



US011849963B2

(12) **United States Patent Quick**

(10) **Patent No.:** **US 11,849,963 B2**

(45) **Date of Patent:** **Dec. 26, 2023**

(54) **SINGLE INSERTION DELIVERY SYSTEM FOR TREATING EMBOLISM AND ASSOCIATED SYSTEMS AND METHODS**

(56) **References Cited**

U.S. PATENT DOCUMENTS

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1,101,890 A 6/1914 Tunstead
2,846,179 A 8/1958 Monckton
(Continued)

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FOREIGN PATENT DOCUMENTS

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AU 2015210338 8/2015
CN 102186427 9/2011
(Continued)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

OTHER PUBLICATIONS

(21) Appl. No.: **17/865,307**

European Patent Application No. 13838945.7, Extended European Search Report, 9 pages, dated Apr. 15, 2016.

(22) Filed: **Jul. 14, 2022**

(Continued)

(65) **Prior Publication Data**

US 2022/0346814 A1 Nov. 3, 2022

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(57) **ABSTRACT**

Systems and methods for the intravascular treatment of clot material within a blood vessel of a human patient are disclosed herein. A method in accordance with embodiments of the present technology can include, for example, engaging an interventional device of a catheter system with clot material in a blood vessel and withdrawing the interventional device and the portion of the clot material through a guide catheter. In some embodiments, the catheter system can include an attachment/valve member coupled to a proximal portion of the guide catheter, and the method can include unsealing the attachment/valve member to facilitate withdrawing the interventional device through the attachment/valve member without significant retention of clot material within the attachment/valve member. The method can further include resealing and aspirating the guide catheter before advancing another interventional device to the clot material to again engage and remove clot material from the blood vessel.

Related U.S. Application Data

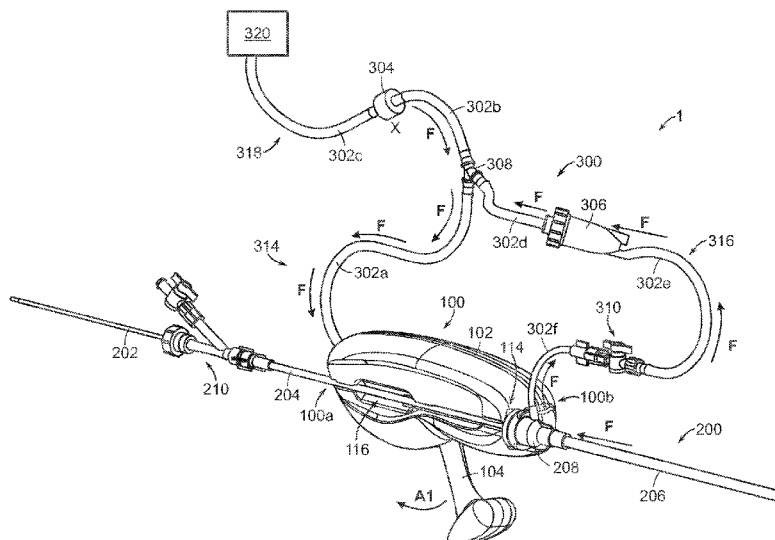
(63) Continuation of application No. 17/498,642, filed on Oct. 11, 2021, which is a continuation of application (Continued)

(51) **Int. Cl.**
A61B 17/00 (2006.01)
A61B 17/22 (2006.01)
(Continued)

(52) **U.S. Cl.**
CPC **A61B 17/22031** (2013.01); **A61B 17/22** (2013.01); **A61B 17/221** (2013.01);
(Continued)

(58) **Field of Classification Search**
CPC . A61B 17/22; A61B 17/221; A61B 17/22031; A61B 2017/22042;
(Continued)

16 Claims, 20 Drawing Sheets



INARI-2003

Imperative Care, Inc. v. Inari Medical, Inc., IPR2026-00169

Related U.S. Application Data					
No. 16/258,344, filed on Jan. 25, 2019, now Pat. No. 11,154,314.		5,158,533	A	10/1992	Strauss et al.
		5,158,564	A	10/1992	Schnepp-Pesch et al.
		5,192,274	A	3/1993	Bierman
		5,192,286	A	3/1993	Phan et al.
		5,192,290	A	3/1993	Hilal
		5,197,485	A *	3/1993	Grooters A61B 10/04
(60)	Provisional application No. 62/622,691, filed on Jan. 26, 2018.				604/122
		5,234,403	A	8/1993	Yoda et al.
		5,244,619	A	9/1993	Burnham
(51)	Int. Cl.	5,256,150	A	10/1993	Quiachon et al.
	<i>A61M 25/00</i> (2006.01)	5,329,923	A	7/1994	Lundquist
	<i>A61M 39/06</i> (2006.01)	5,330,436	A	7/1994	Heidmueller
	<i>A61B 17/221</i> (2006.01)	5,360,417	A	11/1994	Gravener et al.
		5,364,345	A	11/1994	Lowery et al.
(52)	U.S. Cl.	5,376,101	A	12/1994	Green et al.
	CPC <i>A61M 25/0082</i> (2013.01); <i>A61M 39/06</i>	5,383,887	A	1/1995	Nadal
	(2013.01); <i>A61B 2017/00907</i> (2013.01); <i>A61B</i>	5,389,100	A	2/1995	Bacich et al.
	<i>2017/22034</i> (2013.01); <i>A61B 2017/22042</i>	5,391,152	A	2/1995	Patterson et al.
	(2013.01); <i>A61B 2017/22079</i> (2013.01); <i>A61B</i>	5,419,774	A	5/1995	Willard et al.
	<i>2017/22094</i> (2013.01); <i>A61B 2217/005</i>	5,421,824	A	6/1995	Clement et al.
	(2013.01); <i>A61M 2210/12</i> (2013.01)	5,443,443	A	8/1995	Shiber
(58)	Field of Classification Search	5,456,667	A	10/1995	Ham et al.
	CPC <i>A61B 2017/22079</i> ; <i>A61B 2017/22094</i> ;	5,476,450	A	12/1995	Ruggio
	<i>A61M 25/0082</i> ; <i>A61M 25/0122</i> ; <i>A61M</i>	5,490,859	A	2/1996	Mische et al.
	<i>25/01</i> ; <i>A61M 39/06</i> ; <i>A61M 39/062</i> ;	5,496,365	A	3/1996	Sgro
	<i>A61M 39/0613</i> ; <i>A61M 1/008</i> ; <i>A61M</i>	5,527,326	A	6/1996	Hermann et al.
	<i>1/0281</i> ; <i>A61M 2039/027</i>	5,549,626	A	8/1996	Miller et al.
	See application file for complete search history.	5,591,137	A	1/1997	Stevens
(56)	References Cited	5,639,276	A	6/1997	Weinstock et al.
		5,653,684	A	8/1997	Laptewicz et al.
		5,662,703	A	9/1997	Yurek et al.
		5,746,758	A	5/1998	Nordgren et al.
		5,749,858	A	5/1998	Cramer
		5,769,816	A	6/1998	Barbut et al.
		5,782,817	A	7/1998	Franzel et al.
		5,800,457	A	9/1998	Gelbfish
		5,827,229	A	10/1998	Auth et al.
		5,846,251	A	12/1998	Hart
		5,860,938	A	1/1999	Lafontaine et al.
		5,873,866	A	2/1999	Kondo et al.
		5,873,882	A	2/1999	Straub et al.
		5,876,414	A	3/1999	Straub
		5,895,406	A	4/1999	Gray et al.
		5,908,435	A	6/1999	Samuels
		5,911,710	A	6/1999	Barry et al.
		5,911,733	A	6/1999	Parodi
		5,911,754	A	6/1999	Kanesaka et al.
		5,941,869	A	8/1999	Patterson et al.
		5,947,985	A	9/1999	Ram
		5,954,737	A	9/1999	Lee
		5,971,938	A	10/1999	Hart et al.
		5,971,958	A	10/1999	Zhang
		5,972,019	A	10/1999	Engelson et al.
		5,974,938	A	11/1999	Lloyd
		5,989,233	A	11/1999	Yoon
		5,993,483	A	11/1999	Gianotti
		6,017,335	A	1/2000	Burnham
		6,030,397	A	2/2000	Moneti et al.
		6,059,814	A	5/2000	Ladd
		6,066,158	A	5/2000	Engelson et al.
		6,068,645	A	5/2000	Tu
		6,126,635	A	10/2000	Simpson et al.
		6,142,987	A	11/2000	Tsugita
		6,146,396	A	11/2000	Konya et al.
		6,146,403	A	11/2000	St. Germain
		6,152,144	A	11/2000	Lesh et al.
		6,152,946	A	11/2000	Broome et al.
		6,156,055	A	12/2000	Ravenscroft
		6,159,230	A	12/2000	Samuels
		6,165,196	A	12/2000	Stack et al.
		6,168,579	B1	1/2001	Tsugita
		6,179,859	B1	1/2001	Bates et al.
		6,221,006	B1	4/2001	Dubrul et al.
		6,228,060	B1	5/2001	Howell
		6,238,412	B1	5/2001	Dubrul et al.
		6,245,078	B1	6/2001	Ouchi
		6,245,089	B1	6/2001	Daniel et al.
		6,254,571	B1	7/2001	Hart
		6,258,115	B1	7/2001	Dubrul
U.S. PATENT DOCUMENTS					
	2,955,592	A	10/1960	Maclean	
	3,088,363	A	5/1963	Sparks	
	3,197,173	A	7/1965	Taubenheim	
	3,416,531	A	12/1968	Edwards	
	3,435,826	A	4/1969	Fogarty	
	3,515,137	A	6/1970	Santomieri	
	3,675,657	A	7/1972	Gauthier	
	3,860,006	A	1/1975	Patel	
	3,892,161	A	7/1975	Sokol	
	3,923,065	A	12/1975	Nozick et al.	
	4,030,503	A	6/1977	Clark, III	
	4,034,642	A	7/1977	Iannucci et al.	
	4,222,380	A	9/1980	Terayama	
	4,243,040	A	1/1981	Beecher	
	4,287,808	A	9/1981	Leonard et al.	
	4,324,262	A	4/1982	Hall	
	4,393,872	A	7/1983	Reznik et al.	
	4,469,100	A	9/1984	Hardwick	
	4,523,738	A	6/1985	Raftis et al.	
	4,551,862	A	11/1985	Haber	
	4,604,094	A	8/1986	Shook	
	4,611,594	A	9/1986	Grayhack et al.	
	4,643,184	A	2/1987	Mobin-Uddin	
	4,646,736	A	3/1987	Auth et al.	
	4,650,466	A	3/1987	Luther	
	4,776,337	A	10/1988	Palmaz	
	4,790,812	A	12/1988	Hawkins, Jr. et al.	
	4,863,440	A	9/1989	Chin et al.	
	4,870,953	A	10/1989	DonMichael et al.	
	4,883,458	A	11/1989	Shiber	
	4,886,062	A	12/1989	Wiktor	
	4,890,611	A	1/1990	Monfort et al.	
	4,898,575	A	2/1990	Fischell et al.	
	4,946,440	A	8/1990	Hall	
	4,960,259	A	10/1990	Sunnanvader et al.	
	4,978,341	A	12/1990	Niederhauser	
	4,981,478	A	1/1991	Evard et al.	
	5,059,178	A	10/1991	Ya	
	5,100,423	A	3/1992	Fearnott	
	5,127,626	A	7/1992	Hilal et al.	
	5,129,910	A	7/1992	Phan et al.	
	5,135,484	A	8/1992	Wright	
	5,154,724	A	10/1992	Andrews	

(56)

References Cited

U.S. PATENT DOCUMENTS

6,264,663 B1	7/2001	Cano	7,152,605 B2	12/2006	Khairkahan et al.
6,306,163 B1	10/2001	Fitz	7,179,273 B1	2/2007	Palmer et al.
6,322,572 B1	11/2001	Lee	7,223,253 B2	5/2007	Hogendijk
6,350,271 B1	2/2002	Kurz et al.	7,232,432 B2	6/2007	Fulton, III et al.
6,361,545 B1	3/2002	Macoviak et al.	7,244,243 B2	7/2007	Lary
6,364,895 B1	4/2002	Greenhalgh	7,285,126 B2	10/2007	Sepetka et al.
6,368,339 B1	4/2002	Amplatz	7,300,458 B2	11/2007	Henkes et al.
6,383,205 B1	5/2002	Samson et al.	7,306,618 B2	12/2007	Demond et al.
6,402,771 B1	6/2002	Palmer et al.	7,320,698 B2	1/2008	Eskuri
6,413,235 B1	7/2002	Parodi	7,323,002 B2	1/2008	Johnson et al.
6,423,032 B2	7/2002	Parodi	7,331,980 B2	2/2008	Dubrul et al.
6,432,122 B1	8/2002	Gilson et al.	7,481,805 B2	1/2009	Magnusson
6,451,036 B1	9/2002	Heitzmann et al.	7,534,234 B2	5/2009	Fotjik
6,458,103 B1	10/2002	Albert et al.	7,578,830 B2	8/2009	Kusleika et al.
6,475,236 B1	11/2002	Roubin et al.	7,621,870 B2	11/2009	Berrada et al.
6,485,502 B2	11/2002	Don Michael	7,674,247 B2	3/2010	Fotjik
6,508,782 B1	1/2003	Evans et al.	7,678,131 B2	3/2010	Muller
6,511,492 B1	1/2003	Rosenbluth et al.	7,691,121 B2	4/2010	Rosenbluth et al.
6,514,273 B1	2/2003	Voss et al.	7,695,458 B2	4/2010	Belley et al.
6,530,923 B1	3/2003	Dubrul et al.	7,713,282 B2	5/2010	Frazier et al.
6,530,935 B2	3/2003	Wensel et al.	7,722,641 B2	5/2010	Van Der Burg et al.
6,540,722 B1	4/2003	Boyle et al.	7,763,010 B2	7/2010	Evans et al.
6,544,276 B1	4/2003	Azizi	7,766,934 B2	8/2010	Pal et al.
6,544,278 B1	4/2003	Vrba et al.	7,775,501 B2	8/2010	Kees
6,544,279 B1	4/2003	Hopkins et al.	7,780,696 B2	8/2010	Daniel et al.
6,551,342 B1	4/2003	Shen et al.	7,815,608 B2	10/2010	Schafersman et al.
6,564,828 B1	5/2003	Ishida	7,905,877 B1	3/2011	Oscar et al.
6,569,181 B1	5/2003	Burns	7,905,896 B2	3/2011	Straub
6,575,995 B1	6/2003	Huter et al.	7,938,809 B2	5/2011	Lampropoulos et al.
6,589,263 B1	7/2003	Hopkins et al.	7,938,820 B2	5/2011	Webster et al.
6,596,011 B2	7/2003	Johnson et al.	7,967,790 B2	6/2011	Whiting et al.
6,602,271 B2	8/2003	Adams et al.	7,976,511 B2	7/2011	Fotjik
6,605,074 B2	8/2003	Zadno-azizi et al.	7,993,302 B2	8/2011	Hebert et al.
6,605,102 B1	8/2003	Mazzocchi et al.	7,993,363 B2	8/2011	Demond et al.
6,610,077 B1	8/2003	Hancock et al.	8,021,351 B2	9/2011	Boldenow et al.
6,620,148 B1	9/2003	Tsugita	8,043,313 B2	10/2011	Krolik et al.
6,620,179 B2	9/2003	Brook et al.	8,052,640 B2	11/2011	Fiorella et al.
6,620,182 B1	9/2003	Khosravi et al.	8,057,496 B2	11/2011	Fischer, Jr.
6,623,460 B1	9/2003	Heck	8,057,497 B1 *	11/2011	Raju A61B 17/22 606/159
6,635,068 B1	10/2003	Dubrul et al.	8,066,757 B2	11/2011	Ferrera et al.
6,645,222 B1	11/2003	Parodi et al.	8,070,694 B2	12/2011	Galdonik et al.
6,660,013 B2	12/2003	Rabiner et al.	8,070,769 B2	12/2011	Broome
6,660,014 B2	12/2003	Demarais et al.	8,070,791 B2	12/2011	Ferrera et al.
6,663,650 B2	12/2003	Sepetka et al.	8,075,510 B2	12/2011	Aklog et al.
6,692,504 B2	2/2004	Kurz et al.	8,080,032 B2	12/2011	Van Der Burg et al.
6,699,260 B2	3/2004	Dubrul et al.	8,088,140 B2	1/2012	Ferrera et al.
6,702,830 B1	3/2004	Demarais et al.	8,092,486 B2	1/2012	Berrada et al.
6,719,717 B1	4/2004	Johnson et al.	8,100,935 B2	1/2012	Rosenbluth et al.
6,755,847 B2	6/2004	Eskuri	8,109,962 B2	2/2012	Pal
6,767,353 B1	7/2004	Shiber	8,118,829 B2	2/2012	Carrison et al.
6,790,204 B2	9/2004	Zadno-azizi et al.	8,197,493 B2	6/2012	Ferrera et al.
6,800,080 B1	10/2004	Bates	8,246,641 B2	8/2012	Osborne et al.
6,818,006 B2	11/2004	Douk et al.	8,261,648 B1	9/2012	Marchand et al.
6,824,545 B2	11/2004	Sepetka et al.	8,267,897 B2	9/2012	Wells
6,824,550 B1	11/2004	Noriega et al.	8,298,257 B2	10/2012	Sepetka et al.
6,824,553 B1	11/2004	Gene et al.	8,317,748 B2	11/2012	Fiorella et al.
6,830,561 B2	12/2004	Jansen et al.	8,337,450 B2	12/2012	Fotjik
6,846,029 B1	1/2005	Ragner et al.	RE43,902 E	1/2013	Hopkins et al.
6,902,540 B2	6/2005	Dorros et al.	8,343,167 B2	1/2013	Henson
6,939,361 B1	9/2005	Kleshinski	8,357,178 B2	1/2013	Grandfield et al.
6,942,682 B2	9/2005	Vrba et al.	8,361,104 B2	1/2013	Jones et al.
6,945,977 B2	9/2005	Demarais et al.	8,409,215 B2	4/2013	Sepetka et al.
6,960,189 B2	11/2005	Bates et al.	8,480,708 B2	7/2013	Kassab et al.
6,960,222 B2	11/2005	Vo et al.	8,486,105 B2	7/2013	Demond et al.
7,004,931 B2	2/2006	Hogendijk	8,491,539 B2	7/2013	Fotjik
7,004,954 B1	2/2006	Voss et al.	8,512,352 B2	8/2013	Martin
7,036,707 B2	5/2006	Aota et al.	8,523,897 B2	9/2013	Van Der Burg et al.
7,041,084 B2	5/2006	Fotjik	8,535,283 B2	9/2013	Heaton et al.
7,052,500 B2	5/2006	Bashiri et al.	8,535,334 B2	9/2013	Martin
7,056,328 B2	6/2006	Arnott	8,535,343 B2	9/2013	Van Der Burg et al.
7,063,707 B2	6/2006	Bose et al.	8,545,526 B2	10/2013	Martin et al.
7,069,835 B2	7/2006	Nishri et al.	8,568,432 B2	10/2013	Straub
7,094,249 B1	8/2006	Thomas et al.	8,568,465 B2	10/2013	Freudenthal et al.
7,122,034 B2	10/2006	Belhe et al.	8,574,262 B2	11/2013	Ferrera et al.
7,128,073 B1	10/2006	Van Der Burg et al.	8,579,915 B2	11/2013	French et al.
			8,585,713 B2	11/2013	Ferrera et al.
			8,608,754 B2	12/2013	Wensel et al.
			8,647,367 B2	2/2014	Kassab et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

8,657,867 B2	2/2014	Dorn et al.	9,849,014 B2	12/2017	Kusleika
8,696,622 B2	4/2014	Fiorella et al.	9,962,178 B2	5/2018	Greenhalgh et al.
8,715,314 B1	5/2014	Janardhan et al.	9,980,813 B2	5/2018	Eller
8,721,714 B2	5/2014	Kelley	9,999,493 B2	6/2018	Nguyen et al.
8,753,322 B2	6/2014	Hu et al.	10,004,531 B2	6/2018	Rosenbluth et al.
8,771,289 B2	7/2014	Mohiuddin et al.	10,010,335 B2	7/2018	Greenhalgh et al.
8,777,893 B2	7/2014	Malewicz	10,016,266 B2	7/2018	Hauser
8,784,441 B2	7/2014	Rosenbluth et al.	10,028,759 B2	7/2018	Wallace et al.
8,784,442 B2	7/2014	Jones et al.	10,045,790 B2	8/2018	Cox et al.
8,784,469 B2	7/2014	Kassab	10,058,339 B2	8/2018	Galdonik et al.
8,795,305 B2	8/2014	Martin et al.	10,098,651 B2	10/2018	Marchand et al.
8,795,345 B2	8/2014	Grandfield et al.	10,130,385 B2	11/2018	Farhangnia et al.
8,801,748 B2	8/2014	Martin	10,183,159 B2	1/2019	Nobles et al.
8,808,259 B2	8/2014	Walton et al.	10,226,263 B2	3/2019	Look et al.
8,814,927 B2	8/2014	Shin et al.	10,238,406 B2	3/2019	Cox et al.
8,820,207 B2	9/2014	Marchand et al.	10,271,864 B2	4/2019	Greenhalgh et al.
8,826,791 B2	9/2014	Thompson et al.	10,327,883 B2	6/2019	Yachia
8,828,044 B2	9/2014	Aggerholm et al.	10,335,186 B2	7/2019	Rosenbluth et al.
8,833,224 B2	9/2014	Thompson et al.	10,342,571 B2	7/2019	Marchand et al.
8,834,519 B2	9/2014	Van Der Burg et al.	10,349,960 B2	7/2019	Quick
8,845,621 B2	9/2014	Fotjik	10,383,644 B2	8/2019	Molaei et al.
8,852,226 B2	10/2014	Gilson et al.	10,384,034 B2	8/2019	Carrison et al.
8,939,991 B2	1/2015	Krolik et al.	10,456,555 B2	10/2019	Carrison et al.
8,945,143 B2	2/2015	Ferrera et al.	10,478,535 B2	11/2019	Ogle
8,945,172 B2	2/2015	Ferrera et al.	10,485,952 B2	11/2019	Carrison et al.
8,956,384 B2	2/2015	Berrada et al.	10,524,811 B2	1/2020	Marchand et al.
8,992,504 B2	3/2015	Castella et al.	10,531,883 B1	1/2020	Deville et al.
9,005,172 B2	4/2015	Chung	10,588,655 B2	3/2020	Rosenbluth et al.
9,011,551 B2	4/2015	Oral et al.	10,695,159 B2	6/2020	Hauser
9,028,401 B1	5/2015	Bacich et al.	10,709,471 B2	7/2020	Rosenbluth et al.
9,078,682 B2	7/2015	Lenker et al.	10,772,636 B2	9/2020	Kassab et al.
9,101,382 B2	8/2015	Krolik et al.	10,799,331 B2	10/2020	Hauser
9,125,683 B2	9/2015	Farhangnia et al.	10,912,577 B2	2/2021	Marchand et al.
9,126,016 B2	9/2015	Fulton	10,926,060 B2	2/2021	Stern et al.
9,149,609 B2	10/2015	Ansel et al.	10,953,195 B2	3/2021	Jalgaonkar et al.
9,155,552 B2	10/2015	Ulm, III	10,960,114 B2	3/2021	Goisis
9,161,766 B2	10/2015	Slee et al.	11,000,682 B2	5/2021	Merritt et al.
9,168,043 B2	10/2015	Van Der Burg et al.	11,013,523 B2	5/2021	Arad Hadar
9,173,668 B2	11/2015	Ulm, III	11,058,445 B2	7/2021	Cox et al.
9,186,487 B2	11/2015	Dubrul et al.	11,058,451 B2	7/2021	Marchand et al.
9,204,887 B2	12/2015	Cully et al.	11,065,019 B1	7/2021	Chou et al.
9,216,277 B2	12/2015	Myers	11,147,571 B2	10/2021	Cox et al.
9,241,669 B2	1/2016	Pugh et al.	11,154,314 B2	10/2021	Quick
9,358,037 B2	1/2016	Farhangnia et al.	11,166,703 B2	11/2021	Kassab et al.
9,259,237 B2	2/2016	Quick et al.	11,185,664 B2	11/2021	Carrison et al.
9,265,512 B2	2/2016	Carrison et al.	11,224,450 B2	1/2022	Chou et al.
9,283,066 B2	3/2016	Hopkins et al.	11,224,721 B2	1/2022	Carrison et al.
9,301,769 B2	4/2016	Brady et al.	11,259,821 B2	3/2022	Buck et al.
9,351,747 B2	5/2016	Kugler et al.	11,305,094 B2	4/2022	Carrison et al.
9,439,664 B2	9/2016	Sos	11,383,064 B2	7/2022	Carrison et al.
9,439,751 B2	9/2016	White et al.	11,395,903 B2	7/2022	Carrison et al.
9,456,834 B2	10/2016	Folk	11,406,801 B2	8/2022	Fojtik et al.
9,463,035 B1	10/2016	Greenhalgh et al.	11,433,218 B2	9/2022	Quick et al.
9,463,036 B2	10/2016	Brady et al.	11,439,799 B2	9/2022	Buck et al.
9,526,864 B2	12/2016	Quick	11,457,936 B2	10/2022	Buck et al.
9,526,865 B2	12/2016	Quick	11,529,158 B2	12/2022	Hauser
9,532,792 B2	1/2017	Galdonik et al.	11,554,005 B2	1/2023	Merritt et al.
9,566,073 B2	2/2017	Kassab et al.	11,559,382 B2	1/2023	Merritt et al.
9,566,424 B2	2/2017	Pessin	11,576,691 B2	2/2023	Chou et al.
9,579,116 B1	2/2017	Nguyen et al.	11,596,768 B2	3/2023	Stern et al.
9,581,942 B1	2/2017	Shippert	11,697,011 B2	7/2023	Merritt et al.
9,616,213 B2	4/2017	Furnish et al.	11,697,012 B2	7/2023	Merritt et al.
9,636,206 B2	5/2017	Nguyen et al.	11,744,691 B2	9/2023	Merritt et al.
9,643,035 B2	5/2017	Mastenbroek	2001/0004699 A1	6/2001	Gittings et al.
9,662,129 B2	5/2017	Galdonik et al.	2001/0031981 A1	10/2001	Evans et al.
9,700,332 B2	7/2017	Marchand et al.	2001/0041909 A1	11/2001	Tsugita et al.
9,717,488 B2	8/2017	Kassab et al.	2001/0049486 A1	12/2001	Evans et al.
9,717,514 B2	8/2017	Martin et al.	2001/0051810 A1	12/2001	Dubrul et al.
9,717,519 B2	8/2017	Rosenbluth et al.	2002/0022858 A1	2/2002	Demond et al.
9,744,024 B2	8/2017	Nguyen et al.	2002/0022859 A1	2/2002	Hogendijk
9,757,137 B2	9/2017	Krolik et al.	2002/0026211 A1	2/2002	Khosravi et al.
9,827,084 B2	11/2017	Bonnette et al.	2002/0032455 A1	3/2002	Boock et al.
9,844,386 B2	12/2017	Nguyen et al.	2002/0049452 A1	4/2002	Kurz et al.
9,844,387 B2	12/2017	Marchand et al.	2002/0095161 A1	7/2002	Dhindsa
9,848,975 B2	12/2017	Hauser	2002/0095171 A1	7/2002	Belef
			2002/0111648 A1	8/2002	Kusleika et al.
			2002/0120277 A1	8/2002	Hauschild et al.
			2002/0147458 A1	10/2002	Hiblar et al.
			2002/0151918 A1	10/2002	Lafontaine et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

2002/0156457	A1	10/2002	Fisher	2007/0093744	A1	4/2007	Elmaleh
2002/0161392	A1	10/2002	Dubrul	2007/0112374	A1	5/2007	Paul, Jr. et al.
2002/0169474	A1	11/2002	Kusleika	2007/0118165	A1	5/2007	DeMello et al.
2002/0173819	A1	11/2002	Leeflang et al.	2007/0149996	A1	6/2007	Coughlin
2002/0188276	A1	12/2002	Evans et al.	2007/0161963	A1	7/2007	Smalling
2003/0023263	A1	1/2003	Krolik et al.	2007/0179513	A1	8/2007	Deutsch
2003/0083693	A1	5/2003	Daniel et al.	2007/0191866	A1	8/2007	Palmer et al.
2003/0100919	A1	5/2003	Hopkins et al.	2007/0198028	A1	8/2007	Miloslavski et al.
2003/0114875	A1	6/2003	Sjostrom	2007/0208361	A1	9/2007	Okushi et al.
2003/0116731	A1	6/2003	Hartley	2007/0208367	A1	9/2007	Fiorella et al.
2003/0125663	A1	7/2003	Coleman et al.	2007/0213753	A1	9/2007	Waller
2003/0135151	A1	7/2003	Deng	2007/0213765	A1	9/2007	Adams et al.
2003/0135230	A1	7/2003	Massey et al.	2007/0233043	A1	10/2007	Dayton et al.
2003/0135258	A1	7/2003	Andreas et al.	2007/0255252	A1	11/2007	Mehta
2003/0153873	A1	8/2003	Luther et al.	2007/0288054	A1	12/2007	Tanaka et al.
2003/0153973	A1	8/2003	Soun et al.	2008/0015541	A1	1/2008	Rosenbluth et al.
2003/0168068	A1	9/2003	Poole et al.	2008/0088055	A1	4/2008	Ross
2003/0176884	A1	9/2003	Berrada et al.	2008/0157017	A1	7/2008	Macatangay et al.
2003/0191516	A1	10/2003	Weldon et al.	2008/0167678	A1	7/2008	Morsi
2003/0208224	A1	11/2003	Broome	2008/0183136	A1	7/2008	Lenker et al.
2003/0216774	A1	11/2003	Larson	2008/0228209	A1	9/2008	DeMello et al.
2004/0019310	A1	1/2004	Hogendijk	2008/0234715	A1	9/2008	Pesce et al.
2004/0039351	A1	2/2004	Barrett	2008/0234722	A1	9/2008	Bonnette et al.
2004/0039412	A1	2/2004	Isshiki et al.	2008/0262528	A1	10/2008	Martin
2004/0068288	A1	4/2004	Palmer et al.	2008/0269798	A1	10/2008	Ramzipoor et al.
2004/0073243	A1	4/2004	Sepetka et al.	2008/0300466	A1	12/2008	Gresham
2004/0098033	A1	5/2004	Leeflang et al.	2008/0312681	A1	12/2008	Ansel et al.
2004/0102807	A1	5/2004	Kusleika et al.	2009/0018566	A1	1/2009	Escudero et al.
2004/0122359	A1	6/2004	Wenz et al.	2009/0054918	A1	2/2009	Henson
2004/0127936	A1	7/2004	Salahieh et al.	2009/0062841	A1	3/2009	Amplatz et al.
2004/0133232	A1	7/2004	Rosenbluth et al.	2009/0069828	A1	3/2009	Martin et al.
2004/0138525	A1	7/2004	Saadat et al.	2009/0076417	A1	3/2009	Jones
2004/0138692	A1	7/2004	Phung et al.	2009/0160112	A1	6/2009	Ostrovsky
2004/0167567	A1	8/2004	Cano et al.	2009/0163846	A1	6/2009	Aklog et al.
2004/0199201	A1	10/2004	Kellett et al.	2009/0182362	A1	7/2009	Thompson et al.
2004/0199202	A1	10/2004	Dubrul et al.	2009/0192495	A1	7/2009	Ostrovsky et al.
2004/0260344	A1	12/2004	Lyons et al.	2009/0281525	A1	11/2009	Harding et al.
2004/0267272	A1	12/2004	Henniges et al.	2009/0292307	A1	11/2009	Razack
2005/0004534	A1	1/2005	Lockwood et al.	2009/0299393	A1	12/2009	Martin et al.
2005/0033172	A1	2/2005	Dubrul et al.	2010/0016837	A1	1/2010	Howat
2005/0038468	A1	2/2005	Panetta et al.	2010/0030256	A1	2/2010	Dubrul et al.
2005/0054995	A1	3/2005	Barzell et al.	2010/0042136	A1	2/2010	Berrada et al.
2005/0055047	A1	3/2005	Greenhalgh	2010/0087844	A1	4/2010	Fischer, Jr.
2005/0085769	A1	4/2005	MacMahon et al.	2010/0087850	A1	4/2010	Razack
2005/0085826	A1	4/2005	Nair et al.	2010/0094201	A1	4/2010	Mallaby
2005/0085846	A1	4/2005	Carrison et al.	2010/0106081	A1	4/2010	Brandeis
2005/0085849	A1	4/2005	Sepetka et al.	2010/0114113	A1	5/2010	Dubrul et al.
2005/0119668	A1	6/2005	Teague et al.	2010/0121312	A1	5/2010	Gielenz et al.
2005/0177132	A1	8/2005	Lentz et al.	2010/0137846	A1	6/2010	Desai et al.
2005/0187570	A1	8/2005	Nguyen et al.	2010/0190156	A1	7/2010	Van Wordragen et al.
2005/0203605	A1	9/2005	Dolan	2010/0204712	A1	8/2010	Mallaby
2005/0283165	A1	12/2005	Gadberry	2010/0217276	A1	8/2010	Garrison et al.
2005/0283166	A1	12/2005	Greenhalgh et al.	2010/0249815	A1	9/2010	Jantzen et al.
2005/0283186	A1	12/2005	Berrada et al.	2010/0268264	A1	10/2010	Bonnette et al.
2006/0020286	A1	1/2006	Niermann	2010/0318178	A1	12/2010	Rapaport et al.
2006/0042786	A1	3/2006	West	2011/0034986	A1	2/2011	Chou et al.
2006/0047286	A1	3/2006	West	2011/0034987	A1	2/2011	Kennedy
2006/0074401	A1	4/2006	Ross	2011/0054405	A1	3/2011	Whiting et al.
2006/0089533	A1	4/2006	Ziegler et al.	2011/0060212	A1	3/2011	Slee et al.
2006/0100662	A1	5/2006	Daniel et al.	2011/0071503	A1	3/2011	Takagi et al.
2006/0155305	A1	7/2006	Freudenthal et al.	2011/0118817	A1	5/2011	Gunderson et al.
2006/0173525	A1	8/2006	Behl et al.	2011/0125181	A1	5/2011	Brady et al.
2006/0195137	A1	8/2006	Sepetka et al.	2011/0144592	A1	6/2011	Wong et al.
2006/0200221	A1	9/2006	Malewicz	2011/0152823	A1	6/2011	Mohiuddin et al.
2006/0217664	A1	9/2006	Hattler et al.	2011/0152889	A1	6/2011	Ashland
2006/0224177	A1	10/2006	Finitsis	2011/0152993	A1	6/2011	Marchand et al.
2006/0229645	A1	10/2006	Bonnette et al.	2011/0160742	A1	6/2011	Ferrera et al.
2006/0247500	A1	11/2006	Voegelé et al.	2011/0160763	A1	6/2011	Ferrera et al.
2006/0253145	A1	11/2006	Lucas	2011/0190806	A1	8/2011	Wittens
2006/0264905	A1	11/2006	Eskridge et al.	2011/0196309	A1	8/2011	Wells
2006/0276874	A1	12/2006	Wilson et al.	2011/0196414	A1	8/2011	Porter et al.
2006/0282111	A1	12/2006	Morsi	2011/0213290	A1	9/2011	Chin et al.
2006/0293696	A1	12/2006	Fahey et al.	2011/0213403	A1	9/2011	Aboytes
2007/0010787	A1	1/2007	Hackett et al.	2011/0224707	A1	9/2011	Miloslavski et al.
2007/0038225	A1	2/2007	Osborne	2011/0245807	A1	10/2011	Sakata et al.
				2011/0251629	A1	10/2011	Galdonik et al.
				2011/0264133	A1	10/2011	Hanlon et al.
				2011/0265681	A1	11/2011	Allen et al.
				2011/0288529	A1	11/2011	Fulton

(56) **References Cited**
U.S. PATENT DOCUMENTS

2011/0288572	A1	11/2011	Martin	2014/0371779	A1	12/2014	Vale et al.
2011/0319917	A1	12/2011	Ferrera et al.	2015/0005781	A1	1/2015	Lund-Clausen et al.
2012/0059309	A1	3/2012	di Palma et al.	2015/0005792	A1	1/2015	Ahn
2012/0059356	A1	3/2012	di Palma et al.	2015/0018859	A1	1/2015	Quick et al.
2012/0083824	A1	4/2012	Berrada et al.	2015/0018860	A1	1/2015	Quick
2012/0083868	A1	4/2012	Shrivastava	2015/0018929	A1	1/2015	Martin et al.
2012/0089216	A1	4/2012	Rapaport et al.	2015/0025555	A1	1/2015	Sos
2012/0101480	A1	4/2012	Ingle et al.	2015/0032144	A1	1/2015	Holloway
2012/0101510	A1	4/2012	Lenker et al.	2015/0059908	A1	3/2015	Mollen
2012/0109109	A1	5/2012	Kajii	2015/0088190	A1	3/2015	Jensen
2012/0138832	A1	6/2012	Townsend	2015/0127035	A1	5/2015	Trapp et al.
2012/0143239	A1	6/2012	Aklog et al.	2015/0133990	A1	5/2015	Davidson
2012/0165919	A1	6/2012	Cox et al.	2015/0150672	A1	6/2015	Ma
2012/0172918	A1	7/2012	Fifer et al.	2015/0164523	A1	6/2015	Brady et al.
2012/0179181	A1	7/2012	Straub et al.	2015/0164666	A1	6/2015	Johnson et al.
2012/0197277	A1	8/2012	Stinis	2015/0173782	A1 *	6/2015	Garrison A61B 17/3417 606/127
2012/0232655	A1	9/2012	Lorrison et al.	2015/0190155	A1	7/2015	Ulm, III
2012/0271105	A1	10/2012	Nakamura et al.	2015/0190156	A1	7/2015	Ulm, III
2012/0271231	A1	10/2012	Agrawal	2015/0196380	A1	7/2015	Berrada et al.
2012/0277788	A1	11/2012	Cattaneo	2015/0196744	A1	7/2015	Aboytes
2012/0310166	A1	12/2012	Huff	2015/0209058	A1	7/2015	Ferrera et al.
2013/0030460	A1	1/2013	Marks et al.	2015/0209165	A1	7/2015	Grandfield et al.
2013/0035628	A1	2/2013	Garrison et al.	2015/0238207	A1	8/2015	Cox et al.
2013/0046332	A1	2/2013	Jones et al.	2015/0250578	A1	9/2015	Cook et al.
2013/0066348	A1	3/2013	Fiorella et al.	2015/0265299	A1	9/2015	Cooper et al.
2013/0092012	A1	4/2013	Marchand et al.	2015/0305756	A1	10/2015	Rosenbluth
2013/0096571	A1	4/2013	Massicotte et al.	2015/0305859	A1	10/2015	Eller
2013/0102996	A1	4/2013	Strauss	2015/0352325	A1	12/2015	Quick
2013/0116708	A1	5/2013	Ziniti et al.	2015/0360001	A1	12/2015	Quick
2013/0116721	A1	5/2013	Takagi et al.	2015/0374391	A1	12/2015	Quick
2013/0126559	A1	5/2013	Cowan et al.	2016/0022293	A1	1/2016	Dubrul et al.
2013/0144326	A1	6/2013	Brady et al.	2016/0030708	A1	2/2016	Casiello et al.
2013/0150793	A1	6/2013	Beissel et al.	2016/0038267	A1	2/2016	Allen et al.
2013/0165871	A1	6/2013	Fiorella et al.	2016/0058540	A1	3/2016	Don Michael
2013/0184703	A1	7/2013	Shireman et al.	2016/0074627	A1	3/2016	Cottone
2013/0197454	A1	8/2013	Shibata et al.	2016/0106353	A1	4/2016	Schuetz et al.
2013/0197567	A1	8/2013	Brady et al.	2016/0106448	A1	4/2016	Brady et al.
2013/0204297	A1	8/2013	Melsheimer et al.	2016/0106449	A1	4/2016	Brady et al.
2013/0226196	A1	8/2013	Smith	2016/0113663	A1	4/2016	Brady et al.
2013/0281788	A1	10/2013	Garrison	2016/0113664	A1	4/2016	Brady et al.
2013/0289608	A1	10/2013	Tanaka et al.	2016/0113665	A1	4/2016	Brady et al.
2013/0317589	A1	11/2013	Martin et al.	2016/0113666	A1	4/2016	Quick
2013/0345739	A1	12/2013	Brady et al.	2016/0135829	A1	5/2016	Holoehwost et al.
2014/0005712	A1	1/2014	Martin	2016/0143721	A1	5/2016	Rosenbluth
2014/0005713	A1	1/2014	Bowman	2016/0151605	A1	6/2016	Welch et al.
2014/0005715	A1	1/2014	Castella et al.	2016/0192912	A1	7/2016	Kassab et al.
2014/0005717	A1	1/2014	Martin et al.	2016/0206344	A1	7/2016	Bruzzi et al.
2014/0025048	A1	1/2014	Ward	2016/0008014	A1	8/2016	Rosenbluth
2014/0031856	A1	1/2014	Martin	2016/0220741	A1	8/2016	Garrison et al.
2014/0046133	A1	2/2014	Nakamura et al.	2016/0228134	A1	8/2016	Martin et al.
2014/0046243	A1	2/2014	Ray et al.	2016/0262774	A1	9/2016	Honda
2014/0052161	A1	2/2014	Cully et al.	2016/0262790	A1	9/2016	Rosenbluth et al.
2014/0074144	A1	3/2014	Shrivastava et al.	2016/0287276	A1	10/2016	Cox et al.
2014/0121672	A1	5/2014	Folk	2016/0367285	A1	12/2016	Sos
2014/0155830	A1	6/2014	Bonnette et al.	2017/0014560	A1	1/2017	Minskoff et al.
2014/0155980	A1	6/2014	Turjman	2017/0021130	A1	1/2017	Dye
2014/0180055	A1	6/2014	Glynn et al.	2017/0037548	A1	2/2017	Lee
2014/0180397	A1	6/2014	Gerberding et al.	2017/0042571	A1	2/2017	Levi
2014/0155908	A1	7/2014	Rosenbluth et al.	2017/0049942	A1	2/2017	Conlan et al.
2014/0188127	A1	7/2014	Dubrul et al.	2017/0056032	A1	3/2017	Look et al.
2014/0188143	A1	7/2014	Martin et al.	2017/0058623	A1	3/2017	Jaffrey et al.
2014/0222070	A1	8/2014	Belson et al.	2017/0079672	A1	3/2017	Quick
2014/0236219	A1	8/2014	Dubrul et al.	2017/0086864	A1	3/2017	Greenhalgh et al.
2014/0243882	A1	8/2014	Ma	2017/0100142	A1	4/2017	Look et al.
2014/0257253	A1	9/2014	Jemison	2017/0105743	A1	4/2017	Vale et al.
2014/0257363	A1	9/2014	Lippert	2017/0105745	A1	4/2017	Rosenbluth et al.
2014/0276403	A1	9/2014	Follmer et al.	2017/0112514	A1	4/2017	Marchand et al.
2014/0296868	A1	10/2014	Garrison et al.	2017/0143359	A1	5/2017	Nguyen et al.
2014/0303658	A1	10/2014	Bonnette et al.	2017/0143938	A1	5/2017	Ogle et al.
2014/0318354	A1	10/2014	Thompson et al.	2017/0112513	A1	7/2017	Marchand et al.
2014/0324091	A1	10/2014	Rosenbluth et al.	2017/0189041	A1	7/2017	Cox et al.
2014/0330286	A1	11/2014	Wallace et al.	2017/0196576	A1	7/2017	Long et al.
2014/0336691	A1	11/2014	Jones et al.	2017/0233908	A1	8/2017	Kroczyński et al.
2014/0343593	A1	11/2014	Chin et al.	2017/0252057	A1	9/2017	Bonnette et al.
2014/0364896	A1	12/2014	Consigny	2017/0265878	A1	9/2017	Marchand et al.
				2017/0281204	A1	10/2017	Garrison et al.
				2017/0303939	A1	10/2017	Greenhalgh et al.
				2017/0303942	A1	10/2017	Greenhalgh et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

2017/0303947 A1 10/2017 Greenhalgh et al.
 2017/0303948 A1 10/2017 Wallace et al.
 2017/0319221 A1 11/2017 Chu
 2017/0325839 A1 11/2017 Rosenbluth et al.
 2017/0340867 A1 11/2017 Accisano, II
 2017/0348014 A1 12/2017 Wallace et al.
 2018/0042623 A1 2/2018 Batiste
 2018/0042624 A1 2/2018 Greenhalgh et al.
 2018/0042626 A1 2/2018 Greenhalgh et al.
 2018/0055999 A1 3/2018 Bare et al.
 2018/0064453 A1 3/2018 Garrison et al.
 2018/0064454 A1 3/2018 Losordo et al.
 2018/0070968 A1 3/2018 Wallace et al.
 2018/0092652 A1 4/2018 Marchand et al.
 2018/0104404 A1 4/2018 Ngo-Chu
 2018/0105963 A1 4/2018 Quick
 2018/0125512 A1 5/2018 Nguyen et al.
 2018/0184912 A1 7/2018 Al-Ali
 2018/0193043 A1 7/2018 Marchand et al.
 2018/0236205 A1 8/2018 Krautkremer et al.
 2018/0250498 A1 9/2018 Stern et al.
 2018/0256177 A1 9/2018 Cooper et al.
 2018/0256178 A1 9/2018 Cox et al.
 2018/0296240 A1 10/2018 Rosenbluth et al.
 2018/0344339 A1 12/2018 Cox et al.
 2018/0361116 A1 12/2018 Quick et al.
 2019/0000492 A1 1/2019 Casey et al.
 2019/0015298 A1 1/2019 Beatty et al.
 2019/0046219 A1 2/2019 Marchand et al.
 2019/0070401 A1 3/2019 Merritt et al.
 2019/0117244 A1 4/2019 Wallace et al.
 2019/0133622 A1 5/2019 Wallace et al.
 2019/0133623 A1 5/2019 Wallace et al.
 2019/0133624 A1 5/2019 Wallace et al.
 2019/0133625 A1 5/2019 Wallace et al.
 2019/0133626 A1 5/2019 Wallace et al.
 2019/0133627 A1 5/2019 Wallace et al.
 2019/0150959 A1 5/2019 Cox et al.
 2019/0231373 A1 8/2019 Quick
 2019/0239910 A1 8/2019 Brady et al.
 2019/0321071 A1 10/2019 Marchand et al.
 2019/0336142 A1 11/2019 Torrie et al.
 2019/0336148 A1 11/2019 Greenhalgh et al.
 2019/0365395 A1 12/2019 Tran et al.
 2019/0366036 A1 12/2019 Jalgaonkar et al.
 2020/0022711 A1 1/2020 Look et al.
 2020/0046368 A1 2/2020 Merritt et al.
 2020/0046940 A1 2/2020 Carrison et al.
 2020/0113412 A1 4/2020 Jensen
 2020/0121334 A1 4/2020 Galdonik et al.
 2021/0022843 A1 1/2021 Hauser
 2021/0038385 A1 2/2021 Popp et al.
 2021/0113224 A1 4/2021 Dinh
 2021/0137667 A1 5/2021 Sonnette et al.
 2021/0138194 A1 5/2021 Carrison et al.
 2021/0186541 A1 6/2021 Thress
 2021/0205577 A1 7/2021 Jalgaonkar et al.
 2021/0236148 A1 8/2021 Marchand et al.
 2021/0290925 A1 9/2021 Merritt et al.
 2021/0315598 A1 10/2021 Buck et al.
 2021/0330344 A1 10/2021 Rosenbluth et al.
 2021/0378694 A1 12/2021 Thress et al.
 2021/0393278 A1 12/2021 O'Malley et al.
 2021/0404464 A1 12/2021 Patoskie
 2022/0000505 A1 1/2022 Hauser
 2022/0000506 A1 1/2022 Hauser
 2022/0000507 A1 1/2022 Hauser
 2022/0015798 A1 1/2022 Marchand et al.
 2022/0022898 A1 1/2022 Cox et al.
 2022/0033888 A1 2/2022 Schnall-Levin et al.
 2022/0039815 A1 2/2022 Thress et al.
 2022/0125451 A1 4/2022 Hauser
 2022/0142638 A1 5/2022 Enright et al.
 2022/0151647 A1 5/2022 Dolendo et al.
 2022/0152355 A1 5/2022 Dolendo et al.

2022/0160381 A1 5/2022 Hauser
 2022/0160382 A1 5/2022 Hauser
 2022/0160383 A1 5/2022 Hauser
 2022/0211400 A1 7/2022 Cox et al.
 2022/0211992 A1 7/2022 Merritt et al.
 2022/0240959 A1 8/2022 Quick
 2022/0346800 A1 11/2022 Merritt et al.
 2022/0346801 A1 11/2022 Merritt et al.
 2022/0346813 A1 11/2022 Quick
 2022/0347455 A1 11/2022 Merritt et al.
 2022/0362512 A1 11/2022 Quick et al.
 2022/0370761 A1 11/2022 Chou et al.
 2023/0046775 A1 2/2023 Quick
 2023/0059721 A1 2/2023 Chou et al.
 2023/0062809 A1 3/2023 Merritt et al.
 2023/0070120 A1 3/2023 Cox et al.
 2023/0122587 A1 4/2023 Chou et al.
 2023/0200970 A1 6/2023 Merritt et al.
 2023/0218310 A1 7/2023 Scheinblum et al.
 2023/0218313 A1 7/2023 Rosenbluth et al.
 2023/0218383 A1 7/2023 Merritt et al.
 2023/0233311 A1 7/2023 Merritt et al.
 2023/0240705 A1 8/2023 Rosenbluth et al.
 2023/0240706 A1 8/2023 Rosenbluth et al.
 2023/0241302 A1 8/2023 Merritt et al.
 2023/0248380 A1 8/2023 Long et al.
 2023/0270991 A1 8/2023 Merritt et al.
 2023/0310137 A1 10/2023 Merritt et al.
 2023/0310138 A1 10/2023 Merritt et al.
 2023/0310751 A1 10/2023 Merritt et al.

FOREIGN PATENT DOCUMENTS

CN 103764049 4/2014
 CN 103932756 7/2014
 CN 104068910 10/2014
 CN 106178227 12/2016
 CN 108348319 7/2018
 CN 110652645 1/2020
 CN 111281482 6/2020
 DE 102017004383 7/2018
 EP 1254634 11/2002
 EP 1867290 2/2013
 EP 2942624 11/2015
 EP 3583972 12/2019
 EP 3589348 1/2020
 EP 3620204 3/2020
 EP 3013404 4/2020
 EP 4137070 2/2023
 GB 1588072 4/1981
 GB 2498349 7/2013
 JP H6190049 7/1994
 JP H07323090 A 12/1995
 JP 2001522631 5/1999
 JP 2004097807 4/2004
 JP 2005-095242 6/2005
 JP 2005230132 9/2005
 JP 2005323702 11/2005
 JP 2006094876 4/2006
 JP 2011526820 1/2010
 WO WO1997017889 5/1997
 WO WO9833443 8/1998
 WO WO9838920 9/1998
 WO WO9839053 9/1998
 WO WO9851237 11/1998
 WO WO1999044542 9/1999
 WO WO0032118 6/2000
 WO WO2000053120 9/2000
 WO WO0202162 1/2002
 WO WO03015840 2/2003
 WO WO2004018916 3/2004
 WO WO2004093696 11/2004
 WO WO2005046736 5/2005
 WO WO2006029270 3/2006
 WO WO2006110186 10/2006
 WO WO2006124307 11/2006
 WO WO2007092820 8/2007
 WO WO2009082513 7/2009
 WO WO2009086482 7/2009

(56)

References Cited

FOREIGN PATENT DOCUMENTS

WO	WO2009155571	12/2009
WO	WO2010002549	1/2010
WO	WO2010010545	1/2010
WO	WO2010023671	3/2010
WO	WO2010049121	5/2010
WO	WO2010102307	9/2010
WO	WO2011032712	3/2011
WO	WO2011054531	5/2011
WO	WO2011073176	6/2011
WO	WO2012009675	1/2012
WO	WO2012011097	1/2012
WO	WO2012049652	4/2012
WO	WO2012065748	5/2012
WO	WO2012120490	9/2012
WO	WO2012162437	11/2012
WO	WO2014047650	3/2014
WO	WO2014081892	5/2014
WO	WO2015006782	1/2015
WO	WO2015061365	4/2015
WO	WO2015121424	8/2015
WO	WO2015179329	11/2015
WO	WO2015189354	12/2015
WO	WO2015191646	12/2015
WO	WO2016014955	1/2016
WO	WO2017024258	2/2017
WO	WO2017058280	4/2017
WO	WO2017070702	4/2017
WO	WO2017106877	6/2017
WO	WO2017189535	11/2017
WO	WO2017189550	11/2017
WO	WO2017189591	11/2017
WO	WO2017189615	11/2017
WO	WO2017210487	12/2017
WO	WO2018049317	3/2018
WO	WO2018065092	4/2018
WO	WO2018080590	5/2018
WO	WO2018148174	8/2018
WO	WO2019010318	1/2019
WO	WO2019050765	3/2019
WO	WO2019075444	4/2019
WO	WO2019094456	5/2019
WO	WO2019173475	9/2019
WO	WO2019222117	11/2019
WO	WO2019246240	12/2019
WO	WO2020036809	2/2020
WO	WO2021067134	4/2021
WO	WO2021076954	4/2021
WO	WO2021127202	6/2021
WO	WO2021248042	12/2021
WO	WO2022032173	2/2022
WO	WO2022103848	5/2022
WO	WO2022109021	5/2022
WO	WO2022109034	5/2022
WO	WO2023137341	7/2023
WO	WO2023147353	8/2023
WO	WO2023154612	8/2023
WO	WO2023192925	10/2023

OTHER PUBLICATIONS

Gibbs, et al., "Temporary Stent as a bail-out device during percutaneous transluminal coronary angioplasty: preliminary clinical experience," *British Heart Journal*, 1994, 71:372-377, Oct. 12, 1993, 6 pgs.

Gupta, S. et al., "Acute Pulmonary Embolism Advances in Treatment", JAPI, Association of Physicians India, Mar. 2008, vol. 56, 185-191.

International Search Report and Written Opinion for International App. No. PCT/US13/61470, dated Jan. 17, 2014, 7 pages.

International Search Report and Written Opinion for International App. No. PCT/US2014/046567, dated Nov. 3, 2014, 13 pages.

International Search Report and Written Opinion for International App. No. PCT/US2014/061645, dated Jan. 23, 2015, 15 pages.

International Search Report for International App. No. PCT/US13/71101, dated Mar. 31, 2014, 4 pages.

Konstantinides, S. et al., "Pulmonary embolism hotline 2012—Recent and expected trials", *Thrombosis and Haemostasis*, Jan. 9, 2013:33; 43-50.

Konstantinides, S. et al., "Pulmonary embolism: risk assessment and management", *European Society of Cardiology; European Heart Journal*, Sep. 7, 2012:33, 3014-3022.

Kucher, N. et al., "Percutaneous Catheter Thrombectomy Device for Acute Pulmonary Embolism: In Vitro and in Vivo Testing", *Circulation*, Sep. 2005:112:e28-e32.

Kucher, N., "Catheter Interventions in Massive Pulmonary Embolism", *Cardiology Rounds*, Mar. 2006 vol. 10, Issue 3, 6 pages.

Kucher, N. et al., "Management of Massive Pulmonary Embolism", *Radiology*, Sep. 2005:236:3852-858.

Kucher, N. et al., "Randomized, Controlled Trial of Ultrasound-Assisted Catheter-Directed Thrombolysis for Acute Intermediate-Risk Pulmonary Embolism." *Circulation*, 2014, 129, pp. 9 pages.

Kuo, W. et al., "Catheter-directed Therapy for the Treatment of Massive Pulmonary Embolism: Systematic Review and Meta-analysis of Modern Techniques", *Journal of Vascular and Interventional Radiology*, Nov. 2009:20:1431-1440.

Kuo, W. et al., "Catheter-Directed Embolectomy, Fragmentation, and Thrombolysis for the Treatment of Massive Pulmonary Embolism After Failure of Systemic Thrombolysis", *American College of CHEST Physicians* 2008: 134:250-254.

Kuo, W. MD, "Endovascular Therapy for Acute Pulmonary Embolism", *Continuing Medical Education Society of Interventional Radiology ("CME")*; *Journal of Vascular and Interventional Radiology*, Feb. 2012: 23:167-179.

Lee, L. et al., "Massive pulmonary embolism: review of management strategies with a focus on catheter-based techniques", *Expert Rev. Cardiovasc. Ther.* 8(6), 863-873 (2010).

Liu, S. et al., "Massive Pulmonary Embolism: Treatment with the Rotarex Thrombectomy System", *Cardiovascular Interventional Radiology*; 2011: 34:106-113.

Muller-Hulsbeck, S. et al. "Mechanical Thrombectomy of Major and Massive Pulmonary Embolism with Use of the Amplatz Thrombectomy Device", *Investigative Radiology*, Jun. 2001:36:6:317-322.

Reekers, J. et al., "Mechanical Thrombectomy for Early Treatment of Massive Pulmonary Embolism", *Cardiovascular and Interventional Radiology*, 2003: 26:246-250.

Schmitz-Rode et al., "New Mesh Basket for Percutaneous Removal of Wall-Adherent Thrombi in Dialysis Shunts," *Cardiovasc Intervent Radiol* 16:7-10 1993 4 pgs.

Schmitz-Rode et al., "Temporary Pulmonary Stent Placement as Emergency Treatment of Pulmonary Embolism," *Journal of the American College of Cardiology*, vol. 48, No. 4, 2006 (5 pgs.).

Schmitz-Rode, T. et al., "Massive Pulmonary Embolism: Percutaneous Emergency Treatment by Pigtail Rotation Catheter", *JACC Journal of the American College of Cardiology*, Aug. 2000:36:2:375-380.

Spiotta, A et al., "Evolution of thrombectomy approaches and devices for acute stroke: a technical review." *J NeuroIntervent Surg* 2015, 7, pp. 7 pages.

Svilaas, T. et al., "Thrombus Aspiration During Primary Percutaneous Coronary Intervention." *The New England Journal of Medicine*, 2008, vol. 358, No. 6, 11 pages.

Tapson, V., "Acute Pulmonary Embolism", *The New England Journal of Medicine*, Mar. 6, 2008:358:2037-52.

The Penumbra Pivotal Stroke Trial Investigators, "The Penumbra Pivotal Stroke Trial: Safety and Effectiveness of a New Generation of Mechanical Devices for Clot Removal in Intracranial Large Vessel Occlusive Disease." *Stroke*, 2009, 40: p. 9 pages.

Truong et al., "Mechanical Thrombectomy of Iliocaval Thrombosis Using a Protective Expandable Sheath," *Cardiovasc Intervent Radiol* 27:254-258, 2004, 5 pgs.

Turk et al., "ADAPT FAST study: a direct aspiration first pass technique for acute stroke thrombectomy." *J NeuroIntervent Surg*, vol. 6, 2014, 6 pages.

(56)

References Cited**OTHER PUBLICATIONS**

Uflacker, R., "Interventional Therapy for Pulmonary Embolism", *Journal of Vascular and Interventional Radiology*, Feb. 2001: 12:147-164.

Verma, R., MD et al. "Evaluation of a Newly Developed Percutaneous Thrombectomy Basket Device in Sheep With Central Pulmonary Embolisms", *Investigative Radiology*, Oct. 2006, 41, 729-734.

International Search Report and Written Opinion for International App. No. PCT/US2015/034987 filed Jun. 9, 2015, Applicant: Inceptus Medical, LLC, dated Sep. 17, 2015, 12 pages.

English translation of Japanese Office Action received for JP Application No. 2016-564210, Applicant Inceptus Medical, LLC, dated Sep. 4, 2017, 4 pages.

Australian Exam Report received for AU Application No. 2015274704, Applicant: Inceptus Medical, LLC, dated Sep. 7, 2017, 3 pages.

European Search Report received for EP Application No. 15805810.7, Applicant: Inceptus Medical, LLC, dated Sep. 4, 2017, 6 pages.

International Search Report and Written Opinion for International App. No. PCT/US2016/067628 filed Dec. 19, 2016, Applicant: Inari Medical, Inc., dated Apr. 10, 2017, 11 pages.

Goldhaber, S. et al. "Percutaneous Mechanical Thrombectomy for Acute Pulmonary Embolism—A Double-Edged Sword," *American College of CHEST Physicians*, Aug. 2007, 132:2, 363-372.

Goldhaber, S., "Advanced treatment strategies for acute pulmonary embolism, including thrombolysis and embolectomy," *Journal of Thrombosis and Haemostasis*, 2009: 7 (Suppl. 1): 322-327.

International Search Report and Written Opinion for International App. No. PCT/US2017/029696, Date of Filing: Apr. 26, 2017, Applicant: Inari Medical, Inc., dated Sep. 15, 2017, 19 pages.

International Search Report and Written Opinion for International App. No. PCT/US2016/058536, Date of Filing: Oct. 24, 2016, Applicant: Inari Medical, Inc., dated Mar. 13, 2017, 14 pages.

European First Office Action received for EP Application No. 13838945.7, Applicant: Inari Medical, Inc., dated Oct. 26, 2018, 7 pages.

International Search Report and Written Opinion for International App. No. PCT/US2018/048786, Date of Filing: Aug. 30, 2018, Applicant: Inari Medical, Inc., dated Dec. 13, 2018, 12 pages.

International Search Report and Written Opinion for International App. No. PCT/US2018/055780, Date of Filing: Oct. 13, 2018, Applicant: Inceptus Medical LLC., dated Jan. 22, 2019, 8 pages.

European Search Report for European Application No. 16876941.2, Date of Filing: Dec. 19, 2016, Applicant: Inari Medical, Inc., dated Jul. 18, 2019, 7 pages.

Extended European Search Report for European Application No. 16858462.1, Date of Filing: Oct. 24, 2016, Applicant: Inari Medical, Inc., dated Jun. 3, 2019, 10 pages.

International Search Report and Written Opinion for International App. No. PCT/US2019/045794, Date of Filing: Aug. 8, 2019, Applicant: Inari Medical, Inc., dated Nov. 1, 2019, 17 pages.

Partial Supplementary European Search Report for European Application No. 17864818.4, Date of Filing May 21, 2019, Applicant: Inari Medical, Inc., dated Apr. 24, 2020, 11 pages.

International Search Report and Written Opinion for International App. No. PCT/US2020/056067, Date of Filing: Oct. 16, 2020; Applicant: Inari Medical, Inc., dated Jan. 22, 2021, 8 pages.

Extended European Search Report for European Application No. 20191581.6, Applicant: Inari Medical, Inc., dated Mar. 31, 2021, 11 pages.

International Search Report and Written Opinion for International App. No. PCT/US2020/055645, Date of Filing: Dec. 17, 2020; Applicant: Inari Medical, Inc., dated Apr. 14, 2021, 12 pages.

Extended European Search Report for European Application No. 18853465.5, Applicant: Inari Medical, Inc., dated May 7, 2021, 2021, 7 pages.

Vorwerk, D. MD, et al., "Use of a Temporary Caval Filter to Assist Percutaneous Iliocaval Thrombectomy: Experimental Results." *SCVIR*, 1995, 4 pages.

Wikipedia; Embolectomy; retrieved from the internet: <https://en.wikipedia.org/wiki/Embolectomy>; 4 pgs.; retrieved/printed: Mar. 24, 2016.

O'Sullivan; Thrombolysis versus thrombectomy in acute deep vein thrombosis; *Interventional Cardiology*; 3(5); pp. 589-596; Oct. 2011.

Capture Vascular Systems; (company website); retrieved from the internet: <http://www.capturevascular.com>; 3 pgs.; retrieved/printed: Mar. 24, 2016.

Edwards Lifesciences; Fogarty® Occlusion Catheters (product brochure); retrieved from the internet: <http://web.archive.org/web/20150228193218/http://www.edwards.com/products/vascular/atraumaticocclusion/pages/occlusioncatheter.aspx>; © 2011; 2 pgs.; retrieved/printed: Mar. 24, 2011.

Boston Scientific; Fetch(TM) 2 Aspiration Catheter (product information); retrieved from the internet: <http://www.bostonscientific.com/en-us/products/thrombectomy-systems/fetch2-aspiration-catheter.html>; 2 pgs.; retrieved/printed: Mar. 24, 2016.

Penumbra, Inc.; Indigo® System (product information); retrieved from the internet: <http://www.penumbrainc.com/peripheralpercutaneous-thromboembolectomy/indigo-system>; 7 pgs.; retrieved/printed: Mar. 24, 2016.

Youtube; Merci Retrieval System X Series Animation; uploaded Mar. 16, 2009 (product information); posted on May 7, 2009 by SSMDDePAUL, time 1:09, retrieved from the internet: <https://www.youtube.com/watch?v=MGX7deuFkhc>; 3 pgs.; retrieved/printed: Mar. 24, 2016.

Covidien; Solitaire(TM) AS Neurovascular Remodeling Device (product information); retrieved from the internet: <http://www.ev3.net/neuro/intl/remodeling-devices/solitaire-ab.htm>; © 2015; 2 pgs. retrieved/printed: Mar. 24, 2016.

International Search Report and Written Opinion for International App. No. PCT/US21/35965, Date of Filing Jun. 4, 2021, Applicant: Inari Medical, Inc., dated Sep. 28, 2021, 12 pages.

International Search Report and Written Opinion for International App. No. PCT/US21/45072 Date of Filing Aug. 6, 2021, Applicant: Inari Medical, Inc., dated Jan. 20, 2022, 10 pages.

International Search Report and Written Opinion for International App. No. PCT/US21/58793; Date of Filing Nov. 10, 2021, Applicant: Inari Medical, Inc., dated Mar. 16, 2022, 13 pages.

International Search Report and Written Opinion for International App. No. PCT/US21/59718; Date of Filing Nov. 17, 2021, Applicant: Inari Medical, Inc., dated Mar. 22, 2022, 13 pages.

International Search Report and Written Opinion for International App. No. PCT/US21/59735; Date of Filing Nov. 17, 2021, Applicant: Inari Medical, Inc., dated Mar. 22, 2022, 11 pages.

B. Gross et al., "Dump the pump: manual aspiration thrombectomy (MAT) with a syringe is technically effective expeditious, and cost-efficient," *J NeuroIntervent Surg* 2018, pp. 354-357.

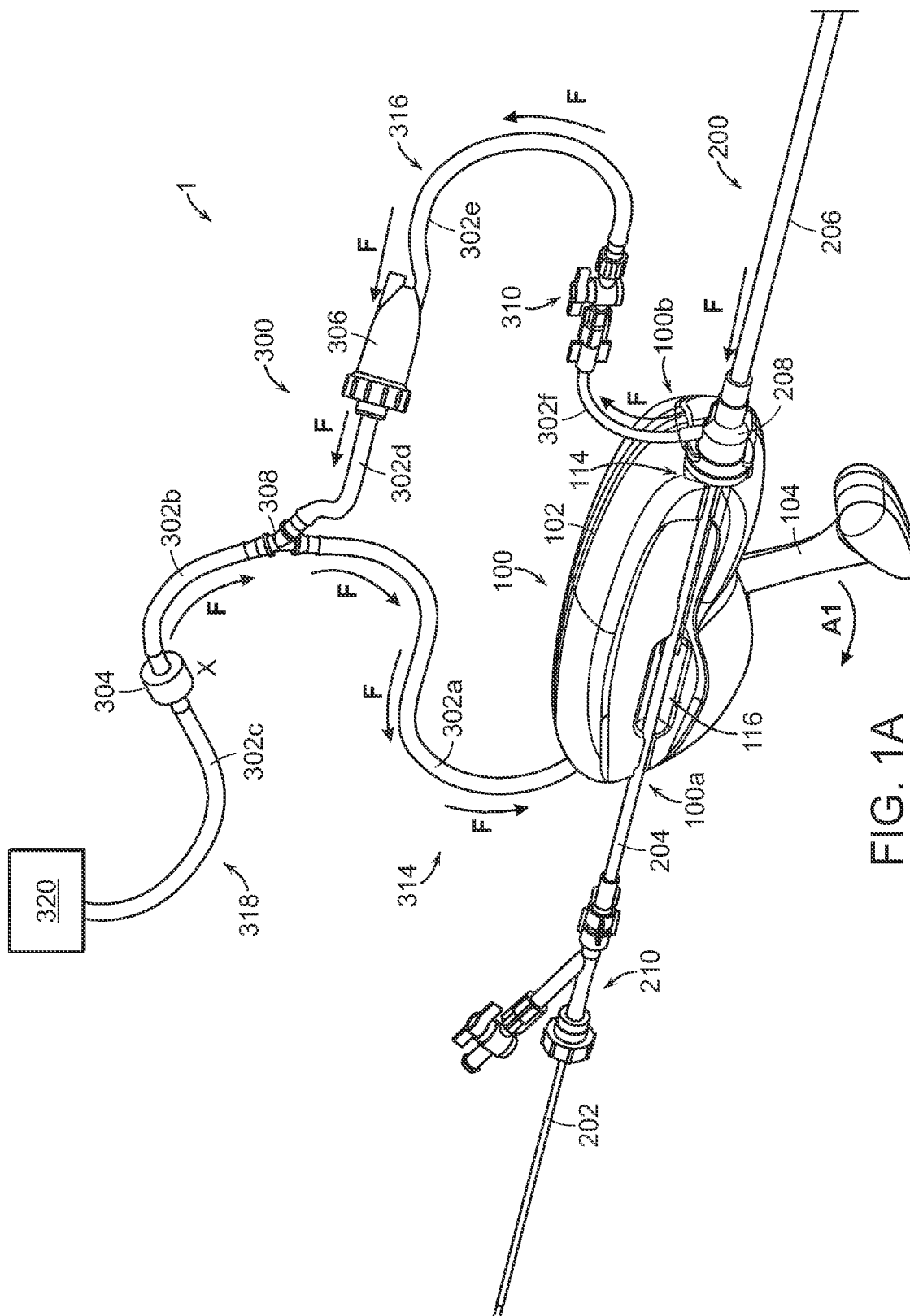
Gross et al., "Dump the pump: manual aspiration thrombectomy (MAT) with a syringe is technically effective, expeditious, and cost-efficient," *J NeuroIntervent Surg*, 2018, 4 pages.

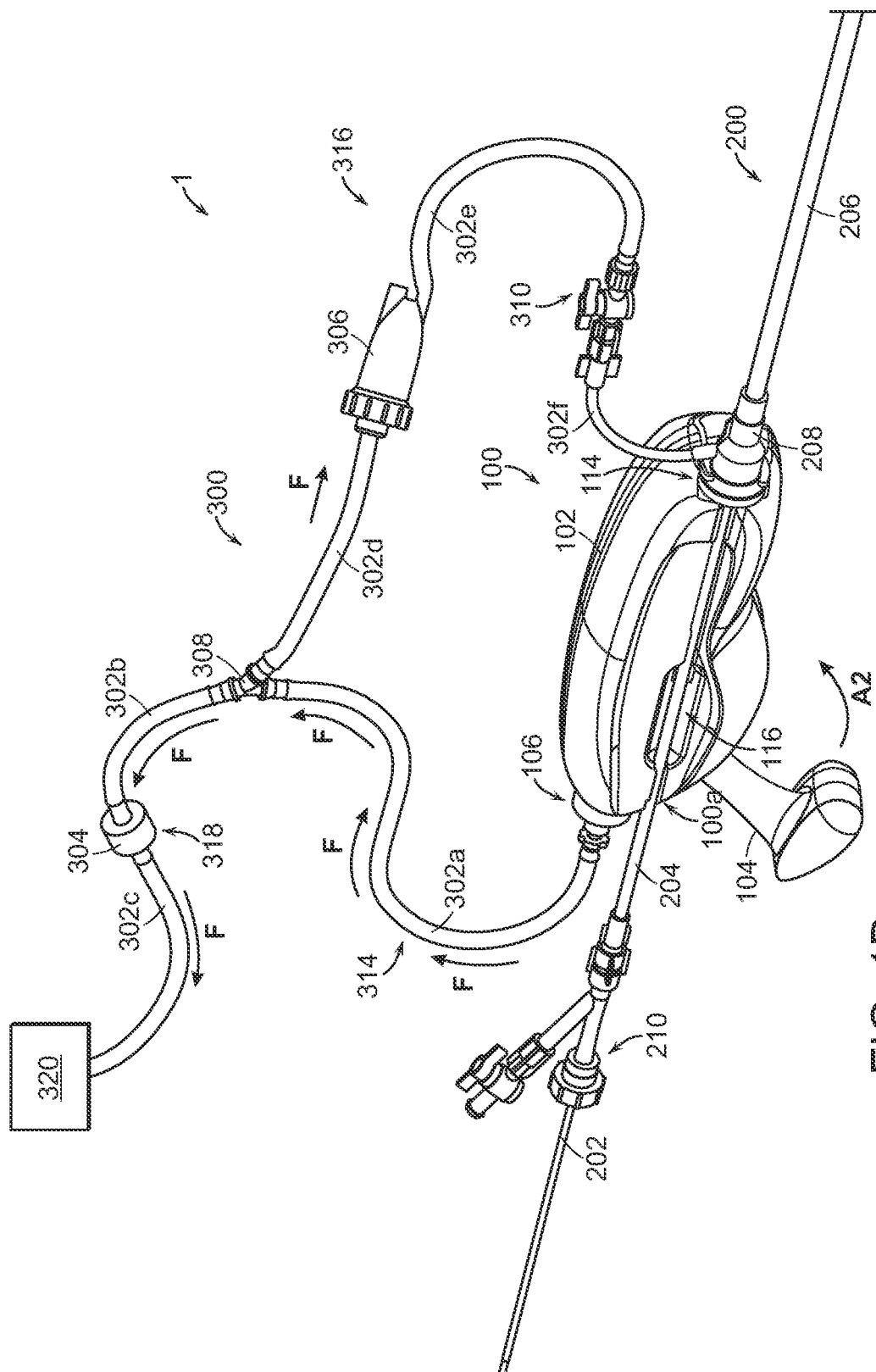
International Search Report and Written Opinion for International App. No. PCT/US23/60927; filed Jan. 19, 2023, Applicant: Inari Medical, Inc., dated Jul. 20, 2023, 12 pages.

International Search Report and Written Opinion for International App. No. PCT/US23/60502; filed Jan. 11, 2023, Applicant: Inari Medical, Inc., dated May 25, 2023, 9 pages.

International Search Report and Written Opinion for International App. No. PCT/US23/61256; filed Jan. 25, 2023, Applicant: Inari Medical, Inc., dated Jun. 7, 2023, 8 pages.

* cited by examiner





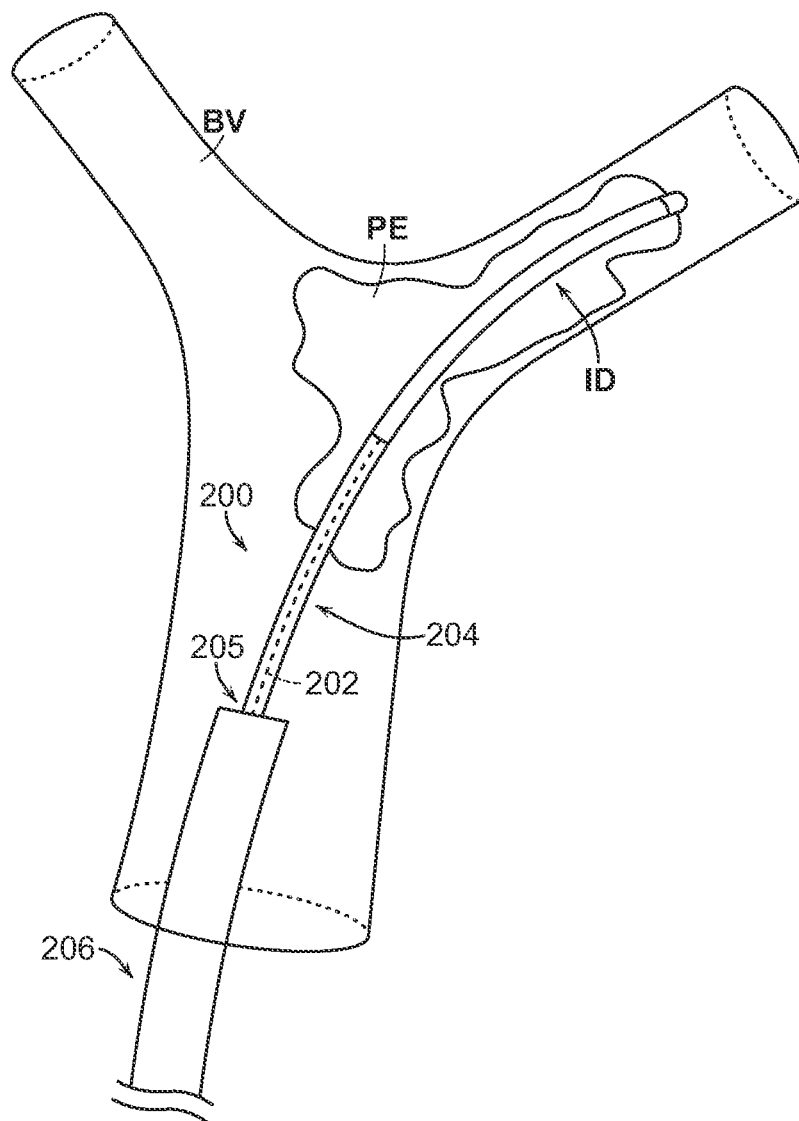


FIG. 2A

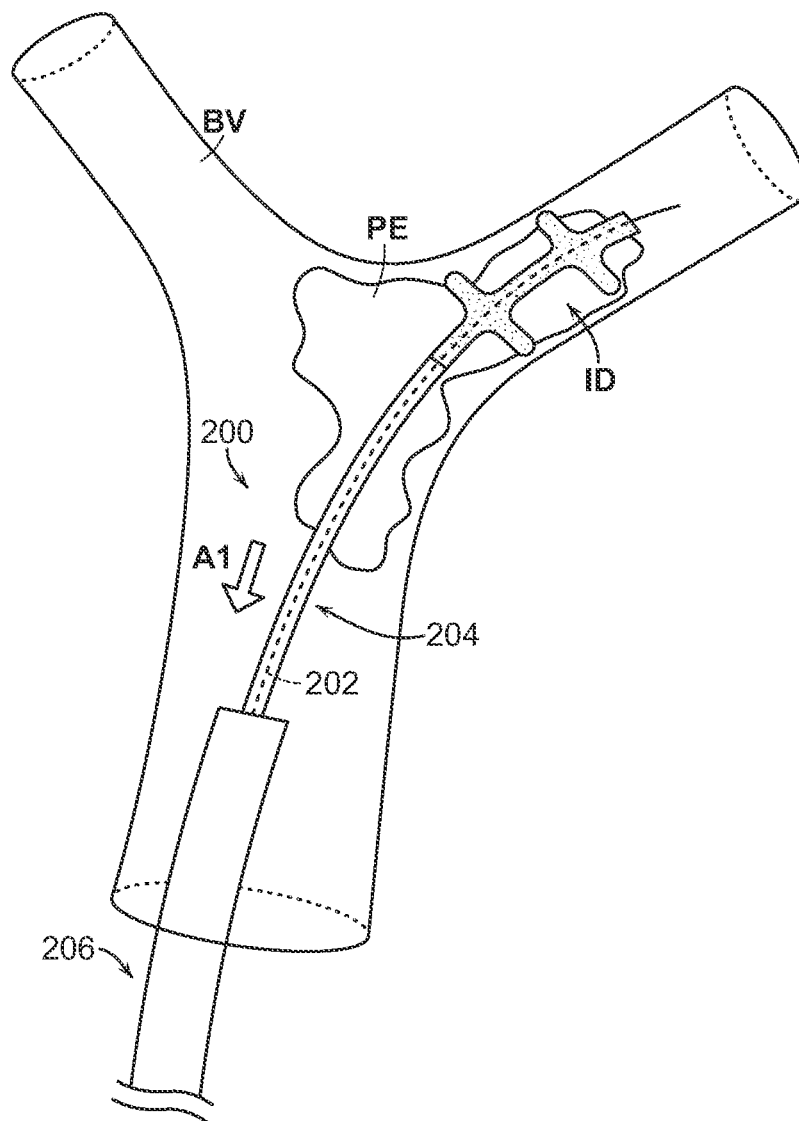


FIG. 2B

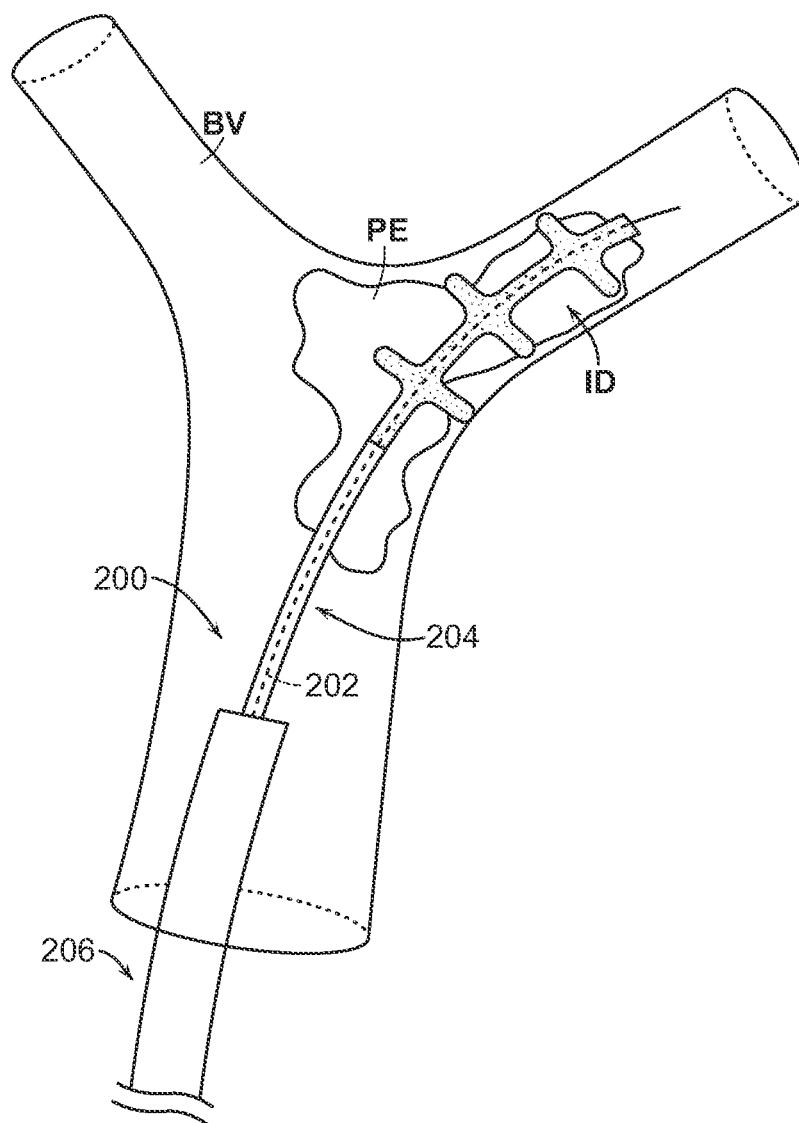


FIG. 2C

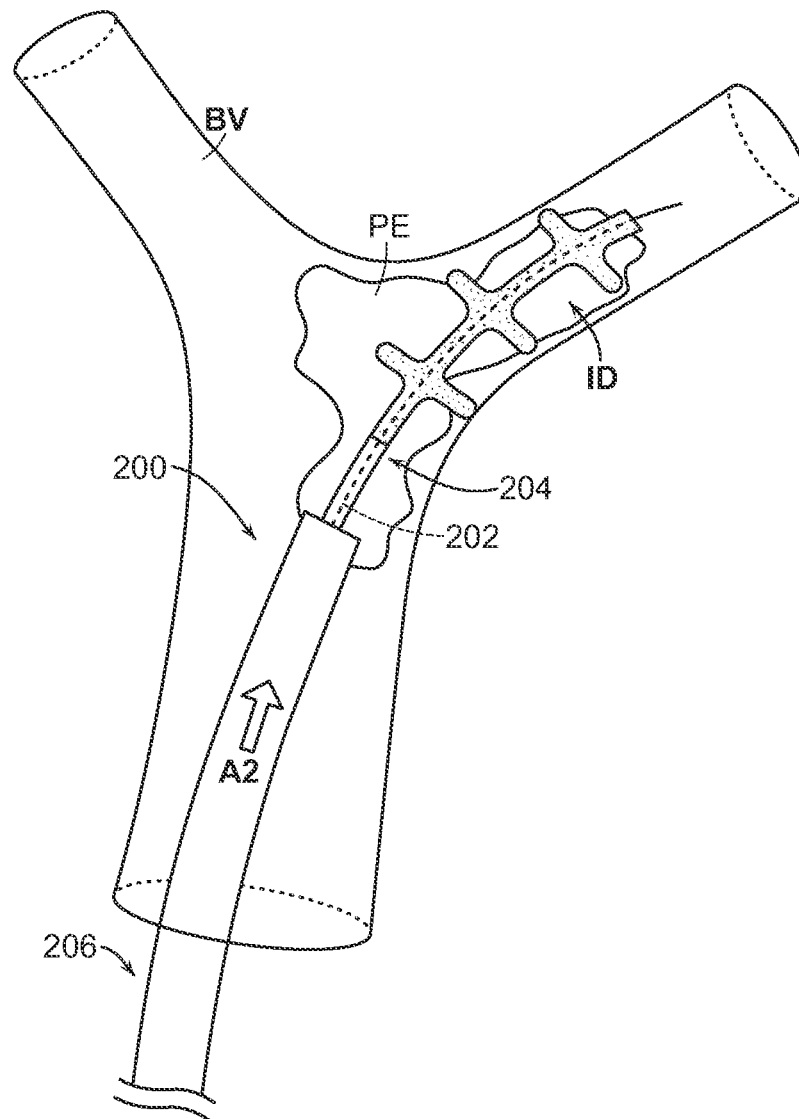


FIG. 2D

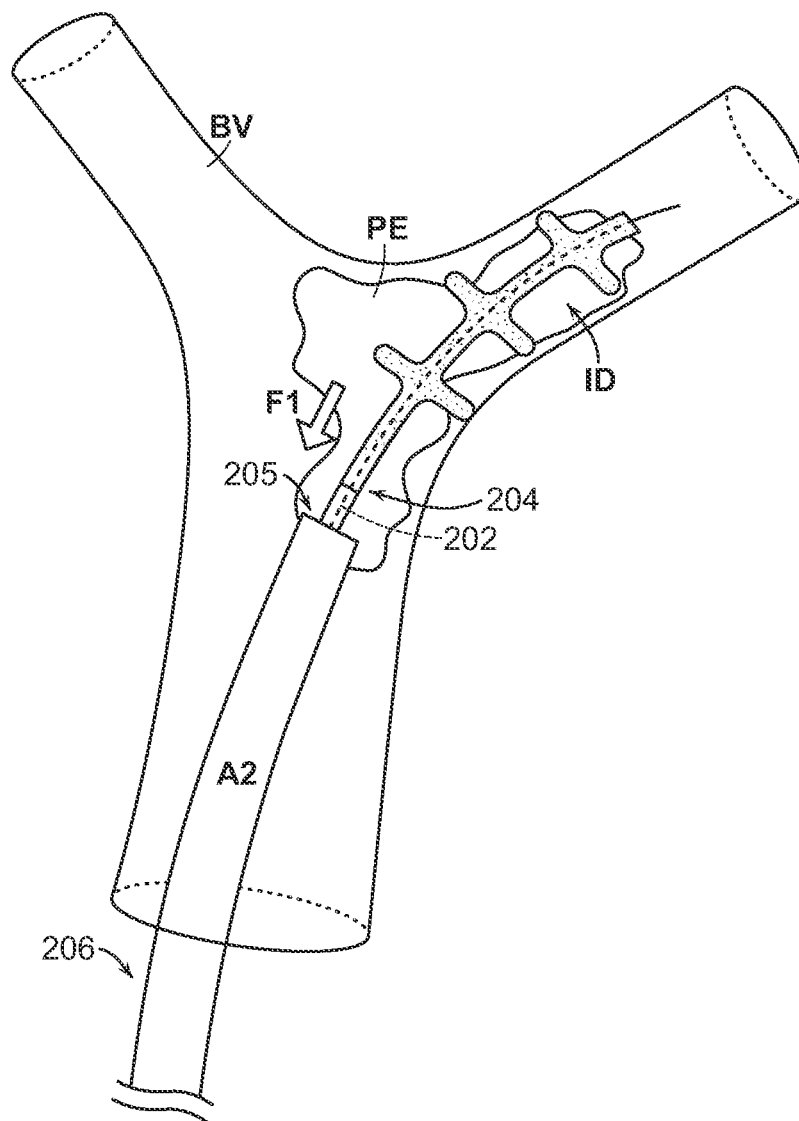


FIG. 2E

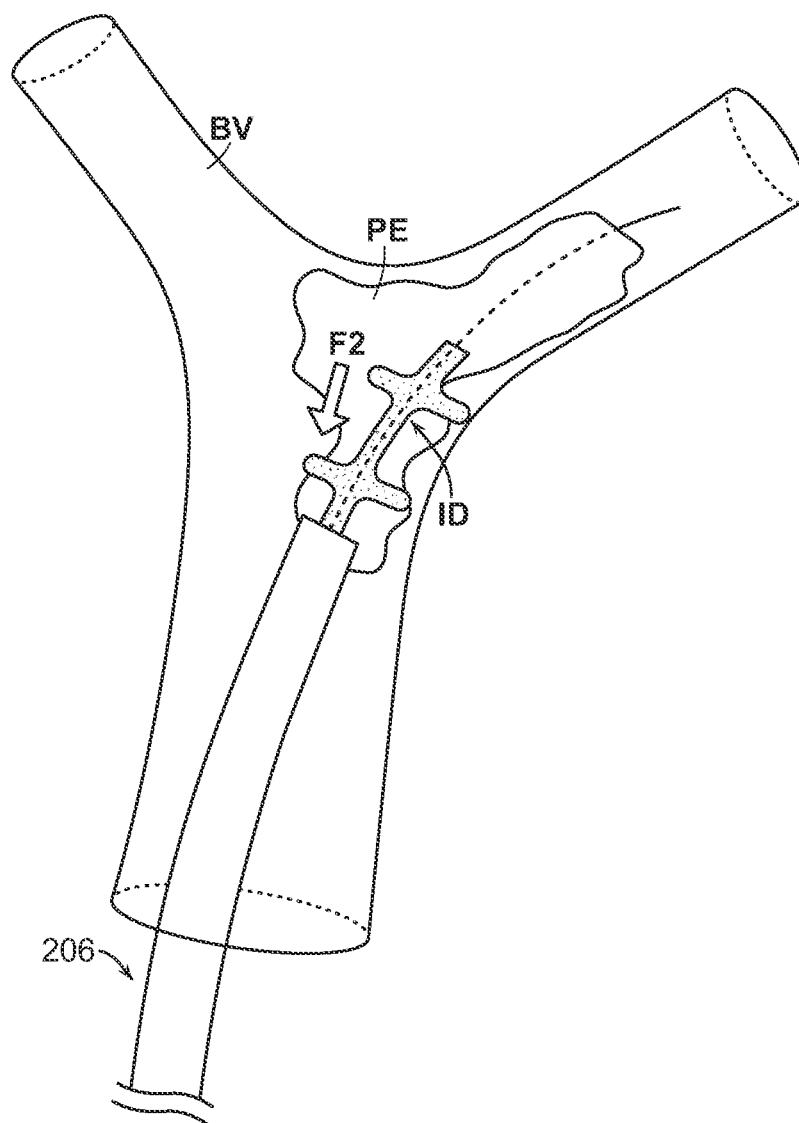


FIG. 2F

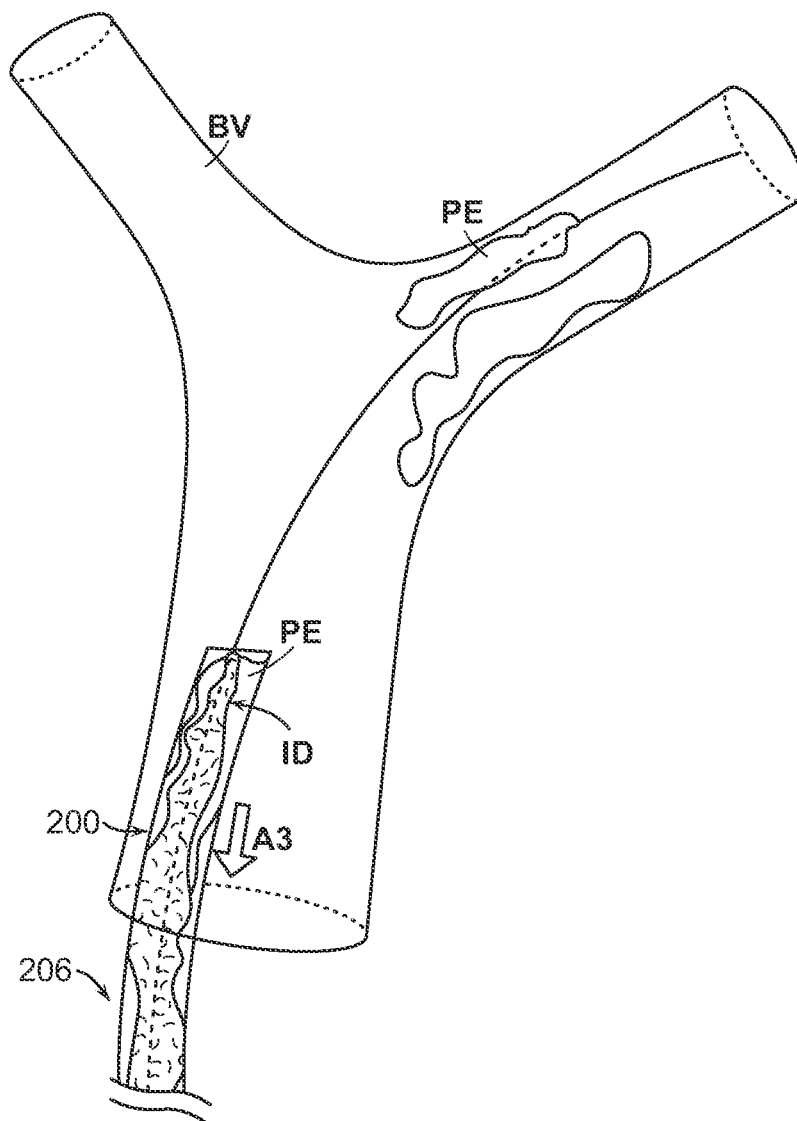


FIG. 2G

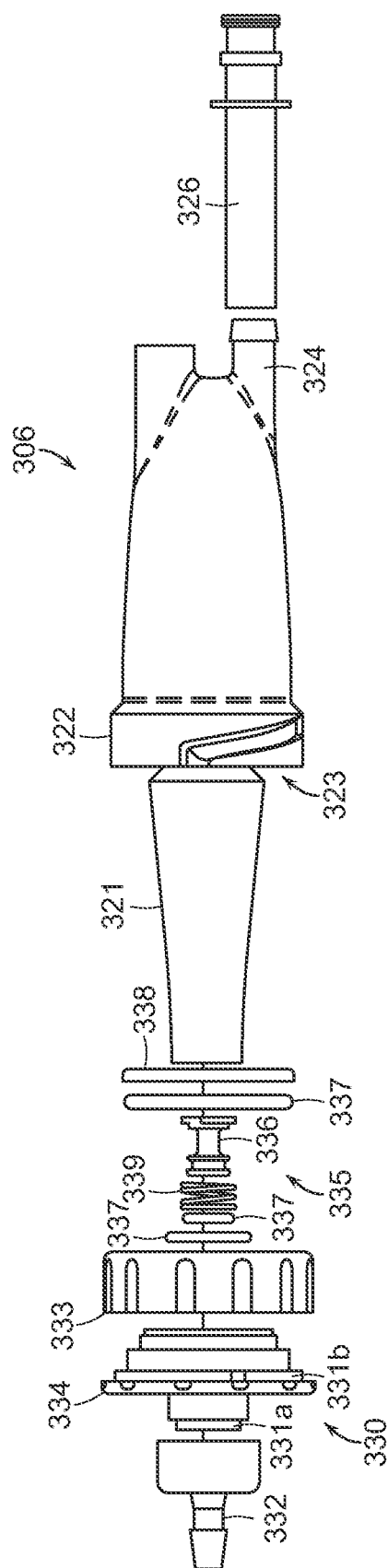


Fig. 3A

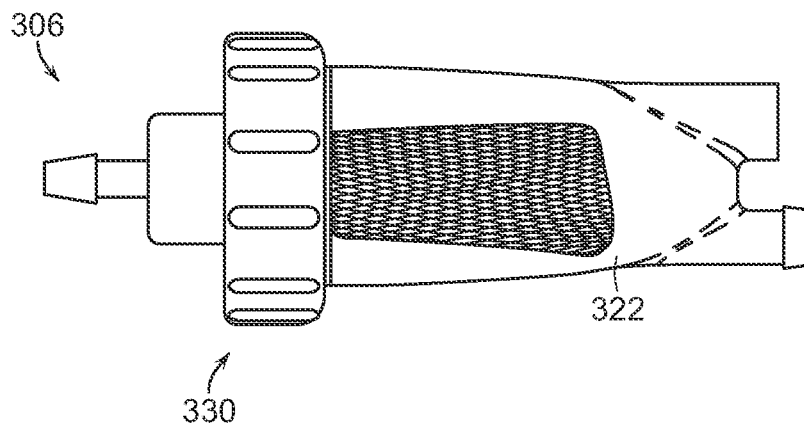


FIG. 3B

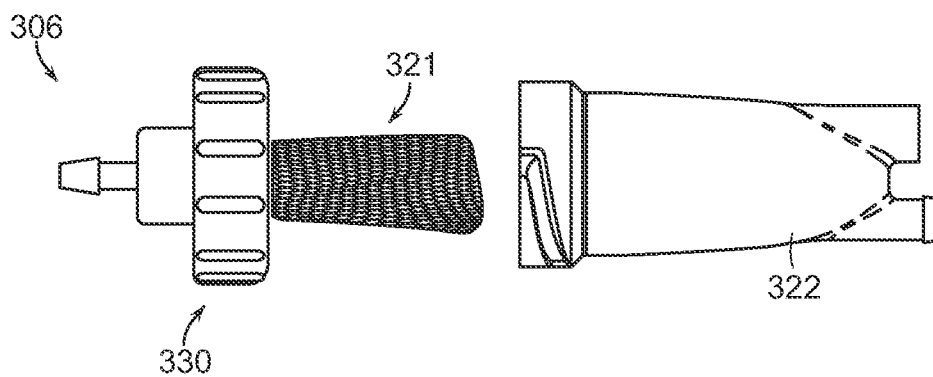


FIG. 3C

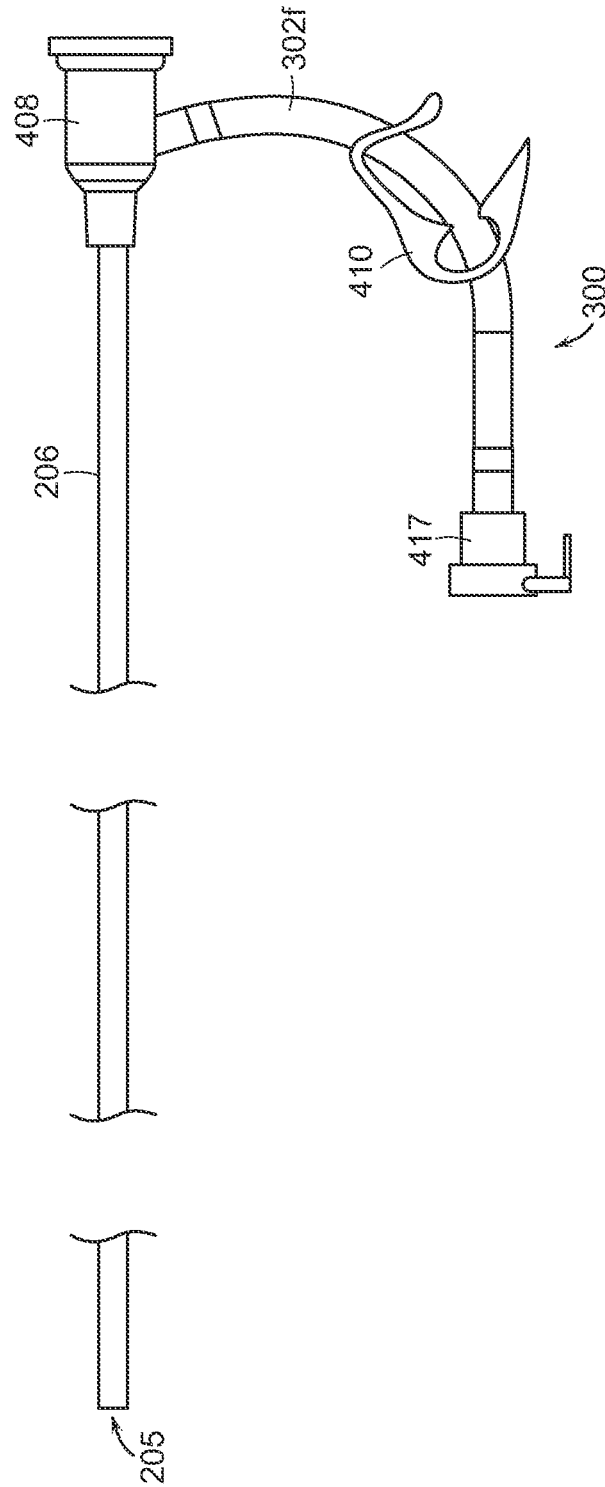


FIG. 4

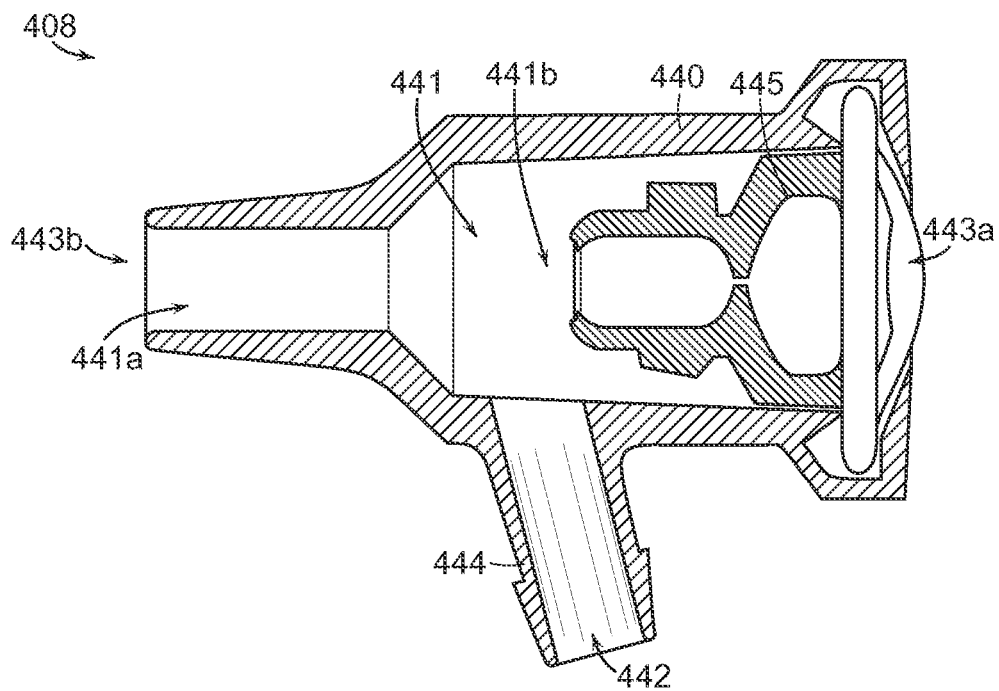


FIG. 5

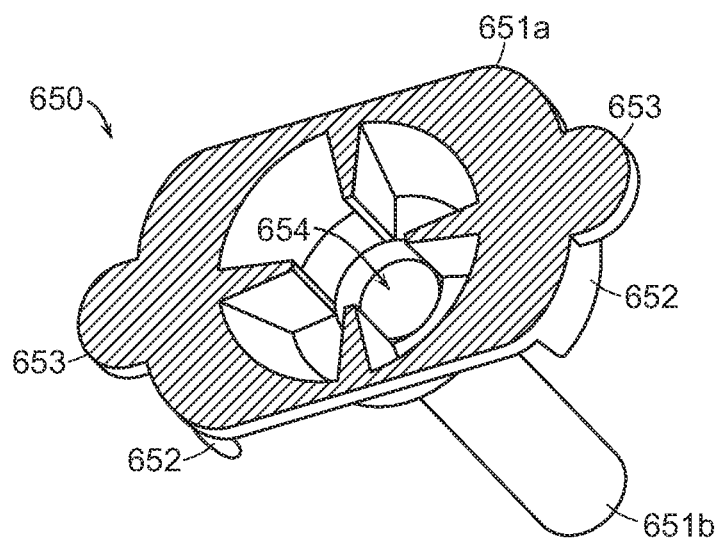


FIG. 6

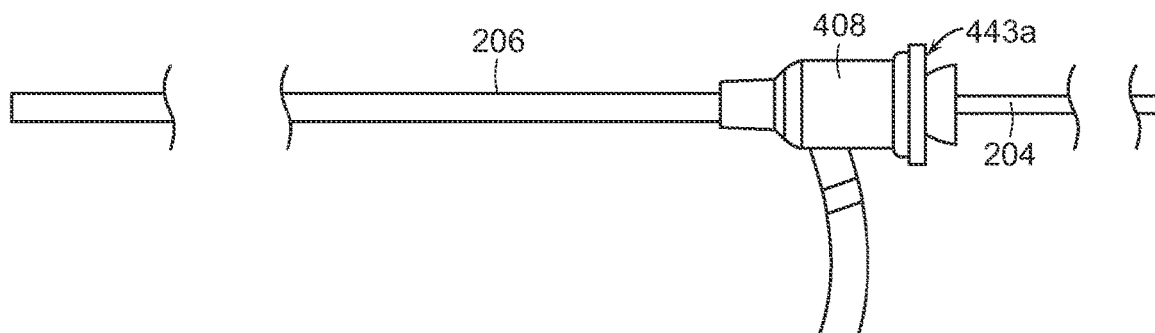


FIG. 7A

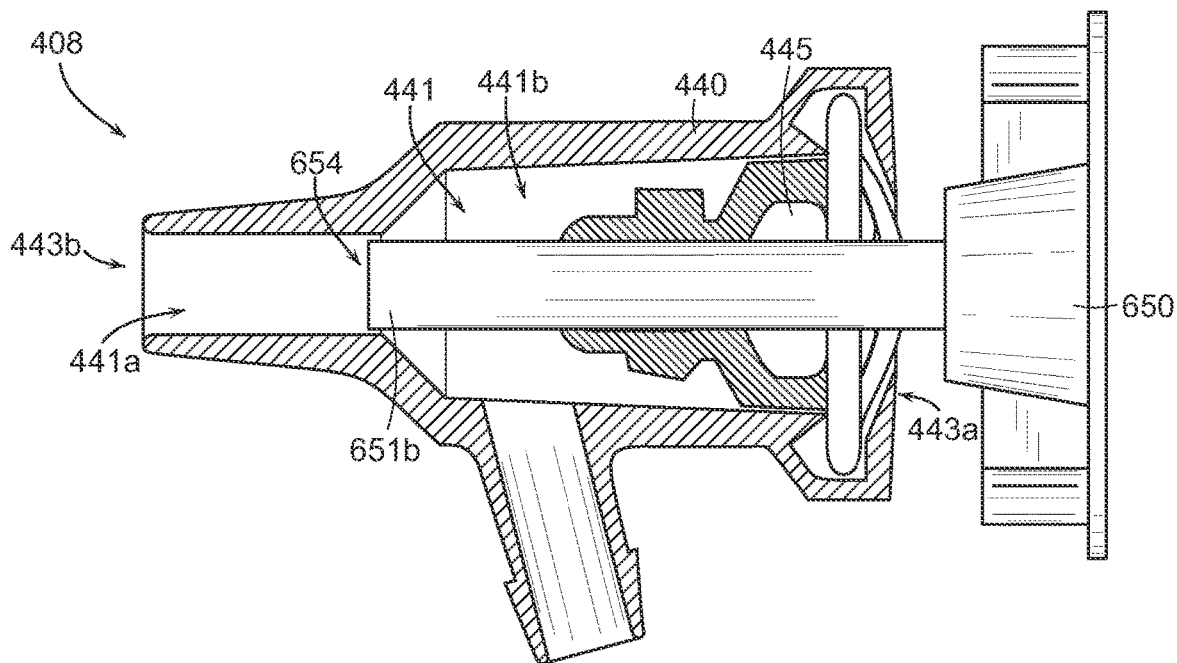


FIG. 7B

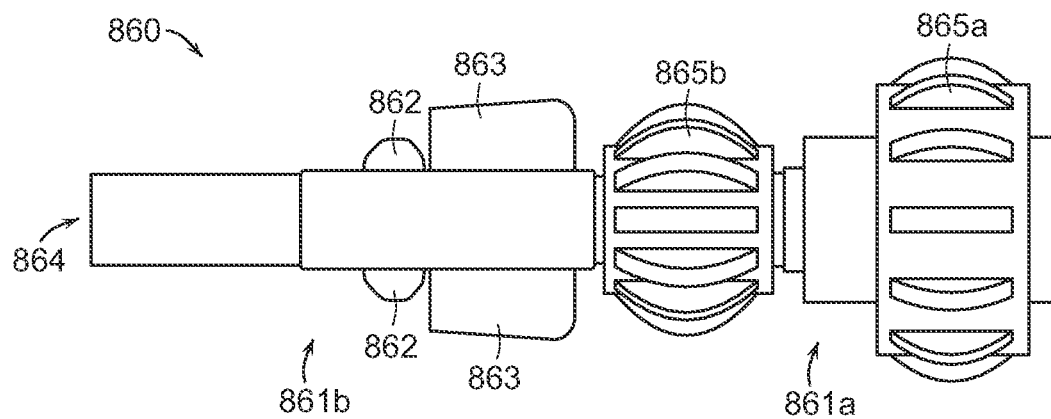


FIG. 8

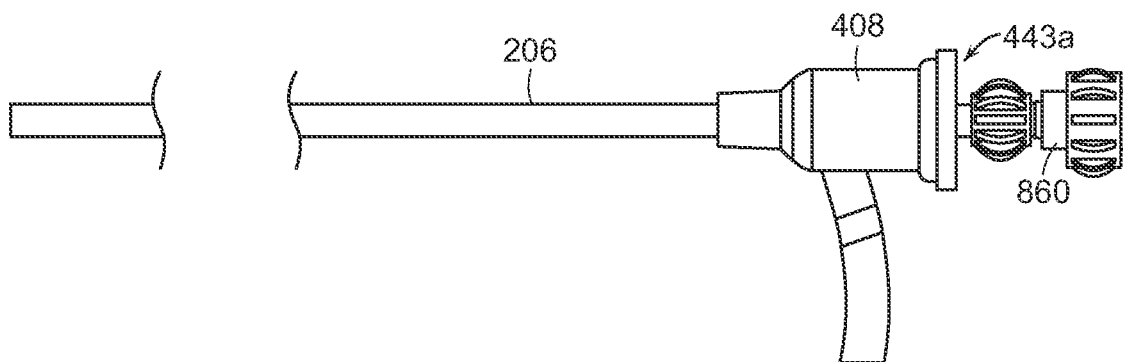
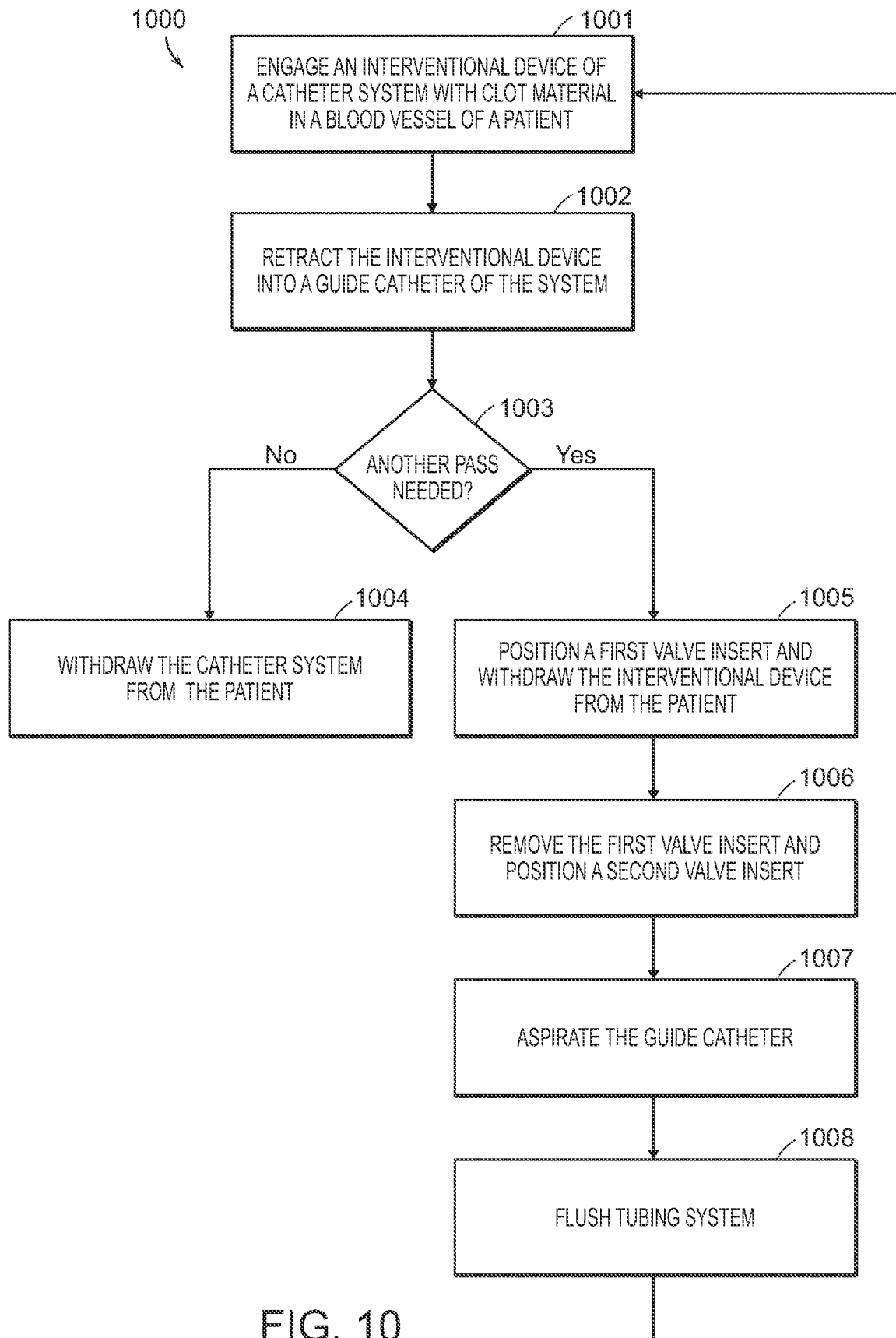


FIG. 9



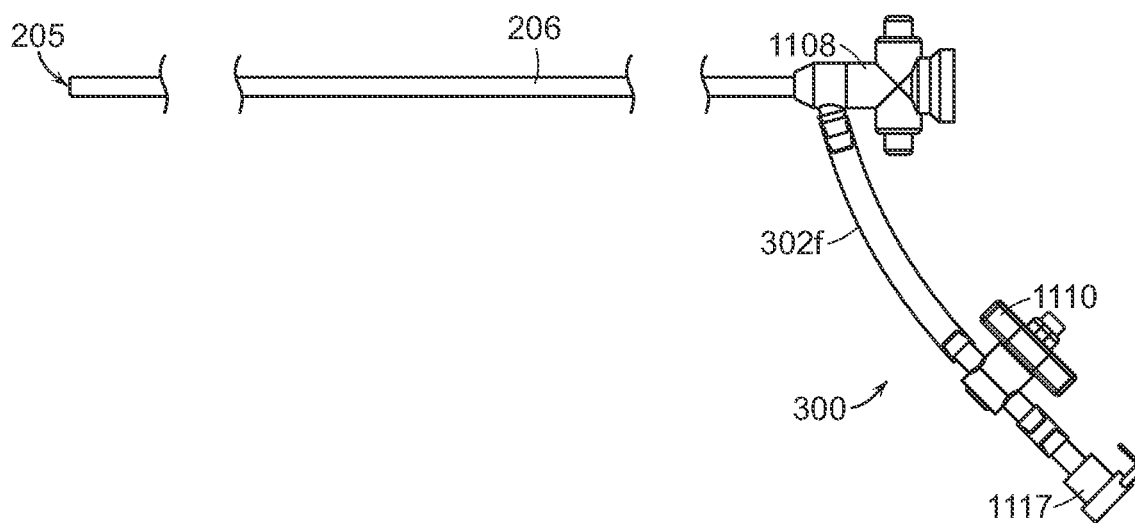


FIG. 11

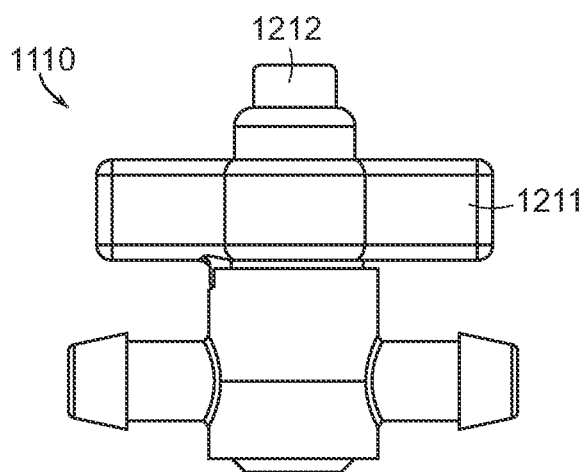


FIG. 12

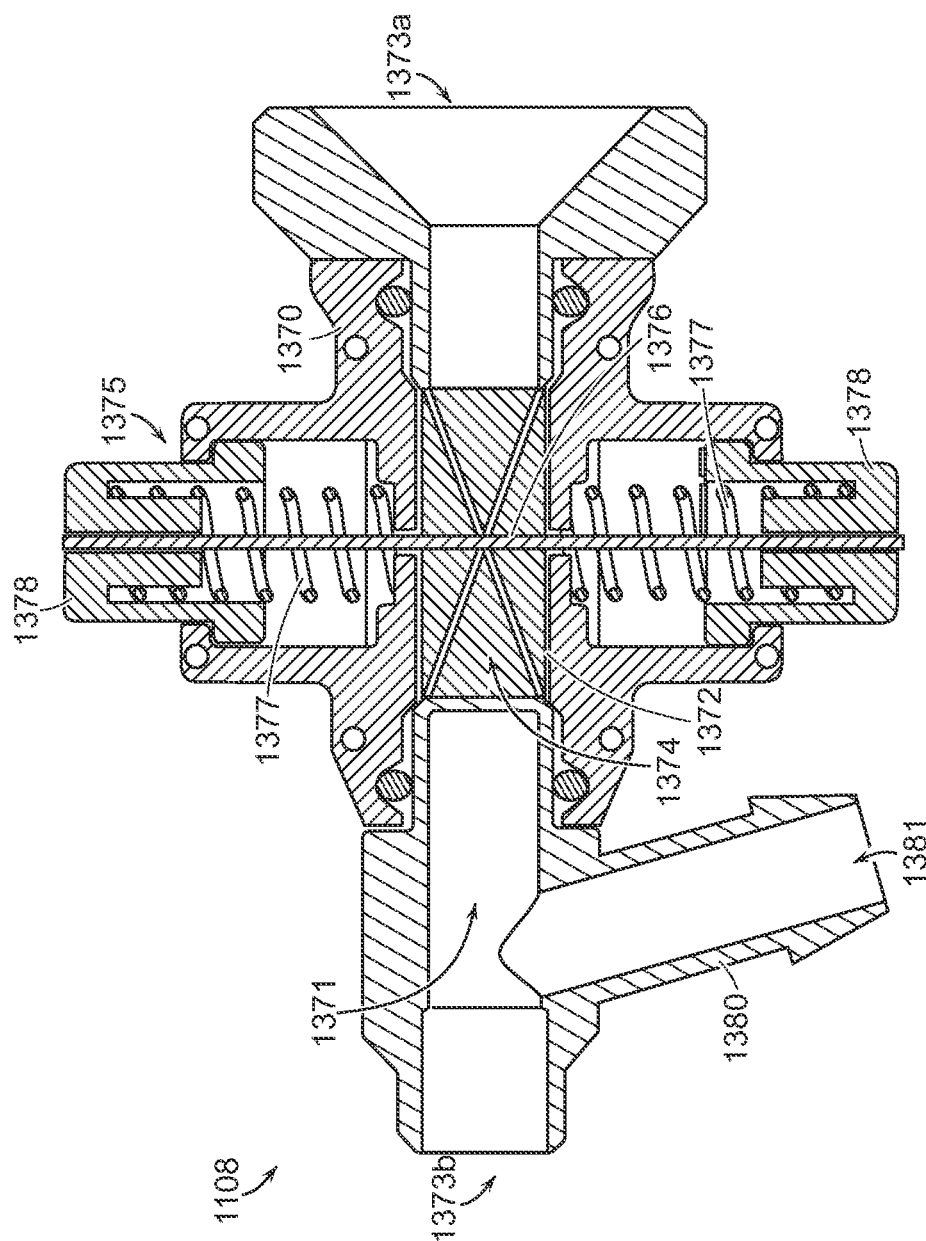


FIG. 13A

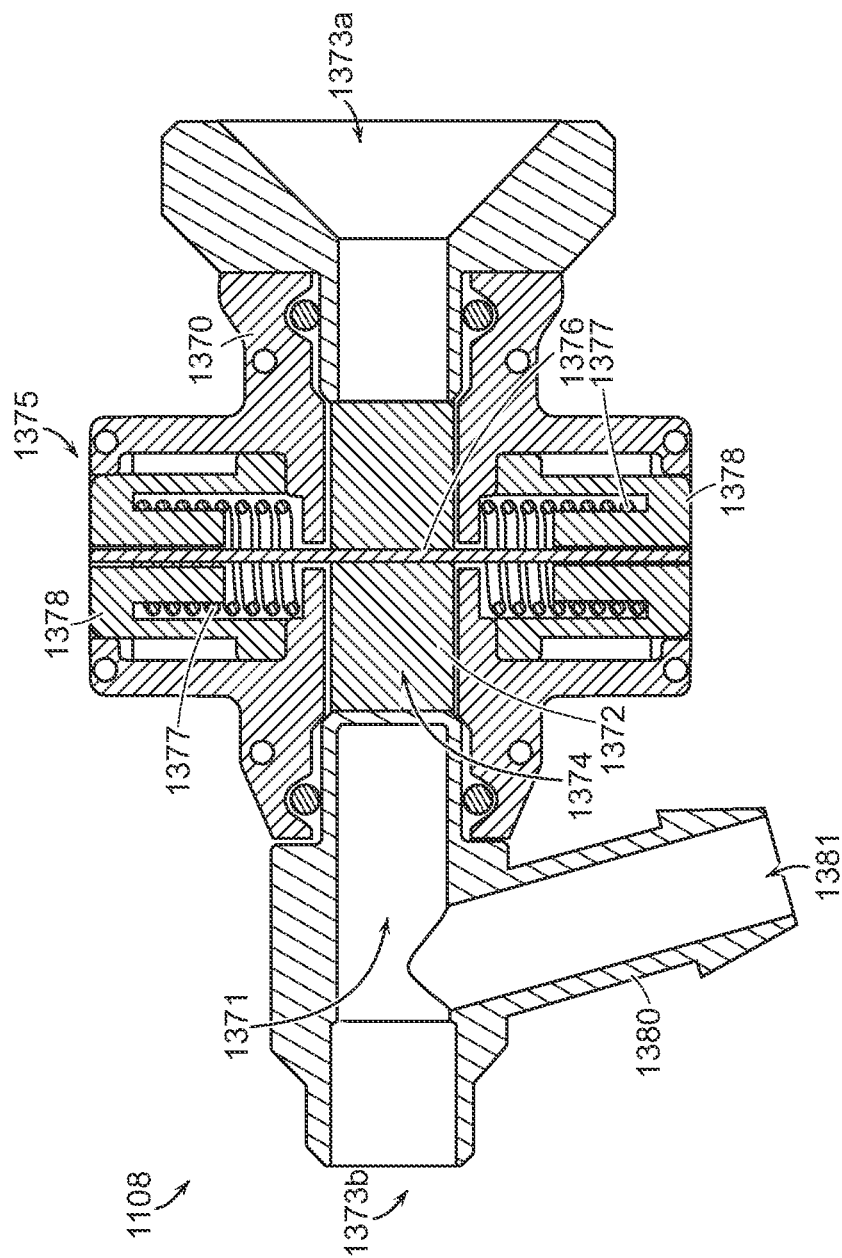
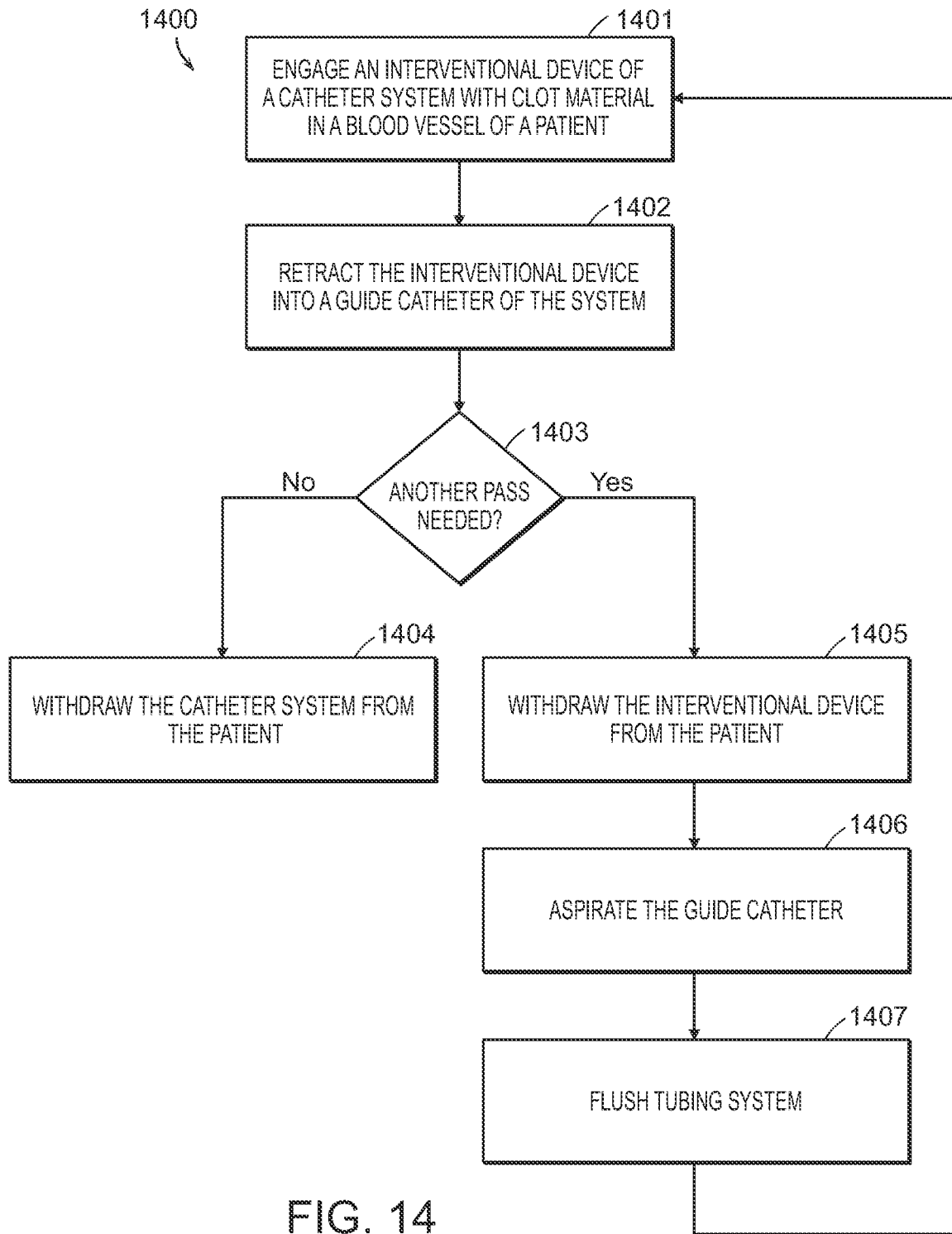


FIG. 13B



1

SINGLE INSERTION DELIVERY SYSTEM FOR TREATING EMBOLISM AND ASSOCIATED SYSTEMS AND METHODS

CROSS-REFERENCE TO RELATED APPLICATION

This application is a continuation of U.S. patent application Ser. No. 17/498,642, filed on Oct. 11, 2021, and titled “SINGLE INSERTION DELIVERY SYSTEM FOR TREATING EMBOLISM AND ASSOCIATED SYSTEMS AND METHODS,” which is a continuation of U.S. patent application Ser. No. 16/258,344, filed on Jan. 25, 2019, and titled “SINGLE INSERTION DELIVERY SYSTEM FOR TREATING EMBOLISM AND ASSOCIATED SYSTEMS AND METHODS,” which is now issued as U.S. Pat. No. 11,154,314, which claims the benefit of U.S. Provisional Patent Application No. 62/622,691, filed on Jan. 26, 2018, and titled “SINGLE INSERTION DELIVERY SYSTEM FOR TREATING EMBOLISM AND ASSOCIATED SYSTEMS AND METHODS,” each of which are incorporated herein by reference in their entirety.

TECHNICAL FIELD

The present technology relates generally to devices and methods for the intravascular treatment of emboli and/or thrombi within a blood vessel of a human patient. In particular, some embodiments of the present technology relate to systems for repeatedly deploying an interventional device at or proximate to a pulmonary embolism within a patient.

BACKGROUND

Thromboembolic events are characterized by an occlusion of a blood vessel. Thromboembolic disorders, such as stroke, pulmonary embolism, heart attack, peripheral thrombosis, atherosclerosis, and the like, affect many people. These disorders are a major cause of morbidity and mortality.

When an artery is occluded by a clot, tissue ischemia develops. The ischemia will progress to tissue infarction if the occlusion persists. Infarction does not develop or is greatly limited if the flow of blood is reestablished rapidly. Failure to reestablish blood flow can lead to the loss of limb, angina pectoris, myocardial infarction, stroke, or even death.

In the venous circulation, occlusive material can also cause serious harm. Blood clots can develop in the large veins of the legs and pelvis, a common condition known as deep venous thrombosis (DVT). DVT arises most commonly when there is a propensity for stagnated blood (e.g., long distance air travel, immobility, etc.) and clotting (e.g., cancer, recent surgery, such as orthopedic surgery, etc.). DVT causes harm by: (1) obstructing drainage of venous blood from the legs leading to swelling, ulcers, pain, and infection, and (2) serving as a reservoir for blood clots to travel to other parts of the body including the heart, lungs, brain (stroke), abdominal organs, and/or extremities.

In the pulmonary circulation, the undesirable material can cause harm by obstructing pulmonary arteries—a condition known as pulmonary embolism. If the obstruction is upstream, in the main or large branch pulmonary arteries, it can severely compromise total blood flow within the lungs, and therefore the entire body, and result in low blood pressure and shock. If the obstruction is downstream, in large to medium pulmonary artery branches, it can prevent

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a significant portion of the lung from participating in the exchange of gases to the blood resulting in low blood oxygen and buildup of blood carbon dioxide.

There are many existing techniques to reestablish blood flow through an occluded vessel. One common surgical technique, an embolectomy, involves incising a blood vessel and introducing a balloon-tipped device (such as the Fogarty catheter) to the location of the occlusion. The balloon is then inflated at a point beyond the clot and used to translate the obstructing material back to the point of incision. The obstructing material is then removed by the surgeon. Although such surgical techniques have been useful, exposing a patient to surgery may be traumatic and best avoided when possible. Additionally, the use of a Fogarty catheter may be problematic due to the possible risk of damaging the interior lining of the vessel as the catheter is being withdrawn.

Percutaneous methods are also utilized for reestablishing blood flow. A common percutaneous technique is referred to as balloon angioplasty where a balloon-tipped catheter is introduced to a blood vessel (e.g., typically through an introducing catheter). The balloon-tipped catheter is then advanced to the point of the occlusion and inflated to dilate the stenosis. Balloon angioplasty is appropriate for treating vessel stenosis, but it is generally not effective for treating acute thromboembolisms as none of the occlusive material is removed and the vessel will re-stenosis after dilation. Another percutaneous technique involves placing a catheter near the clot and infusing streptokinase, urokinase, or other thrombolytic agents to dissolve the clot. Unfortunately, thrombolysis typically takes hours to days to be successful. Additionally, thrombolytic agents can cause hemorrhage and in many patients the agents cannot be used at all.

Various devices exist for performing a thrombectomy or removing other foreign material. However, such devices have been found to have structures which are either highly complex, cause trauma to the treatment vessel, or lack sufficient retaining structure and thus cannot be appropriately fixed against the vessel to perform adequately. Furthermore, many of the devices have highly complex structures that lead to manufacturing and quality control difficulties as well as delivery issues when passing through tortuous or small diameter catheters. Less complex devices may allow the user to pull through the clot, particularly with inexperienced users, and such devices may not completely capture and/or collect all of the clot material.

Moreover, with many devices, it is difficult or not possible to make repeated attempts at removing clot material (e.g., to make multiple passes with a device). In particular, if a first pass with a device does not completely capture and/or collect all of the clot material, the device and an accompanying catheter system must be removed from the patient, cleaned, and subsequently reinserted into the patient in order to make a second pass and remove additional material. This can be time consuming and traumatic for the patient.

Thus, there exists a need for an improved embolic extraction device.

BRIEF DESCRIPTION OF THE DRAWINGS

Many aspects of the present technology can be better understood with reference to the following drawings. The components in the drawings are not necessarily to scale. Instead, emphasis is placed on illustrating clearly the principles of the present disclosure.

FIGS. 1A and 1B are perspective views of a retraction and aspiration system shown in a first state and a second state, respectively, in accordance with embodiments of the present technology.

FIGS. 2A-2G are schematic illustrations of a distal portion of the retraction and aspiration system during a clot removal procedure in accordance with embodiments of the present technology.

FIGS. 3A-3C are a fully-exploded view, an isometric view, and a partially-exploded view of a clot reservoir of the retraction and aspiration system in accordance with embodiments of the present technology.

FIG. 4 is a side view of an attachment member and a fluid control unit of the retraction and aspiration system in accordance with embodiments of the present technology.

FIG. 5 is a side cross-sectional view of the attachment member shown in FIG. 4.

FIG. 6 is an isometric view of a first valve insert in accordance with embodiments of the present technology.

FIGS. 7A and 7B are a side view and a side cross-sectional view, respectively, of the first valve insert shown in FIG. 6 inserted into the attachment member shown in FIG. 4 in accordance with embodiments of the present technology.

FIG. 8 is a side view of a second valve insert in accordance with embodiments of the present technology.

FIG. 9 is a side view of the second valve insert shown in FIG. 8 inserted into the attachment member shown in FIG. 4 in accordance with embodiments of the present technology.

FIG. 10 is a flow diagram of a process or method for operating the retraction and aspiration system in accordance with embodiments of the present technology.

FIG. 11 is a side view of an attachment member and a fluid control unit of the retraction and aspiration system in accordance with embodiments of the present technology.

FIG. 12 is a side view of the fluid control unit shown in FIG. 11 in accordance with embodiments of the present technology.

FIGS. 13A and 13B are side cross-sectional views of the attachment member shown in FIG. 11 in a first configuration and a second configuration, respectively, in accordance with embodiments of the present technology.

FIG. 14 is a flow diagram of a process or method for operating the retraction and aspiration system in accordance with embodiments of the present technology.

DETAILED DESCRIPTION

The present technology is generally directed to systems and associated devices and methods for engaging and removing clot material from a blood vessel of a human patient. In some embodiments, an interventional device can be advanced through a guide catheter and deployed within clot material in a blood vessel. The interventional device can subsequently be withdrawn from the patient through the guide catheter to remove clot material captured by the interventional device. In some embodiments of the present technology, the interventional device can be repeatedly deployed in/withdrawn from the blood vessel to capture a desired amount of the clot material—without requiring that the guide catheter be fully withdrawn from the patient after each “pass” (e.g., each repeated deployment/withdrawal of the interventional device). That is, the guide catheter may be inserted only a single time during an intravascular procedure including multiple passes to remove clot material from the patient.

Although many of the embodiments are described below with respect to devices, systems, and methods for treating a pulmonary embolism, other applications and other embodiments in addition to those described herein are within the scope of the technology (e.g., intravascular procedures other than the treatment of emboli, intravascular procedures for treating cerebral embolism, etc.). Additionally, several other embodiments of the technology can have different configurations, states, components, or procedures than those described herein. Moreover, it will be appreciated that specific elements, substructures, advantages, uses, and/or other features of the embodiments described with reference to FIGS. 1A-14 can be suitably interchanged, substituted or otherwise configured with one another in accordance with additional embodiments of the present technology. Furthermore, suitable elements of the embodiments described with reference to FIGS. 1A-14 can be used as standalone and/or self-contained devices. A person of ordinary skill in the art, therefore, will accordingly understand that the technology can have other embodiments with additional elements, or the technology can have other embodiments without several of the features shown and described below with reference to FIGS. 1A-14.

With regard to the terms “distal” and “proximal” within this description, unless otherwise specified, the terms can reference a relative position of the portions of a retraction and aspiration apparatus and/or an associated catheter system with reference to an operator and/or a location in the vasculature. Also, as used herein, the designations “rearward,” “forward,” “upward,” “downward,” etc. are not meant to limit the referenced component to use in a specific orientation. It will be appreciated that such designations refer to the orientation of the referenced component as illustrated in the Figures; the retraction and aspiration system of the present technology can be used in any orientation suitable to the user.

I. SELECTED EMBODIMENTS OF RETRACTION/ASPIRATION SYSTEMS AND METHODS OF USE

FIGS. 1A and 1B are perspective views of a proximal portion of a clot retrieval system 1 configured in accordance with embodiments of the present technology, shown in a first state and a second state, respectively. Referring to FIGS. 1A and 1B together, the clot retrieval system 1 includes a retraction and aspiration device 100 (“RA device 100”), a catheter system 200, and a tubing system 300. In some embodiments, the RA device 100 is coupleable to the catheter system 200 and operable to simultaneously (i) retract a portion of the catheter system 200 and (ii) aspirate through the catheter system 200. In certain embodiments, the RA device 100 and catheter system 200 can both be fluidly coupled to the tubing system 300 to enable material (e.g., blood and clot material) aspirated from the catheter system 200 to flow into the tubing system 300. In particular, the RA device 100, the catheter system 200, and the tubing system 300 can be the same as or similar to one or more of the retraction and aspiration devices, catheter systems, and tubing systems disclosed in U.S. Pat. No. 9,526,864, filed Jun. 9, 2015, and titled “RETRACTION AND ASPIRATION DEVICE FOR TREATING EMBOLISM AND ASSOCIATED METHODS,” which is incorporated herein by reference in its entirety.

FIGS. 2A-2G are schematic illustrations of a distal portion of the clot retrieval system 1 during a clot removal procedure in accordance with embodiments of the present

technology. In particular, FIGS. 2A-2G illustrate a distal portion of the catheter system **200** that is positioned proximate to an embolism or clot material within a blood vessel (e.g., a pulmonary blood vessel). Accordingly, operation of the catheter system **200** is described with references to FIGS. 2A-2G.

FIG. 2A is a side view of a distal portion of the catheter system **200** positioned adjacent an embolism or clot material PE within a blood vessel BV (e.g., a pulmonary blood vessel). As shown in FIG. 2A, the catheter system **200** can include an outer guide catheter **206** defining a lumen **205**, a delivery sheath **204** slidably received within the lumen of the guide catheter **206**, and an elongated pull (and/or push) member **202** slidably received within a lumen of the delivery sheath **204**. The guide catheter **206** and the delivery sheath **204** individually comprise an elongated shaft having a lumen and, in some embodiments, the push member **202** can also define a lumen (e.g., configured to receive a guidewire therethrough). In a particular embodiment, the catheter system **200** does not include a guide catheter **206** and/or a delivery sheath **204**. As shown in FIG. 2A, a distal portion of the push member **202** can be integral with or coupled to an interventional device ID, such as a clot removal and/or clot treatment device, that is housed within the delivery sheath **204**. Accordingly, axial movement of the pull member **202** causes axial movement of the interventional device ID.

As further shown in FIG. 2A, the delivery sheath **204** and the interventional device ID can be positioned at least partially within the clot material PE. Access to the pulmonary vessels can be achieved through the patient's vasculature, for example, via the femoral vein. The catheter system **200** can include an introducer **210** (FIGS. 1A and 1B; e.g., a Y-connector with a hemostasis valve) that can be partially inserted into the femoral vein. A guidewire (not shown) can be guided into the femoral vein through the introducer **210** and navigated through the right atrium, the tricuspid valve, the right ventricle, the pulmonary valve and into the main pulmonary artery. Depending on the location of the embolism, the guidewire can be guided to one or more of the branches of the right pulmonary artery and/or the left pulmonary artery. It will be understood, however, that other access locations into the venous circulatory system of a patient are possible and consistent with the present technology. For example, the user can gain access through the jugular vein, the subclavian vein, the brachial vein or any other vein that connects or eventually leads to the superior vena cava. Use of other vessels that are closer to the right atrium of the patient's heart can also be advantageous as it reduces the length of the instruments needed to reach the pulmonary embolism.

As shown in FIGS. 2B and 2C, the delivery sheath **204** can be withdrawn proximally (e.g., as indicated by arrow A1 in FIG. 2B) to allow the interventional device ID to expand within the clot material PE, thereby grabbing the clot material PE that is nearby. Although FIG. 2B shows the interventional device ID positioned at the treatment site such that a distal terminus of the interventional device ID is distal of a distal terminus of the clot material PE, in some procedures the interventional device ID may be positioned such that the distal terminus of the interventional device ID is proximal of the distal terminus of the clot material PE. As shown in FIG. 2D, in some embodiments the guide catheter **206** can optionally be advanced distally (e.g., as indicated by arrow A2) until the guide catheter **206** is positioned proximate to a proximal portion of the clot material PE.

Referring again to FIGS. 1A and 1B, the RA device **100** includes (i) a housing **102**, (ii) an actuation mechanism that includes a lever **104** coupled to and extending from the housing **102**, and (iii) a pressure source (obscured in FIGS. 1A and 1B; e.g., a syringe) positioned within the housing **102**, coupled to the actuation mechanism, and configured to generate negative and/or positive pressure. The lever **104** is shown in a first position and second position in FIGS. 1A and 1B, respectively. The housing **102** can have a proximal portion **100a**, a distal portion **100b**, and an opening **114** at the distal portion **100b** configured to receive a portion of the catheter system **200** and to mechanically couple the catheter system **200** to the housing **102**. For example, a proximal portion of the guide catheter **206** can include an attachment/valve member **208** that is configured to be detachably coupled to the RA device **100** (e.g., via a snap-fit arrangement) to secure the catheter **200** to the RA device **100**. As described in greater detail below, the attachment/valve member **208** can fluidly couple an aspiration lumen of the catheter system **200** (e.g., the lumen **205** of the guide catheter **206**) to the tubing system **300** of the clot retrieval system **1**.

The housing **102** can further include a channel **116** that extends proximally from the opening **114** along approximately the length of the housing **102**, as shown in FIGS. 1A and 1B. The channel **116** can have a height at least as great as the outer diameter of the delivery sheath **204** of the catheter system **200** (and/or another component of the catheter system **200**) such that the delivery sheath **204** can fit sideways through the channel **116**. In some embodiments, the pull member **202** and the interventional device ID (FIGS. 2A-2G) can be pre-loaded into the delivery sheath **204**, and the delivery sheath **204** can be fed distally through the channel **116** (e.g., either via the proximal end of the channel **116** or first pushed sideways through a portion of the channel **116**) and into the guide catheter **206**. In other embodiments, the interventional device ID and the delivery sheath **204** are fed into the guide catheter **206** and the interventional device ID is deployed prior to coupling the guide catheter **206** to the RA device **100**.

When the RA device **100** is coupled to the catheter system **200** (e.g., when the attachment/valve member **208** of the catheter system **200** is positioned within the opening **114** in the housing **102** of the RA device **100**), movement of the lever **104** functions to retract a portion of the catheter system **200** positioned in the channel **116** (e.g., the delivery sheath **204** and/or the push member **202**). For example, the RA device **100** can include a locking portion that grips the delivery sheath **204** (and, in some embodiments, indirectly the push member **202**) to pull the delivery sheath **204** proximally as the lever **104** is moved from the first to the second position.

The tubing system **300** of the clot retrieval system **1** fluidly couples the pressure source of the RA device **100** to the aspiration lumen of the catheter system **200**. When the RA device **100** is coupled to the catheter system **200**, movement of the lever **104** functions to simultaneously generate negative pressure in the pressure source and to retract a portion of the catheter system **200**, as described above. The tubing system **300** has a first portion **314** coupled to the pressure source, a second portion **316** coupled to the guide catheter **206**, and a drainage portion **318** coupled to a reservoir **320** (e.g., a vinyl bag). The first portion **314**, second portion **316**, and/or drainage portion **318** can include one or more tubing sections **302** (labeled individually as tubing sections **302a-302f**) and/or fluid control unit, such as one or more control valves. In certain embodiments, one or

more of the tubing sections **302** can have a relatively large diameter (e.g., greater than about 0.1 inch, greater than about 0.210 inch, etc.) to help inhibit clogging of clot material within the tubing system **300**.

More specifically, the first portion **314** can include the tubing section **302a**. The drainage portion **318** can include (i) the tubing section **302b**, (ii) a first fluid control unit (e.g., a valve) **304**, and (iii) the tubing section **302c**. The second portion **316** can include (i) the tubing section **302d**, (ii) a clot reservoir **306**, (iii) the tubing section **302e**, (iv) a second fluid control unit **310**, and (v) the tubing section **302f**. In some embodiments, the first fluid control unit **304** can be a one-way valve (e.g., a check valve) that only allows fluid flow from the first portion **314** and/or second portion **316** to the drainage portion **318** (and not vice-versa). In certain embodiments, as described in detail with reference to FIGS. **3A-3C**, the clot reservoir **306** can also include a one-way valve that only allows fluid flow from the second portion **316** to the drainage portion **318** (and not vice-versa). In some embodiments, the second fluid control unit **310** can be a stopcock or a clamp that is externally operated to regulate the flow of liquid through the second portion **316** of the tubing system **300**. A Y-connector **308** can fluidly couple the first, second, and drainage portions **314**, **316**, **318**. In other embodiments, the first, second, and/or drainage portions **314**, **316**, **318** can have more or fewer tubing sections, connectors, and/or fluid control unit and/or other suitable configurations.

As shown in FIGS. **1A** and **2E**, moving the lever **104** from the first position to the second position (indicated by arrow **A1** in FIG. **1A**) simultaneously (1) generates a negative pressure in the lumen **205** of the guide catheter **206** (indicated by arrow **F** in FIG. **1A** and **F1** in FIG. **2E**), and (2) retracts the delivery sheath **204** and/or push member **202** proximally, thereby retracting the interventional device ID from the treatment site. During this time, in some embodiments, the guide catheter **206** remains fixed (e.g., by the housing **102**) relative to the delivery sheath **204** and pull member **202**. In such embodiments, as the lever **104** moves from the first position to the second position, the interventional device ID, delivery sheath **204**, pull member **202**, and at least a portion of the clot material PE are drawn proximally into the guide catheter **206**.

As shown in FIG. **1B**, moving the lever **104** from the second position to the first position (indicated by arrow **A2** in FIG. **1B**) creates a positive pressure (e.g., indicated by arrows **F** in FIG. **1B**) in the first portion **314** and drainage portion **318** of the tubing system **300**. The clot reservoir **306** prevents the positive pressure from affecting the aspiration lumen of the catheter system **200**, thereby preventing back-flow of fluid into the blood vessel BV at the treatment site. With respect to the catheter system **200**, when the lever **104** is actuated from the second position to the first position, the RA device **100** does not engage the delivery sheath **204** or the push member **202** to move these components. Thus, the next time the lever **104** is actuated relative to the housing **102**, the RA device **100** engages a new portion of the delivery sheath **204** and push member **202** such that the delivery sheath **204** and push member **202** are incrementally retracted proximally each time the lever **104** is "pumped" (e.g., moved from the first position toward the second position and then back toward the first position).

Depending on the age and size of the clot material PE, local anatomical and/or physiological conditions, and position of the interventional device ID relative to the clot material PE, the lever **104** can be pumped several times to fully extract the clot material PE and/or interventional

device ID from the treatment site. For example, FIGS. **2D** and **2E** show the proximal movement of the delivery sheath **204** and pull member **202** after a first pump of the lever **104**. FIGS. **2E** and **2F** show the proximal movement of the delivery sheath **204**, pull member **202**, and interventional device ID after a second pump of the lever **104** (e.g., including a second instance of pressure generation indicated by arrows **F1** and **F2** in FIGS. **2E** and **2F**, respectively). In some embodiments, the interventional device ID and the clot material PE can be fully withdrawn into the guide catheter **206** after a single pump of the lever **104**. In other embodiments, such as those procedures where the interventional device ID is initially positioned such that a distal terminus of the interventional device ID is proximal of a distal terminus of the clot material PE (the clot material PE often originates in a vein of the patient's leg, and thus is cast into an elongated, worm-like shape), it can take several pumps of the lever **104** to fully withdraw the clot material PE into the guide catheter **206**. Thus, in some embodiments, even when the interventional device ID is positioned within the guide catheter **206** such that a distal terminus of the interventional device ID is proximal of the distal terminus of the guide catheter **206**, the lever **104** can be pumped several more times to continue to withdraw the clot material PE into the guide catheter **206** and the tubing system **300** (e.g., into the second portion **316**, the clot reservoir **306**, and/or the drainage portion **318**).

Once the clot material PE is positioned within the guide catheter **206** such that a distal terminus of the clot material PE is proximal from a distal terminus of the guide catheter **206**, the catheter system **200** can be withdrawn proximally (e.g., as indicated by arrow **A3** in FIG. **2G**) from the treatment site, and removed from the patient. However, sometimes, as shown in FIG. **2G**, retracting the interventional device ID and delivery sheath **204** into the guide catheter **206** may not remove all of the clot material PE (or a desired amount of the clot material PE) from the blood vessel BV. That is, a single "pass" (e.g., a deployment of the interventional device ID and subsequent retraction of the interventional device ID into the guide catheter **206**) may not adequately remove the clot material PE from the blood vessel BV. In such instances, the operator of the clot retrieval system **1** may wish to make another pass with the interventional device ID to remove all or a portion of the remaining clot material PE in the blood vessel BV.

To redeploy the interventional device ID, many conventional systems require that the entire catheter system, including the guide catheter **206**, be fully removed from the patient (e.g., including a guide catheter). That is, if the once-deployed interventional device is reintroduced without fully removing and cleaning the catheter system, there is a significant risk that clot material and/or other contaminants from the catheter system will be reintroduced into the blood vessel of the patient during a second pass. As described in further detail below, the present technology advantageously allows for an interventional device to be redeployed without fully removing a guide catheter, and with a significantly reduced risk of reintroducing clot material and/or other contaminants into the blood vessel of the patient.

II. SELECTED EMBODIMENTS OF CLOT RESERVOIRS AND ASSOCIATED METHODS OF USE

FIGS. **3A-3C** are a fully-exploded view, an isometric view, and a partially-exploded view of the clot reservoir **306** of the clot retrieval system **1**. With reference to FIG. **3A**, the

clot reservoir **306** includes a housing **322** defining a chamber **323**, a filter **321** configured to be positioned within the housing **322**, and a cap assembly **330** configured to be coupled to the housing **322**. The housing **322** can include a port **324** configured to be removably, fluidly coupled to the catheter system **200**. In some embodiments, a tubing section **326** is coupled to the port **324** during priming of the clot retrieval system **1** and, as described in further detail below with reference to FIGS. **10** and **14**, during flushing of the tubing system **300**. In certain embodiments the tubing section **326** is semi-permanently coupled to the housing **322** and can be used to fluidly couple the housing **322** to the tubing system **300** and/or the catheter system **200**.

In the embodiment illustrated in FIG. **3A**, the cap assembly **330** includes a fluid connector (e.g., a barbed outlet) **332** for connecting to the tubing system **300** (e.g., to the tubing section **302d** shown in FIGS. **1A** and **1B**), a nut **333** for releasably securing the cap assembly **330** to the housing **322** (e.g., via a threaded coupling), a first cap portion **334**, and a second cap portion **338**. In some embodiments, the fluid connector **332** is secured to the first cap portion **334** via an adhesive **331a**, and the first cap portion **334** is secured to the nut **333** via a second adhesive **331b**. In some embodiments, the first and second adhesives **331a**, **331b** are the same. The cap assembly **330** can further include a check valve assembly **335** positioned between the first and second cap portions **334**, **338** and comprising a piston **336** and a spring **339** (e.g., a passivated compression spring). The check valve assembly **335** provides for one-way fluid flow through the clot reservoir **306**, for example, from the catheter system **200** to the reservoir **320** (FIGS. **1A** and **1B**). The clot reservoir **306** can further include one or more O-rings **337** for sealing the various components.

In operation, blood and clot material flow into the clot reservoir **306** via the port **324** as the lever **104** of the RA device **100** is moved from the first position toward the second position. Clot material is captured within the housing **322** and inhibited from exiting through the cap assembly **330** by the filter **321** while blood is allowed to flow from the port **324** to the fluid connector **332**. In particular, the filter **321** inhibits clot material from passing into the check valve assembly **335**, which could inhibit function of the check valve assembly **335** and/or macerate the clot material and make it indistinguishable from or difficult to distinguish from other fluids (e.g., blood) aspirated and/or removed from the patient. The check valve assembly **335** subsequently inhibits backflow of fluid through the housing **322** via the fluid connector **332** as the lever **104** of the RA device **100** is moved from the second position toward the first position. With reference to FIGS. **3B** and **3C**, the cap assembly **330** can be decoupled from the housing **322** to, for example, permit an operator to remove clot material collected in the housing **322**. Moreover, as shown, the housing **322** may be made of a transparent material that permits the operator to visualize material within the housing **322**. As described in further detail below, in some embodiments, the operator can at least partially determine whether subsequent passes using the interventional device **10** are necessary by visualizing the amount of clot material collected in the housing **322**.

Additional details of the clot reservoir **306**, and associated devices and methods, are described in Appendix A to this application.

III. SELECTED EMBODIMENTS OF ATTACHMENT/VALVE MEMBERS, AND ASSOCIATED DEVICES AND METHODS OF USE

FIG. **4** is a side view of an attachment/valve member **408** (“attachment member **408**”) of the catheter system **200** and

a second fluid control unit **410** of the tubing system **300** in accordance with embodiments of the present technology. The attachment member **408** and second fluid control unit **410** can have some features generally similar to the features of the attachment/valve member **208** and second fluid control unit **310**, respectively, described above with reference to FIGS. **1A** and **1B**. For example, the attachment member **408** can be integral with or coupled to a proximal portion of the guide catheter **206** and configured to be detachably coupled to the RA device **100** (FIGS. **1A** and **1B**; e.g., via a snap-fit arrangement) to at least partially secure the catheter system **200** to the RA device **100**. When secured to the RA device **100**, the attachment member **408** can fluidly couple the lumen **205** (e.g., an aspiration lumen) of the guide catheter **206** to the tubing system **300** of the clot retrieval system **1** via the tubing section **302f**. Likewise, the second fluid control unit **410** can be a clamp (“clamp **410**”) that is externally operable to regulate the flow of liquid through the tubing section **302f**. For example, the clamp **410** may be actuated (e.g., compressed or squeezed by the hand of an operator) to partially or fully restrict fluid flow through the tubing section **302f**. In some embodiments, the clamp **410** includes features for locking or maintaining the clamp **410** in a position such that it restricts fluid flow through the tubing section **302f**. FIG. **4** illustrates the clamp **410** in a position that permits fluid flow through the tubing section **302f**.

As further shown in FIG. **4**, the tubing system **300** can include a connector **417** that, for example, fluidly connects the tubing section **302f** to other portions of the tubing system **300** (e.g., those shown in FIGS. **1A** and **1B**). In some embodiments, the connector **417** is a quick-release connector that enables rapid coupling/decoupling of the tubing section **302f** to the clot reservoir **306** and/or other components of the tubing system **300**. In some embodiments, the tubing system **300** can include a flush port adapter that can be removably coupled to the connector **417**. The flush port adapter can be configured to, for example, fluidly connect a flushing device (e.g., a syringe) to the catheter system **200** so that the guide catheter **206** can further be flushed with a fluid (e.g., heparinized saline).

FIG. **5** is a side cross-sectional view of the attachment member **408** shown in FIG. **4**. As shown in the embodiment of FIG. **5**, the attachment member **408** includes a body or housing **440** having a proximal opening **443a**, a distal opening **443b**, and a first lumen **441** extending between the proximal and distal openings **443a** and **443b**. The first lumen **441** further comprises a first portion **441a** having a first diameter (e.g., a constant first diameter) and a second portion **441b** having a second diameter greater than the first diameter. In some embodiments, the first diameter can be generally the same as the outer diameter of the guide catheter **206**. The housing **443** further includes a branch portion **444** configured to be coupled to the tubing section **302f** and having a second lumen **442** branching from the first lumen **441**. In some embodiments, the second lumen **442** can have a relatively large diameter (e.g., between about 0.098 inch and 0.210 inch, about 0.210 inch, greater than 0.210 inch, etc.) to help inhibit clogging and/or collecting of clot material within the attachment member **408** during, for example, aspiration of the guide catheter **206**.

As illustrated in the embodiment of FIG. **5**, the attachment member **408** can further include a valve **445** within the second portion **441b** of the first lumen **441**. The valve **445** can be, for example, a hemostasis valve configured to maintain hemostasis by preventing fluid flow in the proximal direction through the proximal opening **443a** of the attach-

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ment member **408** as the delivery sheath **204**, the pull member **202**, the guidewire, the interventional device ID, and/or other components of the catheter system **200** are inserted through the valve **445** for advancement to the treatment site in the blood vessel BV.

FIG. 6 is an isometric view of a first valve insert **650**, such as a hub valve insert, in accordance with embodiments of the present technology. The first valve insert **650** is configured to be inserted at least partially into the first lumen **441** of the attachment member **408** (e.g., into the valve **445**) through the proximal opening **443a** of the attachment member **408**. Accordingly, FIGS. 7A and 7B are a side view and a side cross-sectional view, respectively, of the first valve insert **650** inserted into the attachment member **408** in accordance with embodiments of the present technology.

Referring to FIG. 6, the first valve insert **650** includes a proximal portion **651a**, a distal portion **651b** extending from the proximal portion **651a**, and a lumen **654**. As illustrated in the embodiment of FIG. 6, the proximal portion **651a** can optionally include one or more first engagement features (e.g., flanges, tabs, etc.) **652** configured to engage with the attachment member **408** of the catheter system **200** to securely position (e.g., lock, mate, flush, etc.) the first valve insert **650** within the attachment member **408**. For example, in some embodiments, the first engagement features **652** can be configured to “snap” into (e.g., mate with) corresponding grooves on the attachment member **408**. The proximal portion **651a** can further include one or more second engagement features **653** (e.g., flanges, tabs, etc.) configured to be gripped by an operator to enable the operator to, for example, easily manipulate and/or position the first valve insert **650** within the attachment member **408**.

Referring to FIGS. 6-7B together, the distal portion **651b** of the first valve insert **650** is configured to be positioned at least partially within the second portion **441b** of the first lumen **441** of the attachment member **408**. For example, the first valve insert **650** can be advanced distally over the delivery sheath **204** and/or the guidewire of the catheter system **200** to the attachment member **408**. Once inserted into the attachment member **408**, the first valve insert **650** opens (e.g., exercises) the valve **445**. In some embodiments, the lumen **654** of the distal portion **651b** of the first valve insert **650** has a generally constant diameter that is generally the same as the first diameter of the first portion **441a** of the first lumen **441** of the attachment member **408**. In the embodiment illustrated in FIG. 7B, when the first valve insert **650** is within the attachment member **408**, the distal portion **651b** extends substantially or entirely through the second portion **441b** of the first lumen **441** such that the lumen **654** of the first valve insert **650** and the second portion **441a** of the first lumen **441** of the attachment member **408** together define a generally continuous lumen extending through the attachment member **408** (e.g., between the distal opening **443b** of the attachment member **408** and a proximal terminus of the lumen **654**).

In one aspect of the present technology, the continuous lumen formed by inserting the first valve insert **650** into the attachment member **408** can have a generally constant diameter along the length of the lumen configured to accommodate the outer diameter of the guide catheter **206**. Accordingly, as described in further detail below, when a clot retaining portion of an interventional device and associated clot material are retracted proximally through the guide catheter **206**, the interventional device ID does not greatly change shape (e.g., expand or compress) while passing

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through the attachment member **408** and the likelihood of clot material being retained within the attachment member **408** is greatly reduced.

FIG. 8 is a side view of a second valve insert **860** (e.g., an aspiration insert) in accordance with embodiments of the present technology. Similar to the first valve insert **650**, the second valve insert **860** is configured to be inserted at least partially into the first lumen **441** of the attachment member **408** (e.g., through the valve **445**) through the proximal opening **443a** of the attachment member **408**. Accordingly, FIG. 9 is a side view of the second valve insert **860** inserted into the attachment member **408** in accordance with embodiments of the present technology.

Referring to FIG. 8, the second valve insert **860** includes a proximal portion **861a**, a distal portion **861b** extending from the proximal portion **861a**, and a lumen **864** extending through the second valve insert **860**. As illustrated in the embodiment of FIG. 8, the distal portion **861b** can optionally include one or more first engagement features (e.g., flanges, tabs, etc.) **862** configured to engage with the attachment member **408** to securely position (e.g., lock) the second valve insert **860** within the attachment member **408**. For example, in some embodiments, the first engagement features **862** can be configured to “snap” into (e.g., mate with) corresponding grooves on the attachment member **408**. The proximal portion **861a** can further include one or more second engagement features **865a** (e.g., flanges, tabs, etc.) configured to be gripped by an operator to enable the operator to, for example, easily manipulate and/or position the second valve insert **860** within the attachment member **408**.

The proximal portion **861a** can include one or more adjustment features **865** (labeled individually as adjustment features **865a** and **865b**) for adjusting a diameter of the lumen **864**. For example, in some embodiments the second valve insert **860** is a Tuohy Borst Adapter that can be adjusted, via the one or more adjustment features **865**, to seal the proximal opening **443a** of the attachment member **408** by sealing the lumen **864** against a component of the catheter system **200** inserted therethrough. More particularly, referring to FIGS. 8 and 9 together, the distal portion **861b** of the second valve insert **860** is configured to be positioned at least partially within the attachment member **408** (e.g., within the second portion **441b** of the first lumen **441**). For example, the second valve insert **860** can be advanced distally over the guidewire of the catheter system **200** to the attachment member **408**. Once inserted into the attachment member **408**, the second valve insert **860** opens (e.g., exercises) the valve **445**. By tightening at least one of the adjustment features **865**, at least a portion of the lumen **864** can be narrowed until a seal is formed between the second valve insert **860** and the guidewire or other component of the catheter system **200** positioned therein.

As described in further detail below, in some embodiments, the second valve insert **860** may more completely seal against components of the catheter system **200** than the valve **445** of the attachment member **408**. Accordingly, use of the second valve insert **860** can improve the efficiency of aspiration of the guide catheter **206** using the RA device **100** (FIGS. 1A and 1B).

FIG. 10 is a flow diagram of a process or method **1000** for operating the clot retrieval system **1** including the attachment member **408** and the first and second valve inserts **650**, **860** to remove clot material from within a blood vessel (e.g., a pulmonary blood vessel) of a human patient in accordance with embodiments of the present technology. Although some features of the method **1000** are described in the context of

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the embodiments shown in FIGS. 1A-9 for sake of illustration, one skilled in the art will readily understand that the method **1000** can be carried out using other suitable systems and/or devices.

The method **1000** includes engaging the interventional device ID of the catheter system **200** with the clot material PE in the blood vessel BV as, for example, described above with reference to FIGS. 2A-2D (block **1001**). In particular, the attachment member **408** (FIGS. 4 and 5) of the catheter system **200** can be attached to the RA device **100**, and the interventional device ID can be deployed within at least a portion of the clot material PE by proximally retracting the delivery sheath **204**.

The method **1000** continues by proximally retracting the interventional device ID and associated clot material PE into the guide catheter **206** of the catheter system **200** until a distal terminus of the clot material PE is proximal from a distal terminus of the guide catheter **206** as, for example, described above with reference to FIGS. 2E-2G (block **1002**). In particular, the RA device **100** can be pumped or cycled one or more times (e.g., one time, three times, five times, etc.) to retract the interventional device ID and/or delivery sheath **204** into the guide catheter **206** while simultaneously aspirating the lumen **205** of the guide catheter **206** to remove clot material PE and blood, which are drawn through the attachment member **408** and into the tubing system **300** (e.g., through the clot reservoir **306** to the reservoir **320**).

In some embodiments, the interventional device ID can be retracted proximally into the guide catheter **206** without use of the RA device **100**. For example, the operator can manually retract the interventional device ID and associated clot material PE into the guide catheter **206**.

After initial deployment of the interventional device ID in blocks **1001** and **1002**, the operator can determine whether it is necessary or desirable to redeploy the interventional device ID within the blood vessel BV of the patient in order to remove additional clot material PE that was not removed during a previous pass with the interventional device ID (block **1003**). In some embodiments, the operator can visualize the amount of clot material PE collected in the clot reservoir **306** to at least partially determine whether another pass is needed. In other embodiments, the operator can rely on imaging (e.g., fluoroscopic imaging) of the blood vessel BV or other techniques known in the art to determine whether an additional pass is necessary. If another pass is not needed (e.g., the clot material PE was adequately removed), the operator can elect to withdraw the catheter system **200** from the patient (block **1004**). If clot material PE remains in the vessel, the operator can prepare to redeploy the interventional device ID.

To redeploy the interventional device ID, the method **1000** includes positioning the first valve insert **650** (FIG. 6) and withdrawing the interventional device ID from the patient (block **1005**). In particular, before positioning the first valve insert **650**, the catheter system **200** can be decoupled from the RA device by (i) decoupling the attachment member **408** from the distal portion **100b** of the RA device **100** and (ii) removing the delivery sheath **204** and/or guidewire from the channel **116**. Additionally, in some embodiments, the clamp **410** can be actuated (e.g., closed) to prevent fluid flow from the guide catheter **206** into the tubing system **300** during withdrawal of the interventional device ID.

The first valve insert **650** can be advanced over the delivery sheath **204** and/or guidewire of the catheter system **200** until it is positioned (e.g., seated) at least partially

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within the attachment member **408** (FIGS. 7A and 7B). Once the first valve insert **650** is positioned within the attachment member **408**, the interventional device ID and delivery sheath can be fully withdrawn from the patient. For example, in some embodiments, the operator may grip a portion of the delivery sheath **204** that is exposed proximally from the RA device **100** and pull the delivery sheath **204** and interventional device ID proximally through the guide catheter **206**. In some embodiments, the first valve insert **650** is only positioned within the attachment member **408** when the interventional device ID is proximate the attachment member **408**. That is, the operator may partially withdraw the delivery sheath **204** and interventional device ID within the guide catheter **206** before advancing the first valve insert **650** into position. In some embodiments, the delivery sheath **204** includes a marking (e.g., a specific color pattern) configured to indicate to the operator that the distal end of the delivery sheath **204** and/or the interventional device ID is near (e.g., proximally approaching) the attachment member **408**. In certain embodiments, the guidewire of the catheter system **200** is pinned during withdrawal of the interventional device ID and the delivery sheath **204** such that the guidewire does not move relative to the interventional device ID and the delivery sheath **204**. Therefore, in such embodiments, the guidewire does not need to be re-advanced to the treatment site prior to an additional pass.

In operation, the first valve insert **650** helps create a lumen of constant diameter through the attachment member **408** such that a diameter of the interventional device ID does not substantially change (e.g., expand and/or contract) as the interventional device ID is withdrawn proximally through the attachment member **408**. In particular, the first valve insert **650** can effectively shield the interventional device ID from the valve **445** of the attachment member **408**. Without the first valve insert **650**, as the interventional device ID is withdrawn proximally it can expand within the attachment member **408** (e.g., as the interventional device ID passes through the second portion **441b** of the first lumen **441**) before being squeezed (e.g., radially collapsed) as it passes through the valve **445**. Without the first valve insert **650**, the valve **445** may strip (e.g., break off, shear, etc.) clot material PE that held by the interventional device ID. This can cause clot material PE to remain in the attachment member **408** after the interventional device ID is fully withdrawn from the patient, which presents a significant risk that remaining clot material PE will be reintroduced into the blood vessel BV of the patient if a second pass is made with the interventional device ID without fully removing the guide catheter **206** from the patient to enable cleaning of the guide catheter **206** and the attachment member **408**. The first valve insert **650** of the present technology inhibits clot material PE engaged with the interventional device ID from being stripped by the valve **445** within the attachment member **408** and, therefore, enables a second pass with the interventional device ID to be made without removing the guide catheter **206** from the patient.

The method **1000** includes removing the first valve insert **650** and positioning the second valve insert **860** (FIG. 9) (block **1006**). For example, the first valve insert **650** can be withdrawn proximally over the guidewire of the catheter system **200** and the second valve insert **860** can then be advanced distally over the guidewire until it is positioned within the attachment member **408**. In some embodiments, the first valve insert **650** is removed and the second valve insert **860** is inserted into the attachment member **408** immediately after the delivery sheath **204** and interventional device ID are withdrawn from the patient. Prompt removal

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of the first valve insert **650** can restore function of the valve **445** and prevent excess blood from leaking through the lumen **654** of the first valve insert **650** once the delivery sheath **204** and interventional device ID are removed.

Positioning the second valve insert **860** further includes adjusting (tightening) the second valve insert **860** over the guidewire to seal the proximal opening **443a** of the attachment member **408**. In some embodiments, the method **1000** need not include positioning of the second valve insert **860**. Instead, the valve **445** of the attachment member **408** may provide a suitable seal for subsequent aspiration steps. However, in some embodiments, use of the second valve insert **860** can provide a better seal between the guidewire of the catheter system **200** and the attachment member **408**, and thus improve the efficiency of aspiration using the RA device **100**.

The method **1000** includes aspirating the guide catheter **206** by, for example, pumping or cycling the lever **104** of the RA device **100** one or more times (block **1007**). In embodiments where the clamp **410** was previously closed (e.g., at block **1005**), prior to pumping the lever **104**, the operator can actuate (e.g., open) the clamp **410** to permit fluid flow from the guide catheter **206** into the tubing system **300**. Aspirating the guide catheter **206** removes any residual clot material PE remaining in the guide catheter **206**. Accordingly, the residual clot material PE is not reintroduced into the blood vessel BV of the patient when the interventional device ID and delivery sheath **204** are subsequently advanced through the guide catheter **206** during another pass. In certain embodiments, the guide catheter **206** can further be flushed with a fluid (e.g., heparinized saline). For example, the connector **417** can be decoupled from the tubing system **300** and the fluid can be introduced from a flushing device (e.g., a syringe) through a flush port adapter coupled (e.g., semi-permanently coupled) to the connector **417**.

In some embodiments, the guide catheter **206** can be aspirated without use of the RA device **100**. For example, a syringe or other pressure source can be fluidly coupled directly to the connector **417** and used to aspirate the guide catheter **206**. In such embodiments, opening of the clamp **410** fluidly connects the syringe to the lumen **205** of the guide catheter **206** and closing of the clamp **410** fluidly disconnects the syringe from the lumen **205** of the guide catheter **206**. In some embodiments, the syringe or other pressure source can be pre-charged with a vacuum—such as by drawing a plunger of the syringe with the clamp **410** closed. The clamp **410** can then be opened to instantaneously or nearly instantaneously (e.g., immediately) apply the stored vacuum pressure to the tubing system **300** and to the lumen **205** of the guide catheter **206**, thereby generating suction throughout the guide catheter **206**. In particular, suction can be generated at a distal portion of the guide catheter **206**. In one aspect of the present technology, pre-charging or storing the vacuum before applying the vacuum to the lumen **205** of the guide catheter **206** is expected to generate greater suction forces with a faster ramp time (and correspondingly greater fluid flow velocities) at and/or near a distal portion of the guide catheter **206** as compared to, for example, simply activating the pressure source of the RA device **100** by cycling the lever **104** of the RA device **100**. These suction forces generated by application of the stored vacuum can be used to not only aspirate the guide catheter **206**, but also to aspirate or otherwise remove some or all of the clot material PE remaining in the blood vessel BV after retraction of the interventional device ID.

The method **1000** includes flushing the tubing system **300** (block **1008**). In some embodiments, flushing the tubing

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system **300** includes (i) actuating (e.g., closing) the clamp **410** to inhibit fluid flow from the guide catheter **206** into the tubing system **300**, (ii) disconnecting the tubing section **326** of the clot reservoir **306** from the tubing section **302e** and the connector **417** of the tubing system **300**, (iii) placing the tubing section **326** into a container of fluid (e.g., saline), and (iv) pumping the lever **104** of the RA device **100** to draw the fluid through the tubing system **300**. In some embodiments, the housing **322** of the clot reservoir **306** can be temporarily disconnected (e.g., unscrewed) from the cap assembly **330** so that the clot material PE in the clot reservoir **306** can be removed. In certain embodiments, the tubing system **300** need not be flushed prior to a second pass with the interventional device ID or another interventional device. In some embodiments, flushing the tubing system **300** can include attaching a syringe to the fluid connector **332** of the clot reservoir **306** and/or to the tubing section **302a** of the tubing system **300** and using the syringe to generate a negative pressure to draw the fluid through the clot reservoir **306**.

After the tubing system **300** has been flushed, the method **1000** can return to block **1001**. In particular, the same interventional device ID and delivery sheath **204** can be cleaned and subsequently advanced through the guide catheter **206** and to the remaining clot material PE in the blood vessel BV. In some embodiments, a new interventional device and delivery sheath can be used for each pass to reduce the likelihood of contamination (e.g., reintroduction of clot material PE into the patient). Once the desired amount of clot material PE has been removed from the patient, the catheter system **200** may be fully withdrawn from the patient (block **1004**).

In one aspect of the present technology, the method **1000** provides for multiple passes of an interventional device without requiring that the entire guide catheter be removed after each pass. Accordingly, the present technology allows for only a single insertion of a guide catheter during a procedure including multiple passes to remove clot material—increasing the speed of the procedure and reducing trauma to the patient since the guide catheter does not need to be reintroduced (e.g., advanced through the vasculature and past the heart) before each pass.

Moreover, in certain embodiments, the present technology can enable the guide catheter **206** to be relocated to an alternate treatment site within the patient without removing the guide catheter **206** from the patient and, therefore, without reintroducing the guide catheter **206** through the heart. For example, the guide catheter **206** can be relocated to another treatment site within the lungs including a treatment site in the opposite lung. More specifically, (i) a dilator can be reintroduced into the guide catheter **206**, (ii) the guide catheter **206** can be withdrawn into the main pulmonary artery, (iii) the guidewire can be redirected to the new treatment site, (iv) the guide catheter **206** can be advanced over the guidewire to the new treatment site, and (v) the dilator can be removed.

Additional details of the systems, devices, and methods described above with reference to FIGS. **4-9** are provided in Appendix B to this application.

IV. OTHER SELECTED EMBODIMENTS OF ATTACHMENT/VALVE MEMBERS, AND ASSOCIATED DEVICES AND METHODS OF USE

FIG. **11** is a side view of an attachment/valve member **1108** (“attachment member **1108**”) of the catheter system

200 and a second fluid control unit 1110 of the tubing system 300 in accordance with embodiments of the present technology. The attachment member 1108 and the second fluid control unit 1110 can have some features generally similar to the features of the attachment members 208, 408 and the second fluid control unit 310, 410, respectively, described above with reference to FIGS. 1A-10. For example, the attachment member 1108 can be integral with or coupled to a proximal portion of the guide catheter 206 and configured to be detachably coupled to the RA device 100 (FIGS. 1A and 1B; e.g., via a snap-fit arrangement) to at least partially secure the catheter system 200 to the RA device 100. When secured to the RA Device 100, the attachment member 1108 can fluidly connect the lumen 205 (e.g., an aspiration lumen) of the guide catheter 206 to the tubing system 300 of the clot retrieval system 1 via the tubing section 302f. Likewise, the second fluid control unit 1110 can be a stopcock ("stopcock 1110") that is externally operable to regulate the flow of fluid through the tubing section 302f.

As further shown in FIG. 11, the tubing system 300 can include a connector 1117 for, for example, fluidly connecting the tubing section 302f and the stopcock 1110 to other portions of the tubing system 300 (e.g., those shown in FIGS. 1A and 1B). In some embodiments, the connector 1117 is a quick-release connector that enables rapid coupling/decoupling of the tubing section 302f and stopcock 1110 to other components of the tubing system 300.

FIG. 12 is a side view of the stopcock 1110 in accordance with embodiments of the present technology. In the embodiment illustrated in FIG. 12, the stopcock 1110 includes a grip member (e.g., a handle, a knob, etc.) 1211 that can be actuated (e.g., twisted by the hand of an operator) to partially or fully restrict fluid flow through the tubing section 302f. In some embodiments, the stopcock 1110 also includes an injection port 1212 (e.g., a needleless injection port) configured to receive a syringe or other fluid delivery member therethrough. In some embodiments, the injection port 1212 permits fluid to be introduced into the attachment member 1108 and the guide catheter 206 without requiring that a connector 1117 be decoupled from the tubing system 300. For example, in some embodiments, an operator can actuate the stopcock 1110 (e.g., twist the grip member 1211) to close the stopcock 1110 and subsequently introduce a syringe at the injection port 1212 to flush the guide catheter 206 with a fluid (e.g., saline) introduced via the syringe.

FIGS. 13A and 13B are side cross-sectional views of the attachment member 1108 in a first configuration and a second configuration, respectively, in accordance with embodiments of the present technology. The attachment member 1108 can be, for example, a garrote valve (e.g., a hemostasis valve) as disclosed in provisional U.S. Patent Application No. 62/554,931, filed Sep. 6, 2017, and titled "HEMOSTASIS VALVES AND METHODS OF USE," which is reproduced in Appendix D to this application, and which is incorporated herein by reference in its entirety.

In particular, referring to FIGS. 13A and 13B together, the attachment member 1108 can include a housing 1370 having a proximal opening 1373a and a distal opening 1373b, and defining a first lumen (e.g., an interior channel) 1371 extending between the proximal and distal openings 1373a, 1373b. The housing 1370 further includes a branch portion 1380 configured to be coupled to the tubing section 302f and defining a second lumen 1381 branching from the first lumen 1371. In some embodiments, the second lumen 1381 can have a relatively large diameter (e.g., between about 0.098 inch and 0.210 inch, about 0.210 inch, greater than 0.210 inch, etc.) to help inhibit clogging and/or collection of

clot material within the attachment member 1108 during, for example, aspiration of the guide catheter 206. In one aspect of the present technology, the first lumen 1371 can have a generally constant diameter along its length.

As shown, a tubular member (e.g., an elongate member) 1372 can extend at least partially through the first lumen 1371 to define a central lumen 1374 that is generally coaxial with the first lumen 1371. In some embodiments, the tubular member 1372 can comprise a compliant tubular structure (e.g., a silicon tube) that can be, for example, a thin-walled compliant tubular structure. The thin-walled structure of the tubular member 1372 can facilitate the collapse, and specifically the uniform collapse of the tubular member 1372 and sealing of the tubular member 1372. For example, the attachment member 1108 can further include an actuation mechanism 1375 coupled to the tubular member 1372 and configured to collapse and seal the tubular member 1372 via compression and/or constriction of one or more filaments 1376 coupled to the tubular member 1372.

More specifically, in some embodiments, the actuation mechanism 1375 can be a manual actuator such as one or more buttons 1378. Depression or release of the buttons can, in some embodiments, facilitate sealing of the tubular member 1372 around tools or instruments of a wide range of sizes and/or diameters that fit through the tubular member 1372. For example, FIG. 13A illustrates the attachment member 1108 with the actuation mechanism 1375 in the first configuration in which the tubular member 1372 is in a collapsed and/or sealed state having a minimum diameter (e.g., conformed to a diameter of a portion of a catheter system inserted therethrough). In the embodiment shown in FIG. 13A, the actuation mechanism 1375 is biased (e.g., by one or more springs 1377) to maintain the tubular member 1372 in the collapsed state. Specifically, in the first configuration, the actuation mechanism 1375 can tighten the filament 1376 to constrict or compress the tubular member 1372 to seal the central lumen 1374 of the tubular member 1372. Thus, when the buttons 1378 are not depressed, the attachment member 1108 can provide a hemostatic seal.

As shown in the embodiment of FIG. 13B, the attachment member 1108 is in an expanded (e.g., open) and/or unsealed state having a maximum diameter (e.g., a diameter generally the same as the first lumen 1371). More particularly, one or more of the buttons 1378 may be depressed to, for example, loosen the filament 1376 and allow expansion of the tubular member 1372 to unseal the central lumen 1374 of the tubular member 1372.

Accordingly, the actuation mechanism 1375 and tubular member 1372 of the attachment member 1108 provide for sealing of the attachment member 1108 around, for example, various components of the catheter system 200 (e.g., the delivery sheath 204, the pull member 202, the guidewire, the interventional device ID, etc.) that are inserted through the attachment member 1108 for advancement to the treatment site in the blood vessel BV. Moreover, in the second configuration, the central lumen 1374 of the tubular member 1372 and the first lumen 1371 of the housing 1370 can together provide a continuous lumen of generally constant diameter. As described above, such a constant diameter can prevent clot material PE associated with the interventional device ID from getting stuck in (e.g., remaining in) the attachment member 1108 as the interventional device ID is retracted through the attachment member 1108—thus minimizing the risk of reintroducing clot material to the patient upon a second pass using the interventional device ID (or another interventional device).

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FIG. 14 is a flow diagram of a process or method 1400 for operating the clot retrieval system 1 including the attachment member 1108 to remove clot material from within a blood vessel (e.g., a pulmonary blood vessel) of a human patient in accordance with embodiments of the present technology. Although some features of the method 1400 are described in the context of the embodiments shown in FIGS. 1A, 1B, and 11-13 for sake of illustration, one skilled in the art will readily understand that the method 1400 can be carried out using other suitable systems and/or devices.

The method 1400 includes engaging the interventional device ID of the catheter system 200 with the clot material PE in the blood vessel BV as, for example, described above with reference to FIGS. 2A-2D (block 1401). In particular, the attachment member 1108 of the catheter system 200 can be coupled to the RA device 100, and the interventional device ID can be deployed within at least a portion of the clot material PE by proximally retracting the delivery sheath 204 relative to the interventional device ID.

The method 1400 continues by proximally retracting the interventional device ID and associated clot material PE into the guide catheter 206 of the catheter system 200 until a distal terminus of the clot material PE is proximal from a distal terminus of the guide catheter 206 as, for example, described above with reference to FIGS. 2E-2G (block 1402). In particular, the RA device 100 can be pumped or cycled one or more times (e.g., one time, three times, five times, etc.) to retract the interventional device ID and/or delivery sheath 204 into the guide catheter 206 while simultaneously aspirating the lumen 205 of the guide catheter 206 to remove clot material PE and blood, which are drawn through the attachment member 1108 of the catheter system 200 and into the tubing system 300 (e.g., through the clot reservoir 306 to the reservoir 320).

In some embodiments, the interventional device ID can be retracted proximally into the guide catheter 206 without use of the RA device 100. For example, the operator can manually retract the interventional device ID and associated clot material PE into the guide catheter 206.

After the initial deployment of the interventional device ID in blocks 1401 and 1402, the operator can determine whether it is necessary or desirable to redeploy the interventional device ID within the blood vessel BV of the patient in order to remove additional clot material PE that was not removed during a previous pass with the interventional device ID (block 1403). In some embodiments, the operator can visualize the amount of clot material PE collected in the clot reservoir 306 to at least partially determine whether another pass is needed. In other embodiments, the operator can rely on imaging (e.g., fluoroscopic imaging) of the blood vessel BV or other techniques known in the art to determine whether an additional pass is necessary. If another pass is not needed (e.g., the clot material PE was adequately removed), the operator can elect to withdraw the catheter system 200 from the patient at block 1404. If clot material PE remains in the vessel, the operator can prepare to redeploy the interventional device ID.

To redeploy the interventional device ID, the method 1400 includes withdrawing the interventional device ID from the patient (block 1405). In particular, before withdrawing the interventional device ID, the catheter system 200 can be decoupled from the RA device by (i) decoupling the attachment member 1108 from the distal portion 100b of the RA device 100 and (ii) removing the delivery sheath 204 and/or guidewire from the channel 116 of the RA device 100. Additionally, in some embodiments, the stopcock 1110 can be actuated (e.g., twisted closed) to prevent fluid flow

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from the guide catheter 206 into the tubing system 300 during withdrawal of the interventional device ID.

The delivery sheath 204 and/or another component of the catheter system 200 may then be manually (e.g., by the operator) or automatically pulled proximally to withdraw the interventional device ID from the patient. Before the interventional device ID and associated clot material PE are withdrawn through the attachment member 1108, the actuation mechanism 1375 of the attachment member 1108 can be actuated (e.g., by depressing the buttons 1378) to move the tubular member 1372 to the second configuration (e.g., to open the tubular member 1372) such that the central lumen 1374 of the tubular member 1372 and the first lumen 1371 of the housing 1370 together provide a continuous lumen of generally constant diameter. Accordingly, the interventional device ID can be fully withdrawn (e.g., retracted proximally) through the attachment member 1108 without causing a significant amount of clot material PE associated with the interventional device ID to remain in the attachment member 1108—thus minimizing the risk of reintroducing clot material to the patient upon an additional pass using the interventional device ID (or another interventional device). Moreover, in certain embodiments, the guidewire of the catheter system 200 is pinned during withdrawal of the interventional device ID and the delivery sheath 204 such that the guidewire does not move relative to the interventional device ID and the delivery sheath 204. Therefore, in such embodiments, the guidewire does not need to be re-advanced to the treatment site prior to an additional pass.

Once the interventional device ID has been fully removed from the guide catheter 206 and the attachment member 1108, the attachment member 1108 can be returned to the first (e.g., sealed) configuration by, for example, releasing the buttons 1378. Next, the method includes aspirating the guide catheter 206 by, for example, pumping or cycling the lever 104 of the RA device 100 one or more times (block 1406). In embodiments where the stopcock 1110 was previously closed (e.g., at block 1405), prior to pumping the lever 104, the stopcock 1110 can be opened to permit fluid flow from the guide catheter 206 into the tubing system 300. Aspirating the guide catheter 206 removes any residual clot material PE remaining in the guide catheter 206. Accordingly, the residual clot material PE is not reintroduced into the blood vessel BV of the patient when the interventional device ID and delivery sheath 204 (or another interventional device ID) are subsequently advanced through the guide catheter 206 during another pass. In certain embodiments, the guide catheter 206 can further be flushed with a fluid (e.g., heparinized saline). For example, the fluid can be introduced through the injection port 1212 while simultaneously pressing the buttons 1378 of the attachment member 1108. In certain embodiments, the stopcock 1110 can be closed (e.g., at block 1406), and a syringe can be connected to the injection port 1212 and used to generate a negative pressure prior to opening the stopcock 1110 to permit fluid flow from the guide catheter 206 into the syringe.

In some embodiments, the guide catheter 206 can be aspirated without use of the RA device 100. For example, a syringe or other pressure source can be fluidly coupled directly to the connector 1117 and used to aspirate the guide catheter 206. In such embodiments, opening of the stopcock 1110 fluidly connects the syringe to the lumen 205 of the guide catheter 206 and closing of the stopcock 1110 fluidly disconnects the syringe from the lumen 205 of the guide catheter 206. In some embodiments, the syringe or other pressure source can be pre-charged with a vacuum—such as by drawing a plunger of the syringe with the stopcock 1110

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closed. The stopcock **1110** can then be opened to instantaneously or nearly instantaneously (e.g., immediately) apply the stored vacuum pressure to the tubing system **300** and to the lumen **205** of the guide catheter **206**, thereby generating suction throughout the guide catheter **206**. In particular, suction can be generated at a distal portion of the guide catheter **206**. In one aspect of the present technology, pre-charging or storing the vacuum before applying the vacuum to the lumen **205** of the guide catheter **206** is expected to generate greater suction forces with a faster ramp time (and correspondingly greater fluid flow velocities) at and/or near a distal portion of the guide catheter **206** as compared to, for example, simply activating the pressure source of the RA device **100** by cycling the lever **104** of the RA device **100**. These suction forces generated by application of the stored vacuum can be used to not only aspirate the guide catheter **206**, but also to aspirate or otherwise remove some or all of the clot material PE remaining in the blood vessel BV after retraction of the interventional device ID.

The method **1400** includes flushing the tubing system **300** (block **1407**). In some embodiments, flushing the tubing system **300** includes (i) closing the stopcock **1110** to inhibit fluid flow from the guide catheter **206** into the tubing system **300**, (ii) disconnecting the tubing section **326** of the clot reservoir **306** from the tubing section **300e** of the tubing system **300**, (iii) placing the tubing section **326** into a container of fluid (e.g., saline), and (iv) pumping the lever **104** of the RA device **100** to draw the fluid through the tubing system **300**. In some embodiments, the housing **322** of the clot reservoir **306** can be temporarily decoupled (e.g., unscrewed) from the cap assembly **330** so that the clot material PE in the clot reservoir **306** can be removed. In certain embodiments, the tubing system **300** need not be flushed prior to an additional pass with the interventional device ID. In some embodiments, flushing the tubing system **300** can include attaching a syringe to the fluid connector **332** of the clot reservoir **306** and/or to the tubing section **302a** of the tubing system **300** and using the syringe to generate a negative pressure to draw the fluid through the clot reservoir **306**.

After the tubing system **300** has been flushed, the method **1400** can return to block **1401**. In particular, the same interventional device ID and delivery sheath **204** can be cleaned and subsequently advanced through the guide catheter **206** and to the remaining clot material PE in the blood vessel. In some embodiments, a new interventional device ID and delivery sheath **204** can be used for each pass to reduce the likelihood of contamination (e.g., reintroduction of clot material PE). Once the desired amount of clot material PE has been removed from the patient, the catheter system **200** may be fully withdrawn from the patient (block **1404**).

In one aspect of the present technology, the method **1400** provides for multiple passes of an interventional device without requiring that the entire guide catheter be removed after each pass. Accordingly, the present technology allows for only a single insertion of a guide catheter during a procedure including multiple passes to remove clot material—increasing the speed of the procedure and reducing trauma to the patient since the guide catheter does not need to be reintroduced (e.g., advanced through the vasculature and past the heart) before each pass.

Moreover, in certain embodiments, the present technology can enable the guide catheter **206** to be relocated to an alternate treatment site within the patient without removing the guide catheter **206** from the patient and, therefore, without reintroducing the guide catheter **206** through the

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heart. For example, the guide catheter **206** can be relocated to another treatment site within the lungs including a treatment site in the opposite lung. More specifically, (i) a dilator can be reintroduced into the guide catheter **206**, (ii) the guide catheter **206** can be withdrawn into the main pulmonary artery, (iii) the guidewire can be redirected to the new treatment site, (iv) the guide catheter **206** can be advanced over the guidewire to the new treatment site, and (v) the dilator can be removed.

Additional details of the systems, devices, and methods described above with reference to FIGS. **11-14** are provided in Appendix C to this application.

V. EXAMPLES

1. A method for the intravascular treatment of clot material from a treatment site within a blood vessel of a human patient, the method comprising:

engaging a first interventional device with the clot material at the treatment site in the blood vessel;

retracting the first interventional device and a portion of the clot material into a distal portion of an elongated shaft;

inserting a first valve insert into an attachment member coupled to a proximal portion of the elongated shaft; withdrawing the first interventional device and the portion of the clot material proximally through (a) the elongated shaft, (b) the attachment member, and (c) the first valve insert;

inserting a second valve insert into the attachment member instead of the first valve insert;

aspirating the elongated shaft; and advancing a second interventional device distally through the elongated shaft to the treatment site.

2. The method of example 1 wherein, after inserting the first valve insert into the attachment member, the first valve insert and the attachment member together define a lumen having a generally constant diameter.

3. The method of example 2 wherein the diameter of the lumen is generally the same as the diameter of the elongated shaft.

4. The method of any one of examples 1-3 wherein inserting the first valve insert into the attachment member includes exercising a valve of the attachment member.

5. The method of any one of examples 1-4, further comprising actuating the second valve insert to seal the attachment member.

6. The method of any one of examples 1-5 wherein the first interventional device and the second interventional device are the same interventional device, and wherein the method further comprises cleaning the interventional device to remove the portion of the clot material.

7. The method of any one of examples 1-6, further comprising engaging the second interventional device with remaining clot material at the treatment site in the blood vessel.

8. The method of any one of examples 1-7 wherein aspirating the elongated shaft includes aspirating, into the elongated shaft, at least a portion of clot material remaining at the treatment site in the blood vessel.

9. The method of example 8 wherein aspirating the elongated shaft includes—

coupling a syringe to the elongated shaft via a fluid control unit, wherein opening of the fluid control unit fluidly connects the syringe to the elongated shaft, and wherein closing of the fluid control device fluidly disconnects the syringe from the elongated shaft;

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drawing a plunger of the syringe to generate a vacuum while the fluid control unit is closed; and opening the fluid control unit to apply the vacuum to the elongated shaft to thereby aspirate the portion of the remaining clot material into the elongated shaft.

10. The method of example 9 wherein the fluid control unit is a clamp.

11. A method for the intravascular treatment of clot material from a treatment site within a blood vessel of a human patient, the method comprising:

engaging a first interventional device with the clot material at the treatment site in the blood vessel;

retracting the first interventional device and a portion of the clot material into a distal portion of an elongated shaft;

withdrawing the interventional device and the portion of the clot material from the blood vessel through the elongated shaft and an attachment member coupled thereto, including—

before withdrawing the interventional device through the attachment member, actuating the attachment member to move the attachment member from a first configuration in which a lumen of the attachment member is sealed to a second configuration in which the lumen of the attachment member is open;

after withdrawing the interventional device through the attachment member, actuating the attachment member to return the attachment member to the first configuration from the second configuration;

aspirating the elongated shaft; and

advancing a second interventional device distally through the elongated shaft to the treatment site.

12. The method of example 11 wherein actuating the attachment member includes pressing one or more buttons on the attachment member.

13. The method of example 11 or 12 wherein in the second configuration, the lumen of the attachment member has a generally constant diameter.

14. The method of example 13 wherein the diameter of the lumen is generally the same as a diameter of the elongated shaft.

15. The method of any one of examples 11-14 wherein the first interventional device and the second interventional device are the same interventional device, and wherein the method further comprises cleaning the interventional device to remove the portion of the clot material.

16. The method of any one of examples 11-15, further comprising engaging the second interventional device with remaining clot material in the blood vessel.

17. The method of one of examples 11-16 wherein aspirating the elongated shaft includes—

coupling a syringe to the elongated shaft via a stopcock, wherein opening of the stopcock fluidly connects the syringe to the elongated shaft, and wherein closing of the stopcock fluidly disconnects the syringe from the elongated shaft;

drawing a plunger of the syringe to generate a vacuum while the stopcock is closed; and

opening the stopcock to apply the vacuum to the elongated shaft to thereby aspirate, into the elongated shaft, at least a portion of clot material remaining at the treatment site in the blood vessel.

18. A method for the intravascular treatment of clot material from a treatment site within a blood vessel of a human patient, the method comprising:

engaging an interventional device with the clot material at the treatment site in the blood vessel;

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retracting the interventional device and a portion of the clot material into a distal portion of a lumen of an elongated shaft;

unsealing an attachment member coupled to a proximal portion of the elongated shaft;

withdrawing the interventional device and the portion of the clot material through the lumen of the elongated shaft and through the attachment member;

sealing the attachment member;

aspirating the elongated shaft; and

advancing the same or a different interventional device distally through the lumen of the elongated shaft to the treatment site.

19. The method of example 18 wherein unsealing the attachment member includes exercising a valve of the attachment member such that a lumen of the attachment member has a diameter that is about equal to a diameter of the lumen of the elongated shaft.

20. The method of example 18 or 19, further comprising: engaging the same or the different interventional device with clot material remaining in the blood vessel; and retracting the same or the different interventional device and a portion of the remaining clot material into the distal portion of the lumen of the elongated shaft;

unsealing the attachment member; and

withdrawing the same or the different interventional device and the portion of the remaining clot material through the lumen of the elongated shaft and through the attachment member.

VI. CONCLUSION

The above detailed descriptions of embodiments of the technology are not intended to be exhaustive or to limit the technology to the precise form disclosed above. Although specific embodiments of, and examples for, the technology are described above for illustrative purposes, various equivalent modifications are possible within the scope of the technology as those skilled in the relevant art will recognize. For example, although steps are presented in a given order, alternative embodiments may perform steps in a different order. The various embodiments described herein may also be combined to provide further embodiments.

From the foregoing, it will be appreciated that specific embodiments of the technology have been described herein for purposes of illustration, but well-known structures and functions have not been shown or described in detail to avoid unnecessarily obscuring the description of the technology. Where the context permits, singular or plural terms may also include the plural or singular term, respectively.

Moreover, unless the word “or” is expressly limited to mean only a single item exclusive from the other items in reference to a list of two or more items, then the use of “or” in such a list is to be interpreted as including (a) any single item in the list, (b) all of the items in the list, or (c) any combination of the items in the list. Additionally, the term “comprising” is used throughout to mean including at least the recited feature(s) such that any greater number of the same feature and/or additional types of other features are not precluded. It will also be appreciated that specific embodiments have been described herein for purposes of illustration, but that various modifications may be made without deviating from the technology. Further, while advantages associated with some embodiments of the technology have been described in the context of those embodiments, other

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embodiments may also exhibit such advantages, and not all embodiments need necessarily exhibit such advantages to fall within the scope of the technology. Accordingly, the disclosure and associated technology can encompass other embodiments not expressly shown or described herein.

I claim:

1. An aspiration system, comprising:

a vacuum source;

connection tubing fluidically coupled to the vacuum source;

a catheter fluidically coupled to the vacuum source;

a filter chamber coupled to the connection tubing at a location apart from the vacuum source, wherein the filter chamber comprises a housing and a filter within the housing, and wherein the housing includes—

a first end portion;

a second end portion;

a port at the first end portion configured to be fluidically coupled to the catheter; and

a fluid connector at the second end portion configured to be coupled to the connection tubing; and

wherein the filter is in the housing along a first flow path between the port and the fluid connector, and wherein

the catheter is fluidically coupled to the vacuum source via the filter chamber along a second flow path;

a flow controller fluidically coupling the filter chamber to the catheter, wherein the flow controller is along the second flow path between the filter chamber and the catheter such that flow from the catheter to the filter chamber is controlled proximate to the catheter; and

a hemostasis valve fluidically coupled to the catheter along a third flow path different than the second flow path, wherein the hemostasis valve is configured to maintain hemostasis by preventing proximal fluid flow along the third flow path when an interventional device is inserted through the hemostasis valve and the catheter.

2. The aspiration system of claim 1 wherein the flow controller comprises a flow control unit between the filter chamber and the catheter.

3. The aspiration system of claim 2 wherein the flow control unit comprises a stopcock valve.

4. The aspiration system of claim 2 wherein the flow control unit comprises a clamp.

5. The aspiration system of claim 1, further comprising:

a check valve in the housing along the first flow path, the check valve being configured to allow flow in a direction from the port toward the fluid connector but prevent flow in a direction from the fluid connector to the port.

6. The aspiration system of claim 5 wherein the check valve is positioned between the fluid connector and the filter.

7. The aspiration system of claim 6 wherein the flow controller comprises a valve between the filter chamber and the housing.

8. The aspiration system of claim 1, further comprising a check valve.

9. The aspiration system of claim 1, further comprising a check valve in the housing between the second end portion and the filter.

10. The aspiration system of claim 1 wherein the first flow path is fluidically connected in serial to the second flow path.

11. An aspiration system, comprising:

a vacuum source;

connection tubing fluidically coupled to the vacuum source;

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a filter chamber coupled to the connection tubing at a location apart from the vacuum source, wherein the filter chamber comprises a housing and a filter within the housing, and wherein the housing includes—

a first end portion;

a second end portion;

a port at the first end portion configured to be fluidically coupled to the catheter; and

a fluid connector at the second end portion configured to be coupled to the connection tubing; and

wherein the filter is in the housing along a first flow path between the port at the first end portion and the fluid connector at the second end portion;

a check valve in the housing along the first flow path, wherein the check valve is positioned between the fluid connector and the filter, and wherein the check valve is configured to allow flow in a direction from the port toward the fluid connector but prevent flow in a direction from the fluid connector to the port;

a catheter fluidically coupled to the vacuum source via the filter chamber along a second flow path; and

a flow controller fluidically coupling the filter chamber to the catheter, wherein the flow controller is along the second flow path between the filter chamber and the catheter such that flow from the catheter to the filter chamber is controlled proximate to the catheter.

12. The aspiration system of claim 11 wherein the flow controller comprises a valve between the filter chamber and the housing.

13. The aspiration system of claim 11 wherein the first flow path is fluidically connected in serial to the second flow path.

14. The aspiration system of claim 11, further comprising a hemostasis valve fluidically coupled to the catheter along a third flow path different than the second flow path, wherein the hemostasis valve is configured to maintain hemostasis by preventing proximal fluid flow along the third flow path when an interventional device is inserted through the hemostasis valve and the catheter.

15. An aspiration system, comprising:

a vacuum source;

connection tubing fluidically coupled to the vacuum source;

a filter chamber coupled to the connection tubing at a location apart from the vacuum source, wherein the filter chamber comprises a housing and a filter within the housing, wherein the filter has a first end portion and a second portion, and wherein the second end portion is configured to be coupled to the connection tubing;

a catheter fluidically coupled to the vacuum source via the filter chamber along a flow path;

a flow controller fluidically coupling the filter chamber to the catheter, wherein the flow controller is along the flow path between the filter chamber and the catheter such that flow from the catheter to the filter chamber is controlled proximate to the catheter; and

a check valve in the housing between the second end portion and the filter.

16. The aspiration system of claim 15 wherein the flow path is a first flow path, and further comprising a hemostasis valve fluidically coupled to the catheter along a second flow path different than the first flow path, wherein the hemostasis valve is configured to maintain hemostasis by preventing

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proximal fluid flow along the second flow path when an interventional device is inserted through the hemostasis valve and the catheter.

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