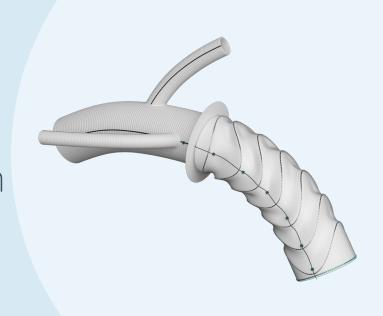




**Custom thoraflex**<sup>™</sup>**hybrid** 

Experience Optimised Intervention





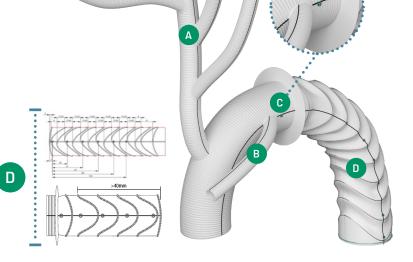




# Tailored Solutions Adapted for Patient Needs

### **thoraflex**<sup>™</sup> **hybrid**

- A ARCH BRANCHES
  - ▶ 0-7 main branches (including bifurcate/side branch)\*
  - Adjusted angles, positioning and spacing\*
  - Diameters of 8/10/12/14/16/18mm\*
  - ▶ Lengths up to 150mm\*
- B SIDE BRANCH
  - Adjusted angles and orientation\*
  - ▶ Diameter 10mm
- C RADIOPAQUE MARKERS
  - Maximum of 2 (main body)
  - ▶ Flexible positioning\*
- D STENT OPTIONS
  - ▶ Extra Mid-rings (increased Radial force)
  - ▶ Shorter stent (60mm minimum length)
  - Combination of the two



\*A modification to the standard Thoraflex Hybrid design allowed **improvement** in operating times, complete and continuous cerebral trivascular perfusion, and correct positioning of the intrathoracic vessels.\* <sup>9</sup>



WATCH ON VUMEDI
The Worlds First Custom Thoraflex Hybrid FET Device Case Report



Customisable within parameters

<sup>1.</sup> Masiello P et al. 2023. A Modified frozen elephant trunk hybrid device to facilitate supra-aortic trunk anastomosis. Journal of Cardiac Surgery. 36:371–373

Image courtesy of Di Eusanio M & Gatta E. 2023. T-Next: A new custom-made Thoraflex graft to simplify proximal and distal aortic reinterventions European Journal of Cardio-Thoracic Surgery. 63 (6):1-3



## Versatility of Choice



#### **Thoracoflo™** Custom Thoracoabdominal Hybrid Graft

<sup>66</sup>A viable alternative for patients unsuitable for endovascular repair.<sup>99 3</sup>

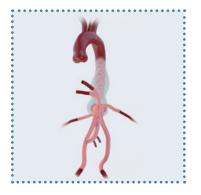
### Advantages over traditional open Crawford technique:

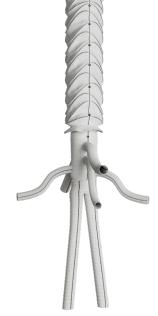
- Avoids aortic cross clamping<sup>3</sup>
- Avoids extracorporeal circulation <sup>3</sup>
- Avoids thoracotomy <sup>3</sup> (Smaller abdominal incision)
- ▶ Reduced ischaemia time <sup>3</sup>





WATCH ON VUMEDI Hybrid Technology Addressing Thoracoabdominal Challenges





advantages over the traditional open Crawford technique. Without the need for thoracotomy, extracorporeal circulation, and cross clamping, the procedure is shorter and less invasive. In addition, as the visceral and lumbar arteries are constantly under pulsatile retrograde flow, the risk of spinal cord and visceral ischaemia is reduced.\*9 3

<sup>3.</sup> ES Debus et al. 2023. First in Human Implantation of the Thoracoflo Graft: A New Hybrid Device for Thoraco-Abdominal Aortic Repair. EJVES Vascular Forum. 58:28-31



<sup>\*\*</sup> Based on internal data (as of February 2024)





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