# Tack Endovascular System Certification Guide for Reps

The trainee should be able to verbalize the following:

Tip to tail walk through on device

* All parts, markers, names, measurements, sizing, etc. Refer to product IFU.

**Tack Endovascular System Components**

|  |  |
| --- | --- |
| **6F** | **4F** |
|  |  |

**Tack Implant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6F, 3.5-6.0mm** | | **6F, 4.0-8.0mm** | | |
|  | |  | | |
|  | **4F, 1.5-4.5mm** | |  |
|  |  | |  |

**Delivery System**

|  |
| --- |
| **6F, 3.5-6.0mm and 4.0-8.0mm** |
|  |
| **6F, 3.5-6.0mm and 4.0-8.0mm** |
|  |
| **4F, 1.5-4.5mm** |
|  |

Mark or identify areas to place Tack with physician

* Dry-erase on monitor, ruler, roadmap, dry-erase with IVUS catheter and/or ruler with IVUS catheter, etc.

Deploy 2 Tacks

* 1 regular “as-is” deployment
* 1 “custom-spaced” deployment (demonstrate ability to make slight adjustments to the system, positioning either slightly proximal or slightly distal (“dancing” for second deployment)
* Make appropriate target marks on demo deployment tube)

Demonstrate how to appropriately and completely re-sheath the device. Why is this important?

* Prevents accidental, unwanted deployment of additional Tacks

Identify when Tacks should be placed in the course of treatment in the case.

* We always want to Tack last
* We always want to Tack distal first, then work distal to proximal if more Tacks are needed
  + This is to minimize the chance that we need to cross fresh Tacks with devices to treat distal

Identify how to approach Tack in a dissection.

* Trailing edge, then middle area (if needed), then leading edge
* Work distal to proximal, based on access point

Should Tacks be overlapped?

* No. No benefit is gained in radial force, and the is possible increased risk for restenosis

List the key factors to post dilation.

* Mag up, go slow, and visualize balloon crossing each Tack
* Match balloon to guidewire
* Use a new balloon
* Post dilate with same size balloon as pre-treatment, utilizing same or reduced ATMs pressure

Describe what to do if the balloon looks to be contacting or moving the Tack.

* Stop
* Adjust wire bias
* Adjust balloon (rotation, etc)
* New balloon? Does balloon match guidewire?
* If Tacks look good/physician satisfied and not able to safely cross to post dilate, pass on post dilation

What do we do if Tack fails to resolve dissection and/or physician unsatisfied with result?

* Attempt to re-dilate Tacks if possible
* Attempt to re-dilate Tacks with larger balloon if possible
* Utilize a bail-out stent to address/cover Tack(s) in-question

Walk through the process for a live Tack deployment under fluoro video.

1. [Play](https://share.philips.com/sites/PVVirtualILT/Shared%20Documents/General/Tack%20deployment%20under%20fluoro%20video.mp4) the Tack Deployment under fluoroscopy video.

2. Identify the following on the video

* Distal marker band
* Target band (on sheath)
* Inner core markers, and how many are seen (3)
* Tacks
* Middle markers of Tacks

3. Talk through deployment on the video

* Pull back of target marker band
* Notes slow technique
* Flowering of Tack (once target band has advanced to the next inner core marker)
* When a Tack is fully deployed, and confirmed as deployed (previous Tack fully deploys once the target marker band is over the next Tack)

4. [Click here](https://vimeo.com/533282654/44e8dad515) to view the video answer key.

Practice Grade: \_\_\_\_ Pass: \_\_\_\_\_\_ Fail: \_\_\_\_\_\_