



US 20080091141A1

(19) **United States**(12) **Patent Application Publication****Qureshi et al.**(10) **Pub. No.: US 2008/0091141 A1**(43) **Pub. Date: Apr. 17, 2008**

(54) **ANGIOPLASTY DEVICE WITH EMBOLIC
RECAPTURE MECHANISM FOR
TREATMENT OF OCCLUSIVE VASCULAR
DISEASES**

Publication Classification

(51) **Int. Cl.**
A61M 29/02 (2006.01)

(52) **U.S. Cl.** **604/96.01; 606/200**

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(57) **ABSTRACT**

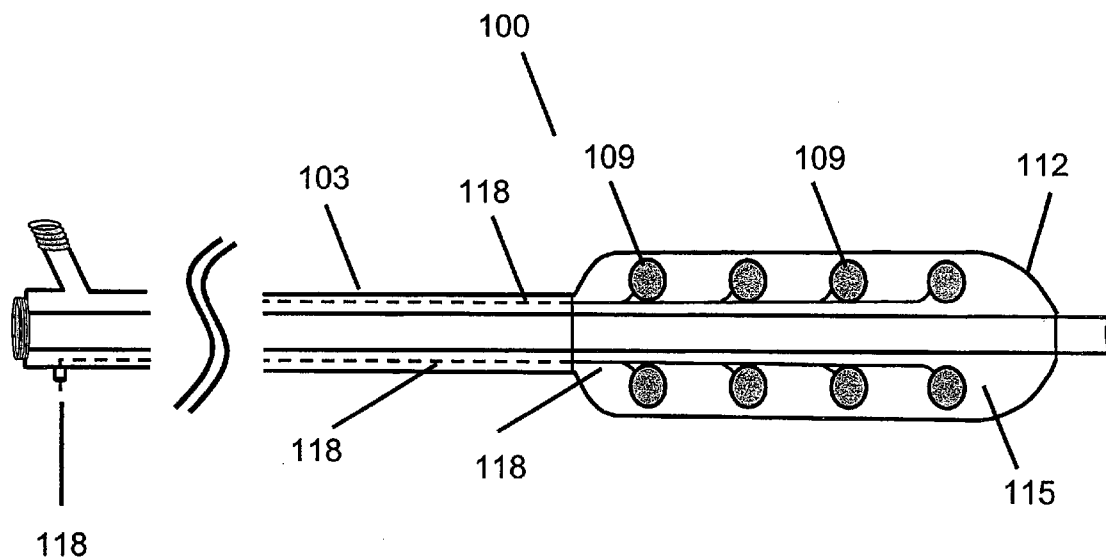
An angioplasty device with emboli pull-in mechanism is provided that includes an infusion catheter with a proximal end and a distal end. A balloon catheter having an inflatable cavity formed by an inner wall and an outer wall is disposed coaxially with the infusion catheter. The balloon catheter has a proximal end and a distal end. The distal end of the balloon catheter is sealingly attached to the infusion catheter. And the balloon catheter has at least one communicating channel disposed from the outer wall to the inner wall of the balloon catheter. A suction catheter is disposed between the balloon catheter and the infusion catheter. The suction catheter is in fluid communication with the at least one communicating channel in the balloon catheter.

(21) Appl. No.: **11/958,185**

(22) Filed: **Dec. 17, 2007**

Related U.S. Application Data

(62) Division of application No. 10/187,929, filed on Jul. 2, 2002, now Pat. No. 7,318,815.



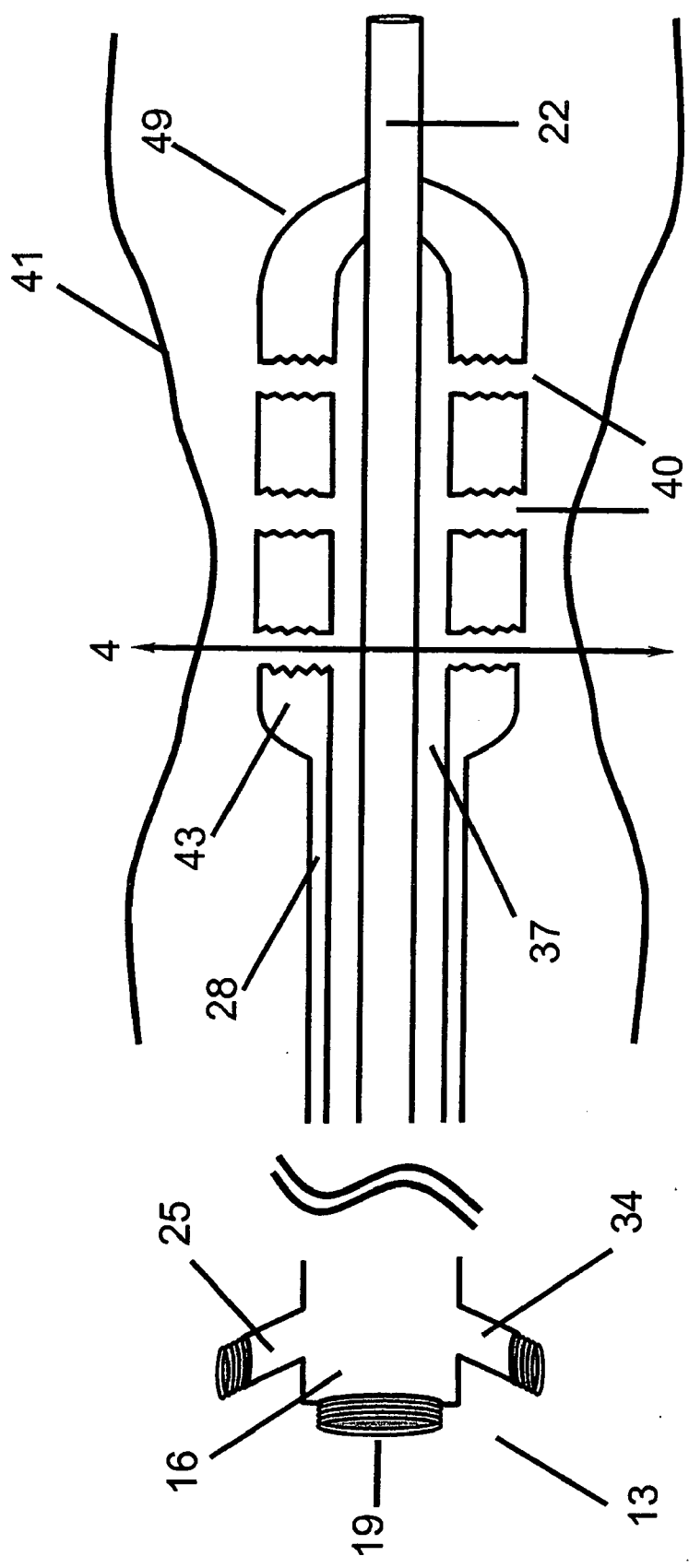


Fig. 1

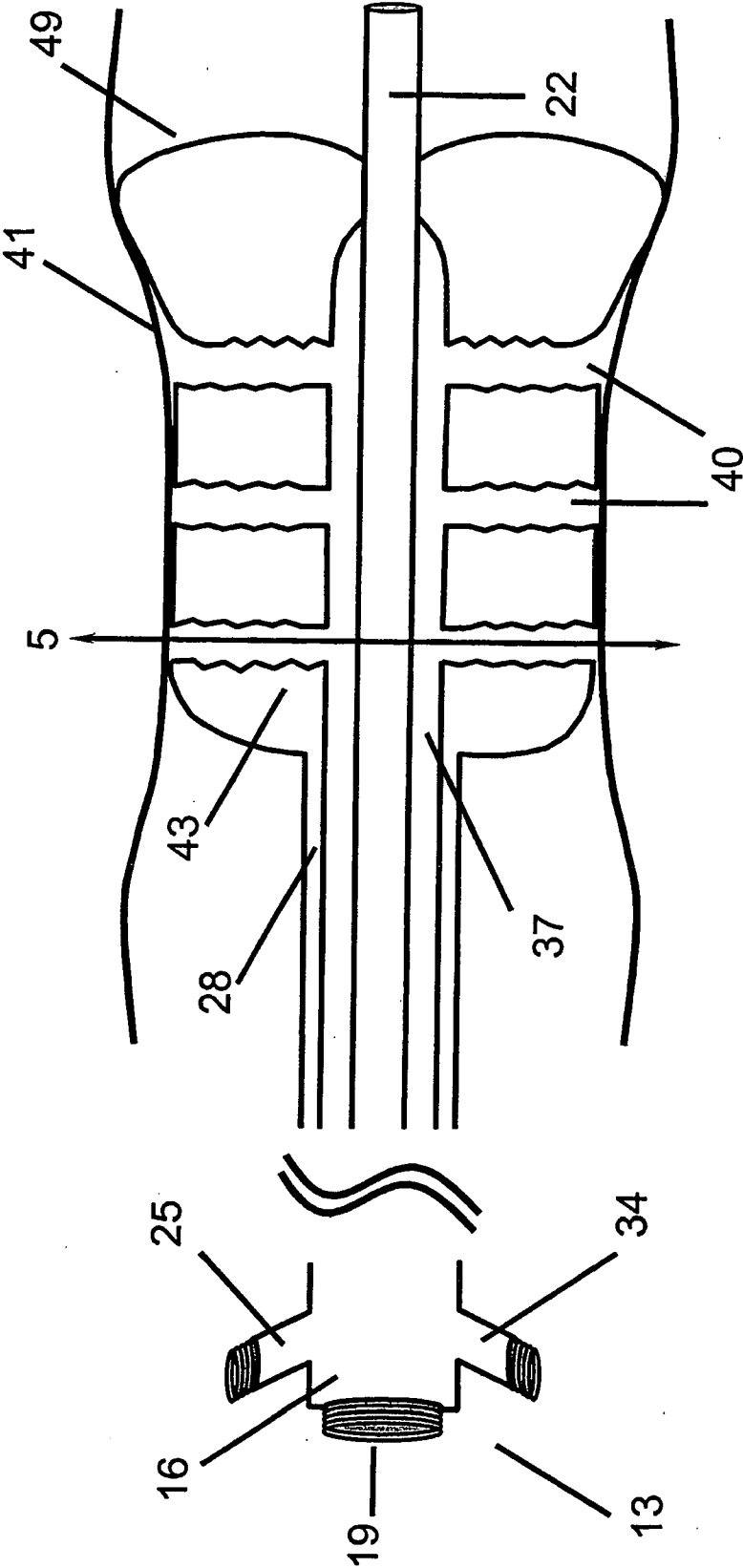


Fig. 2

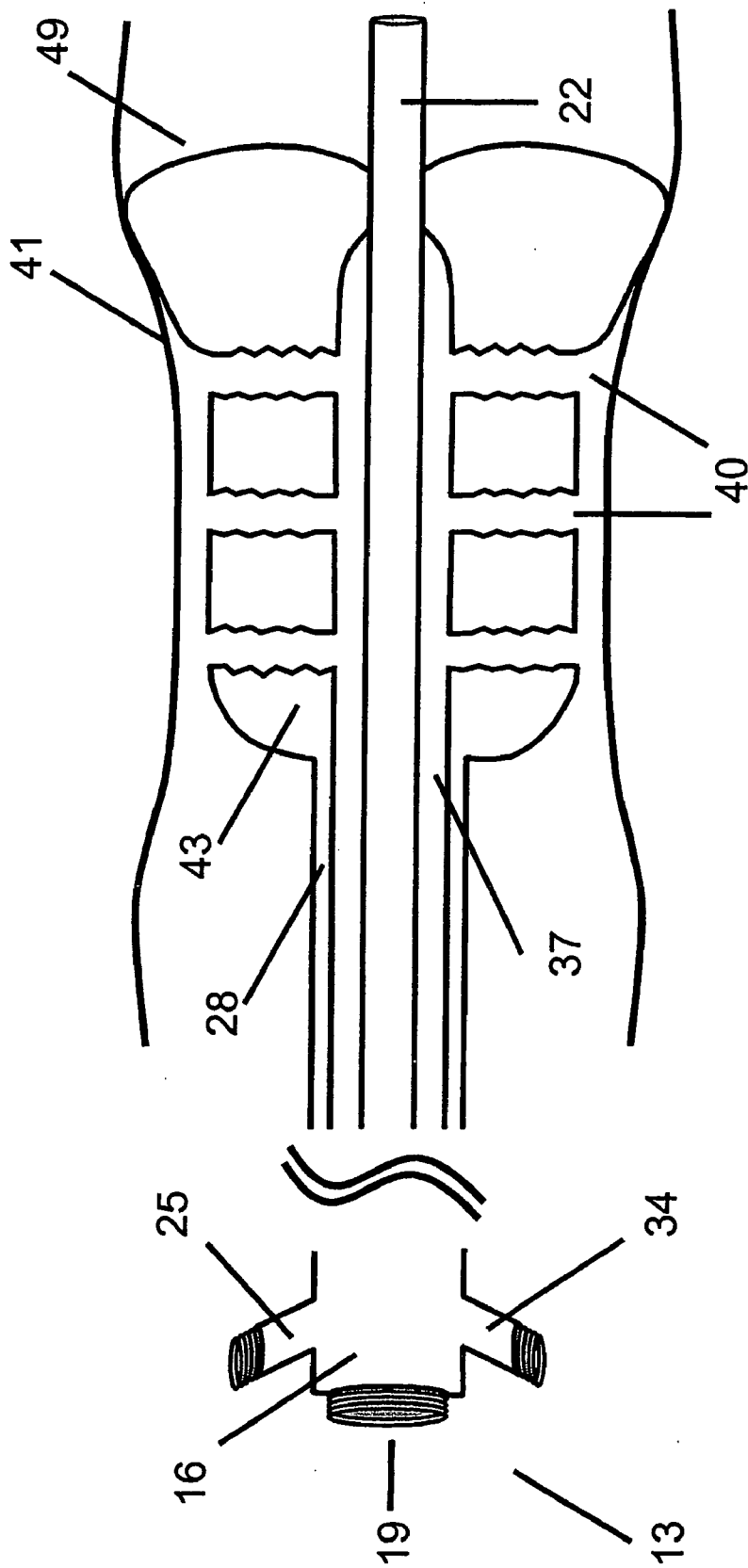


Fig. 3

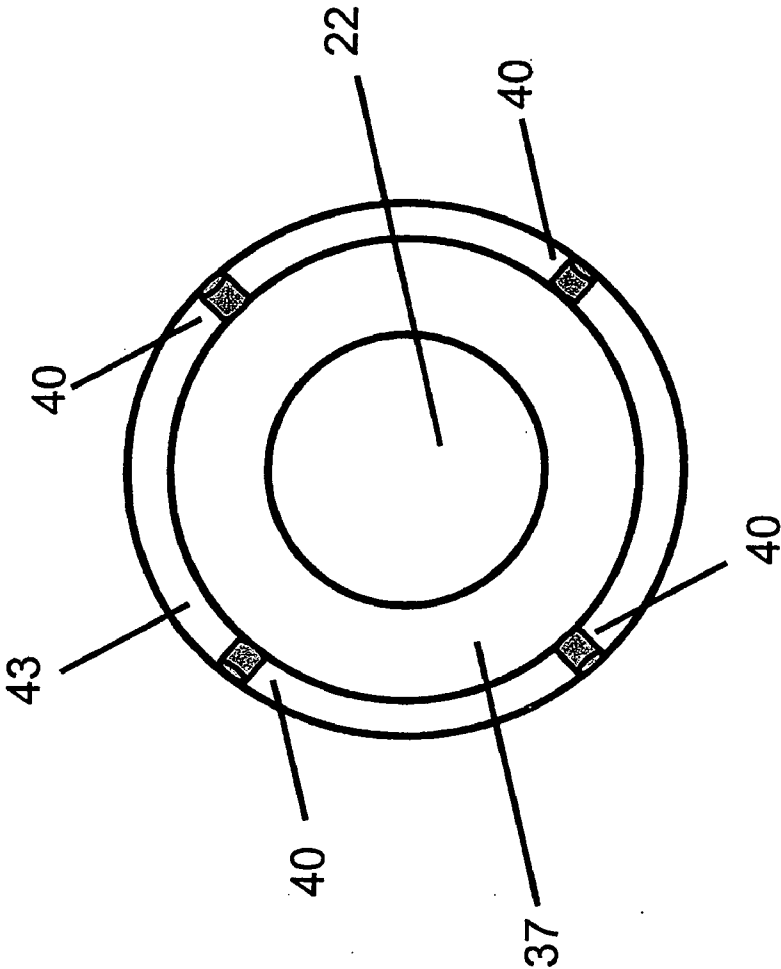


Fig. 4

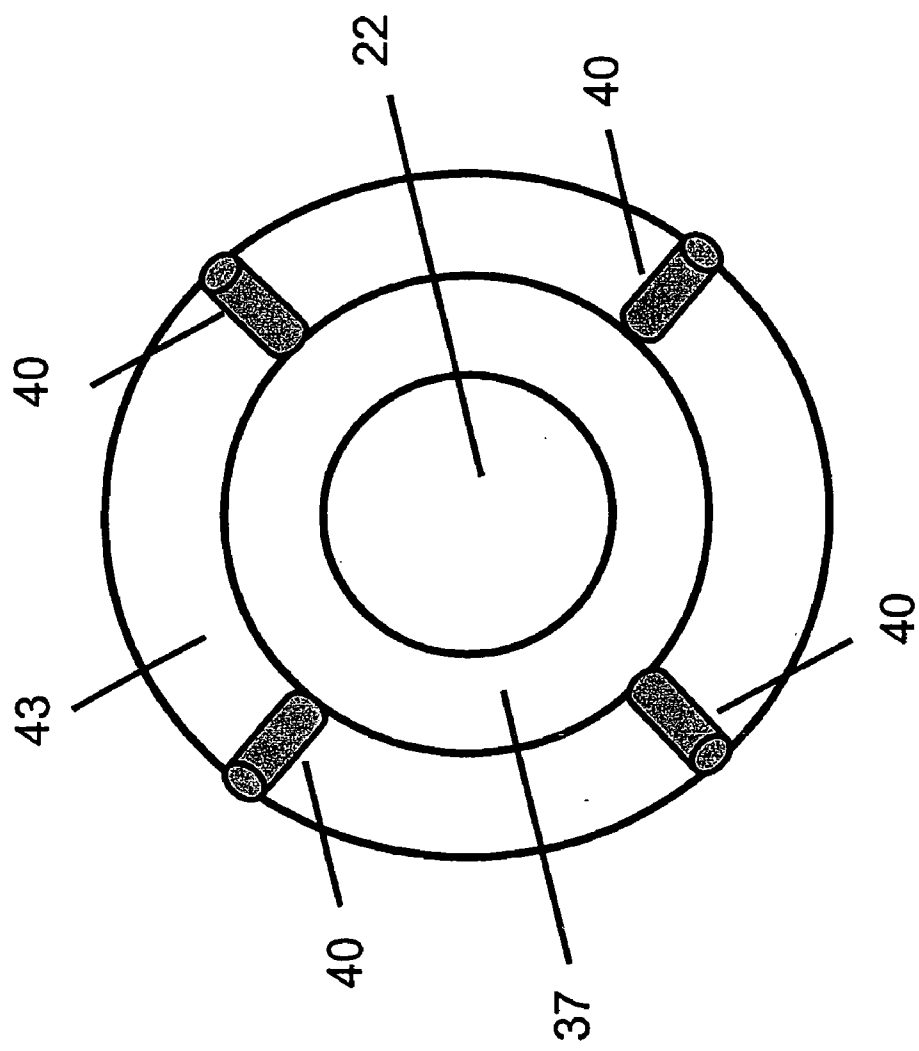


Fig. 5

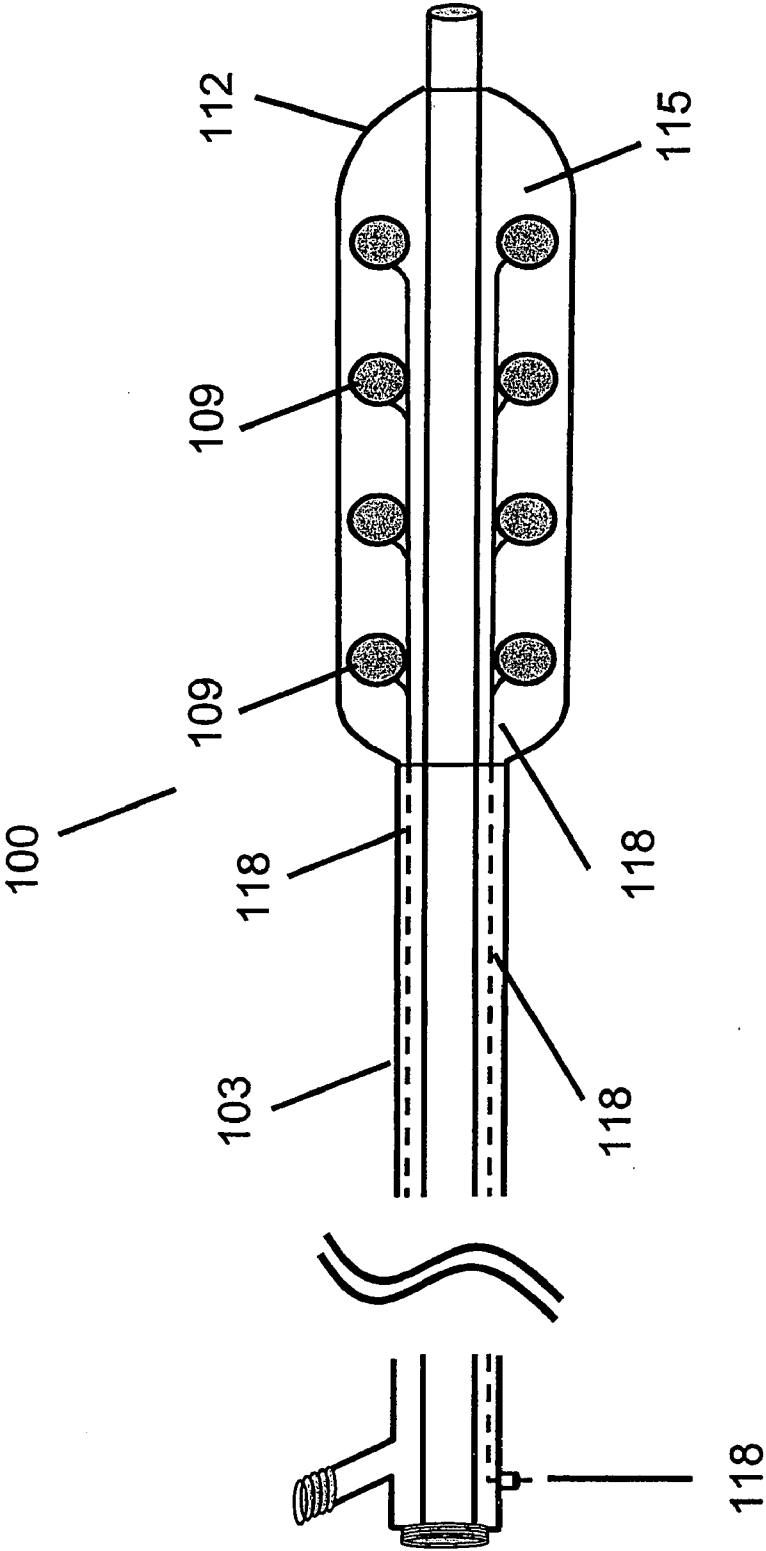


Fig. 6

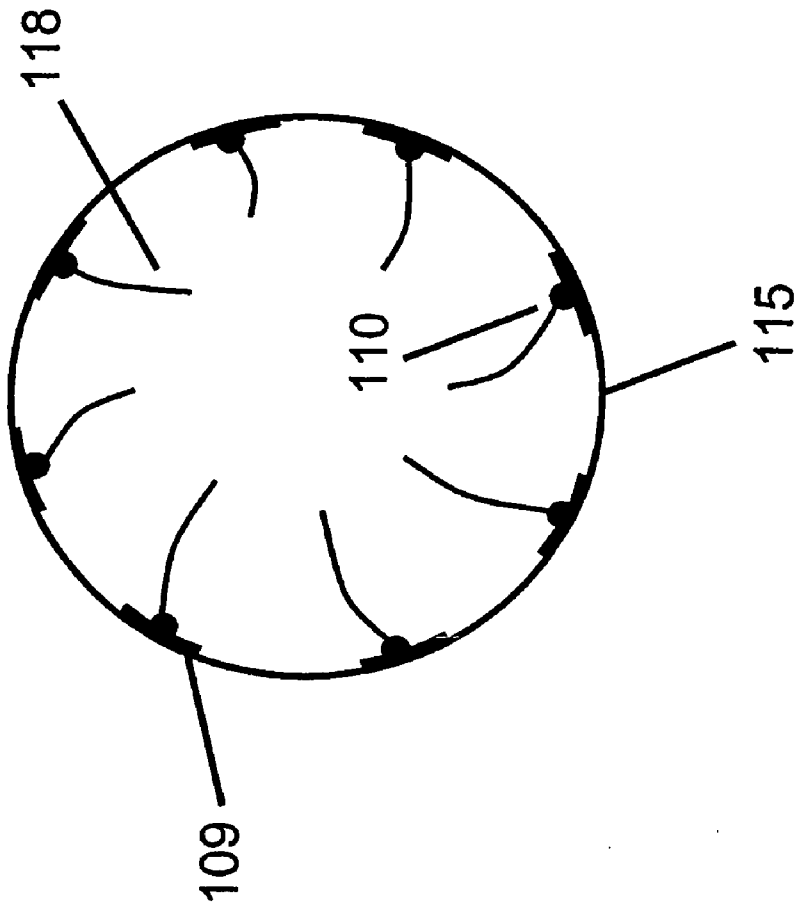


Fig. 7

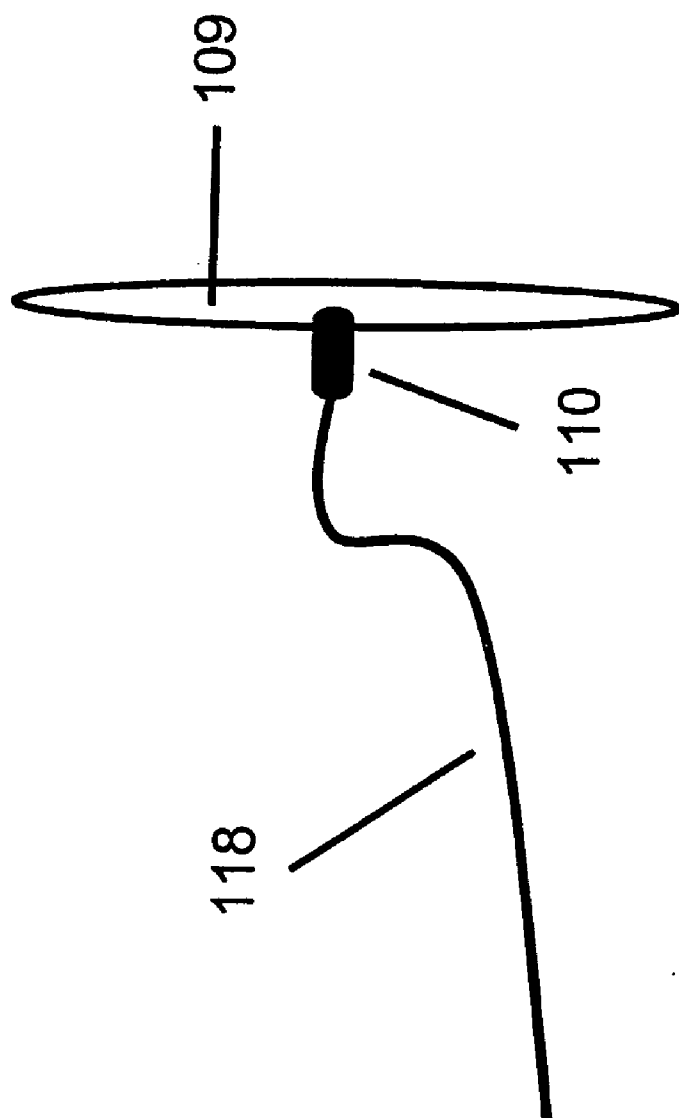


Fig. 8

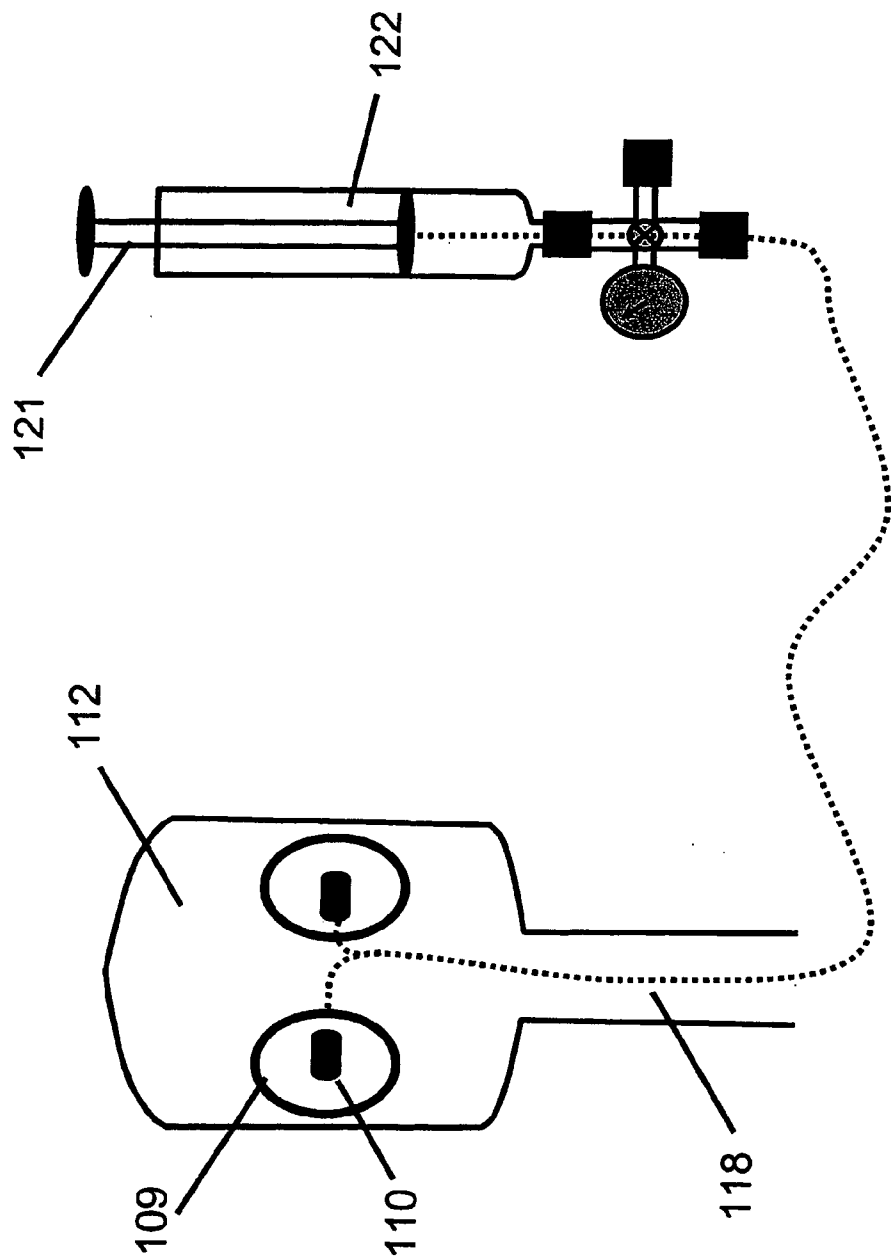


Fig. 9

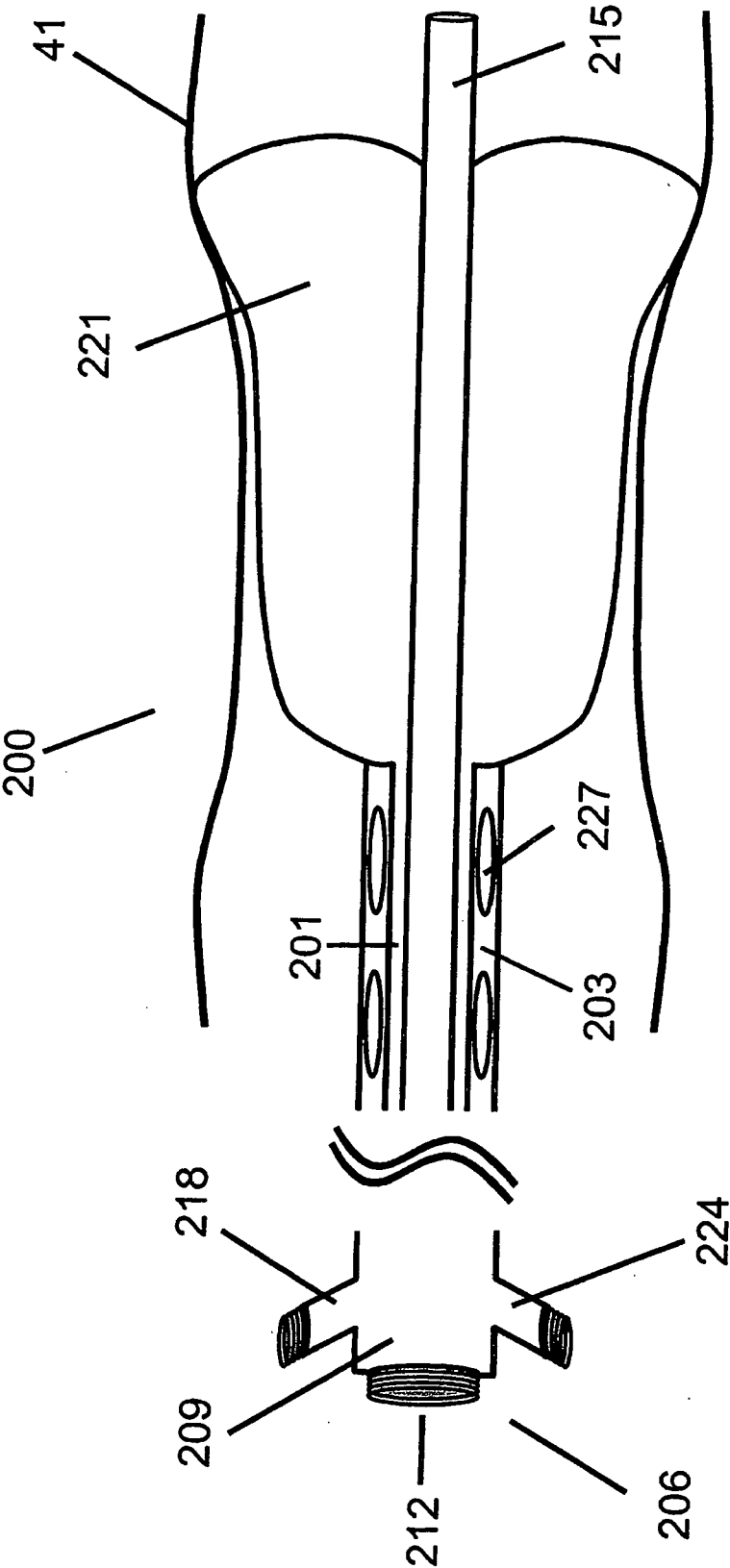


Fig. 10

ANGIOPLASTY DEVICE WITH EMBOLIC RECAPTURE MECHANISM FOR TREATMENT OF OCCLUSIVE VASCULAR DISEASES

FIELD OF INVENTION

[0001] The present invention relates to a medical device suitable for use in intravascular angioplasty.

BACKGROUND OF THE INVENTION

[0002] Release of atherosclerotic debris is the primary cause of ischemic events such as stroke or myocardial infarction during a routine intravascular angioplasty. A standard balloon inflates and deflates via the change in pressure induced by contrast material and saline. The balloon provides a radial force to the surrounding vessel wall resulting in dilation of occlusive lesions in the vessel wall. The process nevertheless releases debris from the site of angioplasty that can migrate distally with the blood flow to occlude small blood vessels resulting in catastrophic outcomes. While the balloon is completely inflated, the loosened plaque particles are compressed against the vessel wall. However, once the balloon is deflated, the plaque particles can move freely with the blood stream into the distal vasculature and embolize arteries of various sizes. Plaque particles of 100 micron or larger can occlude small and medium size vessels. Conventional angioplasty balloons cannot provide protection against debris generated during an angioplasty procedure. In recent years, the use of an embolic protection device is suggested to capture embolic debris during angioplasty. Distal protection devices, such as filters, are under investigation to be placed distal to site of occlusion to block the passage of particles. Different devices are introduced to the market with various degrees of success in capturing plaque particles. However, the use of new embolic protection devices requires insertion and position of the device into the artery distal to the angioplasty site. In many cases the lumen of the artery at the atherosclerotic site is reduced to a point that passage of any extra device is difficult. Furthermore, tortuosity and angulation of the distal vessels prevent successful placement of protection devices. What is needed is a balloon that can perform angioplasty and at the same time prevent the release of embolic debris.

SUMMARY OF THE INVENTION

[0003] The present invention meets the above-described need by providing an angioplasty device having a balloon catheter with an embolic recapture mechanism that does not require deployment of a trap located beyond the balloon catheter in the distal direction.

[0004] The present invention provides an angioplasty catheter having an infusion catheter with a proximal end and a distal end. A balloon catheter having an inflatable cavity formed by an inner wall and an outer wall is disposed coaxially with the infusion catheter. The balloon catheter has a proximal end and a distal end. The distal end of the balloon catheter is sealingly attached to the infusion catheter. And the balloon catheter has at least one communicating channel disposed from the outer wall to the inner wall of the balloon catheter. A suction catheter is disposed between the balloon catheter and the infusion catheter. The suction catheter is in fluid communication with the at least one communicating channel in the balloon catheter.

BRIEF DESCRIPTION OF THE DRAWINGS

[0005] The invention is illustrated in the drawings in which like reference characters designate the same or similar parts throughout the figures of which:

[0006] FIG. 1 is a side view of the balloon catheter of the present invention in the deflated state;

[0007] FIG. 2 is a side view of the balloon catheter of FIG. 1 in the completely inflated state;

[0008] FIG. 3 is a side view of the balloon catheter of FIG. 1 in a partially deflated state;

[0009] FIG. 4 is a cross-sectional view taken along line 4-4 of FIG. 1;

[0010] FIG. 5 is a cross-sectional view taken along line 5-5 of FIG. 2;

[0011] FIG. 6 is a side elevational view of an alternate embodiment of the present invention;

[0012] FIG. 7 is a cross-sectional view of the balloon catheter shown in FIG. 6;

[0013] FIG. 8 is a perspective view of the string system of the balloon catheter of FIG. 6;

[0014] FIG. 9 is a schematic view of the string system and the syringe used with the balloon catheter of FIG. 6; and,

[0015] FIG. 10 is a second alternate embodiment of the present invention.

DETAILED DESCRIPTION

[0016] Referring to FIGS. 1-5 generally and initially to FIG. 1, the present invention comprises an angioplasty device 11 having a suction mechanism for the removal of plaque particles. The device 11 includes an assembly having three co-axial catheters. The proximal end 13 of the assembly is connected to a three-way connector 16. The center port 19 of the connector 16 is coupled to an infusion catheter 22 which is the most inner catheter. A first side-branch 25 of the connector 16 is connected to a balloon catheter 28 which is the outermost catheter. The first side-branch 25 is used for inflating and deflating the balloon 43. A second side-branch 34 is connected to a suction catheter 37 which is located in the middle between the other catheters. The balloon catheter 28 is furnished with multiple communicating channels 40 that act as tunnels between the suction catheter 37 and blood stream. Upon enlargement of the lumen 41 by balloon 43 at the atherosclerotic site, suction of the debris is performed through the communicating channels 40 using a standard syringe (not shown) that is connected to the corresponding port of the three-way connector 16. The diameters of communicating channels 40 are adjusted for the maximum size of the atherosclerotic particles. Their lengths are determined based on the radius of the balloon 43 in its expanded position. The communicating channels 40 can be made of elastic material that will be elongated during the expansion of the balloon. Another design of communicating channels 40 comprises an accordion pleat shape. This design enables the communicating channels to be elongated without exerting any strain on the surface of the balloon 43. The communicating channels 40 can also be made out of fibrous material for reinforcement of its structure to reduce its collapsibility during expansion of the balloon 43 or suction

process. The position of the communicating channels **40** is adjusted in both the longitudinal and the radial direction on the balloon **43** to maximize performance of the device. The balloon **43** is made of asymmetric material with the distal portion **49** to be thinner such that it allows larger expansion of the balloon **43**. This larger expansion can restrain the atherosclerotic particles upstream of the balloon portion of the device during deflation phase and ensures all of the particles to be suctioned out into the catheter **28** and not travel with the blood stream. The deflation of the balloon **43** because of its design would be stepwise. The distal part **49** of the balloon **43** would deflate last to avoid escape of debris particles distal to the site of angioplasty.

[0017] In operation, the device **11** of the present invention is deployed by means of an introducer sheath(s) having a low profile. As known to those of ordinary skill in the art, the device **11** is deployed over a guide wire (not shown) to the target area of the vasculature. Once the device reaches the target area, the balloon **43** is inflated by injecting contrast material and saline into the cavity formed inside the balloon **43**. The inflation of the balloon **43** from the state shown in FIG. 1 to the state shown in FIG. 2 causes the balloon **43** to expand such that it engages with the inner wall of the lumen **41**.

[0018] In FIG. 4, the balloon **43** is shown in its deflated state with the co-axial infusion catheter **22**, suction catheter **37**, and balloon **43**. The communicating channels **40** are formed in the walls of the balloon **43** such that particles can be suctioned from the vessel lumen through the balloon into the suction catheter **37**.

[0019] In FIG. 5, the balloon **43** is shown in the inflated state.

[0020] In FIGS. 6-9 an alternate embodiment of the invention comprises a device **100** having a balloon catheter **103** having a suction mechanism for the removal of the plaque particles. The balloon catheter **103** includes flaps **109** of nylon or other appropriate biocompatible material. The flaps **109** are incorporated into the body **115** of the balloon **112**. During inflation, the flaps **109** inflate with the body **115** of the balloon **112** while maintaining an airtight seal. A set of strings **118** connects to the inner wall of the flaps **109** by means of hooks **110** (FIGS. 7 and 8) and to the plunger **121** of the aspirating syringe **122** (FIG. 9) while passing through the lumen of the balloon catheter **103**. During deflation, the strings **118** pull the flaps **109** back as the plunger **121** (FIG. 9) is pulled back to aspirate the contrast-saline mixture out of the balloon **112**. The flaps **109** are disassociated from the body of the balloon **112** creating an inflow channel for debris into the lumen of the balloon catheter **103** and subsequently into the aspiration syringe **122**. The disassociation of the flaps **109** precedes the deflation of the rest of the balloon **112** to prevent inadvertent release of trapped debris. The fluid will be withdrawn in addition to the free material released outside the balloon **112** from the vessel wall. The deflation of the balloon **112** because of its design with thinner walls or different material at its distal portion would be stepwise. The distal part of the balloon **112** would deflate last to avoid escape of debris particles distal to the site of angioplasty.

[0021] In FIG. 10, an alternate embodiment is shown. The device **200** comprises a balloon catheter **201** and a suction catheter **203** for the removal of the plaque particles. The device **200** includes three co-axial catheters. The proximal

end **206** of the device **200** is connected to a three-way connector **209**. The center port **212** of the connector **209** is coupled to the infusion catheter **215** (the inner most catheter). One of the side-branches **218** of the connector is connected to the balloon catheter **201** (the middle catheter) for inflating and deflating the balloon **221**. The other side-branch **224** is connected to the suction catheter **203** (the outer most catheter). Upon the start of balloon deflating phase, a rapid suction of the debris is performed through at least one orifice **227** located on the suction catheter **203** proximal to the angioplasty balloon **221**. The diameters of orifices **227** on the suction catheter **203** are adjusted to allow passage of large debris. The suction is performed using a standard syringe (not shown) connected to the corresponding port of the three-way connector **209**. The balloon **221** itself is made of asymmetric material with the distal portion to be thinner that allows larger expansion of the balloon **221** at the distal segment. This larger expansion restrains the atherosclerotic particles within the balloon segment during deflation phase and ensures all of the particles to be suctioned out into the catheter and not travel with the blood stream. The deflation of the balloon **221** because of its design would be stepwise. The distal part of the balloon **221** would deflate last to avoid escape of debris particles distal to the site of angioplasty.

[0022] While the invention has been described in connection with certain embodiments, it is not intended to limit the scope of the invention to the particular forms set forth, but, on the contrary, it is intended to cover such alternatives, modifications, and equivalents as may be included within the spirit and scope of the invention as defined by the appended claims.

what is claimed is:

1. (canceled)
2. (canceled)
3. (canceled)
4. (canceled)
5. (canceled)
6. (canceled)
7. (canceled)
8. (canceled)
9. (canceled)
10. An angioplasty catheter, comprising:

an infusion catheter having a proximal end and a distal end;

a balloon catheter disposed around the infusion catheter, the balloon catheter having a balloon with an inner wall having at least one opening covered by a frangible flap; and,

at least one string attached to the flaps at a first end and attached to a plunger at a second end.

11. A method recapturing embolic materials during angioplasty comprising:

providing an infusion catheter having a proximal end and a distal end;

providing a balloon catheter disposed coaxially relative to the infusion catheter and having an inflatable cavity formed by an inner wall and an outer wall, the balloon catheter having a proximal end and a distal end, the distal end of the balloon catheter sealingly attached to the infusion catheter, the balloon catheter having at

least one aperture disposed from the outer wall to the inner wall of the balloon catheter;

providing a suction catheter coaxial with the infusion and balloon catheters, the suction catheter disposed between the balloon catheter and the infusion catheter, the suction catheter in fluid communication with the at least one aperture in the balloon catheter;

deploying the angioplasty catheter of the present invention to a target area of a lumen by advancing it over a guide wire;

inflating the balloon in the target area to perform angioplasty such that the lumen walls are opened;

deflating the balloon catheter such that the proximal end is partially deflated while the distal end maintains a seal against an inside wall of the lumen;

suctioning embolic particles through the communicating channels in the balloon catheter through use of the suction catheter;

continuing to deflate the balloon catheter until its profile is suitable for removal over the guide wire; and,

removing the angioplasty catheter and attending to the entry site.

12. The method of claim 11, wherein the suction catheter is integrally formed between an outer wall of the infusion catheter and the inner wall of the balloon catheter.

13. The method of claim 11, wherein the balloon catheter has a plurality of communicating channels disposed along the length of the balloon catheter in the axial direction.

14. The method of claim 11, wherein the wall thickness at the distal end of the balloon catheter is thinner than the wall thickness at the proximal end of the balloon catheter.

15. The method of claim 11, wherein the material of the balloon catheter bordering the communicating channel has an accordion-like shape suitable for expansion when the balloon is inflated.

16. The method of claim 11, wherein the material of the balloon catheter bordering the communicating channel is constructed out of a fibrous material.

17. (canceled)

* * * * *