

The background features a dark blue space filled with small white stars. Overlaid on this are several technical diagrams in a light grey color. On the left, there is a large circular scale with numerical markings from 140 to 260 in increments of 10. Several concentric circles and dashed lines with arrows are scattered across the image, suggesting a complex technical or scientific theme.

# SCEPTER MINI INITIAL EXPERIENCE IN MAN

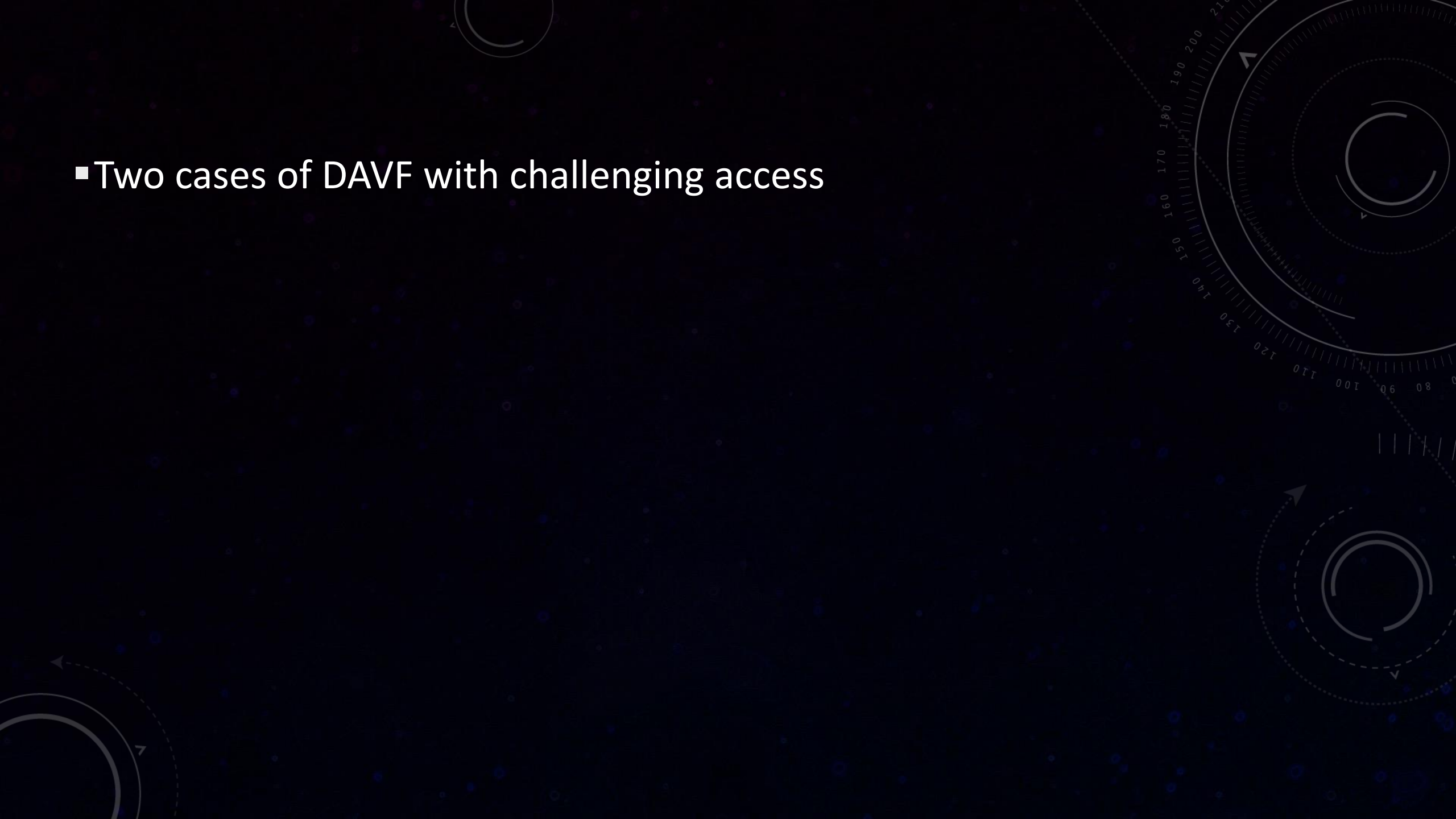
JASON WENDEROTH

PRINCE OF WALES AND LIVERPOOL HOSPITALS

SYDNEY, AUSTRALIA

[JWENDEROTH@SNIS.COM.AU](mailto:JWENDEROTH@SNIS.COM.AU)

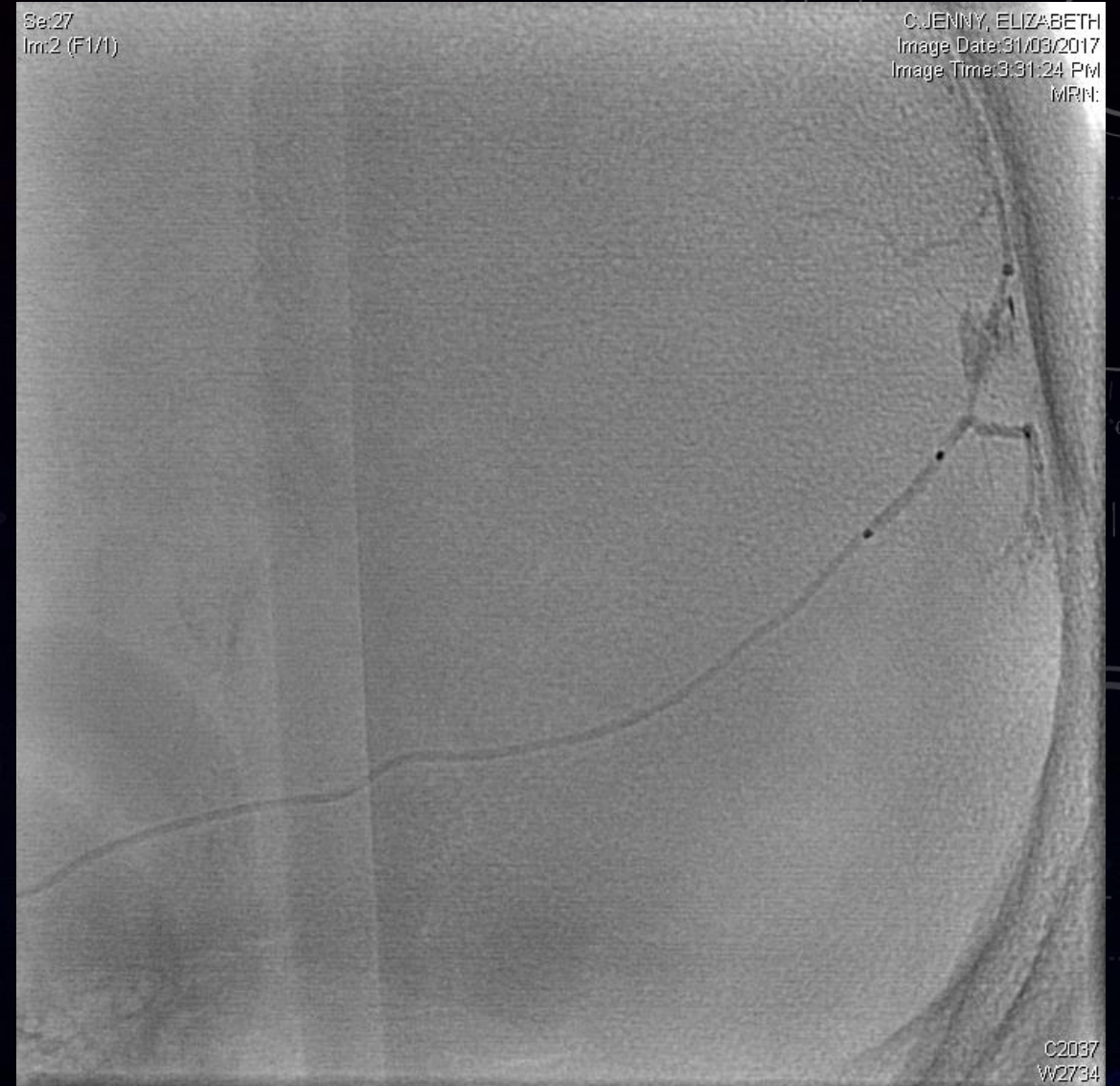
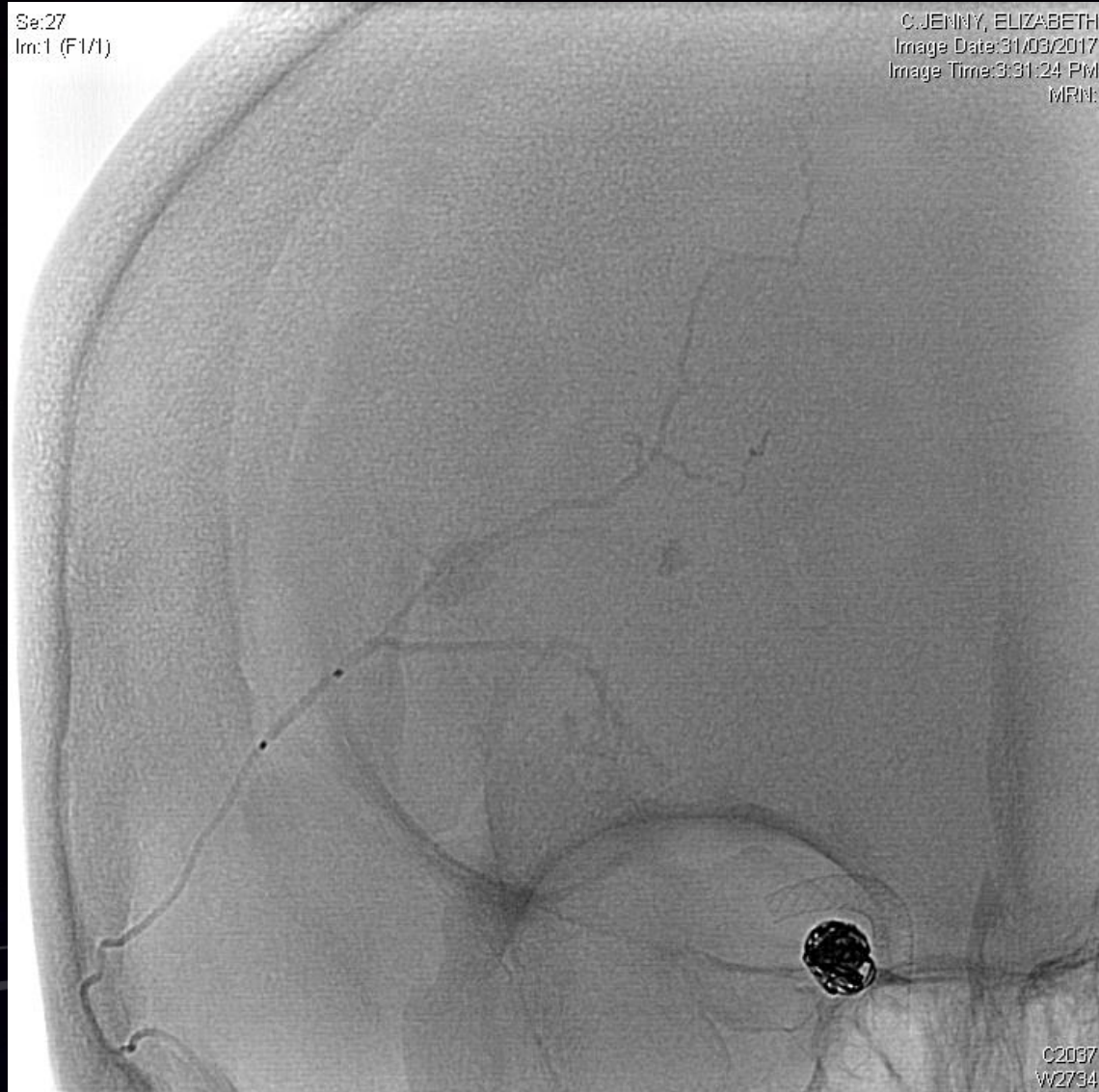
- Two cases of DAVF with challenging access



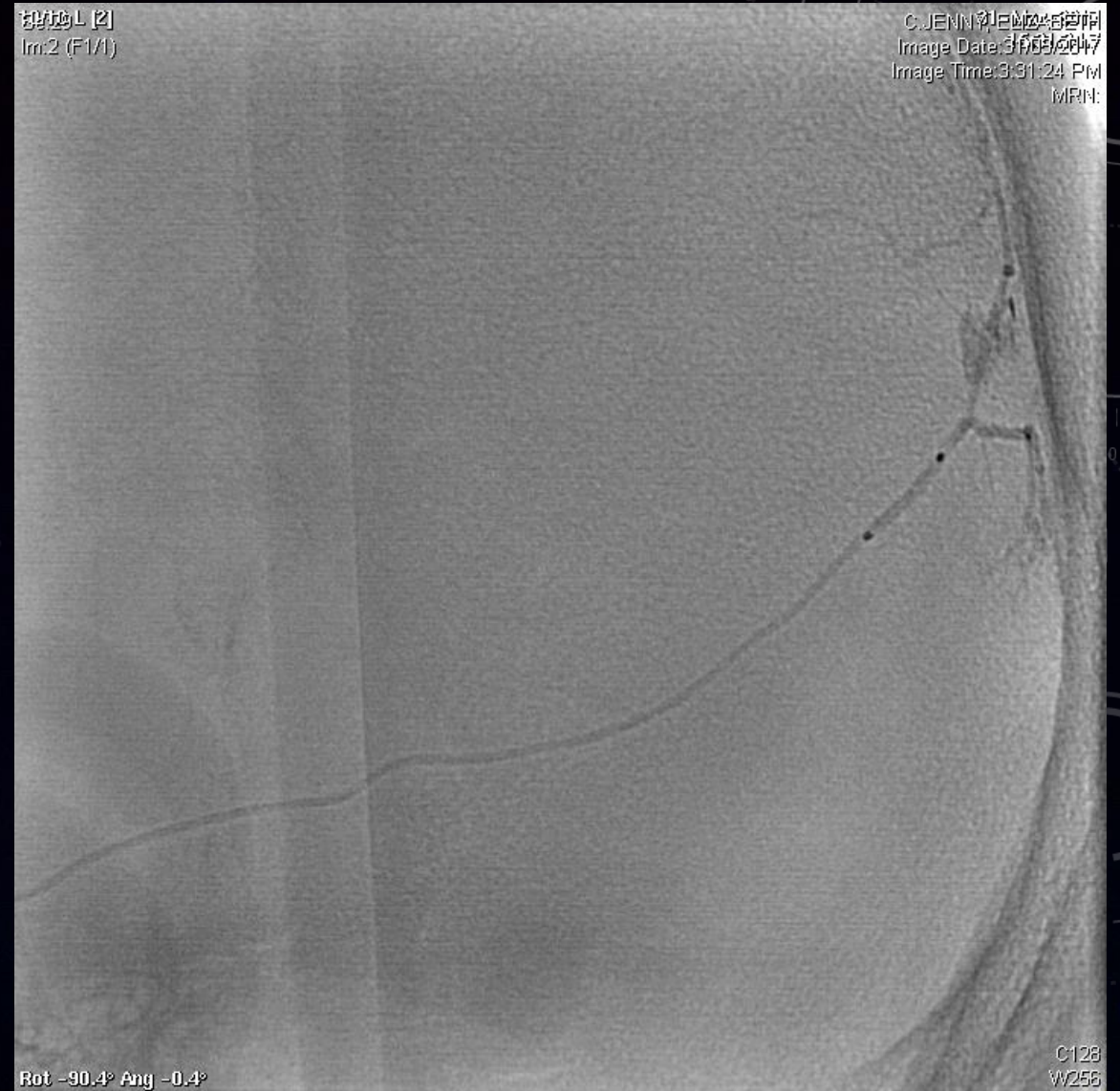
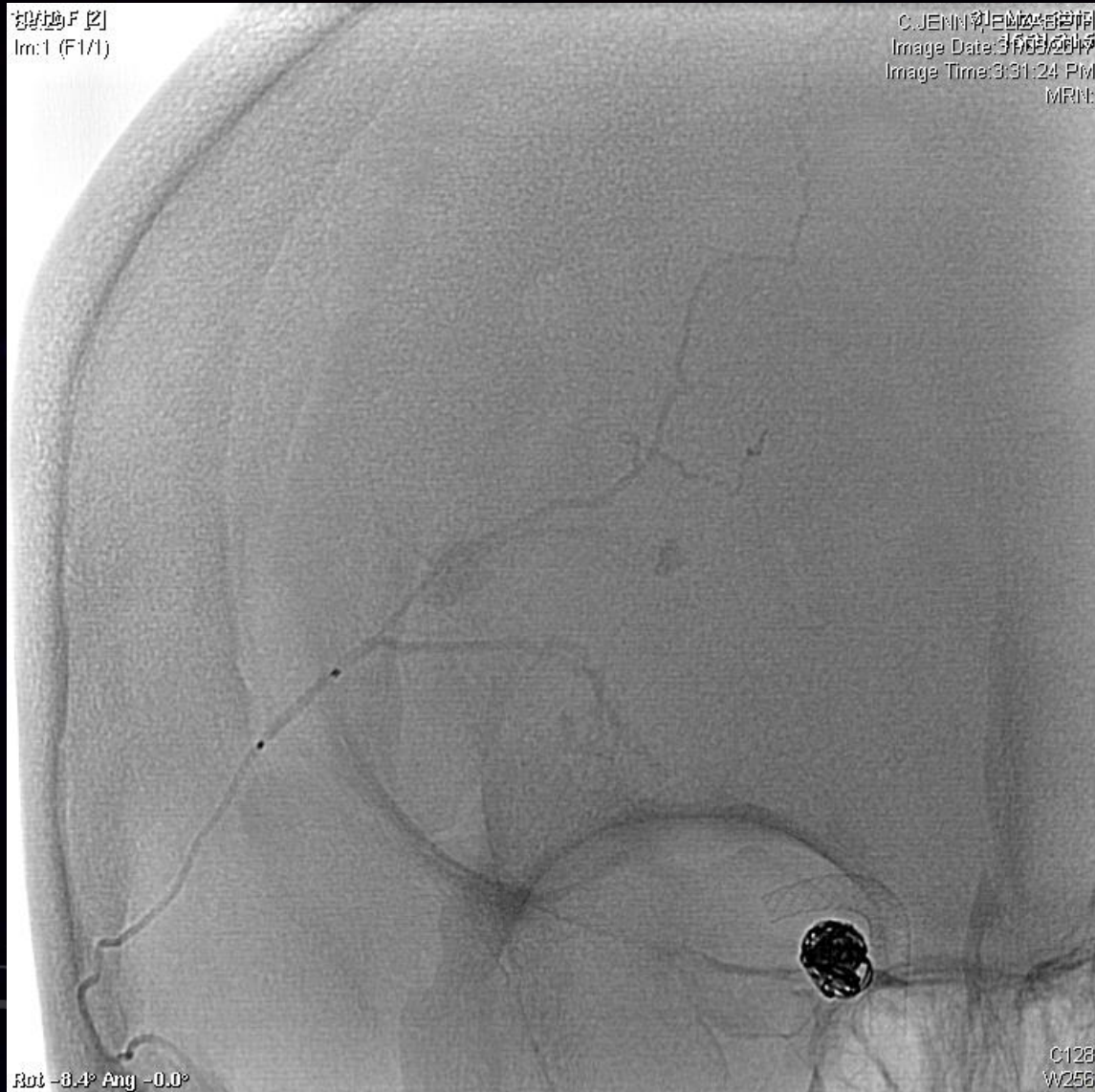
# 61 F – Cognard III, incidental



# Embo



# Embo 2



# Final

序列 1 [19]  
Im:13 (F1/1)

CJENN  
Image Date: 3/13/2019  
Image Time: 3:35:27 PM  
MRN:



Rot -84.9° Ang -0.2°

C128  
W258

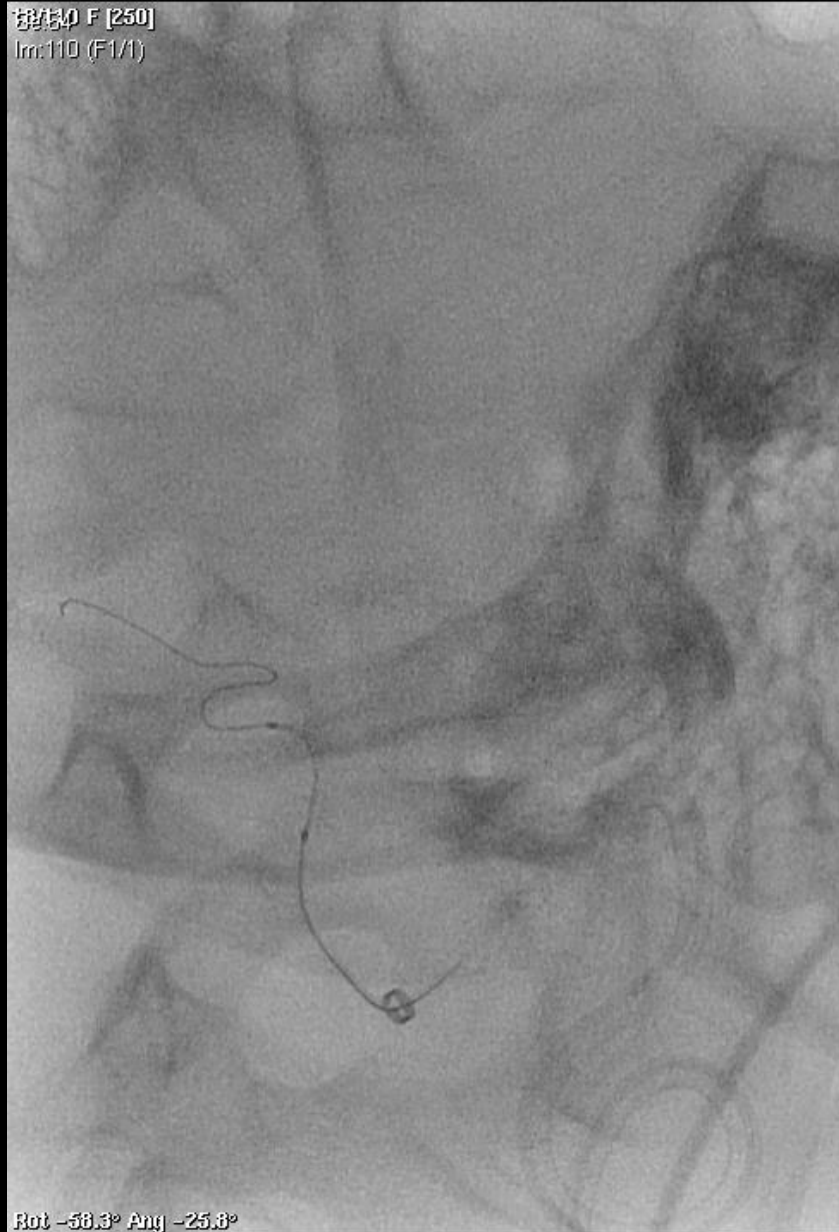


# 42 F – Cognard III posterior fossa DAVF



# Access

19-0110 F [250]  
Im:110 (F1/1)



Rot -58.3° Ang -25.8°

19-0110 F [250]  
Im:248 (F1/1)



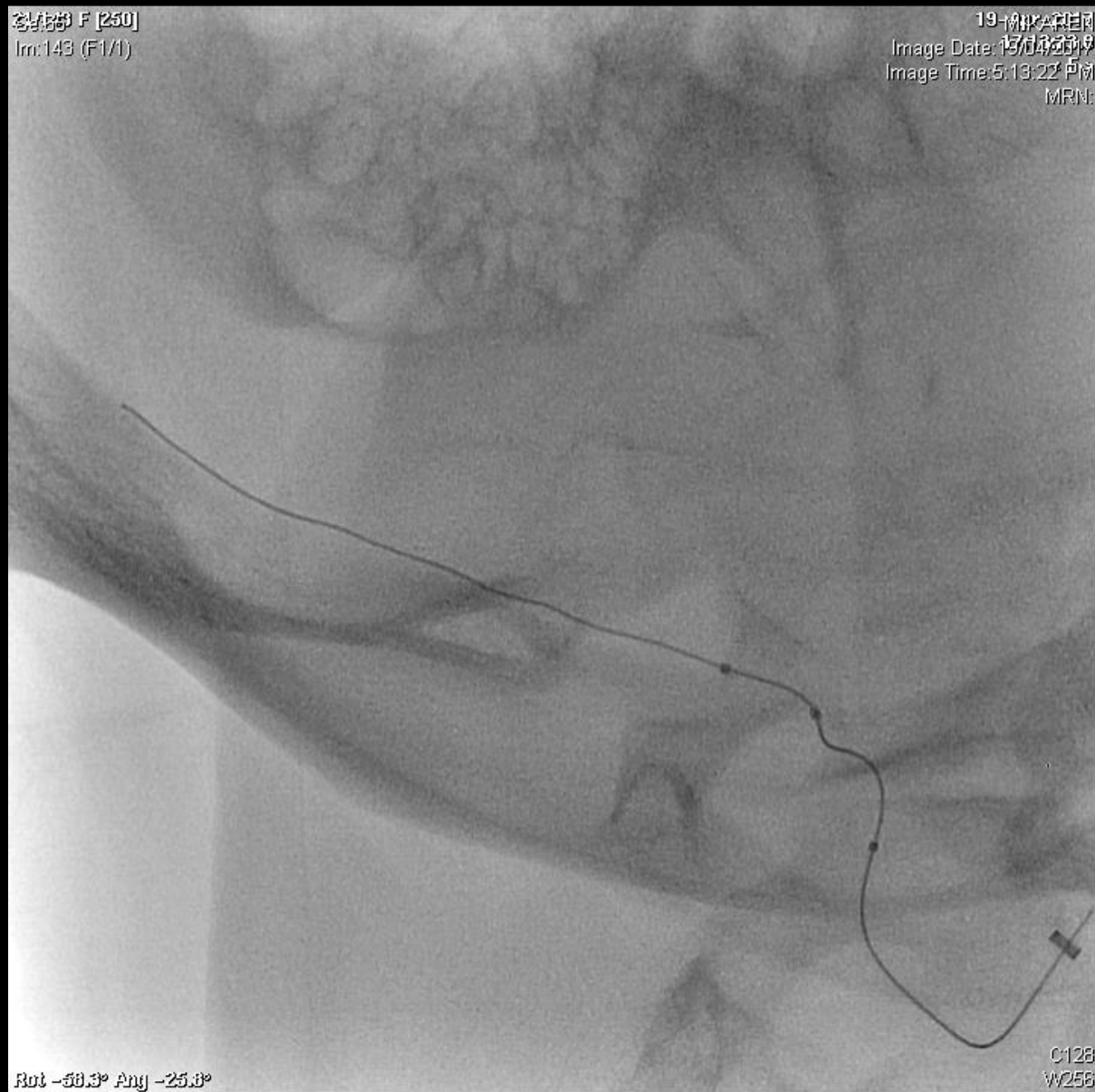
Rot -58.3° Ang -25.8°

19-0110 F [250]  
Image Date: 15/05/2017  
Image Time: 4:55:18 PM  
MRF:

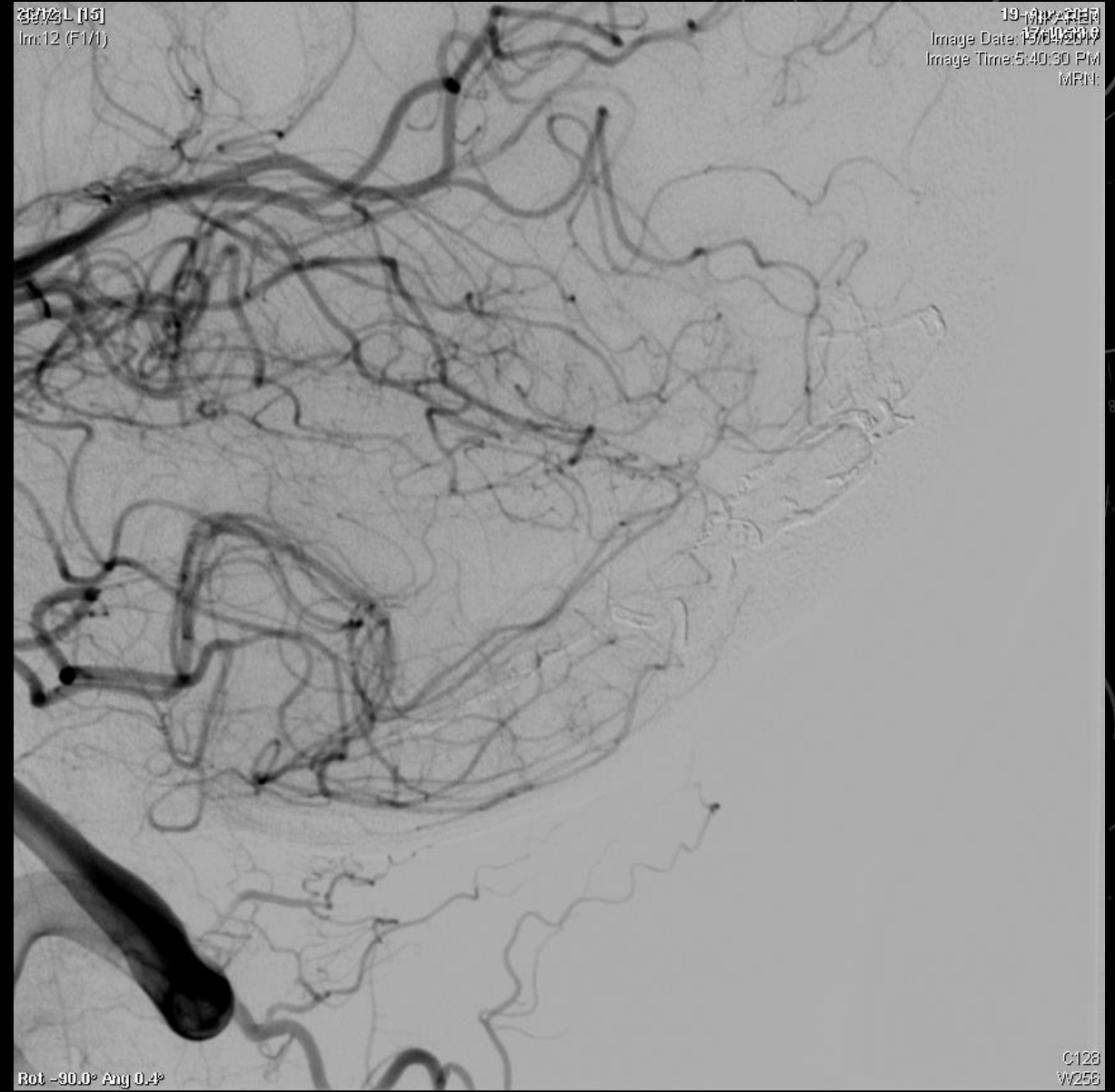
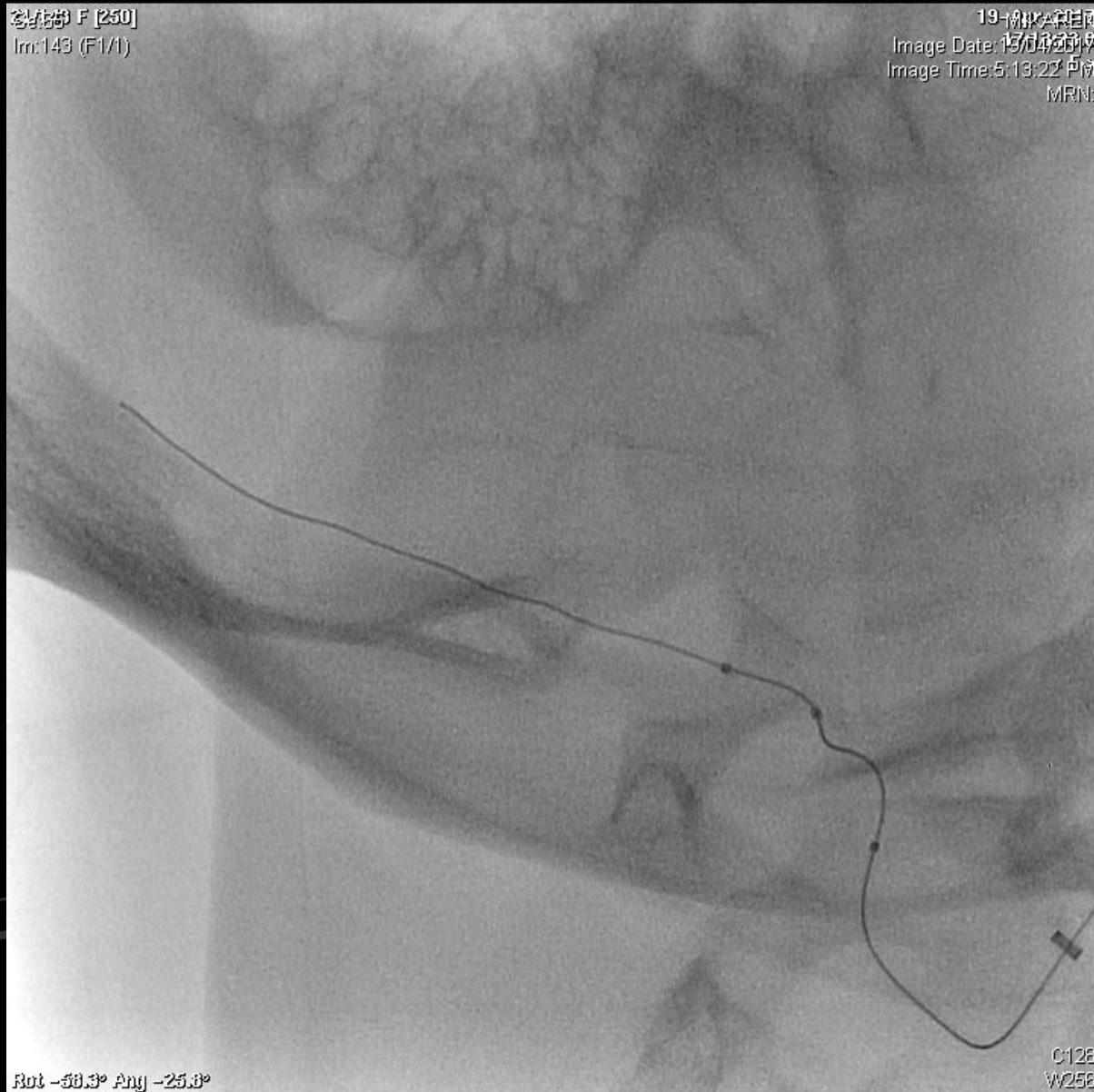
C128  
W258



# Revert to Scepter C



# Revert to Scepter C



# DEVICE – CAVEATS, DIFFERENCES AND LIMITATIONS

- Pros:
  - Soft, atraumatic
  - Flexible
  - Access to small, distal vessels
  - Potential for double-balloon, single intermediate cases

# DEVICE – CAVEATS, DIFFERENCES AND LIMITATIONS

- Cons:
  - ↓stability/pushability
  - Loss of “convergence”/“divergent” tech
  - 0.007” wire – ↓torque/steer
  - Limit to distal access of wire beyond balloon
  - Can’t “pinch prep”

# DEVICE – CAVEATS, DIFFERENCES AND LIMITATIONS

- Caveats:
  - Preparation – care with handling; fragile; cannot “pinch-prep”.
  - Low volume device – care with inflation
  - Very short “nose” with no marker (unlike Scetper C/XC)
  - Can only lead with 6cm wire due to taper in 0.007” wires
  - Connecting syringes, turning stopcock can inflate balloon because of its low volume

# THOUGHTS

- Interesting device – not a panacea
- Potential for use in distal pial circulation or straight-shot dural
- Limitation in more abrupt kinks and curves in dural circulation
  - Need to be able to lead >6cm of wire for stability
- ?Role for intermediate (0.010”) device