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GOBACK CATHETER VIDEO TRANSCRIPT

GoBack Case Studies - Three Reentry Cases

Here are a few reentry cases demonstrating the advantages of the GoBack Catheter:

- In this SFA occlusion, the guidewire is creating a loop in the sub-intimal space. The GoBack is deployed for reentry, and its needle is directed towards the vessel's center. The guidewire then easily returns to the true lumen.

- This second case highlights the pushability and flexibility of the GoBack Catheter. There is a wide, heavily calcified, gap between the subintimal space and the true lumen. The needle's full radial displacement is not enough to cross the gap and reach the true lumen. However, by pushing the GoBack forward, the Catheter follows the curve of the needle until it enters the true lumen.

- In the **third case**, the clinician takes advantage of another unique attribute of the GoBack. As the Catheter's needle is deployed from the tip, reentry is performed from an optimal position, approximately 1 centimeter above the reconstitution of the vessel. The needle is extended, and punctures a path back to the true lumen, while preserving the collateral vessels. Unlike the GoBack, other reentry devices have their needles protruding from the side of their catheters, requiring the clinician to slide the catheter parallel and more distal along the artery, potentially blocking the collateral from supplying blood downstream.