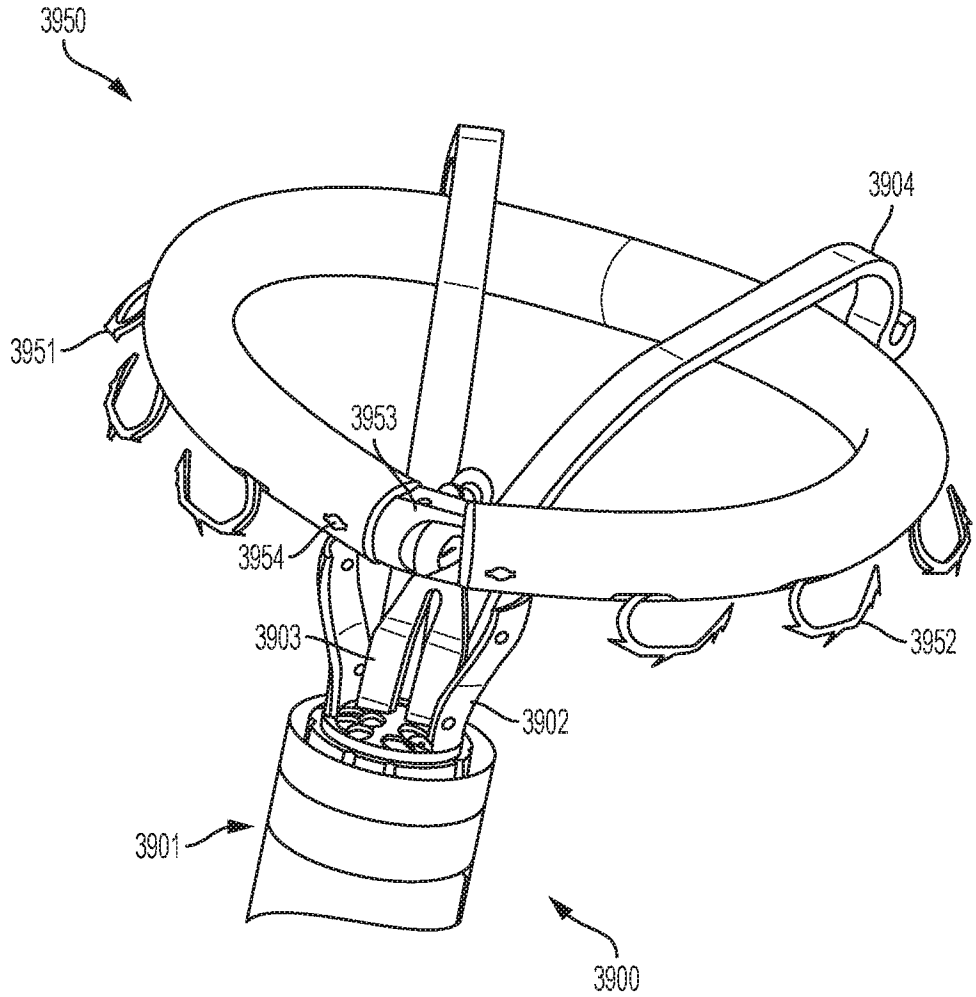


FIG. 39

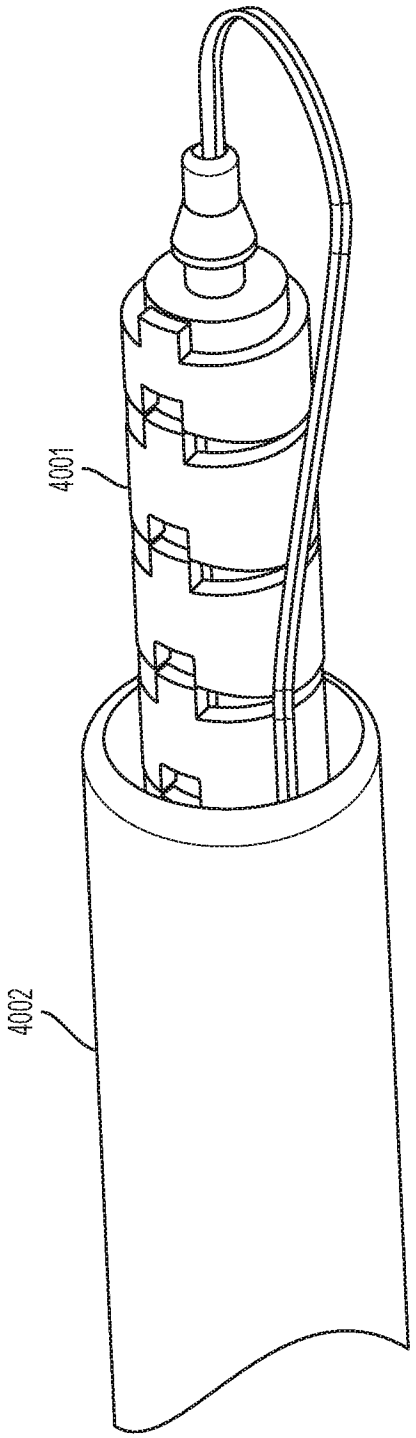


FIG. 40

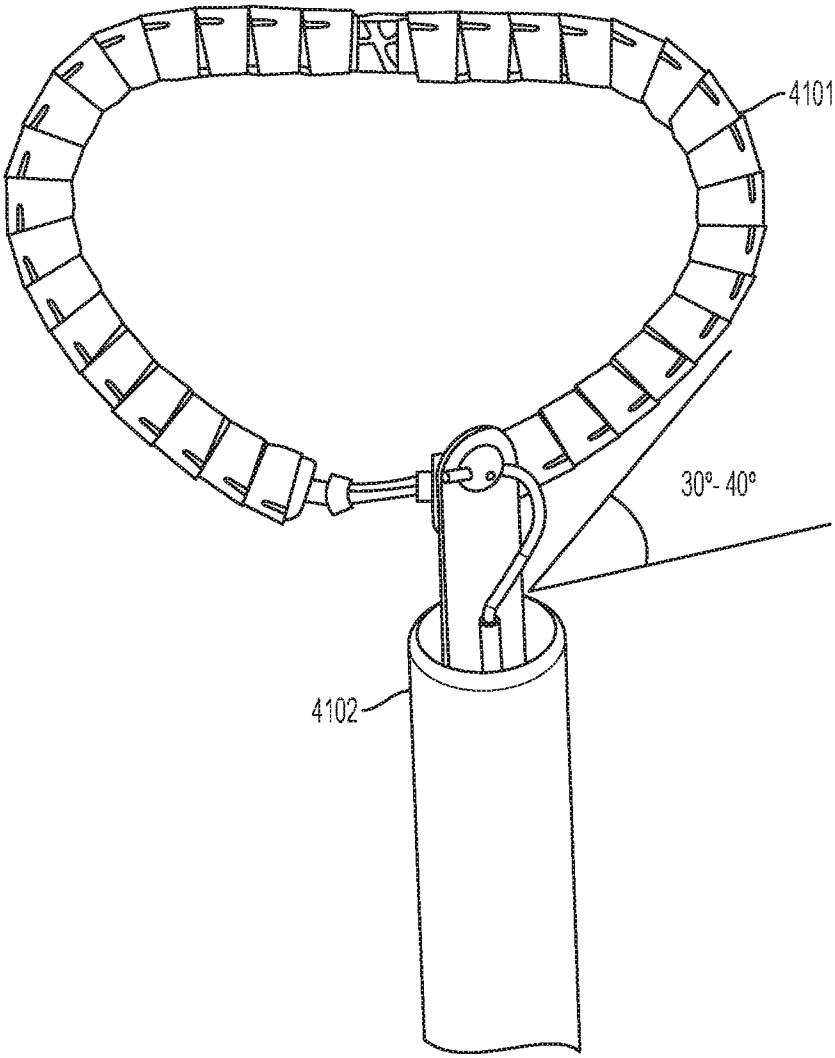


FIG. 41

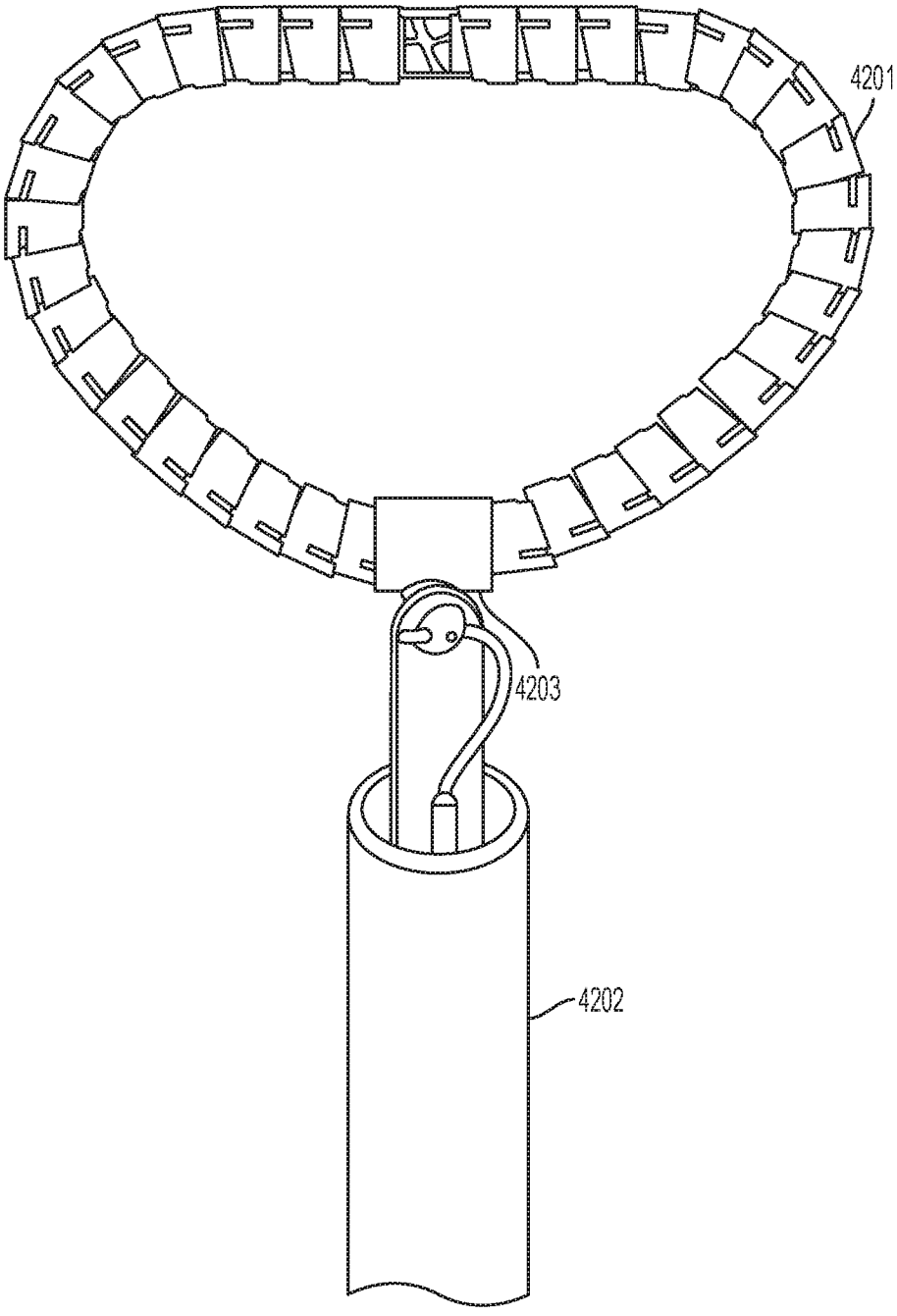


FIG. 42

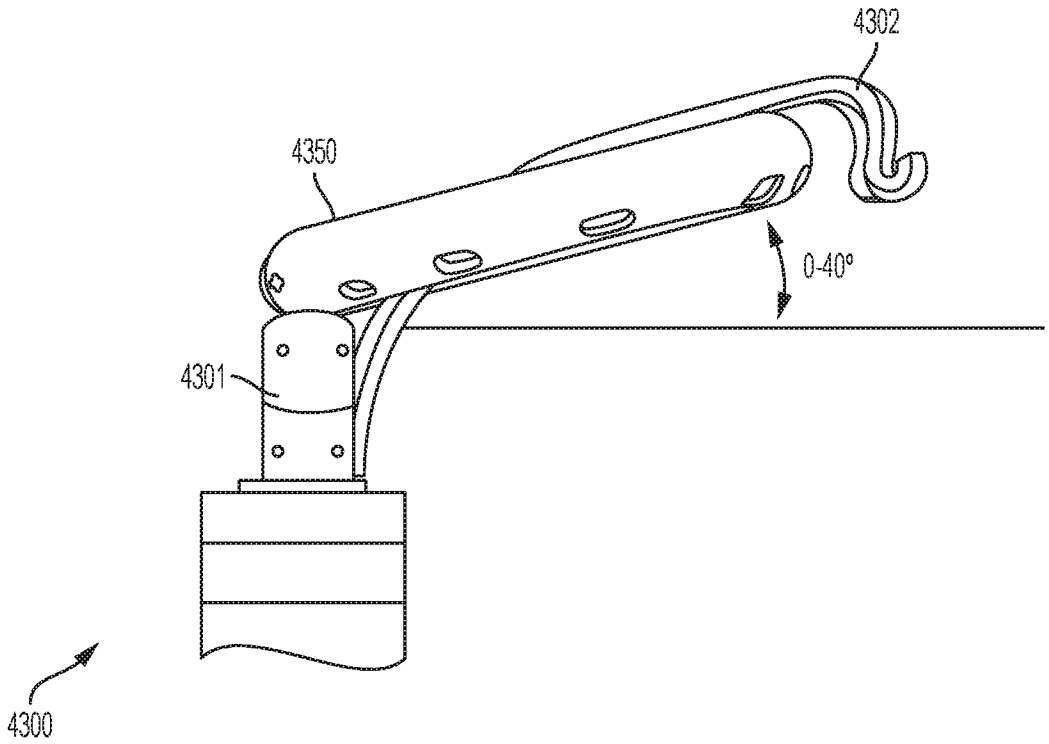


FIG. 43

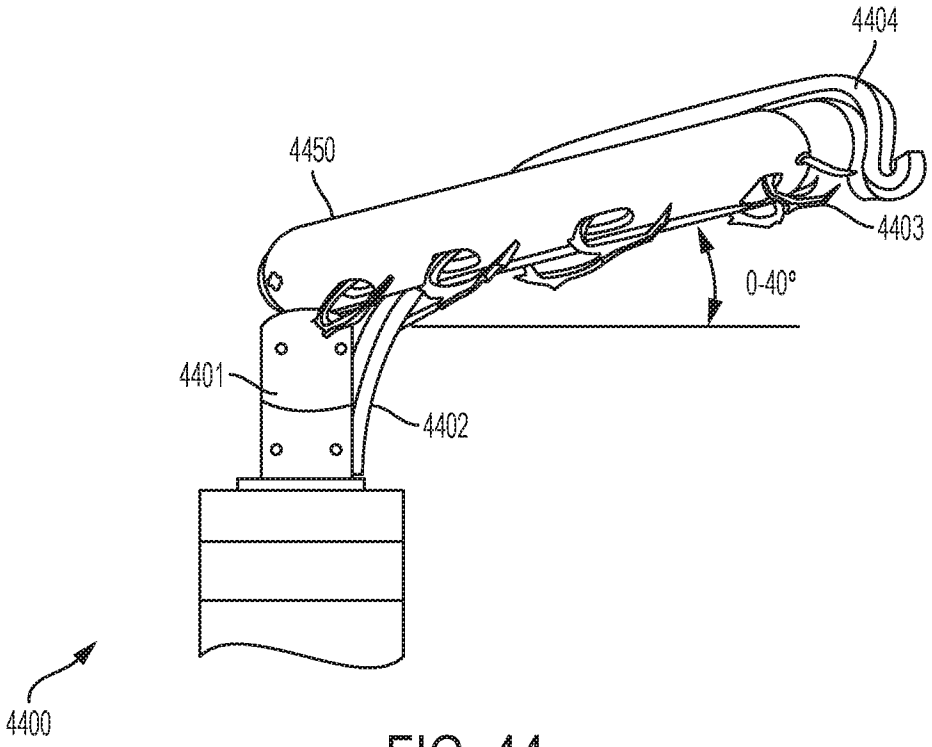


FIG. 44

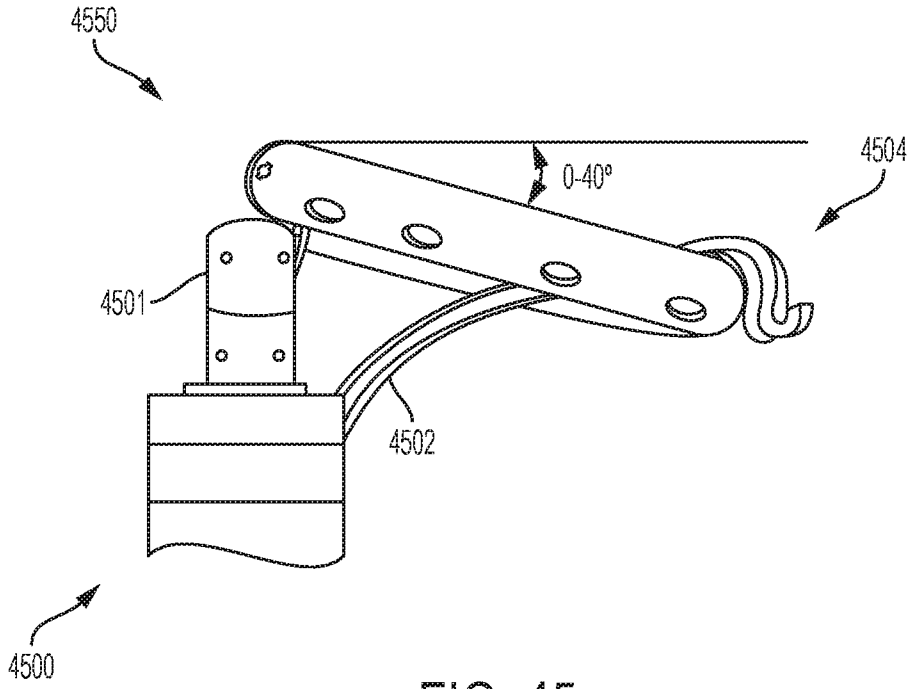


FIG. 45

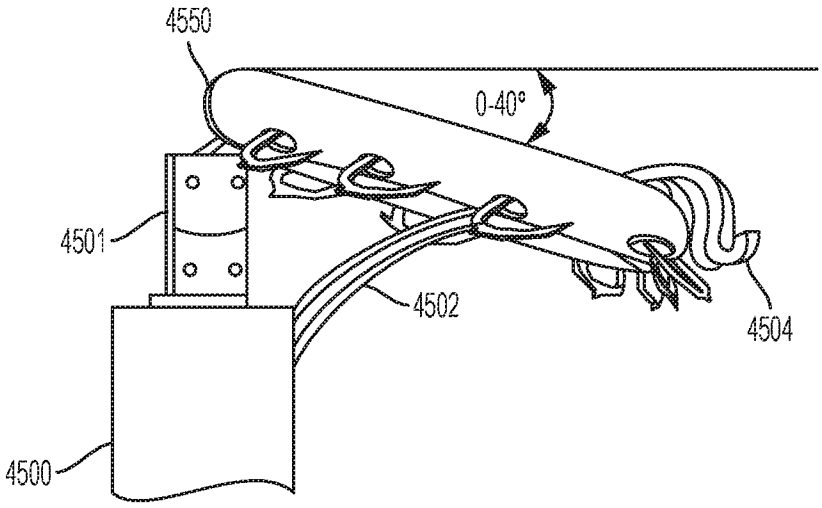


FIG. 46

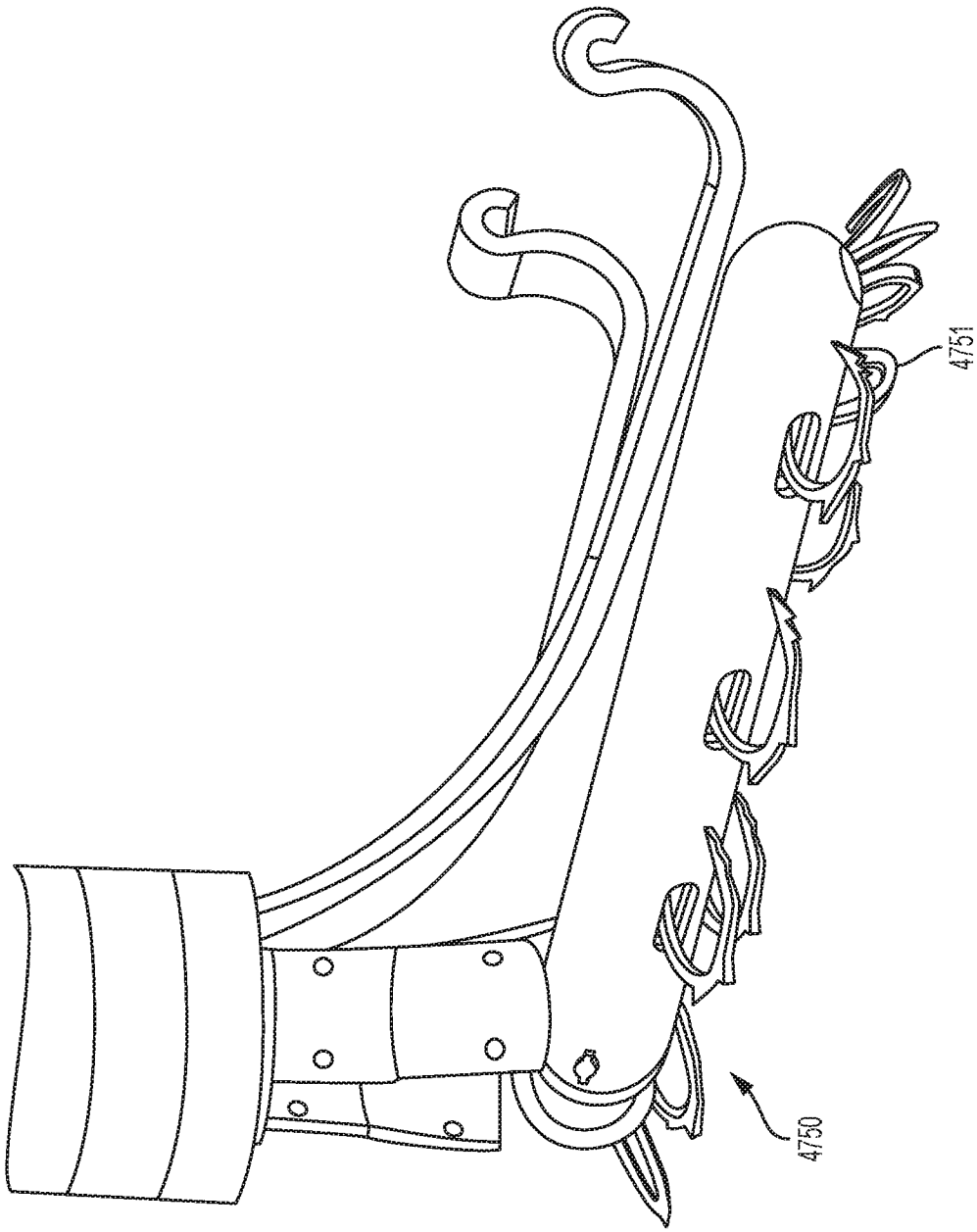


FIG. 47

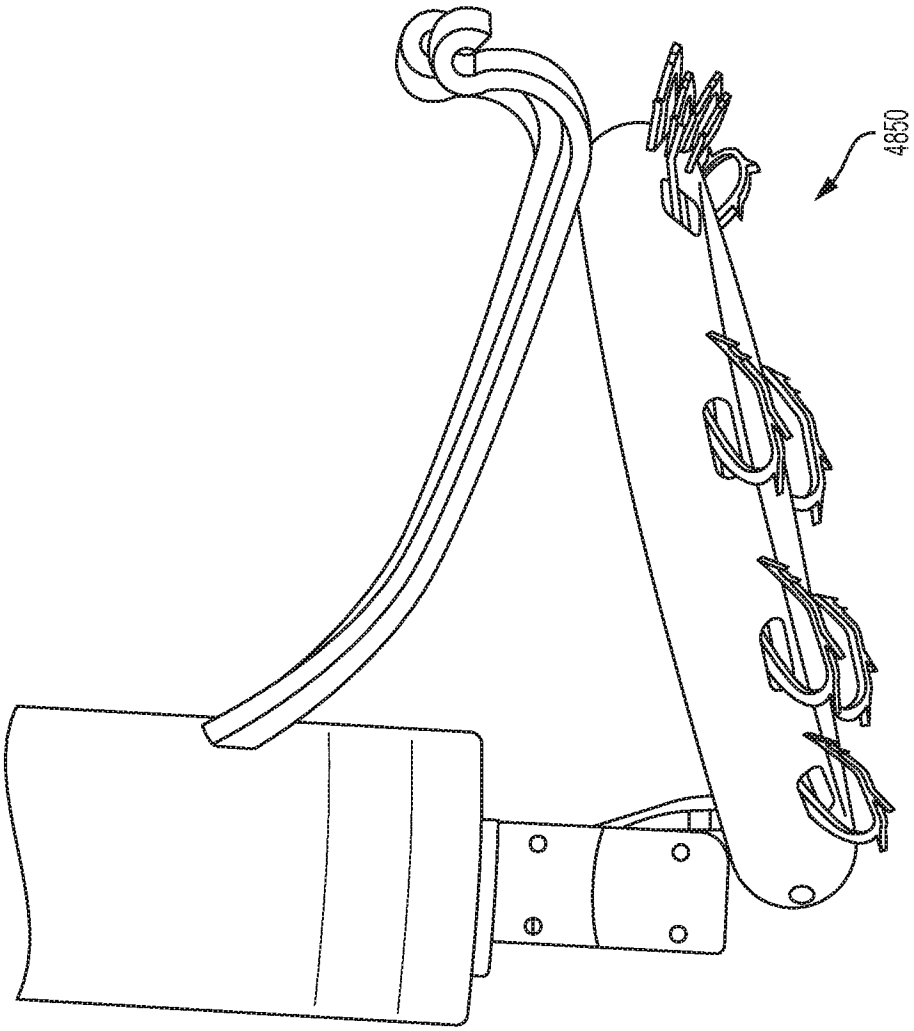


FIG. 48

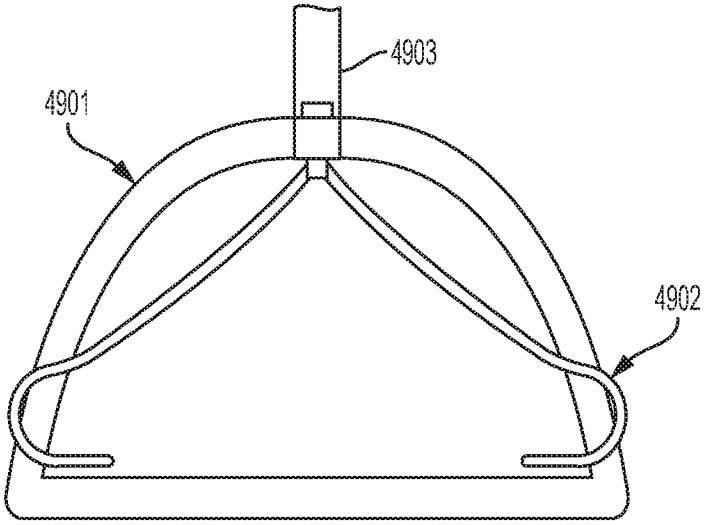


FIG. 49

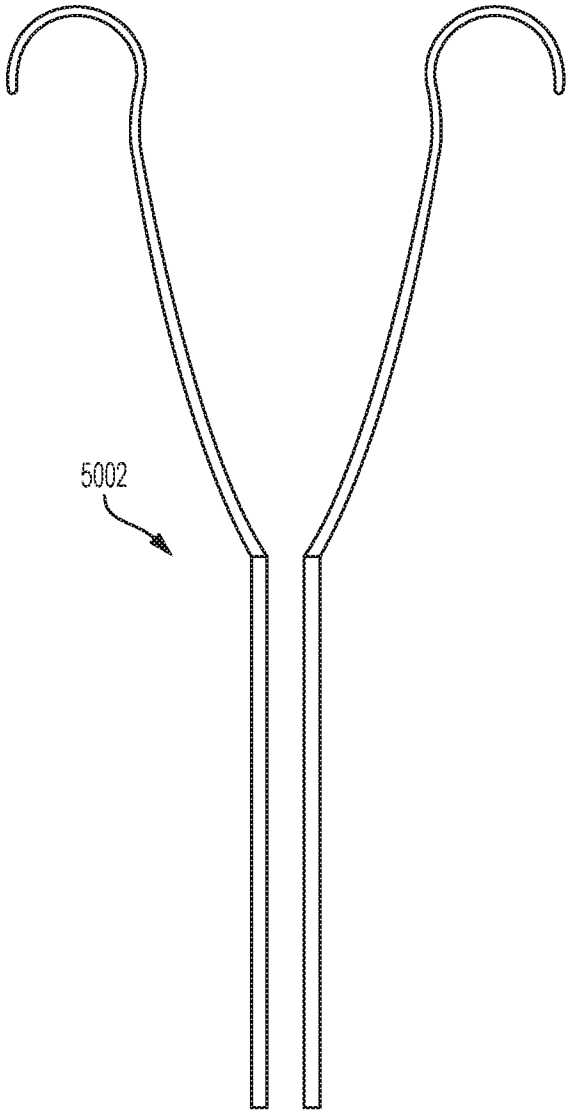


FIG. 50

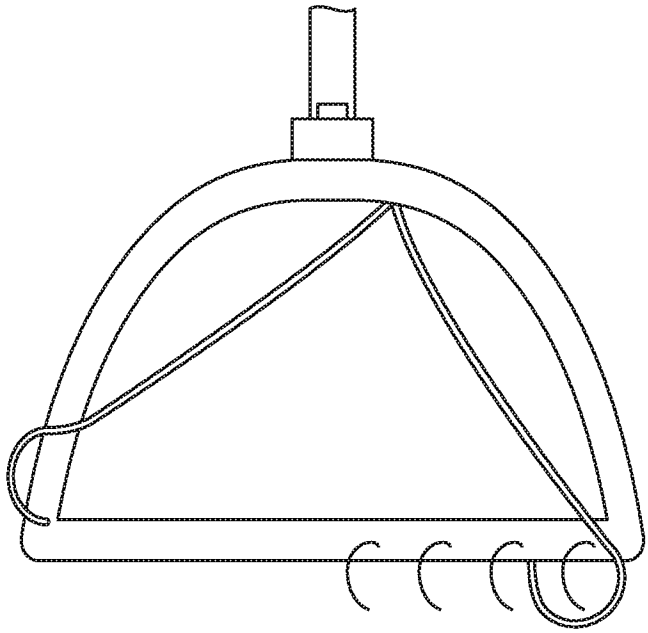


FIG. 51

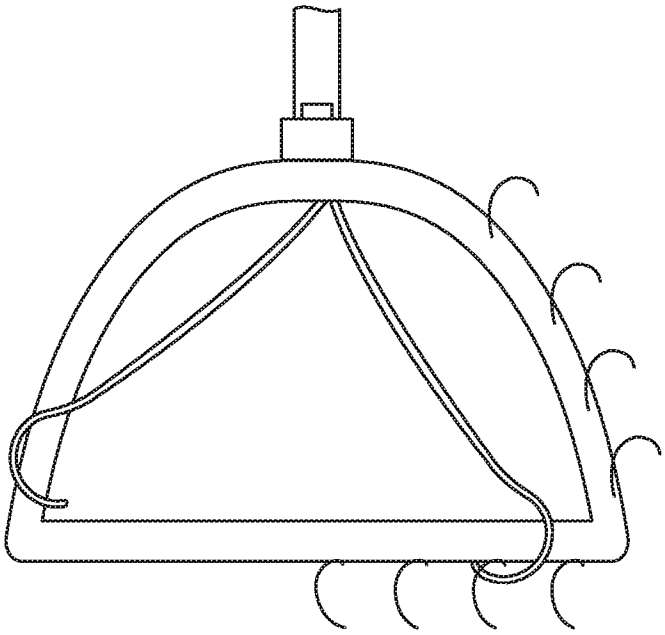


FIG. 52

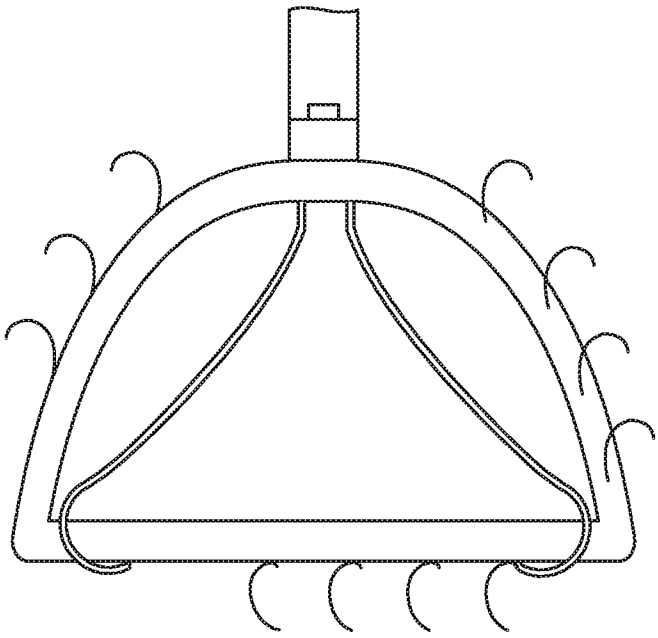


FIG. 53

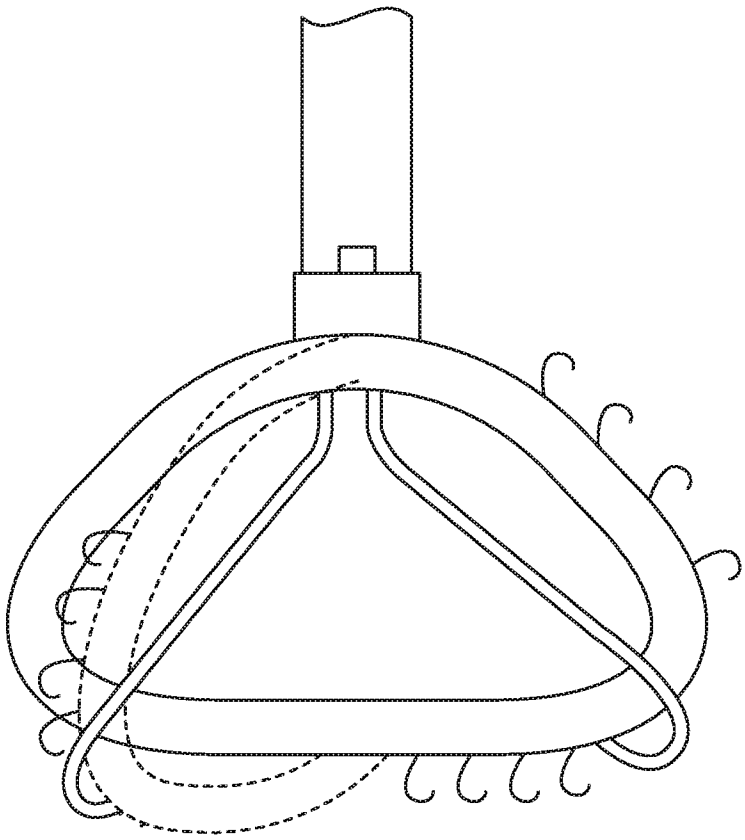


FIG. 54

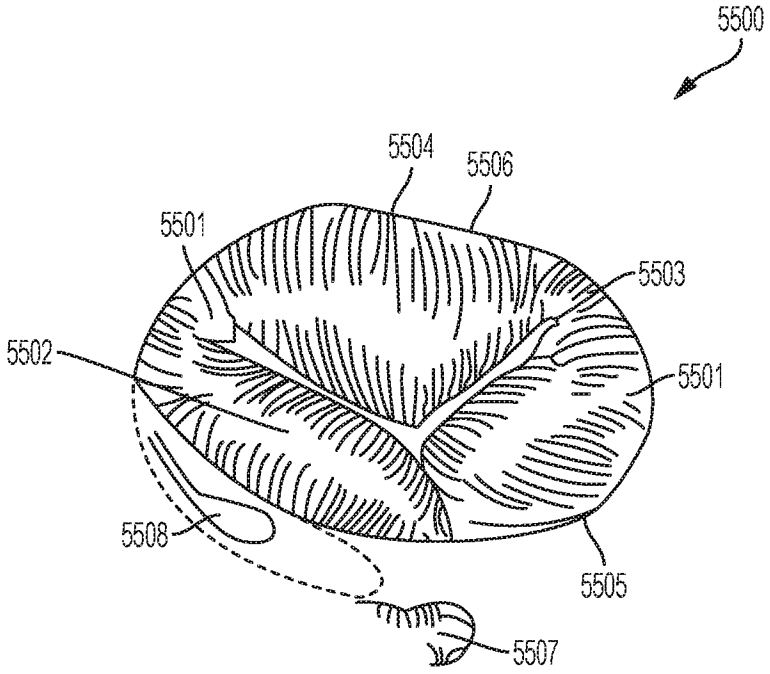


FIG. 55

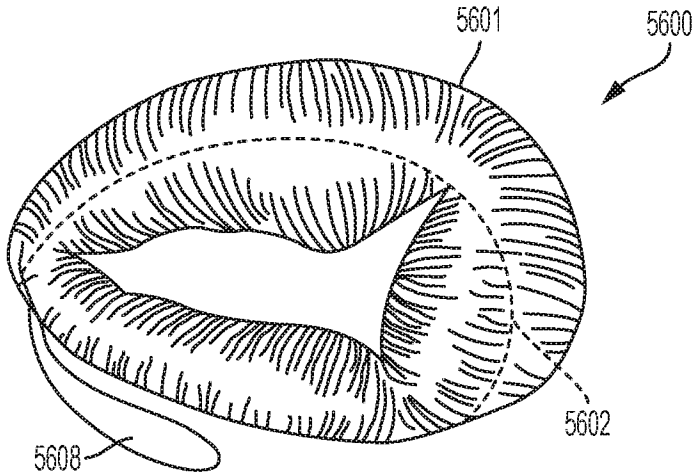


FIG. 56

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 17/46933

Box No. II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☐ Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:

2. ☐ Claims Nos.:
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:

3. ☐ Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box No. III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:
-*- See Supplemental Box -*-

1. ☒ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.

2. ☐ As all searchable claims could be searched without effort justifying additional fees, this Authority did not invite payment of additional fees.

3. ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:

4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

☐ The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee.

☐ The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation.

☒ No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 17/46933

A. CLASSIFICATION OF SUBJECT MATTER
IPC(8) - A61F 2/24 (2017.01)
CPC - A61F 2/24; A61F 2/2442; A61F 2/2448; A61F 2/2427

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
See Search History Document

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
See Search History Document

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
See Search History Document

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2012/0123531 A1 (TSUKASHIMA et al.) 17 May 2012 (17.05.2012); entire document, especially para [0050]-[0051], [0054]-[0058], and Fig. 1 and 1A-C.	1-5
X	US 2013/0226289 A1 (SHAOLIAN et al.) 29 August 2013 (29.08.2013); entire document, especially para [0044], [0103]-[0107], [0114]-[0118], and Fig. 9A-D and 12A-B.	6-11
A	US 8,579,968 B1 (SHANNON et al.) 12 November 2013 (12.11.2013); entire document.	1-11
A	US 2015/0351903 A1 (MORRISS et al.) 10 December 2015 (10.12.2015); entire document.	1-11
A	US 2013/0289720 A1 (DOBRILOVIC) 31 October 2013 (31.10.2013); entire document.	1-11
A	US 2009/0299470 A1 (RAO et al.) 3 December 2009 (03.12.2009); entire document.	1-11
A	US 2014/0058505 A1 (BIELEFELD) 27 February 2014 (27.02.2014); entire document.	1-11

☐ Further documents are listed in the continuation of Box C. ☐ See patent family annex.

* Special categories of cited documents:
"A" document defining the general state of the art which is not considered to be of particular relevance
"E" earlier application or patent but published on or after the international filing date
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
"O" document referring to an oral disclosure, use, exhibition or other means
"P" document published prior to the international filing date but later than the priority date claimed
"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"&" document member of the same patent family

Date of the actual completion of the international search	Date of mailing of the international search report
20 September 2017	21 DEC 2017
Name and mailing address of the ISA/US Mail Stop PCT, Attn: ISA/US, Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450 Facsimile No. 571-273-8300	Authorized officer: Lee W. Young PCT Helpdesk: 571-272-4300 PCT OSP: 571-272-7774

-*- Box III.0 - Explanations where unity of invention is lacking -*-

This application contains the following inventions which are not so linked as to form a single general inventive concept under PCT Rule 13.1. In order for all inventions to be examined, the appropriate additional examination fees must be paid.

Group I: Claims 1-5 directed to a device for minimally invasive medical treatment having a hollow tube, an exterior having a plurality of cutouts, at least one snap mechanism, and one or more anchors.

Group II: Claims 6-11 directed to a method of delivering a tricuspid ring having an annuloplasty ring, a delivery system, a hinge, and one or more anchors.

The inventions listed as Groups I-II do not relate to a single general inventive concept under PCT Rule 13.1 because, under PCT Rule 13.2, they lack the same or corresponding special technical features for the following reasons:

SPECIAL TECHNICAL FEATURES

The invention of Group I includes the special technical feature of a hollow tube, not required by the claims of Group II.

The invention of Group II includes the special technical feature of delivering an annuloplasty ring in a linear shape using a delivery system, not required by the claims of Group I.

COMMON TECHNICAL FEATURES

Groups I-II share the common technical feature of one or more anchors. However, this shared technical feature does not represent a contribution over prior art as being anticipated by US 2012/0123531 A1 (TSUKASHIMA et al.) (hereinafter Tsukashima), which teaches one or more anchors (104; Fig. 1).

As the common technical features were known in the art at the time of the invention, these cannot be considered special technical features that would otherwise unify the groups.

Therefore, Groups I-II lack unity under PCT Rule 13 because they do not share a same or corresponding special technical feature.