



iFR Scout[™] Pullback Measurements

STEP 1: Determine if the Vessel is Physiologically Significant *iFR®* Spot Measurement or LIVE *iFR®* Value

- Prepare the pressure wire according to Instructions For Use
- **NORMALIZE** pressure wire and advance distal to all lesions in the vessel
- > Flush contrast out of the guide catheter and wait for Pa to stabilize
- Press RECORD to determine the iFR® value or review the LIVE iFR® value
- ► Consider the Hybrid Approach if the distal iFR® value falls within the FFR Zone



Step 2: Determine Which Lesion(s) are Most Significant *iFR* Scout[™] Pullback

- Tighten hemostasis valve to avoid blood loss but so that pressure guide wire can still be pulled back
- Press PULLBACK
- After the blue lines appear, slowly pullback the pressure wire at a constant speed while observing the sensor position under fluoro (sensor is located just proximal to the radioopaque tip)
- Press BOOKMARK on the console to flag areas of interest, such as lesions, during the pullback recording
- Observe the LIVE iFR[®] values during pullback (upper left box just under timer)
- Press STOP when complete



 An IFR cut-point of 0.89 matches best with an FFR ischemic cut-point of 0.80 with a specificity of 87.8% and sensitivity of 73.0%. (IFR Operator's Manual 505-0101.23).

STEP 3: Understand the Results

- Distal iFR[®] value applies to the entire vessel
- Plot shows how iFR[®] values change through the vessel
- If the pullback was performed at relatively constant speed:
 - » Steeper slopes may indicate focal disease
 - » More gradual slopes may indicate diffuse disease
- The wave free period is highlighted in green (this is where iFR[®] calculations are made)



0.95

iFR[®]

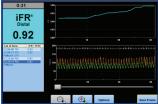
0.85

STEP 4: Use iFR Scout[™] results to help you make informed treatment decisions

Follow standard lab protocol to treat the lesion(s) if applicable

STEP 5: Confirm the Functional Gain with a Final Pullback iFR Scout[™] Pullback

- Observe your FUNCTIONAL GAIN by making a final pullback
- Post-pullback is simple to achieve because:
 - » After treatment, the pressure wire may still be distal in the vessel
 - » The iFR Scout™ pullback does not require hyperemic agent
- Follow directions in STEP 2 above
- Compare the "pre-pullback" to the "post-pullback" and notice the FUNCTIONAL GAIN





PRECISION GUIDED THERAPY

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