Empira and Empira NC RX PTCA Dilatation Catheters

The new Empira and Empira NC RX PTCA dilatation catheters (Cordis Corporation, Bridgewater, NJ) recently became commercially available in the US. The Empira and Empira NC balloon catheters are indicated for the balloon dilatation of the stenotic portion of a coronary artery or bypass graft stenosis for the purpose of improving myocardial perfusion. The Empira NC post-dilatation balloon catheter is also indicated for postdelivery expansion of balloon-expandable stents.

Empira balloon catheters utilize the next-generation Duralyn Flex balloon material, which is 50% more flexible than the Duralyn balloon material used in the current Fire Star and Dura Star balloon catheters. This new balloon material, along with several other design and technology changes, have the potential to improve catheter crossability and recrossability while enhancing the controlled growth characteristics of the balloon material.

For indications, contraindications, warnings, precautions, and adverse events, please read the “Essential Prescribing Information,” which can be found on www.cordis.com.

*Compared to Fire Star PTCA Pre-Dilatation Catheter and Dura Star PTCA Post-Dilatation Catheter.

**Data on file at Cordis.

CorPath 200 System

The CorPath 200 (Corindus Vascular Robotics, Natick, MA) is the first robotic-assisted system for percutaneous coronary intervention (PCI) procedures. Cleared by the US Food and Drug Administration in July 2012, the CorPath 200 System allows for controlled placement of coronary guidewires and stent/balloon catheters from an optimized interventional cockpit. The lead-lined cockpit protects the interventional cardiologist from harmful radiation exposure and the seated position in front of monitors may provide enhanced view of the angiography screen while reducing fatigue and minimizing head, neck, and back strain.

“Gaining significant experience with the CorPath 200 system, I was impressed with its performance and the precise control of the interventional devices, including manipulating the guidewire and stent and being able to move the devices precisely in increments as small as 1 mm,” said Giora Weisz, MD, Director of Clinical Research at the Center for Interventional Vascular Therapy at New York-Presbyterian Hospital/Columbia University Medical Center and Associate Professor of Medicine at Columbia University College of Physicians and Surgeons in New York.