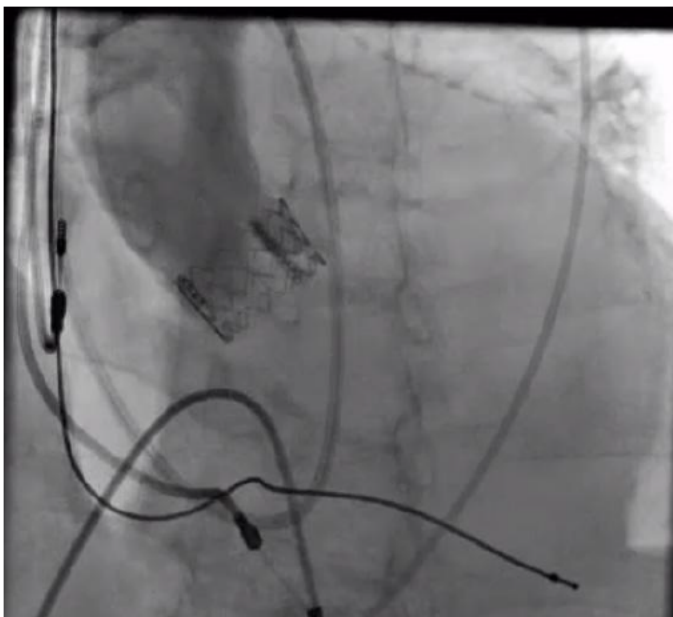


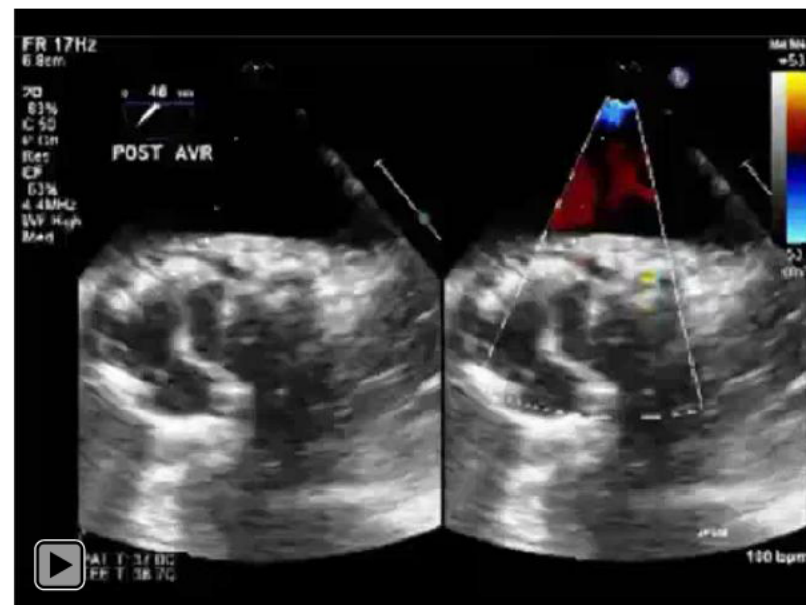
# Coronary Occlusion: Example 3

## If Aortogram and TEE Reveal Compromised Coronary Flow in Setting of Hypotension Post THV Deployment

- Consider CPB or LV assist device
- Aggressive management of BP with pressors
- PCI of left main



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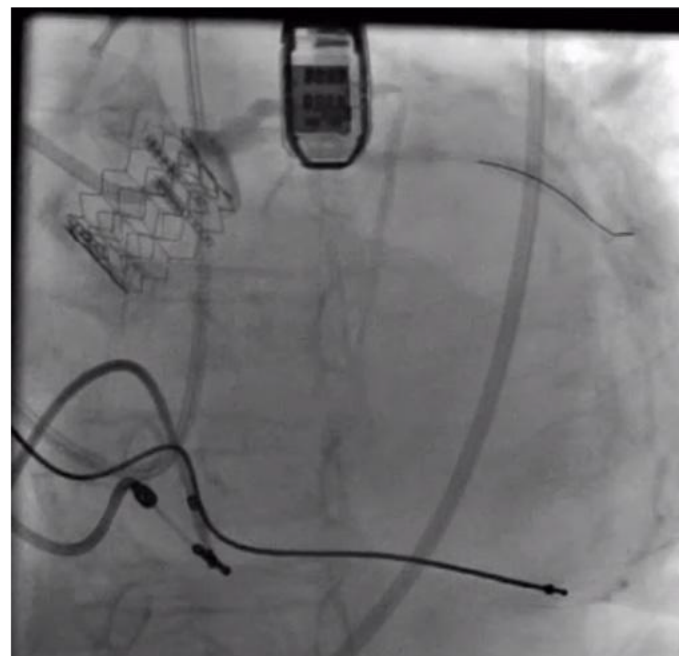
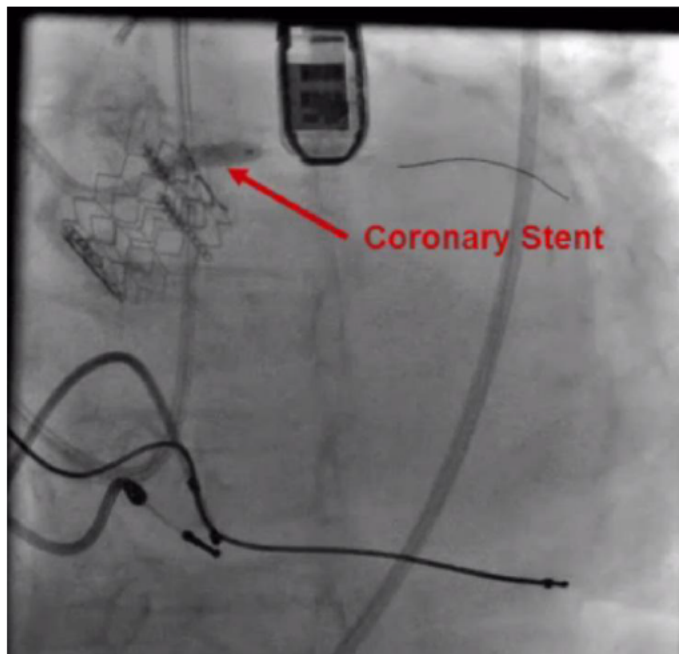


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# Coronary Occlusion: Example 3

## If Aortogram and TEE Reveal Compromised Coronary Flow in Setting of Hypotension Post THV Deployment

- Example – 4.0 x 12 mm coronary stent deployed



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Edwards Lifesciences v. Boston Scientific Scimed  
IPR2017-00060 U.S. Patent 8,992,608  
Exhibit 2034 - Part 14  
PROTECTIVE ORDER MATERIAL

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# Vascular Complications

## Vascular Complication Management

- Successful management of vascular complications depends on being prepared
- First priority should be controlling bleeding through endovascular techniques
  - Coda balloon
  - Iliac occlusion balloon
  - Reinsert dilator. **DO NOT** reinsert sheath if removed.
- Repair can be performed surgically or with endovascular techniques
  - Surgical instruments should be ready in every case
  - Consider vascular surgery. Surgeon should be in room at all times.
  - Physicians experienced with endovascular techniques for treatment of iliac and aortic disease should be available

### NOTE:

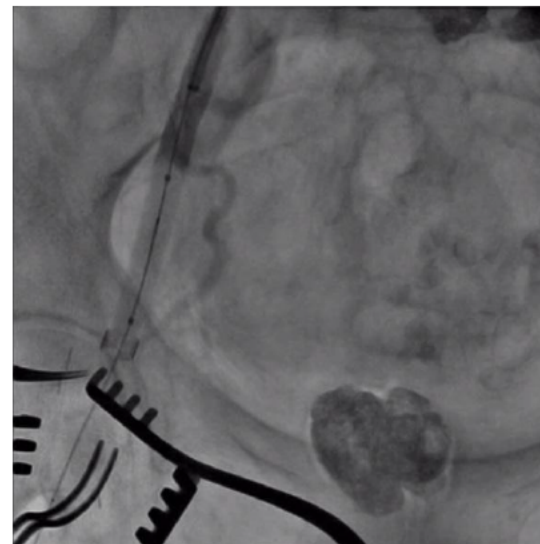
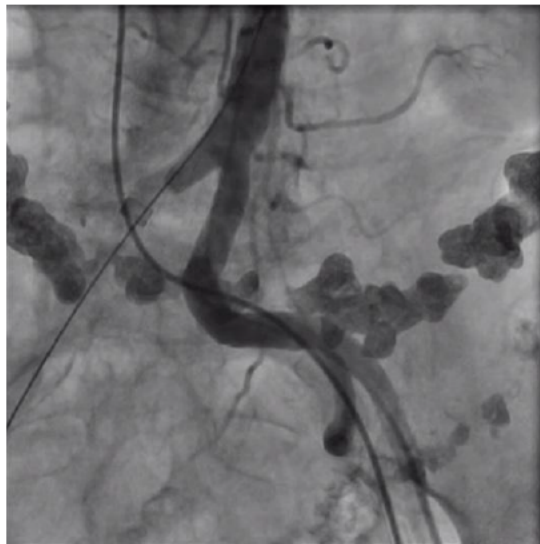
Surgical cutdown and repair are recommended for the first few cases. Percutaneous access and closure may be considered by experienced users.



# Vascular Complications

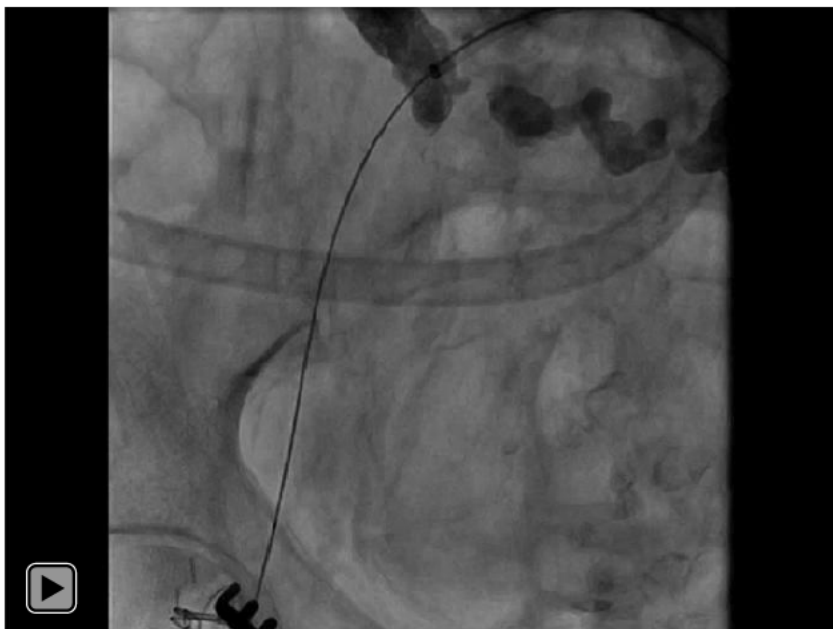
## Case Example of Vessel Control During sheath Removal

- If vascular damage is suspected, using a proximal balloon and distal cross-clamp occlusion technique may help
- Apply pressure at the access site to help maintain hemostasis when the sheath is partially removed
- Using crossover pre-wiring techniques may help



# Vascular Complications Example 1

## Vessel Control During Sheath Removal



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