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(71) Applicant *(for all designated States except US)*: **MITRALSOLUTIONS, INC.** [US/US]; 1700 East Las Olas Blvd., Suite 203, Ft. Lauderdale, Florida 33301 (US).

(72) Inventors; and

(75) Inventors/Applicants *(for US only)*: **CARTLEDGE, Richard G.** [US/US]; 4217 Mangrum Court, Hollywood, Florida 33021 (US). **FANN, James I.** [US/US]; 1098 South Springer Road, Los Altos, California 94024 (US).

(74) Agent: **CROWSON, Celine Jimenez**; Hogan Hartson LLP, 555 Thirteenth Street, N.W., Washington, District of Columbia 20004 (US).

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(54) **Title**: METHOD OF POST-OPERATIVE ADJUSTMENT FOR MITRAL VALVE IMPLANT

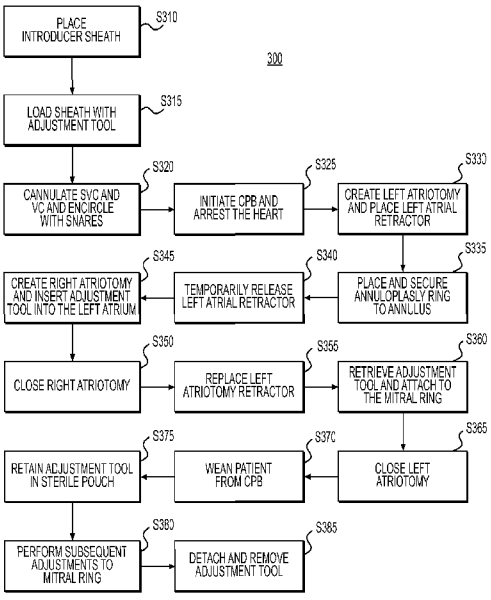

FIG. 3

(57) **Abstract**: The present invention is directed to a mechanism and procedure for adjusting a cardiac implant during the early post-operative period, such as, for example, the first 2-5 days after surgery. During the implant procedure, an adjustment tool is releasably attached to the adjustable implant. The adjustment tool remains connected to the implant following the procedure and extends from the patient's body to allow for post-operative adjustment under normal beating heart conditions. Once the implant is adjusted, the adjustment tool is configured to release from the implant and be removed from the patient's body without requiring access to the patient's heart.

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METHOD OF POST-OPERATIVE ADJUSTMENT FOR MITRAL VALVE IMPLANT

FIELD OF THE INVENTION

[0001] This invention relates generally to implantable devices and methods for controlling the shape and/or size of an anatomical structure or lumen, including minimally invasive adjustment techniques.

BACKGROUND

[0002] Many anatomic structures in the mammalian body are hollow passages in which walls of tissue define a central lumen, which serves as a conduit for blood, other physiologic fluids, nutrient matter, or waste matter passing within the structure. In many physiologic settings, dysfunction may result from a structural lumen which is either too large or too small. In most such cases, dysfunction can be relieved by interventional changes in the luminal size.

[0003] Thus in surgery, there is often a need to adjust the internal circumference of an orifice or other open anatomic structure to modify the size of the orifice or opening to achieve a desired physiologic effect. Often, such surgical procedures require interruption in the normal physiologic flow of blood, other physiologic fluids, or other structural contents through the orifice or structure. The exact amount of the modulation required for the desired effect often cannot be fully appreciated until physiologic flow through the orifice or structure is resumed. It would be advantageous, therefore, to have an adjustable means of achieving this modulating effect, such that the degree of modification could be changed after implantation of a device, including after the resumption of normal flow in situ.

[0004] One example of a dysfunction within an anatomic lumen is in the area of cardiac surgery, and specifically valvular repair. Approximately seven hundred thousand open heart surgical procedures are now performed annually in the United States, and as many as twenty percent of these operations are related to cardiac valves. For example, mitral valve repair has become one of the most rapidly growing areas in adult cardiac surgery today.

[0005] Two essential features of mitral valve repair are to fix primary valvular pathology (if present) and to support the annulus or reduce the annular dimension using a prosthesis that is commonly in the form of a ring or band. The problem encountered in

mitral valve repair is the surgeon's inability to fully assess the effectiveness of the repair until the heart has been fully closed, and the patient is weaned off cardiopulmonary bypass. Once this has been achieved, valvular function can be assessed in the operating room using, for example, transesophageal echocardiography (TEE). If significant residual valvular insufficiency is then documented, the surgeon must, in conventional procedures, re-arrest the heart, re-open the heart, and then re-repair or replace the valve. This increases overall operative, anesthesia, and bypass times, and therefore increases the overall operative risks.

[0006] If the prosthesis used to reduce the annulus is larger than the ideal size, for example, mitral insufficiency may persist. If the prosthesis is too small, for example, mitral stenosis may result. The need exists, therefore, for an adjustable prosthesis that would allow a surgeon to adjust the annular dimension in situ in a beating heart under TEE guidance or other diagnostic modalities to achieve optimal valvular sufficiency and function.

[0007] There remains a need in the art for methods and apparatus that will facilitate post-operative adjustment of a prosthetic implant to reduce the diameter of such a mitral annulus in a percutaneous or other minimally invasive procedure, while still achieving clinical and physiologic results that are at least the equivalent of the yields of the best open surgical procedures for these same problems.

SUMMARY

[0008] Accordingly, the invention is directed to a mechanism and procedure for adjusting a cardiac implant, such as an adjustable mitral valve ring, after implant in the early postoperative period, such as in the first 2-5 days after surgery. The cardiac implant device can be delivered to the site of implantation through an open heart surgical procedure, a minimally invasive procedure, percutaneously or robotically. During the implant procedure, an adjustment tool is releasably attached to the adjustable surgical implant. The adjustment tool remains connected to the implant following the procedure and extends from the patient's body to allow for post-operative adjustment under normal beating heart conditions. Once the implant is adjusted, the tool is configured to release from the implant and be removed without further access to the heart.

[0009] In one embodiment, the invention provides a method for adjusting the internal dimensions of an annulus of a patient's heart. The method includes the step of exposing the mitral valve. Next, the method includes securing an adjustable implant ring to

the tissue adjacent the annulus. In one embodiment, another step includes creating a right atriotomy and advancing the adjustment tool through the heart's atrial septum into the left atrium. The method further includes releasably attaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool. Other steps include closing the atriotomies and resuming blood flow through the heart. Finally, the method includes adjusting the adjustable implant ring using the adjustment tool in the post-operative period as it extends outside the patient via the internal jugular vein, subclavian vein or femoral vein. It is understood that in alternative methods, an atriotomy may be created in the left atrium to the exterior of the heart for either the insertion of the adjustable implant and/or exiting of the post-surgical adjustment tool.

[0010] The above described methods are just examples of the present invention. The methods may vary in other embodiments, including different anatomical points of access and egress. In one embodiment, after implantation of the ring, the adjustment tool may exit the heart through the pulmonary vein. In another embodiment, after implantation of the ring, the adjustment tool may exit the heart directly through an atriotomy incision. The adjustment tool extends from the atriotomy incision through the chest wall via an intercostal space.

[0011] In certain embodiments, at least one suture and a plurality of pledgets, or an auto-purse string tensioning device, are inserted around the atriotomy incision prior to or after the adjustment tool exists through the incision, and the sutures are pulled tight to maintain hemostasis around the adjustment tool during its implantation and again following its removal through the atriotomy incision.

[0012] In another embodiment, the adjustment tool may enter and/or exit the heart through the pulmonary vein.

BRIEF DESCRIPTION OF FIGURES

[0013] The accompanying drawings, which are included to provide further understanding of the invention and are incorporated in and constitute a part of this specification, illustrate embodiments of the invention and together with the description serve to explain the principles of the invention. In the drawings:

[0014] FIG. 1A provides a schematic of the adjustment tool path in accordance with one embodiment of the invention.

[0015] FIG. 1B provides a schematic view of an adjustable implant for use in accordance with embodiments of the present invention.

[0016] FIG. 1C provides a schematic view of an adjustment tool for use in accordance with embodiments of the present invention.

[0017] FIG. 2 provides a left atriotomy view of an implant and adjustment tool in accordanc , with one embodiment of the invention.

[0018] FIG. 3 provides a flow chart for a procedure for implanting and adjusting a mitral valve ring in accordance with one embodiment of the present invention.

[0019] FIG. 4 provides a schematic view of the heart with an adjustment tool extending through an atriotomy incision, as in one embodiment of the invention.

[0020] FIG. 5 provides a series of schematic views of a method according to one embodiment of the invention.

DETAILED DESCRIPTION OF THE INVENTION

[0021] Reference will now be made in detail to the preferred embodiments of the present invention, examples of which are illustrated in the accompanying drawings. However, it is to be understood that the disclosed embodiments are merely exemplary of the invention which may be embodied in various forms. Therefore, specific structural and functional details disclosed herein are not to be interpreted as limiting, but merely as a basis for the claims and as a representative basis for teaching one skilled in the art to variously employ the present invention in virtually any appropriately detailed structure.

[0022] The present invention provides a mechanism and procedure for adjusting an adjustable surgical implant, such as a mitral valve ring, after an open surgical implant procedure. During the open surgical implant procedure, an adjustment tool is releasably attached to the adjustable surgical implant. After the implant is secured and the surgeon's open heart incision is closed and the patient's heart re-started, the adjustment tool remains connected to the implant and the tool extends from the patient's body to allow for adjustmen‘ of the implant at a later time. Preferably, adjustments are made about 2-5 days after the initial surgical procedure to allow for the heart to fully stabilize and the for the effects of anesthesia to fully dissipate. Once the implant is adjusted, the tool can be released from the implant and removed without further access to the heart.

[0023] Implantable devices for controlling the internal circumference of an anatomic orifice or lumen have been disclosed in previous applications, including U.S. Patent No. 7,297,150 filed August 29, 2003, PCT/US08/00014 filed January 3, 2008, PCT/US08/53084 filed February 5, 2008, and U.S. Provisional Application No. 60/61,084,446 filed July 29, 2008, which are incorporated herein by reference in their entirety.

[0024] FIG. 1A provides a schematic view of the adjustment tool path in accordance with an embodiment of the invention. The implant (annuloplasty ring) **100** is sutured to the annulus of a patient's mitral valve **125**. To adjust the implant **100**, an adjustment tool **135** is inserted though an accessible passage and operatively connected to an adjustable member on the implant **100**. An example of the implant **100** with the adjustable member **1004** is shown in Fig. 1B. The adjustable member may include a gear, set of gears or other mechanism to allow for a change in one or more dimensions of the implant **100**.

[0025] Referring again to FIG. 1A, the adjustment tool **135** includes a handle portion **115**, and a distal tip portion **116**. The distal tip portion operably engages with the implant **100** generally, and with the adjustable member **1004**, in particular, to impart movement and dimensional change to the implant **100**. Between the handle portion **115** and the distal tip **116** of the adjustment tool **135** is a flexible shaft **117**. Movement of the handle portion **115** causes motion to be transferred through the shaft **117** to allow the distal tip portion **116** to effectively adjust the implant **100** when the distal tip portion **116** is operable engaged with the adjustable member **1004** of the implant **100**. The shaft **117** of the adjustment tool **135** may include two or more portions, such as a sheath covering an inner flexible cable. The shaft **117** will be flexible yet strong, and can be bent or curved during use without breaking and without destroying its ability to guide and rotate the inner cable, so as to operably control an the adjustable member **1004** of the adjustable implant **100**. FIG. 1C provides an example of an adjustment tool suitable for use with methods of the present invention. Other embodiments of the adjustment tool **135** are disclosed in Applicant's co-pending and commonly assigned U.S. Provisional Application Nos. 60/878,068 and 60/801,861, previously incorporated herein by reference. The adjustment tool **135** is then manipulated, e.g., rotated, depending upon the design of the adjustable member **1004** in the implant **100**, to cause the adjustable member **1004** to change the size and/or shape of the implant **100**, and hence the underlying mitral annulus **125** to which it is sutured. Upon completion of the implant procedure, the adjustment tool **135** is left extending through the introductory incision for post-operative adjustment. The adjustment tool **135** may pass

through the atrial septum and exit the left subclavian vein **120** (as shown in FIG. 1A) or may exit the internal jugular vein or right subclavian vein.

[0026] FIG. 2 provides a left atriotomy view of the ring implant **100** and adjustment tool **135** in accordance with an embodiment of the invention. As shown in FIG. 2, the adjustable implant **100** is affixed to the annulus of a mitral valve **125**. As shown in FIG. 1B, the exemplary adjustable implant **100** is further provided with adjustable member **1004** that is controlled by the attached or coupled adjustment tool **135**. The tool **135** passes through the atrial septum and into the right atrium and subclavian vein. After closure of the myocardial incision, the adjustment tool **135** remains attached or coupled to the implant **100**, so that the size and shape of the implant **100** may further be affected after physiologic flow through the heart is resumed. Adjustments may be made both while the chest incision is still open and after the chest incision has been closed. Once the desired shape and function of the implant are achieved, the adjustment tool **135** may be disengaged from the implant **100** and withdrawn. Should further adjustments to the implant **100** be needed after the adjustment tool **135** has been disengaged, the adjustment tool can be re-attached and further adjustments made in a separate surgical procedure.

[0027] Referring to FIG. 3, a flow chart for a procedure **300** for implanting and adjusting a mitral valve ring is provided. In step **S310**, during the implant procedure where the implant will be secured to the tissue adjacent the mitral valve annulus, the anesthesiologist or surgeon would place an additional introducer sheath into either the internal jugular or subclavian vein right after induction of anesthesia (one may be conventionally placed for central vein access and/or a Swan-Ganz catheter). The introducer sheath for the adjustment tool may be the same type of sheath currently used to introduce the Swan-Ganz catheter. The introducer sheath is inserted into the subclavian or internal jugular vein using the Seldinger technique with a guidewire and obturator. The guidewire and obturator are removed followed by the placement of the adjustment tool. The length of the sheath is approximately 10-15 cm in length.

[0028] In step **S315**, the introducer sheath is loaded with a sterile flexible adjustment tool placed in a sterile sleeve, such as, for example, the adjustment tool **135** discussed above with respect to FIGS. 1 and 2.

[0029] In the next step **S320**, at the time of cardiac cannulation, the superior vena cava (SVC) and inferior vena cava (IVC) are cannulated and encircled with snares to provide access to the right atrium as necessary after initiating cardiopulmonary bypass.

[0030] In step **S325**, cardiopulmonary bypass is initiated and the aortic is cross-clamped The heart is arrested using cardioplegic solution, after which, in step **S330**, a left atriotomy is created and a left atrial retractor placed to visualize and access the mitral valve.

[0031] In step **S335**, an adjustable mitral annuloplasty ring is placed and secured to the annulus. Placing and securing the annuloplasty ring may be accomplished using a variety of conventional means. Placement and attachment means are further disclosed in the above mentioned, prior-filed applications, each of which are incorporated herein by reference in their entirety.

[0032] Next, in step **S340**, the left atrial retractor is temporarily released. A small right atriotomy is made in step **S345** and the adjustment tool advanced and directed through the atrial septum into the left atrium, preferably under direct vision of the surgeon. Then, in step **S350**, the right atriotomy is closed.

[0033] In step **S355**, the left atriotomy retractor is replaced again, exposing the left atrium. Then, in step **S360**, the adjustment tool is retrieved and releasably attached to the mitral ring to allow for adjustment of the ring dimensions using the tool. After the adjustment tool is attached to the ring, in step **S365**, the left atriotomy is closed in conventional fashion.

[0034] In step **S370**, the patient is weaned from the cardiopulmonary bypass (CPB). Any further adjustments to the mitral valve implant may be made at this point in the operating room using the adjustment tool. After this initial period of adjustments, in step **S375**, the adjustment tool is retained in a sterile pouch for use in later adjustments. The sterile pouch may be, for example, a conventional sterile pouch typically used in a cardiac catheterization laboratory ("cath lab") or a sterile pouch used to protect a Swan-Ganz catheter. The patient may then be transferred to another location outside the operating area, such as a cath lab, to await recovery and resumption of normal blood flow conditions. As an example, a 2-5 day window may be preferable to ensure a return to normal conditions before adjustments are made. However, adjustments may be made at virtually any interval after surgery.

[0035] In step **S380**, such additional adjustments to the mitral valve implant may be made using the adjustment tool. These adjustments allow adjustment of the annular dimension in situ in a beating heart under, for example, transesophageal echocardiography (TEE) guidance or other diagnostic modalities to achieve optimal valvular sufficiency and

function. It is contemplated that multiple adjustments may be made, if necessary, using the adjustment tool over various time intervals.

[0036] In step **385**, after any adjustments are complete (and preferably verified via TEE, TTE (transthoracic echocardiography) or other diagnostic means), the adjustment tool is detached and removed from the jugular or subclavian sheath. The sheath is then also removed and a sterile dressing placed over the wound as is done conventionally. The defect in the atrial septum is sufficiently small to close under natural body conditions.

[0037] The above described method is only one example of how to perform post-operative adjustment using the present invention. In other embodiments, the anatomical point of access for the adjustment tool may vary. The steps of the surgical procedure would otherwise be similar and would be understood by one of skill in the art.

[0038] In one embodiment, the adjustment tool enters and exits the heart directly through the atriotomy incision. In such an embodiment, at least one suture, and preferably two sutures, are inserted into the tissue surrounding the atriotomy incision prior to insertion of the adjustment tool. Using these sutures, two prolene pledgets are secured onto the surface of the tissue on opposite sides of the atriotomy incision. The adjustment tool is inserted through the sutures and pledgets, and the sutures are pulled taut using a knot-pusher to pull the pledgets together, whereby hemostasis is maintained around the adjustment tool. Upon removal of the adjustment tool from the atriotomy incision, the sutures are again pulled taut to create hemostasis using the pledgets. FIG. 4 shows an adjustment tool extending through an atriotomy incision, as in this embodiment. FIG. 5 shows various points of operation of this embodiment. In the first view, a suture and pledgets have been placed around an atriotomy incision. In the second view, an adjustment tool has been inserted through the atriotomy incision, and the sutures and pledgets are pulled tight around the tool. In the third view, the suture and pledgets have been pulled tight to create hemostatis following removal of the adjustment tool from the atriotomy incision.

[0039] In a further embodiment, the adjustment tool accesses the implant via a vein, preferably a pulmonary vein. After desired adjustments have been made, the adjustment tool can be removed through a pulmonary vein, rather than an incision in the heart tissue. Such removal may advantageously be less traumatic than removal through an incision.

[0040] While exemplary embodiments of the invention have been shown and described herein, it will be obvious to those skilled in the art that such embodiments are provided by way of example only. Numerous insubstantial variations, changes, and

substitutions will now be apparent to those skilled in the art without departing from the scope of the invention disclosed herein by the Applicants. Accordingly, it is intended that the invention be limited only by the spirit and scope of the claims, as they will be allowed.

CLAIMS

1. A method of performing a post-operative adjustment of the internal dimensions of an annulus of a patient's heart, said method comprising the steps of:

arresting the heart and creating a left atriotomy;

securing an adjustable implant ring to the tissue adjacent the annulus;

creating a right atriotomy and advancing the adjustment tool through the heart's atrial septum into the left atrium;

releasably attaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool;

closing the left atriotomy;

resuming blood flow through the heart; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

2. A method of performing a post-operative adjustment of the internal dimensions of an annulus of a patient's heart, said method comprising the steps of:

arresting the heart and creating an atriotomy;

securing an adjustable implant ring to the tissue adjacent the annulus;

creating an incision in the pulmonary vein and advancing an adjustment tool into the left atrium;

releasably attaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool;

closing the atriotomy;

resuming blood flow through the heart; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

3. A method of performing a post-operative adjustment of the internal dimensions of an annulus of a patient's heart, said method comprising the steps of:

arresting the heart and creating an atriotomy;

securing an adjustable implant ring to the tissue adjacent the annulus;

creating an incision in the left atrium and advancing an adjustment tool therein;

releasably attaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool;

closing the atriotomy;

resuming blood flow through the heart; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

AMENDED CLAIMS
received by the International Bureau on 30 March 2010 (30.03.2010)

1. A method of performing a post-operative adjustment of the internal dimensions of an annulus of a patient's heart, said method comprising the steps of:

arresting the heart and creating a left atriotomy;

securing an adjustable implant ring to the tissue adjacent the annulus;

creating a right atriotomy and advancing the adjustment tool through the heart's atrial septum into the left atrium;

releasably attaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool;

closing the left atriotomy;

resuming blood flow through the heart; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

2. A method of performing a post-operative adjustment of the internal dimensions of an annulus of a patient's heart, said method comprising the steps of:

arresting the heart and creating an atriotomy;

securing an adjustable implant ring to the tissue adjacent the annulus;

creating an incision in the pulmonary vein and advancing an adjustment tool into the left atrium;

releasably attaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool;

closing the atriotomy;

resuming blood flow through the heart; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

3. A method of performing a post-operative adjustment of the internal dimensions of an annulus of a patient's heart, said method comprising the steps of:

arresting the heart and creating an atriotomy;

securing an adjustable implant ring to the tissue adjacent the annulus;

creating an incision in the left atrium and advancing an adjustment tool therein;

releasably attaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool;

closing the atriotomy;

resuming blood flow through the heart; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

4. The method of claim 1, further comprising the steps of:

detaching the adjustment tool from the adjustable implant ring; and

removing the adjustment tool from the patient's body.

5. The method of claim 4, further comprising the steps of:

reinserting the adjustment tool into the patient's body;

reattaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

6. The method of claim 2, further comprising the steps of:

detaching the adjustment tool from the adjustable implant ring; and

removing the adjustment tool from the patient's body.

7. The method of claim 6, further comprising the steps of:

reinserting the adjustment tool into the patient's body;

reattaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

8. The method of claim 3, further comprising the steps of:

detaching the adjustment tool from the adjustable implant ring; and

removing the adjustment tool from the patient's body.

9. The method of claim 8, further comprising the steps of:

reinserting the adjustment tool into the patient's body;

reattaching the adjustment tool to the adjustable implant ring so as to allow for adjustment of the ring dimensions using the tool; and

adjusting the adjustable implant ring using the adjustment tool from outside the patient's body.

10. The method of claim 3, further comprising the steps of:

inserting at least one suture and a plurality of pledgets around the incision in the left atrium; and

pulling the at least one suture tight to maintain hemostasis around the adjustment tool.

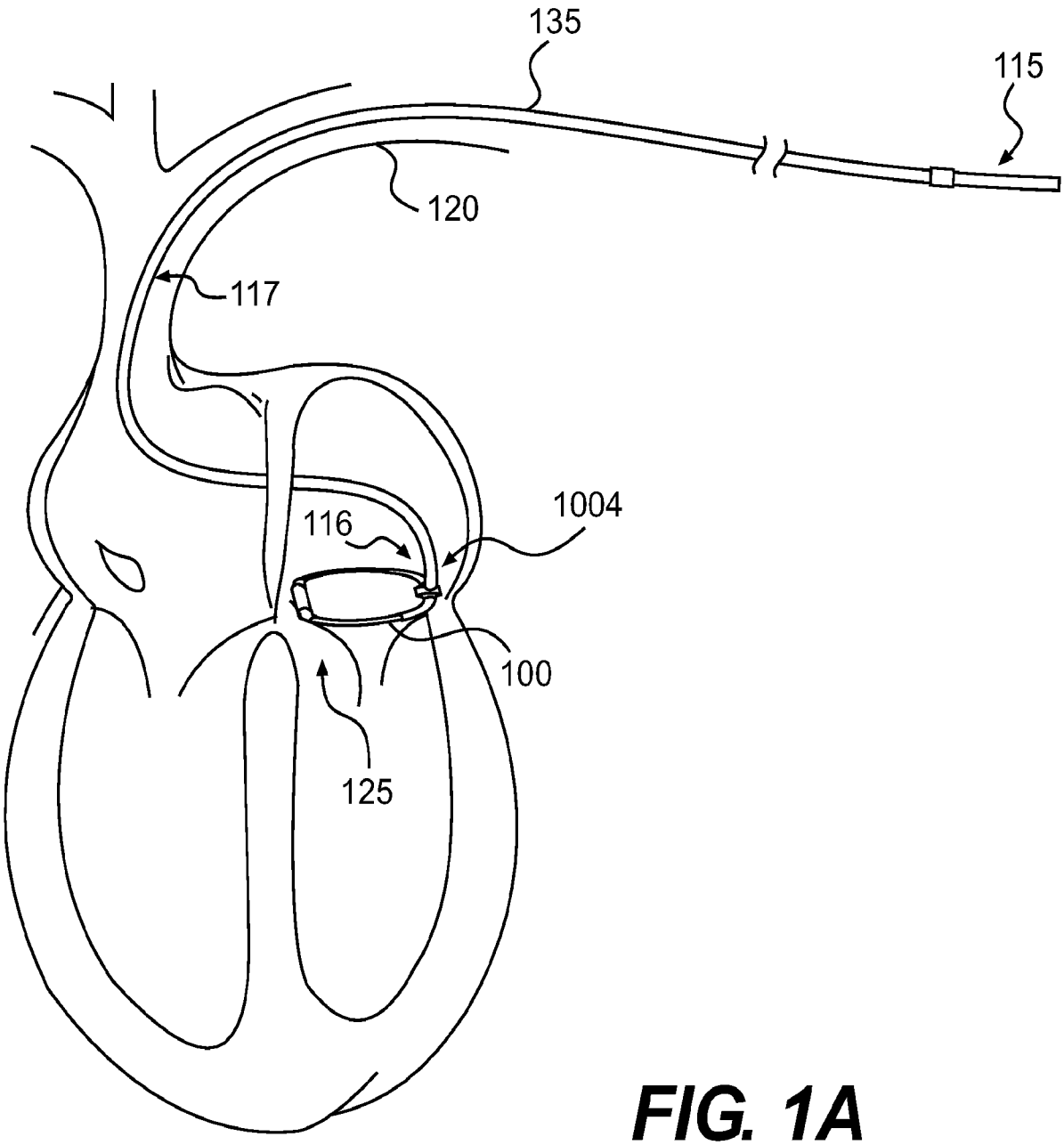

FIG. 1A

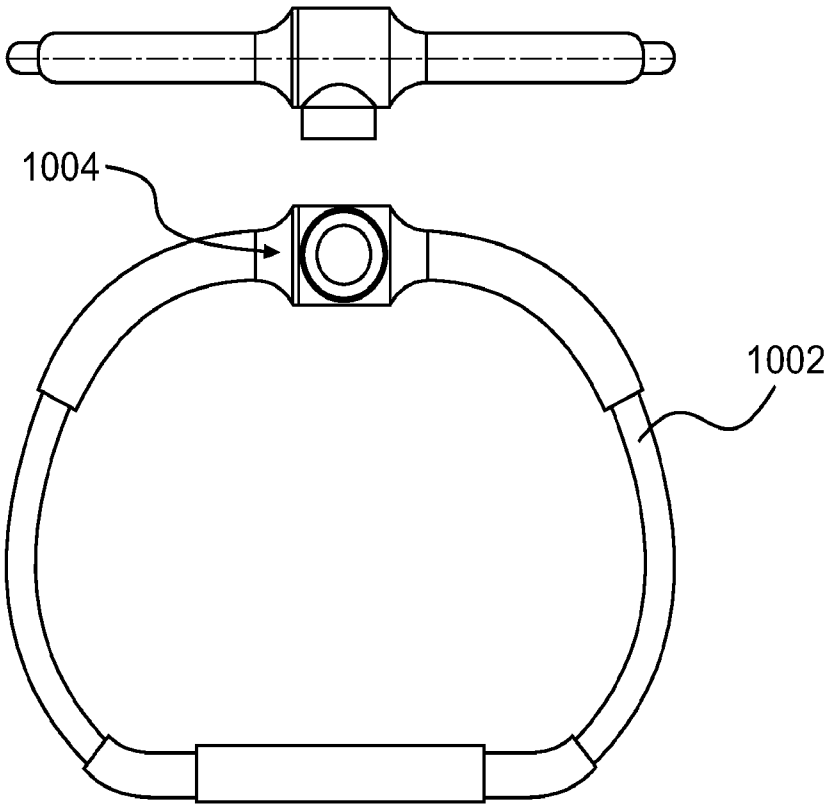

FIG. 1B

FIG. 1C

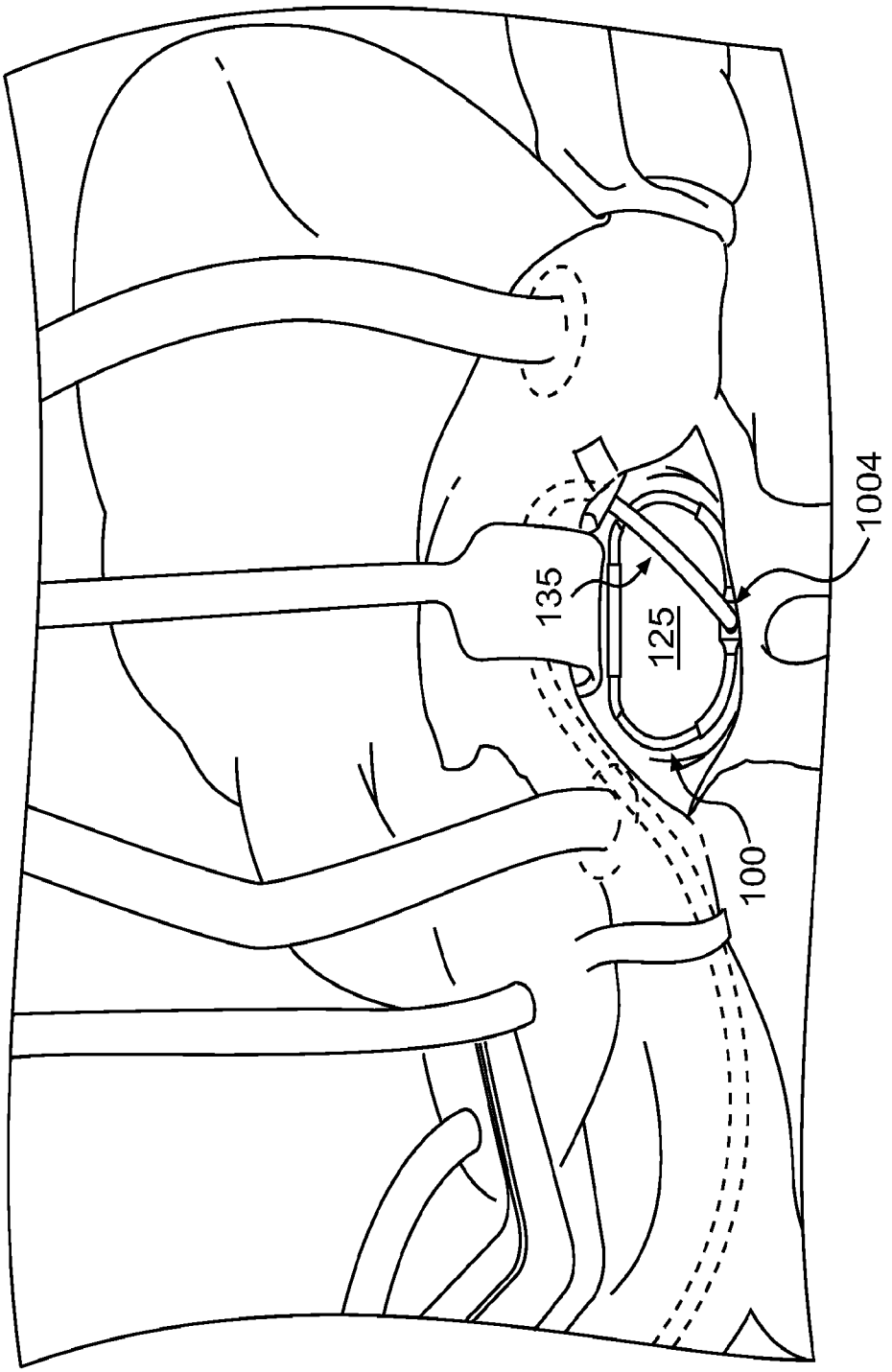

FIG. 2

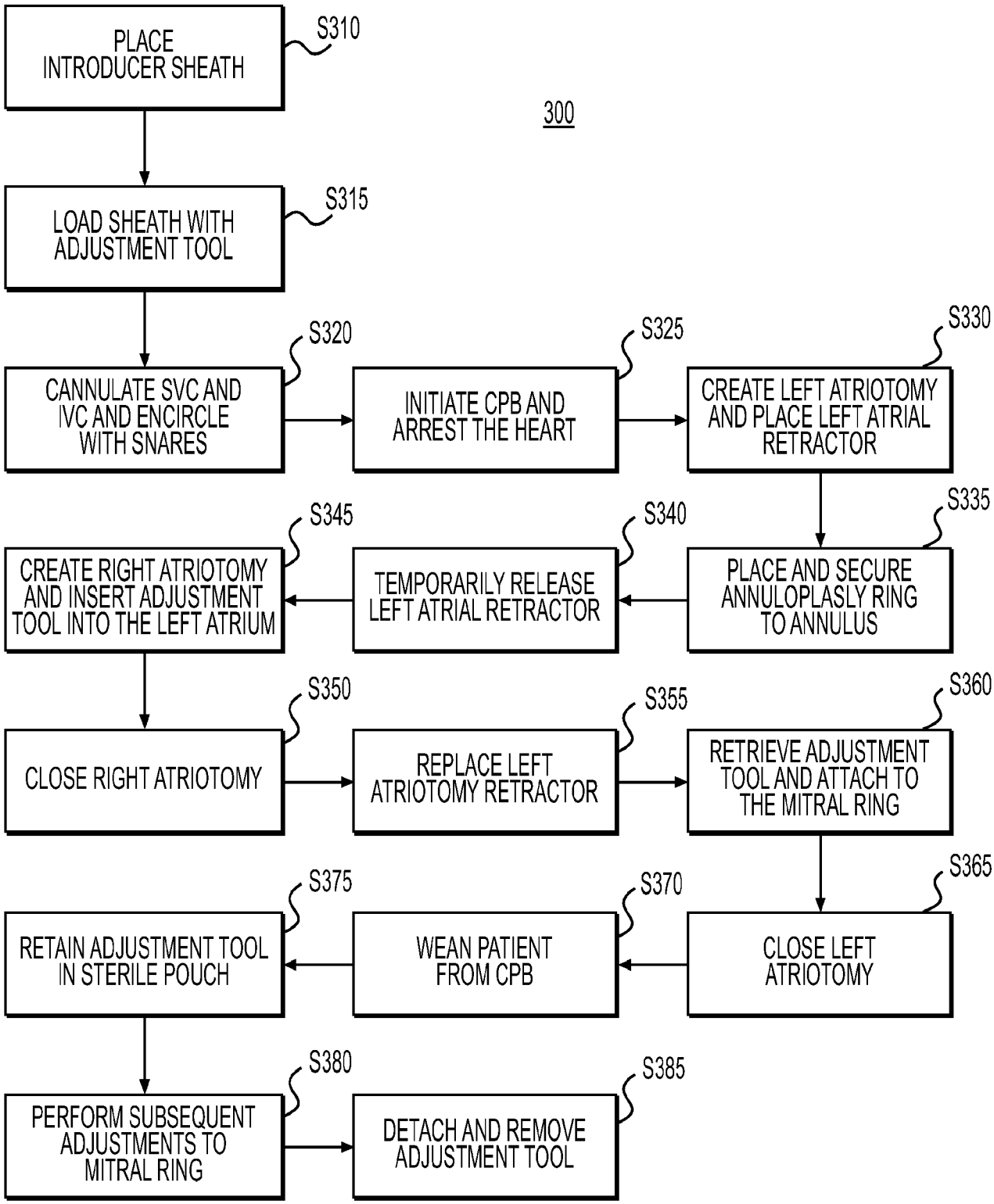
300
PLACE INTRODUCER SHEATH
S310
LOAD SHEATH WITH ADJUSTMENT TOOL
S315
CANNULATE SVC AND IVC AND ENCIRCLE WITH SNARES
S320
INITIATE CPB AND ARREST THE HEART
S325
CREATE LEFT ATRIOTOMY AND PLACE LEFT ATRIAL RETRACTOR
S330
PLACE AND SECURE ANNULOPLASLY RING TO ANNULUS
S335
TEMPORARILY RELEASE LEFT ATRIAL RETRACTOR
S340
CREATE RIGHT ATRIOTOMY AND INSERT ADJUSTMENT TOOL INTO THE LEFT ATRIUM
S345
CLOSE RIGHT ATRIOTOMY
S350
REPLACE LEFT ATRIOTOMY RETRACTOR
S355
RETRIEVE ADJUSTMENT TOOL AND ATTACH TO THE MITRAL RING
S360
CLOSE LEFT ATRIOTOMY
S365
WEAN PATIENT FROM CPB
S370
RETAIN ADJUSTMENT TOOL IN STERILE POUCH
S375
PERFORM SUBSEQUENT ADJUSTMENTS TO MITRAL RING
S380
DETACH AND REMOVE ADJUSTMENT TOOL
S385

FIG. 3

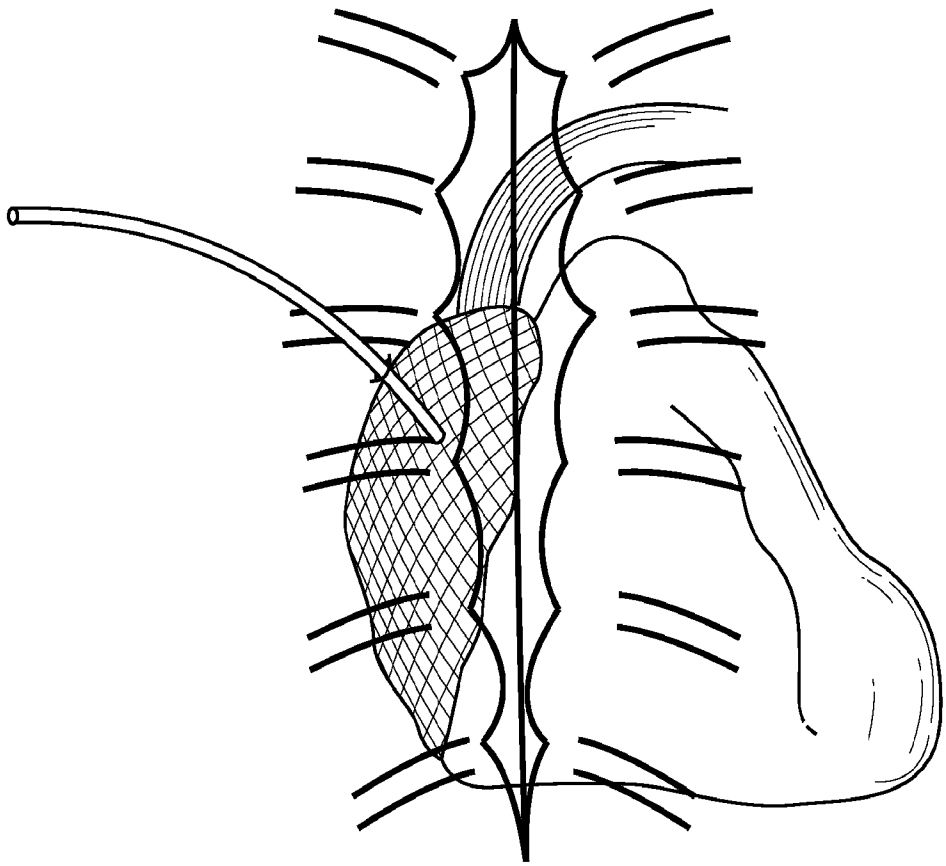

FIG. 4

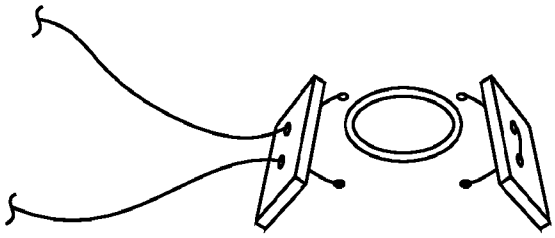

FIG. 5A

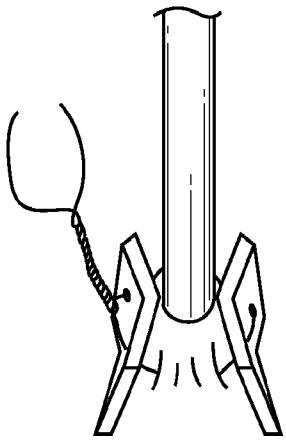

FIG. 5B

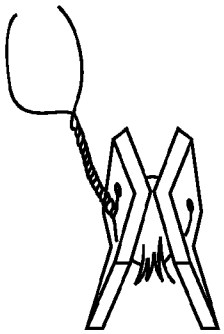

FIG. 5C

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 09/61285

A. CLASSIFICATION OF SUBJECT MATTER
IPC(8) - A61F 2/24 (2010.01)
USPC - 623/2.36
According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC(8): A61F 2/24 (2010.01)
USPC: 623/2.36

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
USPC: 128/897, 898, 899; 623/2.1, 2.11, 2.36, 2.39, 11.11, 23.64, 23.68, 66.1
IPC(8): A61F 2/24 (2010.01)

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
Electronic Databases Searched: Google Scholar; PubWest (US Patents full-text, US PGPubs full-text, EPO Abstracts, and JPO Abstracts) Search Terms Used: mitral, annuloplasty, implant, ring, body, atriotomy, cut, incision, heart, right, left, pulmonary, vein, tool, septum, outside, instrumen$, adjust$

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 2007/0276478 A1 (MARMUREANU et al.) 29 November 2007 (29.11.2007) entire document especially Fig. 1A, Fig. 41, abstract, para [0086], para [0113], para [0119], para [0216], para [0220], para [0228], para [0229], para [0234], para [0291], para [0292]	1-3
Y	US 5,613,937 A (GARRISON et al.) 25 March 1997 (25.03.1997) Fig. 10, col 2, ln 21-34, col 10, ln 36-52, col 14, ln 38-50, col 27, ln 24-37, col 27, ln 45-58	1-3
Y	US 2007/0016287 A1 (CARTLEDGE et al.) 18 January 2007 (18.01.2007) Fig. 4, Fig. 5, para [0145]	1-3
Y	US 2007/0051377 A1 (DOUK et al.) 8 March 2007 (08.03.2007) para [0034], para [0035]	1-2
A	US 6,537,314 B2 (LANGBERG et al.) 25 March 2003 (25.03.2003) entire document generally	1-3
A	US 2003/0050693 A1 (QUIJANO et al.) 13 March 2003 (13.03.2003) entire document generally	1-3
A	US 2006/0015178 A1 (MOADDEB et al.) 19 January 2006 (19.01.2006) entire document generally	1-3

☐ Further documents are listed in the continuation of Box C. ☐

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

Date of the actual completion of the international search	Date of mailing of the international search report
23 January 2010 (23.01.2010)	03 FEB 2010
Name and mailing address of the ISA/US Mail Stop PCT, Attn: ISA/US, Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450 Facsimile No. 571-273-3201	Authorized officer: Lee W. Young PCT Helpdesk: 571-272-4300 PCT OSP: 571-272-7774

Form PCT/ISA/210 (second sheet) (July 2009)