

Making the Revolutionary Routine.



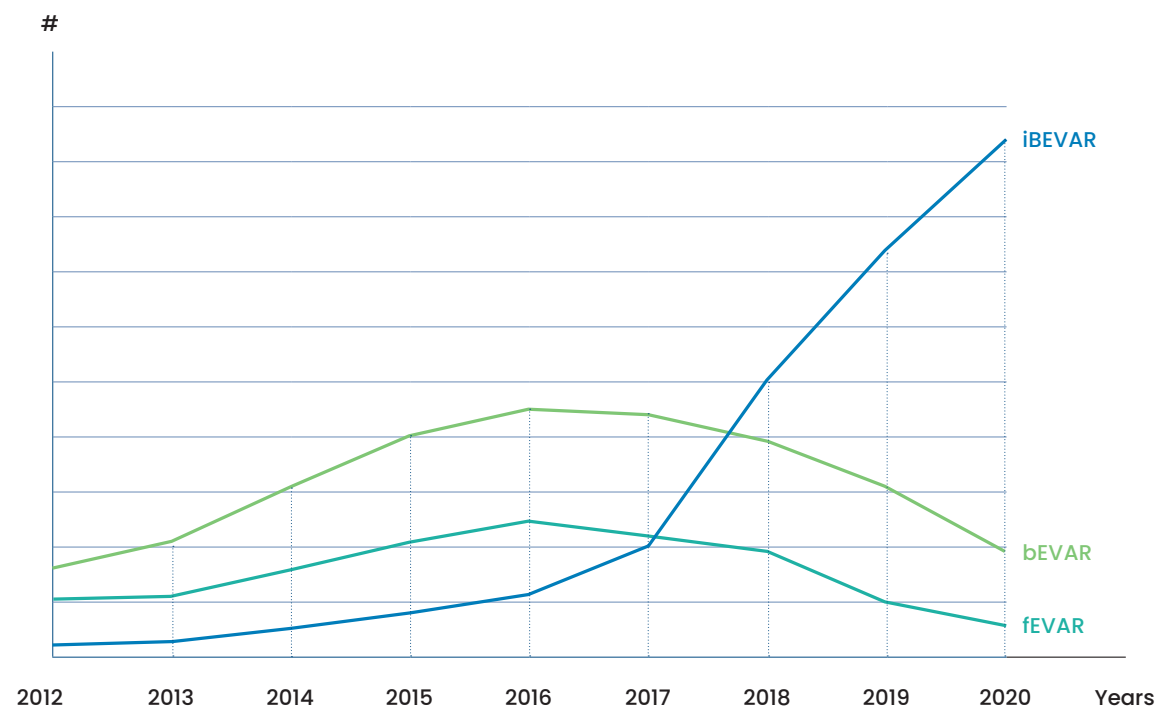
ARTIVION™

E-nside™ TAAA
Multibranch Stent Graft System

Innovation at its Core.

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 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.

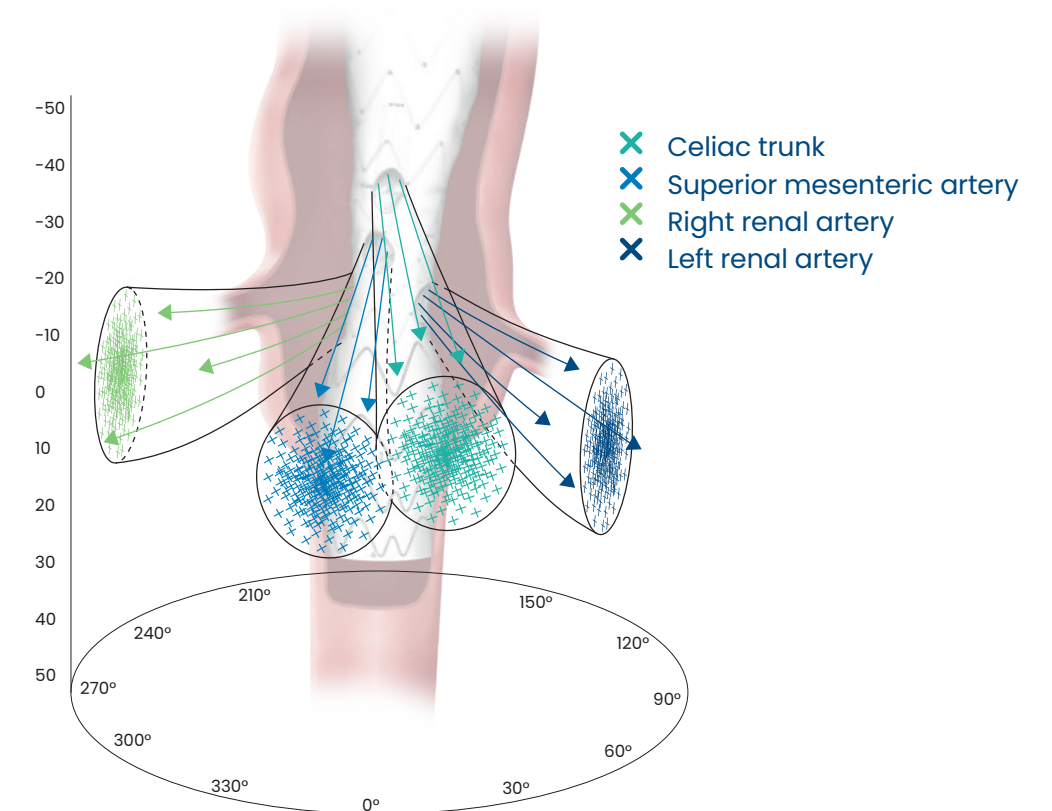


E-nside TAAA is the first **PRE-CANNULATED**, inner branch based, off-the-shelf solution for thoracoabdominal aneurysms accessible on the market.

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 anatomies¹ as well as large, dilated aneurysms.²

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.

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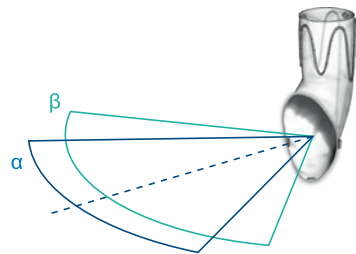
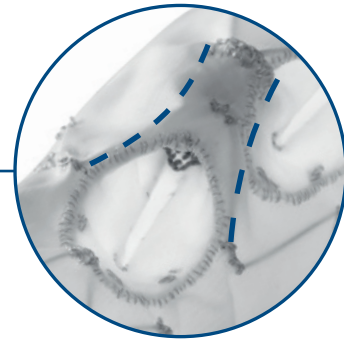
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Different Anatomies. A Consistent Approach.

Thoracoabdominal aneurysms are a complex disease and unique to each patient's anatomy. A consistent approach can be a powerful tool to simplify this variability. Inner branch technology (iBEVAR) has the potential to bring greater predictability to both decision making and treatment. Inner branch technology (iBEVAR) is designed to introduce benefits such as:

ENLARGED, ELLIPTICAL OUTLETS

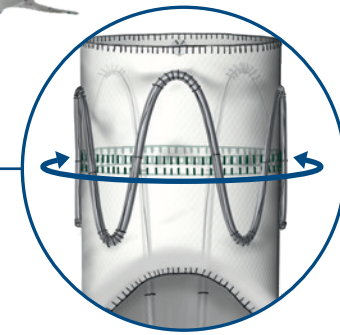
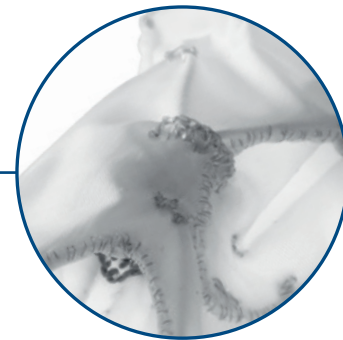
Re-designed oval-shaped outlets to allow for greater flexibility of the covered stents.



CT/SMA: $\alpha = 50^\circ$
RRA/LRA: $\beta = 70^\circ$

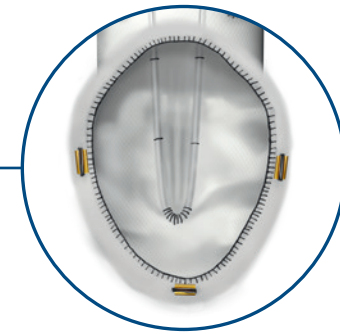
FIXATION SEAM

The proximal fixation of the inner branches allows longitudinal stability and support during cannulation of the target vessels.



MIGRATION REDUCTION

A thin 0.1mm PET thread added inside each inner branch designed to enhance the friction of any covered stent to help minimize migration.



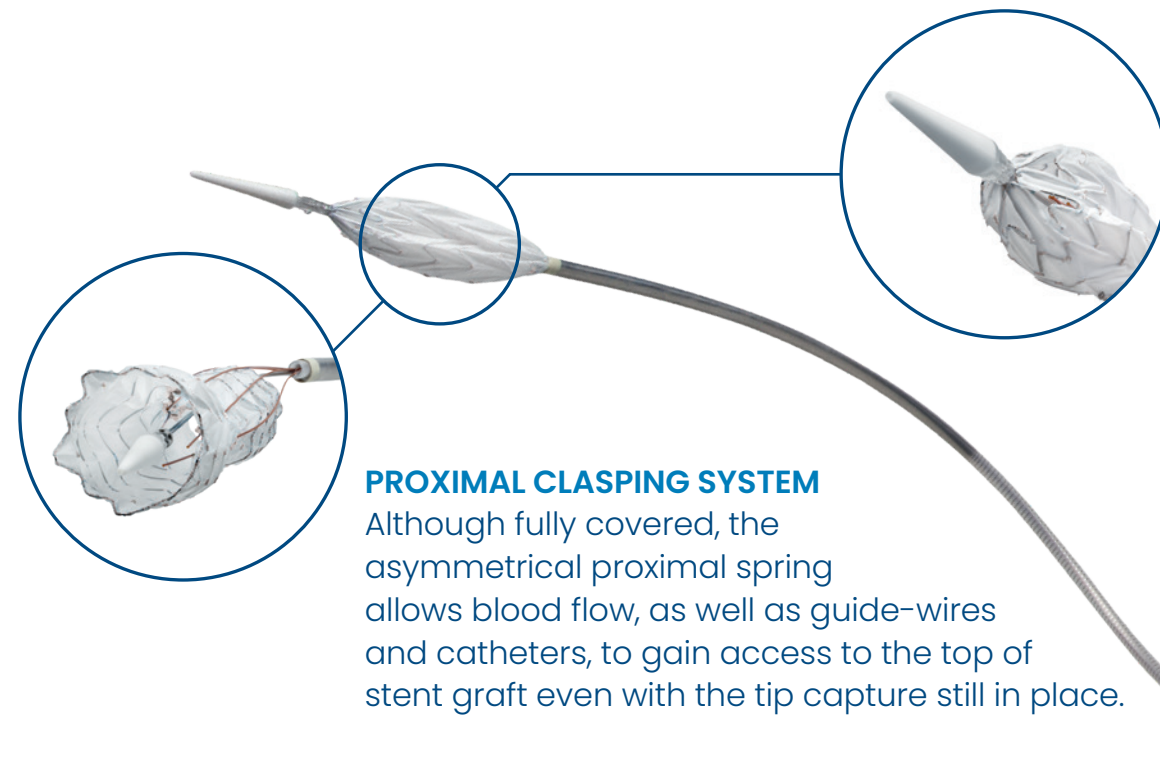
ASYMMETRICAL COMPRESSION SPRINGS

Designed to maintain patency of the branches as well as avoid longitudinal compressions during catheterization of the target vessels.

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Simplicity. With Pre-Cannulation.

Pre-cannulation in combination with the inner branch technology is introduced with the intent to minimize fluoroscopy time and contrast media consumption, as well as maximise the ease of use and predictability of the device. The experience that derives from the frequent employment of a consistent approach is designed to provide the user with confidence while facing all kinds of anatomies, both in elective and emergency TAAA cases.



PRE-CANNULATION

Four 0.018" (I.D.) tubes ensure access to the inner branches of the stent graft and by means of a through & through implantation technique provide convenient access for the covered stents.



FIXATION

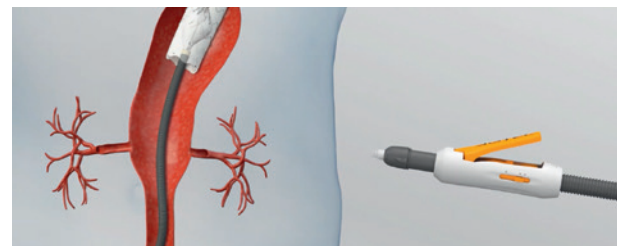
Knurled cap and tactile marker for fixation during the procedure.

DEPLOYMENT HANDLE

Proven Squeeze-to-Release mechanism to ensure low friction, controlled deployment of the stent graft.



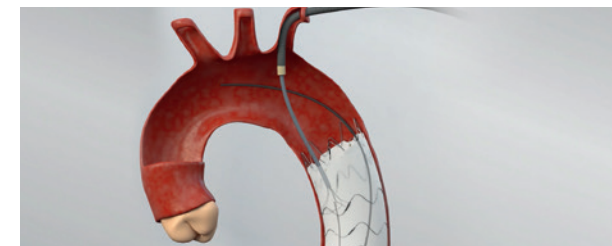
Deployment Steps



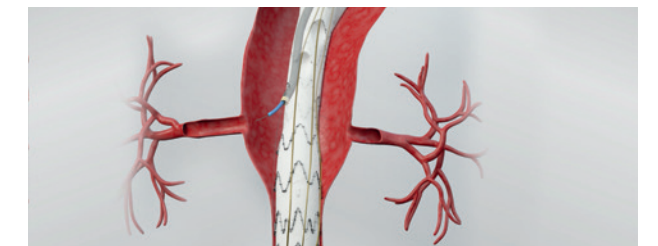
1 After having made sure of its correct longitudinal and circumferential positioning, the E-side TAAA stent graft is fully deployed and the proximal clamping system released.



2 One at a time, safety wires to be removed and pre-cannulation tubes to be engaged with a 0.018" guide-wire to be advanced into the thoracic aorta.



3 One target vessel at a time, 0.018" wires to be snared out from the axillary sheath to create a through & through and pre-cannulation tube to be removed. Axillary sheath then to be advanced into the relative inner branch.



4 Making use of the axillary sheath, in parallel to the through & through wire, a seeking catheter with a 0.035" soft wire to be used to cannulate - one at a time - all the target visceral vessels to be bridged with the relative inner branch.

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Ordering Information

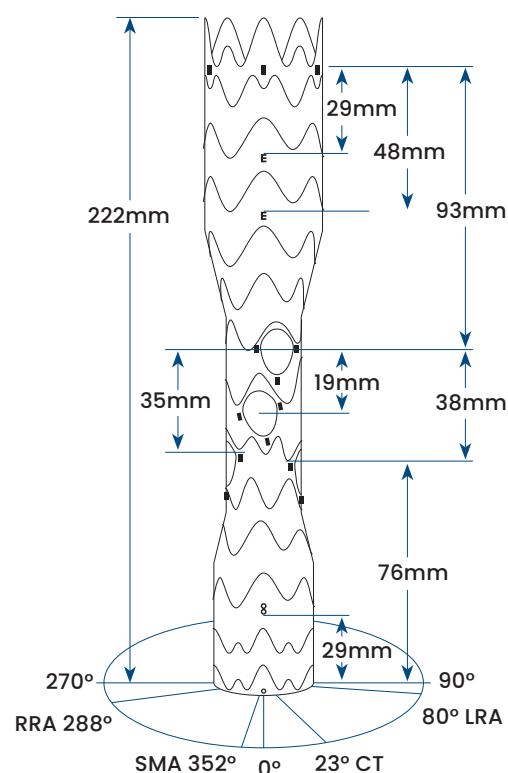
E-nside TAAA Multibranch Stent Graft System

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	38	30
33		
32		
31		
30	33	
29		
28		
27		

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



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Learn more at artivion.com

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. Cambiaghi, A. Grandi, N. Carta, G. Melissano, R. Chiesa, L. Bertoglio (2020) - Anatomical feasibility of a new off-the-shelf inner branch stent graft (E-nside for endovascular treatment of thoraco-abdominal aneurysms, European Journal of Cardio-Thoracic Surgery, Volume 58, Issue 6, Pages 1296-1303, <https://doi.org/10.1093/ejcts/ezaa276>

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Artivion, Inc.

1655 Roberts Blvd., NW
Kennesaw, GA 30144 USA
Phone: +1-888-427-9654
Fax: +770-590-3753

E-mail: inquiries@artivion.com

For contact information by region, please visit www.artivion.com/contact

JOTEC GmbH, Lotzenäcker 23, 72379 Hechingen, Germany

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