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Cardiac Access Vascular Graft (CAVG)

A rendition of the CAVG

Inventors

- Jeff Delaney, M.D.

Technology Fields: Research Tools - Devices

Technology ID: 209

Summary

Almost every infant born with single ventricle physiology will die without surgical intervention. In these patients, surgical intervention requires systemic blood flow to be redirected directly to the lungs. Such radical intervention separates the venous system from the heart, but can have complications related to elevated venous pressure or arrhythmias.

The CAVG is a synthetic vascular tube graft with one or more hemostatic valves, constructed with visco-elastic or other semi-permeable membrane, that are ringed by radio-opaque metal. The CAVG allows for catheter-based communications between the venous system and the heart after single ventricle surgery has been completed. The communications can be made open on a temporary or permanent basis.

Market Value

There were an estimated 3,312 single ventricle babies born in the United States in 2006. In the same year a non-inclusive registry identified 1,531 Fontan surgeries. The CAVG is the only solution specifically made for this procedure and can dramatically improve the potential options for cardiac access in single ventricle babies.

Features and Benefits

- Valve placement along the lateral border of the atrium for safer and easier percutaneous access
- Better access to place a post-operative fenestration, and the ability to only place one if the clinical situation demands one.

UNeMed currently offers a variety of licensing options and collaborative development opportunities with the University of Nebraska Medical Center

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