A Unique Intraluminal Crossing and Subintimal Reentry Catheter for Use in Treating Complex Disease Throughout the Vascular System

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Disclosure

Consultant/Medical Advisory Board

- Abbott
- Bentley
- BSCI
- Cardinal Health/Cordis
- Centerline BioMedical
- Cook Medical
- CR BARD/Becton Dickinson
- CSI
- Endologix
- Inari
- Medtronic
- Micro Medical Solutions
- Penumbra
- Philips
- Terumo/Bolton
- WL Gore
BeBack Crossing Catheter
BeBack crossing catheter
The crossing device with targeted re-entry capabilities

- 2.9/4 F device with 0.014” /0.018” guidewire lumen
Two needle lengths and applications (2.9 F)
Three needle lengths and applications (4 F)
C-shape radiopaque marker

Allows for optimal orientation

* Do not rotate if the needle is out
C-shaped radiopaque marker

- Direction of the needle follows the C mark
- Long Nitinol needle along the catheter full length for superior pushability
- Platinum radiopaque marker is attached on the needle
C-shaped radiopaque marker

- C-shaped marker advances with the needle
Possibilities

2.9 F, antegrade or retrograde
- Tibial arteries
- Fem-pop arteries, but only if not calcified. (4 F still the primary tool)
- Vessels should be at least 2.0 mm

2.9 F
- Tibial arteries
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4 F, antegrade, retrograde and up-and-over
- Iliac-fem-pop arteries
- Posterior tibial and sometimes peroneal arteries (depending on vessel anatomy)
- Vessels should be at least 2.5 mm
- Not for anterior tibial artery
Lesion

Chronic Total Oclusion (CTO)

In-stent restenosis

Subintimal crossing & re-entry
How to position

• It is not another crossing catheter!

• BeBack is a low profile support catheter for crossing and re-entry

  • Pushability for support
  • Low profile for crossing
  • BeBack with the adjustable needle for re-entering the true lumen
  • Multipurpose access possible: antegrade, retrograde and up-and-over

Do you want to BeBack?
# BeBack Crossing Catheter

## Product specifications

<table>
<thead>
<tr>
<th>Function / feature</th>
<th>BeBack crossing catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.9 F</td>
</tr>
<tr>
<td>Introducer sheath compatibility</td>
<td>2.9 F</td>
</tr>
<tr>
<td></td>
<td>5 F for up-and-over</td>
</tr>
<tr>
<td>Guide wire</td>
<td>0.014 inch</td>
</tr>
<tr>
<td>Catheter length</td>
<td>80 cm / 120 cm</td>
</tr>
<tr>
<td>Material needle</td>
<td>Nickel-Titanium alloy (Nitinol)</td>
</tr>
<tr>
<td>Length needle</td>
<td>about 3 mm (straight)</td>
</tr>
<tr>
<td></td>
<td>about 7 mm (curved)</td>
</tr>
<tr>
<td></td>
<td>about 11 mm (curved)</td>
</tr>
<tr>
<td>Profile needle</td>
<td>23.8 Gauge</td>
</tr>
<tr>
<td>Rotation</td>
<td></td>
</tr>
<tr>
<td>Marker</td>
<td>Radiopaque Platinum C-shaped marker, opening of the C indicates needle direction</td>
</tr>
</tbody>
</table>
Key messages

• You’ll BeBack

• The effective low profile catheter for support, crossing and re-entry
• BeBack is available in 2.9 F and 4 F for retrograde, antegrade and up-and-over approach
• Needle at the tip of the catheter in adjustable length and direction
Case Example

- 72-year-old male
- Severe disabling claudication for many years
- Ultrasound showed popliteal occlusion P1 segment
- History of Diabetes Mellitus, PAD, coronary artery disease
Another Case Example

- 57-year-old male
- History of acute onset severe claudication (two years ago)
- Had attempted revascularization at an outside institution, refused bypass surgery
- Ultrasound showed popliteal occlusion P1 segment
Second Intervention
Another Case Example

• 70-year-old male

• History of diabetes, CAD and hypertension

• Rest pain for one year

• Failed attempt at revascularization at an outside institution
First experience with the GoBack* catheter for successful crossing of complex chronic total occlusions in lower limb arteries

- Leipzig University Publication - Journal of Endovascular Therapy (2021)

<table>
<thead>
<tr>
<th>Physician</th>
<th>Inclusion</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Olaf Bakker</td>
<td>• 101 limb-revascularizations</td>
<td>To evaluate the use of GoBack catheter in complex revascularizations in lower limb arteries</td>
<td>Technical success 92.1%</td>
</tr>
<tr>
<td>Leipzig</td>
<td>• Median lesion length 24 cm</td>
<td></td>
<td>Complications:</td>
</tr>
<tr>
<td></td>
<td>• Guidewire crossing failed in all CTO lesions</td>
<td></td>
<td>4.0% amputation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.0% minor bleeding</td>
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<tr>
<td></td>
<td></td>
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<td>6.9% re-occluded</td>
</tr>
</tbody>
</table>

• Conclusion

• First study describing the use of the GoBack catheter in a consecutive series of 100 patients,
• in which standard guidewire-crossing failed. A satisfying technical success rate and a low complication rate was achieved. The GoBack catheter has the potential to increase technical success rate while shortening the procedure time during complex endovascular interventions.

*GoBack is "renamed" to BeBack after acquisition.
Conclusion

The new BeBack catheter offers versatile endovascular applicability for complex CTO recanalization in a broad range of peripheral vascular interventions with high technical success and low complication rate.
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