



CIRSE 2023 – HDT SESSIONS

VENOUS STENTING + IVUS

WALLSTENT™ UNI VENOUS STENT

Clinically proven; Case after case



High durability

Specifically engineered to provide **fracture resistance**.

Braided architecture

Braided design with Elgiloy® material provides **compression resistance** in venous anatomy.

Unique conformability

Designed for optimal **conformability** so it can be deployed effectively in curved / tapered vessels.

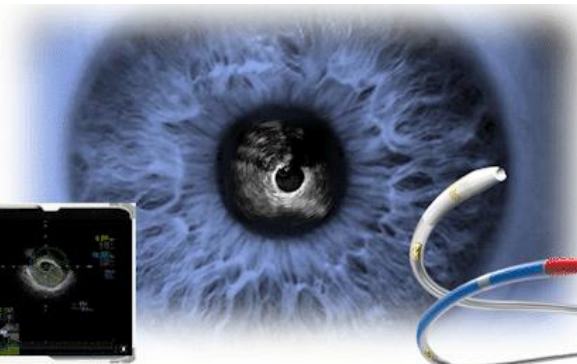
Avvigo system & OptiCross catheter – BSC IVUS system

Leveraging confidence



AVVIGO™
Guidance System II

State-of-the-Art
Multi-Modality
Platform



OPTICROSS™ 35 & 18
Peripheral Imaging Catheters

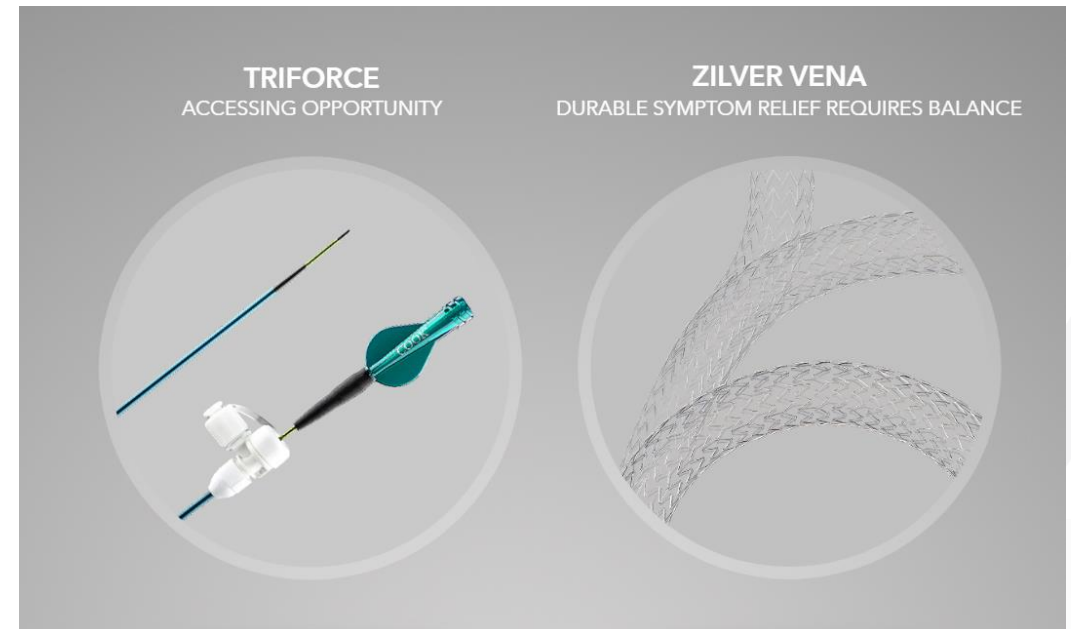
Best-in-Class
IVUS Imaging
Catheters

▶ **COOK TriForce® Peripheral Crossing Set**

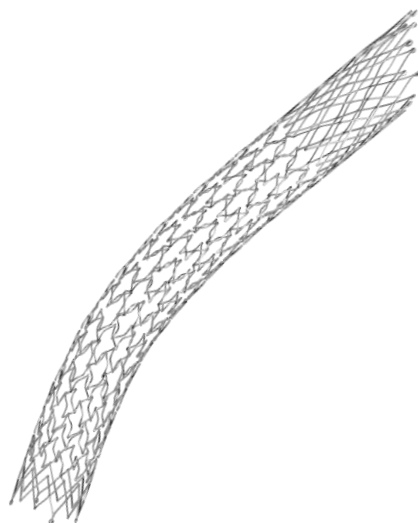
- 5.0 Fr Flexor sheath, with a 4.0 Fr CXI Support Catheter
- Accepts a 0.035-inch diameter wire guide
- 7.0 Fr introducer is required for TriForce®
- Available with straight/curved sheaths and straight/curved Tip

▶ **COOK Zilver Vena® Venous Self-Expanding Stent**

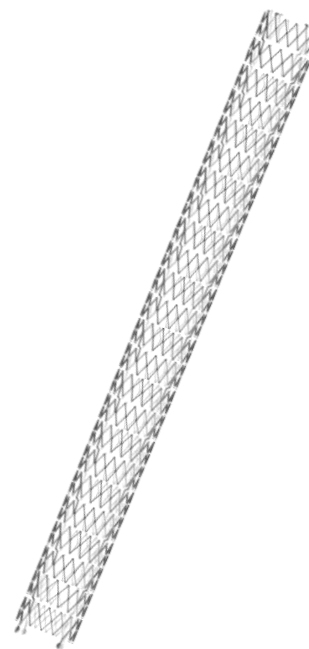
- 7Fr introducer system
- Stent diameter 14 & 16 mm
- Stent length 60, 100, 140 mm
- Delivery system length 80 & 120 cm



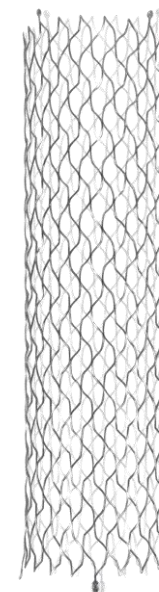
optimed venous stents



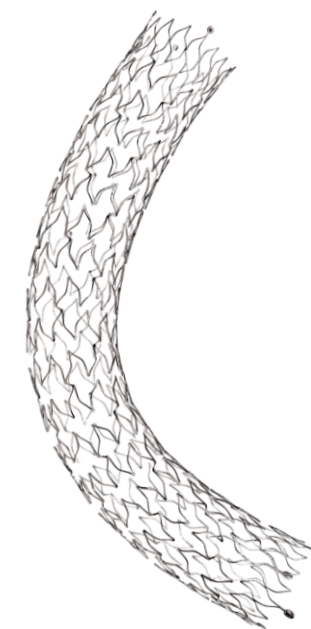
**sinus-
Obliquus**



**sinus-
Venous**



**sinus-
XL**



**sinus-
XL Flex**

Application device size:

Stent \varnothing :

Stent length:

Indication:

Area of application:

10 F / 100 cm

14 – 18 mm

80 – 150 mm

MTS

Iliofemoral

10 F / 100 cm

10 – 18 mm

60 – 150 mm

DVT / PTS

Iliofemoral

10 F / 100 cm

16 – 36 mm

30 – 100 mm

VCCS

Vena cava

10 F / 100 cm

14 – 24 mm

40 – 160 mm

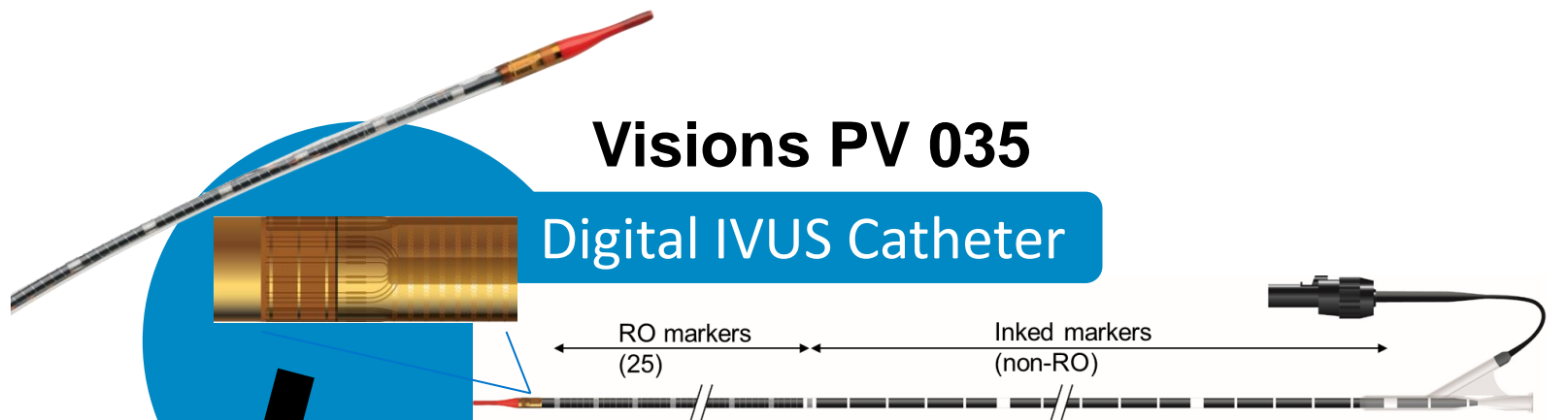
VCCS / DVT / PTS

Vena cava / Iliofemoral



Philips Intravascular Ultrasound

See clearly. Treat optimally.

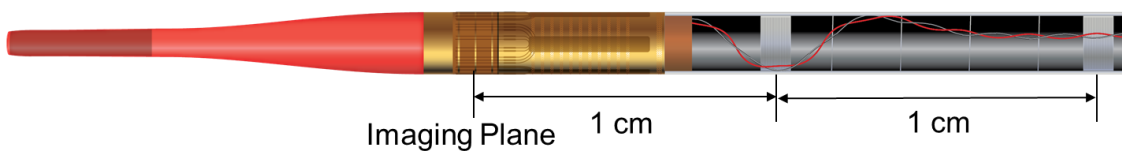


Visions PV 035

Digital IVUS Catheter

RO markers (25) Inked markers (non-RO)

RO Markers



Imaging Plane 1 cm 1 cm

Plug and Play



IntraSight
Mobile & integrated systems

Venous Self-Expanding Stent System

Abre™

The Abre™ Venous Self-Expanding Stent system is designed for the unique challenges of venous disease. It offers easy deployment, to let physicians focus on their patient, and delivers demonstrated endurance, to give patients freedom of movement.^{1,2}

The ABRE clinical study demonstrates the safety and effectiveness of the Abre™ Venous Stent.¹

- 88% primary patency at 12 months*
- 98% freedom from MAEs at 30 days†
- 0% fracture rate at 50 years in bench testing²
- 0% fracture rate in clinical trial with 44% of stents extending below inguinal ligament into the CFV¹



1. ABRE CSR v1.2 30/JUL/2020.

2. Test data on file at Medtronic. Report 10558227DOC Rev A. Bench test results may not be indicative of clinical performance.

* Primary Patency was defined as meeting all of the following criteria at 12 months post-procedure: Freedom from occlusion or restenosis $\geq 50\%$ of the stented segment of the target lesion and freedom from clinically driven target lesion revascularization.

† MAEs included all-cause death, clinically significant pulmonary embolism, procedural major bleeding complication, stent thrombosis, and stent migration. MAEs were adjudicated by a Clinical Events Committee, except stent thrombosis and stent migration, which were assessed by an imaging core laboratory.