

UNIQUE AORTIC CHALLENGES



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Reverse Tapered Neck

- ▲ Secure fixation on the bifurcation provides confident seal with proximal extension
- ▲ Fully supported long main body provides longitudinal support
- ▲ Endoskeleton design allows ePTFE graft to conform to the neck and to facilitate seal



Narrow Distal Aorta

- ▲ Uni-body design minimizes potential for limb kinking
- ▲ Pre-cannulated contralateral limb saves time



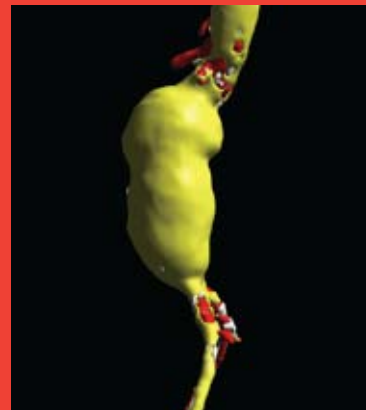
Angled Neck (≤ to 60°)

- ▲ Secure fixation on the bifurcation
- ▲ Demonstrated long-term positive remodeling
- ▲ Single wire construction with spine orientation provides both strength and flexibility



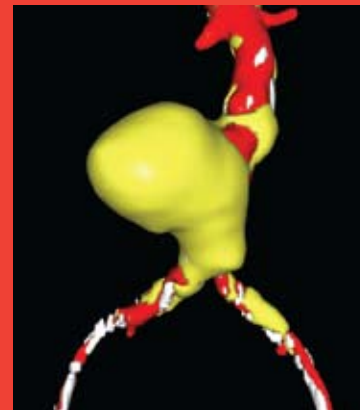
Bilobe Aneurysm

- ▲ Pre-cannulated contralateral limb eliminates gate cannulation in complicated anatomies



Thrombus Laden Neck

- ▲ Secure fixation on the bifurcation provides confident seal with proximal extension
- ▲ Endoskeleton design allows for ePTFE graft to conform to the neck and facilitate seal



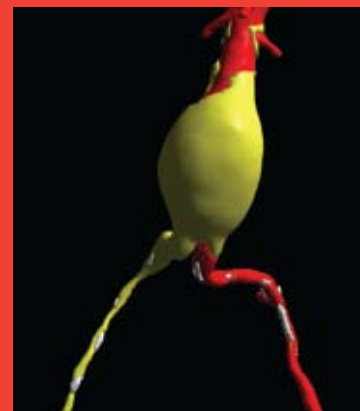
Saccular Aneurysm

- ▲ Pre-cannulated contralateral limb eliminates gate cannulation in complicated anatomies



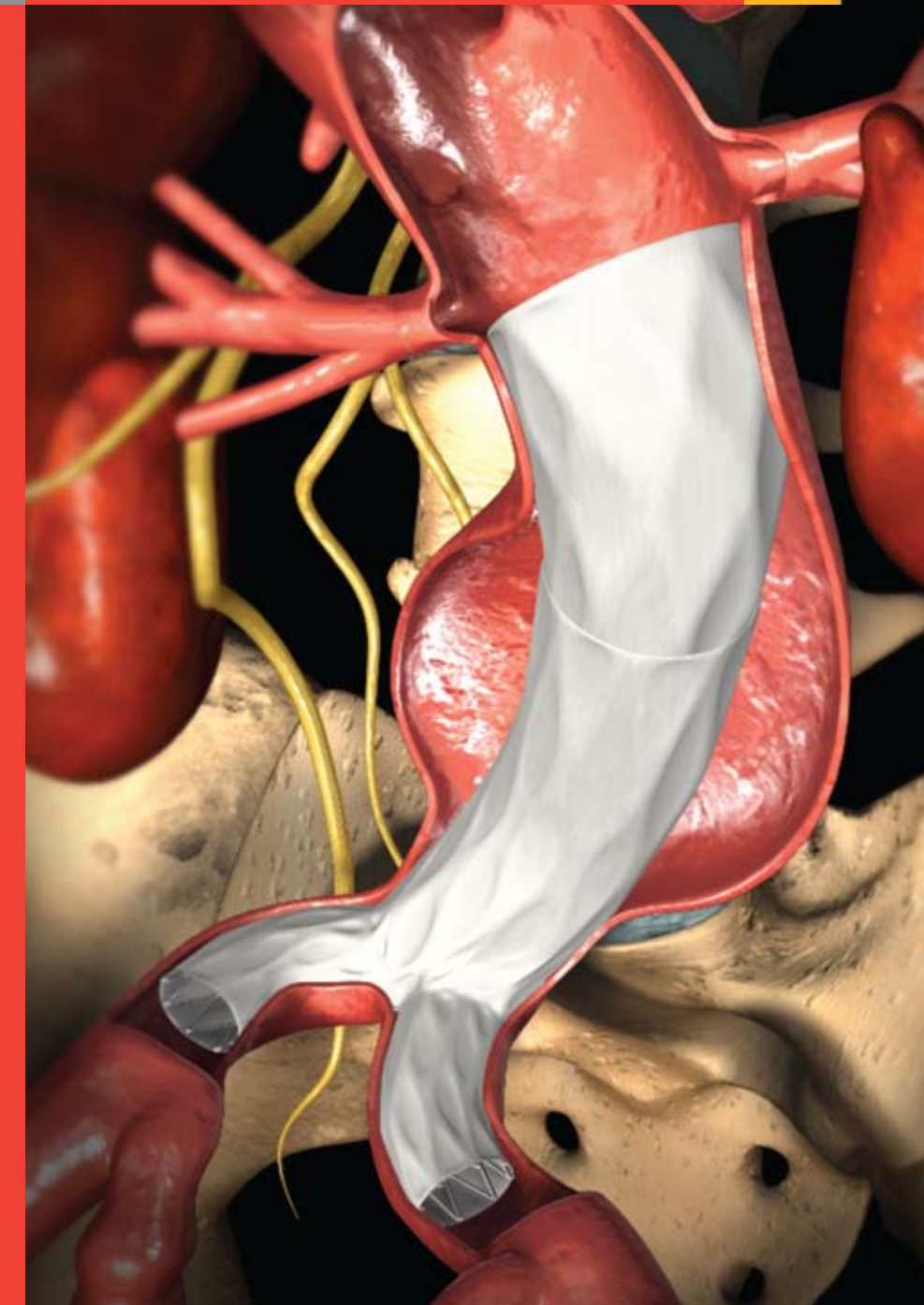
Iliac Aneurysm

- ▲ Pre-cannulated contralateral limb eliminates gate cannulation in complicated anatomies



Limited Contralateral Access

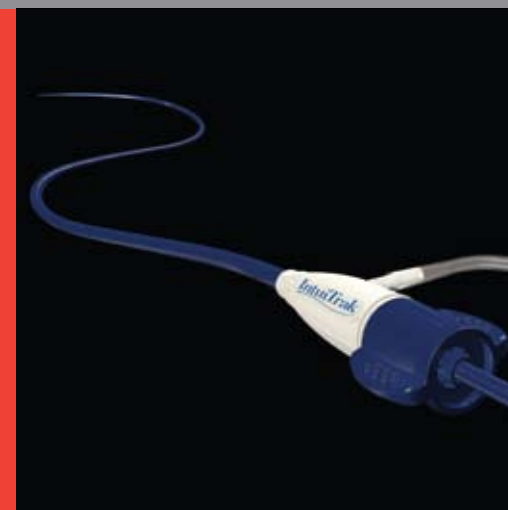
- ▲ 9F percutaneous contralateral access
- ▲ Low profile, flexible hydrophilic coated introducer sheath



- ▲ Device placed on the aortic bifurcation, separates seal and fixation
- ▲ Building from bottom up facilitates accurate placement below renals
- ▲ Fully supported long main body maximizes seal zone and relines aorta
- ▲ Pre-cannulated 9F contralateral limb simplifies the procedure
- ▲ Preserves aorto-iliac bifurcation for future endovascular procedures

IntuiTrak® ENDOVASCULAR AAA SYSTEM

- ▲ Flexible, low profile delivery system
- ▲ Anatomical fixation
- ▲ Pre-cannulated 9F contralateral limb
- ▲ Hydrophilic coated sheath
- ▲ Simple and controlled deployment



IntuiTrak Delivery System

- ▲ 19F integrated introducer to reduce sheath exchanges
- ▲ Hydrophilic coating for smooth delivery
- ▲ Active hemostasis valve minimizes blood loss

IntuiTrak Express®

- ▲ Treat up to 32mm neck with Powerlink XL stent graft through indwelling 19F introducer sheath
- ▲ Locking hub creates single handle for simplified deployment

Powerlink® Stent Grafts

- ▲ Bifurcated unibody design
- ▲ Fully supported high density ePTFE graft
- ▲ Durable CoCr alloy self expanding stent

PowerFit™ Aortic Extension

- ▲ Independent suprarenal stent with 24 circumferential contact points for optimized sealing
- ▲ CoCr alloy self expanding stent for durability
- ▲ Integrated spine provides visibility, support and flexibility

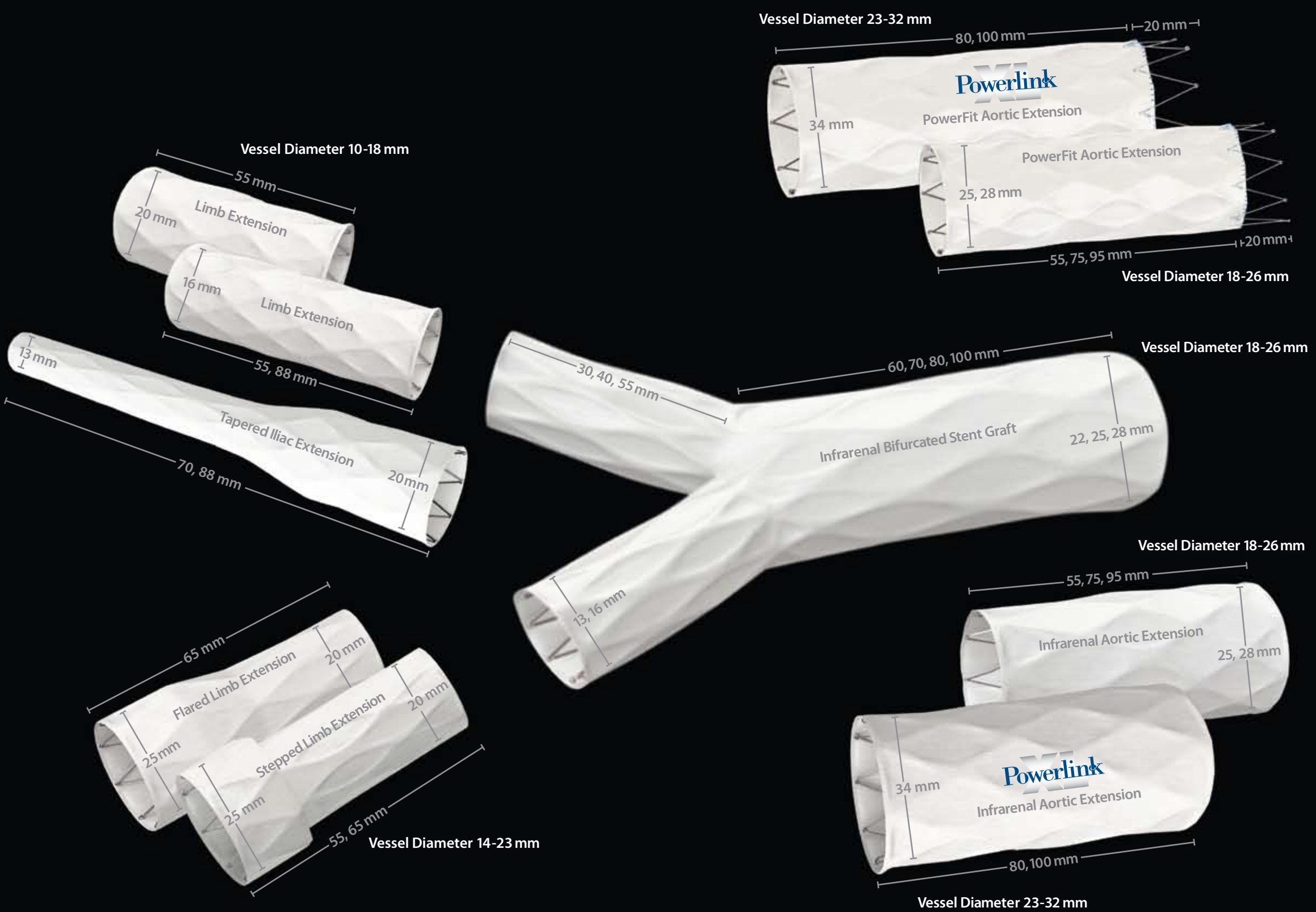
Refer to the Instructions For Use for complete and specific prescribing information and all warnings, precautions, and adverse events. Rx only.

POWERLINK® STENT GRAFTS AND EXTENSIONS

Full range of treatment options.

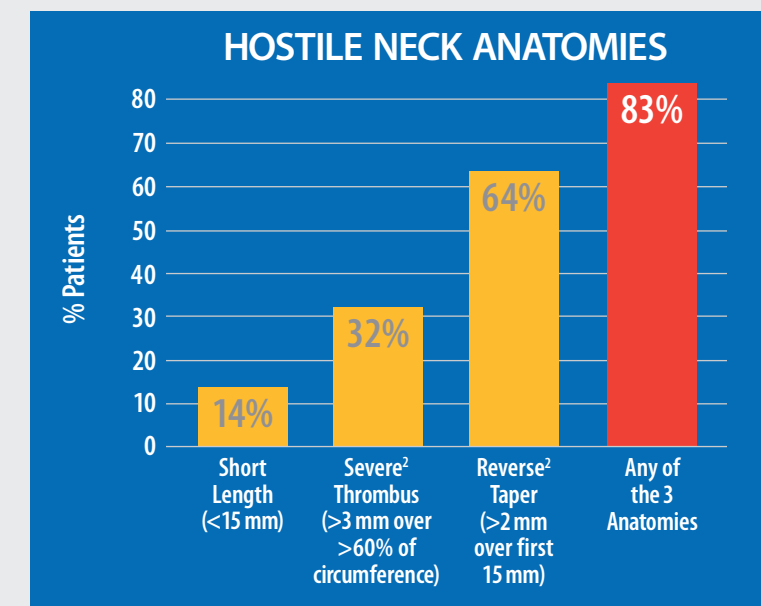
- ▲ Treat proximal necks up to 32 mm
- ▲ Treat iliac arteries up to 23 mm
- ▲ Flexible iliac extensions to cross hypogastrics when needed

CLINICAL PERFORMANCE WITH ANATOMICAL FIXATION



Patient Profile¹

- ▲ N=157
- ▲ Mean AAA diameter (cm): 5.6 ± 0.9
- ▲ Mean proximal neck diameter (mm): 29 ± 0.4
- ▲ Prevalence of PAD 27%



“The results are particularly positive considering that 83% of trial patients had hostile neck anatomies”
 Jeffrey P. Carpenter, M.D.³

Clinical Trial Results with Anatomical Fixation¹

- ▲ Migration.....0%
- ▲ Aneurysm rupture.....0%
- ▲ Conversion to open repair.....0%
- ▲ Stent fracture.....0%
- ▲ Aneurysm related mortality.....0%
- ▲ Gate cannulation time.....0 minutes

¹ Carpenter JP et al. Contemporary Results of Endovascular Repair of Abdominal Aortic Aneurysms: Effects of Anatomical Fixation on Outcomes. J Endovas Ther. 2010; 17(2):153-162
² Data on file.
³ Jeffrey P. Carpenter, M.D., Professor and Chief, Department of Surgery, UMDNJ-Robert Wood Johnson Medical School.