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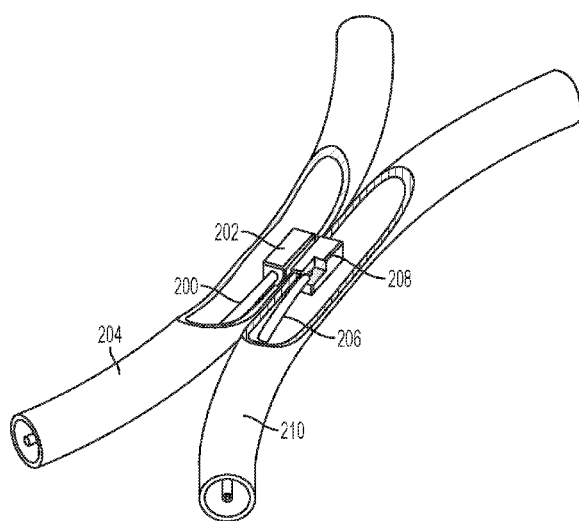


FIG. 2D

(57) Abstract: Described here are devices, systems, and methods for adhering tubular structures, such as blood vessels. Generally, the methods may comprise advancing a first catheter comprising a first adhesion element into a first blood vessel and a second catheter comprising a second adhesion element into a second blood vessel. The vessels may be adhered together by heating tissue using the first and second adhesion elements.

SYSTEMS AND METHODS FOR ADHERING VESSELS

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application claims the benefit of U.S. Provisional Application No. 62/279,642, filed January 15, 2016, and titled “SYSTEMS AND METHODS FOR ADHERING VESSELS,” which is hereby incorporated by reference in its entirety.

FIELD

[0002] The current invention relates to systems and methods for adhering tubular structures within the body, such as vessels.

BACKGROUND

[0003] The devices, systems, and methods described here may be used to enhance mechanical adhesion between tubular structures within the body. In some instances, this may be desirable to improve mechanical adhesion between tubular structures used to form fistulas. A fistula is generally a passageway formed between two internal organs. Forming a fistula between two tubular structures, such as blood vessels, can have one or more beneficial functions. For example, the formation of a fistula between an artery and a vein may provide access to the vasculature for hemodialysis patients. Specifically, forming a fistula between an artery and a vein allows blood to flow quickly between the vessels while bypassing the capillaries. In other instances, a fistula may be formed between two veins to form a veno-venous fistula. Generally, fistula formation requires surgical dissection of a target vein, and transecting and moving the vein for surgical anastomosis to the artery. It may therefore be useful to find improved ways to form a fistula between two blood vessels.

BRIEF SUMMARY

[0004] Described here are devices, systems, and methods for adhering two or more tubular structures together. The tubular structures may be any suitable tubular structure, such as an artery, vein, duct, digestive tract, and so forth. For example, the devices, systems, and methods disclosed herein may increase mechanical adhesion between two blood vessels such as an artery and a vein, a vein and a vein, an artery and an artery, or between a duct and a duct, a digestive

tract and a digestive tract, and the like.

[0005] Generally, a method for adhering tubular structures described herein comprises advancing a first catheter into a first tubular structure and a second catheter into a second tubular structure. The first catheter may comprise a first adhesion element and the second catheter may comprise a second adhesion element. The first adhesion element may be aligned with the second adhesion element. The first and second tubular structures may be adhered by heating tissue between the two adhesion elements.

[0006] In some variations, a method of adhering vessels together comprises advancing a first catheter comprising a first magnetic adhesion element into a first blood vessel and a second catheter comprising a second magnetic adhesion element into a second blood vessel. The first magnetic adhesion element may be aligned with the second magnetic adhesion element. In some variations, the first magnetic adhesion element may be aligned with the second magnetic adhesion element by fluoroscopically visualizing at least a portion of the first and second catheters. In some variations, the first and/or second catheters may comprise one or more rotational indicators. The rotational indicators may be fluoroscopically visualized to align the catheters. Tissue of the first and second blood vessels may be compressed between the first and second magnetic adhesion elements. An adhesion (weld) may be formed between the first blood vessel to the second blood vessel by using the magnetic adhesion elements to heat tissue of the first and second blood vessels between the magnetic adhesion elements. In some variations, the tissue may be heated by delivery of radiofrequency energy from the magnetic adhesion elements. In other variations, the tissue may be heated by ohmic heating of the magnetic adhesion elements. In these variations the magnetic adhesion elements may comprise a resistor. Heating may occur over a single cycle, or a plurality of cycles. In some variations, impedance between the magnetic adhesion elements may be monitored before, after, or during energy delivery. Additionally or alternatively, tissue temperature may be monitored before, after, or during energy delivery. In some variations, a second adhesion may be formed between the first blood vessel and the second blood vessel. The formed adhesion(s) may in some instances have a width between about 0.1 mm and about 15 mm, and a length between about 0.1 mm and about 10 cm. In some variations, a fistula may be formed through the adhesion. For example, a fistula may be formed through the adhesion using the magnetic adhesion elements.

[0007] In some variations, a system for adhering two tubular structures together comprises a

first catheter comprising a first adhesion element and a second catheter comprising a second adhesion element. The first adhesion element may be magnetic and may comprise a flat contact surface. The second adhesion element may be magnetic and comprise a flat contact surface. A power source may be connected to the first and second adhesion elements. In some variations, the first adhesion element may be located at a distal end of the first catheter, and the second adhesion element may be located at a distal end of the second catheter. The first and/or second adhesion elements may be coated with one or more layers of a fluoropolymer. Additionally or alternatively, the first and/or second magnetic adhesion elements may comprise surface insulation. In some variations, the first adhesion element may define a recess. In some of these variations, the second adhesion element may comprise a protrusion complementary to the recess. In some variations, the first and/or second catheter may comprise a rotational indicator.

[0008] In some variations, the first catheter may comprise a proximal portion and a distal portion, wherein the largest cross-sectional dimension of the distal portion is larger than the largest cross-sectional dimension of the proximal portion. The first adhesion element may be located on the distal portion. Additionally or alternatively, the second catheter may comprise a proximal portion and a distal portion, wherein the largest cross-sectional dimension of the distal portion is larger than the largest cross-sectional dimension of the proximal portion. The second adhesion element may be located on the distal portion. In some variations, at least one of the pushability, flexibility, or torquability of the first and/or second catheter may be adjustable. For example, the first catheter may comprise a distal portion, an inner proximal portion, and an outer proximal portion. The outer proximal portion may be slidable relative to the distal portion. The distal portion may have a retracted configuration and an extended configuration. The distal portion may be configured to extend away from the outer proximal portion when moved from the retracted configuration to the extended configuration.

BRIEF DESCRIPTION OF THE DRAWINGS

[0009] FIG. 1 is a block diagram of an illustrative variation of a system.

[0010] FIGS. 2A-2D are views of an illustrative system described here in vasculature.

[0011] FIGS. 3-4 are perspective views of a distal portion of an illustrative variation of a catheter comprising an adhesion element described here.

[0012] FIGS. 5A-5F are perspective views of variations of adhesion elements.

[0013] FIGS. 6A-6C are cross-sectional side views of variations of adhesion elements.

[0014] FIGS. 7-8 are perspective views of distal portions of variations of catheters comprising adhesion elements described here.

[0015] FIGS. 9A-9E are side views (FIGS. 9A, 9B, 9D) and perspective views (FIGS. 9C, 9E) of distal portions of a catheter in retracted (FIGS. 9A-9C) and extended (FIGS. 9D-9E) configurations.

[0016] FIG. 10 is a perspective view of an illustrative variation of a distal portion of a catheter comprising a separate magnet and adhesion element.

[0017] FIGS. 11A-11B are perspective views of an illustrative variation of a system described here.

[0018] FIGS. 12A-12B are cross-sectional and plan views, respectively, of adhered vessels.

[0019] FIGS. 13A-13B are cross-sectional and plan views of a vessel comprising a weld and a fistula.

DETAILED DESCRIPTION

[0020] Generally described here are devices, systems, and methods for increasing mechanical adhesion between tubular structures, such as blood vessels, and in some instances forming a weld between the structures to adhere the two structures together. Generally, to adhere two tubular structures together, a system comprising multiple catheters may be advanced in a minimally invasive fashion (e.g., for blood vessels, via the vasculature) to a target location and used to adhere the tubular structures together. In some examples, the tubular structures may comprise blood vessels such as two arteries, two veins, or a vein and an artery.

[0021] Generally, each catheter may comprise an adhesion element. An adhesion element may comprise an element capable of adhering tissue, either alone or in combination with another adhesion element. An adhesion element may be configured to adhere tissue together by heating the tissue. In some variations, an adhesion element may heat tissue by delivering electrical energy

to the tissue. In some of these variations, the adhesion element may comprise a magnet configured to heat tissue by delivering electrical current, as described in more detail herein. In other variations, an adhesion element may be heated through resistive heating, which may in turn heat tissue. In yet other variations, an adhesion element may heat tissue using laser energy. For example, a catheter may comprise a fiber optic filament coupled to a laser, such that the adhesion element may be configured to direct laser energy to heat tissue. In yet another variation, an adhesion element may deliver ultrasonic energy to heat tissue. In such a variation, the adhesion element may comprise a piezoelectric element configured to use ultrasonic vibration to induce heating.

[0022] A first catheter comprising an adhesion element may be placed at a target location in a first tubular structure, and a second catheter comprising an adhesion element may be placed at a target location in a second tubular structure. The catheters may be aligned relative to each other using the adhesion elements, coaption regions, and/or visual alignment aids, as described in more detail herein. For example, when the tubular structures are blood vessels, a first catheter may be placed in a first blood vessel, and a second catheter may be placed in a second blood vessel, where the first and second vessels are in proximity to each other, and the two catheters may be aligned to coapt the two vessels. Tissue heating due to one or more adhesion elements may adhere tissue of the first tubular structure to tissue of the second tubular structure. For example, current applied to blood vessel walls may denature proteins in each vessel, which may cause them to adhere together. Adhesion may be performed before, during, or after other procedures, such as fistula formation, as described in more detail herein.

I. SYSTEMS

[0023] Generally, the systems described here are configured to adhere tubular structures in the body, such as blood vessels. In some variations, the systems comprise two catheters each comprising one or more adhesion elements. An adhesion element may comprise an element capable of adhering tissue, either alone or in combination with another adhesion element, and may be configured to adhere tissue together by heating the tissue. In some variations, an adhesion element may heat tissue by delivering electrical current to the tissue, while in other variations an adhesion element may heat tissue by delivering laser or ultrasonic energy to the tissue. In yet other variations, an adhesion element may be resistively heated, which may in turn heat tissue. In some variations, an adhesion element may comprise a magnet configured to

deliver energy to tissue, although in other variations it may comprise a non-magnetic element.

[0024] The adhesion elements may be configured to be delivered to target locations in tubular structures (e.g., blood vessels) via catheters. When an adhesion element is configured to heat tissue by delivering electrical energy, it may comprise a contact surface configured to contact tissue (e.g., a blood vessel wall) or fluid (e.g., blood). When the contact surface is in contact with tissue and/or fluid at the target location, it may supply current to and/or carry current from the tissue and/or fluid. This may result in heat, which in turn may facilitate adhesion of one portion of tissue to another. More particularly, current applied to the adhesion elements may be configured to heat and/or desiccate tissue to mechanically adhere the vessels together through protein denaturation. In some instances, tissue may be thermally welded together by applying a coagulation current to an electrode to denature connective tissue proteins and thereby increase adhesion between tissue planes. In some instances, the denatured proteins from each vessel may intertwine to fuse together and/or shrink the vessel. In some variations, thermal denaturing and welding may modify the vessel without removing material as occurs when ablating tissue.

[0025] FIG. 1 is a block diagram of one variation of a system comprising a first catheter (100) and a second catheter (104). The first catheter (100) may comprise a first adhesion element (102) and the second catheter (104) may comprise a second adhesion element (106). At least a portion of the adhesion elements may be exposed to the surrounding environment (i.e., may not be fully encompassed by the catheters). The adhesion elements (102, 106) may comprise electrically conductive magnets, as described in more detail herein, although they need not be magnetic. In use, the first catheter (100) and the second catheter (104) may be placed in first and second tubular structures (e.g., blood vessels), respectively, wherein the tubular structures are adjacent, and the adhesion elements (102, 106) may interact to adhere the outer wall of the first structure (e.g., blood vessel) to the outer wall of the second structure (e.g., blood vessel). In some variations, the adhesion elements may adhere the tissue by delivering electrical energy to the tissue. As such, a proximal end of each catheter (100, 104) may be connected to a power supply (110) by respective connections (108). The power supply (110) may further comprise a controller (not shown) for controlling energy delivery to the catheters (100, 104). The power supply (110) may be an AC or DC power supply. The power supply (110) may output current to heat and/or desiccate tissue.

[0026] In some variations, the adhesion elements (102, 106) may each deliver electrical energy

to heat tissue. For example, each adhesion elements (102, 106) may be connected to an active output of the power supply (110) to deliver current and thus heat adjacent tissue. As such, the adhesion elements (102, 106) may simultaneously heat tissue from opposing sides. A ground pad (e.g., a large metal plate or flexible metalized pad) affixed to the patient may be connected to a return terminal of the power supply. In other variations, the first adhesion element (102) may be connected to the active output of the power supply (110) and the second adhesion element (106) may be connected to the return terminal. In yet other variations, the first adhesion element (102) may be connected to an output of the power supply, and the second adhesion element (106) may be floating, that is, not directly connected to any output of the power supply, in a focused monopolar configuration.

[0027] It should be appreciated that in other variations, only the first catheter may be connected to the power supply in a monopolar configuration. For example, only the first adhesion element may heat tissue, while the second adhesion element may mechanically contribute to tissue adhesion by pressing tissue toward the first adhesion element while the first adhesion element heats tissue. In such a configuration, the first adhesion element may be connected to an active output of a power supply, and a ground pad affixed to the patient may be connected to a return terminal of the power supply. The second adhesion element may not be connected to the power supply but may oppose the first adhesion element and compress tissue between the two adhesion elements, promoting heating and adhesion.

[0028] The catheters and adhesion elements may be configured to coapt with each other and to compress tissue between the adhesion elements in order to adhere tissue when it is heated. In some instances, a system may comprise first and second catheters each having one or more magnets, such that magnets of the first catheter may be attracted to magnets of the second catheter to bring the catheters in closer approximation. In some variations, the adhesion elements themselves may be magnets and may be configured to be attracted to each other. As such, the adhesion elements may promote axial and/or rotational alignment of the catheters. Additionally or alternatively, the catheters may comprise coaption regions comprising magnets, and/or may comprise one or more visual alignment aids, to promote tissue coaption as well as axial and/or rotational alignment of the catheters. For instance, a rotational indicator may allow catheter alignment to be visualized under fluoroscopy, such that a user may manipulate the catheters into a desired position. In some variations, the catheters may also be configured to promote the ability

of an adhesion element to press into tissue, as described in more detail herein. The catheters may have the same configuration of elements, or may have different and/or complementary configurations of elements.

[0029] FIGS. 2A-2C show an exemplary system comprising two catheters each comprising an adhesion element comprising a magnet. A first catheter (200) comprising an adhesion element (202) is shown located within a first blood vessel (204). A second catheter (206) comprising an adhesion element (208) is shown located within a second blood vessel (210). The shape and material of the adhesion elements may help to align one catheter in a first vessel with another catheter in a second vessel, and may help to ensure optimal heating and adhesion. In the variation shown in FIGS. 2A-2D, each of the adhesion elements (202, 208) comprises a rectangular magnet. The adhesion elements (202, 208) may be configured to be attracted to each other when in proper axial and rotational alignment. FIGS. 2A-2B show the catheters (200, 206) placed in the vessels without coaption due to magnetic attraction, while FIGS. 2C-2D show the catheters coapted due to magnetic attraction between the adhesion elements (202, 208). When the catheters are coapted as in FIGS. 2C-2D, the walls of vessels (204, 210) may be compressed between the two adhesion elements (202, 208). That is, during alignment of the catheters (200, 206), the attractive magnetic forces of the adhesion elements (202, 208) may bring the catheters (200, 206) and blood vessels (204, 210) into closer approximation, as shown in FIGS. 2C-2D. This compression may aid with heating and adhesion. Each of the adhesion elements (202, 208) may comprise a flat contact surface configured to be contact with the interior vessel wall when the catheters are coapted across the vessel walls.

[0030] The adhesion elements (202, 208) may comprise a conductive material and may be connected to a power supply configured to provide electrical current for heating tissue. FIG. 3 is a perspective view of a distal end of the catheter (200) and the adhesion element (202), shown with a portion of the adhesion element cut away to depict the interior of the adhesion element. As described above, the adhesion element (202) shown may be a magnet that may coapt with another magnet of another catheter (e.g., adhesion element (208) of catheter (206)) to compress tissue therebetween. The adhesion element (202) may comprise one or more flat contact surfaces (214) for providing flush contact with tissue to be heated. Furthermore, in addition to bringing the catheters closer together and compressing tissue, a flat contact surface, such as contact surface (214), may allow a lateral magnetic coaption force to be generated and translated into an

aligning torque, which may aid rotational alignment, as well as axial alignment, with an adhesion element of a second catheter. A wire (212) may be located within the catheter (200) and may electrically couple the adhesion element (202) to a power source such as an external power supply. This may allow an external power supply to energize the adhesion element (202). For example, returning to FIGS. 2A-2D, once the adhesion elements (202, 208) are coapted at a desired location, one or more of the adhesion elements may be energized to apply heat to the vessels (204, 210). The heat applied to the compressed vessel tissue (204, 210) may denature proteins in a manner to adhere the vessels together and may form a weld, which may increase the mechanical strength of the vessels. Upon completion of welding between the blood vessels (204, 210), the catheters (200, 206) may be removed.

[0031] When heat is applied to the compressed vessels using the devices, systems, and methods described herein, heating tissue to 70°C may result in denaturation. In some variations, the delivered energy may be constant, while in other variations it may be modulated. In some variations, the tissue may be heated by the delivery of radiofrequency energy to tissue. The power source may deliver energy having any suitable waveform to the tissue via the adhesion elements, such as but not limited to waveform having a sinusoidal or square shape. Electrical energy delivered to tissue may have a peak voltage below the ionization threshold of the tissue. For example, when the waveform is a sinusoidal waveform, the peak voltage may in some variations be below about 150 V. It should also be appreciated that in other variations, current need not travel through tissue in order to heat the tissue. For example, the tissue may be heated through ohmic heating of the adhesion elements. For example, each adhesion element may comprise a resistor resulting in ohmic heating. In these instances, either AC or DC current may be used. In yet other variations, the tissue may be heated through laser or ultrasonic energy delivery.

[0032] In some variations, one or more surfaces of an adhesion element may be coated with a material that may facilitate removal of the adhesion element from a tissue surface after heating. For example, one or more surfaces of an adhesion element may be coated with one or more layers of PTFE, parylene, silicone, or another fluoropolymer. FIG. 4 is a perspective view of another variation of a catheter (400) comprising an adhesion element (402) comprising a rectangular magnet, and a wire (404) extending through the catheter (400) to electrically couple to the adhesion element (402) to a power supply. A surface of the adhesion element (402) may

comprise a coating (406), wherein the coating comprises a material that may facilitate the removal of the adhesion element (402) from a tissue surface without sticking. For example, the coating (406) may comprise one or more layers of PTFE, parylene, silicone, or another fluoropolymer. In some variations, the coating (406) may additionally or alternatively comprise a jacket of material for enhanced biocompatibility or electrical conductivity, such as one or more of gold, platinum, and titanium. In some variations, the adhesion element (402) may be additionally or alternatively partially coated with an insulative coating in order to insulate certain surfaces and leave other surfaces exposed for electrical conduction to the tissue. This may direct and/or isolate energy delivery to a specific region of tissue and/or in a specific shape.

[0033] Generally, catheters in the coapted state, as shown in FIGS. 2C-2D for example, may sandwich the tissue interposed between their surfaces with a desired pressure as determined by the size, shape, and material composition of the adhesion elements. Adhesion elements having a flat contact surface, as shown in FIGS. 2A-4 for example, may promote rotational alignment and may better compress tissue for adhesion. These flat surfaces may help to naturally align the adhesion elements with each other, as two flat surfaces may generate a greater aligning torque for a given amount of rotational misalignment than two curved surfaces. For example, in some instances, the aligning torque generated between flat magnetic surfaces at 5 degrees of misalignment is at least approximately 18 times stronger than that of the aligning torque between magnetic cylinders.

[0034] FIGS. 5A-5E show a variety of possible shapes for adhesion elements, each comprising a flat contact surface. For example, an adhesion element (500) may have a square cross-section (FIG. 5A); an adhesion element (502) may have a triangular cross-section (FIG. 5B); an adhesion element (504) may have a hexagonal cross-section (FIG. 5C); an adhesion element (506) may have a rectangular cross-section (FIG. 5D); an adhesion element (508) may have a semi-circular cross-section (FIG. 5E), or the like to provide a flat contact surface for an adhesion element.

[0035] However, in other variations, the adhesion elements may not comprise flat contact surfaces. For example, FIG. 5F illustrates an adhesion element (510) having a circular cross-section. As another example, FIGS. 6A-6B illustrate cross-sectional views of two adhesion element pairs, where one adhesion element is configured to be located in a first tubular structure (e.g., a blood vessel), and a second adhesion element is configured to be located in a second

tubular structure (e.g., a second blood vessel). The adhesion elements shown there may comprise one or more protrusions and recesses, where the protrusions and recesses may be complementary. These protrusions and recesses may form an indent in tissue interposed between the adhesion elements. Pairs of adhesion elements having complementary shapes, as shown in FIGS. 6A-6B, may allow greater pressure to be applied to tissue between the two adhesion elements. In some variations, the protrusions (608, 610) may have the shape of a block (see adhesion element (600) in FIG. 6A) or a rigid fin (see adhesion element (604) in FIG. 6B) or point. The recesses (612, 614) of adhesion elements (602, 606) may have complementary shapes to the protrusions (608, 610). In other variations, a pair of adhesion elements may have the same shape. For example, FIG. 6C illustrates a cross-sectional view of a pair of matching adhesion elements (616, 618), each having a raised perimeter and a recessed central region (620, 622). A similar adhesion element having a raised rectangular perimeter and a recessed central region is shown in FIG. 8, described in more detail herein. In some variations, the protruding member may have a hollow interior for decreasing the surface area of the protruding member so that a first current may be applied to adhere tissue and a second current may be supplied to cut an opening through the tissue.

[0036] The adhesion elements described herein may be attached to catheters, as shown for example in FIGS. 2A-2D. Generally, the systems may comprise a first catheter for placement in a first tubular structure (e.g., a blood vessel) and a second catheter for placement in a second tubular structure (e.g., a blood vessel), where each catheter may comprise at least one adhesion element. The catheters may have any suitable diameter. For intravascular use, for example, the catheters may be about 4 French, about 5.7 French, about 6.1 French, about 7 French, about 8.3 French, between about 4 French and about 9 French, between about 4 French and about 7 French, between about 4 French and about 6 French, or the like. In the variation shown in FIGS. 2A-2D, the widest dimension of the adhesion elements (202, 208) is greater than the diameter of the catheters (200, 206). This may allow the contact surfaces of the adhesion elements (202, 208) to more easily contact tissue.

[0037] In other variations, the catheters described herein may be configured to promote the ability of an adhesion element to press into tissue. For example, the adhesion element may be located on a portion of a catheter having a greater diameter than an adjacent portion of a catheter. This may allow the contact surfaces of the adhesion elements to more easily contact tissue. For

example, FIG. 7 is a perspective view of a variation of a catheter (700) having an adhesion element (706) embedded within a portion of the catheter and having an exposed flat contact surface. Catheter (700) comprises a proximal portion (702), a distal portion (704), and an adhesion element (706) disposed on the distal portion (704) and having a flat contact surface. As shown, the largest cross-sectional dimension of the distal portion (704) comprising the adhesion element (706) is larger than the largest cross-sectional dimension of the proximal portion (702) of the catheter. As such, the adhesion element (706) may be able to press into tissue without obstruction from contact between the proximal portion (702) of the catheter (700) and tissue, for example, a vessel wall. FIG. 8 illustrates another catheter (800) comprising a proximal portion (802) and a distal portion (804), where the distal portion (804) has a larger cross-sectional dimension than the proximal portion (802). The catheter (800) further comprises an adhesion element (806) disposed on the distal portion (804), where the adhesion element (806) comprises a raised perimeter with a central rectangular recess. That is, the adhesion element (806) may define an opening such that, for example, tissue indented against the adhesion element (806) forms a rectangular indent around the perimeter formed by the raised portion of the adhesion element (806). Energy may be supplied to activate the adhesion element (806) to adhere two vessels together. In some variations, an opposing adhesion element on a second catheter may be configured to fit within the central rectangular recess, which may allow for increased pressure application to tissue located between the adhesion element (806) and the opposing adhesion element.

[0038] In some variations, the catheters described herein may be configured to have adjustable stiffness, for example in the event that an increase in pushability, flexibility, or torquability may be desired. For example, FIGS. 9A-9E show side and perspective views of variations of a catheter (900) similar to catheter (700) comprising a proximal portion (904) and a distal portion (906) comprising an adhesion element (908) having a flat contact surface. The distal portion (906) may be fixedly connected to an inner proximal portion (904) and may have a larger cross-sectional dimension than the inner proximal portion (904). The inner proximal portion (904) may be slidable within an outer proximal portion (902), where the outer proximal portion comprises a tubular shape. As such, the distal portion (906) and part of the inner proximal portion (904) may be configured to extend distally from the outer proximal portion (902) between a retracted position (FIGS. 9A-9C) and an extended configuration (FIGS. 9D-9E). In the extended configuration shown in FIGS. 9D- 9E, the distal portion (906) of the catheter (900) may have

increased ability to deform and/or press into tissue when the adhesion element (908) is attracted to a corresponding adhesion element of another catheter, since deformation of the inner proximal portion (904) is not limited by the outer proximal portion (902). In the retracted configuration shown in FIGS. 9A-9C, the distal portion (906) of the catheter (900) may have increased pushability, since deformation of the inner proximal portion (904) is limited by the outer proximal portion (902). In this way, either of the extended or retracted configurations (or an intermediate configuration between the extended or retracted configurations) may be selected based on one more requirements related to pushability, flexibility, and/or torquability.

[0039] In FIGS. 2A-4 and 7-9E, the adhesion elements are shown at or near a distal end of the catheters. However, it should be appreciated that adhesion elements may be located along any suitable portion of the catheters described herein (e.g., a distal end, an intermediate portion, or combinations thereof). It should also be appreciated that a catheter may have any suitable number (e.g., zero, one, two, three, or four or more) and combination of adhesion elements. In variations in which a catheter comprises two or more adhesion elements, multiple adhesion elements may be used to create multiple adhesion regions, either simultaneously or sequentially. In other variations, multiple adhesion elements may interact to form a single adhesion region.

[0040] Furthermore, in other variations, an adhesion element need not comprise a magnet. While magnetic adhesion elements may help to compress tissue between two catheters, in some variations the adhesion elements may comprise any material suitable for heating tissue to cause adhesion. For example, the adhesion elements may comprise any suitable conductive material. In some of these variations, the catheters described herein may comprise one or more adhesion elements and one or more separate alignment features to assist in coaption and rotational and/or axial alignment of the catheters relative to each other. In some of these variations, alignment features may assist a user in manual positioning of the catheters. Generally, in these variations, the catheters may comprise at least one of a flat coaption surface, a magnet, and a rotational indicator. Combinations of one or more of these elements may improve the ability of a user to orient and align catheters rotationally. For instance, the catheters described herein may comprise one or more adhesion elements and a separate coaption region comprising one or more magnets to promote coaption and alignment. For example, a catheter may comprise a magnet and a separate adhesion element comprising an electrode. FIG. 10 is a perspective view of such a variation of a catheter (1000) comprising a magnet (1002) and a separate electrode (1006). The

magnet (1002) may be separated from the electrode (1006) by an electrical and/or thermal insulator (1004). The thermal insulator may comprise, for example, polyimide, PEEK, PTFE, and/or ceramic. In this configuration, the magnet (1002) may act to promote tissue compression between the flat contact surface of the adhesion element (electrode (1006)) and an adhesion element in an adjacent vessel and may promote proper alignment between the adhesion elements, while the electrode (1006) may act as the adhesion element. In other variations, the electrode (1006) may be disposed directly on the magnet (1002).

[0041] FIGS. 11A-11B illustrate another variation of a system in vasculature comprising a first catheter (1100) in a first blood vessel (1106) and a second catheter (1108) in a second blood vessel (1114). The first catheter (1100) may comprise a first adhesion element (1102) that may be a non-magnetic adhesion element, such as a non-magnetic electrode, and the second catheter (1108) may comprise a second adhesion element (1110) that may be non-magnetic adhesion element, such as a non-magnetic electrode. It should be appreciated that in other variations, the first and second adhesion elements (1102, 1110) may comprise magnetic electrodes. The adhesion elements (1102, 1110) may be connected via electrical leads (1116, 1118) to a power source (not shown), as described in more detail herein. The first catheter (1100) may further comprise a first coaption region (1104) comprising one or more magnets that may be distal and proximal to the first adhesion element (1102). The second catheter (1108) may further comprise a second coaption region (1112) comprising one or more magnets that may be distal and proximal to the second adhesion element (1110). Generally, the magnets may be configured to be attracted to one or more magnetic fields (e.g., produced by one or more magnets of the other catheter). The magnets may help to align or otherwise reposition the catheters (1000, 1108) when placed in the vasculature. Once the first and second catheters (1000, 1108) have been positioned, the attractive magnetic forces may also act to maintain the relative positions of the catheters (1000, 1108). When the first and second catheters (1000, 1108) are placed in respective blood vessels (1106, 1114), tissue positioned between the blood vessels and/or limited compliance of the blood vessels may limit the extent to which the magnets of the first and second catheters bring the first and second catheters toward each other. The magnets may additionally or alternatively help to ensure that the catheters (1000, 1108) are in proper axial and/or rotational alignment relative to each other. Such axial and/or rotational alignment of the catheters (1000, 1108) may also facilitate alignment of the adhesion elements (1102, 1110) relative to a target location for vessel adhesion.

[0042] It should be appreciated that the catheters of the systems described here may comprise one or more magnets, and each catheter may comprise any number of individual magnets (e.g., one, two, three, four, five, six, seven, or eight or more, etc.). In some variations in which a catheter comprises multiple magnets, one or more magnets may act as adhesion elements and be configured to heat tissue (e.g., through delivery of electrical current), while one or more other magnets may not be configured to heat tissue. In variations in which a catheter comprises a plurality of magnets, these magnets may be grouped into one or more magnet arrays. The magnets may be located inside and/or outside of a catheter body. The magnets may be positioned at any suitable location along the length of the catheter. Generally, the dimensions of the magnets described herein may be selected based on the size of the catheters carrying the magnets, which in turn may be selected based on the anatomical dimensions of the blood vessels through which the catheters may be advanced. For example, if the catheter is to be advanced through a blood vessel having an internal diameter of about 3 mm, it may be desirable to configure any magnet to be less than about 3 mm at the widest part of its cross-section, to reduce the risk of injury to vessel walls during advancement and manipulation of the catheter. Each magnet may have any suitable length (e.g., about 5 mm, about 10 mm, about 15 mm, about 20 mm, or the like), although it should be appreciated that in some instances longer magnets may limit the flexibility of the catheter to maneuver through tissue.

[0043] The magnets described here throughout may be permanent magnets comprising one or more hard magnetic materials, such as but not limited to alloys of rare earth elements (e.g., samarium-cobalt magnets or neodymium magnets, such as N52 magnets) or alnico. In some variations, the magnets may comprise anisotropic magnets; in other variations, the magnets may comprise isotropic magnetics. In some variations, the magnets may be formed from compressed powder. In some variations, a portion of the magnets (e.g., a permeable backing) may comprise one or more soft magnetic materials, such as but not limited to iron, cobalt, nickel, or ferrite. When the magnets are configured to deliver electrical current to tissue, the magnets may comprise conductive material and/or comprise a conductive coating. When the magnets are located within the catheter, as in FIGS. 11A-11B for example, given the limitations on magnet size, it may be desirable in some instances to use magnets configured to produce magnetic fields that increase the magnetic force that can be generated with a magnet of a given size. For example, in some variations the system may comprise one or more of the magnets described in U.S. Patent Application Serial No. 14/214,503, filed on March 14, 2014, and titled "FISTULA

FORMULATION DEVICES AND METHODS THEREFOR,” and/or U.S. Patent Application Serial No. 14/657,997, filed on March 13, 2015, and titled “FISTULA FORMATION DEVICES AND METHODS THEREFOR,” each of which is hereby incorporated by reference in its entirety.

[0044] It should be appreciated that while some of the systems described here comprise a first catheter and a second catheter each comprising one or more permanent magnets (which may or may not be configured to heat tissue), in other variations either the first or second catheter may comprise ferromagnetic elements (i.e., elements attracted to but not generating a permanent magnetic field). For example, in some variations, the first catheter may include only one or more ferromagnetic elements while the second catheter comprises one or more permanent magnets. In other variations, the second catheter may include only one or more ferromagnetic elements while the first catheter comprises one or more permanent magnets. However, in other variations, one or both of the first and second catheters may include any suitable combination of ferromagnetic, permanent, and/or other suitable kinds of magnets.

[0045] Returning to FIG. 11A-11B, these figures illustrate the catheters (1100, 1108) advanced through respective vessels (1106, 1114). When the catheters (1100, 1108) are brought together, the attractive magnetic forces of the magnets within the coaption regions (1104, 1112) may bring the catheters (1100, 1108) and blood vessels (1106, 1114) in closer approximation, as shown in FIG. 11B. In variations where the adhesion elements are magnetic, the adhesion elements may also bring the catheters together. One or more of the adhesion elements (1102, 1108) may then be energized so as to apply heat to the vessels, as described in more detail herein.

[0046] The systems described herein may further comprise one or more additional alignment features to help ensure that the catheters are axially and/or rotationally aligned prior to heating the tissue to achieve adhesion. For example, one or both of the first and second catheters may comprise a visual alignment aid for indirectly visualizing the alignment of a catheter within a tubular structure or relative to another catheter, such as via fluoroscopy, during positioning and/or alignment thereof.

[0047] In some variations, the visual alignment aid may comprise a rotational indicator. A rotational indicator may serve as a visual marker for guiding rotational alignment of two catheters as viewed under fluoroscopy. The rotational indicators of each catheter may be used to

rotationally and/or axially position the catheters such that that one or more adhesion elements are properly positioned to adhere tissue. Generally, a rotational indicator may be configured such that its rotational orientation is discernable in a two-dimensional fluoroscopic image. A rotational indicator may comprise a radiopaque portion. The first catheter may include a first radiopaque portion and the second catheter may include a corresponding second radiopaque portion. An X-ray beam may fluoroscopically image an orientation of the first radiopaque portion and the second radiopaque portion, and the image may be shown on a display for a user. The user may then manipulate one or both of the catheters to align the catheters. A rotational indicator may be provided along any suitable portion of the catheter. In some variations, the rotational indicator may comprise any radiopaque metal, such as tungsten, platinum iridium, stainless steel, titanium, as well as a tungsten filled polymer, zirconia ceramic, or any suitable radiopaque material. In some variations, the rotational indicator may comprise a radiopaque film. Rotational indicators suitable for use in the catheters described herein are discussed in more detail in U.S. Patent Application Serial No. _____ filed concurrently herewith, titled “DEVICES AND METHODS FOR FORMING A FISTULA” and claiming the benefit of U.S. Provisional Application No. 62/399,471, filed September 25, 2016, and U.S. Provisional Application No. 62/279,603, filed January 15, 2016, which is hereby incorporated by reference in its entirety.

II. METHODS

[0048] Also described here are methods for adhering tissue of two tubular structures, such as two blood vessels. When the tubular structures comprise blood vessels, the two blood vessels may be two closely-associated blood vessels, such as a vein and an artery, two veins, two arteries, or the like. Generally, when the tubular structures are blood vessels, the methods described here comprise accessing a first blood vessel with a first catheter having features as described herein, and advancing the first catheter to a target location within the first blood vessel. A second blood vessel may be accessed with a second catheter having features as described herein, and the second catheter may be advanced to a target location within the second vessel. After the vessels are brought toward each other and aligned, one or more adhesion elements may be activated to heat and denature tissue to fuse tissue together and form an adhesion between the two vessels. The catheters may then be removed. In some variations, a fistula may be formed through a portion of the welded tissue. In some instances, a fistula may be formed using the

devices, systems, and methods in U.S. Patent Application Serial No. 13/298,169, filed on November 16, 2011, and titled “DEVICES AND METHODS FOR FORMING A FISTULA,” which is hereby incorporated by reference in its entirety, and in U.S. Patent Application Serial No. _____ filed concurrently herewith, titled “DEVICES AND METHODS FOR FORMING A FISTULA” and claiming the benefit of U.S. Provisional Application No. 62/399,471, filed September 25, 2016, and U.S. Provisional Application No. 62/279,603, filed January 15, 2016, which was previously incorporated by reference in its entirety, while in other variations, the devices and systems described herein may be used to form a fistula.

[0049] When the tubular structures are blood vessels, advancement of one or more catheters through a vessel to a target site is not particularly limited. In some variations, a first catheter is advanced into an artery, and a second catheter is advanced into a vein. In other variations, a first catheter is advanced into a first vein, and a second catheter is advanced into a second vein. In still other variations, a first catheter is advanced into a first artery and a second catheter is advanced into a second artery. In some variations, a first catheter is advanced into a vein, and the second catheter is advanced into an artery. The first and/or second catheters may be advanced over a guidewire or in any suitable manner and may or may not occur under indirect visualization (e.g., via fluoroscopy, X-ray, or ultrasound).

[0050] In some variations, each of the first or second catheters may comprise one or more adhesion elements as described herein. The adhesion elements may or may not be magnetic. In some variations, aligning the first and second catheters may comprise axial and/or rotational alignment of the adhesion elements. In variations where both the first and second catheters comprise adhesion elements, the catheters may be oriented to align these adhesion elements. The catheters may be aligned in any suitable manner. In some variations, magnetic adhesion elements may generate an attractive force between the first and second catheters, which may pull the catheters toward each other. In these or other variations, separate coaption regions may comprise one or more magnets configured to generate an attracted force between the first and second catheters.

[0051] Additionally or alternatively, the catheter systems described herein may comprise one or more rotational indicators allowing for indirect visualization of catheter alignment such as through fluoroscopy. In variations where the first and/or second catheters comprise one or more rotational indicators, such as those described herein, the markers may be viewed (e.g., via

fluoroscopy, X-ray, or the like) to ensure that the catheters have the proper axial and/or radial orientation relative to each other. For example, the catheter and rotational indicators may be visualized fluoroscopically during alignment of the catheters, and in some cases from at least advancement steps through alignment of the catheters. The user may view the rotational indicators in a fluoroscopic image to determine a rotational alignment of the catheters and may rotate the catheters until alignment is achieved. When the catheters are viewed as axially aligned based on the position of the rotational indicators or another portion of the catheters, the user may bring the catheters into close approximation.

[0052] Once the catheters are aligned, one or more adhesion elements may be activated to adhere tissue in vessels. As shown in FIG. 12A, one or more adhesion elements may form a thermal weld (1206) between a first vessel (1202) and a second vessel (1204). FIG. 12B is a plan view of the vessel (1202) having a formed weld (1206) in the shape of the adhesion element in contact with the vessel (1202). In some instances, tissue may be heated to form a thermal weld between the intimal, medial, and/or adventitia of the vessels (1202, 1204). The weld (1206) may form a hermetic seal between the vessels, thereby preventing pressurized fluid from ingress or egress through the weld plane. The weld may also be strong enough to prevent the vessels from being pulled apart under forces that may be applied due to bodily function or motion. In other instances, the weld (1206) may be able to withstand internal hydraulic pressure from dissecting the vessels apart, as discussed in further detail herein. In some variations, the weld may have a width of about 0.1 mm to about 15 mm and a length ranging from about 0.1 mm to about 10 cm, although the weld length may vary from this range. In some variations, a plurality of discrete welds may be produced by a single catheter system using a plurality of adhesion elements.

[0053] The adhesion elements may adhere tissue by heating the tissue. In some variations, the adhesion elements may heat tissue by delivering radiofrequency energy. In other variations, the adhesion elements may be heated through ohmic heating, which may in turn heat tissue. In yet other variations, the adhesion elements may deliver laser energy to heat tissue, or may deliver ultrasonic energy to heat tissue.

[0054] In some variations, the systems discussed herein may comprise an electrosurgical controller coupled to one or more adhesion elements for controlling tissue adhesion. A controller may control the energy delivery to one more adhesion elements to heat tissue based on the selected adhesion parameters. Adhesion parameters may include an energy waveform shape,

frequency, amplitude, duration, and so forth. For example, in one non-limiting variation, a controller may be configured to deliver a waveform having a frequency between about 300 kHz and about 500 kHz, with a peak voltage of between about 120 V and about 140 V. In some variations, a controller may be configured to deliver a waveform having a frequency of about 400 kHz, with a peak voltage of about 130 V. The waveform may have any suitable shape, such as a sinusoidal or square shape. The controller may modulate one or more parameters to achieve a desired heating profile. For example, the controller may modulate one or more of the peak voltage or duty cycle of the waveform. In some variations, the electrosurgical controller may deliver energy for a predetermined duration to achieve the intended adhesion. In other variations, the strength of an adhesion cycle may be limited in power and/or duration so as to perform a plurality of adhesion cycles. In this manner, the thermal effects of heating may be dispersed over a longer period of time so as to limit collateral thermal injury to the vessel.

[0055] In some variations, tissue parameters may be measured and analyzed in order to determine one or more adhesion parameters. The electrosurgical controller may in some instances monitor the impedance during energy delivery to determine a rate of tissue heating. In other instances, termination of adhesion may occur after measuring a predetermined impedance or a predetermined rate of change of impedance. In order to measure impedance, the system may comprise an impedance metering circuit such as a bipolar sensing circuit with each adhesion element serving as an element. To measure impedance, low power DC or alternating voltage may be applied to the adhesion elements. The resulting current and/or phase may then be measured to determine impedance. Additionally or alternatively, impedance may also be measured during a thermal adhesion period by measuring the impedance in a bipolar or monopolar circuit. In this manner, a single heating cycle may be performed without interrupting the energy delivery cycle to measure impedance. Impedances measured before, after, and/or during an adhesion sequence may determine the level of vessel modification provided. Additionally or alternatively, a catheter may further comprise a thermocouple or thermistor to monitor tissue temperature as an additional input signal for controlling adhesion by the electrosurgical controller. In some variations, one or more impedance measurements or tissue temperature measurements may be outputted to a user as one or more of visual and audio feedback. For example, the system may output an impedance value on a display meter coupled to the catheters. Impedance values may be output as audio tones. In other variations, impedance measurements or tissue temperature information may be provided to the electrosurgical controller to automatically adjust or stop

current delivery. For example, tissue measurements indicating that the temperature has reached 70°C may indicate that protein denaturation has been achieved.

[0056] After tissue adhesion is performed using one or more adhesion elements, in some variations a fenestration between the two tubular structures may optionally be formed. In some variations, a fenestration may be formed using different devices, such as a different catheter system. For example, a fistula between the two vessels may be formed using a system and method as described in U.S. Patent Application Serial No. 13/298,169, filed on November 16, 2011, and titled “DEVICES AND METHODS FOR FORMING A FISTULA,” and in U.S. Patent Application Serial No. _____ filed concurrently herewith, titled “DEVICES AND METHODS FOR FORMING A FISTULA” and claiming the benefit of U.S. Provisional Application No. 62/399,471, filed September 25, 2016, and U.S. Provisional Application No. 62/279,603, filed January 15, 2016, each of which was previously incorporated by reference in its entirety. For example, a fistula may be formed using a system comprising a first catheter and a second catheter. The first catheter may comprise a catheter body, one or more magnetic elements, and a fistula-forming element. The second catheter may comprise a catheter body, one or more magnetic elements, and may optionally comprise a fistula-forming element. In some variations, the fistula-forming element may comprise an electrode configured to move between a low-profile configuration and an extended configuration in which it extends radially away from the catheter body. In some variations the fistula-forming element may be spring-biased toward the extended configuration, i.e., may be configured to self-expand from the low-profile to the extended configuration, and may be held in the low-profile configuration during placement, for example by an external radially inward force on the electrode from a the catheter body or a vessel wall during delivery.

[0057] In other variations, a fenestration may be formed using the same catheters but using a separate fistula-forming element. For example, the separate fistula-forming element may be axially displaced along the catheter from the adhesion element, or as another example, a separate fistula-forming element may be located within an adhesion element. In the case of a fistula formed between blood vessels, hemostasis may be created without the need for a separate device or structure (e.g., a suture, stent, shunt, or the like) connecting or joining the blood vessels. In yet other variations, a fenestration may be formed by further activating the adhesion elements to bore through, perforate, or otherwise create a passageway between the two structures (e.g., blood

vessels such that blood may flow directly between the two adjoining blood vessels). In some variations in which a fenestration is formed, a first current may be applied to the adhesion element to adhere tissue together while a second current may be applied to form an opening through the tissue in the shape of the adhesion element. For example, the waveform may be modified to have an increased peak voltage. For example, the peak voltage may be increased to reach an ionization threshold. In one non-limiting example, the peak voltage may be increased to about 180 V. In other variations, energy supplied to an adhesion element for a first time period may adhere the two vessels together while continued heating for a second time period beyond the first time period may form a fistula. In one non-limiting example, the first time period may be up to about 10 seconds, while the second time period may be up to an additional about 5 seconds.

[0058] In variations in which a fistula is formed between the two vessels after adhesion, the weld may maintain adhesion of the two attached vessels when the fistula is subsequently formed in the weld. In other words, a weld may prevent pressurized fluids traveling through the fistula from breaching the hermetic seal. In this way, the weld may prevent extravasation or leaking of fluids and thus may provide an enhanced fistula. FIG. 13A shows a cross-sectional view of a thermal weld (1306) surrounding a fistula (1308) between a first vessel (1302) and a second vessel (1304). FIG. 13B shows a plan view of the vessel (1302) and weld (1306) and a fistula (1308) formed therethrough to provide fluid communication through the fistula (1308) while maintaining a perimeter of welded tissue (1306) to prevent fluid leakage.

[0059] Although the foregoing variations have, for the purposes of clarity and understanding, been described in some detail by of illustration and example, it will be apparent that certain changes and modifications may be practiced, and are intended to fall within the scope of the appended claims. Additionally, it should be understood that the components and characteristics of the devices and methods described herein may be used in any appropriate combination. The description of certain elements or characteristics with respect to a specific figure are not intended to be limiting or nor should they be interpreted to suggest that the element cannot be used in combination with any of the other described elements.

CLAIMS

1. A system for adhering two tubular structures together, comprising:

a first catheter comprising a first adhesion element embedded within a portion of the first catheter, wherein the first adhesion element is magnetic and comprises a first flat contact surface;

a second catheter comprising a second adhesion element embedded within a portion of the second catheter, wherein the second adhesion element is magnetic and comprises a second flat contact surface, wherein magnetic attraction and the flat contact surfaces are configured to rotationally align the first catheter and the second catheter in a side-by-side orientation; and

a power source connected to the first and second adhesion elements, wherein a portion of the first adhesion element is coated with an insulative coating, such that the portion of the first adhesion element that is coated with the insulative coating is insulated from electrical conduction to a tissue, and the first adhesion element comprises an exposed portion, the exposed portion being configured for electrical conduction to the tissue.

2. The system of claim 1, wherein the first adhesion element is located at a distal end of the first catheter, and the second adhesion element is located at a distal end of the second catheter.

3. The system of claim 1, wherein the first adhesion element is coated with one or more layers of a fluoropolymer.

4. The system of claim 1, wherein the first catheter comprises a proximal portion and a distal portion, wherein the largest cross-sectional dimension of the distal portion is larger than the largest cross-sectional dimension of the proximal portion, and wherein the first adhesion element is located on the distal portion.

5. The system of claim 4, wherein at least one of the pushability, flexibility, or torquability of the first catheter is adjustable.

6. The system of claim 1, wherein the first catheter comprises a distal portion, an inner proximal portion, and an outer proximal portion.

7. The system of claim 6, wherein the outer proximal portion is slidable relative to the distal portion.

8. The system of claim 7, wherein the distal portion is configured to extend away from the outer proximal portion when moved from a retracted configuration to an extended configuration.

9. The system of claim 1, further comprising a rotational indicator.

10. The system of claim 1, wherein the first adhesion element defines a recess.

11. A method of adhering vessels together comprising:

advancing a first catheter comprising a first magnetic adhesion element into a first blood vessel and a second catheter comprising a second magnetic adhesion element into a second blood vessel, the first magnetic adhesion element comprises a flat contact surface and is embedded within a portion of the first catheter, the second magnetic adhesion element comprises a flat contact surface and is embedded within a portion of the second catheter, and wherein a portion of the first adhesion element is coated with an insulative coating, such that the portion of the first adhesion element that is coated with the insulative coating is insulated from electrical conduct to a tissue, and the first adhesion element comprises an exposed portion, the exposed portion being configured for electrical conduction to the tissue;

aligning the first magnetic adhesion element with the second magnetic adhesion element, wherein magnetic attraction and the flat contact surfaces rotationally align the first catheter and the second catheter in a side-by-side orientation; and

forming an adhesion between the first blood vessel and the second blood vessel by delivering energy to the first and second blood vessels via the magnetic adhesion elements.

12. The method of claim 11, wherein aligning the first and second magnetic adhesion elements comprises fluoroscopically visualizing at least a portion of the first and second catheters.

13. The method of claim 11, wherein the first catheter comprises a rotational indicator and the second catheter comprises a rotational indicator, and wherein aligning the first and second magnetic adhesion elements comprises fluoroscopically visualizing the rotational indicators.

14. The method of claim 11, wherein the adhesion has a width between about 0.1 mm and about 15 mm, and a length between about 0.1 mm and about 10 cm.
15. The method of claim 11, further comprising forming a second adhesion between the first blood vessel and the second blood vessel.
16. The method of claim 11, wherein energy is delivered for a plurality of adhesion cycles.
17. The method of claim 11, further comprising monitoring impedance before, after, or during energy delivery.
18. The method of claim 11, further comprising monitoring tissue temperature during energy delivery.
19. The method of claim 11, further comprising forming fistula through a portion of the adhesion by delivering a second energy via the magnetic adhesion elements.

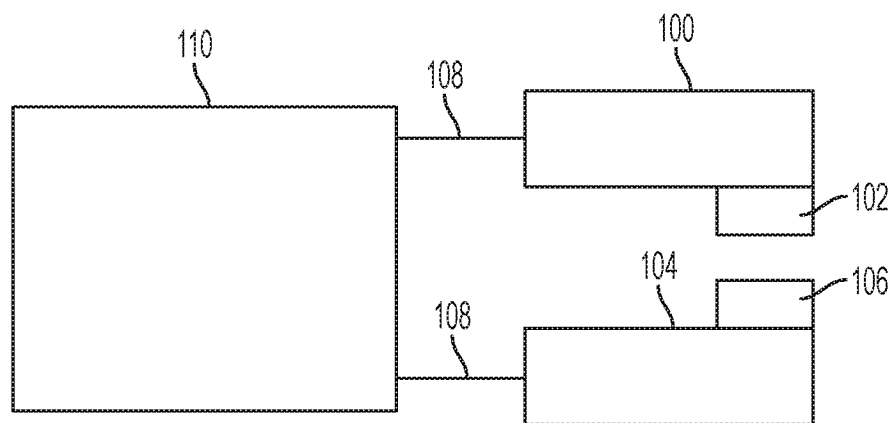


FIG. 1

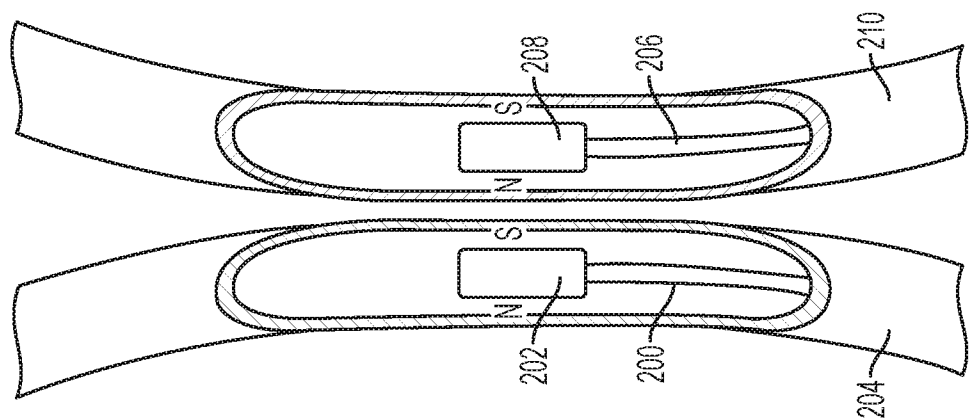


FIG. 2A

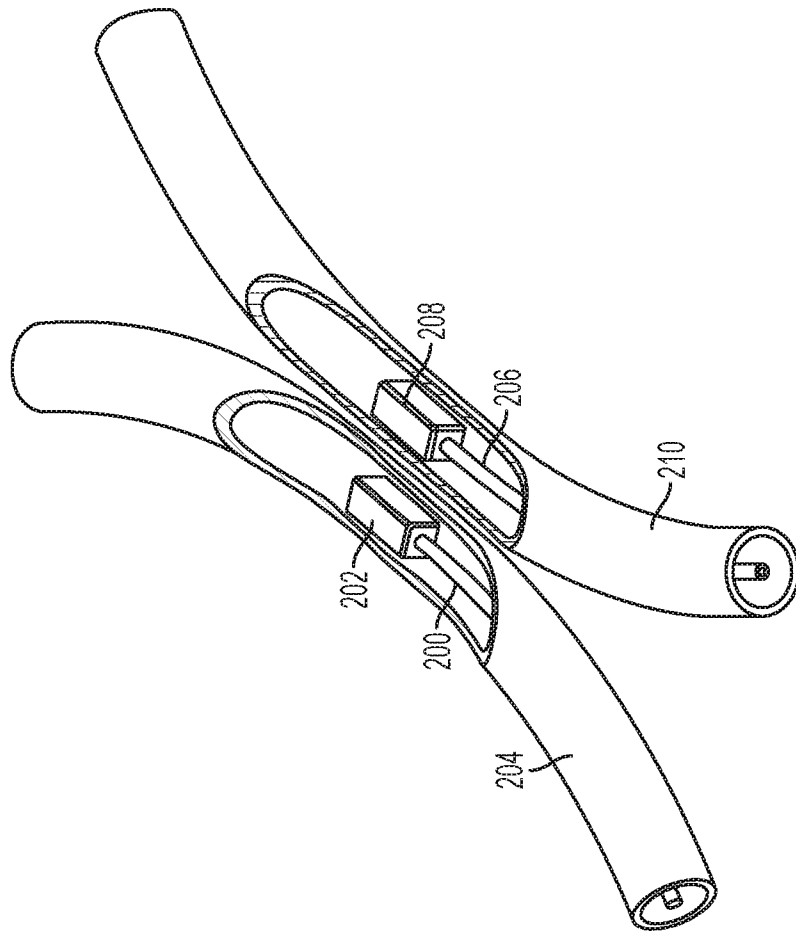


FIG. 2B

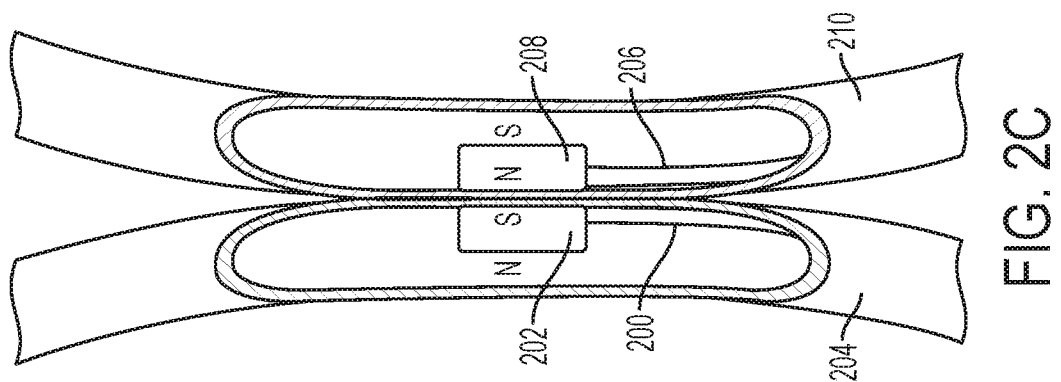


FIG. 2C

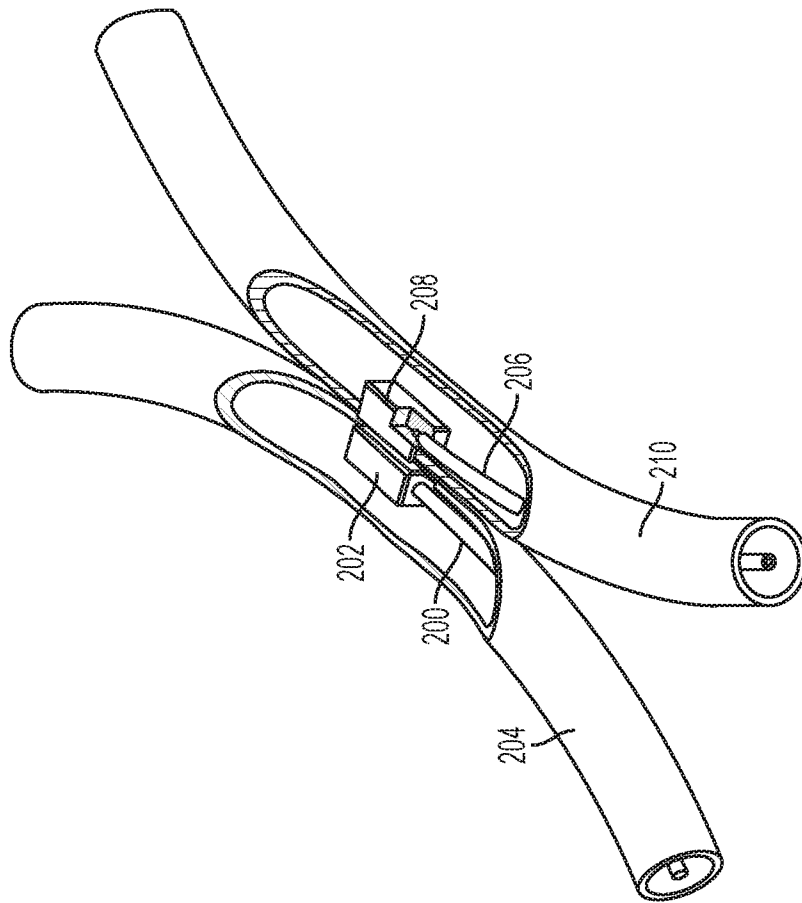


FIG. 2D

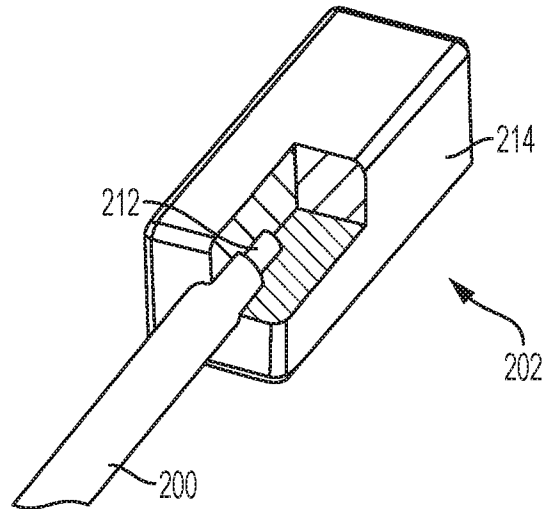


FIG. 3

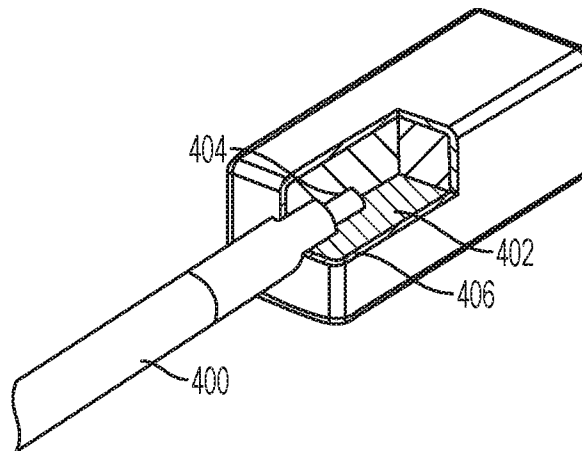


FIG. 4

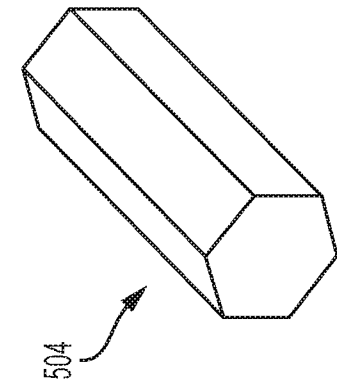


FIG. 5C

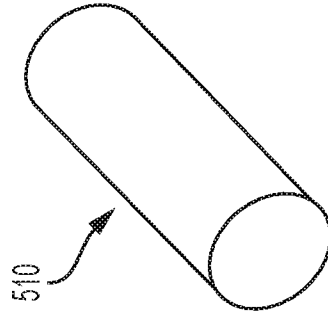


FIG. 5F

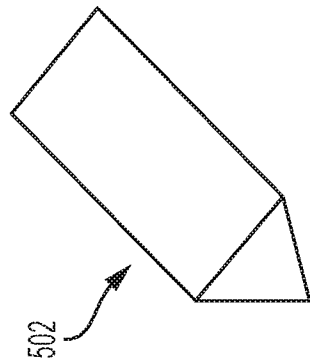


FIG. 5B

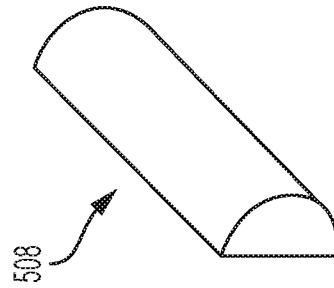


FIG. 5E

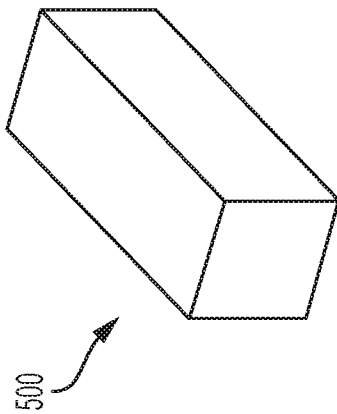


FIG. 5A

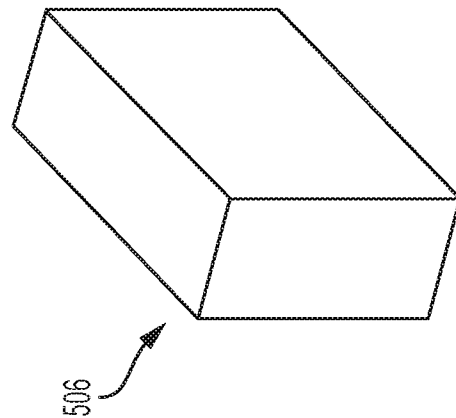


FIG. 5D

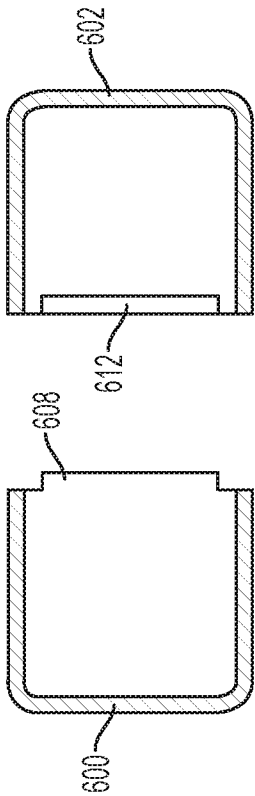


FIG. 6A

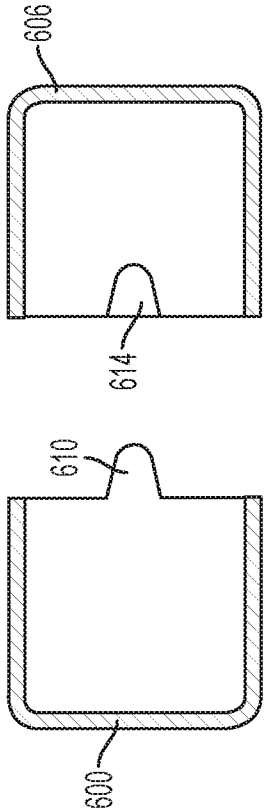


FIG. 6B

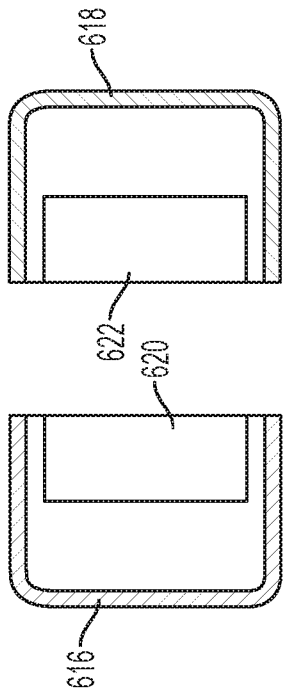
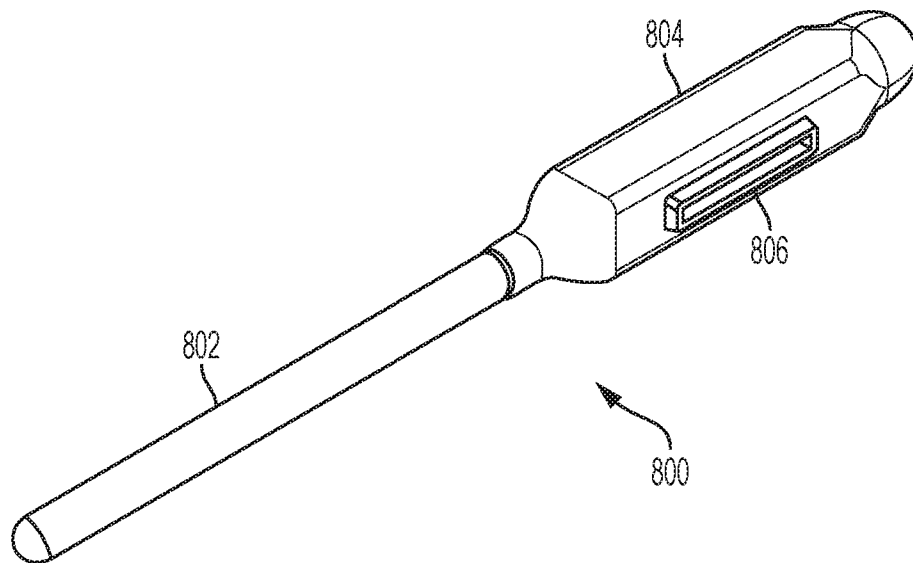
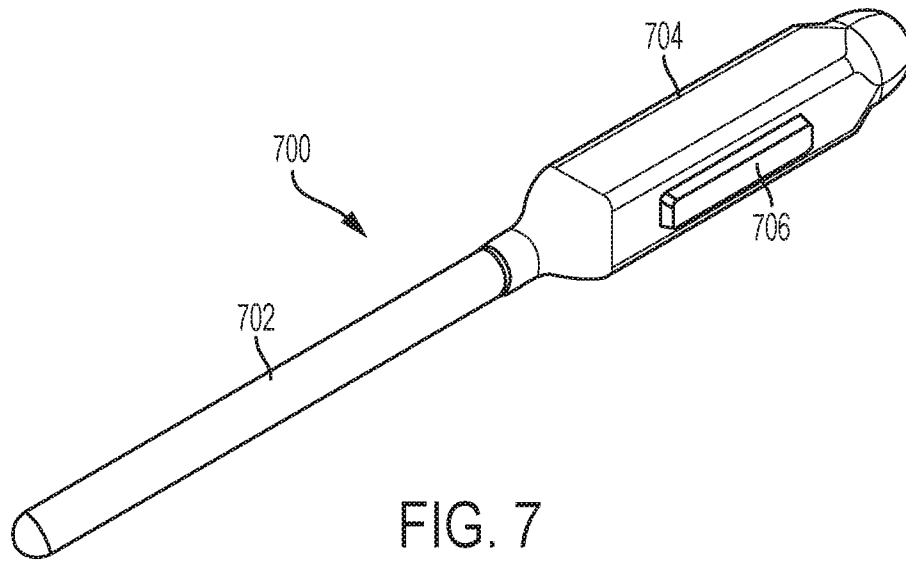


FIG. 6C



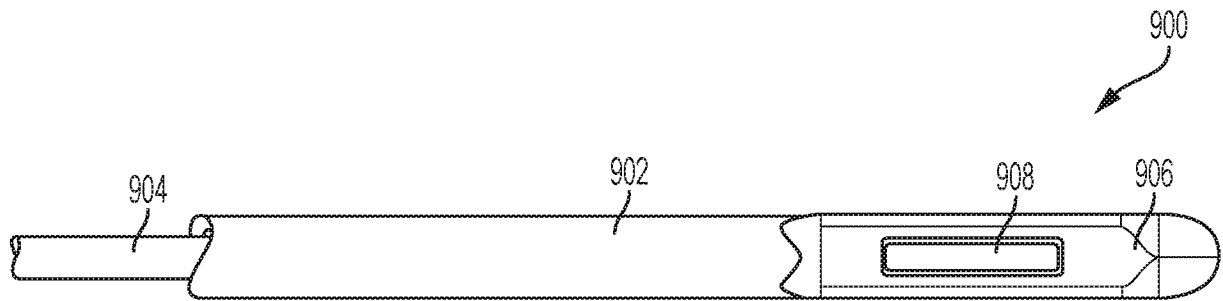


FIG. 9A

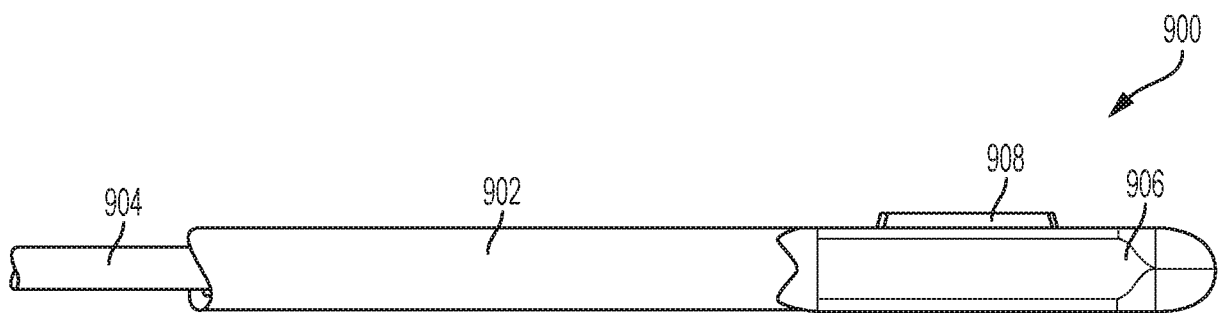


FIG. 9B

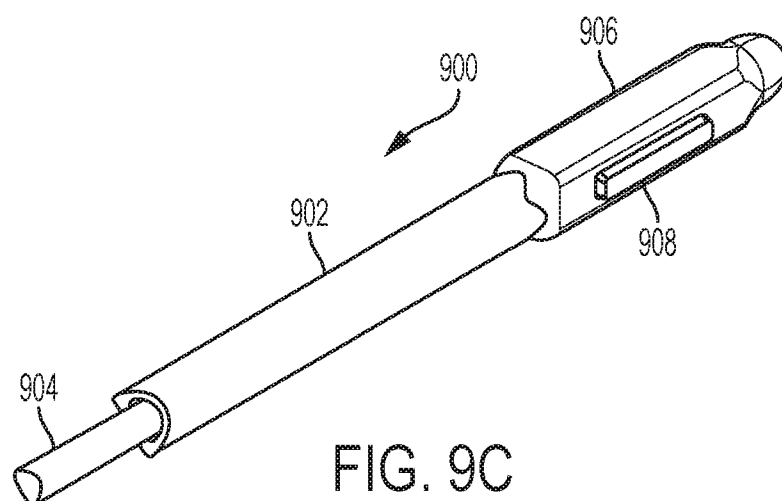


FIG. 9C

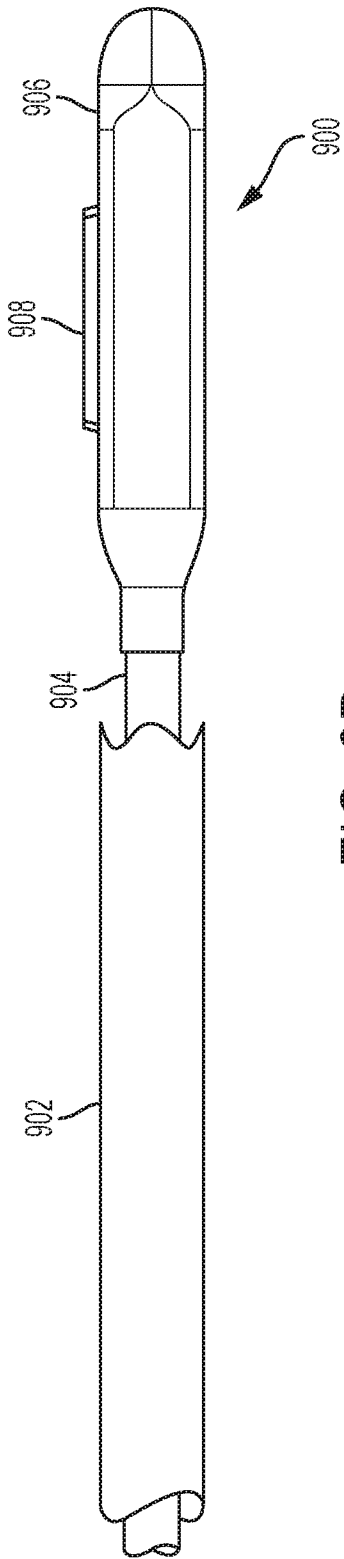


FIG. 9D

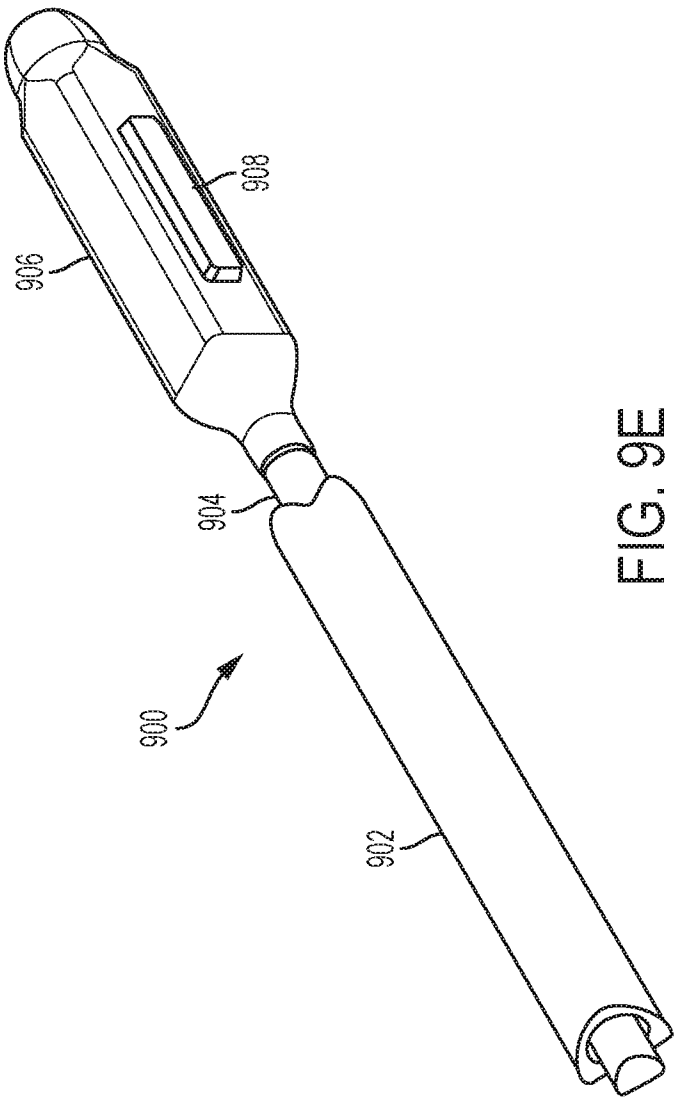


FIG. 9E

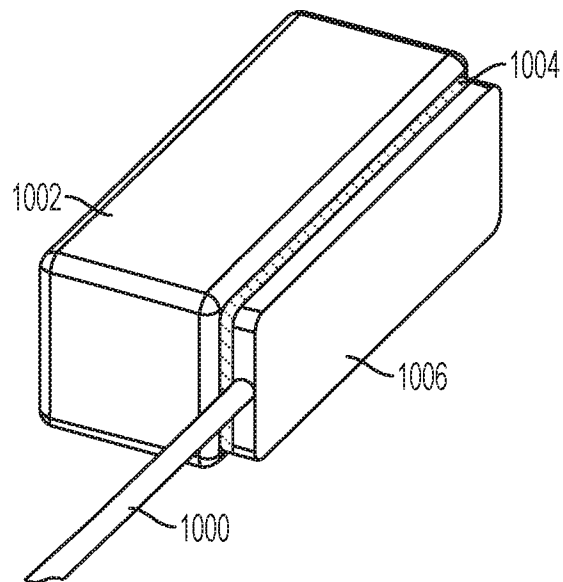


FIG. 10

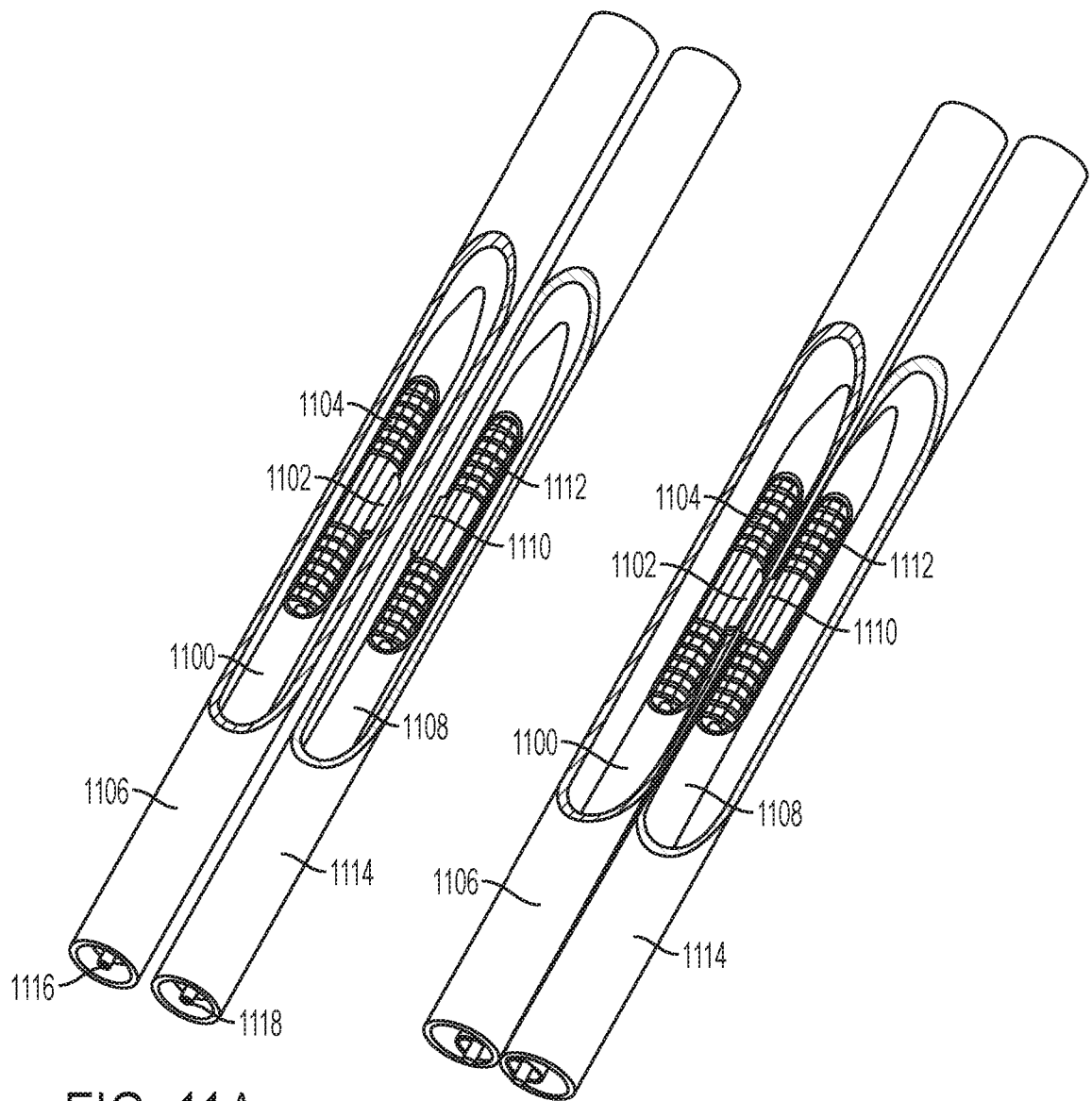


FIG. 11A

FIG. 11B

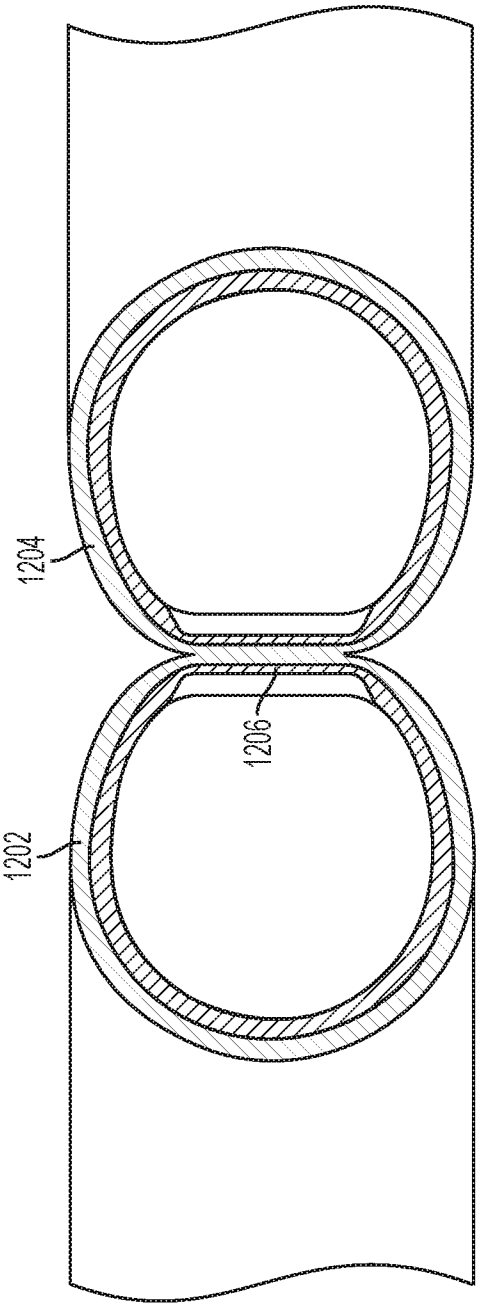


FIG. 12A

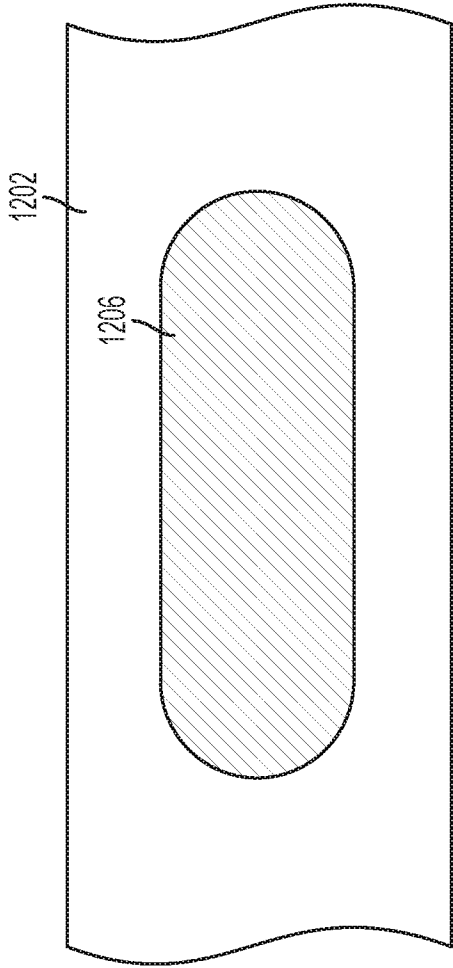


FIG. 12B

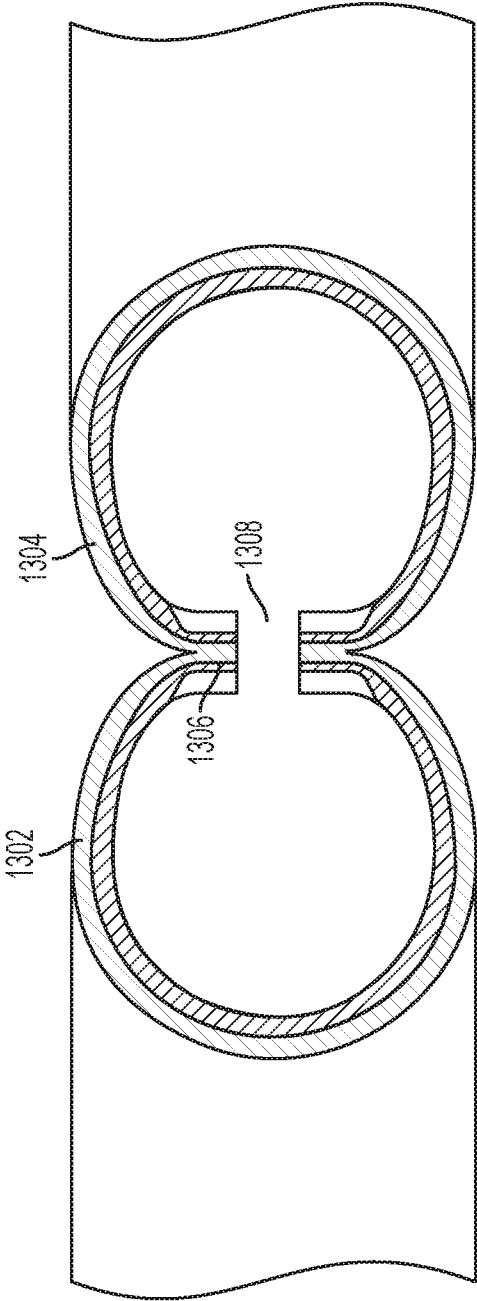


FIG. 13A

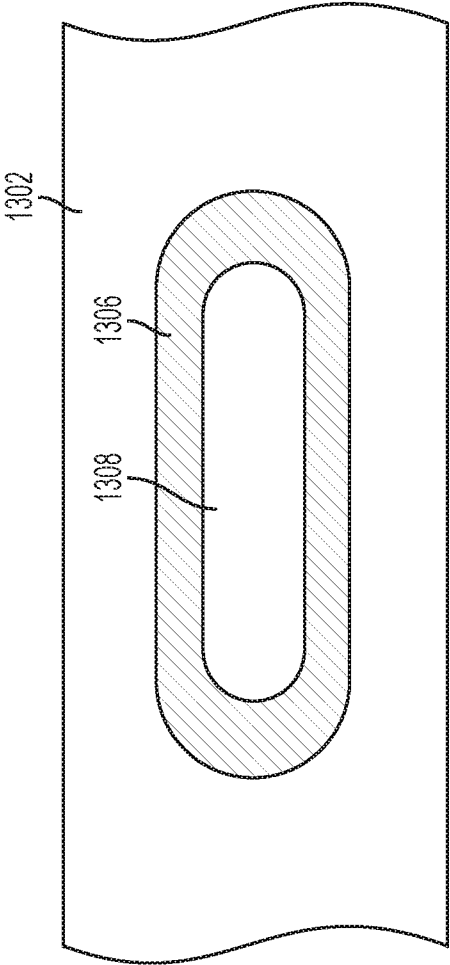


FIG. 13B