



Instructions for Use

Intended Use

The Gentuity® HF-OCT Imaging System with Vis-Rx® Micro-Imaging Catheter is intended for intravascular imaging and is indicated for use in coronary arteries in patients who are candidates for transluminal interventional procedures. The Vis-Rx Micro-Imaging Catheter is intended for use in vessels 1.3 to 6.0 mm in diameter. The Vis-Rx Micro-Imaging Catheter is not intended for use in a target vessel that has undergone a previous bypass procedure.

Contraindications

Contraindications for use of the Gentuity High-Frequency OCT Imaging System include:

- Bacteremia or sepsis
- Major coagulation system abnormalities
- Coronary artery spasm
- · Severe hemodynamic instability or shock
- Total occlusion
- · Large thrombus
- Acute renal failure
- Patients disqualified for CABG surgery
- Patients disqualified for PTCA

WARNINGS

- Before using the Vis-Rx Micro-Imaging Catheter, review the Gentuity High-Frequency OCT Imaging System User Manual for additional warnings and cautions.
- The Gentuity High-Frequency OCT Imaging System is intended for use only by medical personnel trained in its operation and skilled in the clinical procedures to be used.
- Appropriate anticoagulant and vasodilator therapy must be used during the procedure as needed.
- Observe all advancement and movement of the Vis-Rx Micro-Imaging Catheter under fluoroscopy. Always advance and withdraw the catheter slowly. Failure to observe device movement fluoroscopically may result in vessel injury or device damage.
- Leave the guidewire engaged with the catheter at all times during use. Do not withdraw or advance the guidewire prior to withdrawing the catheter.
- If resistance is encountered during the advancement or withdrawal of the Vis-Rx Micro-Imaging Catheter, stop manipulation and evaluate under fluoroscopy. If the cause of resistance cannot be determined or mitigated, carefully remove the catheter and guidewire together.

- The catheter should never be forced into lumens that are narrower than the catheter body.
- When advancing or withdrawing a catheter with a miniral tip through a stented vessel, the catheter may engage the stent between the junction of the catheter and guidewire, resulting in entrapment of catheter/guidewire, catheter tip separation, and/or stent dislocation.
- The catheter is sterilized by irradiation and is intended for one time use only. Do not reuse, re-sterilize, or reprocess. Reuse or re-processing could result in a degradation of catheter material or patient infection.
- Non-pyrogenic. Do not use if the package is opened or damaged.
- Do not use the catheter after the expiration date, or if there is not a date on the package.
- The catheter is not compatible with magnetic resonance imaging (MRI).

CAUTIONS

- Prior to use and for more detailed information, please review the Gentuity High-Frequency OCT Imaging System User Manual.
- Refer to the contrast media's instructions for general warnings and precautions relating to contrast media.

Complications

The risks involved in vascular imaging include those associated with all catheterization procedures. The following complications (listed alphabetically) may occur as a consequence of intravascular imaging and may necessitate additional medical treatment including surgical intervention.

- Acute myocardial infarction or unstable angina
- Allergic reaction to contrast media
- Arterial dissection, injury, or perforation
- Cardiac arrhythmias
- Coronary artery spasm
- Death
- Embolism
- Myocardial ischemia
- Renal insufficiency from contrast usage
- Thrombus formation

CAUTION

Federal law restricts this device to sale by or on the order of a Physician licensed by law of the state in

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which he or she practices to use or order the use of the device.

Description

The Vis-Rx Micro-Imaging Catheter is a rapid exchange (RX) catheter with a 17 mm miniral tip designed for compatibility with a 0.014" (0.356 mm) guidewire. The catheter is 1.8 Fr in size, except at the insertion depth markers, where it is 2.0 Fr. The effective length of the catheter is 165 cm. The distal 30 cm has a hydrophilic coating applied to improve lubricity.

The Vis-Rx Micro-Imaging Catheter consists of two assemblies: an external catheter sheath and an imaging core (housing an optical fiber and lens assembly).

Proximal to the miniral tip is the imaging area. During image acquisition, the lens rotates within the imaging core to obtain a 360° image of the surface layer of the artery wall. The imaging core is automatically retracted within the external catheter sheath to obtain a continuous pullback image of the arterial segment.

Markers

There are three radiopaque markers on the catheter:

- The most distal marker, the tip marker, is located 4 mm proximal to the tip of the catheter and is affixed to the catheter sheath.
- **2.** The **lens marker** is located 5 mm distal to the lens on the imaging core.
- 3. There is an additional **pullback marker** placed 50 mm proximal to the lens on the imaging

Together, these markers enable confirmation of the catheter distal end, lens location, and imaging region. The lens and pullback markers move with the pullback, while the tip marker remains stationary.

The catheter sheath has two insertion depth markers at 90 cm and 100 cm from the distal tip that provide an indication of insertion depth.

Purging

A luer fitting on the side-arm at the proximal end of the catheter facilitates purging the central catheter lumen of the Vis-Rx Micro-Imaging Catheter with heparinized saline prior to use. A 3 ml syringe is provided to perform the catheter purge. The purge must be performed prior to insertion and imaging. The syringe should be left attached to the side-arm to allow repeated purging throughout the imaging procedure and to maintain a static pressure to prevent backflow.

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Probe Interface Module (PIM)

The PIM provides both automated rotation and longitudinal pullback of the imaging core within the Vis-Rx Micro-Imaging Catheter. The PIM is rail-mountable and can be placed outside of the sterile field so that a non-sterile technician can connect the catheter to the PIM and operate it during the procedure.

The Vis-Rx Micro-Imaging Catheter connects to the Gentuity High-Frequency OCT Imaging System through the PIM. All imaging core rotation and translational pullback is driven by the PIM and occurs inside the catheter sheath. For more details on the PIM, see the *Gentuity High-Frequency OCT Imaging System User Manual*.

USING THE CATHETER

The system provides illustrated instructions for connecting the catheter to the PIM. The instructions are displayed when you select the **Acquire** button if the catheter is not yet connected to the PIM.

Connecting the Catheter to the PIM

Note: SO indicates Sterile Operator. **NSO** indicates Non-Sterile Operator.

- NSO: Attach the PIM to the surgical bed rail by hooking the top of the clamp to the rail and tilting downward.
- NSO: Carefully open the catheter and syringe pouches and transfer the contents into the sterile field using sterile techniques.
- **3. SO:** Using sterile techniques, pass the catheter connector to the NSO near the PIM.
- NSO: Remove the cover from the PIM connector and the cover from the catheter optical connector.
- NSO: Align the catheter connectors to the connection ports on the PIM and insert the catheter into the PIM until it snaps into place.
- **6. NSO:** Rotate the optical connector lock clockwise to the LOCKED position.

When properly connected, the system progresses to the next stage of readiness.

CAUTIONS

- Protect the PIM connection ports and the catheter connectors from fluids.
- Do not touch the internal optics of the optical connector on the catheter or on the PIM.
- Observe sterile technique when connecting the catheter to the PIM, which is outside of the sterile field.

Preparing the Catheter

- SO: When ready to perform imaging, activate the hydrophilic coating by injecting heparinized saline into the hoop or wiping the distal segment with gauze moistened with heparinized saline.
- SO: Fill the provided 3 ml syringe with heparinized saline and attach to the catheter purge port. Purge the lumen of the catheter with saline until 3-5 drops exit the distal purge exit.
- SO: Leave the purge syringe connected so that the catheter lumen can be repurged if necessary.

CAUTION

Do not remove the syringe from the catheter purge port to prevent air from entering the purge lumen and to allow repurging as necessary.

Inserting and Positioning the Vis-Rx Micro-Imaging Catheter

 SO: Insert the guidewire into the guidewire lumen of the Vis-Rx Micro-Imaging Catheter and advance the imaging catheter over the guidewire. Use the insertion depth gauges at 90 cm and 100 cm as guides.

CAUTION

Use a guidewire with a maximum outer diameter of 0.014" (0.36 mm) and a guide catheter with a minimum inner diameter of 0.068" (1.73 mm).

SO: Using fluoroscopy, position the imaging catheter in the region of interest, using the radiopaque markers at the tip, imaging lens, and 50 mm marker proximal to the lens for guidance.

WARNINGS

- If resistance is encountered during advancement or withdrawal of the catheter, stop manipulation and evaluate under fluoroscopy. If the cause of resistance cannot be determined or mitigated, carefully remove the catheter and guidewire together.
- Observe all advancement and movement of the imaging catheter in the vasculature under fluoroscopy.
- If the imaging catheter becomes kinked, stop manipulating to avoid vessel injury or imaging catheter damage.
- Leave the guidewire engaged with the catheter at all times during use.
- To avoid blood vessel damage, maintain the position of the guidewire when manipulating the imaging catheter in the vessel.

CAUTIONS

- To avoid catheter damage, make sure the PIM motor is NOT running when inserting the Vis-Rx Micro-Imaging Catheter into the guide catheter.
- Always advance and withdraw the imaging catheter slowly.
- To ensure imaging of the selected anatomy, do not move the guidewire after the imaging catheter is in position.

Confirming Imaging Settings

- NSO: When ready, select Acquire on the touchscreen. If the catheter has not yet been connected, the system provides guidance.
- 2. NSO: Specify the following in the Imaging Settings window:
 - Select the Pullback Settings.
 - Confirm the default **Flush Media** type or select another **Flush Media** type.
 - In the Automatic Flush Detection section, select ON for automatic detection, or OFF for manual detection.

Notes:

- Automatic Flush Detection (ON) is the setting
 in which the system triggers a pullback
 automatically when a brief sequence of
 clearing is detected as a result of contrast
 injection. If clearing is not detected within 15
 seconds after being enabled, the system
 displays a Timeout message. You can initiate
 pullback manually when in Automatic mode by
 selecting Acquire on the touchscreen or the
 GO button on the PIM.
- Automatic Flush Detection (OFF) is the manual setting. After clearing is observed, you select the Acquire button or press Go on the PIM to start the pullback. If you do not initiate pullback within 15 second after the system is enabled, the system displays a Timeout message.

WARNING

Selecting the wrong flush medium can cause measurement errors which could lead to incorrect treatment. Prior to acquisition, make sure the flush medium identified in the **Pullback Settings** window matches the flush medium you are using.

3. NSO: When ready, select **Confirm Settings** on the touchscreen.

Preparing the Flush Media

CAUTIONS

- Refer to the contrast media's instructions for general warnings and precautions related to contrast media.
- Make sure to use the contrast media and injectors according to specifications given by the manufacturers.

SO: Depending on the type of flush media injection, do one of the following:

- If using an automated injector, ensure the selected flush media is loaded in the injector and set the flush rate to 4 ml/sec or less, with a total volume of 16 ml or less and pressure limit of 300 psi (2068 kPa).
- If using a manual injection, prepare a coronary control syringe capable of injecting up to 4 ml/sec for 3 to 4 seconds.

WARNING

Excessive flush rate and pressure may damage the blood vessel or devices used with the Vis-Rx Micro-Imaging Catheter. Low flush rate may result in a faint image.

Beginning Preview (Optional)

Perform the *optional* steps in Preview to confirm the position of the catheter within the vessel.

- NSO: When the catheter is in position, select Preview. The PIM will activate and the OCT image is displayed. A Calibration window is also displayed for approximately 5 seconds.
- 2. **SO:** If necessary, use the 3 ml purge syringe to eliminate any blood from the catheter lumen.

Delivering 5 ml Flush Media to Confirm Alignment

Optionally, you can deliver flush media to confirm alignment of the guide catheter with the vessel.

- SO: Deliver approximately 5 ml of flush media via the Y-connector to fill the guide catheter with flush media and to ensure proper guide catheter alignment with the ostium under fluoroscopic guidance.
- Proceed to Enable step, or press STOP on the touchscreen (or on the PIM) to exit Preview mode.

CAUTIONS

- To help ensure successful imaging, the guide catheter should be oriented to preferentially direct the flush media flow to the target artery.
- To help ensure successful imaging, do not use a guide catheter with side holes.

Enabling the Start of High-Speed Rotation

NSO: With confirmation of proper guide position and imaging catheter position, select **Enable** on the touchscreen or press the green **Go** button on the PIM to start high-speed PIM rotation.

When the PIM reaches full speed and the catheter is calibrated, the system is ready for pullback. The 15-second clock begins, and the system prompts for injection of the flush media.

Note

If you do not inject the flush media and initiate pullback within the 15 seconds, the PIM rotation stops completely and a **Timeout** message is displayed. Select **OK** and then select **Enable** to enable the system when ready to image.

Injecting Flush Media and Initiating Pullback

WARNING

Before injecting flush media, be sure that the hemostasis valve is tightened to reduce the risk of unintended catheter movement or leaking of flush media during injection.

- 1. **SO:** Inject the flush media into the target artery via the Y-connector on the guide catheter.
- NSO: Depending on the selected Automatic Flush Detection setting, do one of the following:
 - Automatic Flush Detection (ON): The system automatically initiates pullback when clearing is detected. Alternatively, you can manually initiate pullback prior to the automatic trigger by selecting Acquire on the

- touchscreen or by pressing the green **Go** button on the PIM.
- Automatic Flush Detection (OFF): Select
 Acquire on the touchscreen or press the
 green Go button on the PIM to initiate the
 pullback and start capturing images once the
 blood is removed and a clear image displays
 (1-2 seconds after injecting the flush media).

The image displays after completion of the pullback. The optical imaging core returns to the distal position within the sheath for further imaging.

CAUTION

If the optical imaging core encounters resistance while returning to the distal position within the sheath (due to a kink or blockage), the Advance Force Limiter will buckle to absorb the forward motion. If this occurs, carefully remove the imaging catheter from the guide catheter. Replace with a new catheter if further imaging is required.

Notes:

- **SO:** Do not remove the catheter until you confirm the image is acceptable.
- NSO: Do not disconnect the catheter from the PIM until you are completely finished with the system.

REMOVING THE CATHETER

After confirming that the image or images are acceptable, perform the following steps to remove the catheter:

 SO: Under fluoroscopy, carefully remove the catheter from the guide catheter, checking the condition of the catheter, guidewire, and guide catheter during withdrawal.

WARNING

To avoid vessel damage or catheter damage, do not push the guide catheter further into the blood vessel when removing the catheter.

- 2. SO: After removing the catheter from the patient, use the 3 ml purge syringe to purge the Vis-Rx Micro-Imaging Catheter until 3-5 drops of saline exit the purge exit. Keep the purge syringe connected throughout the procedure.
- SO: Wipe the distal section of the catheter with saline to remove external blood and flush media.

WARNING

Do not disconnect the Vis-Rx Micro-Imaging Catheter from the PIM until the procedure is complete to avoid a potential sterility breach.

When the catheter is removed from the guide catheter and no further imaging is required, it may be disconnected from the PIM.

DISCONNECTING THE CATHETER FROM THE PIM

 NSO: Hold the catheter connector and unlock the optical connection by turning it counterclockwise to the UNLOCKED position.

- NSO: Grasp the pullback connector (by squeezing both sides) to remove the catheter from the PIM.
- 3. NSO: Place the protective port cover on the PIM to prevent damage to the catheter and pullback connection ports on the PIM.

CAUTIONS

- When there is no catheter connected to the PIM, be sure the PIM connector cover is securely in place to protect from dirt and damage.
- When not in use, always store the PIM in the PIM cradle with the PIM connector cover facing down.
- Do not touch the internal optics of the optical connector on the catheter or on the PIM.
- Protect the PIM connection ports and catheter connectors from fluids.
- NSO: Dispose of the catheter in accordance with accepted medical practice and applicable laws and regulations.

WARNING

The catheter is intended for one time use only. Do not reuse, re-sterilize, or reprocess. Do not reuse, re-sterilize, or reprocess. Reuse or re-processing could result in a degradation of catheter material or patient infection.

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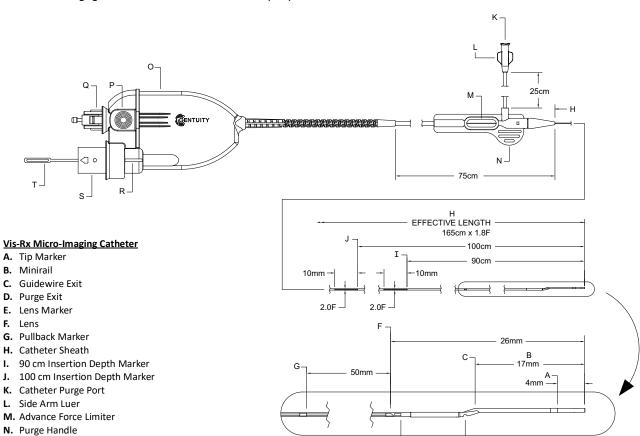
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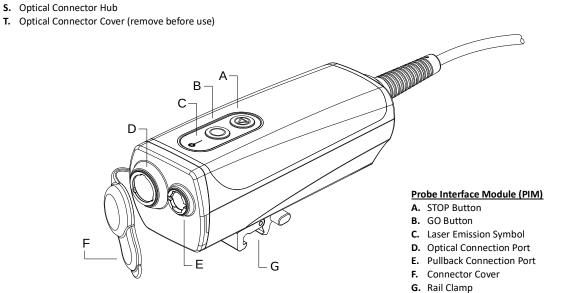
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E-

D-





O. Catheter Handle

P. Pullback Connector ReleaseQ. Pullback Connector HubR. Optical Connector Lock

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