* Procedure or no?
  + AF ablation (Atrial Fibrillation)
    - Goes from groin (typically) through vessels (veins) into the heart
  + Transseptal puncture
    - Intracardiac catheter used as anatomical marker to avoid puncturing of aortic root
    - Direct route to the LA via the intra-atrial septum and systemic venous system. (Otherwise needs two 180° turns via left ventricle and mitral valve)
  + ASD/PFO closure (atrial septal defect/patent foramen ovale)
    - Goes from groin to heart
  + TAVR (Transcatheter aortic valve replacement)
    - From groin to chest
  + Mitral procedures
    - Not as common for catheter use
  + LAA closure (left atrial appendage)
    - Femoral vein and transseptal puncture
  + Paravalvular leak repair
    - Groin (femoral vein) to upper left chamber (LA)
    - Need to go through septum
* Materials (Possibly based on the procedure that we chose)?
  + Wires of known material
  + Lumen and sheath of known material
* Attach actual catheter to handle

Notes

* Procedure or no?
  + If we want to develop the anatomy for specific pathway we could use that to test.
    - We are looking to test with a lab - need to ask Dillard
    - Lexi- they have a good way to recreate different models and we could recreate in a cheaper way. See what he has and see if any would fit our size or enlarge if needed to fit ours. Can try to prove if we can turn 180 and do an ablation in any direction. Good step to go.
  + Probably only need 90 or maybe 180 degrees for most procedures.
* Specific pathway to use as test
  + They have steerable with all different
    - GI
    - Ventricle
    - Femoral artery to aorta
  + Just to get started, use a silicone tube or buy a 3d model online to print or mimic. Talk to Dillard to see what models they have. The more we can show what we can do, the better.
* Have we tried without securing the other end of the catheter.
  + No
* Materials
* If we want to go there, we can visit and they can go through how they make one. We could laser meld some materials. Pick our own materials. Whatever we make then take it with us. Or they can put together material descriptions and send to us.
* Good steps
  + Determine the most difficult part and start going at that part. Do that as soon as possible. Maybe come out multiple times if needed. Don’t put that part off.
    - Building it?
    - Which path? Testing that
    - Making it compact
  + At the end, it doesn’t need to be perfect. Can add notes on what can be the next step. Professors appreciate looking ahead at what could be done.
* DMD conference?
  + Jesse went to visit and placed 3rd.
  + Need to know what flaws you have that they might ask about and have a plan or explanation for that.
  + In person models are pretty cool. If we have a model there and can model in person, they would really like that.
  + Come up with data regarding device. Tests that performs. Types of turns, bend radius.
* Not every catheter has everything in the handle. Can have a seperate box that can sit off the side to make it more handheld. Completely relevant to market.
* Attaching the catheter to the handle? How?
  + Handle is molded components that connect together.
  + The tendons run down from the handle and …
  + UV glue or other reflow material to go up and over the molded section of the handle to hold the two together.
  + Lots of glue.
* They can send us a list of materials that they have for sheath and wires.
  + PTFE coated wires usually
* If we have quick questions, just send them an email and one of them can answer shortly.