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(54) **ESOPHAGEAL STENTS**

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(57)

ABSTRACT

Luminal devices are described. In one embodiment, a luminal device includes an esophageal stent and an anchoring membrane coupled to the esophageal stent. The anchoring membrane may be configured to be coupled to an esophageal wall with a tissue anchor placed through the anchoring membrane. The anchoring membrane may be configured to be pierced to allow the tissue anchor to be placed through the anchoring membrane.

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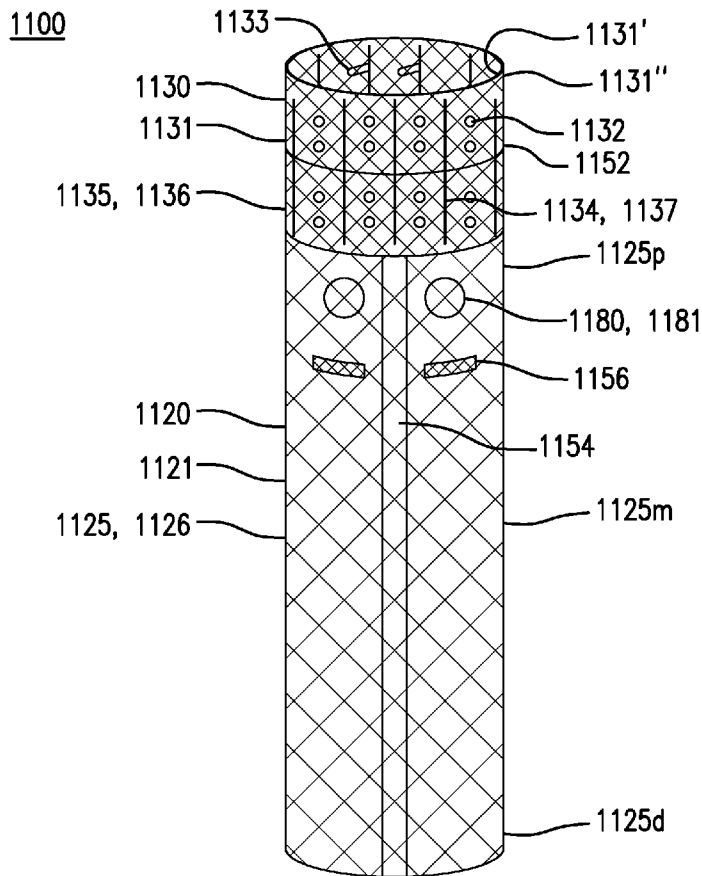
Methods for attaching a luminal device to the esophageal wall are described. In one embodiment, a method may include forming a bulge in an anchoring membrane of the luminal device and the esophageal wall, piercing the bulge from a first side of the anchoring membrane and a first side of the esophageal wall, placing a second retention element of a tissue anchor on a second side of the esophageal wall; and placing a tension element of the tissue anchor through the anchoring membrane and the esophageal wall. The tension element may be coupled to the second retention element. The method may further include placing a first retention element on the first side of the anchoring membrane. The first retention element may be coupled to the tension element.

Related U.S. Application Data

(60) Provisional application No. 62/073,927, filed on Oct. 31, 2014, provisional application No. 62/147,588, filed on Apr. 15, 2015.

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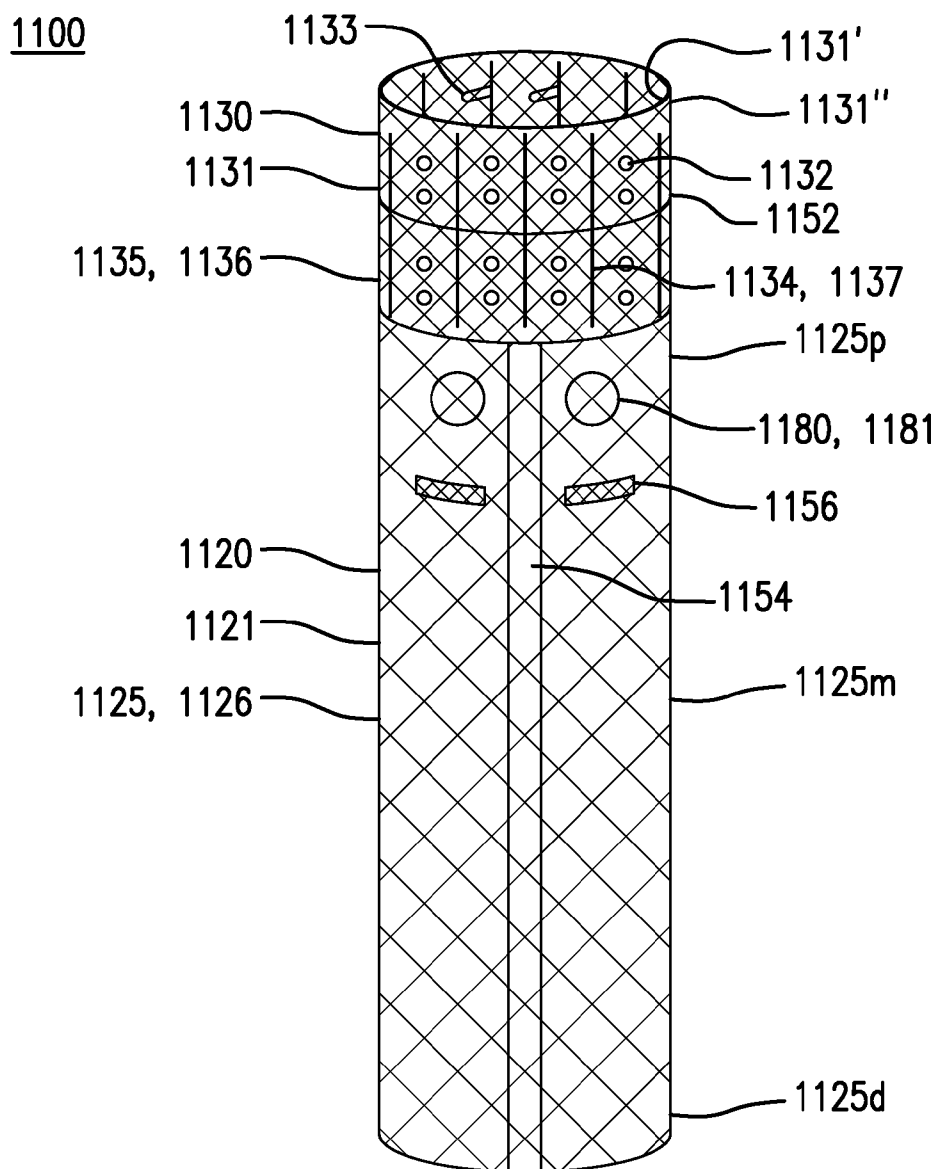


FIG. 1A

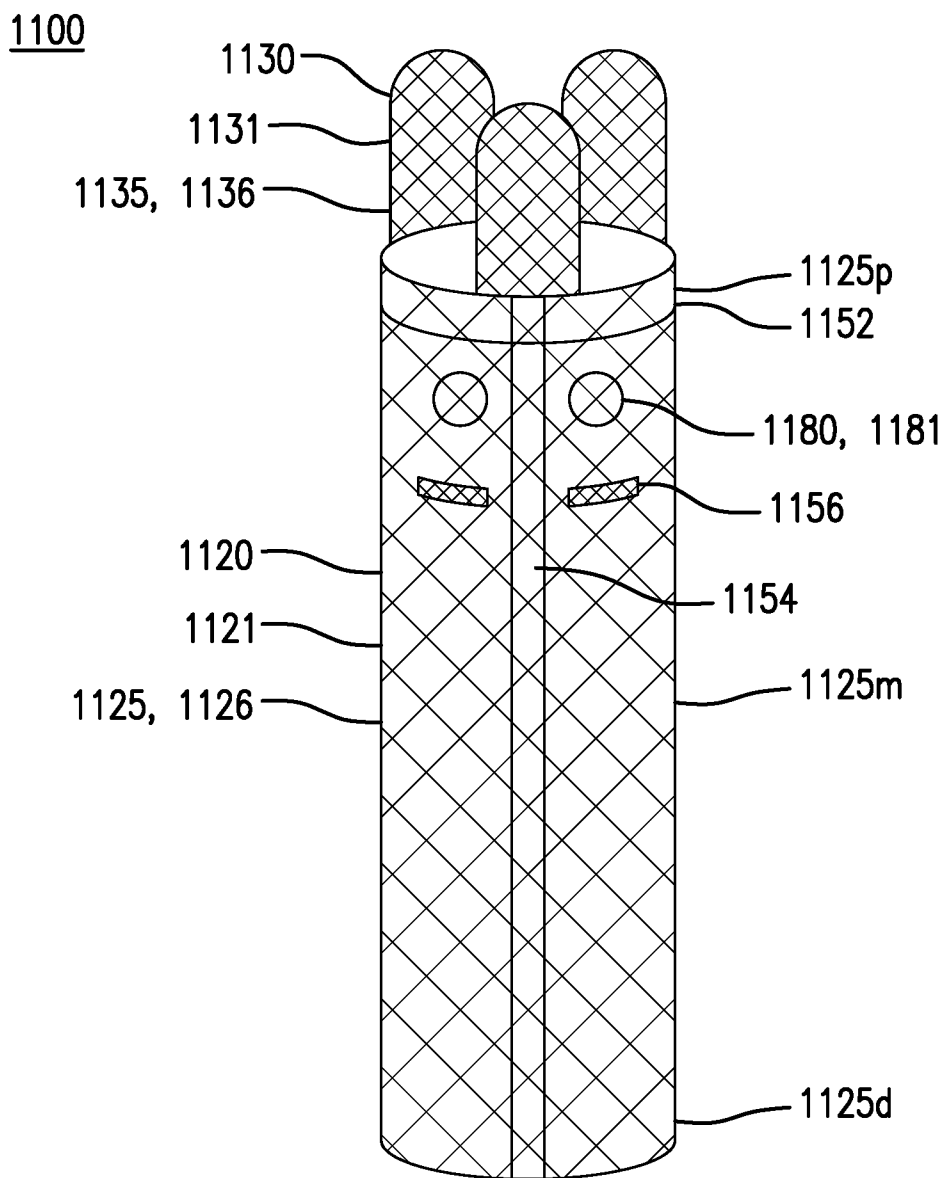


FIG. 1B

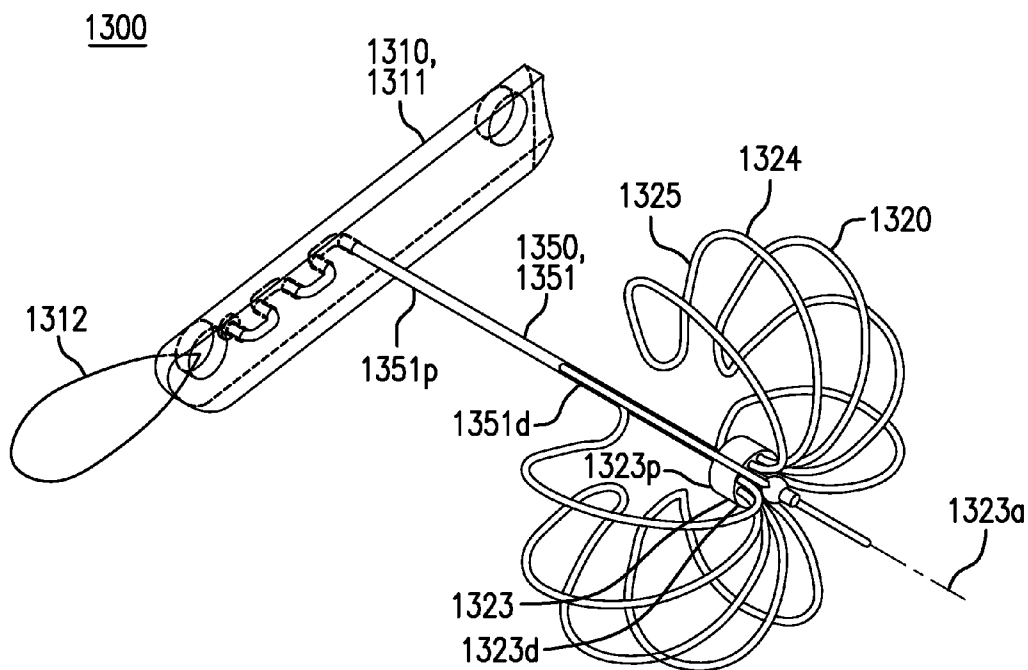


FIG.2A

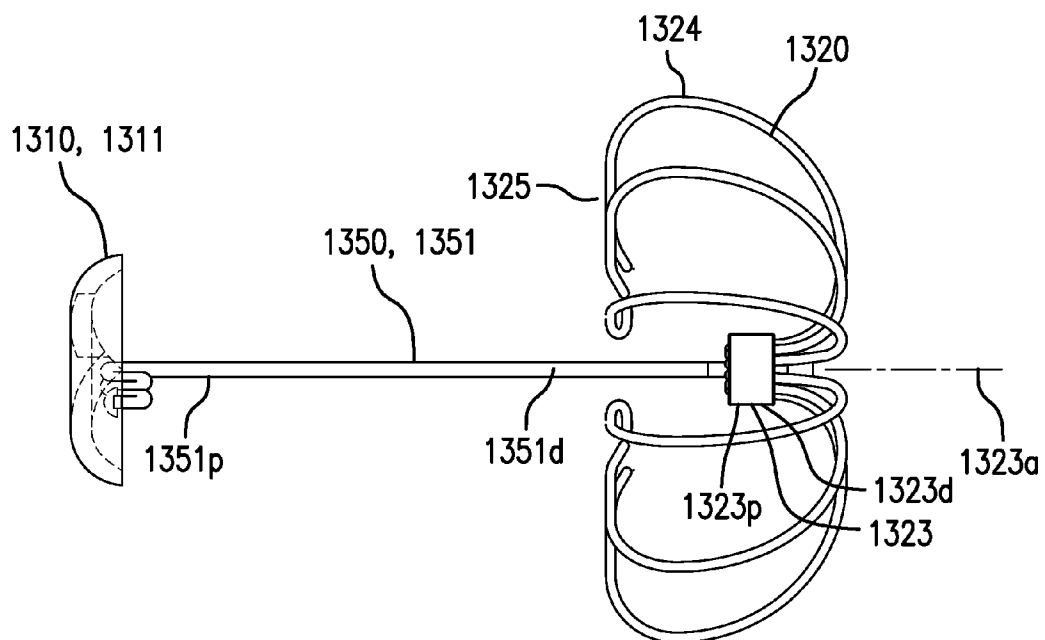


FIG. 2B

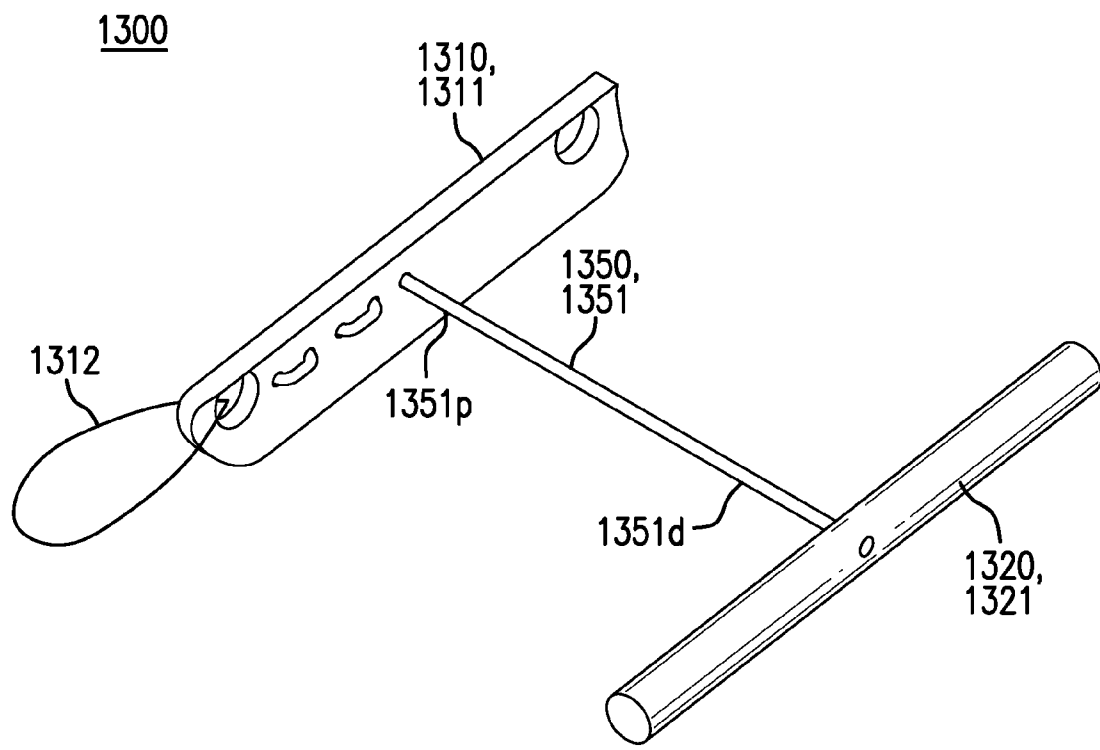


FIG. 2C

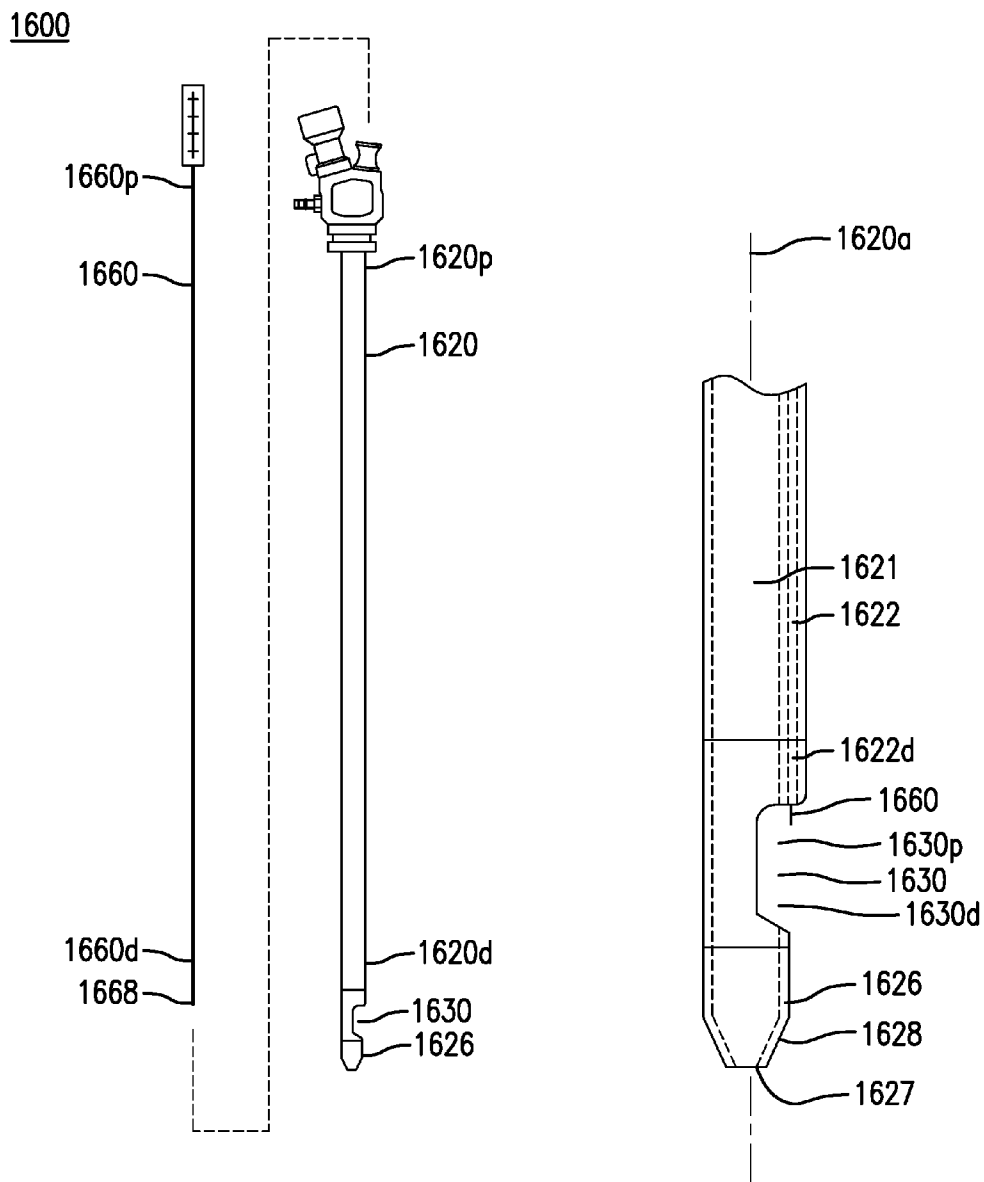


FIG.3A

FIG.3B

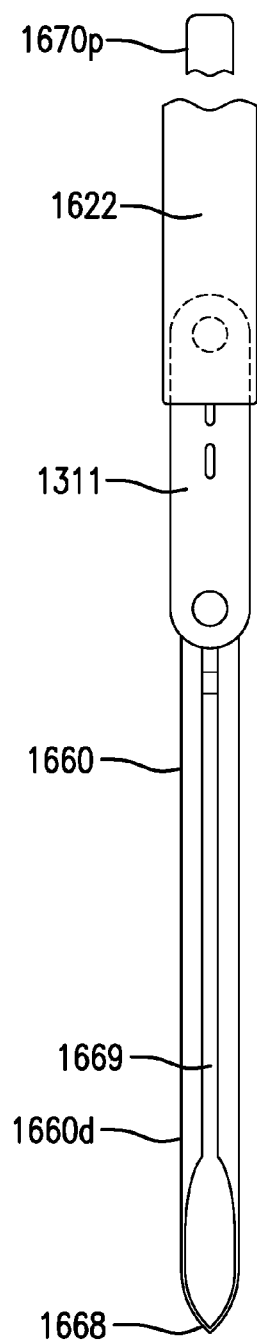


FIG. 3C

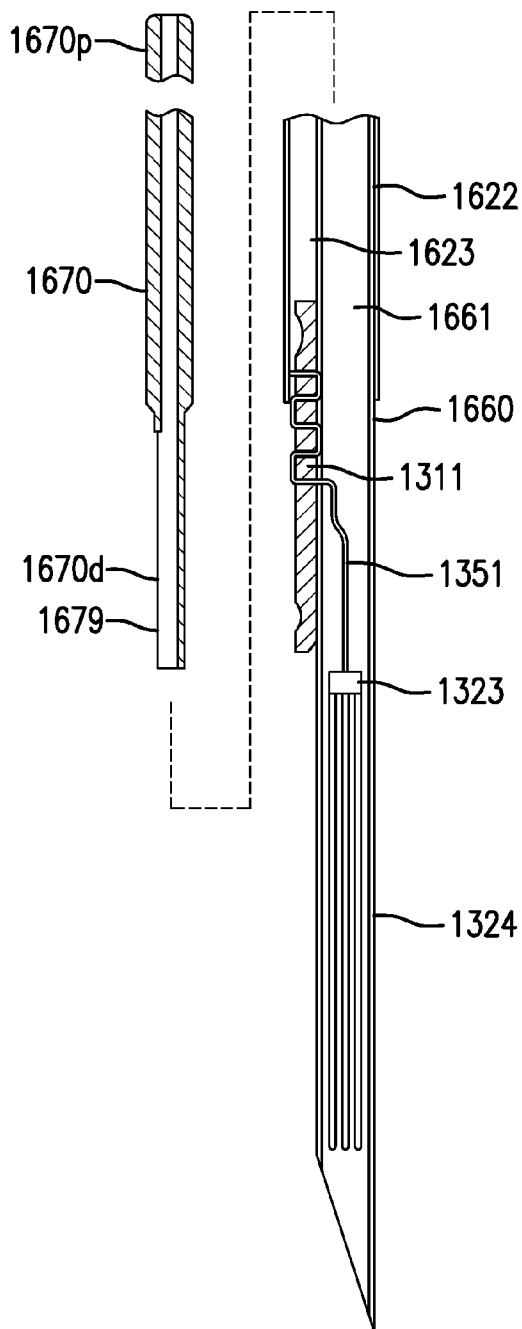


FIG. 3D

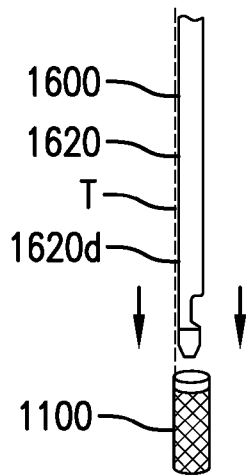


FIG. 4A

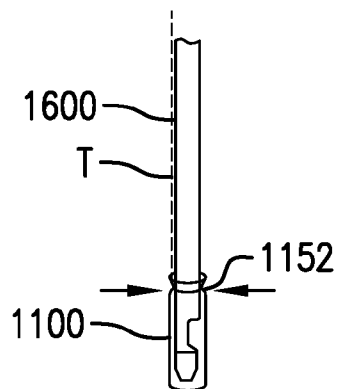


FIG. 4B

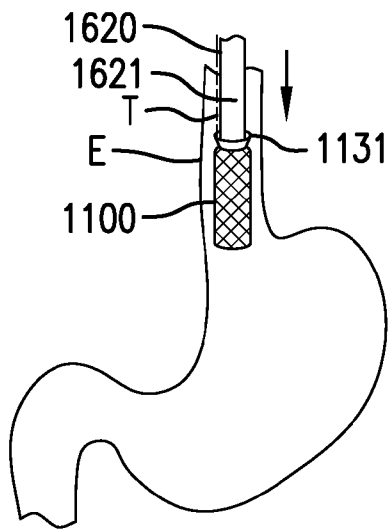


FIG. 4C

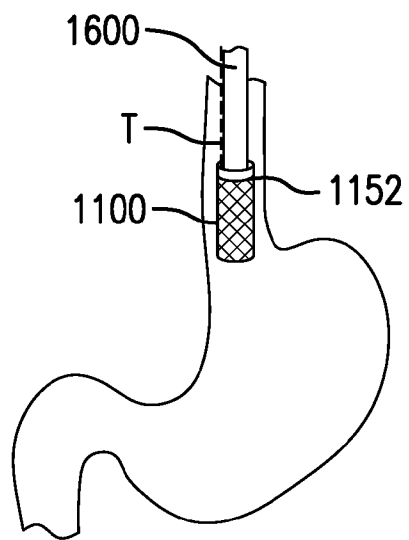


FIG. 4D

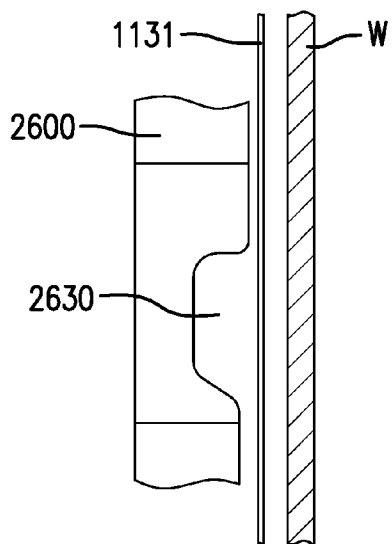


FIG. 4E

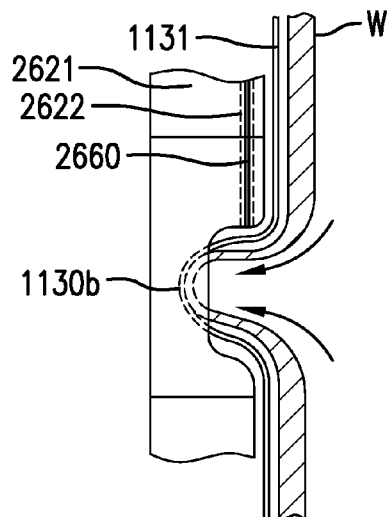


FIG. 4F

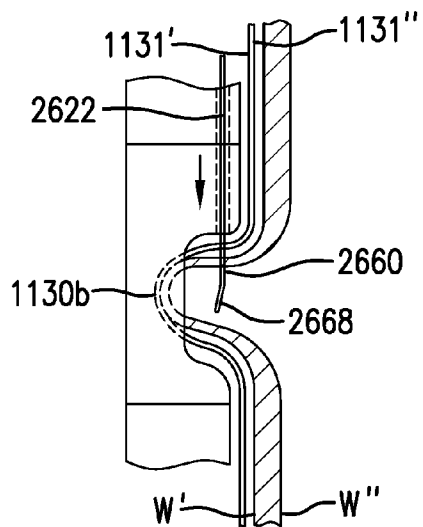


FIG. 4G

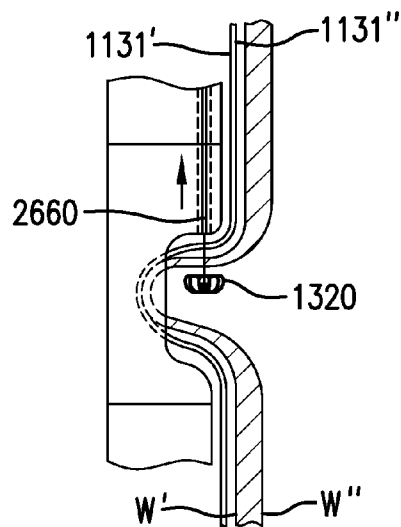


FIG. 4H

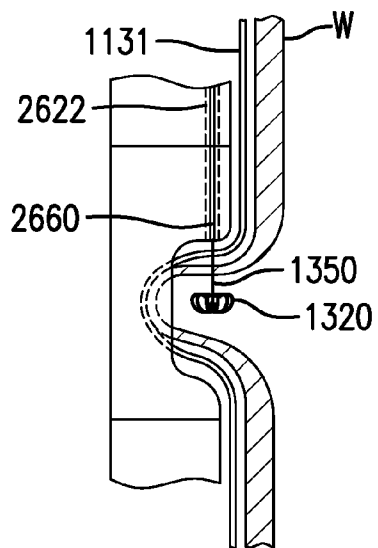


FIG. 4I

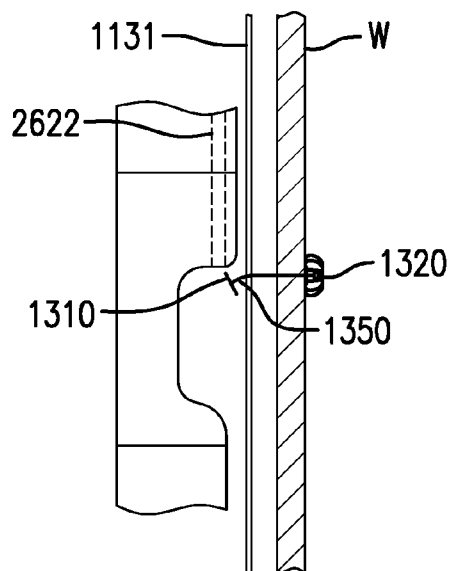


FIG. 4J

ESOPHAGEAL STENTS

DESCRIPTION

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application claims the benefit of U.S. provisional application Nos. 62/073,927, filed Oct. 31, 2014, and 62/147,588, filed Apr. 15, 2015. These applications are hereby incorporated by reference in their entireties.

BACKGROUND

[0002] Esophageal stents are used to treat strictures and malignancies in the esophagus. Esophageal stents are also used to treat fistulas, perforations, and leaks in the esophagus.

[0003] An esophageal stent may be held in place by its own outward bias. However, the esophageal stent may migrate out of position, or migrate completely out of the esophagus. An esophageal stent may be held in place by tissue ingrowth portions which allow the esophageal wall to grow into the esophageal stent. However, the esophageal stent subsequently becomes difficult to remove or reposition.

[0004] What is needed is an esophageal stent which reduces the likelihood of migrating out of position. What is needed is an esophageal stent which reduces the likelihood of migrating out of position, and also allows subsequent removal or repositioning.

SUMMARY

[0005] Luminal devices are described. In one embodiment, a luminal device includes an esophageal stent and an anchoring membrane coupled to the esophageal stent. The anchoring membrane may be configured to be coupled to an esophageal wall with a tissue anchor placed through the anchoring membrane. The anchoring membrane may be configured to be pierced to allow the tissue anchor to be placed through the anchoring membrane.

[0006] Methods for attaching a luminal device to the esophageal wall are described. In one embodiment, a method may include forming a bulge in an anchoring membrane of the luminal device and the esophageal wall, piercing the bulge from a first side of the anchoring membrane and a first side of the esophageal wall, placing a second retention element of a tissue anchor on a second side of the esophageal wall; and placing a tension element of the tissue anchor through the anchoring membrane and the esophageal wall. The tension element may be coupled to the second retention element. The method may further include placing a first retention element on the first side of the anchoring membrane. The first retention element may be coupled to the tension element.

BRIEF DESCRIPTION OF THE DRAWINGS

[0007] FIG. 1A shows one embodiment of luminal device 1100. FIG. 1B shows another embodiment of luminal device 1100.

[0008] FIGS. 2A-2C shows two embodiments of a tissue anchor 1300.

[0009] FIGS. 3A-3D show one embodiment of an anchor delivery device 1600.

[0010] FIGS. 4A-4J show one embodiment of a method for delivering a luminal device.

[0011] FIG. 1A shows one embodiment of a luminal device 1100. FIG. 1B shows another embodiment of luminal device 1100.

[0012] Luminal device 1100 may be configured to treat strictures, malignancies, fistulas, perforations, and leaks in the esophagus.

[0013] Luminal device 1100 may include an esophageal stent 1120.

[0014] Esophageal stent 1120 may be configured to be placed at least partially in the esophagus. Esophageal stent 1120 may be placed against the esophageal wall. Esophageal stent 1120 may be configured to be placed through a stricture or malignancy in the esophagus. Esophageal stent 1120 may be configured to keep the esophagus at least partially open through a stricture or malignancy in the esophagus. Esophageal stent 1120 may be configured to be placed against a fistula, perforation, or leak in the esophageal wall. Esophageal stent 1120 may be configured to reduce leakage from a fistula, perforation, or leak in the esophageal wall.

[0015] Esophageal stent 1120 may include a scaffold 1125. Scaffold 1125 may include a proximal portion 1125_p, a middle portion 1125_m, and a distal portion 1125_d.

[0016] Scaffold 1125 may be configured to have an outward bias. Scaffold 1125 may be configured to have an outward bias sufficient to keep the esophagus at least partially open through a stricture or malignancy in the esophagus. Scaffold 1125 may have an outward bias sufficient to keep the esophagus at least 10% open through the stricture or malignancy in the esophagus.

[0017] Scaffold 1125 may have a width that is constant. Scaffold 1125 may have a width greater at proximal portion 1125_p and/or distal portion 1125_d.

[0018] Scaffold 1125 may include a braid 1126. Braid 1126 may be made of plastic, metal, or other suitable material. Braid 1126 may have uniform or varying opening sizes. Scaffold 1125 may include a stent, a mesh, or other suitable structure.

[0019] Esophageal stent 1120 may include a liner 1121. Liner 1121 may be coupled to scaffold 1125. Liner 1121 may include two or more layers that sandwich scaffold 1125, such as by blow molding. Liner 1121 may include a coating formed on scaffold 1125, such as by dip coating.

[0020] Liner 1121 may be configured to line the esophagus. Liner 1121 may be configured to be placed against a fistula, perforation, or leak in the esophageal wall. Liner 1121 may be configured to reduce leakage from a fistula, perforation, or leak in the esophageal wall.

[0021] Liner 1121 may be made of silicone, polyethylene, polypropylene, a polyurethane such as PELLETHANE, or other suitable material.

[0022] Luminal device 1100 includes an anchor attachment element 1130.

[0023] Anchor attachment element 1130 may include at least one anchoring membrane 1131. Anchoring membrane 1131 may include a first side 1131' and a second side 1131". Anchoring membrane 1131 is coupled to esophageal stent 1120. Anchoring membrane 1131 may be coupled to proximal portion 1125_p, middle portion 1125_m, distal portion 1125_d, or any part of scaffold 1125. Anchoring membrane 1131 may interrupt scaffold 1125 and/or liner 1121.

[0024] Anchoring membrane 1131 may be configured to be placed in the esophagus. Anchoring membrane 1131 may be configured to be placed next to a wall of the esophagus.

Anchoring membrane **1131** may be configured to be attached to a tissue anchor. Anchoring membrane **1131** may be configured to be attached to the wall of the esophagus with a tissue anchor placed through anchoring membrane **1131**. Anchoring membrane **1131** may be configured to be pierced to allow a tissue anchor to be placed through anchoring membrane **1131** and attach anchoring membrane **1131** to the wall of the esophagus. Anchoring membrane **1131** may be configured to retain a tissue anchor placed through anchoring membrane **1131**. Anchoring membrane **1131** may be sufficiently strong to prevent a tissue anchor placed through anchoring membrane from pulling through and/or tearing anchoring membrane **1131**.

[0025] Anchoring membrane **1131** may be configured to be collapsible. Anchoring membrane **1131** may be configured to be pulled or collapsed with a vacuum applied to first side **1131'** of anchoring membrane **1131**. Anchoring membrane **1131** may be configured to be pulled or collapsed with a grasper or hook from first side **1131'** of anchoring membrane **1131**. Anchoring membrane **1131** may be configured to be pulled or collapsed toward first side **1131'** of anchoring membrane **1131**.

[0026] Anchoring membrane **1131** may be flexible. Anchoring membrane **1131** may be stretchable and recover without permanent set.

[0027] Anchoring membrane **1131** may include one or more layers. Anchoring membrane **1131** may be made of silicone, polyethylene, polypropylene, a polyurethane such as PELLETHANE, or other suitable material.

[0028] Anchoring membrane **1131** may include one or more perforations **1132** formed in anchoring membrane **1131**.

[0029] Perforations **1132** may be configured to allow at least a portion of a vacuum applied to one side of anchoring membrane **1131** to reach through anchoring membrane **1131**. Perforations **1132** may be configured to allow at least a portion of a vacuum applied to anchoring membrane **1131** to reach a tissue wall placed next to anchoring membrane **1131**. Perforations **1132** may be configured to allow at least a portion of a vacuum applied to first side **1131'** of anchoring membrane **1131** to reach a tissue wall placed next to second side **1131''** of anchoring membrane **1131**.

[0030] Perforations **1132** may include any one or any combination of holes, slits, and other openings of any suitable shape and size.

[0031] Anchoring membrane **1131** may include one or more pulls **1133**. Pulls **1133** may be coupled to anchoring membrane **1131** and/or reinforcement structure **1135**. Pulls **1133** may extend from first side **1131'** of anchoring membrane **1131**.

[0032] Pulls **1133** may be configured to allow anchoring membrane **1131** to be pulled or collapsed. Pulls **1133** may be configured to allow anchoring membrane **1131** to be pulled or collapsed toward first side **1131'** of anchoring membrane **1131**.

[0033] Pulls **1133** may include any one or any combination of loops, tabs, and other suitable structures. Pulls **1133** may be made of a biodegradable material.

[0034] Anchoring membrane **1131** may include one or more creases **1134**. Creases **1134** may be formed by scoring anchoring membrane **1131** and/or forming thinner portions of anchoring membrane **1131**. Creases **1134** may be configured to allow anchoring membrane **1131** to collapse along creases

1134. Creases **1134** may allow anchoring membrane **1131** to be more easily and/or predictably pulled or collapsed.

[0035] Anchor attachment element **1130** may include a reinforcement structure **1135**. Reinforcement structure **1135** may be coupled to anchoring membrane **1131**.

[0036] Reinforcement structure **1135** may be configured to reinforce anchoring membrane **1131**. Reinforcement structure **1135** may be configured to retain a tissue anchor placed through reinforcement structure **1135**. Reinforcement structure **1135** may be configured to reduce the likelihood of a tissue anchor placed through anchoring membrane **1131** pulling through and/or tearing anchoring membrane **1131**.

[0037] Reinforcement structure **1135** may include a braid **1136**. Braid **1136** may have uniform or varying opening sizes. Braid **1136** may be made of plastic, metal, or other suitable material. Reinforcement structure **1135** may include a stent, mesh, or other suitable structure.

[0038] Reinforcement structure **1135** may be coupled between two layers of anchoring membrane **1131**. Reinforcement structure **1135** may be coupled between two layers of anchoring membrane **1131** blow molded to sandwich reinforcement structure **1135**. Reinforcement structure **1135** may provide a substrate on which at least a portion of anchoring membrane **1131** is formed, such as by dip coating, spray coating, or other suitable methods.

[0039] Reinforcement structure **1135** may include one or more creases **1137**. Creases **1137** may be formed by scoring reinforcement structure **1135** and/or forming thinner portions of reinforcement structure **1135**. Creases **1137** may be configured to allow reinforcement structure **1135** to collapse along creases **1137**. Creases **1137** may allow reinforcement structure **1135** to be more easily and/or predictably pulled or collapsed.

[0040] Liner **1121** and anchoring membrane **1131** may have the same or different properties. Liner **1121** and anchoring membrane **1131** may be made of the same or different materials and/or thicknesses.

[0041] Scaffold **1125** and reinforcement structure **1135** may have the same or different properties. Scaffold **1125** and reinforcement structure **1135** may be made of the same or different materials and/or thicknesses. Scaffold **1125** may overlap with reinforcement structure **1135**.

[0042] Any combination of liner **1121**, anchoring membrane **1131**, scaffold **1125**, and reinforcement structure **1135** may be formed as one or more pieces. For example, anchoring membrane **1131** and reinforcement structure **1135** may be formed as a single piece.

[0043] Esophageal stent **1120** and anchoring membrane **1131** may have the same or different widths.

[0044] Esophageal stent **1120** may have a length of approximately 20 mm to 150 mm. Anchoring membrane **1131** may have a length of approximately 10 mm to 40 mm. Esophageal stent **1120** and anchoring membrane **1131** may have widths of approximately 15 mm to 35mm.

[0045] Luminal device **1100** may include one or more drawstrings **1152**. Drawstrings **1152** may be coupled to esophageal stent **1120** and/or anchoring membrane **1131**. Drawstrings **1152** may be at least partially coupled around esophageal stent **1120** and/or anchoring membrane **1131**. Drawstrings **1152** may be configured to reduce a width of esophageal stent **1120** and/or anchoring membrane **1131** for delivery and/or removal of luminal device **1100**. Drawstrings **1152** may be removable or non-removable. One or more

drawstrings **1152** may include a loose portion forming a loop **1152'** which may facilitate grasping drawstring **1152**.

[0046] Luminal device **1100** may include at least one stiffening member **1154**. Stiffening member **1154** may be coupled along at least a portion of a length of luminal device **1100**. Stiffening member **1154** may be configured to reduce the likelihood of esophageal stent **1120** and/or anchoring membrane **1131** inverting. Stiffening member **1154** may be bonded to esophageal stent **1120** and/or anchoring membrane **1131**. Stiffening member **1154** may be elongate. Stiffening member **1154** may be made of metal, plastic, or other suitable material. Stiffening member **1154** may be radiopaque.

[0047] Luminal device **1100** may include one or more radiopaque markers **1156**. Radiopaque markers **1156** may be coupled to esophageal stent **1120** and/or anchoring membrane **1131**. Radiopaque markers **1156** may be configured to facilitate delivery of luminal device **1100**.

[0048] Luminal device **1100** may include one or more tissue ingrowth elements **1180**. Tissue ingrowth elements **1180** may be configured to allow the esophageal wall to grow into esophageal stent **1120** and/or anchoring membrane **1131**.

[0049] Tissue ingrowth elements **1180** may include one or more holes **1181** formed in esophageal stent **1120** and/or anchoring membrane **1131**. Holes **1181** may be configured to allow tissue ingrowth. Tissue ingrowth elements **1180** may include exposed portions of scaffold **1125**. Tissue ingrowth elements **1180** may include exposed portions of reinforcement structure **1135**.

[0050] Luminal device **1100** may include a tissue anchor **1300**. Luminal device **1100** may include any of the tissue anchors described in U.S. patent application nos. VALENTX 028A1 and VALENTX 028A2, filed Oct. 31, 2015, and U.S. patent application publication nos. 2009/0012541 and 2015/0018745, each of which are incorporated by reference.

[0051] FIGS. 2A-2C show embodiments of a tissue anchor **1300**. FIGS. 2A-2B show perspective and side views, respectively, of one embodiment of tissue anchor **1300**. FIG. 2C shows another embodiment of tissue anchor **1300**.

[0052] Tissue anchor **1300** may be configured to attach a device to a tissue wall. Tissue anchor **1300** may be configured to attach a luminal device to the esophageal wall.

[0053] Tissue anchor **1300** may include a first retention element **1310**. First retention element **1310** may be configured to be placed on a first side of an anchoring membrane of a luminal device. First retention element **1310** may be configured to be placed on a proximal side of an anchoring membrane of a luminal device.

[0054] First retention element **1310** may include a T-tag **1311**. T-tag **1311** may include a longitudinal cylindrical segment, such as one-third or one-fourth of a cylindrical tube cut lengthwise. T-tag **1311** may be configured to fit between the outside of a delivery needle and an inside of a catheter lumen. T-tag **1311** may be configured to fit in a gap between a delivery needle and a catheter lumen. T-tag **1311** may include a pull **1312** to facilitate removal. First retention element **1310** may include a button or other suitable device.

[0055] Tissue anchor **1300** includes a second retention element **1320**. Second retention element **1320** may be configured to be placed on a second side of a tissue wall. Second retention element **1320** may be configured to be placed on a distal side of a tissue wall.

[0056] Second retention element **1320** may include a hub **1323**. Hub **1323** may include a proximal portion **1323p**, a distal portion **1323d**, and a longitudinal axis **1323a**.

[0057] Second retention element **1320** may include one or more petals **1324**. Petals **1324** may be coupled to hub **1323**. Petals **1324** may extend from distal portion **1323d** of hub **1323**. Petals **1324** may be configured to be collapsed inside a delivery needle. Petals **1324** may be coupled to hub **1323** by being at least partially inserted into opening **1324**. Petals **1324** may be coupled to hub **1323** with any one or any combination of an adhesive, solder, weld, compression fit, and other suitable methods. Petals **1324** may be formed of lengths of wire. Hub **1323** and petals **1324** may be formed as one or more pieces.

[0058] Petals **1324** may include a contact portion **1325**. Contact portion **1325** may be configured to be substantially perpendicular to longitudinal axis **1323a** of hub **1323**. Contact portion **1325** may be configured to be proximal to proximal portion **1323p** of hub **1323**.

[0059] Alternatively, second retention element **1320** may include a T-tag **1321**, as shown in FIG. 2C. T-tag **1321** may be configured to be loaded in a delivery needle. Second retention element **1320** may include any of the retention elements described in U.S. patent application nos. VALENTX 028A1 and VALENTX 028A2, filed Oct. 31, 2015, and U.S. patent application publication nos. 2009/0012541 and 2015/0018745, each of which are incorporated by reference.

[0060] Tissue anchor **1300** includes a tension element **1350**. Tension element **1350** may be configured to couple first retention element **1310** and second retention element **1320**. Tension element **1350** may be configured to be placed through an anchoring membrane and a tissue wall.

[0061] Tension element **1350** may include a suture **1351**. Suture **1351** may have a proximal portion **1351p** and a distal portion **1351d**. Proximal portion **1351p** of suture **1351** may be coupled to first retention element **1310**. Proximal portion **1351p** of suture **1351** may be coupled to T-tag **1311**, such as with an adhesive and/or a knot. Distal portion **1351d** of suture **1351** may be coupled to second retention element **1320**. Distal portion **1351d** of suture **1351** may be coupled to hub **1323** of second retention element **1320**. Tension element **1350** may include a wire, a stent, or other suitable device. Tension element **1350** may be made of a polymer or other suitable material.

[0062] Alternatively, tissue anchor **1300** may include no first retention element **1310**, and proximal portion **1351p** of suture **1351** may be coupled to a luminal device.

[0063] FIGS. 3A-3D show one embodiment of an anchor delivery device **1600**. FIG. 3A shows a perspective view of anchor delivery device **1600**. FIG. 3B shows an enlarged view of an anchoring cavity **1630** of anchor delivery device **1600**. FIG. 3C shows an enlarged view of a delivery needle **1660**. FIG. 3D shows a cross-sectional view of delivery needle **1660**. FIGS. 3C-3D show delivery needle **1660** loaded with a tissue anchor **1300**. FIGS. 3C-3D show delivery needle **1660** advanced out of a secondary lumen **1622** of a catheter **1620**.

[0064] Anchor delivery device **1600** may be configured to place tissue anchors through a device and a tissue wall. Anchor delivery device **1600** may be configured to place tissue anchors through an esophageal stent and an esophageal wall.

[0065] Anchor delivery device **1600** may include a catheter **1620**. Catheter **1620** may include a proximal portion **1620p**, a distal portion **1620d**, and a longitudinal axis **1620a**.

[0066] Catheter **1620** may include a primary lumen **1621**. Primary lumen **1621** may be configured to accommodate an endoscope or other instrument.

[0067] Catheter 1620 may include at least one secondary lumen 1622. Secondary lumen 1622 may be formed in a wall of catheter 1620. Secondary lumen 1622 may include a proximal portion 1622*p* and a distal portion 1622*d*. Secondary lumen 1622 may be configured to accommodate a delivery needle.

[0068] Distal portion 1622*d* of secondary lumen 1622 may be angled and/or curved inward toward longitudinal axis 1620*a* of catheter 1620. Distal portion 1622*d* of secondary lumen 1622 may be angled and/or curved inward toward longitudinal axis 1620*a* from approximately 0 degrees to 10 degrees.

[0069] Catheter 1620 may have a width of approximately 10 mm to 20 mm.

[0070] Anchor delivery device 1600 may include an anchoring cavity 1630 formed in catheter 1620. Anchoring cavity 1630 may include a proximal side 1630*p* and a distal side 1630*d*. Anchoring cavity 1630 may be at or near distal portion 1620*d* of catheter 1620. Anchoring cavity 1630 may be proximal to tip 1626. Anchoring cavity 1630 may be in communication with primary lumen 1621 and secondary lumen 1622.

[0071] Anchoring cavity 1630 may be configured to draw in a portion of an anchoring membrane. Anchoring cavity 1630 may be configured to draw in a portion of an anchoring membrane and a tissue wall.

[0072] Anchoring cavity 1630 may cut completely through distal portion 1622*d* of secondary lumen 1622. Distal portion 1622*d* of secondary lumen 1622 may be positioned at a proximal side 1630*p* of anchoring cavity 1630.

[0073] Anchoring cavity 1630 may have a length of approximately 10 mm to 40 mm. Anchoring cavity 1630 may have a width of approximately 10 mm to 20 mm.

[0074] Anchor delivery device 1600 may include a delivery needle 1660. Delivery needle 1660 may include a proximal portion 1660*p* and a distal portion 1660*d*. Delivery needle 1660 may be slidably disposed within secondary lumen 1622. Delivery needle 1660 may be configured to be advanced out of and withdrawn into secondary lumen 1622.

[0075] Delivery needle 1660 may include a needle lumen 1661. Needle lumen 1661 may be configured to be loaded with a second retention element of a tissue anchor in a collapsed or delivery configuration. Needle lumen 1661 may also be configured to be loaded with a first retention element and/or a second retention element of a tissue anchor in a collapsed or delivery configuration. Needle lumen 1661 may also be configured to be loaded with a therapeutic agent. Therapeutic agent may include any one or any combination of a phospholipid gel, hyaluronic acid, and other agents.

[0076] Delivery needle 1660 may include a tip 1668. Tip 1668 may be coupled to distal portion 1660*d* of delivery needle 1660. Tip 1668 may be configured to pierce an anchoring membrane. Tip 1668 may be configured to pierce a tissue wall. Tip 1668 may be sharp.

[0077] Delivery needle 1660 may include a slot 1669. Slot 1669 may be formed longitudinally at distal portion 1660*d* of delivery needle 1660. Slot 1669 may be configured to allow a tension element of a tissue anchor to pass through so that a second retention element of a tissue anchor may be loaded inside of needle lumen 1661 and a first retention element of a tissue element may be loaded outside of needle lumen 1661.

[0078] Distal portion 1660*d* of delivery needle 1660 may be angled and/or curved inward toward longitudinal axis 1620*a* of catheter 1620. Distal portion 1660*d* of delivery needle

1660 may be angled and/or curved inward toward longitudinal axis 1620*a* from approximately 0 degrees to 10 degrees. This may reduce the likelihood of contacting bodily parts on the other side of a tissue wall.

[0079] Delivery needle 1660 and secondary lumen 1622 may be configured to define a gap 1623 when delivery needle 1660 is slidably disposed within secondary lumen 1622. Delivery needle 1660 and secondary lumen 1622 may have sizes selected to define a gap 1623 when delivery needle 1660 is slidably disposed within secondary lumen 1622. Gap 1623 may be configured to be loaded with a proximal delivery element of a tissue anchor. Gap 1623 may be configured to be loaded with a proximal delivery element such as a T-tag that is thin and elongate. Gap 1623 may be configured to be loaded with proximal delivery element such as a T-tag such as T-tag 1311 of tissue anchor 1300.

[0080] Anchor delivery device 1600 may include a pushrod 1670. Pushrod 1670 may include a proximal portion 1670*p* and a distal portion 1670*d*. Pushrod 1670 may be slidably disposed within needle lumen 1661.

[0081] Pushrod 1670 may be configured to push a second retention element of a tissue anchor out of needle lumen 1661 of delivery needle 1660. Pushrod 1670 may be configured to push a first retention element of a tissue anchor out of needle lumen 1661.

[0082] Pushrod 1670 may include a channel 1679. Channel 1679 may be formed longitudinally at distal portion 1670*d* of pushrod 1670. Channel 1679 may be configured to allow a tension element of a tissue anchor to pass through. Channel 1679 may be aligned with slot 1669 of delivery needle 1660.

[0083] FIGS. 4A-4J show one embodiment of a method for delivering a luminal device. Although delivery of luminal device 1100 is shown as an example, the method may also be used to deliver other luminal devices and esophageal stents.

[0084] FIG. 4A shows loading luminal device 1100 onto anchor delivery device 1600. Distal portion 1620*d* of catheter 1620 is inserted into the lumen of luminal device 1100.

[0085] FIG. 4B shows coupling luminal device 1100 to anchor delivery device 1600. Drawstring 1152 may be cinched to couple luminal device 1100 to anchor delivery device 1600.

[0086] FIG. 4C shows positioning luminal device 1100 at an attachment point. Catheter 1620 is advanced into the esophagus E to position anchoring membrane 1131 of luminal device 1100 in the esophagus E. An endoscope may be used in primary lumen 1621 to guide catheter 1620. A tether T may be used to adjust the position of luminal device 1100 and/or control drawstring 1152. Tissue marks made previously by tissue marking device 1400 may be used as a guide.

[0087] FIG. 4D shows releasing luminal device 1100 from anchor delivery device 1600. Drawstring 1152 may be uncinched to release luminal device 1100 from anchor delivery device 1600.

[0088] FIG. 4E shows positioning anchoring cavity 1630 of anchor delivery device 1600 next to anchoring membrane 1131 and the tissue wall W.

[0089] FIG. 4F shows forming a bulge 1130*b* in anchoring membrane 1131 and the tissue wall W. Delivery needle 1660 is retracted completely within secondary lumen 1622. A vacuum may be applied to anchoring cavity 1630 to draw anchoring membrane 1131 and the tissue wall W into anchoring cavity 1630 to form bulge 1130*b*. The vacuum may be approximately 50 mmHg to 500 mmHg.

[0090] Alternatively, anchoring membrane 1131 and tissue wall W may be pulled into anchoring cavity 1630 by a grasper or other suitable device to form bulge 1130*b*. Alternatively, anchoring membrane 1131 and the tissue wall W may be allowed to enter anchoring cavity 1630 without assistance, such as from muscle activity of the tissue wall W, to form bulge 1130*b*.

[0091] FIG. 4G shows piercing bulge 1130*b* from first side 1131' of anchoring membrane 1131 and a first side W' of the tissue wall W. Delivery needle 1660 may be advanced a set distance out of secondary lumen 1622 of catheter 1620. Delivery needle 1660 may be advanced through bulge 1130*b* to position tip 1668 of delivery needle 1660 on a second side W'' of the tissue wall W.

[0092] Delivery needle 1660 may be advanced in a direction substantially parallel to longitudinal axis 1620*a* of catheter. Delivery needle 1660 may be advanced in a direction substantially parallel to the tissue wall W other than bulge 1130*b*. Delivery needle 1660 may be advanced in a direction approximately 0 degrees to 10 degrees from parallel toward longitudinal axis 1620*a* of catheter. Delivery needle 1660 may be advanced in a direction approximately 0 degrees to 10 degrees from parallel away from the tissue wall W other than bulge 1130*b*.

[0093] FIG. 4H shows placing second retention element 1320 of tissue anchor 1300 on a second side W'' of the tissue wall W. Delivery needle 1660 may be pulled back over pushrod 1670 to release second retention element 1320 from needle lumen 1661. Alternatively, pushrod 1670 may be advanced a set distance through delivery needle 1660 to release second retention element 1320 from needle lumen 1661. A therapeutic agent may also be released from needle lumen 1661. Second retention element 1320 expands.

[0094] FIG. 4I shows placing tension element 1350 of tissue anchor 1300 through anchoring membrane 1131 and the tissue wall W. Delivery needle 1660 and pushrod 1670 may be pulled back through the tissue wall W and pulled back through anchoring membrane 1131 to place tension element 1350 through the tissue wall W and anchoring membrane 1131.

[0095] FIG. 4J shows placing first retention element 1310 of tissue anchor 1300 on first side 1131' of anchoring membrane 1131. Bulge 1130*b* may be released. Vacuum applied to anchoring cavity 1630 may be stopped. First retention element 1310 is placed on first side 1131' of anchoring membrane 1131. First retention element 1310 may be pulled out of secondary lumen 1622 of catheter 1620 by tension element 1350.

[0096] Alternatively, delivery needle 1660 may be advanced through bulge 1130*b* at both proximal side 1630*p* and distal side 1630*d* of anchoring cavity 1630, to position tip 1668 of delivery needle 1660 back on first side 1131' of anchoring membrane 1131. Second retention element 1320 may be placed on first side 1131' of anchoring membrane 1131, tension element 1350 may be placed through anchoring membrane 1131 and the tissue wall W at two points, and first retention element 1310 may also be placed on first side 1131' of anchoring membrane 1131.

[0097] Alternatively, delivery needle 1660 may be advanced only partially through bulge 1130*b* at proximal side 1630*p* of anchoring cavity 1630. Delivery needle 1660 may be advanced through anchoring membrane 1131 and only partially through the tissue wall W, to position tip 1668 of delivery needle 1660 within the tissue wall W, such as

between layers of the tissue wall W. Second retention element 1320 may be placed within the tissue wall W, tension element 1350 may be placed through anchoring membrane 1131 and part of the thickness of tissue wall W, and first retention element 1310 may be placed on first side 1131' of anchoring membrane 1131.

[0098] Anchor delivery device 1600 may be rotated within luminal device 1100 to deliver one or more additional tissue anchors. Delivery needle 1660 may be removed from secondary lumen 1622 to be reloaded with another tissue anchor, or exchanged for another delivery needle 1660 that has already been loaded.

[0099] While the foregoing has been with reference to particular embodiments of the invention, it will be appreciated by those skilled in the art that changes in these embodiments may be made without departing from the principles and spirit of the invention.

What is claimed is:

1. A luminal device, comprising:
 - an esophageal stent; and
 - an anchoring membrane coupled to the esophageal stent, the anchoring membrane configured to be attached to an esophageal wall with a tissue anchor placed through the anchoring membrane.
2. The luminal device of claim 1, wherein the anchoring membrane is configured to be pierced to allow the tissue anchor to be placed through the anchoring membrane.
3. The luminal device of claim 1, wherein the anchoring membrane is configured to retain a tissue anchor placed through the anchoring membrane.
4. The luminal device of claim 1, further comprising:
 - a braid coupled to the anchoring membrane, the braid configured to reinforce the anchoring membrane.
5. The luminal device of claim 1, wherein the anchoring membrane is collapsible.
6. The luminal device of claim 1, further comprising:
 - one or more perforations formed in the anchoring membrane, the perforations configured to allow a vacuum to reach through the anchoring membrane.
7. The luminal device of claim 1, further comprising:
 - one or more pulls coupled to the anchoring membrane, the pulls configured to allow the anchoring membrane to be pulled.
8. The luminal device of claim 1, further comprising:
 - one or more creases formed in the anchoring membrane, the creases configured to allow the anchoring membrane to collapse along the creases.
9. A luminal device, comprising:
 - an esophageal stent; and
 - an anchor retaining means coupled to the esophageal stent, the anchor attachment means configured to be attached to a wall of an esophagus with a tissue anchor placed through the anchor retaining means.
10. The luminal device of claim 9, further comprising:
 - a reinforcement means coupled to the anchor retaining means, the reinforcement means configured to reinforce the anchor retaining means.
11. A method for attaching a luminal device to an esophageal wall, the method comprising:
 - forming a bulge in an anchoring membrane of the luminal device and the esophageal wall;
 - piercing the bulge from a first side of the anchoring membrane and a first side of the esophageal wall;

placing a second retention element of a tissue anchor on a second side of the esophageal wall; and

placing a tension element of the tissue anchor through the anchoring membrane and the esophageal wall, the tension element coupled to the second retention element.

12. The method of claim **11**, wherein forming a bulge includes drawing the anchoring membrane and the esophageal wall with a vacuum.

13. The method of claim **11**, wherein forming a bulge includes pulling the anchoring membrane and the esophageal wall with a grasper.

14. The method of claim **11**, wherein piercing the bulge includes advancing a delivery needle through the bulge to position a tip of the delivery needle on a second side of the esophageal wall.

15. The method of claim **14**, wherein advancing a delivery needle includes advancing a delivery needle in a direction between 0 degrees and 10 degrees from parallel to the esophageal wall other than the bulge.

16. The method of claim **11**, wherein placing a second retention element includes pushing the second retention element out of a lumen of the delivery needle.

17. The method of claim **16**, wherein placing a tension element includes pulling the delivery needle back through the bulge.

18. The method of claim **11**, further comprising:
placing a first retention element on the first side of the anchoring membrane, the first retention element coupled to the tension element.

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