Yale Vascular Surgery Symposium "The Management of Vascular Emergencies"

EXHIBIT BOOKLET







CREATING THE FUTURE OF HEALTH WITH LIFE-CHANGING TECHNOLOGY



HOSPITAL EFFICIENCY REDEFINED

WITH ABBOTT'S HEMOSTASIS MANAGEMENT SOLUTIONS



Perclose ProGlide®

Suture-Mediated Closure System

DON'T JUST CLOSE. **REPAIR.**

TO LEARN MORE, VISIT WWW.ABBOTTVESSELCLOSURE.COM

Perciose Glide

INDICATIONS

The Perclose ProGlide SMC System is indicated for the percutaneous delivery of suture for closing the common femoral artery and vein access site of patients who have undergone diagnostic or interventional catheterization procedures. The Perclose ProGlide SMC System is used without or, if required, with adjunctive manual compression. For access sites in the common femoral artery using 5F to 21F sheaths. For access sites in the common femoral vein using 5F to 24F sheaths.

1.

For arterial and venous sheath sizes greater than 8F, at least two devices and the pre-close technique are required.

IMPORTANT SAFETY INFORMATION REFERENCED WITHIN





Supera[™] Peripheral Stent System

RESULTS MATTER.

IMPORTANT SAFETY INFORMATION REFERENCED WITHIN

INDICATIONS

The **Supera[™] Peripheral Stent System** is indicated to improve luminal diameter in the treatment of patients with symptomatic *de novo* or restenotic native lesions or occlusions of the superficial femoral artery (SFA) and/or proximal popliteal artery with reference vessel diameters of 4.0 to 6.5 mm, and lesion lengths up to 140 mm.



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Rotational Excisional Atherectomy

Continuous Active Aspiration

Rotating helix creates continuous negative pressure at tip; actively aspirating and transporting material into a collecting bag.

Rotating Abrading Vortex

Additional luminal gain is achieved by a vortex created around the rotating cylinder. Large side windows further break down and efficiently remove detached material.

Modifying Beveled Tip

Rotating atraumatic catheter head with blunt facets modifies and detaches mixed morphology lesions.

Rotarex[™] Rotational Excisional Atherectomy System



The Straub Endovascular System is herin referred to as the BD Rotarex[®] Rotational Exisional Atherectomy System. When operated with a Rotarex[®] single use catheter, the System is intended for use as an atherectomy device and to break up and remove thrombus from upper and lower extremity peripheral arteries. It is not intended for use in coronary, carotid, pulmonary, iliac or renal vasculature. Please consult package insert for more detailed safety information and instructions for use. BD, the BD logo, and Rotarex are trademarks of Becton, Dickinson and Company or its affiliates. © 2020 BD. All Rights Reserved. Illustrations by Mike Austin. Copyright © 2020. Bard Peripheral Vascular, Inc. | www.bardpv.com | 1 800 321 4254 | 1625 W. 3rd Street Tempe, AZ 85281 BD-19441v1

Take a dissectionspecific approach

Zenith[®] TX2[®] Dissection Endovascular Graft with Pro-Form[®]



Zenith[®] Dissection Endovascular Stent





Zenith[®] Dissection

EXPECT MORE.

Visit **cookmedical.com/dissectionpage** to see how our devices can help you treat patients with a Type B aortic dissection.





Real-world data

GORE[®] TAG[®] Conformable Thoracic Stent Graft with ACTIVE CONTROL System



SURPASS* is an observational, prospective, single-arm post-market registry. 20 European sites in seven countries are included.

ZERO

- Type Ia and Type III Fractures endoleaks
- Device compressions Ruptures

100%

Successful deployment

98.4%

With no device-related issues

97.2%

Freedom from serious access complications

Aortic pathology treated:

- Treatment of Type B dissection (complicated / uncomplicated)
- Descending thoracic aortic aneurysms (Including ruptures)
- Penetrating aortic ulcers
- Traumatic aortic transection
- Intramural hematoma

Pseudoaneurysm

1.6% 3.1% 4.7% 8.7% 32.3% 31.4%

98.4%

Reported that proximal wall apposition was acceptable at procedural completion

1.38 Devices per procedure

92.9% No rapid pacing used

* Rates are based on physician experience as reported for 127 subjects in Europe within a 30 day follow-up period. European-Post Approval Registry: Observational Registry Characterizing the Performance and Feature Use of the GORE® TAG® Conformable Thoracic Stent Graft Featuring ACTIVE CONTROL System. (data on file 2017; W.L. Gore & Associates, Inc; Flagstaff, AZ.)

INDICATIONS FOR USE IN THE U.S.: The GORE® TAG® Thoracic Stent Graft is intended for endovascular repair of all lesions of the descending thoracic aorta, including: Isolated lesions in patients who have appropriate anatomy, including: adequate iliac / femoral access, aortic inner diameter in the range of 16-42 mm, $\ge 20 \text{ mm}$ non-aneurysmal aorta proximal and distal to the lesion; Type B dissections in patients who have appropriate anatomy, including: adequate iliac / femoral access, aortic inner diameter in the range of 16-42 mm, $\ge 20 \text{ mm}$ non-aneurysmal aorta proximal and distal to the lesion; Type B dissections in patients who have appropriate anatomy, including: adequate iliac / femoral access, $\ge 20 \text{ mm}$ landing zone proximal to the primary entry tear; proximal extent of the landing zone must not be dissected, diameter at proximal extent of proximal landing zone in the range of 16-42 mm. **CONTRAINDICATIONS**: Patients with known sensitivities or allergies to the device materials; patients who have a condition that threatens to infect the graft. Refer to *Instructions for Use* at goremedical.com for a complete description of all warnings, precautions, and adverse events. **INDICATIONS FOR USE UNDER CE MARk**: The GORE® TAG® Thoracic Stent Graft is indicated for endovascular repair of the descending thoracic aorta. **CONTRAINDICATIONS**: Patients with known sensitivities or allergies to the device materials; patients with a systemic infection who may be at increased risk of endovascular graft infection. Refer to *Instructions for Use* at goremedical.com for all warnings, precautions, and adverse events. **R**_{xony}

Products listed may not be available in all markets.

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The Nation's Leading Provider of Orthotic and Prosthetic Care

With approximately 800 locations across the country, we create customized solutions for people of all ages including state-of-the-art prostheses, braces, and other devices—designed to increase the mobility and function of each person we serve.

HOLISTIC CARE

AMPOWER® | Amputee Peer Support Network: Innovative events to empower the limb loss and limb difference community

POST-OPERATIVE AMPUTEE CARE

Over 40 years of published evidence shows that removable rigid dressings (RRDs), like our proprietary line of AmpuShield® limb protectors, limb protectors, help improve patient outcomes while reducing risk and health system costs.

DEDICATION TO OUTCOMES

Improve care, save time, and provide earlier intervention with measured patient outcomes.



ME Scorecard[™] | The ME Scorecard tracks and monitors mobility, patient satisfaction, quality of life, and progress as they move through the care pathway



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INTRODUCING

Valiant Navion™ Thoracic Stent Graft System





- CoveredSeal configuration with tip capture
- Proximal or distal use

Source: Data on file at Medtronic.

Medtronic



REIMAGINED DESIGN EXPANDED OPTIONS ENABLE YOU TO CUSTOMIZE TREATMENT

FreeFlo

- Allows perfusion into proximal vessels
- Tip capture mechanism
- \geq 2 cm proximal and distal landing zone



Source: Data on file at Medtronic.

Medtronic company. 1/19

Introducing CoveredSeal

- When anatomy/pathology dictate
- Tip capture mechanism
- > 2.5 cm proximal landing zone



Medtronic



OPTIMIZED STENT GRAFT DESIGN

- Aligned peaks and valleys and shorter struts designed for increased flexibility
- Adapts to inner and outer curve of thoracic aorta
- Increased distance between stents designed to optimize migration resistance and conformability





Source: Data on file at Medtronic.





DELIVERY SYSTEM ENHANCEMENTS LOWER PROFILE — UP TO 4 FR REDUCTION



- 18 Fr delivery system for improved vascular access
- 37.9% (33/87) females in global trial¹

¹ 30-day data. Data on file at Medtronic.

Medtronic



OPTIMIZED STENT GRAFT DESIGN

FreeFlo Design CoveredSeal Stent Design & W-stent



1.2%
(1/81)Type Ia Endoleak at 30 Days1100%
(87/87)Access & Deployment Success1

¹ 30-day data. Data on file at Medtronic. Type Ia endoleak (1/81 patients). 2. Core Lab reported.





Tortuosity (centerline length/straight line length) from the proximal end of proximal neck to the distal end of the proximal neck







MINIMIZE TRAUMA

Minimize trauma to soft tissue by safely selecting and fracturing intimal and medial calcium

OPTIMIZE OUTCOMES

Optimize outcomes while reducing complications and cost escalation

SIMPLIFY PROCEDURES

Simple and intuitive system that makes complex calcified procedures more predictable

INTRAVASCULAR LITHOTRIPSY

YOUR SOUND CALICIUM STRATEGY.



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