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Long Arm Valve Repair Clip

Abstract

Fixation device for engaging tissue including a pair of fixation elements moveable between a closed position and an open position. The fixation device further includes a pair of gripping elements each moveable with a respective fixation element and disposed in opposition to at least a portion of the respective fixation element to capture tissue therebetween. The fixation device further includes a central portion operatively connected to each gripping element at a respective central portion-gripping element interface. The central portion has at least one distal end and a width “W.sub.1” proximate the distal end. Each of the gripping elements has a free end opposite its respective central portion-gripping element interface and a length “L.sub.1” defined between the respective central portion-gripping element interface and the free end. The length L.sub.1 fixation elements is at least about three times the width W.sub.1.

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Background/Summary

CROSS-REFERENCE TO RELATED APPLICATIONS [0001] This application is a continuation of U.S. patent application Ser. No. 17/374,161, filed Jul. 13, 2021, which is a continuation of U.S. patent application Ser. No. 15/977,995, filed May 11, 2018, which claims the benefit of priority to U.S. Provisional Patent Application No. 62/505,810, filed May 12, 2017, all of which are incorporated herein by reference in their entireties.

BACKGROUND

Field of Disclosed Subject Matter

[0002] The disclosed subject matter is directed to medical devices for the endovascular, percutaneous or minimally invasive surgical treatment of bodily tissues, such as tissue approximation or valve repair. More particularly, the present invention relates to repair of valves of the heart and venous valves.

[0003] Surgical repair of bodily tissues can involve tissue approximation and fastening of such tissues in the approximated arrangement. When repairing valves, tissue approximation includes coapting the leaflets of the valves in a therapeutic arrangement which can then be maintained by fastening or fixing the leaflets. Such coaptation can be used to treat regurgitation, which commonly occurs in the mitral valve and in the tricuspid valve.

[0004] Mitral valve regurgitation is characterized by retrograde flow from the left ventricle of a heart through an incompetent mitral valve into the left atrium. During a normal cycle of heart contraction (systole), the mitral valve acts as a check valve to prevent flow of oxygenated blood back into the left atrium. In this way, the oxygenated blood is pumped into the aorta through the aortic valve. Regurgitation of the mitral valve can significantly decrease the pumping efficiency of the heart, placing the patient at risk of severe, progressive heart failure.

[0005] Mitral valve regurgitation can result from a number of different mechanical defects in the mitral valve or the left ventricular wall. The valve leaflets, the valve chordae which connect the leaflets to the papillary muscles, the papillary muscles or the left ventricular wall can be damaged or otherwise dysfunctional. Commonly, the valve annulus can be damaged, dilated, or weakened limiting the ability of the mitral valve to close adequately against the high pressures of the left ventricle.

Description of Related Art

[0006] Treatments for mitral valve regurgitation rely on valve replacement or repair including leaflet and annulus remodeling, the latter generally referred to as valve annuloplasty. Another technique for mitral valve repair, which relies on suturing adjacent segments of the opposed valve leaflets together is referred to as the “bow-tie” or “edge-to-edge” technique. Devices, and systems should preferably not require open chest access and be capable of being performed either

endovascularly, i.e., using devices, such as a catheter, which are advanced to the heart from a point in the patient's vasculature remote from the heart. Preferably, such devices and systems allow for repositioning and optional removal of a fixation device (i.e., valve repair clip) prior to fixation to ensure optimal placement. Such devices and systems likewise can be useful for repair of tissues in the body other than heart valves.

SUMMARY

[0007] The purpose and advantages of the disclosed subject matter will be set forth in and apparent from the description that follows, as well as will be learned by practice of the disclosed subject matter. Additional advantages of the disclosed subject matter will be realized and attained by the methods and systems particularly pointed out in the written description and claims hereof, as well as from the appended drawings.

[0008] To achieve these and other advantages and in accordance with the purpose of the disclosed subject matter, as embodied and broadly described, the disclosed subject matter is directed to a fixation device for treating a patient.

[0009] In accordance with the disclosed subject matter, a fixation device for engaging tissue includes a pair of fixation elements, each fixation element has a first end and a second end opposite the first end, the first ends are moveable between a closed position and an open position. The fixation device further includes a pair of gripping elements. Each gripping element is moveable with a respective fixation element and disposed in opposition to at least a portion of the respective fixation element to capture tissue therebetween. The fixation device further includes a central portion operatively connected to each gripping element at a respective central portion-gripping element interface. The central portion has a distal end and a width "W.sub.1" proximate the distal end. Each gripping element has a free end opposite its respective central portion-gripping element interface and a length "L.sub.1" defined between the respective central portion-gripping element interface and the free end. The length L.sub.1 fixation elements is at least about three times the width W.sub.1.

[0010] The ratio of the width to the length W.sub.1:L.sub.1 can be about 1:3. The distal end can define a reference plane perpendicular to a central axis of the central portion and wherein a height "H.sub.1" can be defined by a vertical dimension between the reference plane and the central portion-gripping element interfaces. The ratio of the height to the length H.sub.1:L.sub.1 can be about 1:1.8. The length L.sub.1 can be about 0.35 inches. The central portion can have a generally U-shaped configuration with the distal end disposed between the respective central portion-gripping element interfaces. Each fixation element can be rotatable about a respective axis point, and each fixation element can have an elongate portion defining a respective reference axis. A length "L.sub.2" can be defined along the respective reference axis between the respective axis point and the respective second end of each fixation element. The length L.sub.2 can be at least the length of L.sub.1. The ratio of the lengths L.sub.2:L.sub.1 can be about 1.35:1. Each gripping element can have a plurality of rows of fixation elements. For example, each gripping element can have at least four rows of friction elements extending from a gripping element surface. Each row can include one or more friction elements.

[0011] In accordance with the disclosed subject matter, a fixation device for engaging tissue can include a pair of fixation elements, each fixation element having a first end and a second end opposite the first end, the first ends being moveable (e.g., translating and/or rotating) between a closed position and an open position. The fixation device can further include a pair of gripping elements, each gripping element being moveable with a respective fixation element and disposed in opposition to at least a portion of the respective fixation element to capture tissue therebetween. The fixation device can further include a central portion operatively connected to each gripping element at a respective central portion-gripping element interface. The central portion can have a distal end defining a reference plane perpendicular to a central axis of the central portion. The central portion can have a width "W.sub.1" proximate the distal end, each gripping element having

a free end opposite its respective central portion-gripping element interface. A length “L.sup.1” can be defined between the respective central portion-gripping element interface and the free end. A height “H.sup.1” can be defined by a vertical dimension between the reference plane and the central portion-gripping element interfaces. The length L.sub.1 can be at least 1.8 times the height H.sup.1.

[0012] The ratio of the height to the length H.sup.1:L.sup.1 can be about 1:1.8. The ratio of the width to the length W.sup.1:L.sup.1 can be about 1:3. The length L.sub.1 can be about 0.35 inches. The central portion can have a generally U-shaped configuration with the distal end disposed between the respective central portion-gripping element interfaces. Each fixation element can be rotatable about a respective axis point, each fixation element can have an elongate portion defining a respective reference axis. A length “L.sub.2” can be defined along the respective reference axis between the respective axis point and the respective second end of each fixation element. The length L.sub.2 can be at least the length of L.sub.1. The ratio of the lengths L.sub.2:L.sub.1 can be about 1.35:1. Each gripping element can have at least four rows of friction elements extending from a gripping element surface. Each row can include one or more friction elements.

Description

BRIEF DESCRIPTION OF THE FIGURES

[0013] FIG. 1 is a perspective view of an exemplary embodiment a fixation device in accordance with the disclosed subject matter.

[0014] FIG. 2 is a front view of a pair of gripping elements and a central portion therebetween.

[0015] FIG. 3 is a front view of a portion of the fixation device of FIG. 1.

[0016] FIGS. 4A-4D are perspective views of a various embodiments of the gripping elements.

[0017] FIG. 5 is a front view of a modified embodiment of the fixation device of FIG. 1.

[0018] FIG. 6 is a front view of an embodiment of the fixation device of FIG. 1 on the distal end of a catheter.

[0019] FIG. 7 is a comparative front view of a portion of the fixation device of FIG. 1.

[0020] FIG. 8 is a comparative front view of a portion of the fixation device of FIG. 1.

[0021] FIGS. 9A-9C are front views of a portion of the fixation device of FIG. 1 at various positions.

[0022] FIG. 10 is a side view of a fixation element of the fixation device of FIG. 1.

[0023] FIGS. 11A-11B are comparative side views of a fixation element of the fixation device of FIG. 1.

[0024] FIG. 12A is a perspective view of a L-Lock component in combination with the fixation device of FIG. 1.

[0025] FIG. 12B is a front view of the L-Lock component.

[0026] FIG. 12C is a front view of an embodiment of the fixation device of FIG. 1 on the distal end of a catheter.

[0027] FIG. 13 is a front view of an embodiment of the fixation device of FIG. 1.

[0028] FIG. 14 is a perspective view of an embodiment of the gripping element of FIG. 2.

DETAILED DESCRIPTION

[0029] Reference will now be made in detail to the various exemplary embodiments of the disclosed subject matter, exemplary embodiments of which are illustrated in the accompanying drawings.

[0030] The device of the disclosed subject matter provides an edge-to-edge transcatheter valve repair option for patients having various conditions, including regurgitant mitral valves or tricuspid valves. In grasping tissue and leaflet capture for mitral valve disease, there are occasions where a particularly challenging anatomy can be associated with larger dynamic gaps between leaflet tips

that cannot be effectively captured by previous designs. In order to improve ease of achieving procedural success in these cases, a fixation device (i.e., valve repair clip) having modified fixation elements and gripping elements is disclosed herein. The fixation device disclosed herein is able to bridge larger gaps in functional mitral regurgitation (FMR) while also providing more reliable leaflet capture in cases of dynamic, chaotic, or overly severe degenerative mitral regurgitation (DMR), such as in cases of Barlow's Syndrome.

[0031] The device of the disclosed subject matter herein can provide for an edge-to-edge valve repair option for degenerative mitral valve regurgitation (DMR) and functional mitral valve regurgitation (FMR) cases. In addition, the device of the disclosed subject matter can be used in tricuspid valve treatments.

[0032] To address various problems associated with treating severely diseased tricuspid valve anatomies, a fixation device is disclosed herein with improved configurations for enhanced performance.

[0033] Generally, and as set forth in greater detail below, the disclosed subject matter provided herein includes a fixation device for engaging tissue including a pair of fixation elements, each fixation element has a first end and a second end opposite the first end, the first ends are moveable between a closed position and an open position. The fixation device further includes a pair of gripping elements. Each gripping element is moveable with a respective fixation element and disposed in opposition to at least a portion of the respective fixation element to capture tissue therebetween. The fixation device further includes a central portion operatively connected to each gripping element at a respective central portion-gripping element interface. The central portion has a distal end and a width “W.sub.1” proximate the distal end. Each gripping element has a free end opposite its respective central portion-gripping element interface and a length “L.sub.1” defined between the respective central portion-gripping element interface and the free end. The length L.sub.1 of the fixation elements is at least about three times the width W.sub.1. Additionally, or alternatively in accordance with another aspect of the disclosed subject matter, a height “H.sub.1” can be defined by a vertical dimension between the reference plane and the central portion-gripping element interfaces, and the length L.sub.1 can be at least 1.8 times the height H.sub.1.

[0034] Referring to FIGS. 1-3 for the purpose of illustration and not limitation, a fixation device **102** for engaging tissue is disclosed herein and includes a pair of fixation elements **104**, **106** each having a first end **130**, **132** and a second end **134**, **136** opposite the first end, the first ends **130**, **132** being movably coupled together such that the fixation elements are moveable between a closed position and an open position. For the purpose of illustration and not limitation an exemplary embodiment of a closed position is shown in FIG. 9A and an exemplary embodiment of an open position is shown in FIG. 9C.

[0035] Additional details of suitable components and operation thereof along with related features are set forth in U.S. Pat. No. 7,226,467 to Lucatero et al., U.S. Pat. No. 7,563,267 to Goldfarb et al., U.S. Pat. No. 7,655,015 to Goldfarb et al., U.S. Pat. No. 7,736,388 to Goldfarb et al., U.S. Pat. No. 7,811,296 to Goldfarb et al., U.S. Pat. No. 8,057,493 to Goldfarb et al., U.S. Pat. No. 8,303,608 to Goldfarb et al., U.S. Pat. No. 8,500,761 to Goldfarb et al., U.S. Pat. No. 8,734,505 to Goldfarb et al., U.S. Pat. No. 8,740,920 to Goldfarb et al., U.S. Pat. No. 9,510,829 to Goldfarb et al., U.S. Patent Application Publication No. 2017/0042546 to Goldfarb et al., and U.S. Patent Application Publication No. 2017/0239048 to Goldfarb et al., each of which is incorporated by reference in its entirety herein.

[0036] As embodied herein, the fixation device further includes a pair of gripping elements **110**, **112**, each gripping element moveable with a respective fixation element **104**, **106**, and disposed in opposition to at least a portion of the respective fixation element to capture tissue therebetween. The fixation device further includes a central portion **108** operatively connected to each of the gripping elements **110**, **112** at respective central portion-gripping element interface **122**, **124**. With reference to FIG. 2, the central portion **108** has a distal end **128** and a width “W.sub.1” proximate

the distal end. Each gripping element has a free end **118, 120** opposite its respective central portion-gripping element interface **122, 124**, wherein a length “L.sub.1” is defined between the respective central portion-gripping element interface **122, 124** and the free end **118, 120**. As disclosed herein, the length L.sub.1 is at least about three times the width W.sub.1. The ratio of the width to the length W.sub.1:L.sub.1 can be about 1:3

[0037] In accordance with another aspect of the disclosed subject matter, the distal end can define a reference plane **140** perpendicular to a central axis of the central portion. A height “H.sub.1” can be defined by a vertical dimension between the reference plane **140** and the central portion-gripping element interfaces **122, 124**. For example, the length L.sub.1 can be at least 1.8 times the height H.sub.1. Thus, the ratio of the height to the length H.sub.1:L.sub.1 can be about 1:1.8. The length L.sub.1 can be about 0.35 inches.

[0038] The central portion **108** can be a separate member than each of the gripper elements or can be formed integrally as a single piece with the gripper elements as embodied herein. For example, the central portion can have a generally U-shaped configuration with the distal end **128** disposed between the central portion-gripping element interfaces **122, 124**. As embodied herein for the purpose of illustration and not limitation, the central portion **108** can be connected to the gripping elements. However, the central portion is not limited to a U-shaped configuration and can be a component having any number of shapes, sizes, and functions.

[0039] Further in accordance with the disclosed subject matter each gripper element can include one or more friction elements. As embodied herein, each gripping element includes a plurality of friction elements, such as in rows. Referring now to FIGS. **4** and **5** for the purpose of illustration and not limitation, exemplary embodiments of the friction elements **126** are provided. Elements that are similar to the previously described embodiment have been given like numbers. As depicted, a plurality of friction elements **126** can be provided. For example, each gripping element **110, 112** can have at least four rows of friction elements **126** extending from a gripping element surface. Each row can include one or more friction elements **126**. For the purpose of illustration and not limitation, FIG. **4A** shows six rows of friction elements **126** and FIG. **4B** shows five rows of friction elements. Six rows of friction elements **126** on either side of the gripping element (12 total), can allow for improved tissue engagement during leaflet capture. This gripping element design increases the assurance that single device leaflet attachment (SLDA) will not occur during a procedure, which constitutes an adverse safety risk. If the fixation device requires adjustment after an initial leaflet capture, the fixation elements can be opened, the gripping element can be raised vertically, and tissue can disengage from the fixation device, facilitating re-grasp and capture.

[0040] Alternatively, each gripping element can have fewer rows of friction elements as appropriate, such as 1 row, 2 rows, 3 row, or 4 rows, as shown in FIG. **4C** and **4D**. Fewer rows can improve the ability of the device to release tissue during adjustment after an initial leaflet capture. In comparing FIGS. **4A-4C**, in decreasing order, tissue engagement is expected to be highest in FIG. **4A**, then FIG. **4B**, then FIG. **4C**, and in decreasing order, ease of leaflet release is expected to be highest in FIG. **4C**, the FIG. **4B**, then FIG. **4A**.

[0041] Friction elements can be distributed near the free ends of the gripping elements **118, 120**, as shown in FIGS. **4B** and **5B**, or the rows can be redistributed along the length of the gripping element, as shown in FIG. **4D**. The redistributed rows can provide an alternate performance compromise between leaflet engagement and leaflet release. Spacing of gripping elements may be biased (non-uniform) to provide performance improvements in either leaflet capture, leaflet release, or both.

[0042] The length of each friction element **126** can be constant, as shown in FIGS. **1, 2** and **4**. Alternatively, the friction elements **126** can be provided with varying sizes. For example, the length can increase in length toward the free ends of the gripping elements **118, 120**, as shown in FIG. **5**. The increase in length can be linear or parabolic. The variation in length as shown for FIG. **5C** is for purpose of illustration not limitation, and the variation in length can be significantly smaller

than shown. This length variation may be continuous or staggered in alternating rows of gripping elements to produce an undulating profile.

[0043] Referring now to FIG. 6, the fixation device can have a cover over the fixation elements as described in further detail in U.S. Patent Publication No. 2007/0197858 to Goldfarb et. al, incorporated by reference in its entirety herein. The cover can be made of a variety of materials. The cover **162** in FIG. 6 is shown on only one gripping element for purpose of comparison with a non-covered gripper, however, each gripping element can have a cover **162**. The cover can be configured for friction elements **126** to protrude at varying degrees along the length of the gripping elements **110**, **112**. For example, the friction elements can have a linearly or parabolically increasing protruded length when moving toward the free ends by varying the gripping element cover dimensions. The cover **162** can cover the gripping element friction elements **126** such that only a portion of the friction elements **126** protrudes through the cover. Increased friction element height protruding through the cover can enhanced tissue fixation. The height can be varied along the length of the gripping element flat section such that tissue fixation is maximized proximate the free end of the gripping element minimized proximate the first end of the gripper. For example, the cover could be a type of film with a varied thickness along the length of the gripping element. The cover **162** can form a rectangular sheath around the gripper elements so only part of the friction element length protrudes through the cover thickness. This configuration can increase the combination of reliable leaflet capture and the leaflet release.

[0044] Further in accordance with the disclosed subject matter, the fixation elements also can be provided with increased length as compared to conventional fixation devices. The fixation device can further include a base **144** operatively connected to the fixation elements. Each fixation element **134**, **136** can be rotatable about a respective axis point **146**, **148**. Each fixation element **134**, **136** can have an elongate portion **150**, **152** defining a respective reference axis **134**, **136**. A length "L.sub.2" can be defined along the respective reference axis **154**, **156** between the respective axis point **146**, **148** and the respective second end **134**, **136** of each fixation element. For purpose of discussion and comparison, the extruded length of each fixation elements is depicted in dashed lines in FIG. 3 as well as FIGS. 9A-9C. The length L.sub.2 of the fixation element can be at least about the length of L.sub.1. The ratio of the lengths L.sub.2:L.sub.1 can be about 1.35:1. For purpose of comparison, FIGS. 7 and 8 depict the fixation elements of the disclosed subject matter labeled as embodiment "A" whereas a convention fixation device is depicted as embodiment "B."

[0045] In FIG. 7, the fixation devices are in an open position, wherein tissue capture can occur in this position. A dimension can be defined as the horizontal distance between the second ends of the fixation elements **134**, **136**. For embodiment A, dimension D.sub.1 can be about 24 millimeters, whereas for embodiment B, dimension D.sub.2 can be about 19 millimeters. In FIG. 8, the fixation elements are in an inverted position, wherein tissue release and device retraction can occur in this position. For embodiment A, dimension D.sub.3 can be about 15 millimeters, whereas for embodiment B, dimension D.sub.4 can be about 11 millimeters.

[0046] Referring now to FIGS. 9A-C, various positions of the fixation device **102** are illustrated for purpose of illustration and not limitation. Elongated fixation elements of the disclosed subject matter are illustrated in dashed lines for comparison to shorter fixation elements. In FIG. 9A the fixation device is in the closed position, wherein the fixation elements are positioned vertically. FIGS. 9B and 9C illustrate the fixation elements positioned with an angle A between the two elements. In FIG. 9B, A is 10 degrees and in FIG. 9C A is 60 degrees.

[0047] Referring now to FIGS. 10 and 11, side views of the fixation elements are shown wherein a first opening **164** and a second opening **166** are lengthened in an elongated fixation element of the disclosed subject matter, as compared to a shorter fixation element. In FIG. 10, arrows illustrate the openings **164**, **166** extended along their length, while their widths remain constant. Similarly, FIG. 11B illustrates the first and second openings **164**, **166** extended along their lengths, as compared to the shorter fixation element in FIG. 11A.

[0048] Referring now to FIGS. 12A-C, a portion of a system used to deliver the fixation device **102** to the desired position within body can include an L-Lock component **158**, as shown in FIG. 12A. The L-Lock component can be elongated to accommodate the elongated fixation element **102** of the disclosed subject matter. For example, the length of the L-Lock can be increased from a dimension D.sub.6 to a dimension D.sub.5 to accommodate an elongated fixation device of the disclosed subject matter. For example, D.sub.6 can be about 0.52 inches and D.sub.5 can be about 0.56 inches. A U-shaped portion of the L-Lock can remain the same dimension between the shorter and elongated L-Lock, as shown by D.sub.7. The elongated L-Lock thus can extend the fixation device **102** an increased distance from a distal end of the catheter to keep a gap **160** when the fixation elements are elongated. This can improve tissue clearance during the procedure.

[0049] To accommodate thicker leaflets when elongated fixation elements are present on the fixation device design, a longer L-Lock deployment mechanism may also be required to avoid any leaflet pinching against the radiopaque ring on the tip of the device delivery catheter. Leaflet thicknesses is typically below 2 mm, but may exceed this in cases of myxomatous disease. Therefore, this potential “gap” accommodation can be required in cases where thicker leaflets are anticipated.

[0050] Referring now to FIG. 13, when gripping elements **110** and **112** are lowered toward respective fixation elements **104**, **106** for tissue capture, the fixation elements and gripping elements can misfit by a 60-degree interference angle such that tissue can be pinched more immediately, completely, and forcefully at the free ends of the gripping elements. The arrows in FIG. 13 illustrate the larger amount of force that can be placed on tissue towards the free ends of the gripping elements. This engagement, which appears to be a mis-fitting and non-parallel assembly, provides a more secure fixation during fixation element closure and increases the likelihood that leaflets will not be released as the fixation device moves towards the closed position.

[0051] Referring now to FIG. 14, the gripping elements of the disclosed subject matter can each include more than one suture loop **168**. As shown in FIG. 14 for purpose of illustration and not limitation, each gripping element can include two suture loops **168**. The suture loops can be used in combination with sutures to raise and lower the gripping elements.

[0052] The fixation device of the disclosed subject matter with gripper elements of greater length L.sub.1 relative to the width W.sub.1 and/or height surprisingly improves the function of a single fixation device and reduces the need to require more than one fixation device to be implanted to sufficiently reduce a patient's valvular regurgitation. For this reason, a fixation device that more completely reduces mitral regurgitation (MR) is desired, and a reduced number of fixation devices.

[0053] In patients with severe FMR, large annulus dilatation is chronically present, which causes otherwise healthy leaflets to fail to coapt or seal during cardiac systole. As a result, mitral regurgitation occurs. In these cases, a large gap can occur between leaflets that can be difficult to bridge with a fixation device, even when opened to its maximum wingspan at 180 degrees opening angle. The fixation device disclosed herein addresses this need.

[0054] Likewise, in patients with severe DMR, chaotically flailing or prolapsing leaflets can be difficult to grasp or capture. In these cases, conventional fixation elements (i.e., clip arms) may not be long enough to fully stabilize the excessively mobile leaflets during grasping and longer fixation elements may be required to adequately secure the leaflets for subsequent leaflet capture with the gripping element. In this way, the longer fixation elements disclosed herein reduce the number of grasp and capture attempts required to achieve procedural success.

[0055] Also, when a fixation device is implanted in a regurgitant valve, a double orifice geometry is created, which reduces mitral valve area due to a region of obstruction (clipped region), such as the middle of the valve. However, the fixation device should be configured to improve procedural success, without increasing the risk of obstruction due to the device. For the device disclosed herein, a computational model was used to evaluate the impact of the length of the fixation

elements. In addition, the fixation element length was confirmed to be within the range of surgical stitch lengths described in literature for treating severe leaflet prolapse (Barlow's Syndrome), or within 1 cm in length.

[0056] The elongated fixation device of the disclosed subject matter, further can improve tissue compression load at increased tissue thickness. Accordingly, the gripping elements can be made of Nitinol which can have a stable pinching force over thin or thick leaflets versus a standard metal. Indeed, if a thick or thin leaflet is pinched in the gripper, it experiences a comparable force with nitinol. This is beneficial in a variety of situations, including in cases where a very thin delicate leaflet is inserted into the clip, but is folded over itself near the tip. This situation has been observed beating heart testing. When the leaflet is very thin, it is more prone to tearing under a pinch force, however, if it is doubled up, a typical elastic-plastic gripper deflects more and exerts more force on the vulnerable tissue, which can lead to piercing or tearing. The risk of tissue damage is mitigated through the use of a nitinol gripper where the pinching force remains stable despite any difference in tissue thickness. Therefore, the nitinol gripper design can minimize the occurrence of inadvertent device detachment from tissue (acute, subacute or even chronic) in what is defined as an SLDA (Single Leaflet Device Attachment—i.e., one side has detached) event.

[0057] The embodiments of the disclosed subject matter can be varied to treat any specific version of mitral valve, tricuspid valve, or other valves required edge-to edge approximation. For instance, various design features can be made gentler (reduced height of friction elements) for the purpose of treating a patient known to have fibroelastic deficiency or minor calcification. Alternatively, a more aggressive friction element height could be used to more efficiently treat a myxomatous valve known to have thicker and fibrotic leaflet structures infiltrated with extracellular matrix.

[0058] Each of the components of the fixation device of the disclosed subject matter can be made of any suitable material (e.g., plastic, composites, metal, etc.) and technique for its intended purpose. In addition to the specific embodiments claimed below, the disclosed subject matter is also directed to other embodiments having any other possible combination of the dependent features claimed below and those disclosed above. As such, the particular features disclosed herein can be combined with each other in other manners within the scope of the disclosed subject matter such that the disclosed subject matter should be recognized as also specifically directed to other embodiments having any other possible combinations. Thus, the description of specific embodiments of the disclosed subject matter has been presented for purposes of illustration and description. It is not intended to be exhaustive or to limit the disclosed subject matter to those embodiments disclosed.

[0059] For purpose of illustration and not limitation of the assembly and operation of the disclosed subject matter, FIGS. 2-14 illustrate embodiments of components the fixation device **102** of FIG. 1 including in various possible positions during introduction and placement of the device **102** within the body to perform a therapeutic procedure. For example, FIG. 9A illustrates an embodiment of a device in a closed position for delivery through a catheter. It may be appreciated that the catheter may take the form of a guide catheter or sheath. As embodied herein, fixation elements can include engagement surfaces, wherein the engagement surfaces are configured to engage tissue between the gripping elements and the engagement surface. As shown in FIG. 9A, in the closed position, the opposed pair of fixation elements **134** are positioned so that engagement surfaces face each other. Each fixation element **104**, **106** can have a cupped or concave shape so that together the arms surround a portion of the fixation device **102** and optionally contact each other on opposite sides of the device. This provides a low profile for the fixation device **102** which is readily passable through the catheter and through any anatomical structures, such as the mitral valve. In addition, the fixation device can further include an actuation mechanism. The actuation mechanism can comprise two legs **68** which are each movably coupled to a base **144**. The base **144** is operatively connected with actuator rod which is used to manipulate the fixation device **102**. At least a portion of the actuator rod can be disposed within the catheter and the distal end can attach to a stud which

in turn is attached to the base **144**. In some embodiments, the stud is threaded so that the actuator rod attaches to the stud by a screw-type action. However, the actuator rod and stud may be joined by any mechanism which is releasable to allow the fixation device **102** to be detached from the catheter.

[0060] FIG. **1** illustrates the fixation elements **104**, **106** in the open position. In the open position, the fixation elements **104**, **106** are rotated so that the engagement surfaces face a first direction. Distal advancement of the actuator rod causes a mechanism to engage the fixation elements **104**, **106** which begin to rotate around the first fixation element axis point **146** and the second fixation element axis point **148**. Such rotation and movement of the fixation elements **146**, **148** radially outward causes rotation of the legs **170**, **172** about joints so that the legs are directly slightly outwards. The actuator rod can be advanced to any desired distance correlating to a desired separation of the fixation elements **104**, **106**. In the open position, engagement surfaces are disposed at an acute angle relative to a longitudinal center of the device, and are preferably at an angle of between 90 and 180 degrees relative to each other.

[0061] Gripping elements **110**, **112** are typically biased outwardly towards the fixation elements **104**, **106**. The gripping elements **110**, **112** can be moved inwardly toward the longitudinal center of the device and held with the aid of on or more sutures **167** which can be in the form of sutures, wires, nitinol wire, rods, cables, polymeric lines, or other suitable structures. The sutures **167** can be connected with the gripping elements by threading the sutures in a variety of ways. When the gripping elements **110**, **112** have one or more suture loops, as shown in FIG. **14**, the suture **167** can pass through the one or more loops on each gripping element and double back.

[0062] The embodiment illustrated herein are adapted for repair of the mitral valve using an antegrade approach from a patient's left atrium. The fixation device **102** is advanced through the mitral valve from the left atrium to the left ventricle. The distal fixation elements **104**, **106** are oriented to be perpendicular to a line of coaptation and then positioned so that the fixation elements contact the ventricular surface of the valve leaflets, thereby grasping the leaflets. The gripping elements **110**, **112** remain on the atrial side of the valve leaflets so that the leaflets lie between the gripping elements and the fixation elements. As embodied herein the gripping elements **110**, **112** have friction elements **126**, as shown in FIG. **2**, such as barbs which are directed toward the fixation elements **104**, **106**. The friction elements **126** can be angled toward the respective gripping element first ends **114**, **116**. However, neither the gripping elements **110**, **112** nor the friction elements **126** contact the leaflets at this time.

[0063] The fixation device **102** can be repeatedly manipulated to reposition the device so that the leaflets are properly contacted or grasped at a desired location. Repositioning is achieved with the fixation device in the open position. In some instances, regurgitation of the valve can also be checked while the device is in the open position. If regurgitation is not satisfactorily reduced, the device can be repositioned and regurgitation checked again until the desired results are achieved.

[0064] It can also be desired to invert the fixation device **102** to aid in the release of leaflets, repositioning, or removal of the fixation device **102**. FIG. **8** illustrates the fixation elements in the inverted position. By further advancement of the actuator rod, the fixation elements can be further rotated so that engagement surfaces of the fixation elements **104**, **106** face outwardly and second ends **134**, **136** point distally, with each fixation element **110**, **112** forming an obtuse angle relative to the central axis. The angle between fixation elements **110**, **112** is preferably in the range of about 270 to 360 degrees. Further advancement of the actuator rod further rotates the fixation elements **104**, **106** around axis point **146**, **148**. This rotation and movement of the fixation elements **104**, **106** radially outward causes rotation of the legs about joints so that the legs are returned toward an initial position, generally parallel to each other. The actuator rod can be advanced to any desired distance correlating to a desired inversion of the fixation elements **104**, **106**. Thus, a relatively large space can be created between the elements for repositioning. In addition, the inverted position allows withdrawal of the fixation device across the valve while minimizing trauma to the leaflets.

Engagement surfaces provide an atraumatic surface for deflecting tissue as the fixation device is retracted proximally. The engagement surface can be on a portion of the fixation device capable of independent movement from the friction elements. As such, it should be further noted that friction elements are angled slightly to reduce the risk that the friction elements will catch on or lacerate tissue as the fixation device is withdrawn.

[0065] Once the fixation device **14** has been positioned in a desired location relative to the valve leaflets, the leaflets can then be captured between the gripping elements **110, 112** and the fixation elements **104, 106**. At this time, the gripping elements **110, 112** are lowered toward the fixation elements **134, 136** so that the leaflets are held therebetween. At any time, the gripping elements **110, 112** can be raised and the fixation elements **104, 106** adjusted or inverted to reposition the fixation device **102**, if regurgitation is not sufficiently reduced.

[0066] After the leaflets have been captured between the gripping elements and fixation elements in a desired arrangement, the fixation elements can be locked to hold the leaflets in this position or the fixation device can be returned to or toward a closed position. FIG. **9A** illustrates the fixation elements in the closed position wherein the leaflets (not shown) can be captured and coapted. This is achieved by retraction of the actuator rod proximally relative to so that the legs of the actuation mechanism apply an upwards force to the fixation elements, which in turn rotate the fixation elements so that the engagement surfaces again face one another. The released gripping elements **110, 112** which are biased outwardly toward fixation elements **104, 106** are concurrently urged inwardly by the fixation elements **104, 106**. The fixation device can then be locked to hold the leaflets in this closed position.

[0067] The fixation device **102** can then be released from the catheter. As mentioned, the fixation device **102** is releasably coupleable to the catheter. FIGS. **12A-12B** illustrate a portion of the coupling mechanism, L-Lock **158**. The L-Lock can be used in conjunction with a threaded mechanism to uncouple the fixation device **102** from the catheter.

[0068] After detachment, the repair of the leaflets or tissue can be observed by non-invasive visualization techniques, such as echocardiography, to ensure the desired outcome. If the repair is not desired, the fixation device **14** can be retrieved such as by the use of the sutures **167** so as to reconnect the fixation device **102** with the catheter. If the repair is desired, the sutures **167** can be disconnected by releasing one end of each line at the proximal end of the catheter and the other end pulled to draw the free end of the suture distally through the catheter and through the engagement with the gripping elements **110, 112**.

[0069] While the above described embodiments of the invention utilize a push-to-open, pull-to-close mechanism for opening and closing fixation elements **104, 106**, it should be understood that a pull-to-open, push-to-close mechanism is equally possible.

[0070] While the disclosed subject matter is described herein in terms of certain preferred embodiments for purpose of illustration and not limitation, those skilled in the art will recognize that various modifications and improvements can be made to the disclosed subject matter without departing from the scope thereof. Moreover, although individual features of one embodiment of the disclosed subject matter can be discussed herein or shown in the drawings of one embodiment and not in other embodiments, it should be readily apparent that individual features of one embodiment can be combined with one or more features of another embodiment or features from a plurality of embodiments.

[0071] In addition to the specific embodiments claimed below, the disclosed subject matter is also directed to other embodiments having any other possible combination of the dependent features claimed below and those disclosed above. As such, the particular features presented in the dependent claims and disclosed above can be combined with each other in other possible combinations. Thus, the foregoing description of specific embodiments of the disclosed subject matter has been presented for purposes of illustration and description. It is not intended to be exhaustive or to limit the disclosed subject matter to those embodiments disclosed.

[0072] It will be apparent to those skilled in the art that various modifications and variations can be made in the method and system of the disclosed subject matter without departing from the spirit or scope of the disclosed subject matter. Thus, it is intended that the disclosed subject matter include modifications and variations that are within the scope of the appended claims and their equivalents.

Claims

1. A fixation device for engaging tissue comprising: a first fixation element and a second fixation element each having a first end, a second end opposite the first end, and an engagement surface extending therebetween; and a first gripping element and a second gripping element each moveable relative to a respective one of the first and second fixation elements and each having a fixed end, a free end, and a length extending therebetween, wherein each of the first and second gripping elements includes a plurality of friction elements angled toward the engagement surface of the respective fixation element, the friction elements each having a length which varies between the fixed end and the free end of the gripping element.
2. The fixation device of claim 1, wherein the length of the friction elements of each of the first and second gripping elements increases toward the free end of the gripping element.
3. The fixation device of claim 2, wherein the increase in length of the friction elements is linear.
4. The fixation device of claim 2, wherein the increase in length of the friction elements is parabolic.
5. The fixation device of claim 1, wherein the variation in length of the friction elements is continuous along the length of the respective gripping element.
6. The fixation device of claim 1, wherein the variation in length of the friction elements is staggered in alternating rows of friction elements, thereby producing an undulating profile.
7. The fixation device of claim 1, wherein the friction elements are selected from the group consisting of projections, barbs, and teeth.
8. The fixation device of claim 1, wherein the fixed ends of the first and second gripping elements are each coupled to a central portion of a gripping device and extend outwardly therefrom.
9. The fixation device of claim 8, wherein: the central portion includes a distal end and a width proximate the distal end, the width extending in a direction toward each of the first and second gripping elements, and the length of each of the first and second gripping elements is about 3.18 times the width of the central portion.
10. The fixation device of claim 9, wherein the distal end of the central portion defines a reference plane perpendicular to a central axis of the central portion and a height is defined by a vertical dimension between the reference plane and the fixed ends of the gripping elements, and the length of each of the first and second gripping elements is about 1.85 times the height.
11. The fixation device of claim 1, wherein the friction elements of each of the first and second gripping elements are arranged in a plurality of rows along the length thereof, and the length of the friction elements differs from row to row.
12. The fixation device of claim 11, wherein each of the first and second gripping elements includes six rows of friction elements.
13. The fixation device of claim 12, wherein the length of the friction elements incrementally increases in a direction from the fixed end of the respective first and second gripping element to the free end thereof.
14. The fixation device of claim 12, wherein the length of each of the first and second gripping elements is about 0.35 inches.
15. The fixation device of claim 1, wherein each of the first and second gripping elements includes a first surface and a second surface, the friction elements extending from the second surface and each having a terminal end such that the terminal ends of the friction elements and the second surface form a triangular profile in a perspective parallel to the length of the first and second

gripping elements.

16. A fixation device for engaging tissue comprising: a pair of fixation elements each having a first end and a second end opposite the first end, and an engagement surface extending therebetween; and a pair of gripping elements each moveable relative to a respective one of the fixation elements and each having a fixed end, a free end, and a length extending therebetween, wherein each gripping element includes a plurality of friction elements arranged in a series of rows, each of the plurality of friction elements having a length and being angled toward the engagement surface of the respective fixation element, the rows being spaced along the length of the gripping element such that the length of the friction elements in rows positioned closer to the fixed end is shorter than the length of the friction elements in rows positioned closer to the free end.

17. The fixation device of claim 16, wherein the fixed ends of the gripping elements are each coupled to a central portion of a gripping device and extend outwardly therefrom.

18. The fixation device of claim 17, wherein: the central portion includes a distal end and a width proximate the distal end, the width extending in a direction toward each of the gripping elements, and the length of each of the gripping elements is about 3.18 times the width of the central portion.

19. The fixation device of claim 16, wherein each gripping element includes six rows of friction elements.

20. The fixation device of claim 19, wherein the length of each gripping element is about 0.35 inches.
