



enVast – Nuevo sistema de Trombectomía Mecánica coronaria

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MÉTODOS UTILIZADOS EN AIS – HISTORIA

- 1980: TROMBÓLISIS IA (INTRA ARTERIAL), CON MEJOR RESULTADO VS LISIS, CATETER ADMINISTRANDO FÁRMACOS EN EL TROMBO
- 1990: TROMBÓLISIS IV (INTRA VENOSA - TPA), TROMBÓLISIS COMO “GOLD STANDARD” (NO MUY BUENO EN VASOS PROXIMALES), MUCHOS TRIALS NINND (95) ECASS (96) (RESULTADOS > 3 HS DE 8 PTES. 1 BUEN RESULTADO, DE 3 A 4.5 HS 1 DE 15 PTES. CON BUEN RESULTADO
- 2004: TROMBECTOMÍA MECÁNICA (PROBLEMA FUE SACAR SOLO TROZOS DE TROMBO)
- 2006: TROMBO ASPIRACIÓN (CATETER PENUMBRA – PROBLEMA NAVEGABILIDAD EN TERRITORIOS DISTALES)
- 2007: TROMBECTOMÍA MECÁNICA (1º SOLITAIRE APARICIÓN ACCIDENTAL)
- 2007 A 2012: NACE NUEVA TERMINOLOGÍA “STENT RETRIEVER”
- 2015: TROMBOASPIRACIÓN “STRIKES BACK”, NUEVOS CATÉTERES, PENUMBRA LANZA “ACE64” CON MEJOR NAVEGABILIDAD, PROMOCIONA LA TECNICA “ADAPT” (A DIRECT ASPIRATION FIRST PASS TECHNIQUE)
- 2015: DR. ANDERSSON (HTAL. KAROLINSKA – SWE) DICE QUE HAY QUE ESTUDIAR LOS TIPOS DE TROMBO (SANGRE ROJA DOMINANTE – TROMBOS + FIBRINA)
- 2017: CADA AIS/STROKE ES DIFERENTE, LA TROMBECTOMÍA PODRÍA HACERSE HASTA 24 HORAS DE COMENZADO LOS SÍNTOMAS
- PERFUSIÓN PARA IDENTIFICAR LA “ZONA DE PENUMBRA”
- 2020: “GOLD STANDARD” ES STENT RETRIEVERS + TROMBOASPIRACIÓN



enVast™ DROP ZONE™ TECHNOLOGY
A BALANCED DESIGN FOR SMOOTH TRACKING AND SAFE RETRIEVAL

DROP ZONES
entry points for large, organized thrombi

FLOW RESTORATION ZONE

radial force optimized for artery apposition

CLOSED DISTAL BASKET

clot retention inside structure

DESIGNED FOR
RAPID, HI-FLOW REPERFUSION

enVast™ CHOOSE TO REMOVE

| Product Name | Code | Maximal Diameter | Working Length | Full Length | Drop Zones | Pusher Wire | Recommended Vessel Diameter (mm) | Min MC Inner Diameter |
|--------------|--------------|------------------|----------------|-------------|------------|-------------|----------------------------------|-----------------------|
| 4.0 x 30 | EV-4030-F2RR | 4.0 mm | 30 mm | 39 mm | 2 | 180 cm | ≥ 2.0 and ≤ 3.5 | .021" |
| 4.5 x 37 | EV-4537-F2RR | 4.5 mm | 37 mm | 57 mm | 2 | 180 cm | ≥ 2.0 and ≤ 4.5 | .021" |
| 4.5 x 46 | EV-4546-F3RR | 4.5 mm | 46 mm | 66 mm | 3 | 180 cm | ≥ 2.0 and ≤ 4.5 | .021" |
| 6.0 x 35 | EV-6035-F2RR | 6.0 mm | 35 mm | 55 mm | 2 | 180 cm | ≥ 2.0 and ≤ 6.0 | .027" |

- Choose a microcatheter size compatible with the enVast size chosen for the procedure

4.0 & 4.5 mm enVast sizes are compatible with microcatheters with min ID of 0.021"

6.0 mm enVast size is compatible with microcatheters with min ID of 0.027"

Via - 0.021"

Marksman - 0.027"

Headway - 0.021"

Via - 0.027"

TrevoPro - 0.021"

Phenom - 0.027"

Phenom - 0.021"

Rebar 18 - 0.021"

Velocity - 0.025"

Marksman - 0.027"

Via - 0.027"

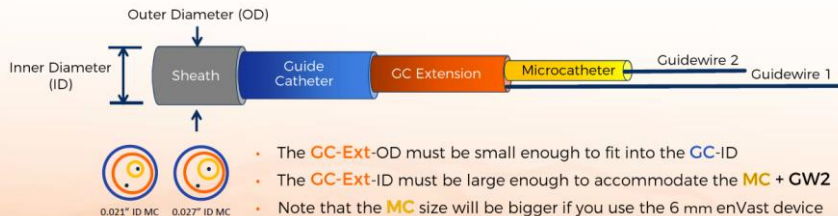
Phenom - 0.027"



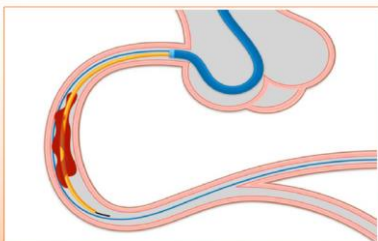
OTHER ACCESS CONSIDERATIONS

- Depending on the location of the lesion, you may choose to use:

- A Guide Catheter + A Guide Catheter Extension: If clot is distal



- A Guide Catheter only: If clot is sufficiently proximal



- Backload the second wire into the microcatheter (CW2+MC)
- Deliver MC with the wire leading (yellow)
 - Use an approved 0.021 or 0.027 ID MC
 - Flush the MC before use
 - The MC distal tip needs to go sufficiently distal beyond the thrombus for correct enVast positioning
- Once the tip of the MC is at the desired position, remove GW2 from the MC for enVast insertion

IDEAL ENVAST POSITIONING

- Position with the proximal marker at the edge of the fluoroscopic occlusion location

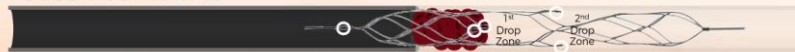
The Flow Restoration Zone and Drop Zones interacting with the clot:

GOOD POSITIONING



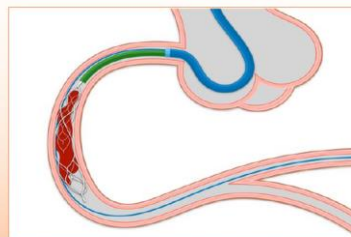
Most of the working length of the Flow Restoration Zone and the Drop Zones interacting with the clot:

GOOD POSITIONING



The Flow Restoration Zone and part of the first Drop Zone is not interacting with the clot:

POSITIONING NOT IDEAL



- Drive the GC-Extension (in green) up to the proximal marker of enVast
- Advance over both the enVast pusherwire and CW1



- If the occlusion is close to the Guide Catheter distal tip, the Guide Catheter Extension may not be needed



- Use 3- 60ml VacLoc syringes.
- Check enVast position, take your time and start retrieval slowly
- Withdraw enVast and the GC-Extension simultaneously under continuous aspiration from the GC hub

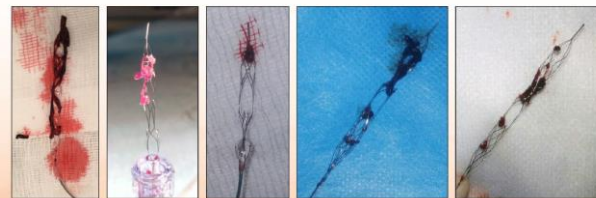
Markers compressed together:
You may be adjacent to a lesion or hard clot,
slow down



Markers spring open:
You may be at the proximal edge of the lesion or hard
clot, the DROP zone is on the clot



enVast™



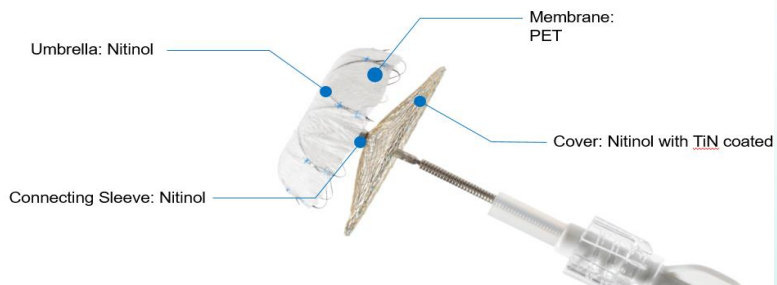
CHOOSE TO REMOVE





LAmbre™ LAA Closure System



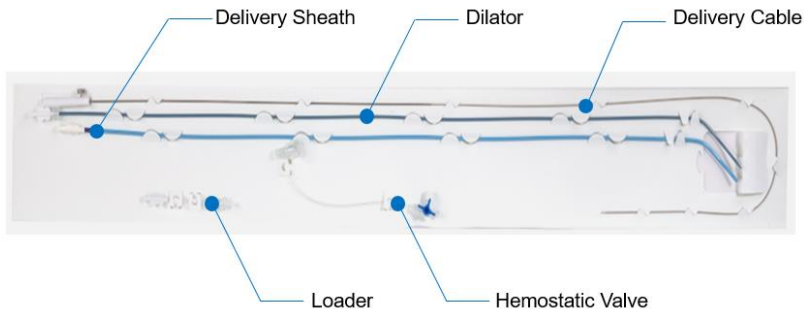
Structure and material



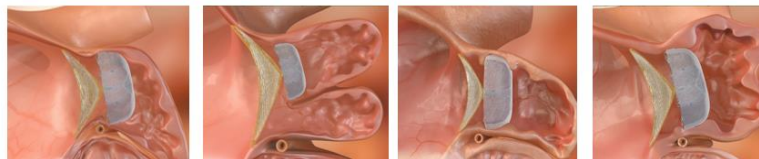
Specification

| | LAmbre™ Occluder | D - Distal Umbrella Diameter (mm) | D1 - Proximal Cover Diameter (mm) | Recommended Delivery System Size | | LAmbre™ Occluder | D - Distal Umbrella Diameter (mm) | D1 - Proximal Cover Diameter (mm) | Recommended Delivery System Size |
|-------------|------------------|-----------------------------------|-----------------------------------|----------------------------------|--|--|-----------------------------------|-----------------------------------|----------------------------------|
| One Lobe | LT-LAA-1622 | 16 | 22 | 8F-900 |  One Lobe | LT-LAA-1630 | 16 | 30 | 9F-900 |
| | LT-LAA-1824 | 18 | 24 | | | LT-LAA-1832 | 18 | 32 | |
| | LT-LAA-2026 | 20 | 26 | | | LT-LAA-2032 | 20 | 32 | |
| | LT-LAA-2228 | 22 | 28 | 10F-900 | |  Multi Lobes | LT-LAA-2234 | 22 | 34 |
| | LT-LAA-2430 | 24 | 30 | | | | LT-LAA-2436 | 24 | 36 |
| | LT-LAA-2632 | 26 | 32 | | | | LT-LAA-2638 | 26 | 38 |
| | LT-LAA-2834 | 28 | 34 | | | | | | |
| | LT-LAA-3036 | 30 | 36 | | | | | | |
| LT-LAA-3236 | 32 | 36 | | | | | | | |
| LT-LAA-3438 | 34 | 38 | | | | | | | |
| LT-LAA-3640 | 36 | 40 | | | | | | | |
| | | 4-6mm larger | | | | | 12-14mm larger | | |

Delivery system



We've got you covered

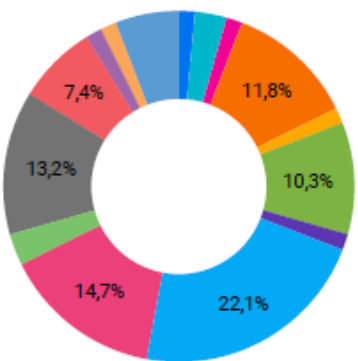


□ Innovative umbrella design, suitable for various LAA anatomies



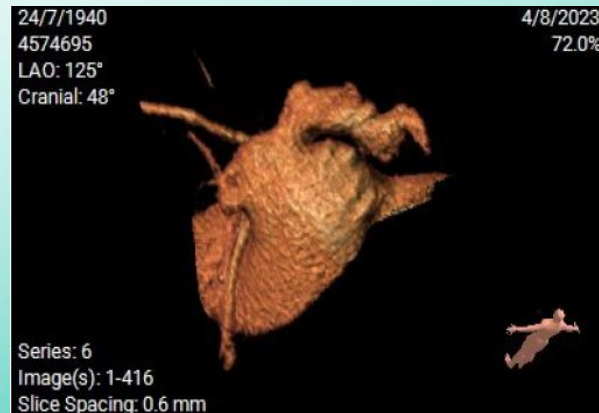
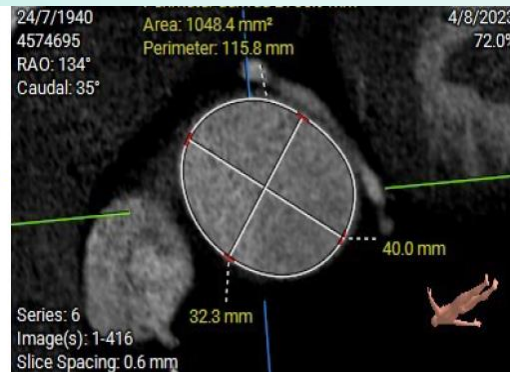
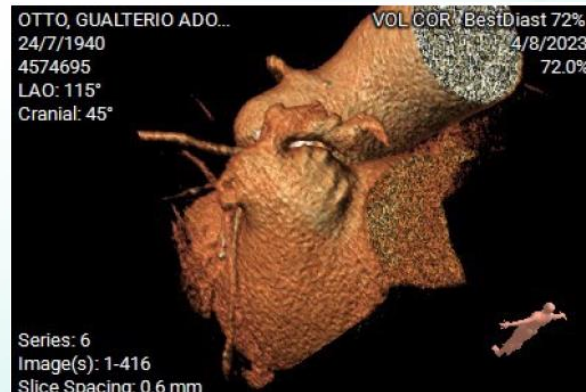
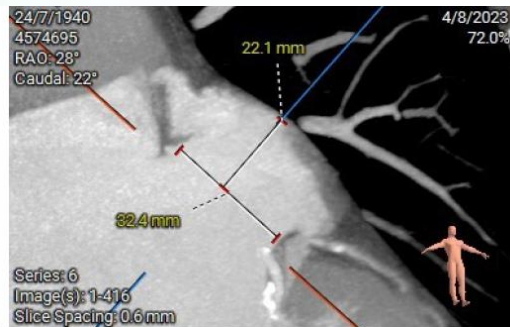
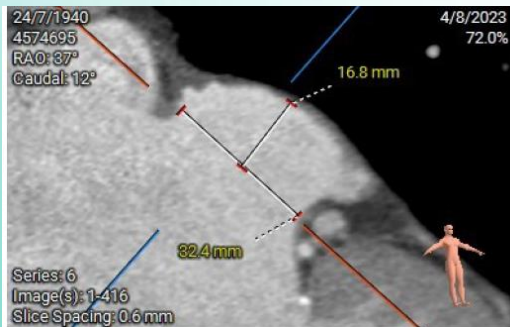
TECNOLOGIA MEDICA

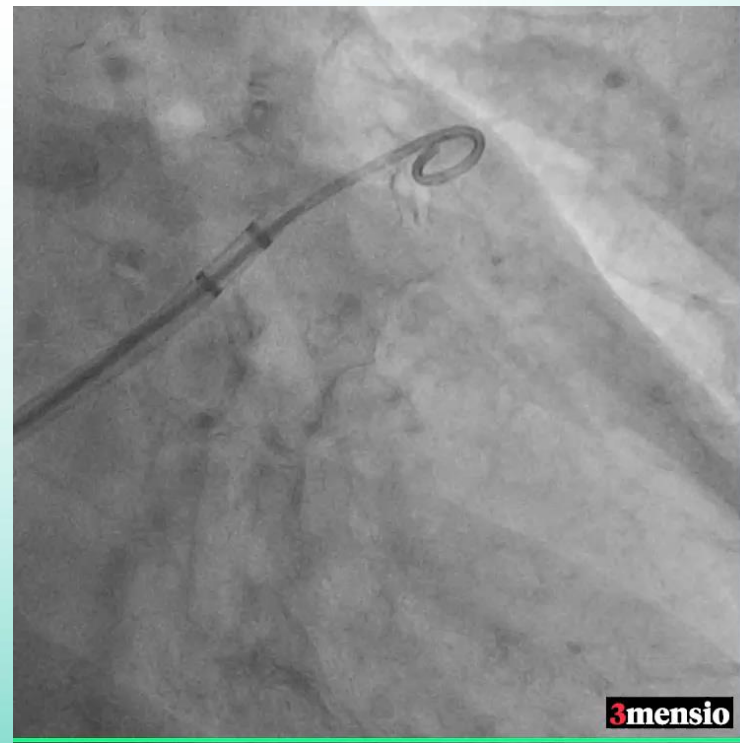
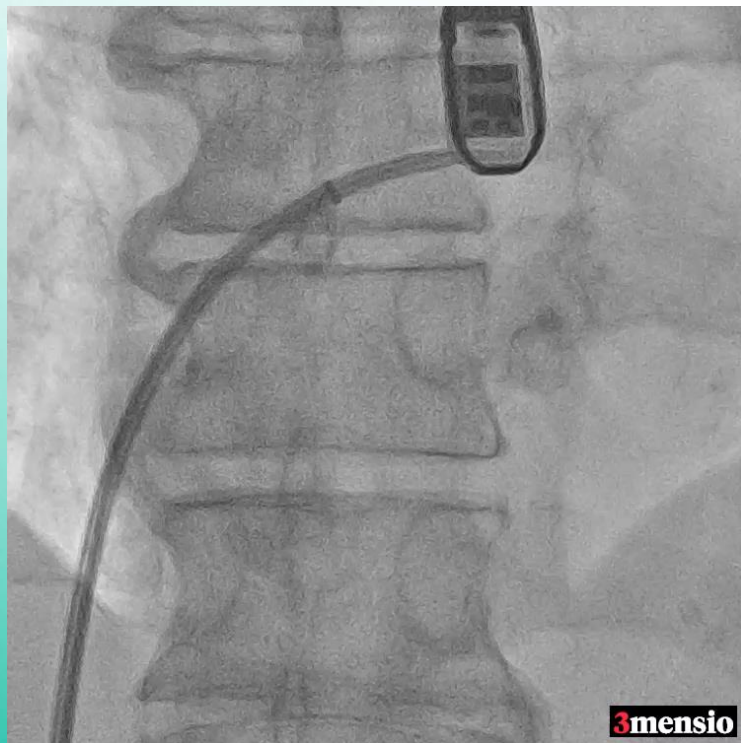
Lambre™

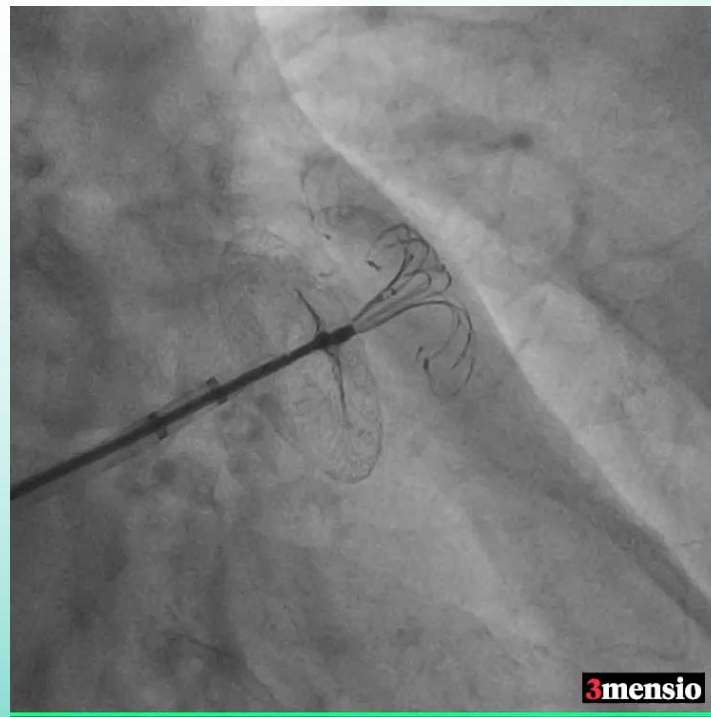
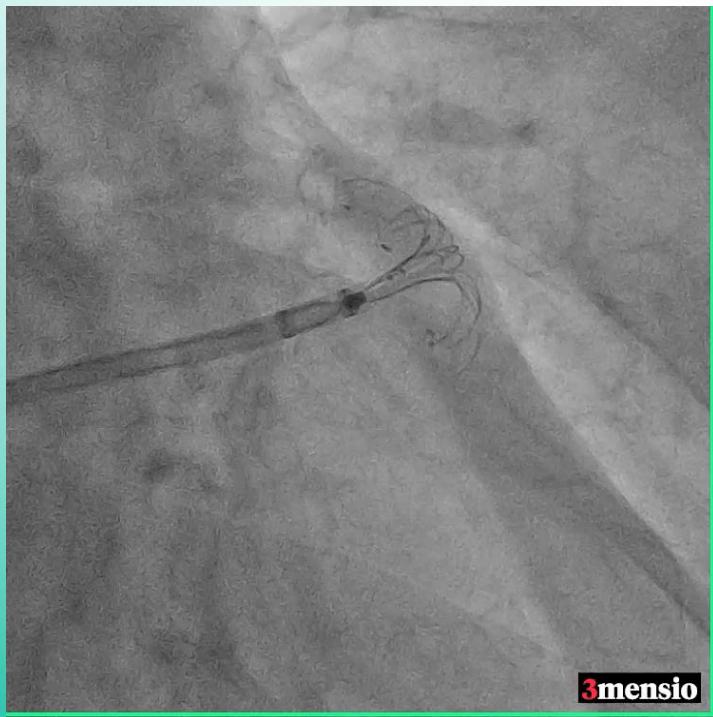


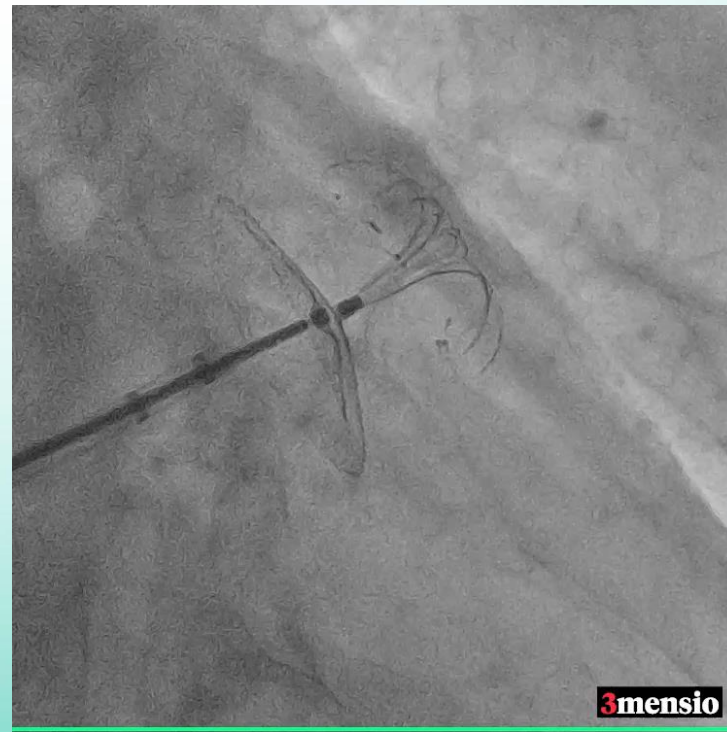
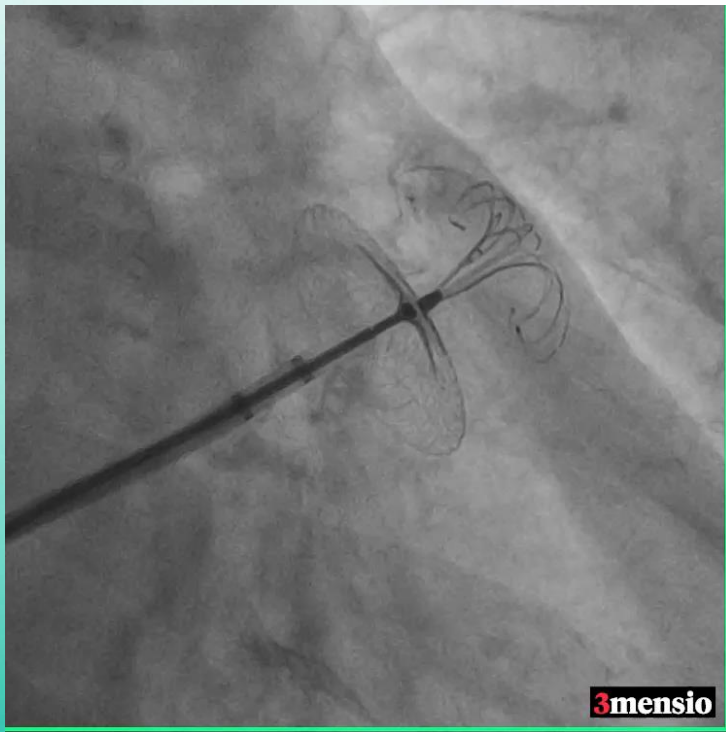
- 1622
- 1824
- 1832
- 2026
- 2032
- 2228
- 2234
- 2430
- 2632
- 2638
- 2834
- 3036
- 3236
- ▲ ▼

- 30 CENTROS DE ARGENTINA
- **AÑO 2023 (HASTA EL 15-11)**
- **4 CASOS COMPLEJOS (18 %)**
- **3 MEDIDAS XL (> 32 MM LANDING ZONE)**
- **1 MEDIDA XS (< 13 MM LANDING ZONE)**



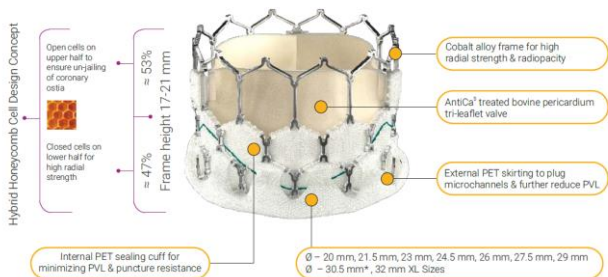










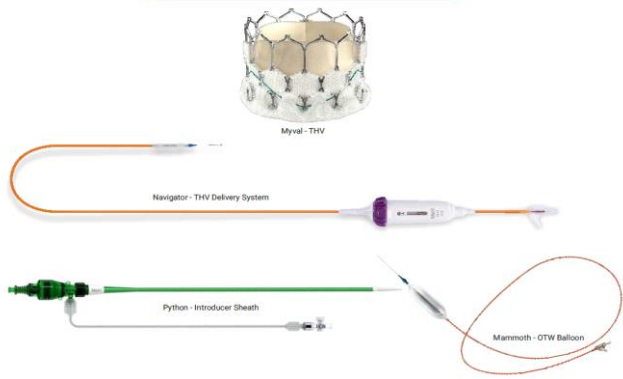



Myval THV: Designed for Precision in Outcomes



| Myval THV Size Matrix & Technical Specifications | Area 314 mm ² | Area 363 mm ² | Area 415 mm ² | Area 471 mm ² |
|--|---|---|---|---|
| 17.35 mm |  |  |  |  |
| 20 mm | | 21.5 mm | 23 mm | 24.5 mm |

Myval THV System and Components

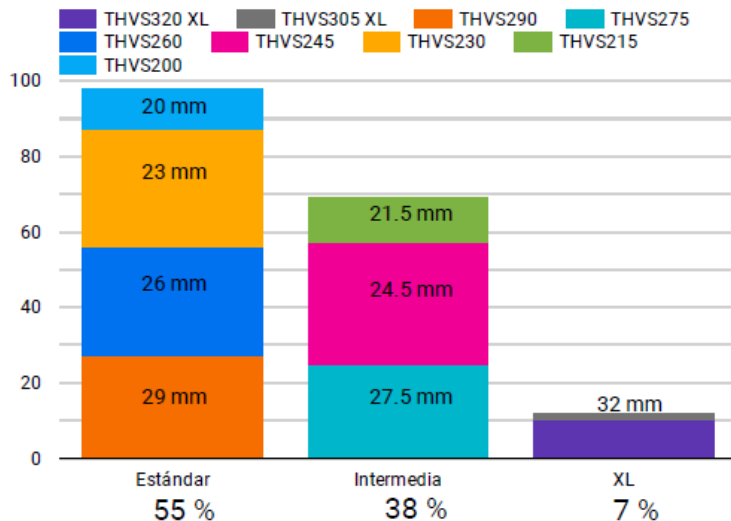


| | | | | | |
|---|---|---|---|---|--------------------------|
| 18.85 mm | Area 531 mm ² | Area 594 mm ² | Area 661 mm ² | Area 731 mm ² | Area 804 mm ² |
|  |  |  |  |  | |
| 26 mm | 27.5 mm | 29 mm | 30.5 mm | 32 mm | |

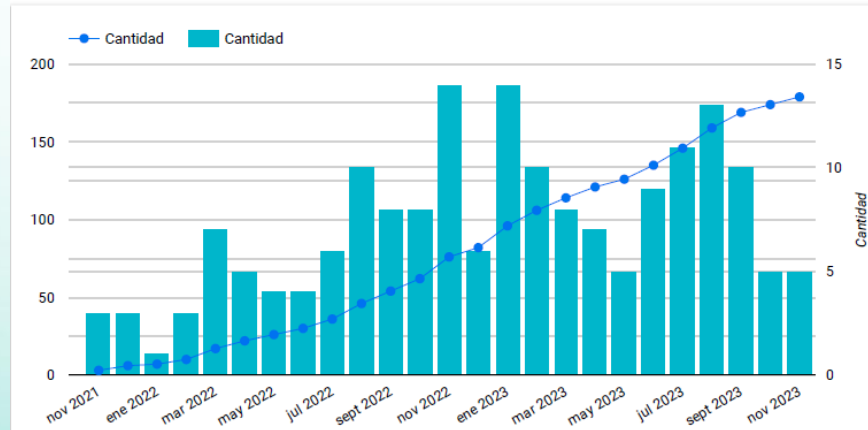


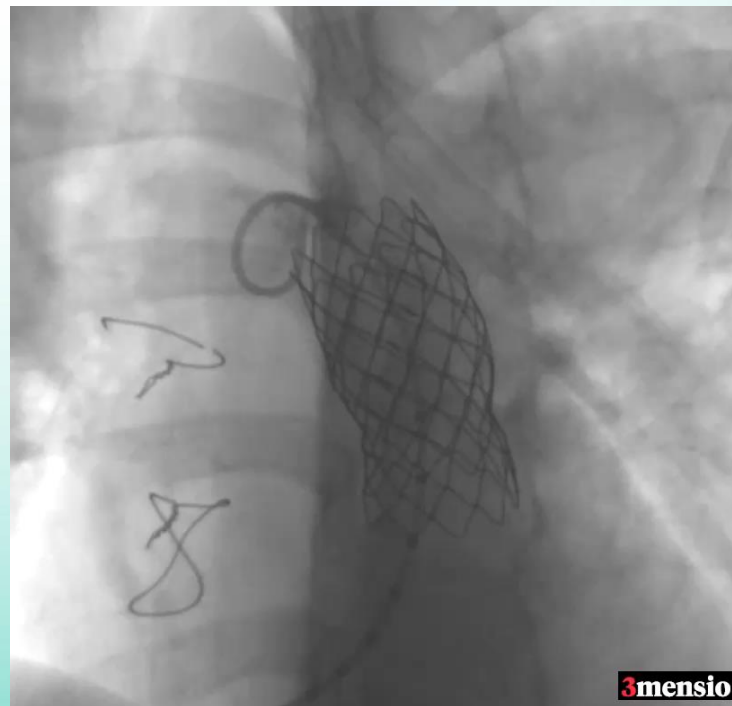
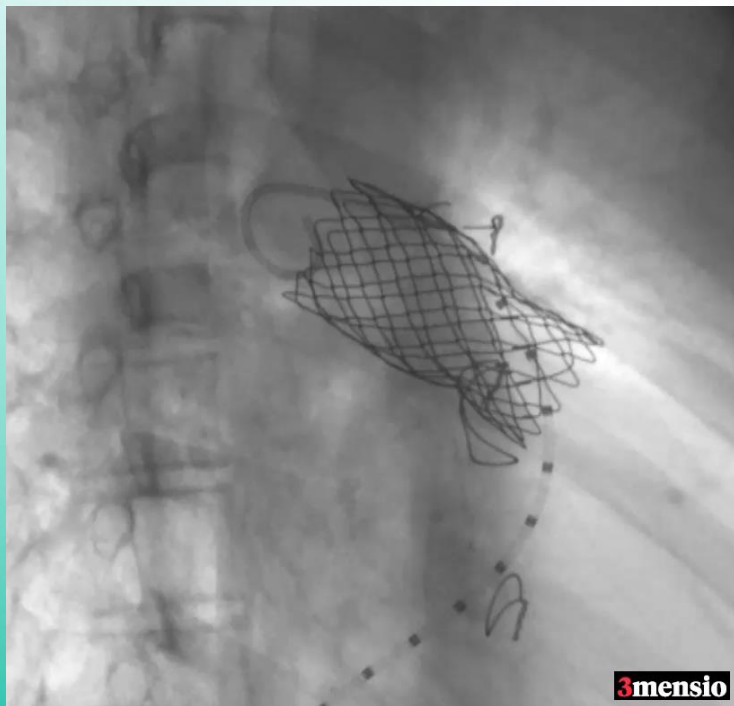
Centros
60

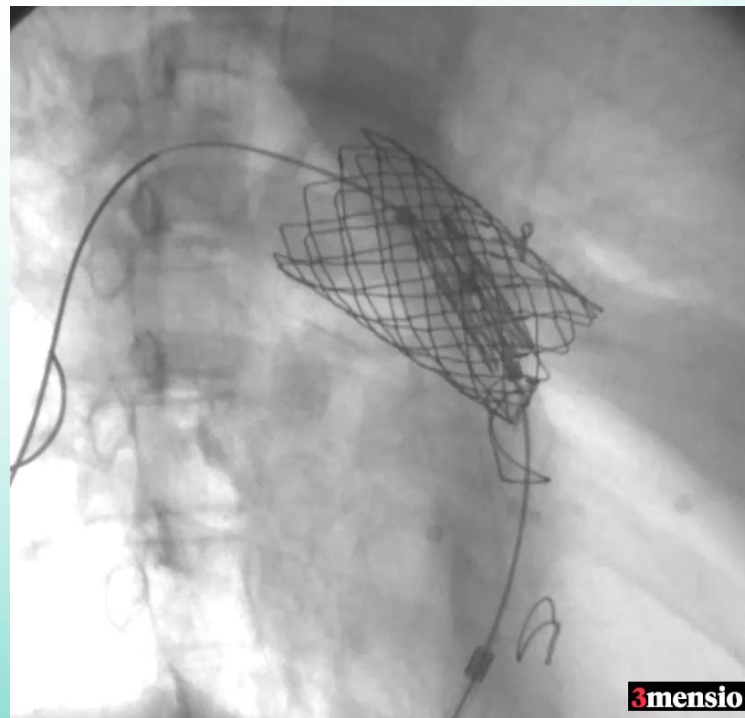
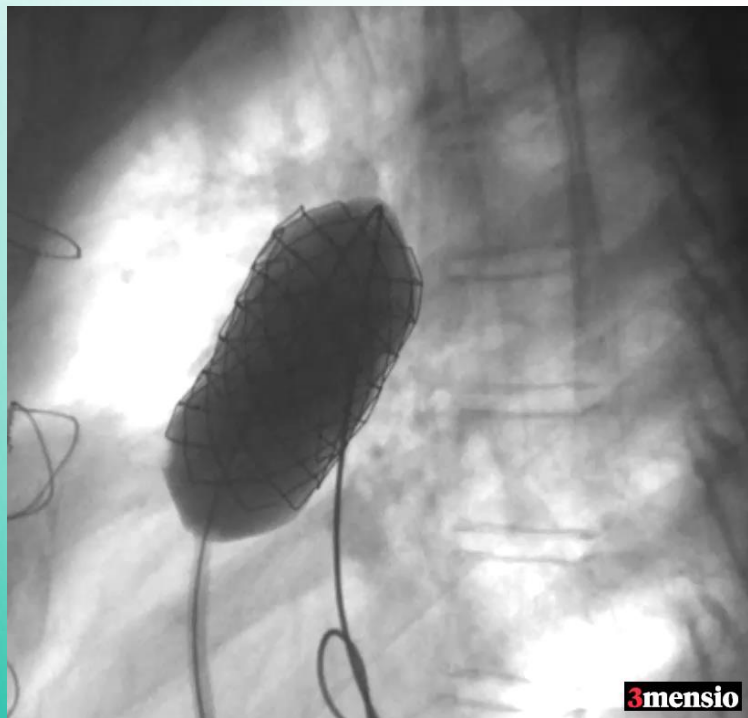
Implantes
179

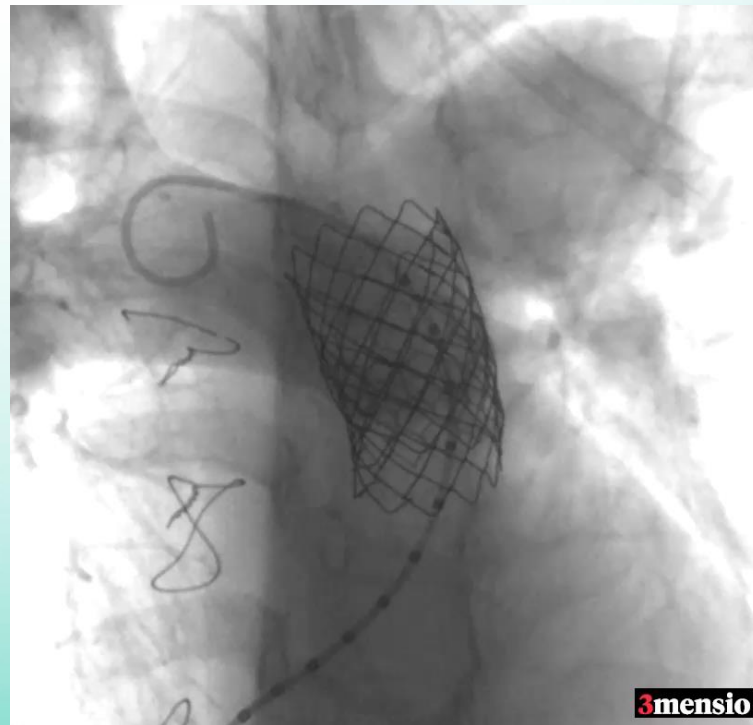
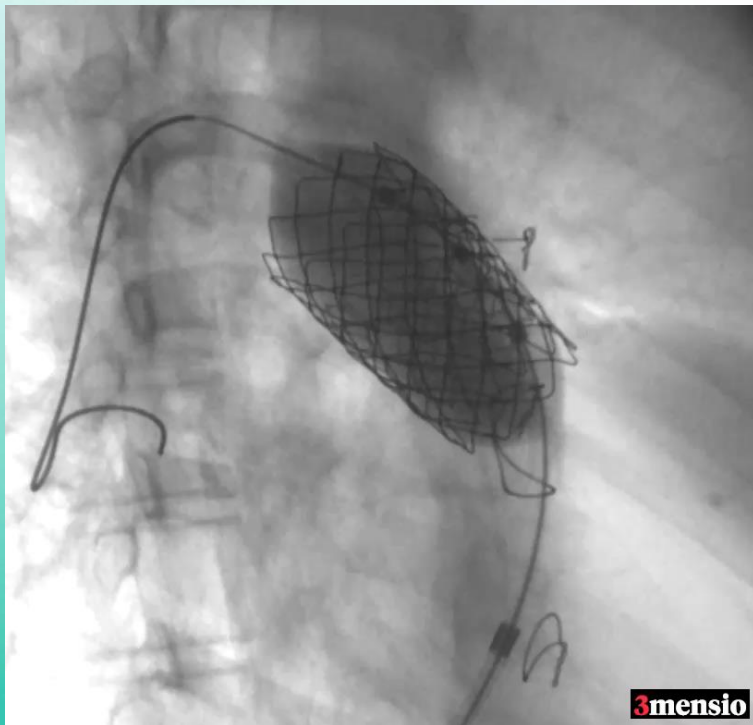


- CASOS OFF LABEL
- 10 PULMONARES
- 5 V in V TRICUSPIDES
- 6 V in V AÓRTICAS
- 1 V in v MITRAL
- TOTAL 22 (año 2023)
- 23% del total de casos











“CUANDO ERA NIÑO SOÑABA, PERO DEJÉ DE SOÑAR
Y EMPECÉ A HACER, PORQUE ES EL PODER DE LO
QUE SE REALIZA LO QUE VUELVE LOS SUEÑOS
REALIDAD...”

USAIN BOLT

MUCHAS GRACIAS!!!!