

# GlideLight CaseLog Form

## Physician and Hospital Information

All items marked with a **RED asterik** are required fields. You must fill these fields in to submit the form.

Physician Last Name\*

Palmer

Physician First Name\*

George

Physician City\*

orlando

Physician State\*

FL

Physician Country

Hospital Name\*

Florida hospital south

Hospital City\*

Orlando

Hospital State\*

FL

Hospital Country

## Protocol CheckList

Checklist\*

- Surgical Backup     -- Identified     -- Communicated     -- Confirmed available before use
- Rescue cart and equipment inventoried and readily available     Echo immediatley available     A-Line placed
- Large bore access established     Blood is typed, crossed and immediately available     Recent chest X-Ray reviewd

## 1.0 Procedure Information

Date of Procedure\*

Month/Day/Year

Number of cases on this date?\*

1

Was a SPNC Representative Present?\*

- Yes
- No

Name of Spectranetics Representative Present\*

David Rankin

Signature of SPNC Representative\*



## 2.0 Patient Info

Date of Birth (Month)\*

Aug

Date of Birth (Year)\*

1948

Gender\*

- Male
- Female

### 3.0 Primary Indication for Lead Removal

Primary Indication (Pick One)\*

- Infection
- Chronic Pain
- Thrombosis or Venous Stenosis/Occlusion
- Functional Leads - Immediate Threat/Interference
- Functional Leads - Potential Future Threat/Interference
- Functional Leads - Redundant
- Functional Leads - MRI
- Non-Functional Leads - Immediate Threat/Interference
- Non-Functional Leads - Potential Future Threat
- Non-Functional Leads - Non Functional as Device/Lead Procedure
- Non-Functional Leads - MRI

### 4.0 Procedure Information

Was this a generator change/upgrade?\*

- Yes
- No

Location of Procedure\*

- EP/Cath
- OR
- Hybrid

How many total Laser Sheaths were used?

How many Glidelight 12F Used?\*

- 0
- 1
- 2
- 3

How many Glidelight 14F Used?\*

- 0
- 1
- 2
- 3

How many GlideLight 16F were used?\*

- 0
- 1
- 2
- 3

How many SLS II 12F were used?\*

- 0

- 1
- 2
- 3

How many SLS II 14F were used?\*

- 0
- 1
- 2
- 3

How many SLS II 16F were used?\*

- 0
- 1
- 2
- 3

Laser Sheath Lot Numbers\*

14F12E15B

Total Lasing Time

Minutes\*

1

Seconds\*

12

Pulses\*

5790

Repetition Rate (select any that were used)\*

- 80 Hz
- 40 Hz
- Other

How many outer sheaths were used?

VisiSheath\*

- 0
- 1
- 2
- 3

Teflon\*

- 0
- 1
- 2
- 3

How many non-laser tools were used?

Evolution Shortie\*

- 0
- 1
- 2
- 3

Evolution Full Length\*

- 0
- 1
- 2

3

**Manual/Telescoping\***

0

1

2

3

**Femoral Workstation\***

0

1

2

3

**Snares\***

0

1

2

3

**Other**

Please Describe

If a patient injury, an intervention or a possible device malfunction occurred, please contact Spectranetics Postmarket Surveillance at [complaints@spnc.com](mailto:complaints@spnc.com) or 800-231-0978.

**5.0 LEADS EXTRACTED**

**Total Number of Implanted Leads Before Extraction\***

3

no text

**Lead One**

**Manufacturer\***

St jude

**Model Number \***

1788

**Lead Type\***

PM

ICD

LV

**Lead Tip Location\***

R Atrium

C Sinus

R Ventricle

Other

**Year of Lead Implant\***

2008

**Approach\***

- Superior R
- Superior L
- Femoral

**Lead Removed with Traction Alone?\***

- Yes
- No

**Stylets Used\***

- LLD EZ
- LLD
- Cook
- Other

**Procedural Success\***

- Complete
- Partial
- Failure

**Was a Riata Extracted?\***

- Yes
- No

**Was a Fidelis Extracted?\***

- Yes
- No

**Was another lead used?\***

- Yes
- No

**Lead Two**

**Manufacturer\***

St jude

**Model Number \***

1580

**Lead Type\***

- PM
- ICD
- LV

**Lead Tip Location\***

- R Atrium
- C Sinus
- R Ventricle
- Other

**Year of Lead Implant\***

2008

**Approach\***

- Superior R

Superior L

Femoral

Lead Removed with Traction Alone?\*

Yes

No

Stylets Used\*

LLD EZ

LLD

Cook

Other

Procedural Success\*

Complete

Partial

Failure

Was a Riata Extracted?\*

Yes

No

Was a Fidelis Extracted?\*

No

Yes

Was another lead used?\*

No

Yes

## Riata - Lead 2

Reason for Removal of Riata Lead\*

Electrical Failure WITH pre-identified insulation breach

Electrical Failure WITHOUT pre-identified insulation breach

Suspected insulation breach with no electrical failure

Infection

Prophylactic (no electrical or insulation failure)

Occlusion  Other

Was fluoro performed to examine for insulation breach?\*

Yes

No

If yes, was insulation breach confirmed?\*

Yes

No

Was insulation breach noted after the extraction?\*

Yes

No

## Additional Information

Additional Information

Svc tear MAE occurred

End of Form - Please hit submit button in top right hand corner