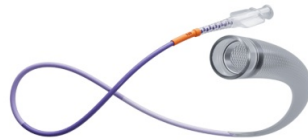


CERENOVUS Launches Next Generation Catheter to Treat Acute Ischemic Stroke in Europe



Next-generation aspiration catheter – CEREGlide™ 71 Aspiration Catheter with TruCourse™ technology now available across Europe

Optimized for effective direct aspiration and delivery of compatible stent retrievers, including the EMBOTRAP™ III Revascularization Device, into the neurovasculature

Latest innovation to join the CERENOVUS Stroke Solutions portfolio which is developed by using the company's expert stroke science insights from its Neuro Thromboembolic Initiative (NTI)

[CERENOVUS](#), part of [Johnson & Johnson MedTech](#), announced the launch of CEREGlide 71 Aspiration Catheter in Europe, a next-generation aspiration catheter equipped with TruCourse™ technology, indicated for the revascularization of patients suffering from acute ischemic stroke. CEREGlide 71 Aspiration Catheter is the latest innovation in a planned CEREGlide Family of Catheters to join the CERENOVUS Stroke Solutions portfolio. CEREGlide 71 is optimized for effective, direct aspiration of blood clots and for the delivery of compatible stent retrievers, including the EMBOTRAP™ III Revascularization Device and CERENOVUS NIMBUS™ geometric clot extractor, into the neurovasculature.

"The CEREGlide 71 Aspiration Catheter using TruCourse™ technology represents a great advancement in acute ischemic stroke treatment," said Mark Dickinson, Worldwide President, CERENOVUS. "It provides physicians with a greater level of flexibility while offering reliable trackability, durable delivery, and versatility for both direct aspiration and stent-retriever use."

Acute ischemic strokes account for 85 percent of all strokes in Europe.¹ By utilizing aspiration catheters during thrombectomy procedures, physicians can restore blood flow in the brain by directly withdrawing a blood clot or using the catheter in combination with a stent retriever. However, in up to nearly 50 percent of cases, challenging anatomical features are present that can impact access to the clot, procedure time, recanalization success, and clinical outcomes.²

The TruCourse™ technology used in the CEREGlide 71 Aspiration Catheter increases flexibility of the device, which is designed to deliver smoother navigation and access to clots, even in challenging anatomical conditions. This provides physicians with optimal compatibility, durable delivery, and reliable trackability during thrombectomy procedures.

"The introduction of the CEREGlide 71 Aspiration Catheter in Europe is an important step in endovascular thrombectomy, as it allows swift targeted clot access and removal during stroke treatment," said Professor Kyriakos Lobotesis, Imperial College London. "With CEREGlide 71 Aspiration Catheter, we can now access occlusion sites and aspirate clots more rapidly and efficiently, maintaining a smooth interaction with stent retrievers when used in co-aspiration. This leads to the prompt restoration of blood flow in the patient's brain, which has the potential to save more lives and improve long-term clinical outcomes."

Devices within the CERENOVUS Stroke Solutions portfolio are developed using CERENOVUS' expert stroke science insights from its Neuro Thromboembolic Initiative (NTI). The results are products that have been tested in models that simulate realworld scenarios and seek to further address clinical unmet needs. The CEREGlide 71 Aspiration Catheter will be included in the next phase of the CERENOVUS EXCELLENT Registry, a real-world registry focused on studying stroke-inducing blood clot removal by mechanical thrombectomy.

Source & Image Credit: [CERENOVUS](#)

References

1. Organisation for Economic Cooperation and Development (OECD). Health at a Glance: Europe 2020: State of Health in the EU Cycle - Mortality following stroke. Available at: <https://www.oecd-ilibrary.org/sites/dbabdd9d-en/index.html?itemId=/content/component/dbabdd9d-en>.

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2. Penide J, et al. Systematic Review on Endovascular Access to Intracranial Arteries for Mechanical Thrombectomy in Acute Ischemic Stroke. Clin Neuroradiol 2022;32:5-12

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