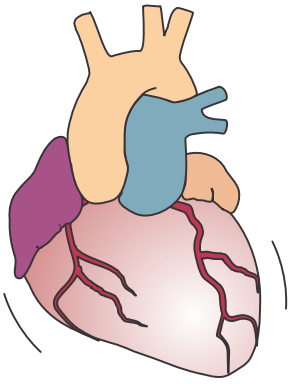
R1 Animation Storyboard for BioVentrix remote ventricular reduction

I. Introduction

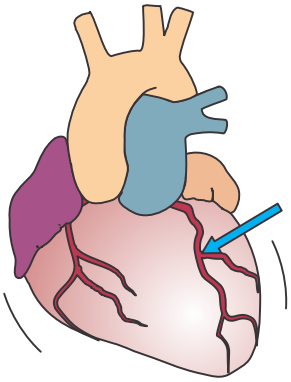
II. Procedure

III. Conclusion

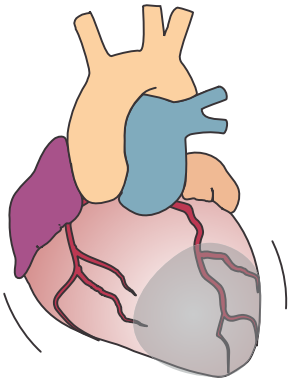
I. Introduction



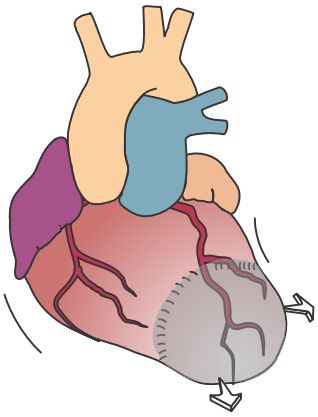
1. View of healthy beating heart (anterior view)



2. Infarct of the LAD at the bifarcation

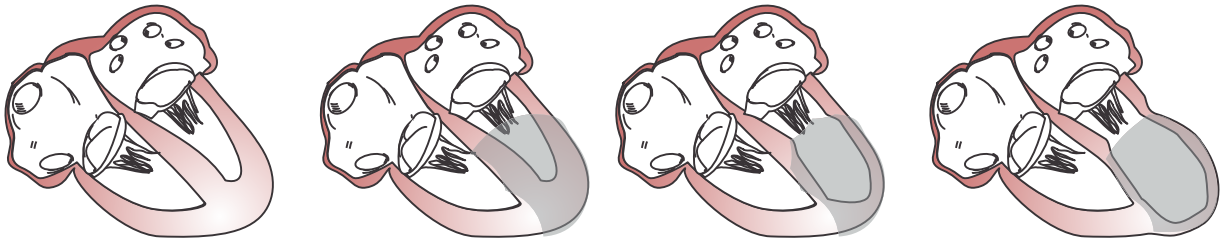


3. Indication of tissue death distal to blockage



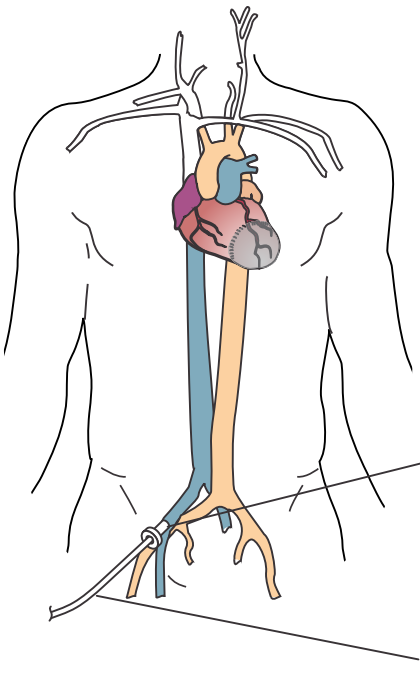
4. Aneuristic dilation of dead tissue area
- distinct edge of affected area can be ascertained
- affected area becomes non-contractile
- apex and septal areas affected

-possibly indicate thinning/bulging of effected septal and ventricular walls with subwindow or cross section schematic



I. a I. b I. c I. d

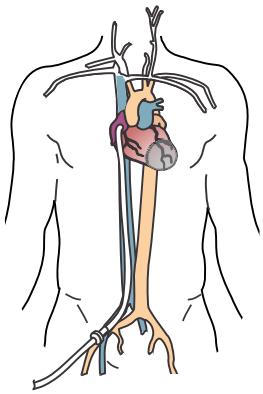
II. Procedure



1. Zoom out to view torso and relevant vasculature

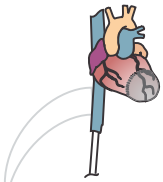
2. Catheterize R. Fem. Vein

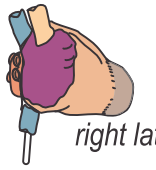
3. 11F Introducer Cath



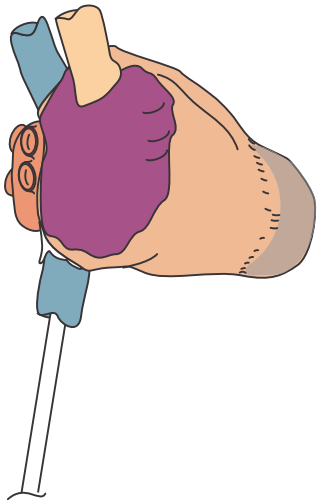
3. Camera Follow introducer cath to RA

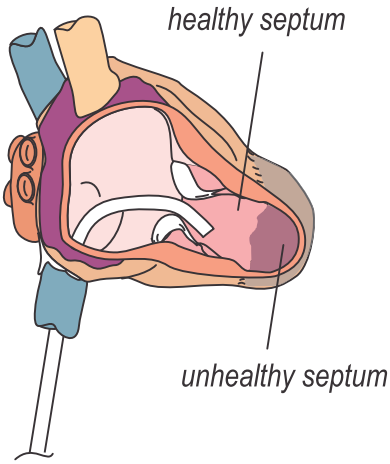
anterior view





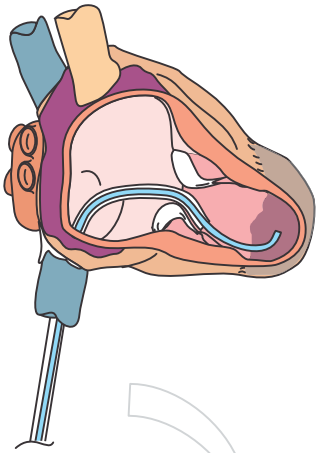
right lateral view

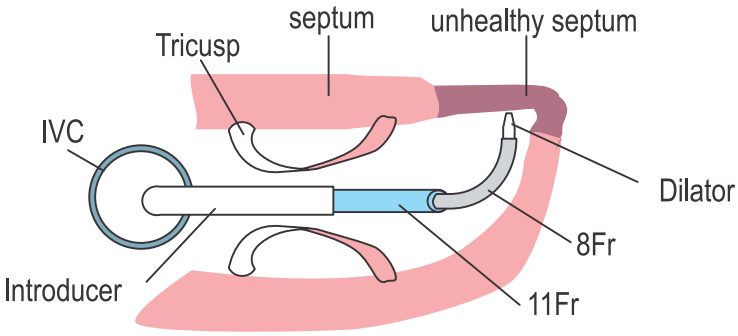




4. Zoom/Rotate view to Right lateral Cross section to see Introducer Cath travel through tricusp.

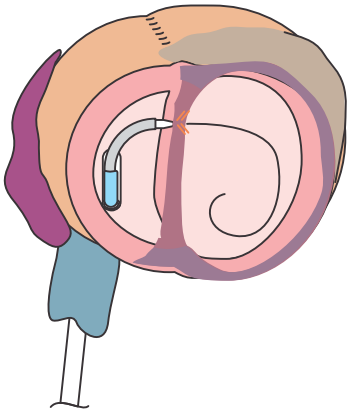
4. 3X cath set Introducer Cath to position against unhealthy septum





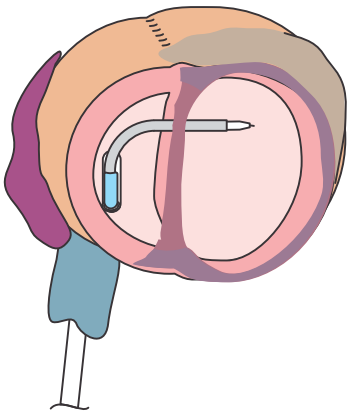
schematic (superior view for reference)

8F comes out and rotates, or rotates as it comes out (spirals out) to be determined



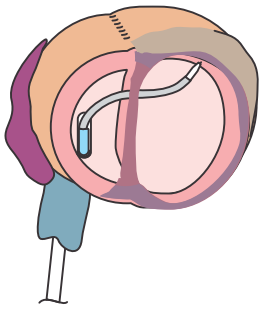
5. RF Guidewire though septum - Rotate to apex cross section view

(momentary GW tip glow to indicate RF)

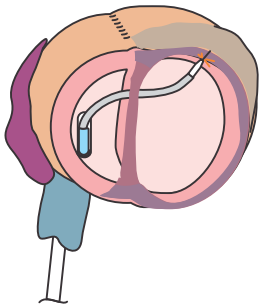


6. 8F pushed through septum

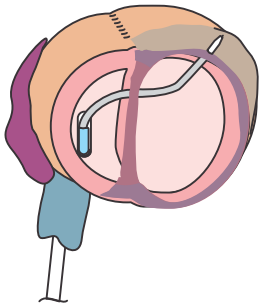
7. GW retracted to tip of Dilator



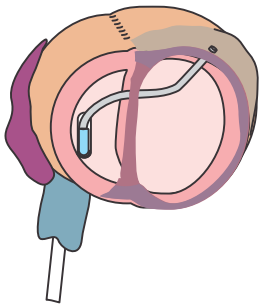
8. Rotate 8F to face diseased portion of LV anterior wall



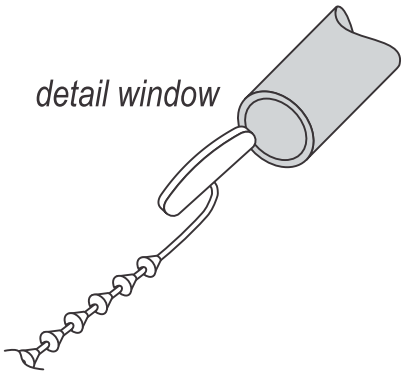
8. RF, GW through

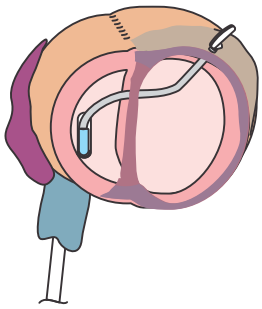


9. Push Dilator and GW through Dilator pokes through

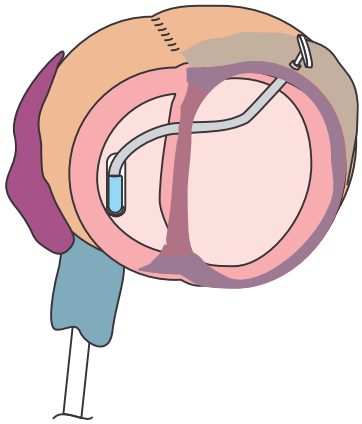


10. Dilator and GW out

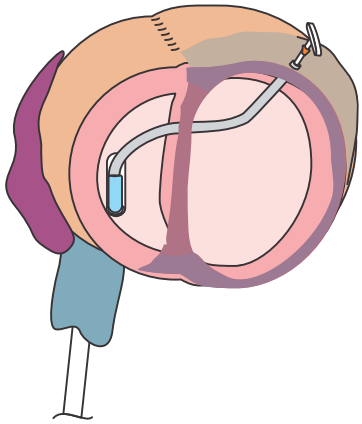




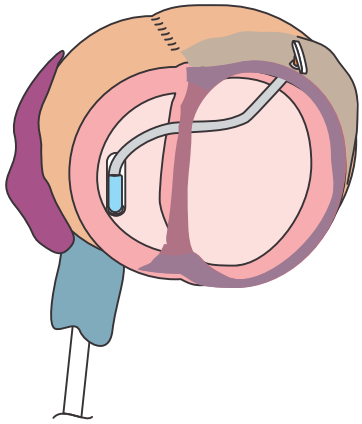
11. LV anchor loaded into 8F and pushed through LV wall
(lead tensioner attached to proximal end)



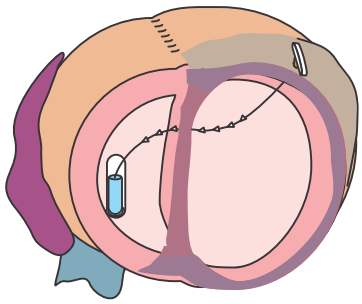
12. Anchor aligned to long axis of heart



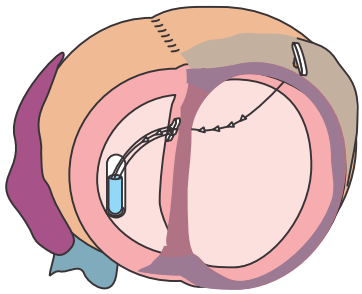
13. Conic Foam Plug pushed through



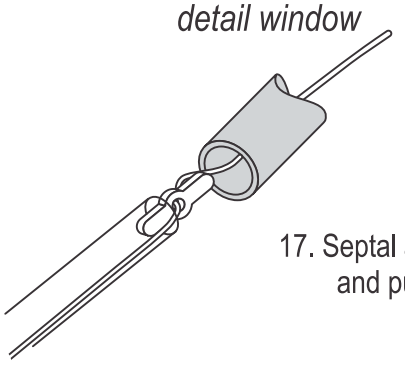
14. Anchor and Foam pulled back in one motion



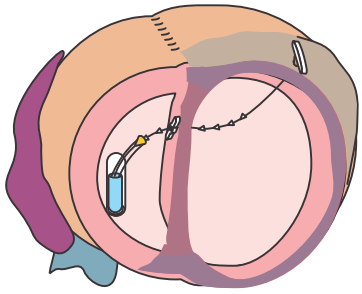
16. 8Fr out



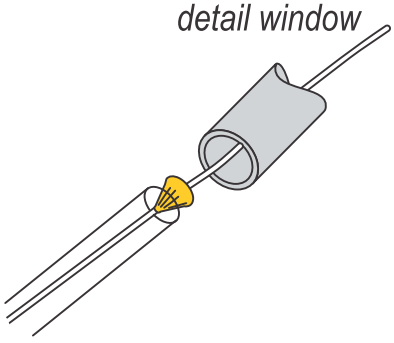
detail window



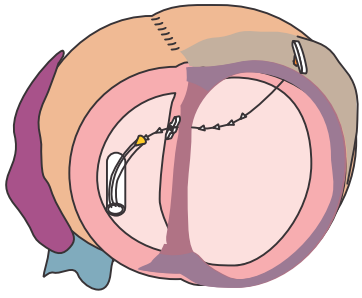
17. Septal anchor loaded onto lead tensioner and pushed through to septum



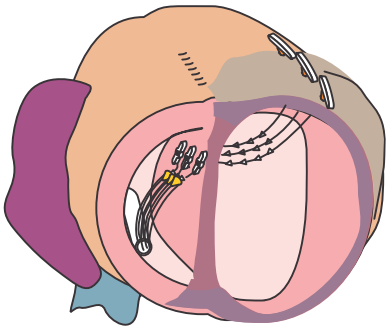
detail window



18. Lock pushed through to septal anchor but not tensioned

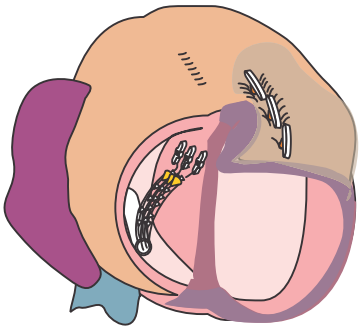


19. 11Fr out

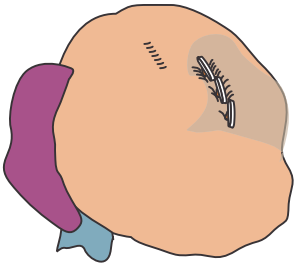


20. Do an abbreviated repeat of all steps post Introducer Cath in parallel to existing lead tensioner, ending up with 3 sets.

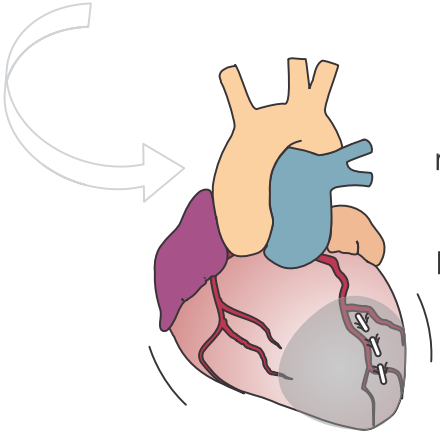
- Rotate camera slightly laterally to allow ease of view of the placement of the sets



21. Incremental, alternating/ sequenced cynching



III. Conclusion - cross section fades out



rotate to show plicated heart with virtual contractility of diseased area

perhaps include graphics which speak to ejection rates and reshaping