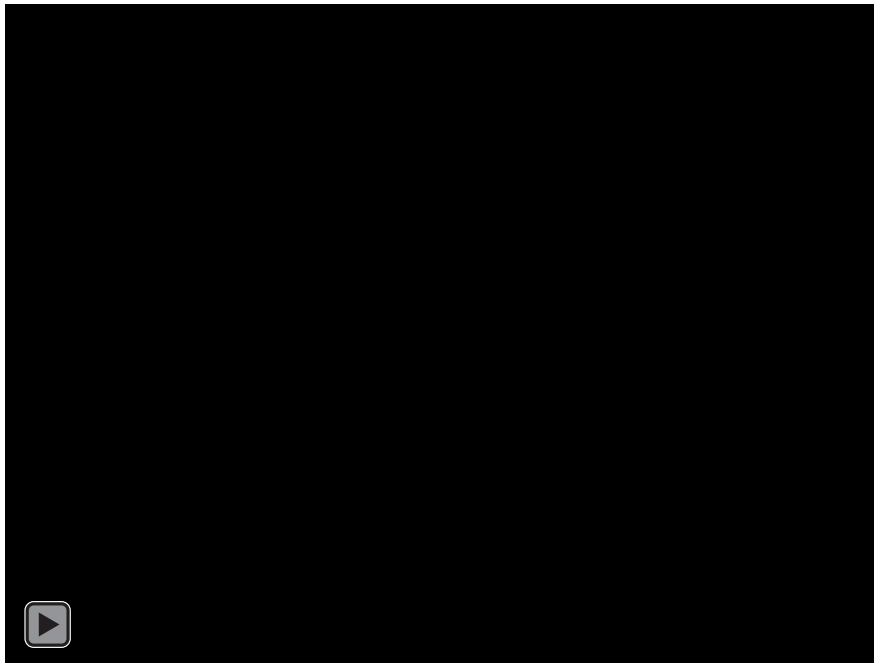
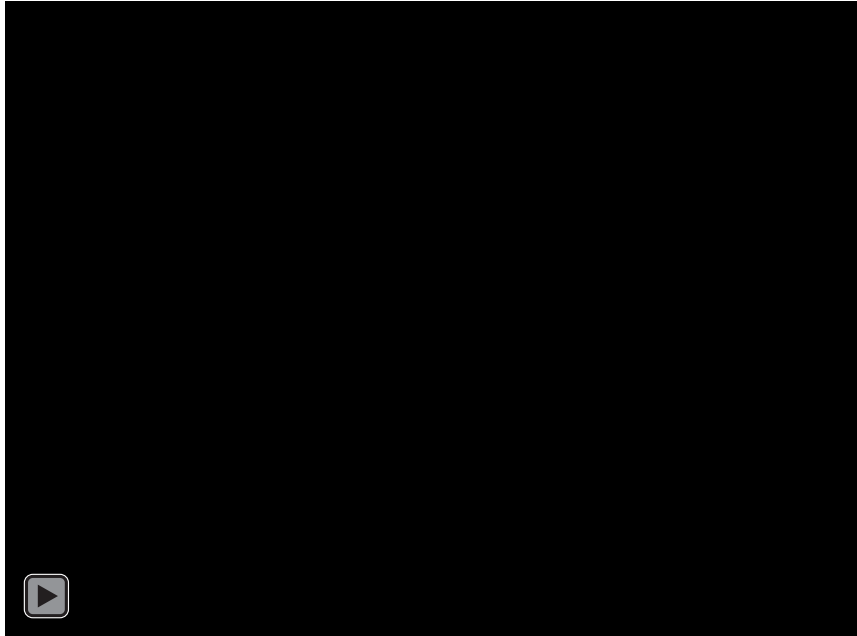


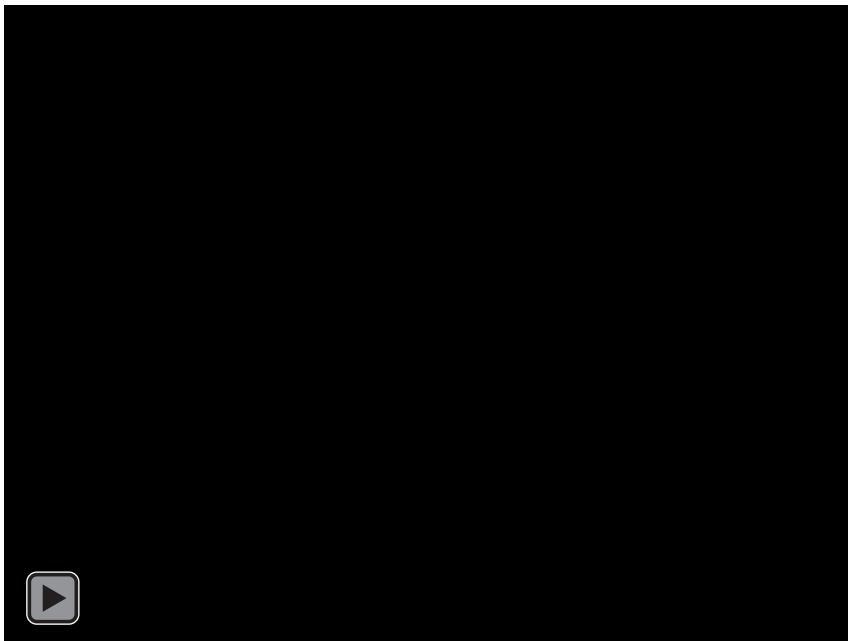
Moving Image 1: Aortogram of ODO in lateral projection (The ODO is well applied to the duct and contrast flow through the device shows the core of the device has reached the pulmonary artery).



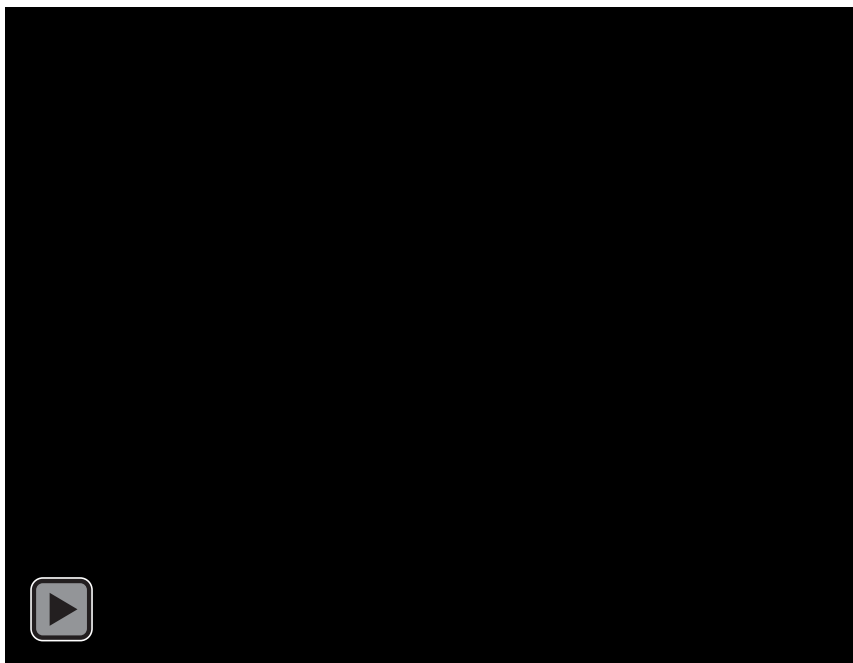
Moving Image 2: Pulmonary artery angiogram of ODO in lateral projection (Angiogram carried out by injecting contrast through the side arm of the Mullins sheath, showing the core of the device has reached the pulmonary artery).



Moving Image 3: Embolisation of incorrectly positioned ODO (The pulmonary end of the ODO has not reached the pulmonary artery, which is at the anterior border of the trachea. Part of the body and the aortic retention disc of the device remain within the lumen of the aorta. The transverse aortic arch is hypoplastic. The device embolised to the aorta immediately on release from the delivery cable. The aortogram does not define the pulmonary end of the ODO as very little contrast passes through the device. A pulmonary angiogram in a lateral plane should have been performed to clarify device position).



Moving Image 4: Distortion of an ODO (The ODO has been pulled forcefully into the PDA, the aortic retention disc takes the shape of a cone rather than a disc and the body of the device does not expand completely).



Moving Image 5: Correct implantation of the ODO in Moving Image 4 (The device has been recaptured and deployed with less traction, allowing the aortic retention disc to remain flat and the body of the device has expanded normally).