

Venous stenting practice

Coordinators:

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Participating corporate partners:

Boston Scientific

Medtronic

There are a variety of different similar products for this procedure beyond the ones demonstrated in this session.



CIRSE 2024 – HDT SESSIONS VENOUS STENTING + IVUS

Boston
Scientific

WALLSTENT™ UNI Venous Stent

Clinically proven; Case after case



High durability

Specifically engineered to provide **fracture resistance**.

Braided architecture

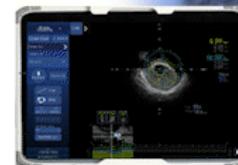
Braided design with Elgiloy® material provides **compression resistance** in venous anatomy.

Unique conformability

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

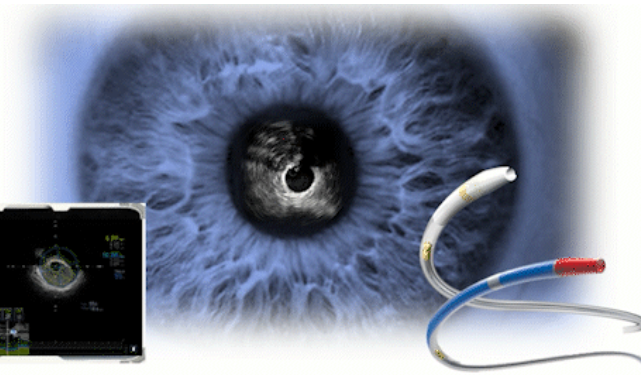
Avvigo™+ system & OptiCross™ catheter – IVUS technology

Leveraging confidence



AVVIGO™+
Guidance System

State-of-the-Art
Multi-Modality
Platform



OPTICROSS™ 35 & 18
Peripheral Imaging Catheters

Best-in-Class
IVUS Imaging
Catheters

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

Clinical evidence shows real-world dependability even in challenging cases.¹

- **81.6%** primary patency at 36 months¹
- **47.5%** categorized as PTS patients¹
- **0%** fracture rate in clinical trial¹
- **44%** of the patients with stents extending below inguinal ligament into the CFV¹



¹Black, M.D., Sapoval, Dexter, et al. Three-Year Outcomes of the Abre Venous Self-Expanding Stent System in Patients With Symptomatic Iliofemoral Venous Outflow Obstruction

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.