...even challenging cases will look easy from now on

Hydrophilic coating providing new frontiers
- Smooth catheter introduction
- Low friction during catheter advancement in tortuous and calcified anatomy
- Reduced vessel trauma in radial approach resulting in more passion comfort
- Less trauma to the vessel wall reducing the risk of debris flowing downstream which could lead to TAVI
- The uncemented proximal 2 cm of the catheter stays outside the body which makes manipulation easier

Very precise control
- No stick slip effect due to hydrophilic coating provides more accurate tip positioning in axial lesions
- The integrated segment in the value of the sheath prevents unintentional movement of the catheter during the procedure
- No catheter friction provides real-time torque control of the tip
- Extravascular ultrathin high strength flat wire building provides high kink resistance against torsional and radial compression and excellent pushability characteristics

Largest inner lumen over the whole range
- Good contrast injection, also in combination with losing balloon technique
- Larger lumens allow expanded device compatibility for large profile devices and enables downstream devices
- 4F 6F 8F 10F

Superior back up support
- Excellent shape retention during prolonged procedure time
- Minimal temperature softening of the catheter providing more passive backup support
- Uncemented segment in the tip providing good grip at catheter and support of opposite artery wall in the additional passive backup support

As of today hydrophilic coating will change the guiding catheter landscape...

Guiding catheter selection considerations

- The guiding catheter is the key to a successful procedure. In combination with the unique features of the PRIMM, the selection of a guiding catheter depends on:

The shape selection
- Femoral or radial approach
- French size 6F, 7F or 8F
- Target vessel: RCA, LAD, LCX or bypass
- Narrow, normal or dilated arterial tree
- Upwards, normal or downward facing coronary artery take off
- Location of the lesion
- Severity of the lesion
- Active support needed
- Amount of calcification in target vessel

French size
- 6F is the workhorse and the majority cases can be successfully performed with a 6F
- 7F mainly for radial approach with small vessel and single vessel disease
- If when the back up support of a 7F may not be sufficient or for multivessel procedures with a 7F to 2.5 mm
- 8F for multivessel procedures with a 9F or bigger than 1.75mm