## SYMPOSIUM LIVE CASES - OVERVIEW

<table>
<thead>
<tr>
<th>Friday 29th May</th>
<th>Saturday 30th May</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AngioSuite</strong></td>
<td><strong>Operating Room</strong></td>
</tr>
<tr>
<td>&quot;Complex aneurysms&quot;</td>
<td>&quot;Current Stenting issues&quot;</td>
</tr>
<tr>
<td>Type IV TAAA T-Branched EVAR (E. Verhoven)</td>
<td>Celiac Trunk aneurysm (M. Piorkowski)</td>
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<td></td>
<td>SFA occlusive disease (M. Piorkowski)</td>
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<tr>
<td>&quot;Working our way up&quot;</td>
<td>&quot;Hypogastric arteries&quot;</td>
</tr>
<tr>
<td>Pedal retrograde access (M. Manzi)</td>
<td>Iliac Branch Device (J.A. Castro)</td>
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<tr>
<td>Lower thigh retrograde access (M. Manzi)</td>
<td>Iliac Branched Endoprosthesis (JF Noya)</td>
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<tr>
<td>AngioSuite</td>
<td>OR 10</td>
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<tr>
<td>------------</td>
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<tr>
<td>Complex Aneurysm</td>
<td>Current stenting issues</td>
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<tr>
<td><em>t-Branch® EVAR</em>&lt;br&gt;Rui Machado&lt;br&gt;Carlos Martins&lt;br&gt;Dalila Rolim</td>
<td><em>Celiac trunk aneurysm and dissection</em>&lt;br&gt;Michael Piorkowsky&lt;br&gt;Luís Machado&lt;br&gt;Marina Neto</td>
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<tr>
<td></td>
<td><em>SFA occlusive disease - Supera®</em>&lt;br&gt;Michael Piorkowsky&lt;br&gt;Luís Machado&lt;br&gt;Marina Neto</td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
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<tr>
<td></td>
<td>Working our way up</td>
</tr>
<tr>
<td><em>Retrograde Acess I – Zilver PTX®</em>&lt;br&gt;Marco Manzi&lt;br&gt;Mário Vieira</td>
<td><em>Gore® IBE EVAR</em>&lt;br&gt;J.F. Noya&lt;br&gt;João Vasconcelos&lt;br&gt;Luís Machado&lt;br&gt;Ricardo Ferreira</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><em>Retrograde Acess II</em>&lt;br&gt;Marco Manzi&lt;br&gt;Marina Neto</td>
<td></td>
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</tbody>
</table>
### Minor changes, classical endografts

**EVAR - Incraft®**  
Nilo Mosquera  
Dalila Rolim  
Ricardo Ferreira

**EVAR – Endurant 2S®**  
Rui Machado  
Carlos Martins  
Dalila Rolim

### Delivering drug to the superficial femoral artery

**Drug eluting balloon I - Ranger®**  
Pedro Paz Dias  
Mário Vieira

**Drug eluting balloon II - InPact®**  
Fernando Ramos  
Marina Neto

**Drug eluting balloon III - Lutonix®**  
Nilo Mosquera  
Joel Sousa

### Lunch

### Venous Session

**Iliac chronic obstruction stenting**  
Marzia Lugli  
Dalila Rolim

**May-Thurner stenting**  
Paulo Dias  
Ricardo Ferreira

**Arteriovenous malformation treatment**  
Ignacio Lojo  
Marina Neto
Case 1: t-Branch® EVAR (E. Verhoeven)

- Male, 70 years old
- **Comorbidities:** arterial hypertension, dyslipidemia
- **Diagnosis:** 76mm Type IV TAAA
- **Procedure:** TAAA repair with t-Branch® COOK® device, thoracic Zenith® TX2® proximal extension and infra-renal Zenith® bifurcated endograft to the common iliac arteries.

**Procedure Steps:**
- Bilateral common femoral and left axillary cutdown
- Visceral catheterization through femoral access
- **t-Branch® COOK®** deployment through femoral access
- Proximal thoracic aorta endografting with Zenith® TX2®
- Visceral catheterization through axillary access
- Visceral branch to artery bridge using Advanta™ V12 covered stents
- Infra-renal aortic endografting with Zenith® bifurcated COOK®
Case 2: Celiac trunk aneurysm (M. Piorkowski)

- Male, 63 years old
- **Comorbidities**: arterial hypertension, left kidney nephrectomy
- **Diagnosis**: celiac trunk aneurysm
- **Procedure**: splenic embolization and celiac trunk aneurysm exclusion with covered stent

**Procedure Steps:**
- Selective catheterization and Destination® Terumo® sheath positioning
- Embolization of the splenic artery with Azur® Terumo® coils
- Possible coil embolization of the left gastric artery
- Exclusion of the celiac artery aneurysm with a balloon expandable covered stent-Lifestream™ Bard®
Case 3: Stenting of SFA occlusion (M. Piorkowski)

- Male, 66 years old
- Comorbidities: arterial hypertension, dyslipidemia, cured renal cancer
- Diagnosis: PAD (Rutherford grade 3)
- Lesion: left SFA occlusion
- Procedure: left SFA recanalization and SUPERA stenting

**Procedure Steps:**
- Right CFA access and crossover with Flexor® sheath COOK®
- SFA intraluminal/subintimal recanalization
- Pre-dilatation with PTA balloon Fox sv Abbott
- Supera® Abbott deployment
- Proximal SFA Absolute Pro® Abbott delivery
- Proglide@Abbott femoral closure
**Case 4: IBD (Iliac Branch Device) Cook® (J.A Castro)**

- **Male, 65 years old**

- **Comorbidities:** CHD with CABG (LVEF 28%), former smoker, arterial hypertension, dyslipidemia, lower limb claudication

- **Diagnosis:** infra-renal 51mm AAA and both common (right: 37mm; Left 25mm) and internal iliac (right 16mm; left 14mm) aneurysms

- **Procedure:** unilateral right IBD + left bell bottom technique and bifurcated infra-renal endoprosthesis

**Procedure Steps:**

- Bilateral femoral access
- Right **IBD COOK®** device deployment and internal iliac catheterization
- Advanta™**V12** bridging to an internal iliac branch
- Infra-renal AAA repair with **ZENITH® COOK®**
- Left common iliac extension with a 24mm endograft (bell bottom)
Case 5: IBE (iliac branch extension) GORE® (JF Noya)

- Male, 62 years old
- Comorbidities: diabetes, dyslipidemia
- Diagnosis: infra-renal AAA (75mm) and right common iliac aneurysm (33mm)
- Procedure: right IBE and bifurcated infra-renal endoprosthesis

Procedure Steps:
- Bilateral percutaneous femoral access and Proglide® Abbott® deployment
- DrySeal Gore® sheath through right femoral artery and snare of left crossover guidewire
- Right IBE GORE® deployment and internal iliac catheterisation
- Viabhan® Gore® bridging to the internal iliac
- Infra-renal AAA repair with EXCLUDER® C3 GORE® endoprosthesis
- Percutaneous femoral closure
Case 6: Retrograde access I -
Lower thigh retrograde access (M. Manzi)

- Male, 54 year old
- **Comorbidities:** diabetes, arterial hypertension, dyslipidemia, smoker
- **Diagnosis:** PAD (Rutherford grade 4)
- **Lesion:** left superficial femoral artery occlusion
- **ABI:** left 0.41
- **Procedure:** SFA drug eluting stenting

**Procedural Steps:**
- Antegrade left femoral access
- SFA intraluminal/subintimal recanalization
- Pre-dilatation with Advance® LP COOK® balloon
- Zilver® PTX® COOK® deployment
- Selective post-dilatation with Advance® LP COOK® balloon
Case 7: Retrograde access II - Pedal retrograde access (M. Manzi)

- Male, 76 years old
- Comorbidities: former smoker, arterial hypertension
- Diagnosis: PAD (Rutherford grade 5 - heel ulcer)
- ABI: 0.53
- Procedure: Antegrade /retrograde BTK recanalization

Procedure Steps:
- Antegrade femoral US guided puncture
- Antegrade/retrograde posterior or anterior tibial artery recanalization
- Balloon angioplasty with Amphirion Deep ® Medtronic
Case 8: DEB in the superficial femoral artery (Paz Dias)

- Female, 65 years old
- **Comorbidities:** arterial hypertension, dyslipidemia.
- **Diagnosis:** PAD (Rutherford grade 4)
- **Procedure:** SFA/popliteal drug eluting ballooning

**Procedural Steps:**
- Left anterograde CFA access
- SFA and popliteal intraluminal/subintimal recanalization using a Rubicon® Boston Scientific support catheter
- Pre-dilatation with a Mustang® Boston Scientific balloon
- Dilatation with a drug eluting Ranger® Boston Scientific balloon
- Bail out stenting if needed
- Final angio
Case 9: DEB in the superficial femoral artery (F. Ramos)

- Female, 79 years old
- **Comorbidities:** arterial hypertension, dyslipidemia, diabetes
- **Diagnosis:** PAD (Rutherford grade 5)
- **Lesion:** right popliteal occlusion and tibioperoneal trunk stenosis
- **Procedure:** right popliteal and tibioperoneal trunk PTA with DEB

**Procedure Steps:**
- Right CFA antegrade access
- Popliteal recanalization
- Pre-dilatation of the popliteal occlusion with Pacific™ Xtreme PTA balloon Medtronic
- Angioplasty of tibioperoneal trunk with Pacific™ Xtreme PTA balloon Medtronic
- Angioplasty of the popliteal artery with IN.PACT DEB Medtronic
- Bail out stenting if needed
Case 10: DEB in the superficial femoral artery (N. Mosquera)

- **Male, 62 years old**
- **Comorbidities:** arterial hypertension, dyslipidemia, smoker
- **Diagnosis:** PAD (Rutherford grade 4)
- **Lesion:** left superficial femoral artery occlusion
- **ABI:** left 0.68
- **Procedure:** SFA drug eluting balloon angioplasty

**Procedural Steps:**
- Antegrade left femoral access
- SFA intraluminal/subintimal recanalization
- Pre-dilatation with balloon **Rival® BARD**
- Balloon angioplasty with **Lutonix® DEB BARD**
Case 11: Abdominal aortic aneurysm (N. Mosquera)

- Male, 64 years old

- **Comorbidities:** arterial hypertension, smoker, CKD (grade 3), CHD, PAD (Rutherford grade 2)

- **Diagnosis:** infra-renal 71mm AAA without iliac aneurysm

- **Procedure:** AAA correction with bifurcated graft

**Procedural Steps:**

- Bilateral percutaneous femoral access and Proglide® placement
- Stiff guidewire through right CFA and pigtail supra-renal placement
- **INCRAFT® Cordis** endoprosthesis delivery
- Right leg extension to the common iliac artery
- Left leg extension to the common iliac artery
- Infra-renal prosthesis and distal iliac components dilatation
- Femoral access closure
Case 12: Abdominal aortic aneurysm (R. Machado)

- Male, 64 years old
- **Comorbidities:** CKD (transplant in 2005), left ventricular hypertrophy, intestinal metaplasia
- **Diagnosis:** infra-renal 65 mm AAA without iliac aneurysm
- **Procedure:** AAA correction with bifurcated graft

**Procedure Steps:**
- Bilateral percutaneous femoral access and Proglide® placement
- Stiff guidewire through right CFA and pigtail supra-renal placement
- **ENDURANT® IIs Medtronic** endoprosthesis delivery
- Right leg extension to the common iliac artery
- Left leg catheterisation and extension to the common iliac artery
- Infra-renal prosthesis and distal iliac components dilatation with **Reliant® balloon Medtronic**
- Femoral access closure
Case 13: Iliac chronic obstruction stenting (M. Lugli)

- Female, 50 years old

- **Diagnosis:** Iliofemoral deep vein thrombosis in 2012, post-thrombotic syndrome, severe venous claudication in left lower limb

- **Procedure:** left common iliac vein stenting

**Procedure Steps:**

- Left superficial femoral vein access under ultrasound guidance (10Fr sheath)

- Progression to the inferior vena cava with V18® guidewire and Rubicon® Boston Scientific support catheter

- Pre dilation with Mustang @Boston Scientific balloon

- Deployment of the Wallstent® Boston Scientific

- Post dilation with Mustang @Boston Scientific balloon

- Completion venogram
Case 14 May-Turner Stenting (Paulo Dias)

- Female, 34 years old
- No comorbidities
- **Diagnosis:** pain and swelling of left lower limb secondary to May-Thurner syndrome
- **Procedure:** left common iliac vein stenting

**Procedure Steps:**
- Left common femoral vein access (10Fr sheath)
- Progression to the inferior vena cava with stiff Glidewire® TERUMO
- Deployment of Sinus-Venous ©Stent Opti-Med
- Post dilation with Zeios® Opti-Med PTA balloon
- Completion venogram
Case 15: Arteriovenous malformation embolization (I. Lojo)

- Female, 24 years old
- **Comorbidities:** surgical excision of a vascular anomaly in left leg 12 years ago, previous arterial embolization with Onyx 11 months ago with clinical and imagiological (MR) improvement, recent recurrence of daily pain requiring pain control medication
- **Diagnosis:** vascular anomaly in the left lateral gastrocnemius muscle
- **Procedure:** AVM transarterial embolization with Onyx™ 34 plus transcutaneous venous embolization of the nidus with polidocanol foam

**Procedure Steps:**

- Antegrade left common femoral artery access
- Selective arterial catheterisation of the AVM with **Rebar™ Covidien** microcatheter
- Embolization with liquid **ONYX™ 34 Covidien**
- Venous ultrasound guided puncture with a 22-25 GA needle
- Embolization of the venous nidus with 2% **polidocanol** foam
Supera Vascular Mimetic Implant

Unique Mimetic Design

Natural Movement for Durable Outcomes

>4x compression resistance vs. SNS1

Zero fractures at 1 year across 1400+ patients2

Greatest kink resistance of any SFA stent!
Hi-Torque Command
0.014" Peripheral Guide Wire
Hydrophilic Hybrid Guidewire

Stainless steel for excellent torque and support
Nitinol for superb flexibility and durability
A new generation of hybrid workhorse guide wire

An optimal material fusion for BTK success

Endovascular Commitment

Abbott Vascular
The Newest Member of the **BARD® ePTFE-Covered Stent Family**

![Image of stent]

**LIFESTREAM™**
Balloon Expandable Vascular Covered Stent

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### Technical Data & Specifications at a Glance

<table>
<thead>
<tr>
<th>Implant Material and Design</th>
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<tbody>
<tr>
<td>Stent</td>
<td>Stainless Steel</td>
</tr>
<tr>
<td>Covering Material</td>
<td>ePTFE; Porosity 10 – 40 µm (microns)</td>
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<tr>
<td>Covering Design</td>
<td>Two layers of ePTFE encapsulating the stent (sandwich)</td>
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<table>
<thead>
<tr>
<th>Covered Stent Sizes</th>
<th></th>
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<tbody>
<tr>
<td>Diameters expanded</td>
<td>5 mm, 6 mm, 7 mm, 8 mm, 9 mm, 10 mm, 12 mm</td>
</tr>
<tr>
<td>Lengths compressed</td>
<td>16 mm, 26 mm, 37/38 mm, 58 mm (See back page for detailed length offering)</td>
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<thead>
<tr>
<th>Average % Shortening at Nominal Pressure by Implant diameter *</th>
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<tbody>
<tr>
<td>ATM</td>
<td>8 (NP)</td>
</tr>
<tr>
<td>5 mm</td>
<td>≤ 2.2</td>
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<tr>
<td>6 mm</td>
<td>≤ 1.6%</td>
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<tr>
<td>7 mm</td>
<td>≤ 5.4%</td>
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<tr>
<td>8 mm</td>
<td>≤ 7%</td>
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<tr>
<td>9 mm</td>
<td>≤ 4.2%</td>
</tr>
<tr>
<td>10 mm</td>
<td>≤ 6.3%</td>
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<tr>
<td>12 mm</td>
<td>≤ 12%</td>
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*See product label for sizing details

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<th>Post dilatation capability</th>
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<tbody>
<tr>
<td>Can be post-dilated to the following diameter</td>
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</tr>
<tr>
<td>5 mm</td>
<td>10 mm</td>
</tr>
<tr>
<td>6 mm</td>
<td>12 mm</td>
</tr>
<tr>
<td>7 mm</td>
<td>N/A</td>
</tr>
<tr>
<td>8 mm</td>
<td></td>
</tr>
<tr>
<td>9 mm</td>
<td></td>
</tr>
<tr>
<td>10 mm</td>
<td></td>
</tr>
<tr>
<td>12 mm</td>
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### Balloon Catheter Dimensions

<table>
<thead>
<tr>
<th>Catheter Working Lengths</th>
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<tbody>
<tr>
<td>80 cm and 135 cm</td>
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<table>
<thead>
<tr>
<th>Guidewire</th>
<th>0.035&quot;</th>
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<tr>
<th>Introducer Sheath Compatibility</th>
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<tbody>
<tr>
<td>6F, 7F, 8F (see back page for detailed compatibility information by size)</td>
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</table>

<table>
<thead>
<tr>
<th>Shaft Outer Diameter</th>
<th>5F (5 mm - 9 mm), 6.5F (10 mm, 12 mm)</th>
</tr>
</thead>
</table>
Ranger™ Paclitaxel-Coated PTA Balloon Catheter

Consistent & Predictable Drug Treatment

Sterling™ Balloon Technology
Below the Knee SOLUTIONS from Boston Scientific.

Rubicon™ 14 Support Catheter

V-14™ Control Wire™ Guidewire

Coyote™ Balloon Dilatation Catheter

TruePath™ CTO Device
Reengineering the art of EVAR

This presentation includes a demonstration of the use of a medical device but is not intended to be used as a training guide.

The steps demonstrated may not be the complete steps of the procedure. Before using any medical device, including those demonstrated or referenced in this presentation, review all relevant package inserts and labeling, with particular attention to the indications, contraindications, warnings and precautions, and steps for use of the device.

Exercise particular care in areas that are difficult to navigate, such as areas of stenosis, intrasacral seventh, calcification or tortuosity, or where excessive resistance is experienced, as vessel or catheter damage could occur. Consider performing filtration angiography at the site of a narrowed or stenotic vessel, and then attempt to gently reintroduce the catheter delivery system. Also exercise care with device selection and sized placement/positioning of the device in the presence of anatomically challenging situations such as areas of significant stenosis, intrasacral/intermediate, calcification, tortuosity and/or angulation, which can affect successful initial treatment of the aneurysm.

The use of the INCRAY™ AAA Stent-Graft System requires that physicians be specially trained in endovascular abdominal aortic aneurysm repair techniques, including experience with high resolution fluoroscopy and radiation safety. Cordis Corporation provides training specific to the INCRAY™ AAA Stent-Graft System.

For Healthcare Professionals only. As part of the Cordis policy of continuous product development, we reserve the right to change product specifications without prior notification. EU883 1/15
OUTBACK® Elite
Re-Entry Catheter

The OUTBACK® Elite Re-Entry Catheter enables faster and more precise re-entry into the true lumen in the most challenging cases.¹

- NEW! 80 CM shaft
- NEW! Ergonomic handle for greater control
- Increased precision of target site re-entry¹
- Robust Nitinol Cannula

True Precision.
True Control.
True Lumen.

Now Featuring
NEW More
Ergonomic Handle

No Additional Visualization Needed
Simple three-step alignment process optimizes case efficiencies without the need for additional costly capital equipment.

Image Courtesy of Ali Amin, MD, FACS, FACC, RVT
**Transcend:** Preserve

Preserve flow to the internal iliacs.
SEE WHY
ZILVER PTX
IS A
GAME
CHANGER.

Zilver PTX
DRUG-ELUTING PERIPHERAL STENT

www.cookmedical.com
Onyx™ 34L Liquid Embolic System.
The mobile hybrid room solution

The capabilities of Ziehm Vision RFD Hybrid Edition make it ideally suited for hybrid room applications. Compared to fixed installations, the C-arm has one crucial advantage: mobility.

Find out more: www.ziehm.com/hybrid-edition
The mobile hybrid room solution

For the first time, a mobile C-arm is equipped with motorization that allows control of 4 axes. Complemented by additional features, Ziehm Vision RFD Hybrid Edition is tailored exactly to hybrid OR requirements.

Find out more: www.ziehm.com/hybrid-edition
Endurant™ IIs
AAA STENT GRAFT SYSTEM

WE’VE TAKEN A WINNING IDEA AND GIVEN IT NEW LEGS.
ENDURANT™ IIs AAA STENT GRAFT

THREE-PIECE SYSTEM LEVERAGES PROVEN DESIGN OF LEADING ENDURANT II ABDOMINAL STENT GRAFT
FINALLY, AN SFA STANDARD.

12-MONTH RESULTS: First Report (655 Patients)

WEIGHTED AVERAGE OF 12-MONTH REPORTED TLR RATES

% Patients with CD-TLR

PFA1-2

BMS3-8,15

DES14,16-17

IN.PACT Global

IN.PACT SFA

IN.PACT Global®
THE MAXIMUM STRENGTH & FLEXIBILITY

sinus.

venous stent

Medicinália Cormédica
A WerfenLife Company

OptiMed global care
Large lumen, trackability and kink resistance

DESTINATION