



Our purpose is to develop simple, elegant solutions that address cardiac and vascular surgeons' most difficult challenges in treating patients with diseases of the aorta and to deliver breakthrough technologies of unsurpassed quality that have far-reaching impact.

# When the need is aortic, the solution is Artivion

Our intentional focus on the aorta and collaboration with the world's foremost cardiac and vascular surgeons allow us to leverage our combined expertise in the development of new, innovative, life-changing aortic-centric technologies.

# Made to fit your patients. Made to fit you.



# **Product Highlights**

Based on over ten years of clinical experience, E-vita Open Neo is the next-generation hybrid graft system for aortic arch and descending thoracic aorta repair with the Frozen Elephant Trunk technique.



### ADAPTING TO PATIENT'S DISEASE

- Each disease requires unique technique and oversizing strategies. Evita Open Neo has been created with three stent graft configurations and dedicated designs of the vascular and stent graft sections.
- The three diameters of the vascular section allow for reproducible anastomosis. The full range of options of the stent graft section provides adequate oversizing for both aneurysms and dissections.

### CONTROL IN YOUR HANDS

 The new compact delivery system allows easy positioning of the device, and deployment can be performed in a controlled fashion with progressive expansion of the stent graft section.



STRAIGHT CONFIGURATION

Island Technique
Collar Anastomosis in Zone 2/3



BRANCHED CONFIGURATION

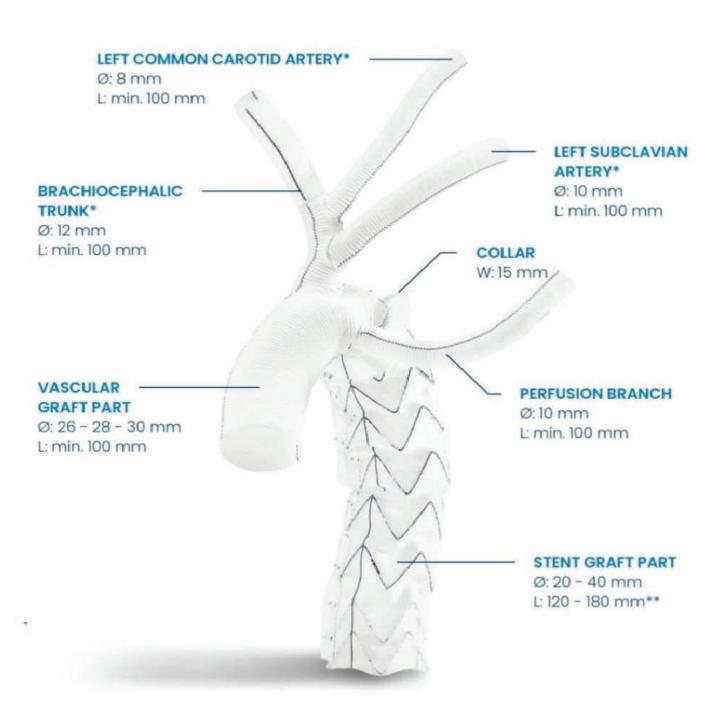
Sequential Anastomoses
Collar Anastomosis in Zone 1/2/3



TRIFURCATED CONFIGURATION

Sequential Anastomoses
Collar Anastomosis in Zone 0/1

# Made to fit Your Patients. Made to fit You.



<sup>\*</sup> branches for supraortic trunks available only on the Branched and Trifurcated configurations

\*\* please refer to the IFU for the specific length of each configuration and diameter

### E-vita Open Neo Implantation Technique

### Preparation



If a guide wire is not used, preshape the shaft of the device according to the anatomy and the implantation zone





If a guidewire is used, remove the protective wire and then load the system on the stiff guide wire that has been previously positioned

### Introduction



Introduce the device in the open thoracic aorta over the guide wire, or directly if no wire is used



Advance the device until the collar aligns with the transected dorta

## 4. adjusting the orientation to the target position of the head vessels

### Deployment & Removal



Press the orange release trigger and pull the release handle straight backwards



Continue retraction until the delivery system locks



Remove the system with a slight rotation. If no guide wire was used, remove the protective flap before device removal

### Conclusion



Perform distal anastomosis at the coliar. At this point distal body perfusion can begin via the perfusion branch



Perform proximal anastomosis and anastomoses of the head vessel (depending on the chosen design)

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Always sheek instructions for use prior application.

## Sizing Sheet - Aneurysm

ARTIVION	E-vita' Open Neo
ARTIVION	Hybrid Stent Graft System

Patient initials	Date of Assessment
Date of birth	Evaluated by
Gender f	m Hospital/City/Country
Implantation date	Date CT/MRI/Slice thick.
Device choice  Device configuration  straight  branched  trifurcated	Zone of collar anastomosis  0
Comments	Ordering Information

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Phone: +1-888-427-9654 | Fax: +770-590-3753 | E-mail: inquiries;partivion.com
For contact information by region, please visit. www.artivion.com/contact



30TEC GmbH, Lotsenboker 23, 72379 Hechingen, Germany

### ARTIVION E-vita Open Neo Sizing Sheet - Dissection Patient initials Date of Assessment Date of birth Evaluated by Hospital/City/Country Gender Date CT/MRI/Slice thick Implantation date Pathology Zone of collar anastomosis Acute 0 1 2 Subacute Aortic arch diameter [mm] Chronic Dissection D0 =ends at: D1 = D2 = D3 = Head vessel diameter [mm] Length [mm] BCT LCCA LSA II - total outer length LI Dissected Distal sealing zone [mm] Device choice D5.1 D5.1 = 05.2 D5.2 = Device configuration straight branched trifurcated

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Ordering Information

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Phone: +1-888-427-9654 | Fax: +770-580-3753 | E-mail: inquiries@artivion.com.
For contact information by region, please visit, www.artivion.com/contact



Comments

JOTEC GmbH, Lotpenäcker 23, 77379 Hechingen, Germany

# E-vita® Open Neo Hybrid Stent Graft System

### Ordering Information (all measurements are in mm)

### Straight



Catalog Number	O Vascular Graft Part	Ø Stent Graft Part	Length Stent Graft Part
95H02620L120-C0I	26	20	120
95H02624L120-C0I	26	24	120
05HG2624LI75-CQI	26	24	175
95H02626(120-C0)	26	26	120
95H028281I20-C0I	28	28	120
95H02828L180-C01	28	28	180
95HG3030LI20-C0I	30	-30	120
95H03030LIB0-C0I	30	30	180
95HG30331[30-C0]	30	33	130
95H03033LIB0-C0I	30	33	180
95H03036L130-C01	30	36	190
95H03Q36L190-C01	30	36	180
95H03040t130-C01	30	40	190
95H03040(IBO-COI	30	40	180

### Branched



Catalog Number	Ø Vascular Graft Part	Ø Stent Graft Part	Length Stent Graft Part
95HG2622L120-CG2	28	22	170
95HG2624L120~C02	26	24	120
95H02624U75-C02	26	24	175
95HG2626L120-C02	26	26	120
95H02626H80-C02	26	-26	180
95HG2828L120-C02	28	28	120
95H02828LIB0-C02	28	28	180
95HG3030L)20-C02	30	30	120
95H03030LIB0-083	30	20	180
95HG3033L130-C02	30	33	130
95HB30331190-C02	30	23	180
95HG3G36LI30-CG2	30	36	130
95H03036H80-C02	30	36	180
95H03040U30-C02	30	40	130
95HG3G4GU80-C02	30	40	180

Trifurcated

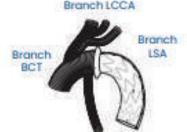


Catalog Number	Ø Vascular Graft Part	O Stent Graft Part	Length Stent Graft Part
95HQ2624U75-C03	26	24	175
95HG2626LIB0-C03	26	26	180
95HG2828(180-C03	28	28	180
95H03030LIB0-C03	30	30	180
95HG3G3331380-CG3	30	33	180
95нр3036180-с03	30	36	180
95H03040L180-C03	30	40	180

Sizes in italics are available on demand

Vascular Graft Part Length (without tension): 100mm on every configuration and size Perfusion Branch: diameter of 10mm and length without tension of minimum 100mm on every configuration and size





### **Branch Specifications**

	0	Length
Branch BCT	12mm	min, 100 mm
Branch LCCA	8mm	min. 100 mm
Branch LSA	10 mm	min.100mm

# **ARTIVION**

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JOTEC Ombit, Lotzenäcker 23, 72379 Hechingen, Germany



# FlowWeave Bioseal

- Specific weaving techniques for high burst resistance and low dilatation.
- Different internal and external surface structures enable blood flow optimization.
- Aldehyde and isocyanate free Bioseal Impregnation using dehydrothermal crosslinked collagen guarantees primary sealing of the blood in the prosthesis\*
- Concentric crimping and the guide line allow precise positioning of the prosthesis.
- Soft and supple texture for easy handling.

### ORDERING INFORMATION

Catalogue No.	(mm)	Length (cm)
455TIB08	8	15
455T300B	8	30
455TI5I0	10	15
45513010	10	30
45811512	.12	175
45613012	12	30
45ET1520	20	15
455T3020	20	36
455T1522	22	J   5
458T3022	22	. 30
45611524	24	-15
455T3024	24	30
455TIB26	26	-15

Catalogue No.	Ø (mm)	Length (cm)
469F3026	26	30
458TI528	28	15
455T302B	28	30
45STI530	30	15
455F3030	30	30
45STI532	32	15
455T3032	32	30
458TI534	34	15
45ST3034	34	.30



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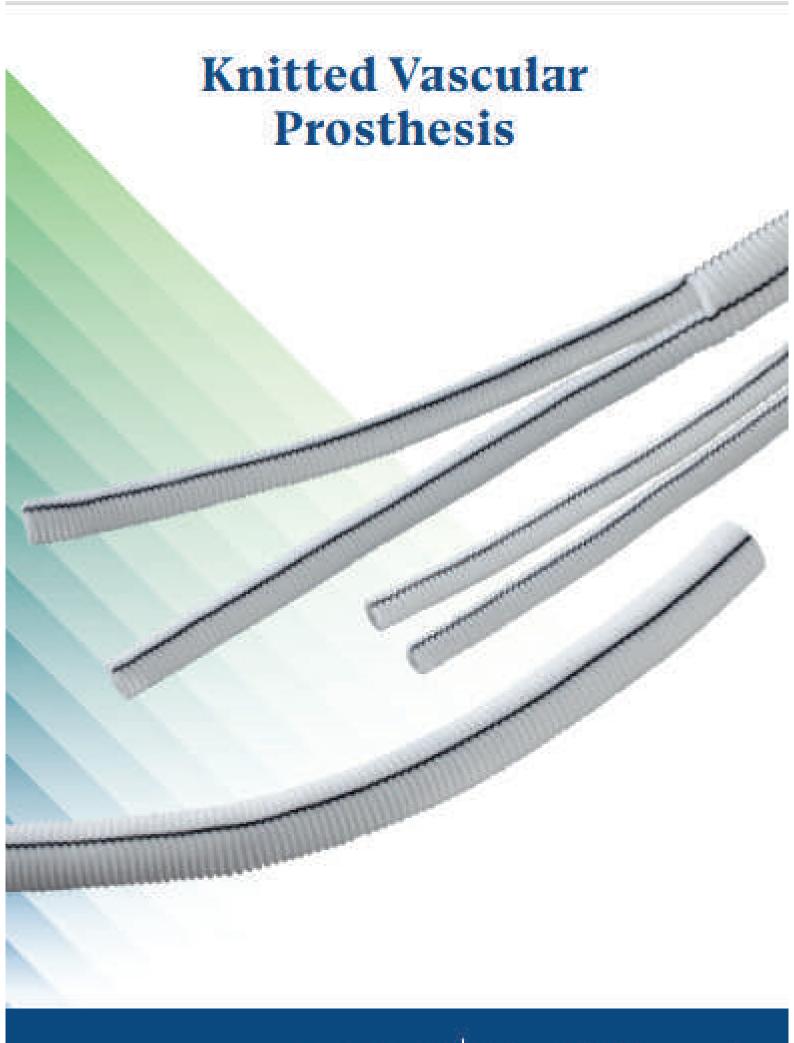
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# **FlowNit Bioseal**

### Knitted vascular prostheses:

- Specific knitting techniques for high burst resistance and low dilatation<sup>®</sup>
- Aldehyde and isocyanate tree BIOSEAL impregnation using dehydrothermal crosslinked collagen. guarantees primary sealing of the blood in the prosthesis?
- Concentric crimping and the guide line allow precise positioning of the prosthesis.
- Soft and supple texture for easy handling.

### Ordering Information

### Straight proatheses:

Catalogue No.	ø (mm)	Length (cm)
IESTIEGE.		H III
36613006	- 6	30
38676000		.00
35511507		- 35
35573007		30
38610007	7	60
35571508		15
35513900		20
18818008		80
35610000		100
38811910	- 10	
38813010		30
36616010	10	80
35530000	100	100

### Straight prostheses

Cotologue No.	a (mm)	Length (cm)
ASSESSED IN	<b>1007280</b>	
35573013	10	10
2507514		10.00
35573014	M	20
26617286	10	15. 7
2001200	16	30
DESTREM	III.	15
35573018	Control of the	30
DESTREES	Street, Street	151
35513020	20	30
PROPERTY.		- 11
35413092	22	30
		10
3527524 35573024	24	30

### Diffurcated prostheses

Catalogue No.	D (em)	Length [see]
3538206	1256	
25211407	5467	1.45
25811608	1Avil 1	
358/1909	1649	141
259/2010	20×10	
35802211	22541	45
2595932	MATERIA	45





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# FlowLine Bipore

- Bipore design with two different fibril lengths for low thrombogenicity
- · An additional ePTFE wrap for enhanced suture retention and high burst strength
- . Unique guideline indicates diameter and wall thickness of the graft
- Helical reinforcement for increased resistance against kinking and compression
- Excellent and pliable handling and suture behaviour
- Simple and easy removal of the spiral reinforcement

### Ordering Information

Thin Wall Reinforced
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20	6	10TW2006N	-
20	7	T0TW2007N	1
20	- 8	10TW2008N	
40	- 5	10TW4005N	10TW40058
40	6	IDTW4006N	-
50	- 6	101W5006N	10TW50065
50	7	10TW5007N	101W5007S
50	8	10TW5008N	10TW50085
70	5	10TW7005N	10TW/70056
80	- 6	10TW8006N	10TW80065
80	7	IOTWB007N	10TW8007S
80	8	10TW8008N	10TW8008S

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Length (cm)	Diameter (mm)	Catalogue No.	Catalogue No.
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20	7	10SW2007N	-
40	5	10SW4005N	
50	- 6	105W5006N	10SW5006S
50	. 7	10SW5007N	10SWB007S
50	8	105W5008N	10SW5008S
70	5	10SW7005N	108W70058
80	6	105W8006N	10SW8006S
80	7	10SW8007N	10SWB0078
80	- 8	105W8008N	10SW8008S

Standard Wall



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# Every Day. Every Case.

# **Ordering Information**

### E-tegra Stent Graft System

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# **Hypogastric Artery Matters**



# **Ordering Information**

### E-liac Stent Graft System



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### Special sizes on demand only

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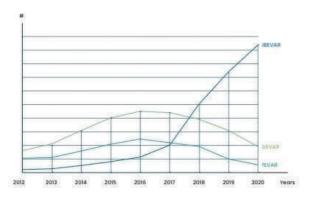
# Making the Revolutionary Routine.



### Innovation at its Core.

Thoracoabdominal acrtic aneurysms (TAAA) are still a major challenge for vascular physicians to deal with. Since the first customised branched endograft that was implanted in 2001, the technology has been evolving to treat patients with varied anatomies and complex pathologies. For the past 9 years E-xtra DESIGN ENGINEERING service has provided physicians with patient specific solutions for complex endovascular thoracoabdominal repairs: with more than 2200 projects for complex TAAA pathologies (and over 5000 customised solutions overall) made available for the treating physicians, a deep understanding of endovascular thoracoabdominal repair was developed.

E-nside TAAA is the result of years of experience in facing the challenges of the TAAA space and was born to respond to the unmet needs and challenges still present in this space.

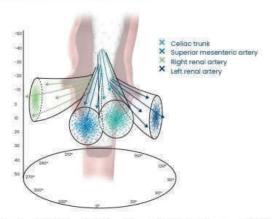


E-nside TAAA is the first PRE-CANNULATED, inner branch based, off-the-shelf solution for thoracoabdominal aneurysms accessible on the market.

Being available as an OFF-THE-SHELF, it's designed to treat both elective and emergency cases with a consistent approach.

The inner branch technology (iBEVAR) that E-nside TAAA is based on enables the treatment of varied anatomies with a CONSISTENT APPROACH. Internal tunnels can be used in narrow, kinked anatomies' as well as large, dilated aneurysms.<sup>2</sup>

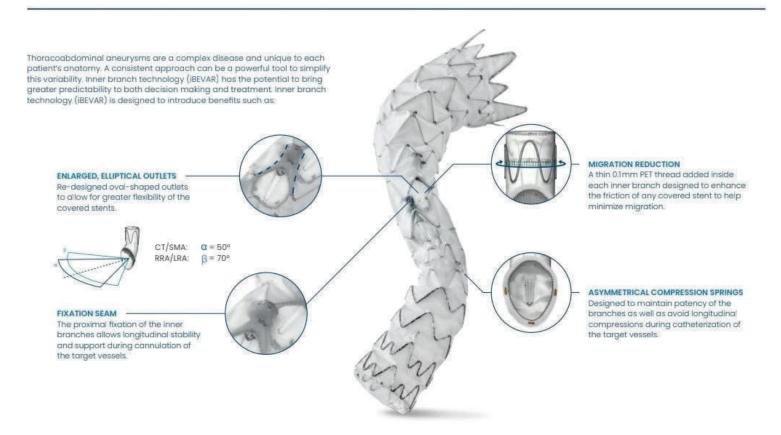
Pre-cannulation is designed to MINIMIZE fluoroscopy and implantation TIME as well as contrast media necessary to finalize the procedure.



Distances and angles of CT, RRA and LRA in relation to SMA derived from over 300 CT scans analysed to maximise the applicability of the device.

### Making the Revolutionary Routine.

### Different Anatomies. A Consistent Approach.



# **Ordering Information**

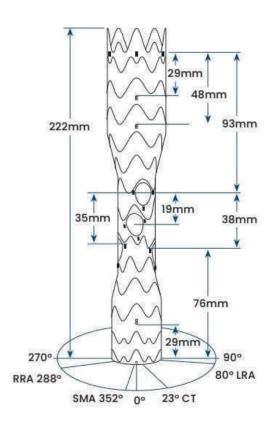
### E-nside TAAA Multibranch Stent Graft System

Catalog Number	Ø Proximal (mm)	Ø Central (mm)	Ø Distal (mm)	Total Length (mm)	Ø Branch CT/ SMA (mm)	Ø Branch LRA/ RRA (mm)	OD delivery system (mm)
65MU332621-4B8866-00	33	24	26	222	8	6	8.2
65MU333021-4B8866-00	33	24	30	222	8	6	8.2
65MU382621-4B8866-00	38	24	26	222	8	6	8.2
65MU383021-4B8866-00	38	24	30	222	8	6	8.2

### **Oversizing Guidelines**

Ø Distal Thoracic stent graft (mm)	Ø Proximal E-nside TAAA stent graft (mm)	Minimum length of landing zone (mm)	
34			
33	20		
32	38	20	
31			
30		30	
29	22		
28	33		
27			

ø Infrarenal aorta (mm)	Ø Distal E-nside TAAA stent graft (mm)	Minimum length of landing zone (mm)	
21		"	
22	26		
23			
24		30	
25	20		
26	30		
27			



# **ARTIVION**

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1. M. Youssef et. al (2018) - A Multicenter Experience With a New Fenestrated-Branched Device for Endovascular Repair of Thoracoabdominal Aortic Aneurysms,
Journal of endovascular therapy, DOI: 10.1177/1526602817752147 2. A.Katsargyris et.al (2018) - Early Experience with the Use of Inner Branches in Endovascular Repair of
Complex Abdominal and Thoraco-abdominal Aortic Aneurysms, European Journal of vascular and endovascular surgery, DOI: 10.1016/j.ejvs.2018.01.024 3. V. Bilman, T.
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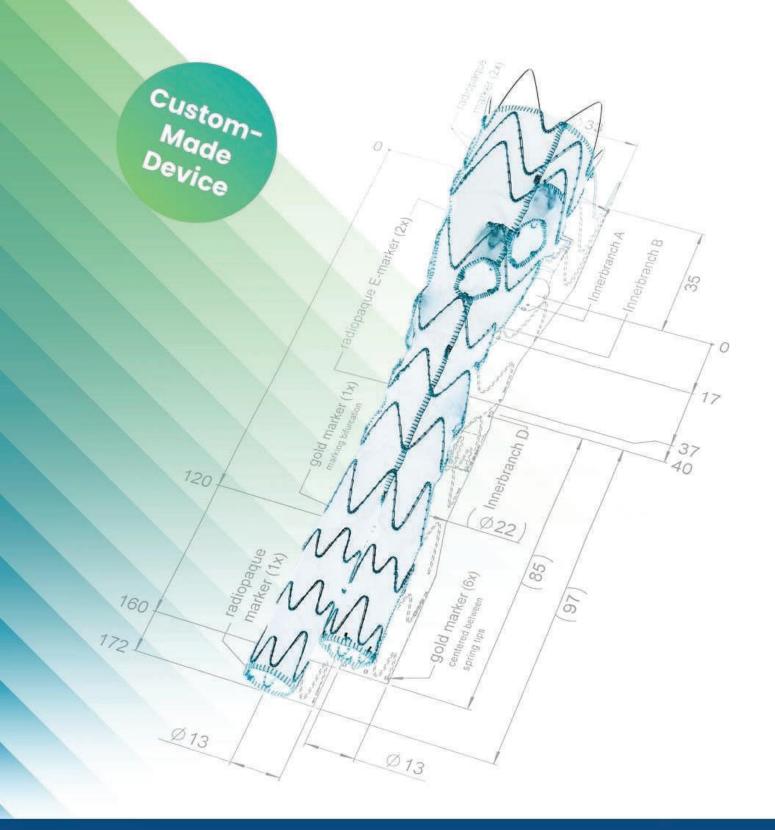
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JT-BR-0650200-EN V03 05/2022

# Designed for Patient-Specific Anatomies



# Meeting the Need with a Custom-Made Solution

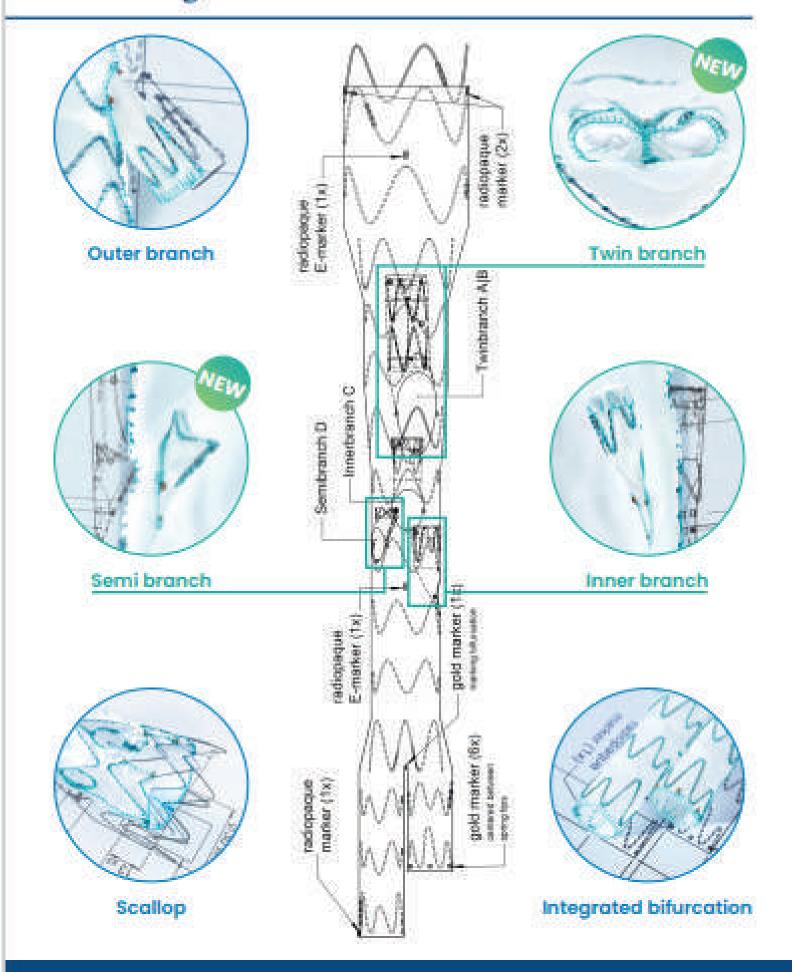
Thoracoabdominal aortic aneurysms (TAAA) are still a major challenge for vascular physicians to deal with. Since the first customised branched endograft that was implanted in 2001, the technology has been evolving to treat patients with varied anatomies and complex pathologies. For more than two decades, E-xtra Design Engineering service has provided physicians with patient-specific solutions for complex endovascular thoracoabdominal repairs.

### The E-xtra Design MultiBranch Stent Graft System is indicated for the endovascular treatment of patients with:

- Type I, II, III, IV or V thoracoabdominal aneurysms
- Supra-, para- or juxtarenal abdominal aortic aneurysms
- Dissections extending to the thoracoabdominal aorta

Dimensions	Description
Main lumen	
Diameters	Proximal: 28 - 40 mm  Median: 16 - 26 mm  Distal:  Bifurcated shape: 10, 13 mm  Tube shape: 16 - 40 mm
Minimum and maximum covered length (mm)	105 ≤ L ≤ 235 mm
Features	
Design	Outer branches Inner branches Semi branches Twin branches Scallops Combination of the above mentioned features
Number	2 to 5 features
Dimensions	Diameters, lengths, widths and orientations are patient-specific

# **Full Range of Solutions for You**



# Proven Device through Clinical Evidence

### **Objectives**

Evaluate clinical and technical success as well as safety and feasibility of the E-xtra Design MultiBranch Stent Graft System, when used for the treatment of TAAA.

### **General Study Information**

- Observational, prospective, multicenter study
- PCI: Prof. Schelzig, Düsseldorf, Germany
- 44 patients with thoracoabdominal aneurysm were treated
- 8 centers (7 DE, 1 ES)
- 3 years Follow-Up planned
- CoreLab: Dr. Kerezsy, Passau, Germany

Primary Endpoints	N (%) (ITT*=44)
All cause mortality at 30 days	0 (0 %)
Primary technical success	42** (95.5 %)
Reintervention at 30 days (Restoration of renal artery patency)	1 (2.3 %)

- Intent-To-Treat (ITT): defined as all subjects enrolled in the study who attended the procedure
- \*\* 2 Patent treated branch vessels 24h after the index procedure

### First Interim Results (4-6 weeks Follow-Up)

Results	Other Custom-Made + Standard Multibranch Devices <sup>1,2</sup>	CONNECT PMCF Study <sup>3</sup>
Early Mortality	3.7 - 8.8 %	0 %
Primary patency	96.6 - 97.3 %	98.1 %
Paraplegia	3.8 - 5 %	4.8 %
Paraparesis	Transient paraparesis: 11.4 % Permanent paraparesis: 2.2 %	

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