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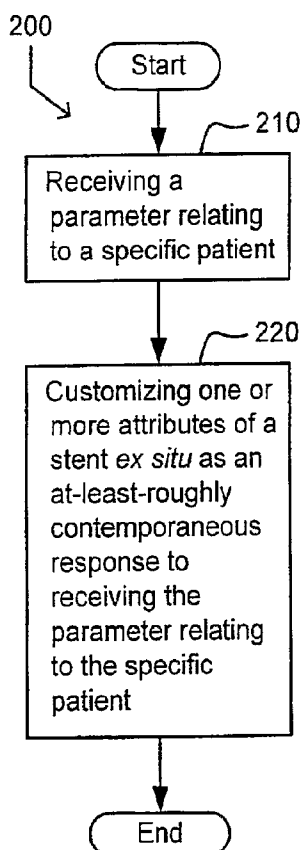
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(54) Title: STENT CUSTOMIZATION SYSTEM AND METHOD



(57) Abstract: Methods and systems are described for receiving a parameter relating to a specific patient, and for customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient or for customizing one or more junctions of a stent *ex situ* in response to the received parameter relating to the specific patient.

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Stent Customization System and Method

Related Applications:

For purposes of the USPTO extra-statutory requirements, the present application constitutes a continuation-in-part of United States Patent Application No. 11/455,010, entitled **STENT CUSTOMIZATION SYSTEM AND METHOD**, naming **Edward K.Y. Jung, Robert Langer, Eric C. Leuthardt, Royce A. Levien, Robert W. Lord, Mark A. Malamud, John D. Rinaldo, Jr., Clarence T. Tegreene and Lowell L. Wood, Jr.** as inventors, filed ^{16th} June 2006, which is currently co-pending, or is an application of which a currently co-pending application is entitled to the benefit of the filing date.

The United States Patent Office (USPTO) has published a notice to the effect that the USPTO's computer programs require that patent applicants reference both a serial number and indicate whether an application is a continuation or continuation-in-part. Stephen G. Kunin, *Benefit of Prior-Filed Application*, USPTO Official Gazette March 18, 2003, available at <http://www.uspto.gov/web/offices/com/sol/og/2003/week11/patbene.htm>. The present Applicant entity has provided above a specific reference to the application(s) *from which priority is being claimed* as recited by statute. Applicant entity understands that the statute is unambiguous in its specific reference language and does not require either a serial number or any characterization, such as "continuation" or "continuation-in-part," for claiming priority to U.S. patent applications. Notwithstanding the foregoing, Applicant entity understands that the USPTO's computer programs have certain data entry requirements, and hence Applicant entity is designating the present application as a continuation-in-part of its parent applications as set forth above, but expressly points out that such designations are not to be construed in any way as any type of commentary and/or admission as to whether or not the present application contains any new matter in addition to the matter of its parent application(s).

All subject matter of the Related Applications and of any and all parent, grandparent, great-grandparent, etc. applications of the Related Applications is incorporated herein by reference to the extent such subject matter is not inconsistent herewith.

SUMMARY

An embodiment provides a method. In one implementation, the method includes but is not limited to receiving a parameter relating to a specific patient and customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient. In addition to the foregoing, other method aspects are described in the claims, drawings, and text forming a part of the present disclosure.

In one or more various aspects, related systems include but are not limited to circuitry and/or programming for effecting the herein-referenced method aspects; the circuitry and/or programming can be virtually any combination of hardware, software, and/or firmware configured to effect the herein-referenced method aspects depending upon the design choices of the system designer.

An embodiment provides a system. In one implementation, the system includes but is not limited to circuitry for receiving a parameter relating to a specific patient and circuitry for customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient. In addition to the foregoing, other system aspects are described in the claims, drawings, and text forming a part of the present disclosure.

An embodiment provides a method. In one implementation, the method includes but is not limited to receiving a parameter relating to a specific patient and customizing one or more junctions of a stent *ex situ* in response to the received parameter relating to the specific patient. In addition to the foregoing, other method aspects are described in the claims, drawings, and text forming a part of the present disclosure.

In one or more various aspects, related systems include but are not limited to circuitry and/or programming for effecting the herein-referenced method aspects; the circuitry and/or programming can be virtually any combination of hardware, software, and/or firmware configured to effect the herein-referenced method aspects depending upon the design choices of the system designer.

An embodiment provides a system. In one implementation, the system includes but is not limited to circuitry for receiving a parameter relating to a specific

patient and circuitry for customizing one or more junctions of a stent *ex situ* in response to the received parameter relating to the specific patient. In addition to the foregoing, other system aspects are described in the claims, drawings, and text forming a part of the present disclosure.

5 In addition to the foregoing, various other embodiments are set forth and described in the text (e.g., claims and/or detailed description) and/or drawings of the present description.

 The foregoing summary is illustrative only and is not intended to be in any way limiting. In addition to the illustrative aspects, embodiments, and features
10 described above, further aspects, embodiments, and features will become apparent by reference to the drawings and the following detailed description.

BRIEF DESCRIPTION OF THE FIGURES

FIG. 1 depicts an exemplary environment in which one or more technologies may be implemented.

15 **FIG. 2** depicts a high-level logic flow of an operational process.

FIG. 3 depicts a high-level logic flow of another operational process.

FIGS. 4-5 each depict exemplary environments in which one or more technologies may be implemented.jonathan

FIG. 6 depicts a high-level logic flow of another operational process.

20 **FIG. 7** depicts a high-level logic flow of another operational process.

FIG. 8 depicts a high-level logic flow of another operational process.

FIG. 9 depicts a stent component in which one or more technologies may be implemented.

FIG. 10 depicts a stent including the component of **FIG. 9**.

25 **FIG. 11** depicts a stenting site in which one or more technologies may be implemented.

FIGS. 12-14 each depict another view of the stenting site of **FIG. 11**.

FIG. 15 depicts a system in which one or more technologies may be implemented.

FIG. 16 depicts another system in which one or more technologies may be implemented.

FIG. 17 depicts another stenting site in which one or more technologies may be implemented.

5 **FIGS. 18-19** each depict another view of the stenting site of **FIG. 17**.

FIG. 20 depicts another stenting site in which one or more technologies may be implemented.

FIG. 21 depicts another view of the stenting site of **FIG. 20**.

10 **FIG. 22** depicts another stenting site in which one or more technologies may be implemented.

FIGS. 23-25 each depict another view of the stenting site of **FIG. 22**.

FIG. 26 depicts a stent component in which one or more technologies may be implemented.

FIG. 27 depicts a profile relating to the stent component of **FIG. 26**.

15 **FIG. 28** depicts a stent component in which one or more technologies may be implemented.

FIG. 29 depicts a profile relating to the stent component of **FIG. 28**.

FIGS. 30-33 depict variants of the flow of **FIG. 2**.

FIG. 34 depicts variants of the flow of **FIG. 3**.

20 **FIGS. 35-37** depict variants of the flow of **FIG. 6**.

FIG. 38 depicts variants of the flow of **FIG. 7**.

FIG. 39 depicts variants of the flow of **FIG. 8**.

FIG. 40 depicts another system in which one or more technologies may be implemented.

25 **FIGS. 41-42** depict additional variants of the flow of **FIG. 3**.

DETAILED DESCRIPTION

In the following 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
30 embodiments described in the detailed description, drawings, and claims are not

meant to be limiting. Other embodiments may be utilized, and other changes may be made, without departing from the spirit or scope of the subject matter presented here.

Referring now to **FIG. 1**, there is shown an exemplary environment in which one or more technologies may be implemented. As shown system **100** comprises receiver **130** and processing module **180** operatively coupled by linkage **109**. Receiver **130** may include one or more of user interface **132** (e.g. with output device **133** or input device **134**), network interface **135** (e.g. in communication with a network, not shown), one or more parameters **136**, control module **138** operably configured to control processing module **180** via port **139**. Processing module **180** may include one or more of inventory **141**, custom processor **160** (optionally with network interface **161**), data **181** (optionally including tables **182**), and vessel **105** (optionally containing stent **106**).

Referring now to **FIG. 2**, there is shown a high-level logic flow **200** of an operational process. Operation **210** describes receiving a parameter relating to a specific patient (e.g. receiver **130** receiving one or more of a patient identifier, a patient attribute, a customized stent feature, a handle for obtaining patient information, or the like). In some embodiments, the relation can be revealed or otherwise made accessible by a patient, healthcare provider or other user.

Operation **220** describes customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient (e.g. processing module **180** making or adapting the stent directly or by proxy within about a month of obtaining the parameter from the specific patient). In some embodiments, a customization or adaptation event can be roughly contemporaneous with receiving a parameter if soon enough so that a substantial physiological change bearing upon the event is unlikely or unexpected. This can encompass as much as a few months or as little as a day in some instances, depending on the patient and the circumstances. Those skilled in the art will recognize, however, that customization or adaptation systems and methods described herein that can take only a few minutes, or sometimes less, which can be especially

useful for addressing an arterial perforation or similar emergency as may arise during a surgical procedure.

Referring now to **FIG. 3**, there is shown a high-level logic flow **300** of another operational process. Operation **330** describes receiving a parameter relating to a specific patient (e.g. receiver **130** receiving one or more of a patient identifier, a patient attribute, a customized stent feature, a handle for obtaining patient information, or the like). In some embodiments, the relation can be revealed or otherwise made accessible by a patient, healthcare provider or other user.

Operation **340** describes customizing one or more junctions of a stent *ex situ* in response to the received parameter relating to the specific patient (e.g. processing module **180** making or adapting a friction-fit, joint, or adhesion between or along portions of the stent). In some embodiments processing module **180** can be configured to perform one or more operations of other flows taught herein as well, such as those taught in **FIGS. 30-39**. In some embodiments operation **340** can customize a junction in component form also, such as by ensuring a proper fit between components of a bifurcated stent designed for *in situ* assembly.

Referring now to **FIG. 4**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown system **400** includes receiver **430** including one or more of parametric input **410**, local interface **432**, network interface **435**, control module **438**, or message parser **450**. System **400** optionally couples to one or more implementation system (such as processing module **180** or the system of **FIG. 5**) via direct linkage **497** or (indirectly) via network linkage **498** and network **496**. Parametric input **410** includes one or more of measurement input **411** or model input **412**. Model input **412** can include one or more of patient identifier input **413**, material identifier input **415**, dimensional input **416**, image input **418**, inventory status input **419**, component type input **420**, or structure type indicator **421**. Component type input **420** can include one or more of stent type input **425**, wire type input **426**, or sheet type input **427**. Structure type indicator **421** can include one or more of vascular type input **422**, digestive type input **423**, a renal type input (not shown), or some more specific or other categorical information that may assist in

effective customization. Local interface 432 can include one or more of output device 433 or input device 434. Control module 438 can optionally include one or more instances of port 439, each of which may control a processing module such as that of FIG. 5, for example, via direct linkage 497 or network linkage 498.

5 Referring now to FIG. 5, there is shown another exemplary environment in which one or more technologies may be implemented. As shown system 500 includes processing module 580 that can communicate with receiver 430 via direct linkage 597 or network linkage 598. Processing module 580 may contain one or more of custom processor 560, data manager 590, or vessel 588 configured for
10 positioning stent 510 or its components during processing as described herein. In some embodiments, custom processor 560 can include one or more of network interface 561 (operable to interact with linkages 597, 598), stock designator 562, model implementer 563, applicator controller 564, or plant 570. Applicator controller 564 can optionally include or couple with one or more of antiproliferative agent
15 dispenser 565, anticoagulant dispenser 567, antibiotic dispenser 568, substance applicator 569, or the like. Plant 570 can include one or more of inventory controller 540 or machine interface 571. In some embodiments, inventory controller 540 can include or couple with one or more of sheet inventory 541, stent inventory 542, wire inventory 543, frame inventory 545, sleeve inventory 546, or catheter inventory 547.
20 Machine interface 571 can likewise include or couple with one or more of scribe controller 572 operable for controlling scribe 502, sheet bender controller 573 operable for controlling sheet bender 503, sheet stretcher controller 574 operable for controlling sheet stretcher 504, press controller 575 operable for controlling press controller 505, laser controller 578 operable for controlling laser 508, or bonder
25 controller 579 operable for controlling bonder 509. Data manager 590 can include one or more of data 581, storage manager 591, or data aggregator 599. Data 581 can include table 582 containing several instances of record 585 each associating one or more identifiers 583 with one or more attributes 584 as well as other tables 586, as described herein. Storage manager 591 can include one or more of medical history
30 593 or regimen implementer 594, which can optionally include dosage profile 595.

Those skilled in the art will recognize that connections among instances of components of systems **400**, **500** can exist transiently in some embodiments. In one scenario stent **510** can be formed from sheet inventory **541**, for example, before being transported to another instance of system **500** at which it is coated by a substance applicator **569** and then compressed into a custom catheter from catheter inventory **547**. In this fashion a stent may undergo multiple instances of specialization at various processing sites.

Referring now to **FIG. 6**, there is shown a high-level logic flow **600** of another operational process. Operation **610** describes obtaining a parameter relating to a stent inventory shortage (e.g. receiver **130** receiving some quantity, cost, size, composition, configuration, distinguishing identifier or feature, or the like, of a just-designed stent or other stent in short supply). In some embodiments information from several inventories accessible to a requester is used in establishing the stent inventory shortage. Alternatively or additionally, the parameter can be obtained substantially in lieu of other indications of the inventory shortage.

Operation **620** describes configuring a stent with a flow occlusion portion in response to the obtained parameter relating to the stent inventory shortage (e.g. processing module **180** configuring the flow occlusion portion or a frame that supports it responsive to graphical or other positional indications describing a stent in short supply). Alternatively or additionally, the obtained parameter can relate to material compositions, physiological contexts, or other attributes as described herein that may correspond with the material or other shortage. In some embodiments an inventory may include only stent components, for example, that can be combined or otherwise configured in any of a very large array of distinct stent designs. Some such embodiments optionally define no initial inventory of stents with flow occlusion portions, for example, making each stent to order responsive to parameters that distinctly define each flow occlusion portion.

Referring now to **FIG. 7**, there is shown a high-level logic flow **700** of another operational process. Operation **760** describes receiving a parameter relating to a specific patient (e.g. receiver **130** receiving one or more of a patient identifier, a

patient attribute, a customized stent feature, a handle for obtaining patient information, or the like). In some embodiments, the relation can be revealed or otherwise made accessible by a patient, healthcare provider or other user.

5 Operation 770 describes configuring a stent with a flow occlusion portion in response to receiving the parameter relating to the specific patient (e.g. processing module 180 forming the flow occlusion portion upon receiving an authorization code from the patient's care facility). In some embodiments, further handshaking occurs in response to receiving the parameter, for example, an outcome of which triggers the stent configuration. Such handshaking can involve, for example, offering a purchaser
10 a choice of catheters in catheter inventory 547.

 Referring now to **FIG. 8**, there is shown a high-level logic flow 800 of another operational process. Operation 880 describes obtaining a parameter relating to a stent inventory shortage (e.g. receiver 130 receiving some quantity, cost, size, composition, configuration, distinguishing identifier or feature, or the like, of a just-
15 designed stent or other stent in short supply). In some embodiments information from several inventories accessible to a requester is used in establishing the stent inventory shortage. Alternatively or additionally, the parameter can be obtained substantially in lieu of other indications of the inventory shortage (e.g. by parameters 156 designating some orders with an "EMERGENCY" status or other parameter indicating an
20 elevated priority.

 Operation 890 describes specializing one or more stents in response to obtaining the parameter relating to the stent inventory shortage (e.g. processing module 180 making or adapting several miscellaneous stents to order after receiving the order from a hospital in its vicinity). In some embodiments such stents can each
25 be provided compressed within a respective short catheter from catheter inventory 547. In some embodiments, the short catheters can be customized by components of system 500 in various combinations as taught herein, substantially in the same manner as described with regard to customizing stents.

Referring now to **FIG. 9**, there is shown an exemplary environment in which one or more technologies may be implemented. As shown component **900** comprises sheet material **910** in a substantially rectangular form including flexible mesh portion **921** (with numerous holes **925**) and flow occlusion portion **922**. Sheet material **910** can be formed into a stent by welding, soldering, gluing, or otherwise affixing junction edge **931** substantially along junction edge **932**.

Referring now to **FIG. 10**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown stent **1000** comprises sheet material **910** of **FIG. 9** rolled into a tube form and bonded as described so that profile **1067** is substantially circular. In some embodiments, a versatile and cost-effective "stent printer" can reside locally within a surgical, veterinary, or other care facility. Inventories of sheet materials and the like can be fed, positioned, or dispensed to form pleats, mesh configurations of a locally controllable density/rigidity, perforations, flow occlusion portions, or the like. Coatings can be formed controllably using toner or inkjet technology, for example, especially for stents with a small number of sheet material components and few junctions like those of **FIGS. 9-19**.

Referring now to **FIG. 11**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown system **1100** comprises a vascular probe with an intravascular portion **1117** inside blood vessel **1184** of a subject's vascular system. Intravascular portion **1117** can include hub **1192** comprising one or more of imaging/control circuitry **1120** or communication circuitry **1150**. In some embodiments, system **1100** includes one or more elements as taught in U.S. Pat. App. Ser. No. 11/414,164 ("Imaging via Blood Vessels"), incorporated by reference to the extent not inconsistent herewith. Blood vessel **1184** is shown in a vicinity of anomaly **1174**, with blood **1183** in a flow **1182** through intravascular portion **1117**. Anomaly **1174** protrudes somewhat radially from wall **1185** into surrounding tissue **1172**. Sensor array **1121** is arranged about the circumference of intravascular portion **1117**, including many elements **1128** generally oriented radially. With balloon **1113** and other deflector **1114** deflated, intravascular portion **1117** can

easily advance upward using a guidewire until, for example, imaging/control circuitry 1120 can detect anomaly 1174 (via element 1128 and conduit 1155, e.g.). As shown, element 1128 has detected anomaly 1174 within its field of view 1135.

Referring now to FIG. 12, there is shown system 1100 of FIG. 11 in another circumstance. Extension 1289 has entered intravascular portion 1117, substantially closing port 1299 to flow 1182. In some embodiments, hub 1192 can position extension 1289 in a controlled relation to anomaly 1174 by virtue of the imaging from sensor array 1121 and a controlled degree of axial and rotational position of extension 1289.

Referring now to FIG. 13, there is shown system 1100 of FIG. 11 in another circumstance. Here, intravascular portion 1117 has been partly withdrawn (downward as shown) to reveal extension 1289 as a collapsed stent 1350 through which balloon 1352 passes. Stent 1350 is positioned distally and rotationally so that patch 1322 substantially aligns with anomaly 1174. A remaining surface (e.g. frame 1321) need not be flow occlusive and can be a sheet material mesh, a wire frame, or the like.

Referring now to FIG. 14, there is shown a partly cut away view of stent 1350 in system 1100 of FIG. 11. As shown, stent 1350 has been expanded by balloon 1352 so that pleats 1415 are each substantially restored to a flat configuration. As shown, patch 1322 aligns over anomaly 1174, substantially reducing flow adjacent anomaly 1174. This general approach can be used to reduce a risk that anomaly 1174 will metastasize, cause a leakage of fluid into or out of vessel 1184, or the like.

Referring now to FIG. 15, there is shown another exemplary environment in which one or more technologies may be implemented. As shown system 1500 comprises stent 1550 in collapsed form to highlight the use of pleats 1551, 1552 to collapse stent 1550. Each of the pleats is aligned generally axially along stent 1550, joining successive instances of smooth portion 1553 of a sheet material. The effect is so that stent 1550 is collapsed to a diameter 1567 while passing through a catheter and then expanded *in situ* via balloon 1588 to about twice that diameter.

Referring now to **FIG. 16**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown system **1600** comprises stent **1650** in collapsed form to highlight the use of substantially helical or other curvilinear pleats **1651**, **1652** so that stent **1650** can pass through catheter **1639**.
5 As shown stent **1650** has been collapsed to a diameter **1667** smaller than one-sixth of its expanded cross-sectional diameter. Even so, an inner diameter **1666** has been maintained at least about 25% as large as diameter **1667** so that balloon **1688** can be urged substantially through stent **1650** before or after collapsing stent **1650**.

Referring now to **FIG. 17**, there is shown a heuristic model **1700** of a forked
10 blood vessel comprising a broad-based aneurysm **1720**, an inlet **1701** and two outlets **1702**, **1703**. As shown, blood flow passes through broad-based aneurysm, creating pressure and a risk of rupture. Moreover the large base makes the aneurysm difficult to treat, for example, by ordinary techniques such as a Guglielmi Detachable Coil (GDC), which can fall out of a broad-based aneurysm and occlude blood vessels. In
15 some embodiments, models such as heuristic model **1700** can be generated (at least initially) by angiography or other imaging technology.

Referring now to **FIG. 18**, there is shown a model of stent **1800** customized for the forked blood vessel of **FIG. 17**. Mesh portion **1821** along the top as shown extends from flow inlet **1801** to flow outlet **1802** around (oval-shaped) branch outlet
20 **1803**. Flow occlusive portion **1822** similarly extends along the bottom of stent **1800** from flow inlet **1801** to flow outlet **1802**. Taper portion **1875** shows a short interval across which diameter of stent **1800** narrows at a perceptible rate (less than 20%, as shown) from a uniform diameter along cylindrical portion **1876**. Also a substantial portion of occlusion site **1820** (configured to occlude broad-based aneurysm **1720**)
25 has a thrombogenic surface coated or otherwise formed thereon. (In some embodiments, a thrombogenic surface can be one that is more thrombogenic than pure titanium.)

Referring now to **FIG. 19**, there is depicted a physical environment **1900** in which stent **1800** has been implanted. As shown blood flows from inlet **1901** to
30 outlet **1902** and to outlet **1903**, substantially occluded from aneurysm **1920**. Also

GDC coil **1928** has been implanted into aneurysm **1920**, promoting clot formation and minimizing further pressure on the distended tissue of aneurysm **1920**.

Referring now to **FIG. 20**, there is shown a heuristic model **2000** of human organs comprising stomach **2072**, liver **2047**, gallbladder **2093**, duodenum **2089**, and pancreas **2035**. As shown, bile duct **2024** is substantially narrowed in region **2020**,
5 creating a risk blockage. Such blockage can interfere with the digestion of fats and can potentially cause jaundice and a variety of other serious problems.

Referring now to **FIG. 21**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown system **2100** shows
10 a more magnified view **2121** of region **2020** of **FIG. 20**. Also stent **2150** has been implanted after being customized, for example, with nominal diameter **2151** and radius of curvature **2152** (to a nominal flow path center **2156**, e.g.) customized to the specific patient's narrowed portion of bile duct **2024**. In some embodiments, an ideal size can be determined by applying a formula to the patient's size, age, gender,
15 symptoms, or the like. An appropriate stent can then be selected for cases in which an off-the-shelf stent provides a satisfactory fit, or customized in other cases.

Referring now to **FIG. 22**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown site model **2200** includes and aorta **2267** with a fusiform abdominal aortic aneurysm **2205**, as well as
20 kidneys **2280**, and iliac artery **2235** for reference. As shown aorta **2267** presents a very challenging stenting site, in that vital arteries emerge from aneurysm **2205**—renal arteries **2281**, **2282** and mesenteric arteries **2216**—that should not be occluded for very long during implantation. Interruptions in flow to these arteries can damage kidneys **2280**, for example. Moreover a rupture of aneurysm **2205** or any flawed
25 stent deployment are serious risks.

In one scenario, site model **2200** is initially received as MRI or similar anatomical data from the specific patient, such as by model implementer **563**. Model implementer may likewise recognize aneurysm **2205** and present a default stent model **2210**. Alternatively or additionally, a surgeon may provide some stent

parameters such as locations of flow port **2201**, **2202**, such as with a pointing device or by providing a stent model name like "Fusiform Abdominal Aortic M" by which stent model **2210** may be retrieved, adapted, or implemented. In some embodiments, renal arteries **2281**, **2282** and mesenteric arteries **2216** are fitted with short sleeves **2231**, **2232** as shown, for example, by application of the model or by specification of the surgeon. Alternatively or additionally, local interface **432** may permit a surgeon to signal a succession of the "Fusiform Abdominal Aortic" models graphically, which succession may be accompanied by statistics, supporting literature, components, sources, or the like relating to that model for the surgeon's consideration.

Referring now to **FIG. 23**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown model stent **2300** comprises body **2379** and sleeves **2311**, **2312**, **2316** custom suited to site model **2200**. For deployment it should be considered how these components can be compresses for passage through, for example, iliac artery **2235** and femoral artery (not shown).

Some junctions, such as that shown in region **2323** between sleeve **2312** and body **2379**, can be an important design issue for effective deployment.

Referring now to **FIG. 24**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown region **2424** shows a magnified view of region **2323** of **FIG. 23**. Here, inverted sleeve **2412** illustrates one approach to compressing sleeve **2312** for placement within a catheter (not shown) for a version of stent **2300** that integrates sleeve **2312** and body **2379**.

Referring now to **FIG. 25**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown region **2525** shows another magnified view of region **2323** of **FIG. 23**. Here, annular pleats **2515** illustrate an alternative approach to compressing sleeve **2312** for placement within a catheter. In some embodiments, annular pleats can be expanded in situ as a bellows. For example, a probe with a guidewire can press through an end of the (initially closed) sleeve **2312** to provide blood flow quickly to kidney **2280** upon deployment. In such a deployment, an imaging system can be used to prevent the guidewire from damaging the aorta **2267** or renal artery **2282**.

Referring now to **FIG. 26**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown sheet component **2600** includes sheet material **2612** coated with second agent **2615** and first agent **2618** each with a controlled thickness and surface area.

5 Referring now to **FIG. 27**, there is shown an elution profile **2700** by which (localized) dosages **2731** are schematically plotted against time **2732** in increments **2733** such as days or weeks. As shown, first dosage profile drops off sharply in the third and fourth time increments, during which time second agent dosage **2702** increases steadily. Those skilled in the art will recognize that customizing such drug
10 elution profiles by these teachings can be used as an effective alternative or supplement to systemic regimens that complement the stenting treatment.

Referring now to **FIG. 28**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown wire component **2800** includes wire material **2812** coated with second agent **2815** and first agent **2818**
15 each with a controlled thickness and surface area.

Referring now to **FIG. 29**, there is shown an elution profile **2900** by which (localized) dosages **2931** are schematically plotted against time **2932** in increments **2933** such as days or weeks. As shown, first dosage profile drops off sharply in the first and second time increments, and second agent dosage **2902** increases steadily
20 through the first four increments. Those skilled in the art will recognize that customizing such drug elution profiles by these teachings can be used as an effective alternative or supplement to systemic regimens that complement the stenting treatment.

In some embodiments, first agents **2618**, **2818** include one or more of an
25 anticoagulant or antiplatelet and second agents **2615**, **2815** include one or more of an antiproliferative. Alternatively or additionally, first agents **2618**, **2818** can include an antibiotic. Alternatively or additionally, second agents **2615**, **2815** can include a chemotherapy treatment (responsive to an indication of an anomaly that may be cancerous, e.g.). In some embodiments, an elutive customization of one structure is

generated in response to an elusive attribute of another structure (e.g. displaying information about an off-the-shelf version of wire component **2800** before receiving a customized regimen for sheet component **2600**).

Referring now to **FIG. 30**, there are shown several variants of the flow **200** of **FIG. 2**. Operation **210**—receiving a parameter relating to a specific patient—may include one or more of the following operations: **3012**, **3014**, or **3017**. Operation **220**—customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient—may include one or more of the following operations: **3021**, **3022**, **3025**, **3026**, **3027**, **3028**, or **3029**.

Operation **3012** describes receiving a heuristic model identifier as the parameter relating to the specific patient (e.g. model input **412** receiving a filename or record number of a model of a broad-based aneurysm). The model may call for or utilize parameters such as vessel size, vessel curvature, vessel elasticity, or the like. In some embodiments such parameters can be provided via image input **418** or provided or modified by local interface **432**. This can occur, for example, in embodiments in which operation **210** is performed by receiver **430** and in which operation **220** is performed by processing module **580**.

Operation **3014** describes receiving an identifier of the specific patient with the parameter relating to the specific patient (e.g. patient identifier input **413** receiving a patient name or number in a common record or message with one or more parameters that may guide stent customization). In some embodiments, the parameter includes a placements site descriptor such as “intracranial,” “peripheral vascular,” “intraabdominal,” “intrathoracic,” or the like, or a code corresponding with such a descriptor. Alternatively or additionally the parameter may include or accompany a pathology descriptor such as “AVM” (for an arteriovenous malformation), “fistula,” “stenosis,” “aneurysm,” or the like, for example, for a vascular stent.

Operation **3017** describes receiving a composite material identifier as the parameter relating to the specific patient (e.g. material identifier input **415** identifying

nitinol or other titanium-containing alloy relating to a stent component).

Alternatively or additionally, material identifier input **415** can identify a second layer such as a silver-containing plating on a sheet material or wire material as the stent component.

5 Operation **3021** describes selecting a template responsive to the parameter relating to the specific patient (e.g. stock designator **562** selecting a sheet material as a thinnest template that is thick enough or a thickest template that is thin enough). In some instances, a plating, texturing, or other template surface property can affect template selection as well.

10 Operation **3022** describes customizing the selected template responsive to other information relating to the specific patient (e.g. sheet stretcher controller **574** stretching at least a portion of the designated stock to obtain a desired thinness with sheet stretcher **504**). In some instances, mechanical manipulations of operation **3022** are delayed until a specific instruction or other confirmatory action from a buyer or
15 user is detected. Alternatively or additionally, press controller **575** or other portions of machine interface **571** can perform operation **3022**.

 Operation **3025** describes customizing a material composition of the stent responsive to the parameter relating to the specific patient (e.g. applicator controller **564** applying one or more coatings of a heparinoid via anticoagulant dispenser **567**,
20 responsive to a bleeding risk such as a brain tumor or history of gastrointestinal bleeding). In some instances, a user may signal an anticoagulant application in lieu of explicitly entering such a diagnosis. Alternatively or additionally, a less-specific pathology such as "cannot safely receive systemic anticoagulation" can be interpreted in a like fashion.

25 Operation **3026** describes customizing one or more apertures of the stent responsive to the parameter relating to the specific patient (e.g. laser controller **578** implementing a stent in a convergent flow path, such as in a vein). Alternatively or additionally, one or more divergent flow paths can be facilitated such as by branch outlet **1803** of stent **1800** of FIG. 18.

Operation 3027 describes associating a medication regimen with the specific patient (e.g. regimen implementer 594 signaling a structure with a long-lasting antiproliferative agent responsive to a medical history 593 indicating the patient's risk of vascular stenosis from stenting). In some embodiments the antiproliferative agent
5 can be covered at first with an antiplatelet agent or an antibiotic.

Operation 3028 describes implementing the medication regimen associated with the specific patient *ex situ* (e.g. regimen implementer 594 generating a recipe for a succession of medication-containing coatings responsive to user-input dosage profiles like those of FIGS. 27 & 29. In some embodiments a user selects from a
10 variety of defined dosage profiles of therapeutic agents such as angiogenic agents, anti-inflammatories, anti-leukocytes, antilymphocytes, antimitotics, antioxidants, antiproliferatives, anti-restenotics, beta blockers, cardio protectants, hormones, hypertension drugs, immunosuppressants, retinoids, statins, thrombolytics, vasoactive agents, or the like.

Operation 3029 describes customizing a dosage of a portion of the stent responsive to the parameter relating to the specific patient (e.g. dosage profile 595 indicating a specific coating pattern that is thicker and more strongly bonded in a case for which a patient needs a therapeutic agent that can last for several months or more). In some instances, dosage profile 595 can supplement the stent's therapeutic
15 agent with a systemic application of the agent. In other instances, a systemic application of the therapeutic agent can be reduced or omitted so long as a stent will continue to administer the therapeutic agent.
20

Referring now to FIG. 31, there are shown several variants of the flow 200 of FIG. 2 or 30. Operation 210—receiving a parameter relating to a specific patient—
25 may include one or more of the following operations: 3113, 3116, or 3117. Operation 220—customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient—may include one or more of the following operations: 3122, 3123, 3125, 3127, 3128, or 3129.

Operation 3113 describes receiving an indication of a digestive system structure as the parameter relating to the specific patient (e.g. digestive type input 423 indicating "yes" responsive to a stenting site in the digestive system as shown in FIG. 20). In some embodiments such a type may cause a stent to be customized with one or more of an antibiotic, a larger flexibility, or a chemically inert surface, for example. In some instances the digestive type input can likewise be recorded in the specific patient's medical history to indicate what kind of stent was used or what caused that kind of stent to be used, for example to track a stent failure rate by context.

Operation 3116 describes receiving one or more dimensions including at least the parameter relating to the specific patient (e.g. dimensional input 416 receiving a diameter of anomaly 1174 as seen by sensor array 1121). In some embodiments, a heuristic model of a round anomaly with a defined center and diameter sufficiently characterizes an occlusion target so that further shape information need not be obtained.

Operation 3117 describes receiving stent component quantity information with the parameter relating to the specific patient (e.g. inventory status information 419 indicating that the stent includes patch 1322 as a component). This can facilitate costing, insurance coverage, inventory adjustment, or the like when and if stent 1350 is constructed physically.

Operation 3122 describes forming an antiproliferative surface of the stent (e.g. applicator controller 564 applying a compound containing the antiproliferative(s) onto the stent via antiproliferative agent dispenser 565). In some embodiments, the antiproliferative surface of a stent body is covered by one or more additional layers such as those of FIGS. 26 & 28.

Operation 3123 describes applying at least one of an anticoagulant or an anti-platelet agent to the stent after forming the antiproliferative surface of the stent (e.g. applicator controller 564 applying an anticoagulant-containing mixture onto a coated stent via anticoagulant dispenser 567). In the embodiment of FIG. 26, for example, a

relatively thin layer of antiproliferative is applied to sheet material **2612** (by dipping or spraying, e.g.) as second agent **2615**. The first agent **2618** can optionally be applied afterward to at least a portion of second agent **2615**.

Operation **3125** describes bending a component of the stent *ex situ* as the at-
5 least-roughly contemporaneous response to receiving the parameter relating to the specific patient (e.g. sheet bender controller **573** implementing a pleating pattern like that of **FIG. 15** with sheet bender **503** to fit stent **1550** into a catheter larger than diameter **1567**, responsive to an indication that such a catheter is or will be used for the specific patient). Alternatively or additionally, operation **3125** can be performed
10 upon a heuristic model, such as by model implementer **563**. In some embodiments, more than ten pairs of pleats are used to fit a large stent through a selected catheter.

Operation **3127** describes forming a flow occlusion portion of the stent responsive to the parameter relating to the specific patient (e.g. press controller **575** forming few or no openings in flow occlusion portion **1821** while making stent **1800**).
15 In some embodiments, stamp controller **575** simultaneously forms other structural features of stent **1800** such as pleats, flow holes, pliability holes (e.g. holes **925** of **FIG. 9**).

Operation **3128** describes modifying a stiffness of the stent responsive to the parameter relating to the specific patient (e.g. sheet stretcher controller **574** can
20 reduce a stiffness of a sheet material **910** or sheet material **2612** with sheet stretcher **504**, responsive to an indication that the unstretched stock is too stiff). Alternatively or additionally, pliability-enhancing holes (such as those of **FIG. 9**) or etching or machining or the like can be used for a similar reduction of stiffness.

Operation **3129** describes customizing the one or more attributes of the stent
25 *ex situ* within one month of receiving the parameter relating to the specific patient (e.g. model implementer **563** adapting a defined stent responsive to one or more of patient identifier input **413**, material identifier input **415**, image input **418**, validations, or the like responsive to expert guidance from various specialists who provide the input data at various times). In various embodiments, at least an initial

customization can be performed within a narrower interval—e.g. within one week, within one day, within one hour, or within about ten minutes of measuring or otherwise receiving the parameter. After the initial customization, of course, a virtual or physical stent may be completed, retrofitted, updated, further customized, or the
5 like, within the scope of these teachings.

Operation 3211 describes retrieving a record including at least the parameter relating to the specific patient (e.g. network interface 435 requesting a medical history or other record transfer from a remote data source, not shown). Alternatively or additionally, the retrieval can include an at-least-roughly contemporaneous
10 completion deadline, a diagnosis, an angiographic reconstruction, or the like.

Referring now to FIG. 32, there are shown several variants of the flow 200 of FIG. 2, 30, or 31. Operation 210—receiving a parameter relating to a specific patient—may include one or more of the following operations: 3211, 3214, 3215, 3216, or 3217. Operation 3250 describes performing one or more additional
15 operations (e.g. machine interface 571 compressing the customized stent into an off-the-shelf catheter segment). In some embodiments, operation 3250 can include further aspects of customization, billing, shipping, quality control, material inventory control, component testing, market trends, field performance tracking, regulatory compliance, or the like, for example. In some embodiments, operation 3250 may
20 include one or more of the following operations: 3252, 3253, or 3259.

Operation 3214 describes prompting user input (e.g. output device 133 or the like prompting an input from a surgeon or other information provider). In some instances, output device can comprise a display screen or audio interface in a user environment, for example.

25 Operation 3215 describes receiving the parameter relating to the specific patient via an interface after prompting the user input (e.g. input device 134 or the like receiving a patient name or status as the parameter relating to the specific patient). In some instances, the parameter can take a default value directly from an MRI or similar data gathering device, responsive to a lack of response from an

emergency room doctor. A stent customization can thus occur, in some embodiments, as a direct response to a patient need and without any contemporaneous participation by a care provider.

5 Operation 3216 describes receiving a pathological indication with the parameter relating to the specific patient (e.g. message parser 450 receiving a medical history or the like indicating that the specific patient has been diagnosed with cholangiocarcinoma). In some embodiments, such an indication can bear toward a stent with a local chemotherapy regimen, for example.

10 Operation 3217 describes receiving shape information including at least the parameter relating to the specific patient (e.g. dimensional input 416 receiving several three dimensional models from MRI readings, showing how a shape of a segment of specific patient's basilar artery changes during a heartbeat). In some embodiments dimensional input 416 is received as an automatically generated default stent design enabling a surgeon to review and alter the design before providing an authorization to
15 build the actual stent.

 Operation 3252 describes marking the stent *ex situ* with identifying information relating to the one or more customized attributes of the stent (e.g. scribe controller 572 identifying a model or serial number of "XLT259" in an X-ray readable form with scribe 502). In some embodiments a portion of this number
20 signify a material, structure, or subcomponent manufacturer explicitly (such as the "T" signifying titanium in this example). In some embodiments the number can be related to a customized component, for example, by including record 585 linking that identifier with one or more attributes (such as a sheet thickness) in table 582.

 Operation 3253 describes aggregating data including at least the parameter
25 relating to the specific patient and other information in a database (e.g. data aggregator 599 archiving stent manufacturing records with a patient or stent identifier). In some embodiments the records can include drug or material sources, exact dimensions, date and place of manufacture, stent designer, patient, intended site, caregiver, or the like. Alternatively or additionally, some of this information

may be written explicitly on the stent. Such information can later be correlated with stent failures, for example.

Operation 3259 describes recording an identifier of the stent with the parameter relating to the specific patient (e.g. storage manager 591 recording a custom stent serial number or specification in medical history 593). In some
5 embodiments the medical history 593 can further indicate a custom stent order date, a stent shipment date, or other contemporaneous patient information including the parameter(s) affecting customization.

Referring now to FIG. 33, there are shown several variants of the flow 200 of
10 FIG. 2, 30, 31, or 32. Operation 210—receiving a parameter relating to a specific patient—may include one or more of the following operations: 3313 or 3316. Operation 220—customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient—may include one or more of the following operations: 3322, 3323, 3324,
15 3327, or 3328.

Operation 3313 describes receiving information at least partly relating to a stent inventory shortage including at least the parameter relating to the specific patient (e.g. inventory status input 419 and stent type input 425 jointly receiving
20 indications that a surgeon wants stent models A, B, and C for a specific patient, and that stent model B is not in stock). In some embodiments the arrival of the stent type input 425 via message parser 450 triggers an automatic inquiry for inventory status input 419, for example.

Operation 3316 describes receiving an indication of a linkage between the parameter and the specific patient (e.g. message parser 450 receiving a record
25 indicating that patient Greg Johnson had an abnormally high blood pressure reading on April 17). In this instance, patient identifier input 413 can identify Greg Johnson, for example with a patient number or the like. The parameter can be “HBP” or a numeric measurement of blood pressure as measurement input 411 or the like.

Operation 3322 describes configuring one or more lateral sleeves in a portion of the stent responsive to the parameter relating to the specific patient (e.g. model implementer 563 generating stent model 2210 including sleeve 2231 and sleeve 2232 responsive to an angiographic reconstruction including site model 2200). In some
5 embodiments bonder controller 579 performs operation 3322 by applying a portion of stent model 2210 to sleeve inventory 546 to affix sleeve 2311 and sleeve 2312 physically to stent body 2379.

Operation 3323 describes configuring one or more pleats of the stent *ex situ* responsive to the parameter relating to the specific patient (e.g. sheet bender
10 controller 573 applying stent model 2210 to form annular pleats 2515 with sheet bender 503). In other embodiments, sheet bender controller 573 can configure pleat 1651 and pleat 1652 in the configuration of FIG. 16 responsive at least to outer diameter 1667.

Operation 3324 describes combining at least a first stent component and a
15 second stent component responsive to information including at least the parameter relating to the specific patient (e.g. bonder controller 579 supporting an occlusive patch 1322 with a non-occluding expandable wire frame 1321, such as by gluing them at an array of bonding points). In other embodiments a patch, flexible skin, or the like can be buttressed by a wire frame without substantial bonding.

Operation 3327 describes cutting one or more flow holes in a component of
20 the stent responsive to the parameter relating to the specific patient (e.g. laser controller 578, press controller 575, a drill, a punch, or the like cutting a flow hole to form branch outlet 1803 before or after rolling a sheet material into a tube). In some embodiments the flow hole sizes are selected to match stock sizes of sleeves, blood
25 vessel sizes, or the like consistent with the requirements of the stenting site and other medical objectives.

Operation 3328 describes including an antibiotic on the stent responsive to the parameter relating to the specific patient (e.g. applicator controller 564 using antibiotic dispenser 568 for implementing a thickness, surface area, active ingredient

concentration, binding agent concentration, drug placement, complementary regimen, or the like to achieve dosage profile 595 selected for the patient). In some embodiments, a flow rate through the intended stent affects a computer model that predicts an antibiotic elution rate for the heuristic stent model.

5 Referring now to FIG. 34, there are shown several variants of the flow 300 of FIG. 3. Operation 330—receiving a parameter relating to a specific patient—may include one or more of the following operations: 3432 or 3434. Operation 340—customizing one or more junctions of a stent *ex situ* in response to the received parameter relating to the specific patient—may include one or more of the following
10 operations: 3443, 3444, 3445, 3447, or 3449.

Operation 3432 describes receiving a measurement as the parameter relating to the specific patient (e.g. measurement input 411 receiving a vascular segment length, vascular diameter, vascular wall plaque dimension, vascular calcification level, vascular branch or occlusion location coordinates, or the like). In some
15 embodiments, the measurement can identify a systemic deficiency such as a deficiency of Antithrombin III, Protein C, or Protein S, signaling a hypercoagulability risk. Risks like these can bear toward a more sparing use of stents or a liberal or long-lasting local or systemic regimen of anticoagulants. This can occur, for example, in embodiments in which operation 330 is performed by receiver 430 and in
20 which operation 340 is performed by processing module 580.

Operation 3434 describes receiving a category identifier as the parameter relating to the specific patient (e.g. patient identifier input 413 receiving an indication that a stent is to be provided for a cancer patient, an elderly patient, a patient with an allergy, or the like). Alternatively or additionally, the category identifier can relate to
25 a risk type, a placement site, a stent material, a model name, an emergency status, or the like.

Operation 3443 describes receiving a heuristic model of the one or more junctions of the stent (e.g. network interface 561 receiving stent model 2210, which includes sleeve 2231 joining a conduit between flow port 2201 and flow port 2202).

In some embodiments, junctions combine lengths of a stent along a flow path, such as in cases in which a single stent length or width is too large to deploy through a tortuous access. Stent 2300, for example, may be difficult to implant through a femoral artery (not shown) and iliac artery 2235, especially if implemented in a thick material. In one variant, body 2379 is formed and installed initially with openings in lieu of sleeves 2311, 2312, and 2316. Each of the sleeves 2311, 2312, and 2316 can then be placed into its respective opening in turn, the junctions between each sleeve and body 2379 comprising a custom-built friction fit or the like.

Operation 3444 describes updating the heuristic model with the received parameter relating to the specific patient (e.g. model implementer 563 and network interface 561 adjusting stent model 2210 to indicate a “High” tortuosity of an access path through iliac artery 2235). In some embodiments, such an indicator may correspond with a small radius of access vessel curvature, for example, necessitating a looser pleating configuration so that a relatively large and thick stent body material is not deformed inelastically during implantation.

Operation 3445 describes customizing the one or more junctions of the stent with the received heuristic model of the one or more junctions of the stent updated with the received parameter relating to the specific patient (e.g. press controller 575 forming holes in body 2379 via the adjusted stent model 2210 and press 505). The sleeve joints can be adjusted, in this example, so that they are compatible with a design of body 2379 that can survive passage through the tortuous access path.

Operation 3447 describes adapting the one or more junctions of the stent responsive to the received parameter relating to the specific patient (e.g. model implementer 563 and press controller 575 respectively performing operations 3444 and 3445). Alternatively or additionally, operation 3447 can include substance applicator 569 selecting second agent 2615 as a material that can more effectively bind first agent 2618 to sheet material 2612. In some embodiments, machine interface 571 performs operation 3447 by joining junction edges 931, 932 with an adhesive to which the patient is not allergic, responsive to an allergy indication of the patient).

Operation 3449 describes customizing the one or more junctions of the stent as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient (e.g. sheet bender controller 573 customizing locations of pleats 1651, 1652 with sheet bender 503 so that successive pleats are of irregular spacing, responsive to an indication of a small catheter diameter for the patient). In some embodiments, access vessel diameter and other patient attributes or circumstances dictate a maximum inner diameter of a catheter to be used, for example. Each of the pleats 1651, 1652 in FIG. 16 joins a wider smooth portion to a narrower smooth portion, for example. (This difference facilitates a slight curl of the smooth portions, as shown.) This junction placement configuration permits width differences more than 5% between successive smooth portions, as shown, which facilitates the spiral pleating configuration.

Referring now to FIG. 35, there are shown several variants of the flow 600 of FIG. 6. Operation 610—obtaining a parameter relating to a stent inventory shortage—may include one or more of the following operations: 3513, 3515, or 3518. Operation 620—configuring a stent with a flow occlusion portion in response to the obtained parameter relating to the stent inventory shortage—may include one or more of the following operations: 3521, 3522, 3523, 3527, or 3528.

Operation 3513 describes receiving data at least partly relating to a specific patient including at least the parameter relating to a stent inventory shortage (e.g. inventory status input 419 receiving an indication that no Blue Cross Network healthcare provider currently has a 10% tapering 23 millimeter stent in inventory, responsive to an inquiry identifying the provider and describing the stent type sought). Alternatively or additionally, in some embodiments, the flow occlusion portion of operation 620 is configured in response to the parameter relating to the stent inventory shortage (e.g. shrinking or enlarging flow occlusion portion 922 to adapt an almost-ideal stent responsive to an indication that the ideal stent is currently out of stock). This can occur, for example, in embodiments in which operation 610 is performed by receiver 430 and in which operation 620 is performed by processing module 580.

Operation 3515 describes receiving an indication of a position of an anatomical feature as the parameter relating to the stent inventory shortage (e.g. image input 418 receiving one or more MRI or ultrasound images each with a descriptive annotation indicating that a potential stenting site of a ureter is depicted).

5 In some instances such an annotation can cause model implementer 563 to customize the stent by signaling applicator controller 564 to include an antibiotic, for example.

Operation 3518 describes receiving an indication of an aperture as the parameter relating to the stent inventory shortage (e.g. model input 412 receiving an indication that no stents with secondary apertures larger than 1.1 millimeters in
10 diameter are presently inventoried). In some instances, the received indication may explicitly rank available stents or sheet components in a decreasing order of aperture size match or other suitability indicator. Alternatively or additionally, the ranking may take into account other factors such as an expected custom-stent completion date.

15 Operation 3521 describes binding an antiproliferative agent to the flow occlusion portion of the stent (e.g. applicator controller 565 binding the agent to at least a portion of an occlusion site at patch 1322 of FIGS. 13-14). This binding can be performed by dipping at least a portion of patch 1322 into antiproliferative agent dispenser 565 (containing rapamycin or cyclosporine, for example) before collapsing
20 stent 1350.

Operation 3522 describes customizing the stent with information relating to a specific patient, the information relating to the specific patient including at least the obtained parameter relating to the stent inventory shortage (e.g. applicator controller 564 or machine interface 571 customizing a coating or structure of a stent component
25 responsive to the specific patient's stenosis risk factors). The flow occlusion site can be widened, or a coating of the site can be made to include a stronger antiproliferative agent, for example, responsive to a high restenosis risk.

Operation 3523 describes allocating the customized stent to the specific patient (e.g. inventory controller 540 modifying stent inventory 542 to indicate that

the stent is sold or otherwise reserved for the specific patient relating to specifications used in making that stent). In some embodiments, only a single attribute of the patient can affect a mode of stent customization (e.g. impregnating the stent with an antibiotic responsive to a presence of infection, and otherwise using an off-the-shelf stent). In other embodiments, a combination of patient attributes can affect the mode of stent customization (e.g. selecting a vascular stent size responsive to a combination of indications: size and degree of calcification of a specific vessel, e.g.).

Operation 3527 describes obtaining one or more dimensions of the flow occlusion portion of the stent (e.g. data manager 590 retrieving one or more of a length, width, or thickness of the flow occlusion portion from table 586 responsive to a model identifier of a stent in short supply). In some embodiments, such dimensions can be used for determining a feasibility of constructing an inventory of (a) structurally equivalent flow occlusion stents or (b) functionally-equivalent-but-structurally-distinct flow occlusion stents, closely resembling a stent model approved by the Food and Drug Administration. In some embodiments such determinations can be made automatically, for example in facilitating an efficient mode of compliance with FDA guidelines.

Operation 3528 describes configuring the flow occlusion portion of the stent as the response to the obtained parameter relating to the stent inventory shortage (e.g. model implementer 563 generating a feasible heuristic stent model by adapting the above-referenced approved model to incorporate only components that are available). Machine interface 571 or a remote counterpart thereof can then use the adapted model to configure one or more physical components.

Referring now to FIG. 36, there are shown several variants of the flow 600 of FIG. 6 or 35. Operation 610—obtaining a parameter relating to a stent inventory shortage—may include one or more of the following operations: 3613, 3614, 3616, or 3618. Operation 620—configuring a stent with a flow occlusion portion in response to the obtained parameter relating to the stent inventory shortage—may include one or more of the following operations: 3621, 3622, 3624, 3625, 3626, or 3627.

Operation **3613** describes receiving a stent quantity indicator as the parameter relating to the stent inventory shortage (e.g. inventory status input **419** receiving an indication that a surgeon has asked to reserve one of stent type X and two of stent type Y, and but that only one of each is in stock). In some embodiments an output
5 device indicates a shortage quantity (of the type X, for example) or a proposal for a lot size to be produced.

Operation **3614** describes receiving a material composition indicator as the parameter relating to the stent inventory shortage (e.g. material identifier input **415** indicating that anti-platelet-agent-coated stents are sought from an inventory). In
10 some embodiments model input **412** can combine this with inventory status input **419** to reply that no such stents are available from the inventory, or that only two 14-millimeter-long stents with the specified coating are available.

Operation **3616** describes receiving a shape indicator as the parameter relating to the stent inventory shortage (e.g. message parser **450** receiving an oblong or arc-
15 shaped indicator relating to a surgeon's "ideal stent" model). The shape indicator can be used for generating a "default stent" design that specifies sheet materials, wire materials, medications, coatings, or the like.

Operation **3618** describes receiving a size indicator as the parameter relating to the stent inventory shortage (e.g. dimensional input **416** receiving a diameter,
20 thickness, length, or other feature size relating to an inventoried stent, a readily-made stent, an anatomical feature size for stent customization, or the like). In some embodiments the size indicator is retrieved or requested or accepted via a search tool or a browser, for example.

Operation **3621** describes configuring a wire structure in response to the
25 parameter relating to the stent inventory shortage (e.g. one or more portions of applicator controller **564** forming wire material **2812** into a generally tubular shape). In some embodiments, those skilled in the art can implement operation **3621** by applying teachings herein to adapt construction techniques described in documents like U.S. Pat. App. Ser. No. 10/104,672 ("Modular Stent Graft Assembly and Use

Thereof"). Alternatively or additionally, an elastic coating can be used so that deforming the stent will minimize a risk of breakage in the coating. In other embodiments an elastic binding agent is used before or after the primary coating, substantially preventing such breakage. Alternatively or additionally, the primary
5 coating can primarily be applied to portions of sheet material **2612** or wire material **2812** that do not substantially change shape during stent compression or expansion.

Operation **3622** describes constructing the stent with the flow occlusion portion by supporting a flow occlusion structure with the wire structure (e.g. bonder controller **579** assembling the stent with bonder **509** using an occlusive structure
10 customized for identified needs of the specific patient). In some embodiments, press controller **575** can form the structure before the assembly. Alternatively or additionally, network interface **561** can custom-order the occlusive structure.

Operation **3624** describes configuring the flow occlusion portion as a part of the response to the obtained parameter relating to the stent inventory shortage (e.g. substance applicator **569** at least partly coating portion **922** of stent **1000** to
15 implement a patient-specific regimen like that shown in **FIG. 27**). In some embodiments, those skilled in the art can implement operation **3624** by applying teachings herein to adapt coating techniques described in documents like U.S. Pat. App. Ser. No. 10/915,980 ("Method for Applying Drug Coating to a Medical Device
20 in Surgeon Room").

Operation **3625** describes configuring the stent with the flow occlusion portion as an at-least-roughly contemporaneous response to obtaining the parameter relating to the stent inventory shortage (e.g. substance applicator **569** adding material to a mesh so as to build it up into a flow occlusion portion). In some embodiments
25 substance applicator **569** can essentially pour a viscous biocompatible liquid resin onto the mesh, for example, hardening into a solid occlusion site.

Operation **3626** describes forming a sheet material into a rigid element in response to the obtained parameter relating to the stent inventory shortage (e.g. bonder controller **579** adhering or otherwise attaching junction edge **931** with

junction edge 932 in response to a stent or vessel diameter or circumference consistent with stent profile 1067). In some embodiments, bonder controller 579 controls bonder 509 remotely or with some human assistance. Alternatively or additionally, another portion of machine interface 571 performs a prior operation of cutting sheet material 910 responsive to the obtained parameter.

Operation 3627 describes including at least the rigid element in the stent (e.g. custom processor 560 including at least sheet material 910 in stent 1000). Portions of custom processor 560 can likewise perform additional operations such as coating sheet material 910 as sheet material 2612 (e.g. by portions of applicator controller 564 as described herein and shown in FIG. 26).

Referring now to FIG. 37, there are shown several variants of the flow 600 of FIG. 6, 35, or 36. Operation 610—obtaining a parameter relating to a stent inventory shortage—may include one or more of the following operations: 3711, 3712, 3714, 3716, or 3719. Operation 620—configuring a stent with a flow occlusion portion in response to the obtained parameter relating to the stent inventory shortage—may include one or more of the following operations: 3721, 3722, 3725, 3727, or 3728.

Operation 3711 describes prompting user input (e.g. output device 433 displaying “High” pliability, a “2-3 mm” installed diameter, a “1.5 mm max” collapsed diameter each as default parameter values a user can change via input device 434). In some embodiments, input device 134 includes a pointing device such as can be used to adjust any of these from a pop-up menu of allowable choices. In some embodiments, these or other parameters can be assigned to any value.

Operation 3712 describes receiving the parameter relating to the stent inventory shortage via an interface after prompting the user input (e.g. model input 412 receiving an indication that zero off-the-shelf stents satisfy a sufficiently high percentage of criteria comprising the user input). In some embodiments, model input 412 may then request a custom stent specification using component inventory information such as sheet type input 427, and indicate this specification via output device 433 as the parameter(s) relating to the stent inventory shortage.

Operation **3714** describes receiving an indication of a vascular system structure as the parameter relating to the stent inventory shortage (e.g. vascular type input **422** indicating "true" generally to indicate a vascular device, blood vessel(s) for which the stent(s) are sought, or the like). Categorical information like this can be
5 used for retrieving related models, case histories, available stent and stent component inventories, or the like. It can also be used for deciding upon a customized or off-the-shelf stent, coating, or structural component, for example. In some embodiments, a text-valued vascular type input can likewise be received, such as a blood vessel name.

Operation **3716** describes retrieving the parameter relating to the stent
10 inventory shortage from an inventory (e.g. inventory status input **419** and network interface **435** jointly requesting and receiving a stent or stent component inventory status of all available sources within **100** kilometers of the requester). The identifiers and quantities in the retrieved aggregate stent or stent component inventory can each
constitute parameters relating to the stent inventory shortage that can be useful in
15 some instances.

Operation **3719** describes receiving a message comprising at least the parameter relating to the stent inventory shortage (e.g. message parser **450** receiving an advertisement or other source indication that can provide a wire type input such as a wire gauge or wire alloy description). In some embodiments, message parser **450**
20 may be implemented as a web crawler that independently gathers stent information from diverse suppliers or specifications.

Operation **3721** describes configuring the stent with a pleat configuration responsive to the obtained parameter relating to the stent inventory shortage (e.g. sheet bender controller **573** forming helical or other substantially curvaceous pleats
25 with sheet bender **503**). See, for example, pleats **1652** of **FIG. 16**. In some embodiments, a collapse-pleating configuration can be computer-optimized to minimize a risk of buckling or other damage as a custom-pleated stent passes through a real catheter mimicked by a heuristic catheter model. For example, in some instances a catheter can be modeled adequately by an inner diameter (such as
30 diameter **1667** of **FIG. 16**) and a degree of tortuosity (such as H, M, or L). In some

embodiments the collapse-pleating configuration can likewise take into account an inner diameter of a collapsed stent (such as diameter 1668 of FIG. 16) or other factors as described herein.

5 Operation 3722 describes including the flow occlusion portion of the stent responsive to the obtained parameter relating to the stent inventory shortage (e.g. stock designator 562 and sheet inventory 541 jointly nominating sheet material 910 having flow occlusion portion 922 responsive to indications that sheet material 910 is the only on-site component of a desired rigidity and that flow occlusion portion 922 will not impair stent performance). Of course in other embodiments, as explained
10 above, a flow occlusion portion may be a value-enhancing stent feature, a required search criterion, or a significant feature presented to a system user to facilitate the system user's stent selection. Also in other instances the flow occlusion portion is included by machine interface 571 configuring the stent physically with such a feature.

15 Operation 3725 describes configuring the stent with a dividing flow path responsive to the obtained parameter relating to the stent inventory shortage (e.g. machine interface 571 automatically configuring stent 1800 with flow outlet 1802 and at least branch outlet 1803, responsive to an indication that no suitable branching stents are available in inventory). In some embodiments, operation 3725 is initially
20 performed virtually, yielding an image like FIG. 18 as a heuristic model. A large number of such models can be kept as a virtual "inventory," in some implementations, optionally including linkages to component availability information that can bear upon a delivery time estimate .

25 Operation 3727 describes configuring the stent with the flow occlusion portion in response to a pathological indication and to the obtained parameter relating to the stent inventory shortage (e.g. plant 570 causing press controller 575 to create a flow occlusion site more than 90% blocked, responsive to an indication of an arterial rupture). Alternatively or additionally, the flow occlusion portion can be
30 implemented as a thrombogenic surface positioned in a thrombogenic target zone such as that shown in FIGS. 18 & 19.

Operation 3728 describes applying information retrieved relating to the stent with the flow occlusion portion (e.g. sheet bender controller 573 implementing one or more pleats in sheet material 910 or in stent 1000 responsive to information about flow occlusion portion 922). In some instances, pleats may be denser in a remainder
5 (e.g. mesh portion 921) of a sheet component, or may be omitted entirely from a flow occlusion portion to minimize inelastic deformation.

Referring now to FIG. 38, there are shown several variants of the flow 700 of FIG. 7. Operation 760—receiving a parameter relating to a specific patient—may include one or more of the following operations: 3863 or 3869. Operation 770—
10 configuring a stent with a flow occlusion portion in response to receiving the parameter relating to the specific patient—may include one or more of the following operations: 3871, 3873, 3875, 3876, or 3878.

Operation 3863 describes obtaining an identifier of the specific patient as the parameter relating to the specific patient (e.g. patient identifier input 413 requesting
15 the patient's identification number responsive to name fragments received, such as from an intake nurse). Alternatively or additionally, complete or local records for the patient can be retrieved directly in response to the name fragments or other patient identifier initially received. This approach can accelerate a stent customization, for example, especially in or near an emergency care facility. This can occur, for
20 example, in embodiments in which operation 760 is performed by receiver 430 and in which operation 770 is performed by processing module 580.

Operation 3869 describes obtaining medical history information including at least the parameter relating to the specific patient (e.g. message parser 450
assembling the patient's history as portions thereof arrive, and extracting at least a
25 reasonably current vessel diameter as the parameter). In some embodiments, model input 412 instead generates stent diameter or thickness as the parameter (from the vessel diameter, e.g.).

Operation 3871 describes forming the flow occlusion portion of the stent by supporting a substantially occlusive layer with a rigid flow-permeable mesh (e.g.

bonder controller 579 affixing patch 1322 to frame 1321 with bonder 509). For variants incorporating features like operation 3871, a layer can be substantially occlusive if it occludes at least about 80% of a defined channel cross section. In some embodiments, a first and second stent portion are designed to be assembled in situ, such as by installing a film, a somewhat flimsy stent, or the like and then supporting it in situ against a vessel wall with a rigid frame. See FIG. 16. In some embodiments, those skilled in the art can implement operation 3871 by applying teachings herein to adapt assembly techniques described in documents like U.S. Pat. App. Ser. No. 10/737,314 ("Assembly and Planar Structure for Use Therein Which is Expandable into a 3-D Structure Such as a Stent and Device for Making the Planar Structure").

Operation 3873 describes heat-treating at least a portion of the one or more stents responsive to the parameter relating to the stent inventory shortage (e.g. machine interface 571 shaping nitinol or other superelastic material at 400° to 500° Celsius using a heuristic model that includes a temperature or other measurable parameter). In some embodiments, the parameter can be a thickness or other model dimension or a treatment temperature. In some embodiments, those skilled in the art can implement operation 3873 by applying teachings herein to adapt construction techniques described in documents like U.S. Pat. App. Ser. No. 10/826,028 ("Sizing and Shaping Device for Treating Congestive Heart Failure").

Operation 3875 describes removing material from the stent in the response to receiving the parameter relating to the specific patient (e.g. model implementer 563 forming notches, perforations, or the like responsive to an indication that a heuristic stent or component model needs a higher flexibility or coating elution rate).

Operation 3875 can also be performed physically, such as by a chemical etch (or by laser controller 578 or the like) forming or enlarging holes 925 of Fig. 9. In some embodiments, mesh portion 921 can be made more flexible and flow-permeable as the diameters of holes 925 are increased slightly, responsive to a shortage, patient attribute, or the like.

Operation 3876 describes configuring the stent with a flow-permeable mesh in the response to receiving the parameter relating to the specific patient (e.g. machine interface 571 positioning a diffuse emboli-deflecting mesh responsive to an indication that the permeating flow will supply a carotid artery or other location vulnerable to emboli). In some embodiments, a diffuse emboli-deflecting mesh is one with about 50 to 5000 flow holes per square centimeter and an effective areal coverage of at most about 20%.

Operation 3878 describes configuring the flow occlusion portion of the stent in the response to receiving the parameter relating to the specific patient (e.g. substance applicator 569 or machine interface 571 configuring thrombogenic surface 1863 of FIG. 18). In some embodiments, a thrombogenic surface can be a cellulose-based compound, a bare metal, or otherwise at least about as thrombogenic as pure titanium.

Referring now to FIG. 39, there are shown several variants of the flow 800 of FIG. 8. Operation 880—obtaining a parameter relating to a stent inventory shortage—may include one or more of the following operations: 3984 or 3986. Operation 890—specializing one or more stents in response to obtaining the parameter relating to the stent inventory shortage—configuring a stent with a flow occlusion portion in response to the obtained parameter relating to the stent inventory shortage—may include one or more of the following operations: 3992, 3993, 3995, 3996, or 3998.

Operation 3984 describes obtaining anatomical information including at least the parameter relating to the stent inventory shortage (e.g. inventory controller 540 accessing stent inventory 542 to determine that it includes no stents of suitable size and rigidity for effectively stenting a trachea, esophagus, or the like). In some embodiments, such a determination is made responsive to arithmetic combinations, quantitative comparisons or the like, substantially in lieu of specific anatomical name comparisons. This can occur, for example, in embodiments in which operation 880 is performed by receiver 430 and in which operation 890 is performed by processing module 580.

Operation 3986 describes obtaining stent information including at least the parameter relating to the stent inventory shortage (e.g. wire type input 426 receiving an indication that a wire component of a heuristic stent model has a category of "custom" or other indication that the wire is not generic). In some embodiments, such an indication signifies that such wire is never in inventory and must be special ordered or replaced with some other design structure.

Operation 3992 describes exerting pressure on a component of the one or more stents responsive to the parameter relating to the stent inventory shortage (e.g. sheet bender controller 573 forming pleats 1415 with sheet bender 503 in a configuration substantially like that of a stent in short supply). In some embodiments, the component is assembled into the stent(s) after operation 3992.

Operation 3993 describes specializing the one or more stents responsive to a value of a parameter relating to a specific patient (e.g. network interface 561 causing stent 2150 to implement radius of curvature 2152 for duct 2024 of patient 2000). In some embodiments, network interface 561 configures stent 2150 via a manufacturing or customization facility (not shown) that can be remote from patient 2000 or system 500.

Operation 3995 describes removing a portion of the one or more stents responsive to the parameter relating to the stent inventory shortage (e.g. laser controller 578 scoring, notching, or otherwise removing material with laser 508 along a pleat defined in a novel stent pleating configuration identified by the parameter). Alternatively or additionally, the removed portion may include a stent length portion removed by cutting (via machine interface 571, e.g.) responsive to a length indicator. Alternatively or additionally, the removed portion may include a stent thickness removed by chemical etching (via applicator controller 564, e.g.) responsive to a thickness indicator. Alternatively or additionally any portion of a virtual stent can be removed by model implementer 563, in some embodiments, responsive to a similar stent being depleted or otherwise in short supply.

Operation **3996** describes including an antibiotic in the one or more stents (e.g. antibiotic dispenser **568** applying a rapamycin-containing mixture locally in response to the parameter indicating that no better antibiotic is apparently available commercially). In some embodiments, a message describing this information can
5 instead be provided to a doctor who can then authorize or implement the rapamycin-including mixture coating operation.

Operation **3998** describes forming an aperture in the one or more stents responsive to the parameter relating to the stent inventory shortage (e.g. machine interface **571** forming an opening responsive to flow port **2202** of stent model **2210**,
10 responsive to an indication that flow port **2202** is substantially unlike that of any stent in inventory). In some embodiments, such an indication can come from an interface such as by input device **434**, a mouse or other pointing device, or the like.

Referring now to **FIG. 40**, there is shown another exemplary environment in which one or more technologies may be implemented. As shown local system **4000**
15 includes receiving module **4030**, customization module **4050** and resources **4060** coupled, for example, by channel **4010**. Local system **4000** can also include first stent printer **4021**, memory manager **4070**, memory **4072**, storage manager **4080** or storage **4082**. Local system **4000** can (optionally) couple through linkage **4011** with remote elements such as stent printer **4022**. In some embodiments portions of local
20 system **4000** such as design logic **4069** or storage **4082** can likewise be implemented remotely.

As shown receiving module **4030** can (optionally) include one or more of interface **4031**, message parser **4033** or input **4037**. Message parser **4033** can include one or more of identifiers **4034** or quantities **4035**. Input **4037** can include one or
25 more of profile **4038** (patient data or profiles **2700**, **2900** of **FIGS. 27** and **29**, e.g.) or values **4039**.

Customization module **4050** can include one or more of first applicator logic **4051**, second applicator logic **4052**, components assembler **4053**, material removal logic **4054**, press controller **4055**, junction formation logic **4056**, flow occlusion logic
30 **4057**, composition logic **4058** or layer configuration logic **4059**. Each of these items

may optionally be implemented as special purpose circuitry, as firmware, as software, or as general purpose circuitry configured with software in some embodiments.

Resources 4060 can include applicator 4001, applicator 4002, positioner 4003, etching equipments 4004, press 4005, equipment interface 4006, modeling software 4007, ingredient combiner 4008 or machine interface 4009. Resources 4060 can likewise include components 4061 (wire 4062, mesh 4063, patch 4064, or sheet 4065, e.g.), virtual site 4066, virtual stent 4067 and its components 4068, or design logic 4069. In some embodiments one or more of these resources can be implemented remotely, physically or virtually as exemplified below.

Referring now to FIG. 41, there are shown several variants of the flow 300 of FIG. 3 or 34. Operation 340—customizing one or more junctions of a stent *ex situ* in response to the received parameter relating to the specific patient—may include one or more of the following operations: 4141, 4144, 4146, 4148, or 4149. Operation 4150—performing one or more additional operations—may include one or more of the following operations: 4153, 4155, 4158, or 4159.

Operation 4141 describes forming a seam along at least a first-edge of a sheet element (e.g. junction formation logic 4056 using equipment interface 4006 to join abutting or overlapping edges sheet edges). Equipment interface 4006 can perform this function using a welder or adhesive applicator (not shown), for example.. In some embodiments, operation 4142 can be performed based on or otherwise in response to a received diameter or overlap distance relating to the specific patient, for example. Alternatively or additionally the received parameter(s) can include one or more of a medication, a dosage, a sheet identifier or the like relating to a specific patient. This can occur, for example, in embodiments in which customization module 4050 performs operation 340 and in which one or more resources 4060 perform operation 4150.

Operation 4144 describes joining a flow occlusion element with a flow-permeable element at a junction location at least partly based on the received parameter relating to the specific patient (e.g. flow occlusion logic 4057 using modeling software 4007 for assembling virtual stent 4067 by affixing a patch to a mesh in a mutual position at least partly specified by the received parameter). The

received parameter can indicate a menu selection of "toward the narrow end," for example, or a longitudinal coordinate of 0.31 millimeters. Alternatively or additionally, in some embodiments, flow occlusion logic 4057 can be configured to perform this operation upon a physical stent, such as by coupling flow occlusion logic 5 4057 with a bonder or the like via a machine interface (not shown).

Operation 4146 describes engaging a first tubular element of the stent ex situ with an open end of a second tubular element of the stent (e.g. component assembler 4053 using positioner 4003 for forming an end-to-end or other composite stent in response to one or more instructions). The instructions can include indications of 10 click-and-drag user input or the like, for example. In some embodiments, received parameters specify where the junction is (as coordinates, e.g.). Alternatively or additionally, the parameters can explicitly indicate a degree of overlap or a crimping force, for example, used for joining stent components.

Operation 4148 describes infusing at least one of the one or more junctions 15 with a therapeutic agent (e.g. composition logic 4058 using ingredient combiner 4008 for mixing the therapeutic agent with a biocompatible binding agent). The therapeutic agent can include an antibiotic or other drug, an antiproliferative agent or the like. Including such agents within the junction(s) can permit a more controlled dosage profile, for example.

Operation 4149 describes configuring one or more pleats of the stent ex situ 20 responsive to the received parameter relating to the specific patient (e.g. press controller 4055 using press 4005 to customize the one or more pleats to achieve a degree of compression suitable for use in a specific stenting site within the patient). By positioning pleats and other junctions in a manner that accommodates a degree of 25 tortuosity needed for access to a stenting site, for example, a stiffer or thicker sheet material may become feasible for smooth portions of the stent in some implementations. Those skilled in the art will recognize that other advantages can be achieved by other modes of customization, in light of teachings herein, without undue experimentation.

Operation 4153 describes generating at least one variant of the stent in 30 response to the received parameter relating to the specific patient (e.g. second stent

printer 4022 generating two or more stents of different sizes or compositions). In some embodiments the stents differ in only one or two aspects that are well understood. This can, for example, permit a surgeon to choose at the 11th hour, or even in surgery, between two or more stent versions that have been customized for the patient.

Operation 4155 describes engaging an open end of a first tubular element of the stent with a second tubular element of the stent (e.g. component assembler 4053 using positioner 4003 for arranging one or more of wire 4062, mesh 4063, patch 4064 or sheet 4064 physically or virtually). This can allow for coupling stent components end-to-end or in complex branched configurations like that of FIG. 23, making stenting feasible even for complex vessel geometries like that of FIG. 22. A surgeon can also perform operation 4155 in situ, such as by press-fitting tapered sleeves as shown in FIG. 23.

Operation 4158 describes displaying the at least a portion of the one or more customized junctions of the stent (e.g. interface 4031 displaying components 4068 of virtual stent 4067). Alternatively or additionally, interface 4031 can display a photograph of one or more components 4061 of an actual stent.

Operation 4159 describes customizing one or more other features of the stent (e.g. customization module 4050 selecting components of the stent in response to other information relating to the specific patient). In some embodiments, customization module 4050 can perform this operation jointly with storage manager 4080, for example, by retrieving data about a stent component or other resources available for customization operations.

Referring now to FIG. 42, there are shown several variants of the flow 300 of FIG. 3, 34, or 41. Operation 330—receiving a parameter relating to a specific patient—may include one or more of the following operations: 4231, 4233, 4234, or 4237. Operation 340—customizing one or more junctions of a stent *ex situ* in response to the received parameter relating to the specific patient—may include one or more of the following operations: 4242, 4244, 4245, 4246, 4247, or 4249.

Operation 4231 describes receiving an anatomical model of a portion of the specific patient (e.g. memory manager 4070 retrieving virtual site 4066 or virtual

stent 4067 from memory 4072 as a mathematical description of one or more 3-dimensional objects). In some embodiments, virtual stent 4067 may be customized for the specific patient. Alternatively or additionally, design logic 4069 can be configured to adapt or generate such a stent using the virtual site 4066 or other
5 received anatomical data. Design logic 4069 can likewise (optionally) be configured to delegate some or all of this task to remote resources such as second stent printer 4122. This can occur, for example, in embodiments in which receiving module 4030 performs operation 330 and in which customization module 4050 performs operation 340.

10 Operation 4233 describes receiving an identifier of the specific patient (e.g. message parser 4033 receiving one or more identifiers such as the patient's name or identification number). In some embodiments, the identifiers comprise the received parameter, optionally accompanied by other parameters such as a customized stent specification. Alternatively or additionally, a patient identifier can be used to request
15 a retrieval of other parameters.

 Operation 4234 describes receiving an ingredient indication as the parameter relating to the specific patient (e.g. message parser 4033 receiving one or more identifiers 4034 of drugs or sheet elements). A sheet element identifier may include an explicit identifier (e.g. Nitinol) or an implicit identifier (e.g. a catalog item of
20 "A40"). Those skilled in the art will recognize a variety of trade names or other identifiers, for example, that indicate a material or other ingredient suitable for use in customizing a stent. Alternatively or additionally, a component identifier can be used to request a retrieval of other parameters.

 Operation 4237 describes receiving a dimension as the parameter relating to
25 the specific patient (e.g. message parser 4033 receiving one or more quantities 4035 signifying widths or other shape data). The quantities may define or otherwise describe an anatomical attribute amenable to customization, for example. Message parser 4033 may likewise receive data that is not used for stent customization in some embodiments. Alternatively or additionally, message parser 4033 can be configured
30 to receive and interpret identifiers 4034 (e.g. as described above in relation to operation 4233 or 4234).

Operation **4242** describes removing material from at least one stent component in the response to the received parameter relating to the specific patient (e.g. material removal logic **4054** using etching equipment **4004** to remove a layer or to form holes). See, e.g., holes 925 in **FIG. 9**. Alternatively or additionally, material removal logic **4054** can reduce a layer thickness of one or more components **4068** of virtual stent **4067** in response to input **4037** from interface **4031**. This can be implemented physically, for example, by adding thinner to a binding agent into which the wire or sheet element is dipped, or in directing that fewer layers (e.g. successive applications) will be included.

Operation **4244** describes applying a first layer to a stent element in response to the received parameter relating to the specific patient (e.g. first applicator logic **4051** configuring applicator **4001** to control an application of a layer to a sheet material or wire material). See, e.g. **FIGS. 26 & 28**. First applicator logic **4051** can, for example, be configured to control one or more of an applicator type (e.g. A spray applicator or an immersion system); a drug, binding agent or other ingredient; a temperature, duration, positioning or sequencing of applications or the like.

Operation **4245** describes forming one of the one or more junctions between the first layer and a second layer by applying the second layer over the first layer (e.g. second applicator logic **4052** configuring applicator **4002** to control an application of a new layer over a lower layer or other component of stent). Second applicator logic **4052** can, for example, be configured to control one of the above-referenced systems, optionally including a control attribute responsive to input **4037** or from interface **4031**.

Operation **4246** describes configuring a dimension of a layer of the stent *ex situ* in the response to the received parameter relating to the specific patient (e.g. flow occlusion logic **4057** using modeling software **4007** for configuring a length, width, thickness, or structure of a layer in response to input **4037** entered on behalf of the specific patient). In some embodiments, the layer can comprise patch **4064**, sheet **4065**, a thrombogenic material or the like. Alternatively or additionally, the dimension can comprise a value such as outer diameter **1667** of **FIG. 16**, a layer thickness or the like. The received parameter can include a radius of curvature or

other indicator of tortuosity, a vessel diameter, a calcification or age indicator, a pathologic indicator or the like. Modeling software 4008 can be configured to describe a position of virtual stent 4067 within virtual site 4066 using conventional 3-dimensional rendering, for example, in light of these teachings. In some variants, vessel shape or other patient attributes can be taken into account in determining the appropriateness of a tapered or tight-fitting stent, for example. Alternatively or additionally, in some embodiments, flow occlusion logic 4057 can be configured to perform operation 4057 as described above.

Operation 4247 describes configuring a layer of the stent ex situ in the response to the received parameter relating to the specific patient (e.g. layer configuration logic 4059 using machine interface 4009 for configuring a length, width, or thickness of a layer in response to input 4037 entered for the specific patient). In some embodiments, the layer can comprise a flow occlusion structure as described in operation 4246 or the dimension or the received parameter can include those described above. Alternatively or additionally, the material composition of the junction(s) or layer(s) can be customized in response to the received parameter(s). A thinner or more pliable material may be used in response to an indication that the patient is elderly or that an access vessel is highly tortuous, for example. Those skilled in the art will recognize a variety of other customization opportunities to serve patients better in light of teachings herein.

Operation 4249 describes forming the one or more junctions of the stent ex situ (e.g. first stent printer 4021 configuring a content or thickness of an inter-layer junction in response to a dosage profile selected or otherwise specified by input). the wire component 2700 can be configured with two layers, in the example as shown in FIG. 27, in response to input 4037 indicating a profile like that of FIG. 28 (e.g. profile 2800). In one scenario, attributes of inventoried stent components (respective mechanical properties or elution profiles, e.g.) are displayed to a user who then selects a desired combination of the components and activates first stent printer 4021 accordingly. Those skilled in the art will recognize that such profiles can be implemented without undue experimentation, for example, using inkjet technology or the like in light of teachings herein.

It will be understood that variations in business models relating to the technologies described herein may prove advantageous, for example in situations in which an information systems consultant or other service provider acts for the benefit of one or more clients or interests to achieve such technologies collectively. Such arrangements can facilitate organizational or tool specialization and cost effectiveness, for example, across distributed networks in the global marketplace. Those skilled in the art will recognize that such beneficial interaction creates a commercial web constituting a single *de facto* entity of two or more interacting participants cooperatively implementing the teachings herein, within the scope and spirit of the claimed invention.

Those having skill in the art will recognize that the state of the art has progressed to the point where there is little distinction left between hardware and software implementations of aspects of systems; the use of hardware or software is generally (but not always, in that in certain contexts the choice between hardware and software can become significant) a design choice representing cost vs. efficiency tradeoffs. Those having skill in the art will appreciate that there are various vehicles by which processes and/or systems and/or other technologies described herein can be effected (e.g., hardware, software, and/or firmware), and that the preferred vehicle will vary with the context in which the processes and/or systems and/or other technologies are deployed. For example, if an implementer determines that speed and accuracy are paramount, the implementer may opt for a mainly hardware and/or firmware vehicle; alternatively, if flexibility is paramount, the implementer may opt for a mainly software implementation; or, yet again alternatively, the implementer may opt for some combination of hardware, software, and/or firmware. Hence, there are several possible vehicles by which the processes and/or devices and/or other technologies described herein may be effected, none of which is inherently superior to the other in that any vehicle to be utilized is a choice dependent upon the context in which the vehicle will be deployed and the specific concerns (e.g., speed, flexibility, or predictability) of the implementer, any of which may vary. Those skilled in the art

will recognize that optical aspects of implementations will typically employ optically-oriented hardware, software, and or firmware.

The foregoing detailed description has set forth various embodiments of the devices and/or processes via the use of block diagrams, flowcharts, and/or examples.

5 Insofar as such block diagrams, flowcharts, and/or examples contain one or more functions and/or operations, it will be understood by those within the art that each function and/or operation within such block diagrams, flowcharts, or examples can be implemented, individually and/or collectively, by a wide range of hardware, software, firmware, or virtually any combination thereof. In one embodiment, several portions
10 of the subject matter described herein may be implemented via Application Specific Integrated Circuits (ASICs), Field Programmable Gate Arrays (FPGAs), digital signal processors (DSPs), or other integrated formats. However, those skilled in the art will recognize that some aspects of the embodiments disclosed herein, in whole or in part, can be equivalently implemented in integrated circuits, as one or more computer
15 programs running on one or more computers (e.g., as one or more programs running on one or more computer systems), as one or more programs running on one or more processors (e.g., as one or more programs running on one or more microprocessors), as firmware, or as virtually any combination thereof, and that designing the circuitry and/or writing the code for the software and or firmware would be well within the
20 skill of one of skill in the art in light of this disclosure. In addition, those skilled in the art will appreciate that the mechanisms of the subject matter described herein are capable of being distributed as a program product in a variety of forms, and that an illustrative embodiment of the subject matter described herein applies regardless of the particular type of signal bearing medium used to actually carry out the
25 distribution. Examples of a signal bearing medium include, but are not limited to, the following: a recordable type medium such as a floppy disk, a hard disk drive, a Compact Disc (CD), a Digital Video Disk (DVD), a digital tape, a computer memory, etc.; and a transmission type medium such as a digital and/or an analog communication medium (e.g., a fiber optic cable, a waveguide, a wired
30 communications link, a wireless communication link, etc.).

In a general sense, those skilled in the art will recognize that the various embodiments described herein can be implemented, individually and/or collectively, by various types of electro-mechanical systems having a wide range of electrical components such as hardware, software, firmware, or virtually any combination thereof; and a wide range of components that may impart mechanical force or motion such as rigid bodies, spring or torsional bodies, hydraulics, and electro-magnetically actuated devices, or virtually any combination thereof. Consequently, as used herein "electro-mechanical system" includes, but is not limited to, electrical circuitry operably coupled with a transducer (e.g., an actuator, a motor, a piezoelectric crystal, etc.), electrical circuitry having at least one discrete electrical circuit, electrical circuitry having at least one integrated circuit, electrical circuitry having at least one application specific integrated circuit, electrical circuitry forming a general purpose computing device configured by a computer program (e.g., a general purpose computer configured by a computer program which at least partially carries out processes and/or devices described herein, or a microprocessor configured by a computer program which at least partially carries out processes and/or devices described herein), electrical circuitry forming a memory device (e.g., forms of random access memory), electrical circuitry forming a communications device (e.g., a modem, communications switch, or optical-electrical equipment), and any non-electrical analog thereto, such as optical or other analogs. Those skilled in the art will also appreciate that examples of electro-mechanical systems include but are not limited to a variety of consumer electronics systems, as well as other systems such as motorized transport systems, factory automation systems, security systems, and communication/computing systems. Those skilled in the art will recognize that electro-mechanical as used herein is not necessarily limited to a system that has both electrical and mechanical actuation except as context may dictate otherwise.

In a general sense, those skilled in the art will recognize that the various aspects described herein which can be implemented, individually and/or collectively, by a wide range of hardware, software, firmware, or any combination thereof can be viewed as being composed of various types of "electrical circuitry." Consequently, as used herein "electrical circuitry" includes, but is not limited to, electrical circuitry

having at least one discrete electrical circuit, electrical circuitry having at least one integrated circuit, electrical circuitry having at least one application specific integrated circuit, electrical circuitry forming a general purpose computing device configured by a computer program (e.g., a general purpose computer configured by a computer program which at least partially carries out processes and/or devices described herein, or a microprocessor configured by a computer program which at least partially carries out processes and/or devices described herein), electrical circuitry forming a memory device (e.g., forms of random access memory), and/or electrical circuitry forming a communications device (e.g., a modem, communications switch, or optical-electrical equipment). Those having skill in the art will recognize that the subject matter described herein may be implemented in an analog or digital fashion or some combination thereof.

Those skilled in the art will recognize that it is common within the art to describe devices and/or processes in the fashion set forth herein, and thereafter use engineering practices to integrate such described devices and/or processes into data processing systems. That is, at least a portion of the devices and/or processes described herein can be integrated into a data processing system via a reasonable amount of experimentation. Those having skill in the art will recognize that a typical data processing system generally includes one or more of a system unit housing, a video display device, a memory such as volatile and non-volatile memory, processors such as microprocessors and digital signal processors, computational entities such as operating systems, drivers, graphical user interfaces, and applications programs, one or more interaction devices, such as a touch pad or screen, and/or control systems including feedback loops and control motors (e.g., feedback for sensing position and/or velocity; control motors for moving and/or adjusting components and/or quantities). A typical data processing system may be implemented utilizing any suitable commercially available components, such as those typically found in data computing/communication and/or network computing/communication systems.

Those skilled in the art will recognize that it is common within the art to implement devices and/or processes and/or systems in the fashion(s) set forth herein,

and thereafter use engineering and/or business practices to integrate such implemented devices and/or processes and/or systems into more comprehensive devices and/or processes and/or systems. That is, at least a portion of the devices and/or processes and/or systems described herein can be integrated into other devices and/or processes and/or systems via a reasonable amount of experimentation. Those
5 having skill in the art will recognize that examples of such other devices and/or processes and/or systems might include – as appropriate to context and application -- all or part of devices and/or processes and/or systems of (a) an air conveyance (e.g., an airplane, rocket, hovercraft, helicopter, etc.) , (b) a ground conveyance (e.g., a car,
10 truck, locomotive, tank, armored personnel carrier, etc.), (c) a building (e.g., a home, warehouse, office, etc.), (d) an appliance (e.g., a refrigerator, a washing machine, a dryer, etc.), (e) a communications system (e.g., a networked system, a telephone system, a Voice over IP system, etc.), (f) a business entity (e.g., an Internet Service Provider (ISP) entity such as Comcast Cable, Quest, Southwestern Bell, etc), or (g) a
15 wired/wireless services entity such as Sprint, Cingular, Nextel, etc.), etc.

One skilled in the art will recognize that the herein described components (e.g., steps), devices, and objects and the discussion accompanying them are used as examples for the sake of conceptual clarity and that various configuration
modifications are within the skill of those in the art. Consequently, as used herein,
20 the specific exemplars set forth and the accompanying discussion are intended to be representative of their more general classes. In general, use of any specific exemplar herein is also intended to be representative of its class, and the non-inclusion of such specific components (e.g., steps), devices, and objects herein should not be taken as indicating that limitation is desired.

25 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 are not expressly set forth herein for sake of clarity.

The herein described subject matter sometimes illustrates different components contained within, or connected with, different other components. It is to be understood that such depicted architectures are merely exemplary, and that in fact many other architectures can be implemented which achieve the same functionality.

5 In a conceptual sense, any arrangement of components to achieve the same functionality is effectively "associated" such that the desired functionality is achieved. Hence, any two components herein combined to achieve a particular functionality can be seen as "associated with" each other such that the desired functionality is achieved, irrespective of architectures or intermedial components. Likewise, any two
10 components so associated can also be viewed as being "operably connected", or "operably coupled", to each other to achieve the desired functionality, and any two components capable of being so associated can also be viewed as being "operably couplable", to each other to achieve the desired functionality. Specific examples of operably couplable include but are not limited to physically mateable and/or
15 physically interacting components and/or wirelessly interactable and/or wirelessly interacting components and/or logically interacting and/or logically interactable components.

While particular aspects of the present subject matter described herein have been shown and described, it will be apparent to those skilled in the art that, based
20 upon the teachings herein, changes and modifications may be made without departing from the subject matter described herein and its broader aspects and, therefore, the appended claims are to encompass within their scope all such changes and modifications as are within the true spirit and scope of the subject matter described herein. Furthermore, it is to be understood that the invention is defined by the
25 appended claims. It will be understood by those within the art that, in general, terms used herein, and especially in the appended claims (e.g., bodies of the appended claims) are generally intended as "open" terms (e.g., 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
30 limited to," etc.). 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. 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

5 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 inventions 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" (e.g., "a" and/or "an" should typically be interpreted to mean "at least

10 one" or "one or more"); the same holds true for the use of definite articles used to introduce claim recitations. 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 typically be interpreted to mean at least the recited number (e.g., the bare recitation of "two recitations," without other modifiers, typically means at least

15 two recitations, or two or more recitations). Furthermore, in those instances where a convention analogous to "at least one of A, B, and C, etc." is used, in general such a construction is intended in the sense one having skill in the art would understand the convention (e.g., "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

20 together, B and C together, and/or A, B, and C together, etc.). In those instances where a convention analogous to "at least one of A, B, or C, etc." is used, in general such a construction is intended in the sense one having skill in the art would understand the convention (e.g., "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

25 together, A and C together, B and C together, and/or A, B, and C together, etc.). 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

30 "A or B" will be understood to include the possibilities of "A" or "B" or "A and B."

CLAIMS

What is claimed is:

1. A method comprising:

receiving a parameter relating to a specific patient; and

customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient.
2. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving a heuristic model identifier as the parameter relating to the specific patient.
3. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving an identifier of the specific patient with the parameter relating to the specific patient.
4. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving a composite material identifier as the parameter relating to the specific patient.
5. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

selecting a template responsive to the parameter relating to the specific patient; and

customizing the selected template responsive to other information relating to the specific patient.

6. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing a material composition of the stent responsive to the parameter relating to the specific patient.

7. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing one or more apertures of the stent responsive to the parameter relating to the specific patient.

8. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

associating a medication regimen with the specific patient; and

implementing the medication regimen associated with the specific patient *ex situ*.

9. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing a dosage of a portion of the stent responsive to the parameter relating to the specific patient.

10. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving an indication of a digestive system structure as the parameter relating to the specific patient.

11. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving one or more dimensions including at least the parameter relating to the specific patient.

12. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving stent component quantity information with the parameter relating to the specific patient.

13. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

forming an antiproliferative surface of the stent; and

applying at least one of an anticoagulant or an anti-platelet agent to the stent after forming the antiproliferative surface of the stent.

14. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

bending a component of the stent *ex situ* as the at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient.

15. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

forming a flow occlusion portion of the stent responsive to the parameter relating to the specific patient.

16. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

modifying a stiffness of the stent responsive to the parameter relating to the specific patient.

17. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing the one or more attributes of the stent *ex situ* within one month of receiving the parameter relating to the specific patient.

18. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing the one or more attributes of the stent *ex situ* within one week of receiving the parameter relating to the specific patient.

19. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing the one or more attributes of the stent *ex situ* within one day of receiving the parameter relating to the specific patient.

20. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing the one or more attributes of the stent *ex situ* within one hour of receiving the parameter relating to the specific patient.

21. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

customizing the one or more attributes of the stent *ex situ* within at most about ten minutes of receiving the parameter relating to the specific patient.

22. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

retrieving a record including at least the parameter relating to the specific patient.

23. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

prompting user input; and

receiving the parameter relating to the specific patient via an interface after prompting the user input.

24. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving a pathological indication with the parameter relating to the specific patient.

25. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving shape information including at least the parameter relating to the specific patient.

26. The method of claim 1 further comprising:

performing one or more additional operations.

27. The method of claim 1 further comprising:

marking the stent *ex situ* with identifying information relating to the one or more customized attributes of the stent.

28. The method of claim 1 further comprising:

aggregating data including at least the parameter relating to the specific patient and other information in a database.

29. The method of claim 1 further comprising:

recording an identifier of the stent with the parameter relating to the specific patient.

30. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving information at least partly relating to a stent inventory shortage including at least the parameter relating to the specific patient.

31. The method of claim 1 in which receiving a parameter relating to a specific patient comprises:

receiving an indication of a linkage between the parameter and the specific patient.

32. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

configuring one or more lateral sleeves in a portion of the stent responsive to the parameter relating to the specific patient.

33. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

configuring one or more pleats of the stent *ex situ* responsive to the parameter relating to the specific patient.

34. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

combining at least a first stent component and a second stent component responsive to information including at least the parameter relating to the specific patient.

35. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

cutting one or more flow holes in a component of the stent responsive to the parameter relating to the specific patient.

36. The method of claim 1 in which customizing one or more attributes of a stent *ex situ* as an at-least-roughly contemporaneous response to receiving the parameter relating to the specific patient comprises:

including an antibiotic on the stent responsive to the parameter relating to the specific patient.

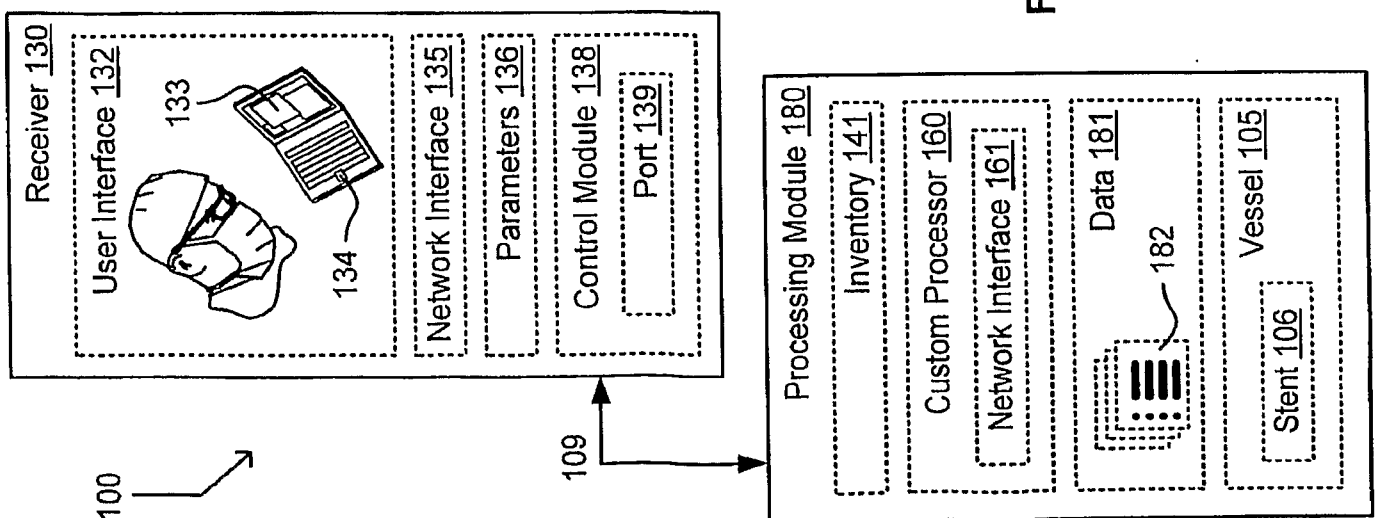


FIG. 1

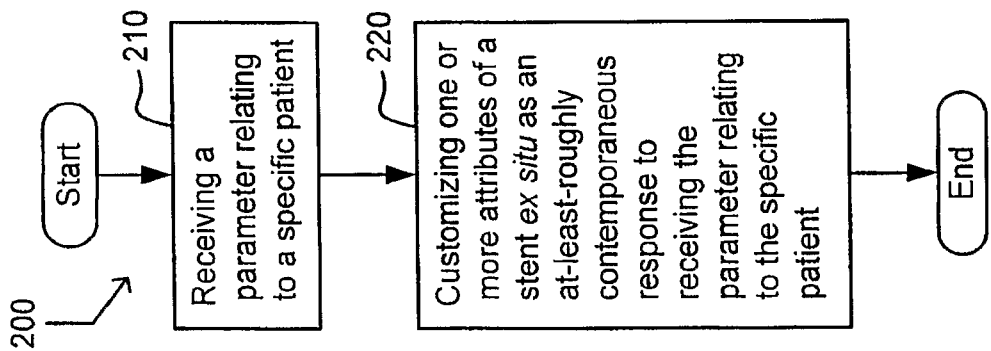


FIG. 2

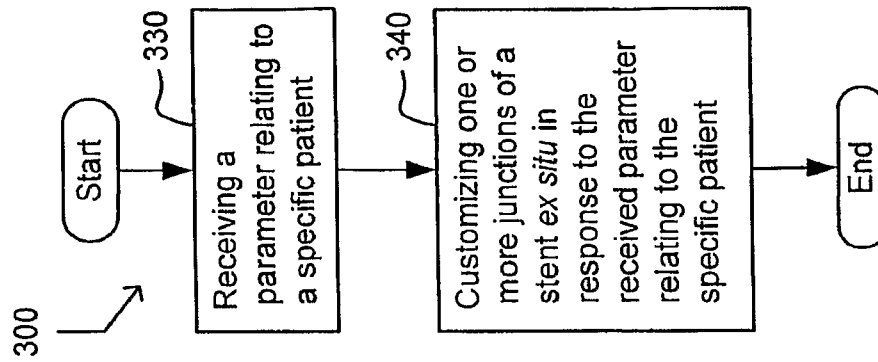
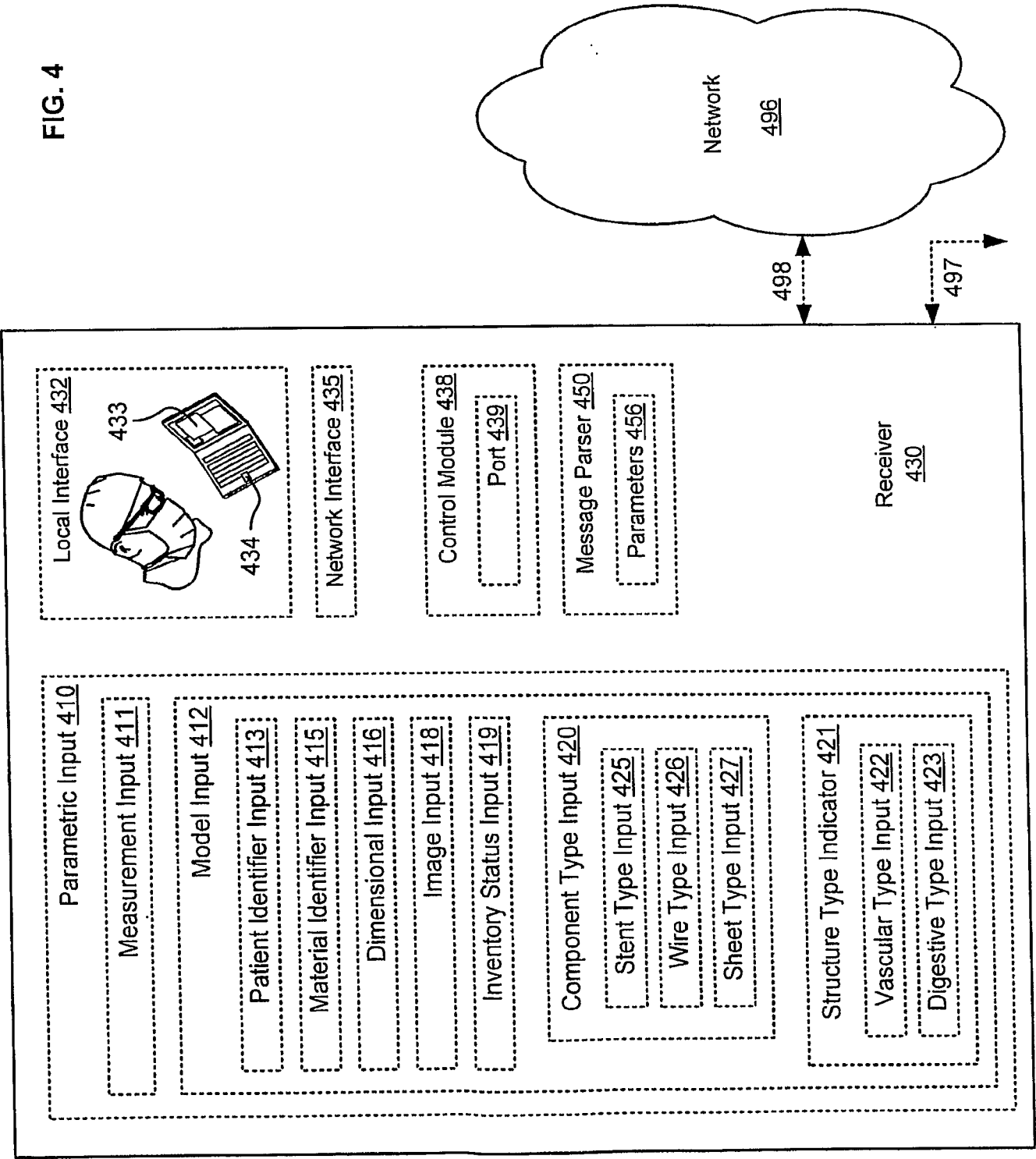
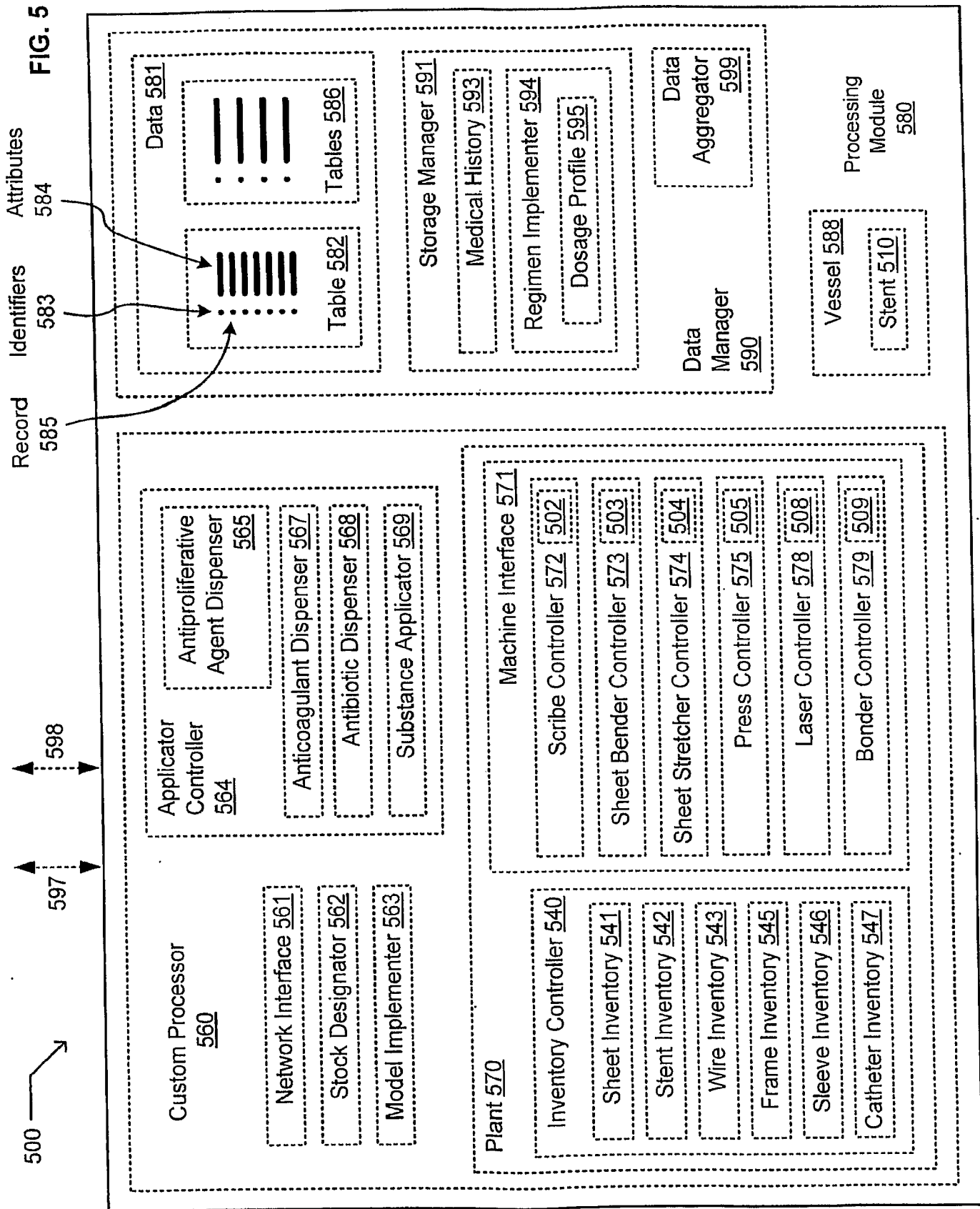


FIG. 3

FIG. 4





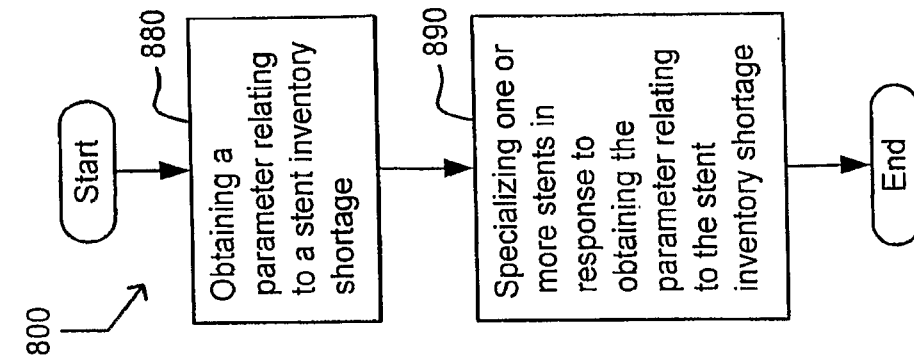


FIG. 8

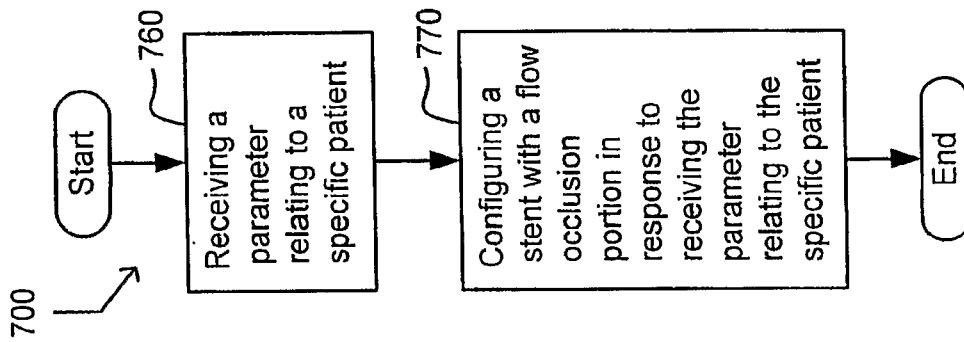


FIG. 7

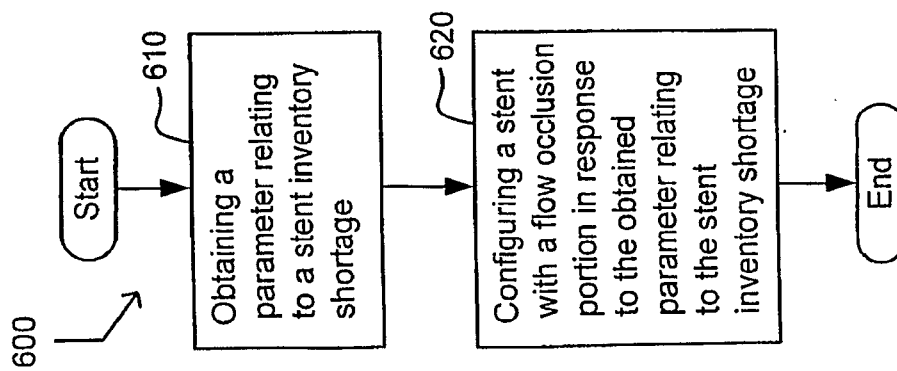


FIG. 6

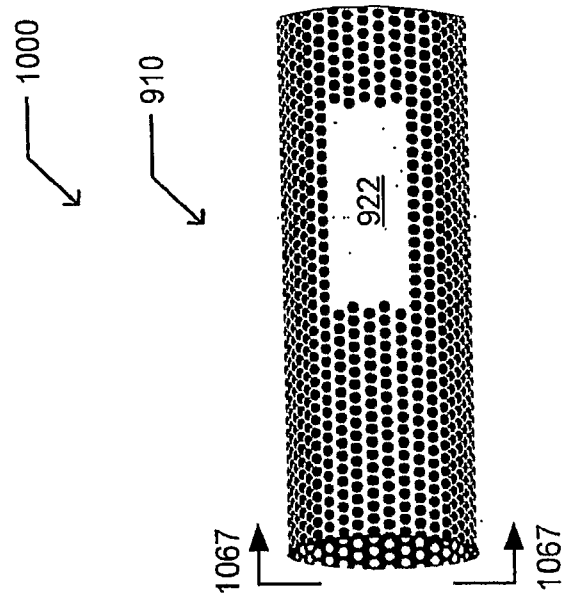


FIG. 10

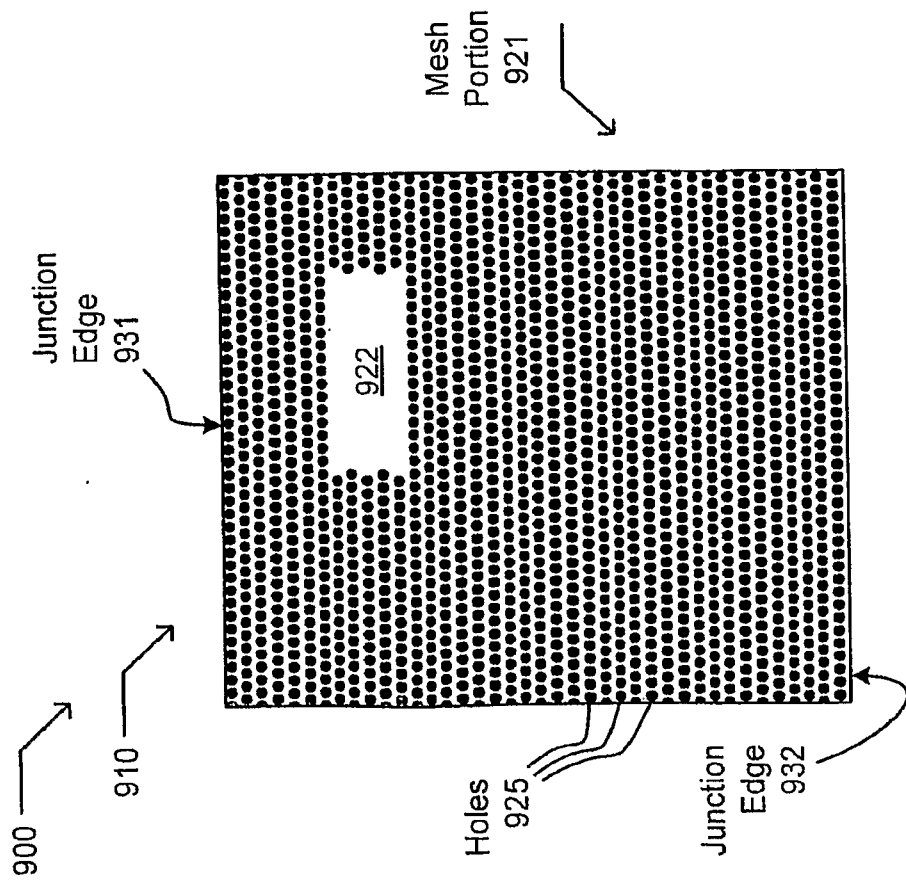


FIG. 9

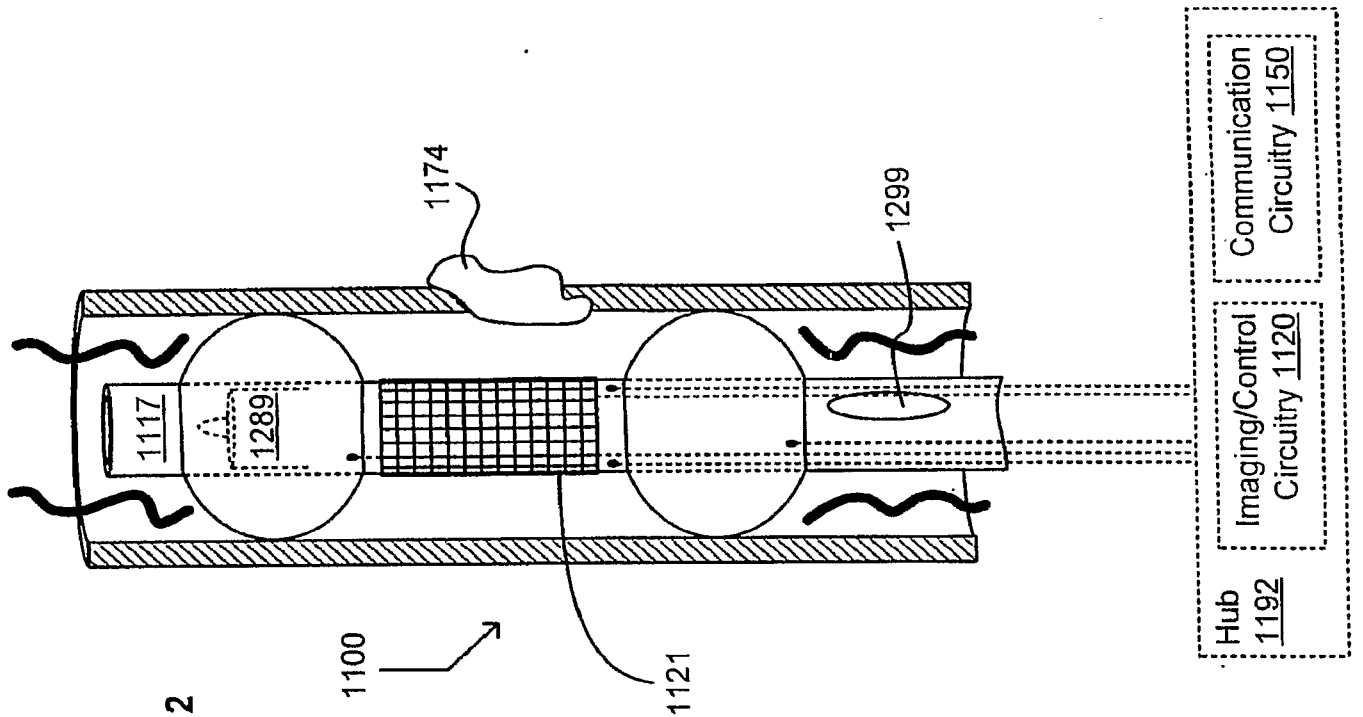


FIG. 12

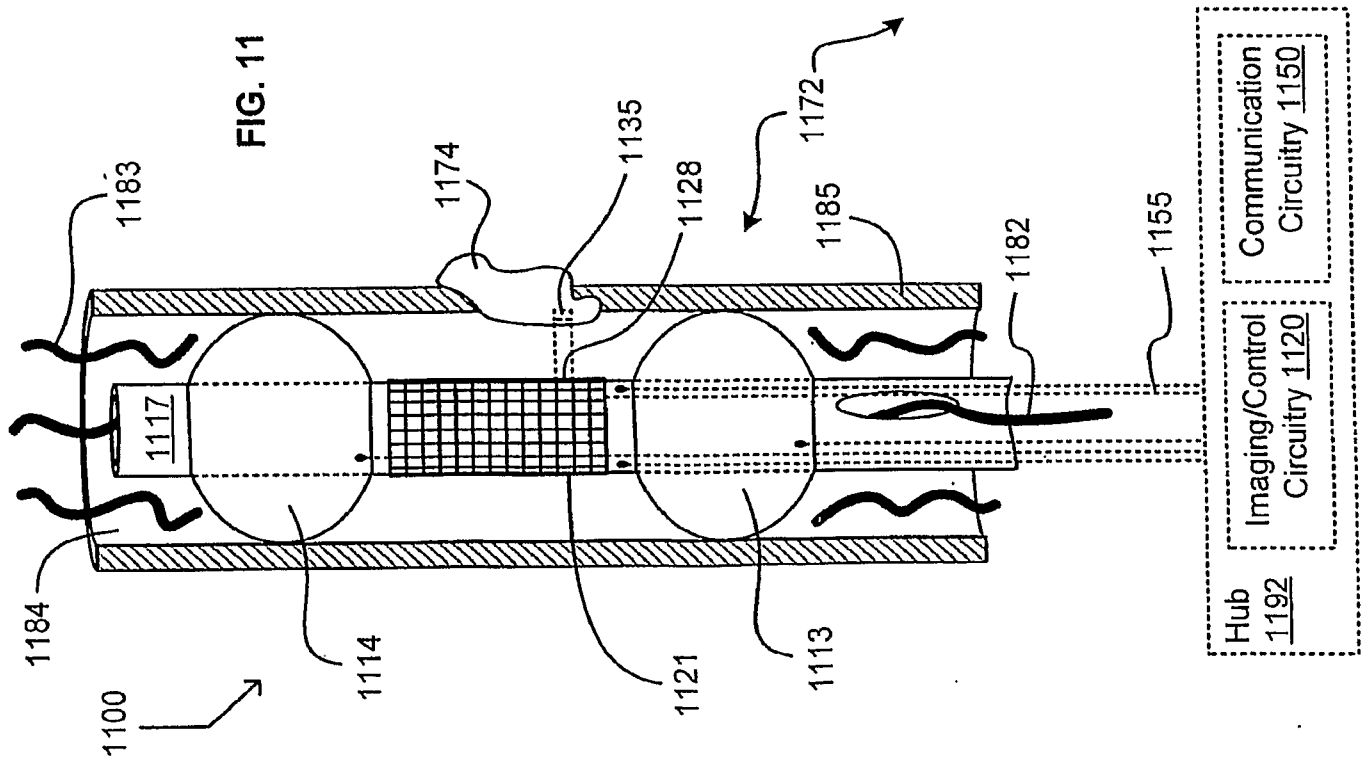
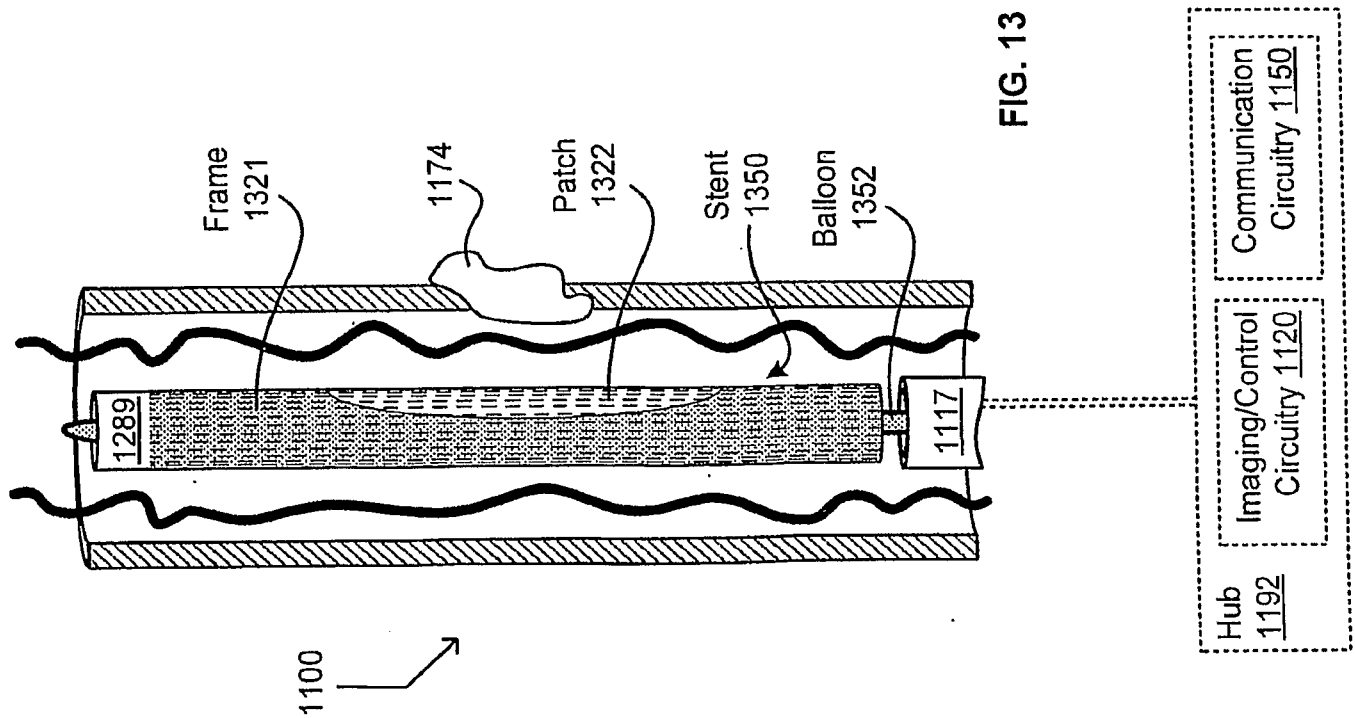
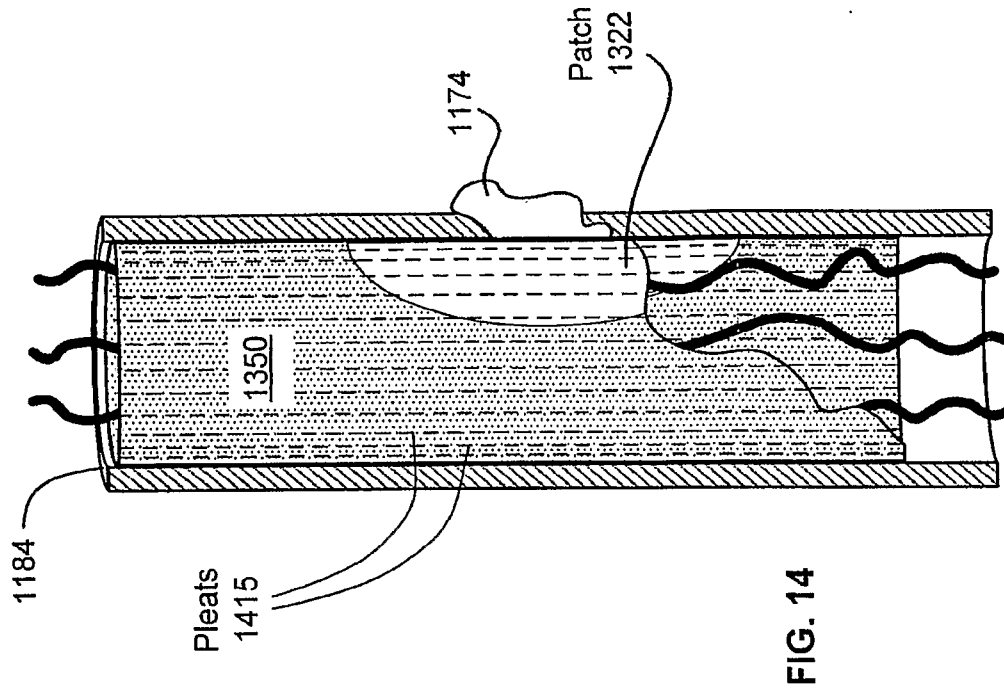
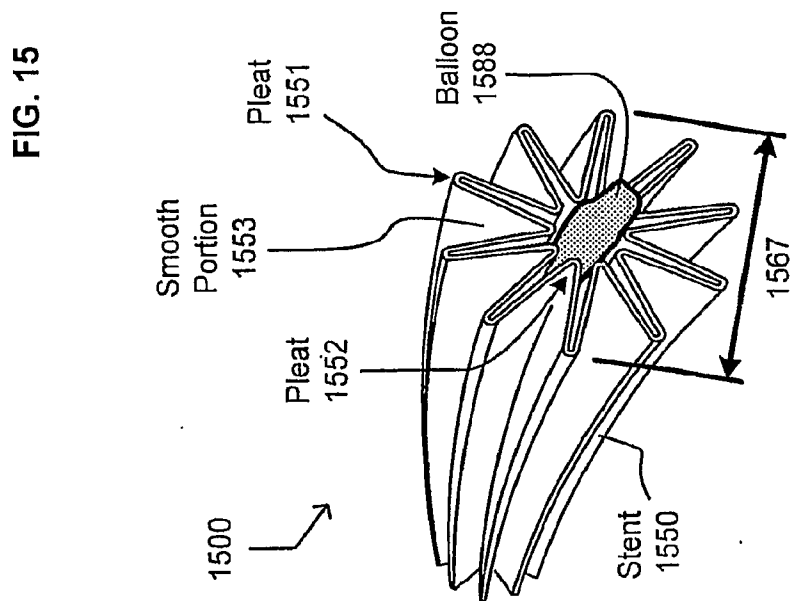
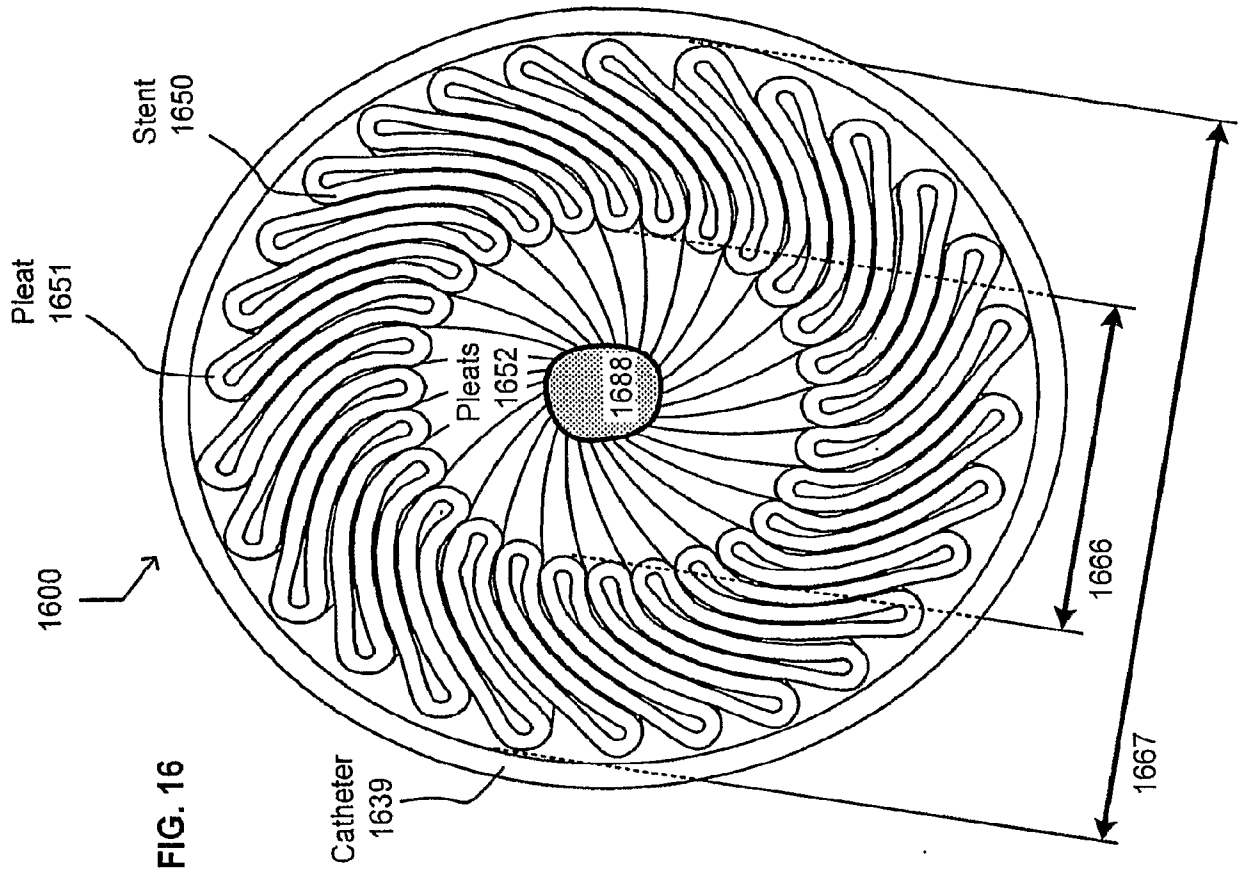


FIG. 11





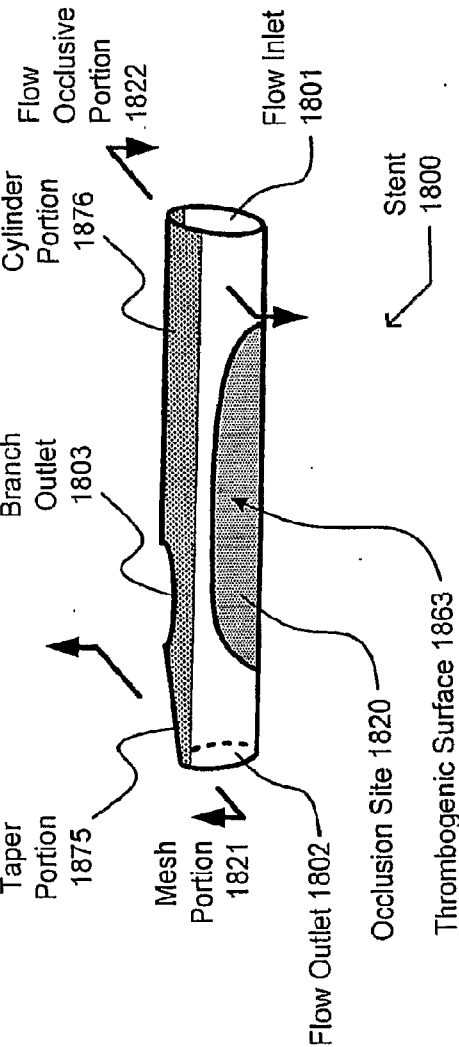


FIG. 18

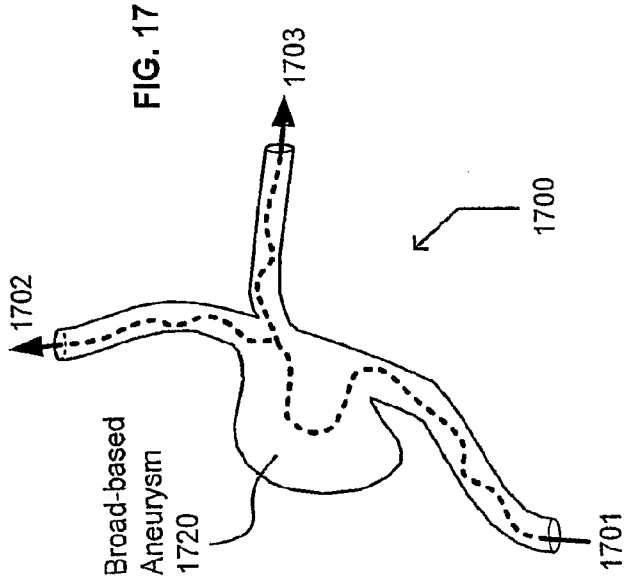


FIG. 17

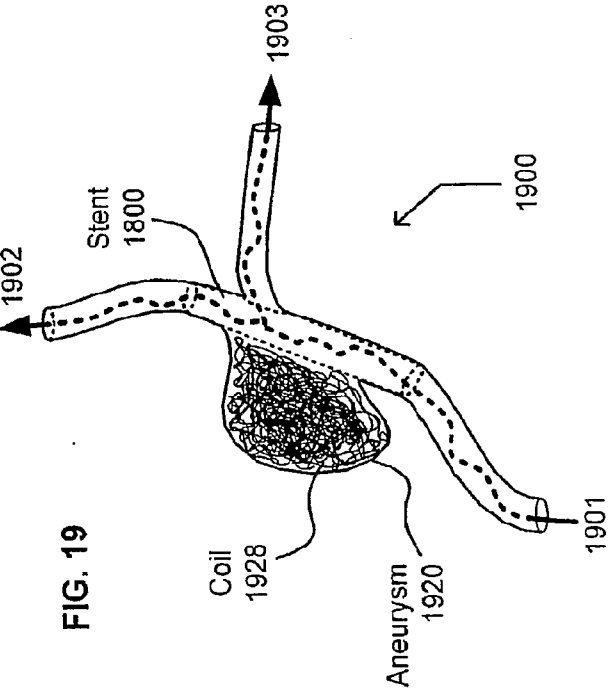


FIG. 19

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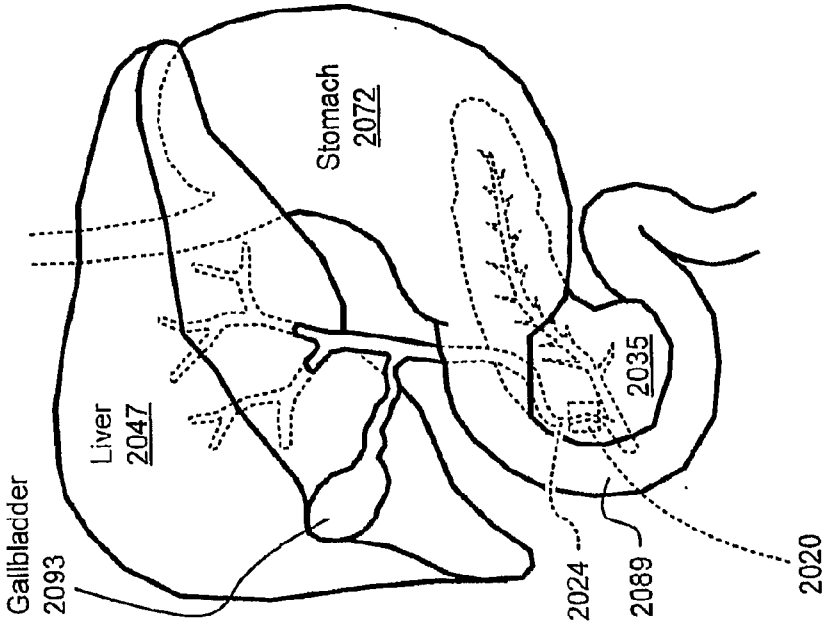
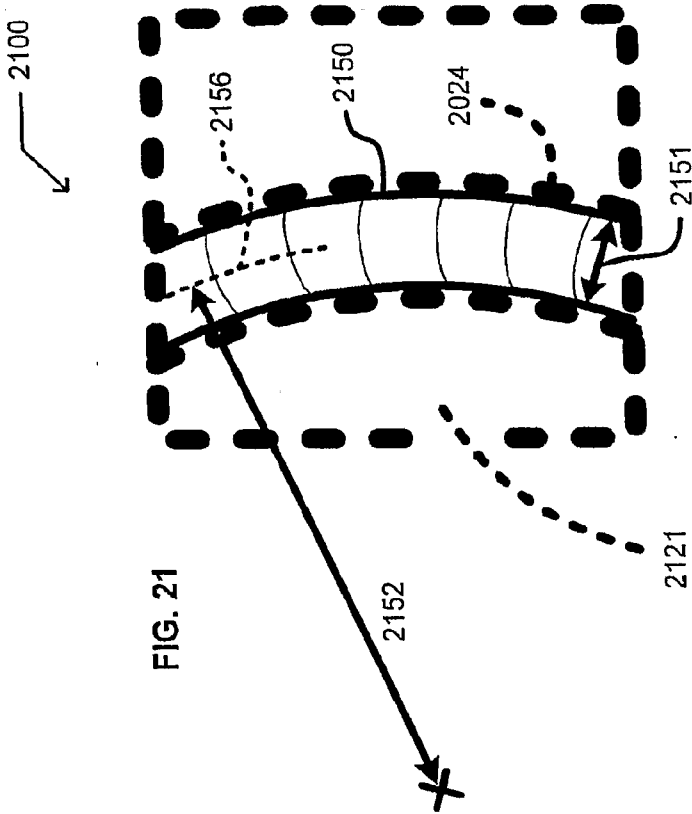


FIG. 20

FIG. 21



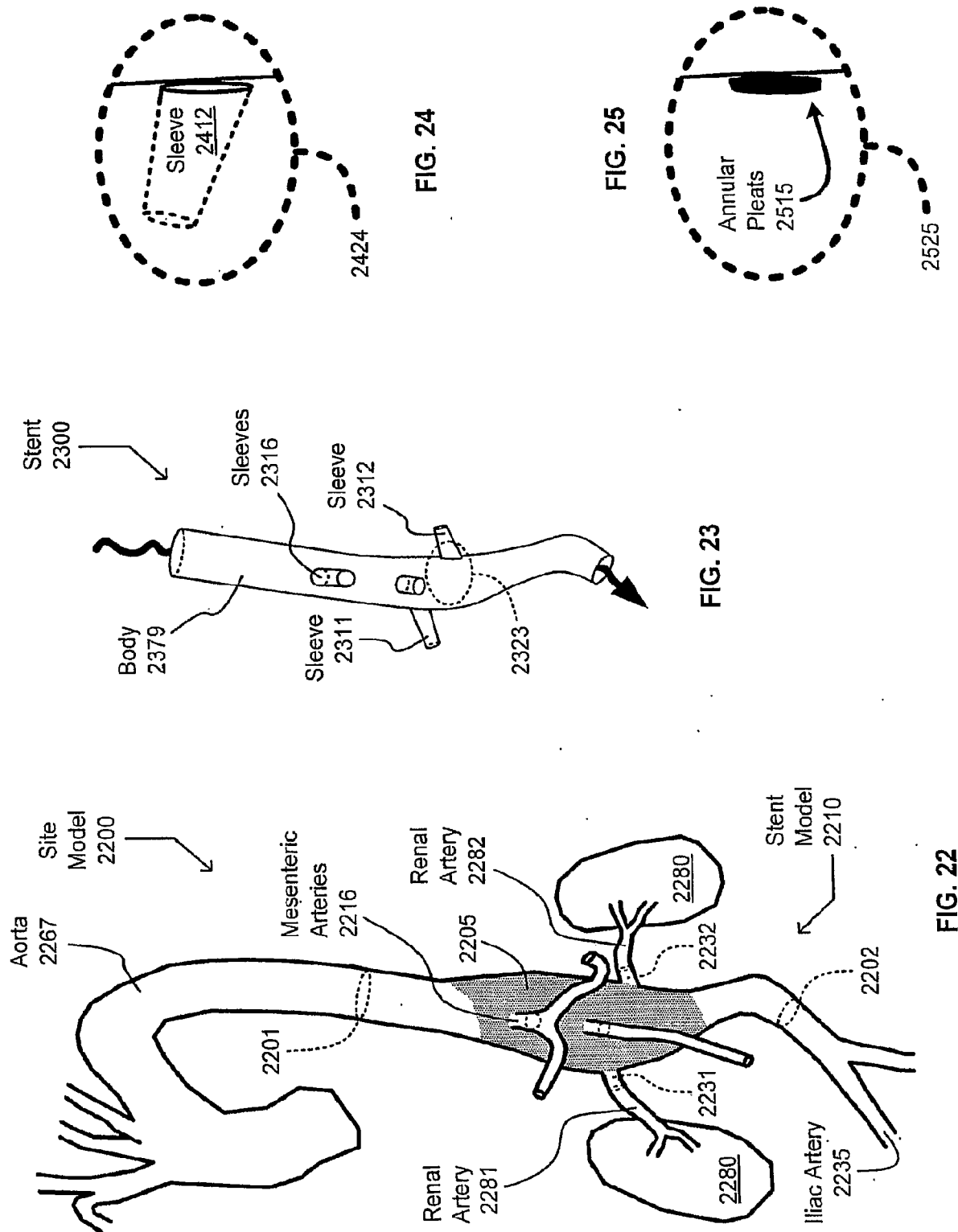


FIG. 22

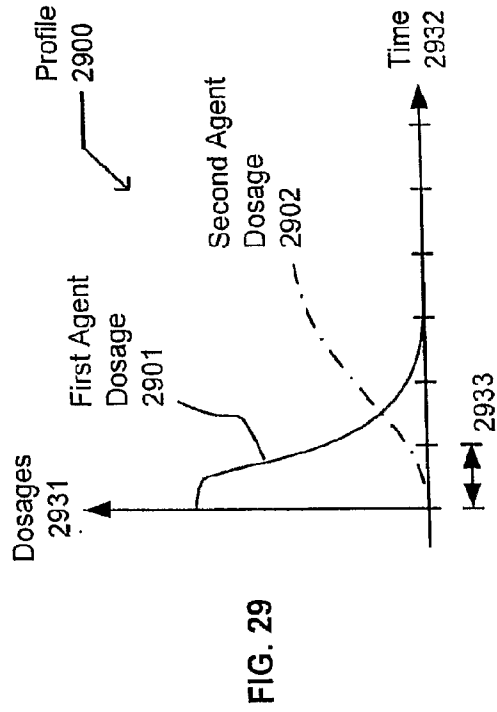
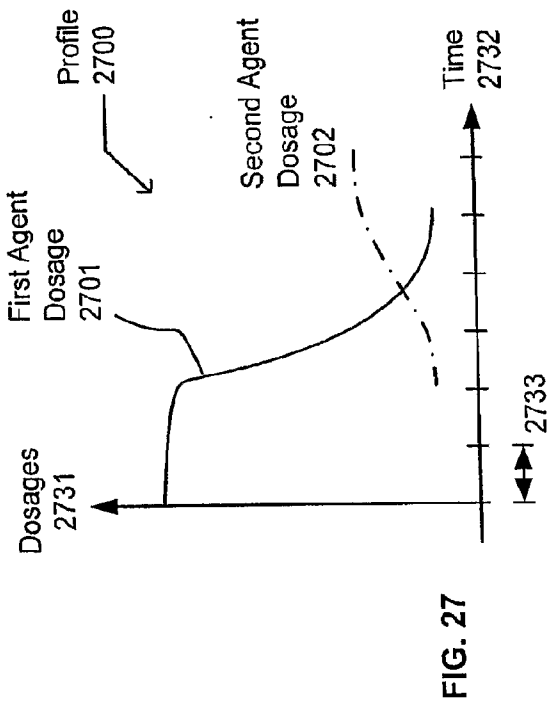
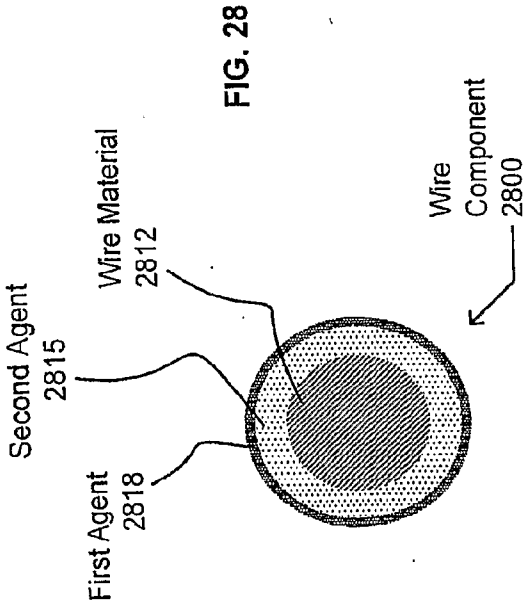
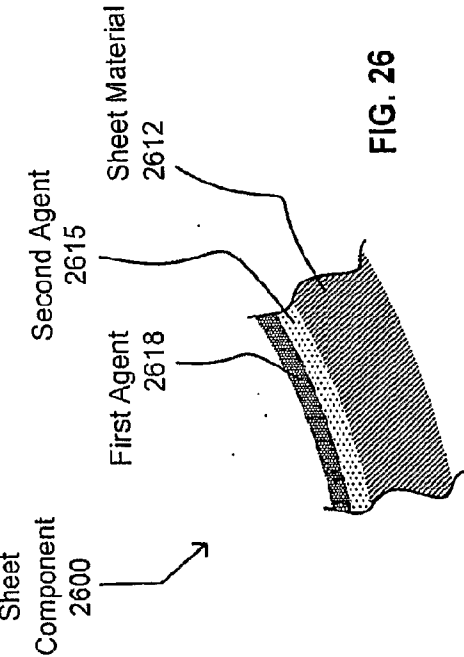
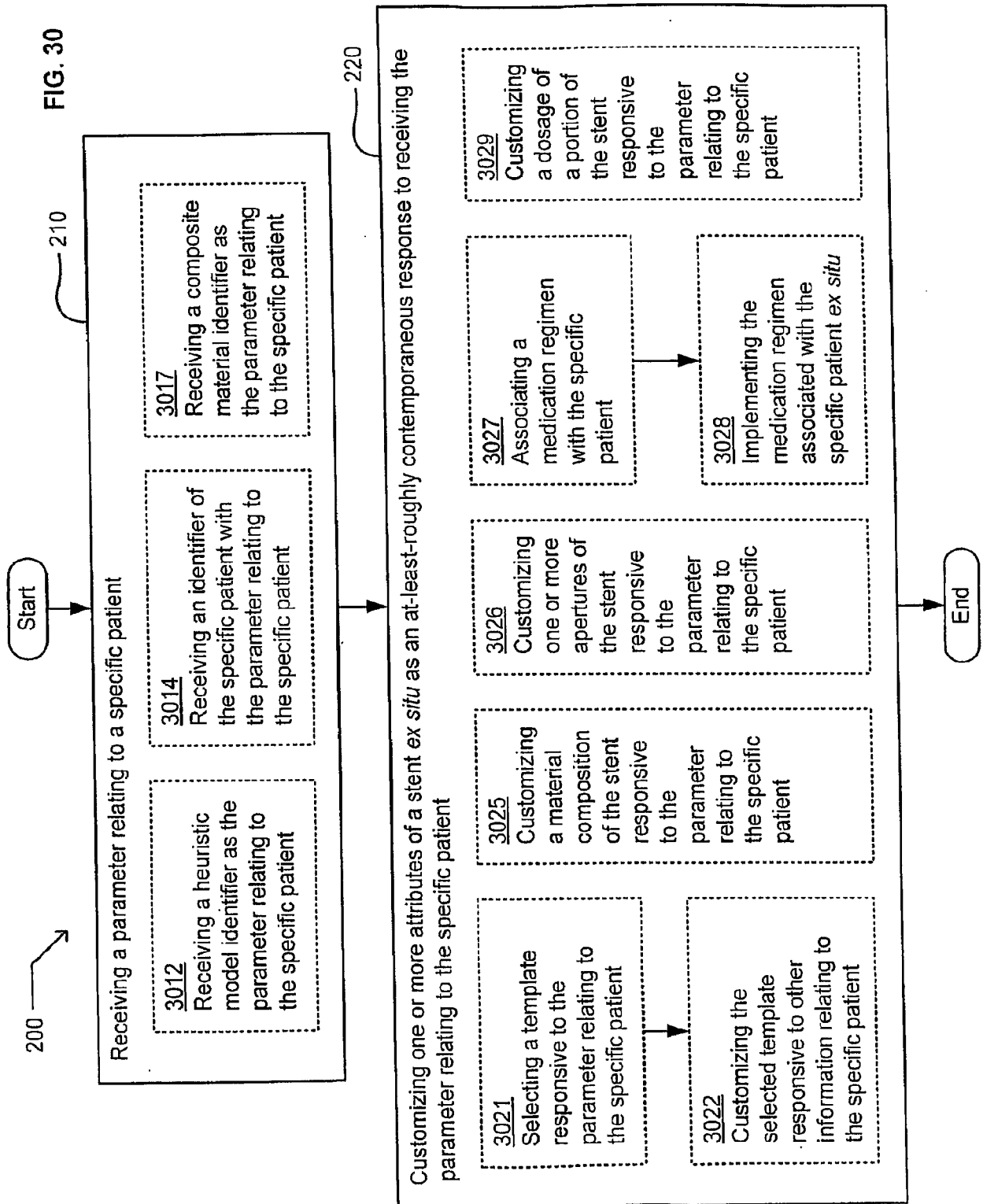


FIG. 30



14/25

FIG. 31

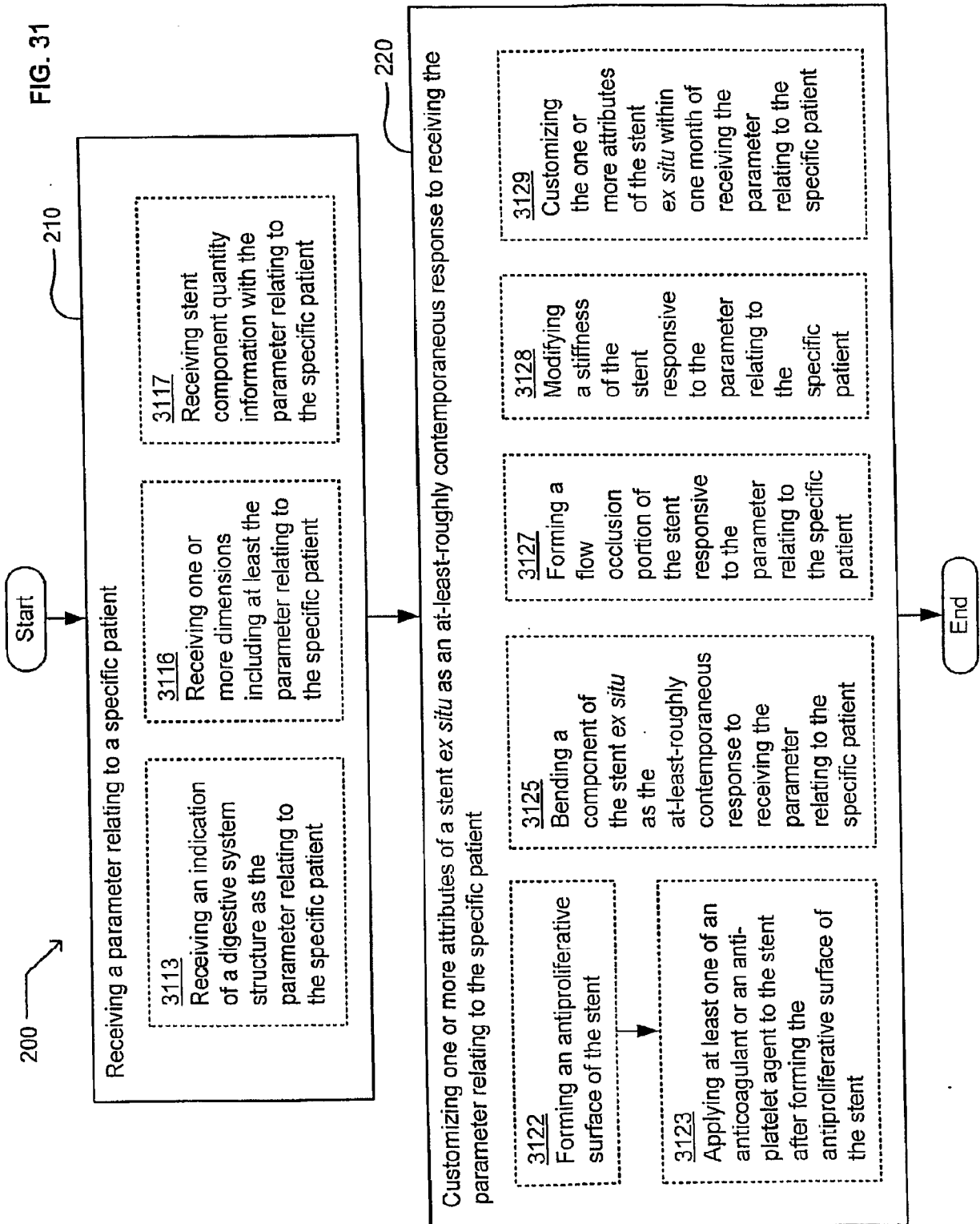


FIG. 32

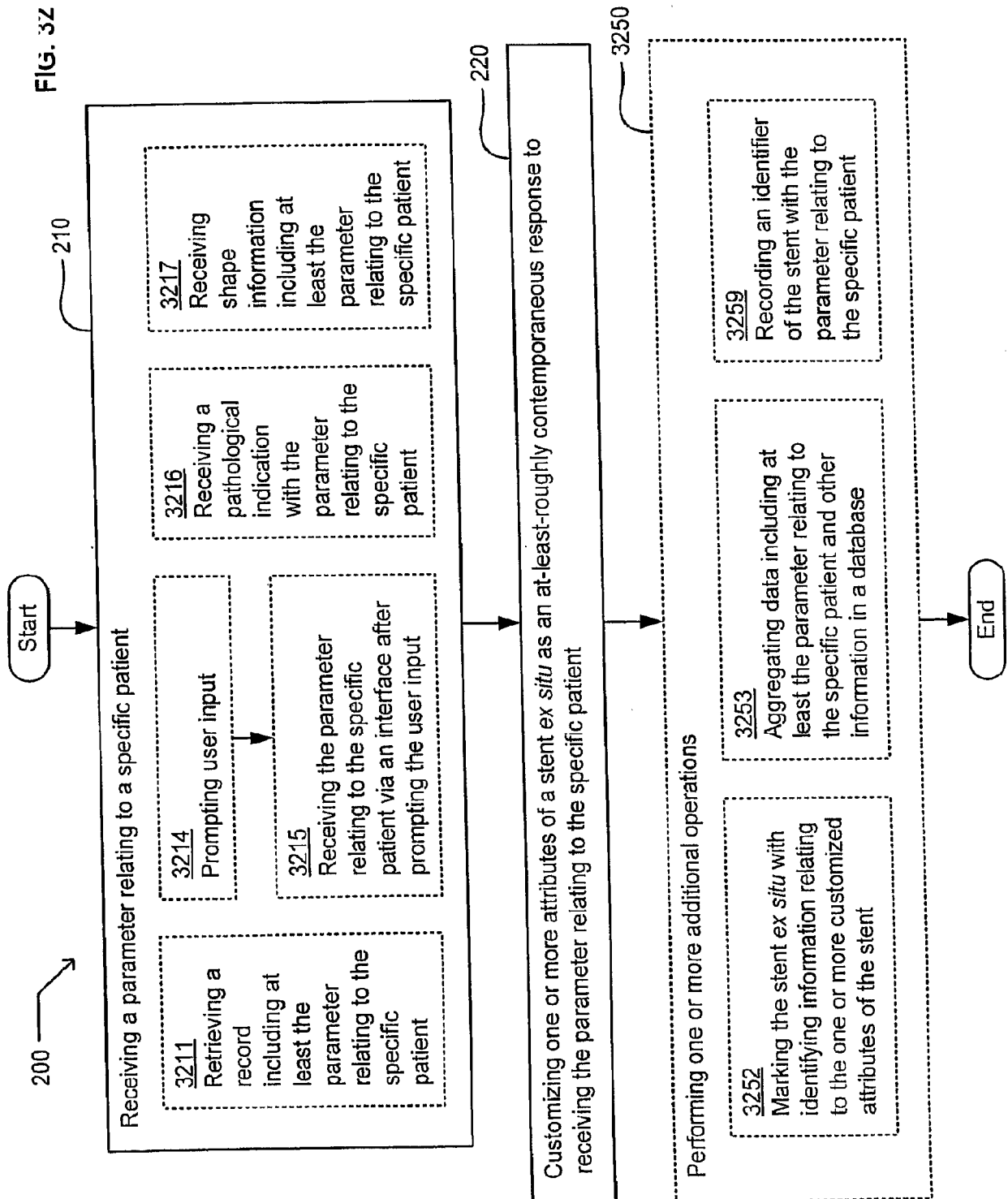


FIG. 33

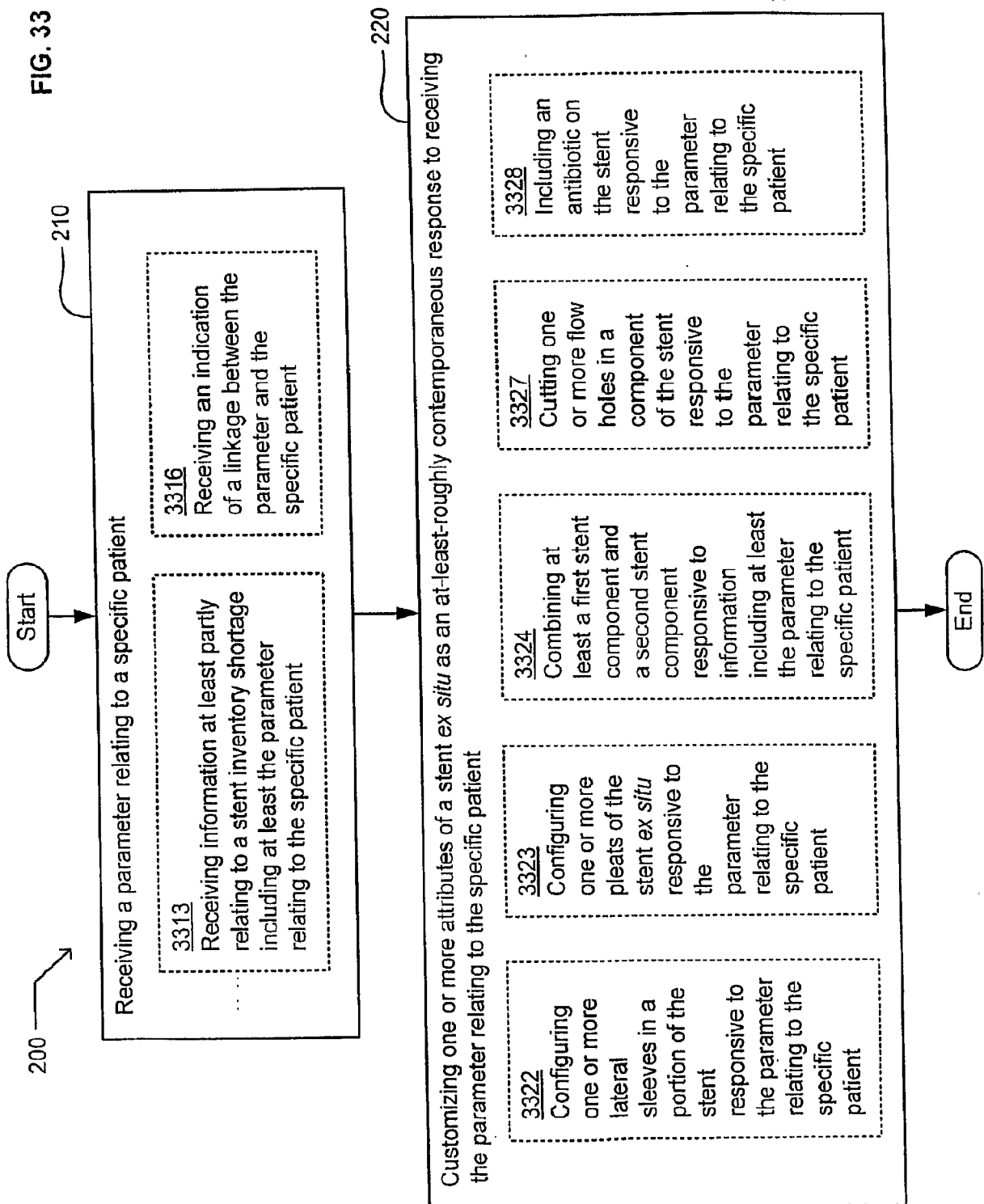
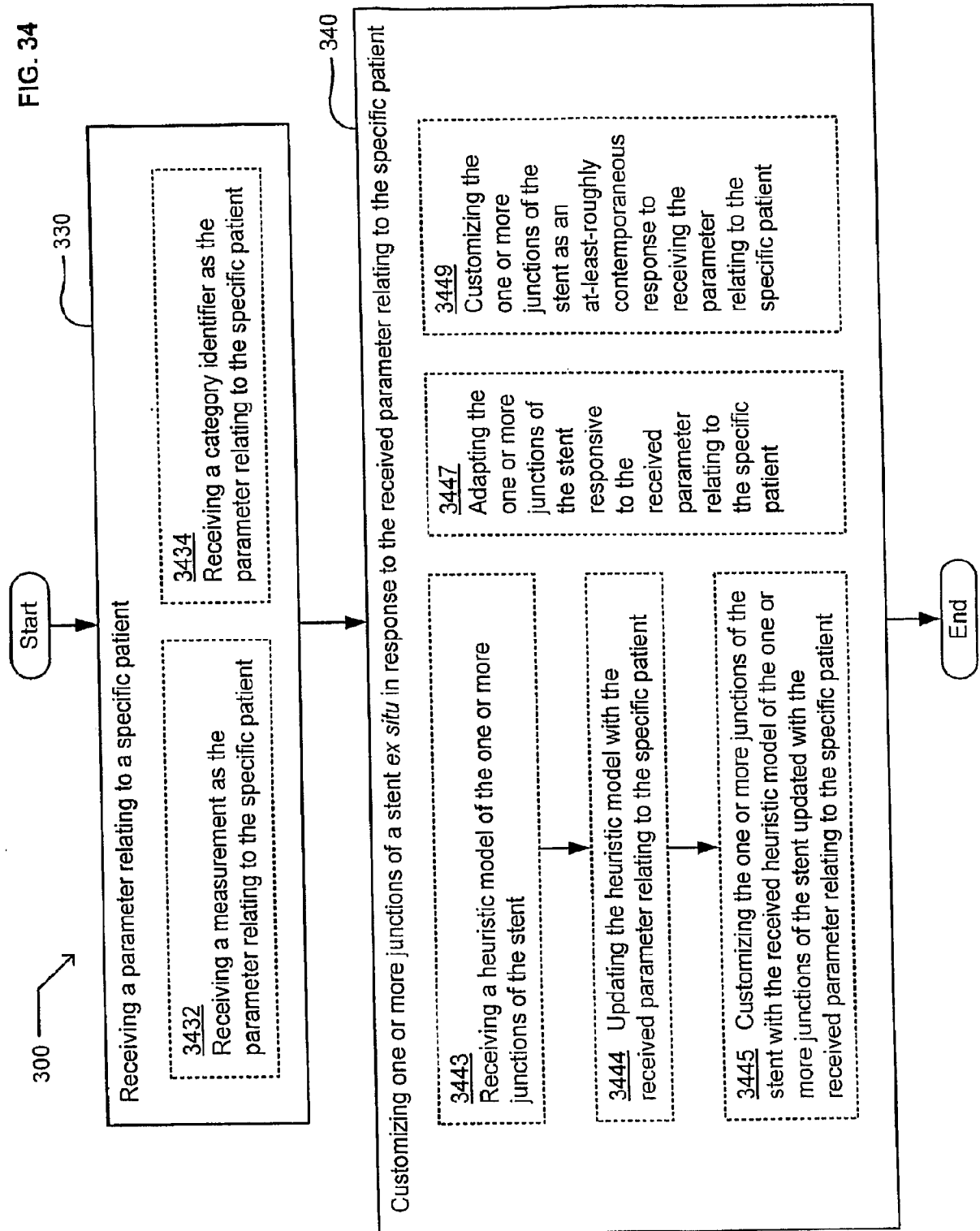
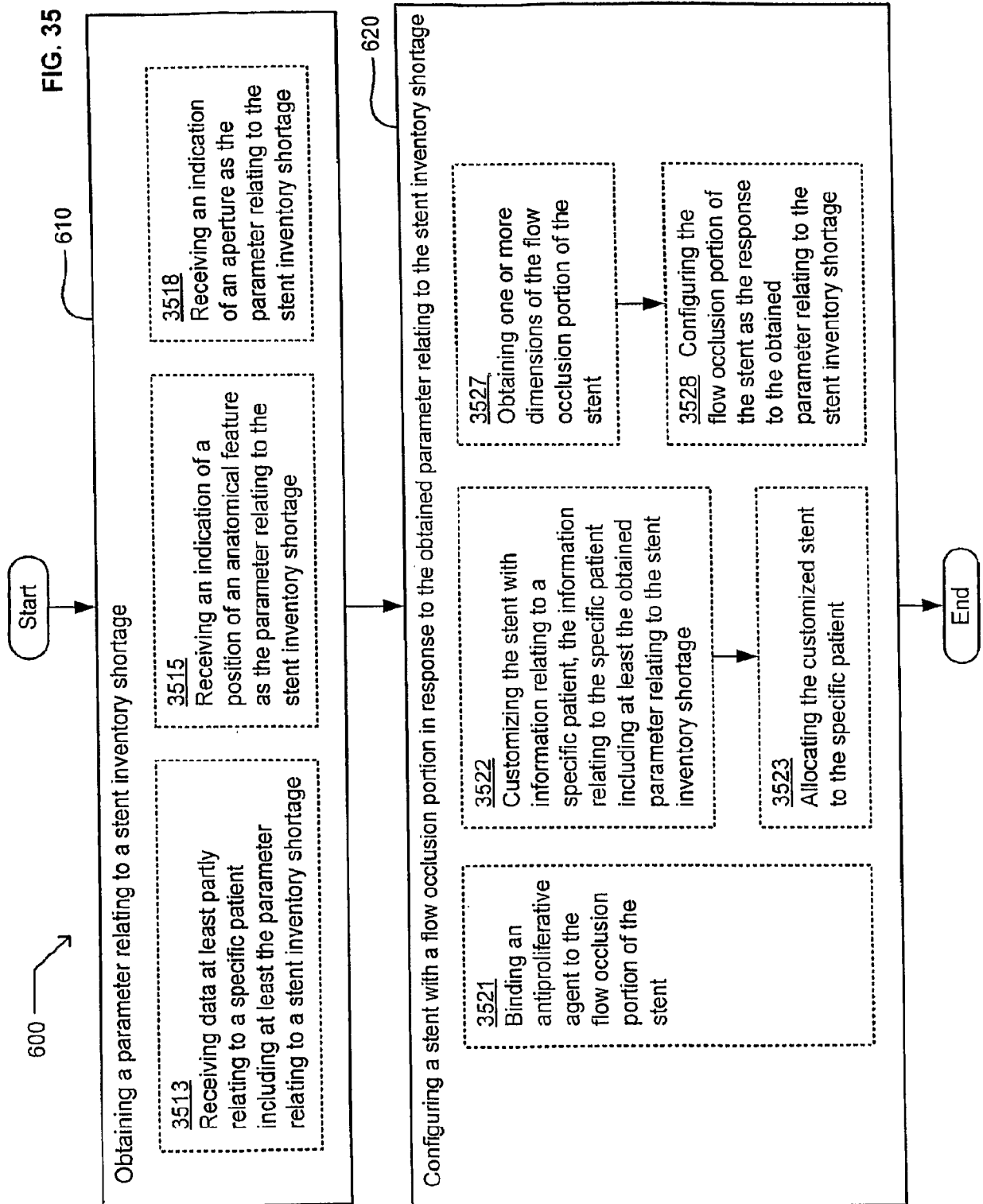


FIG. 34





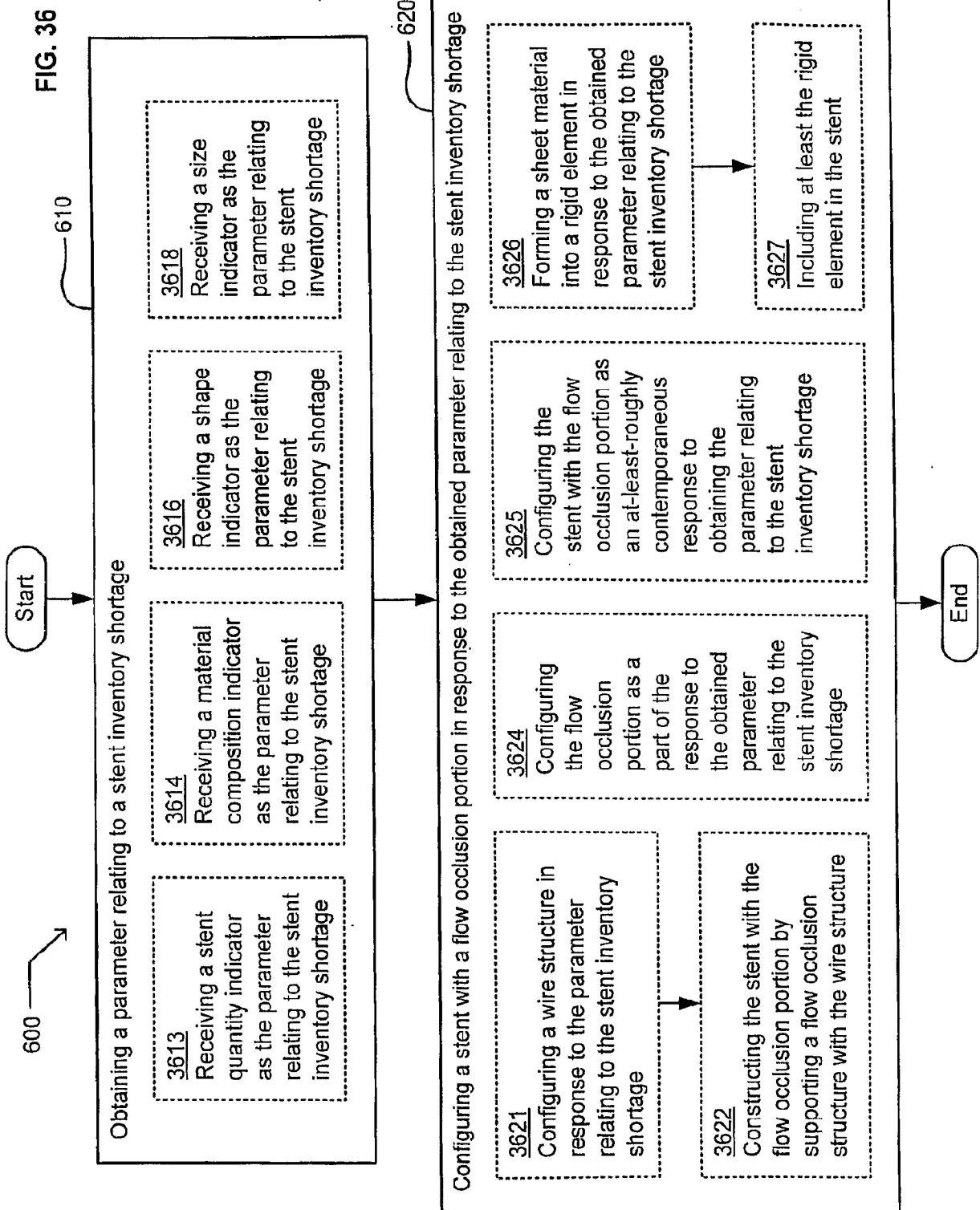


FIG. 31

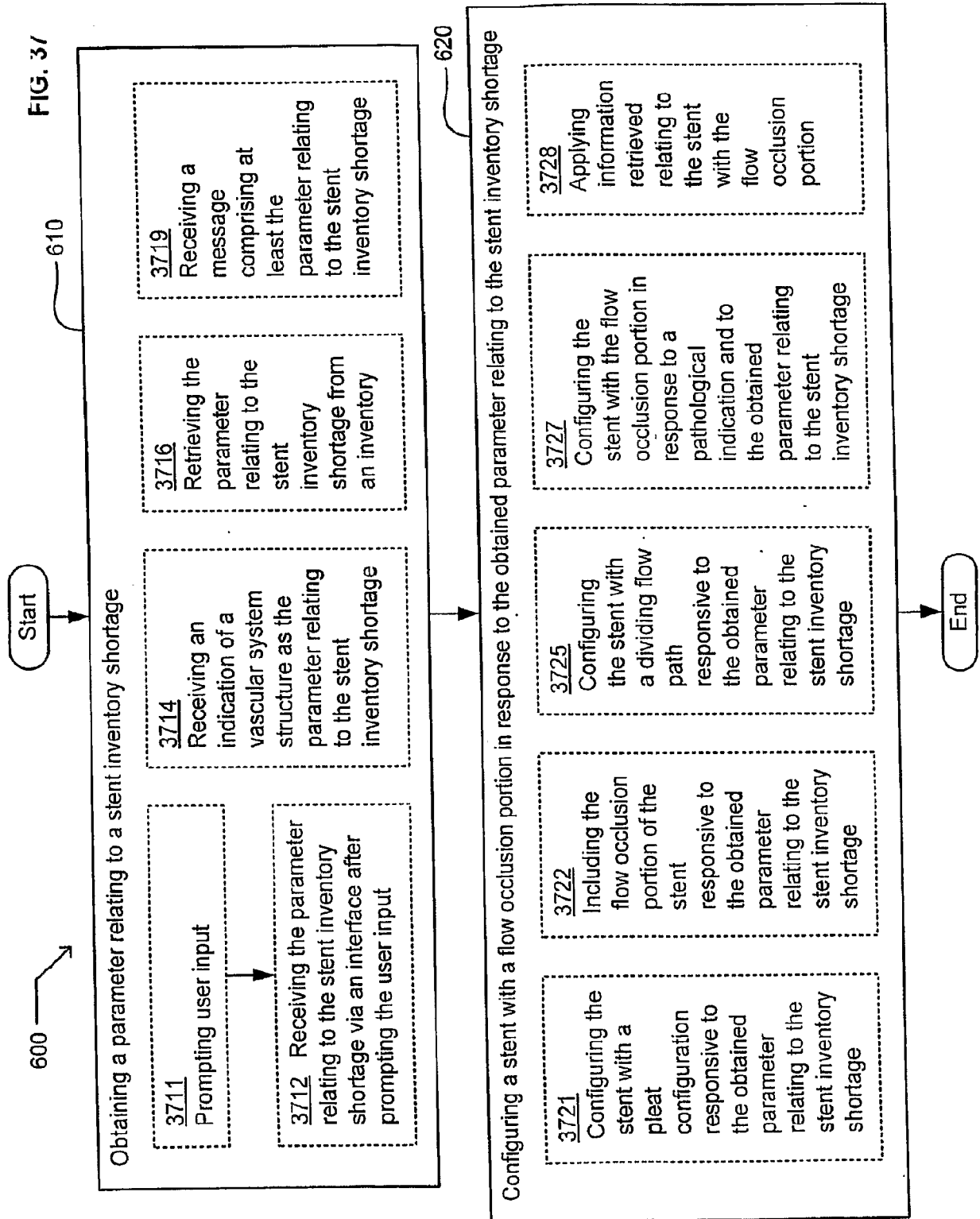


FIG. 38

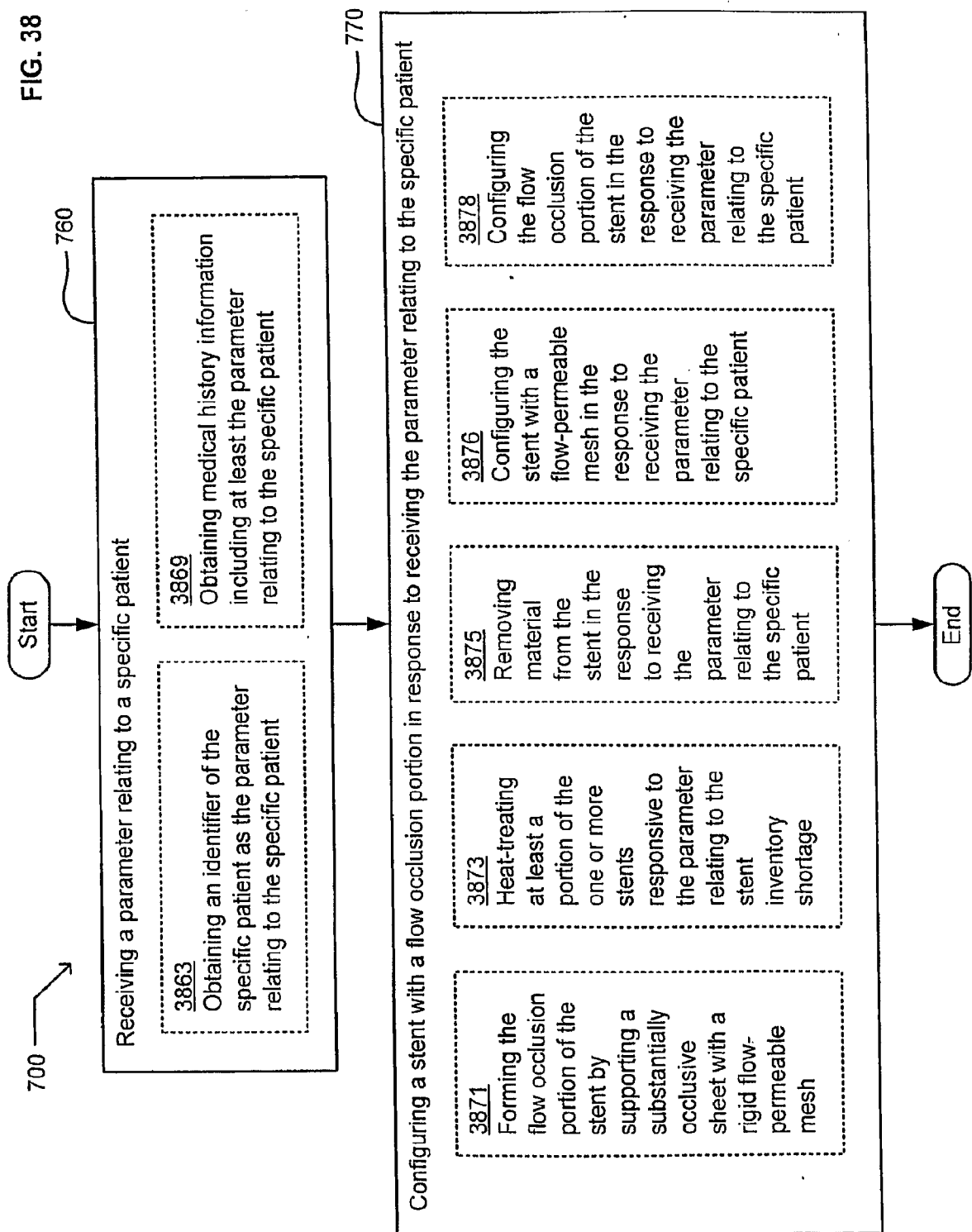


FIG. 39

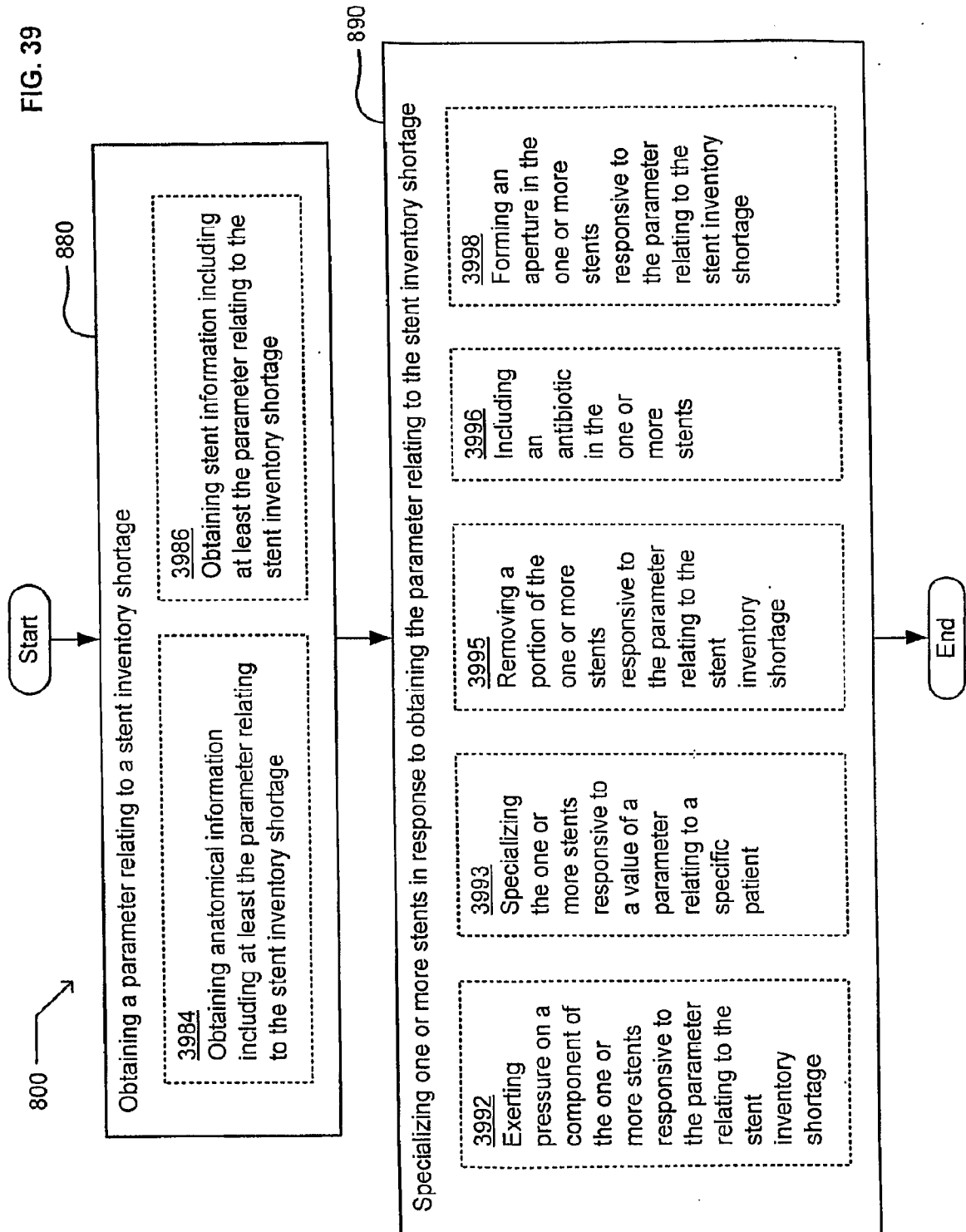
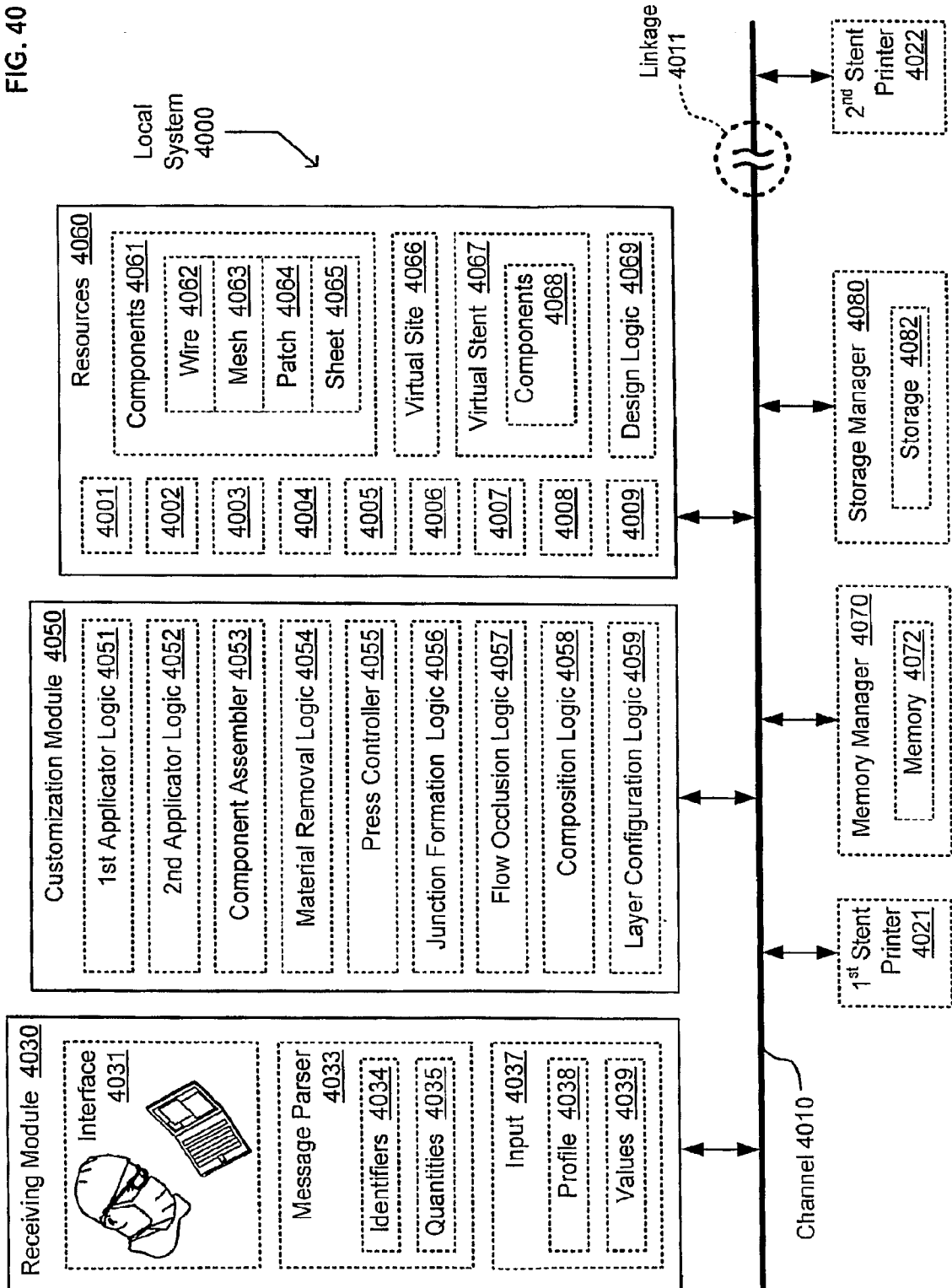


FIG. 40



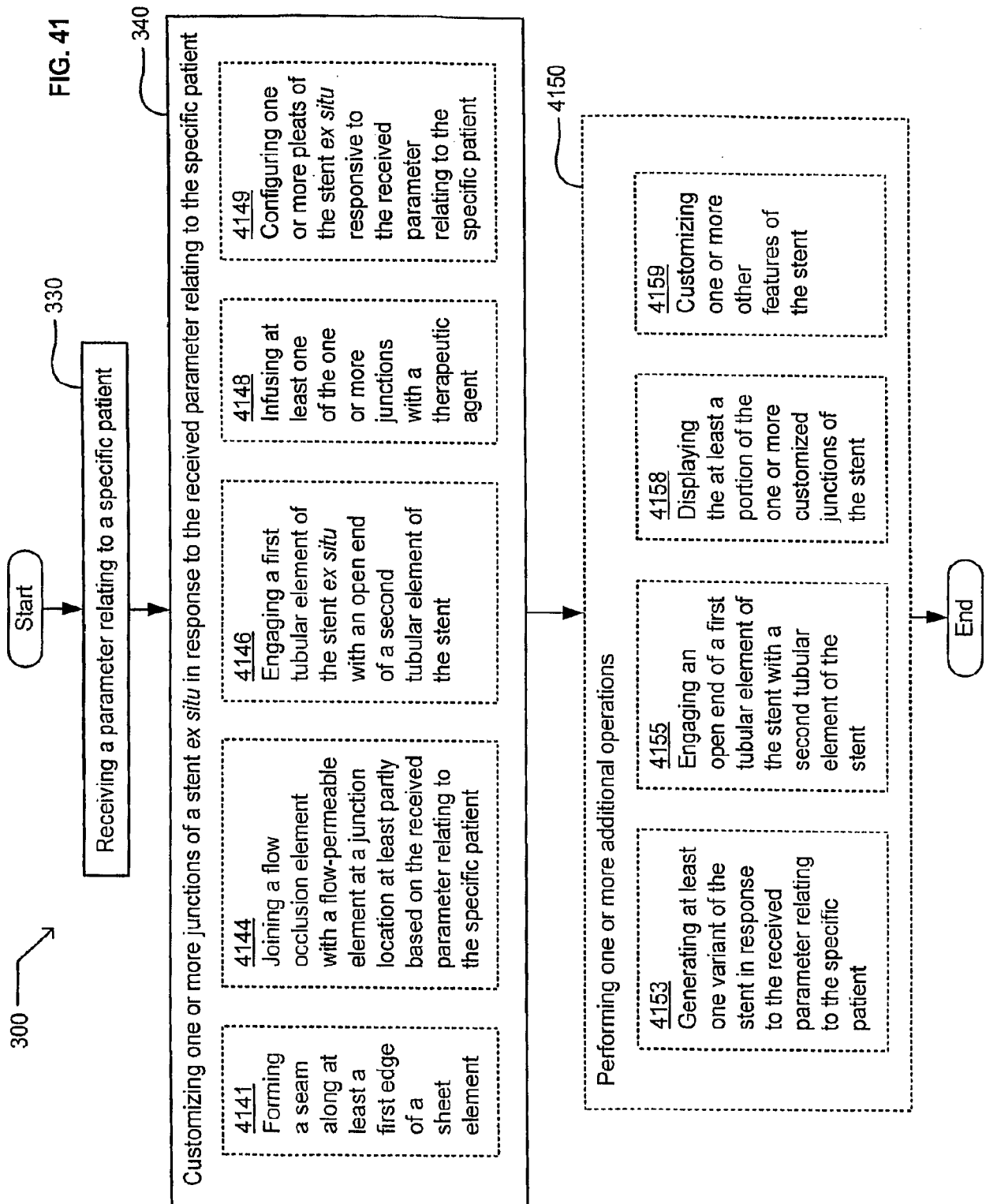


FIG. 42

