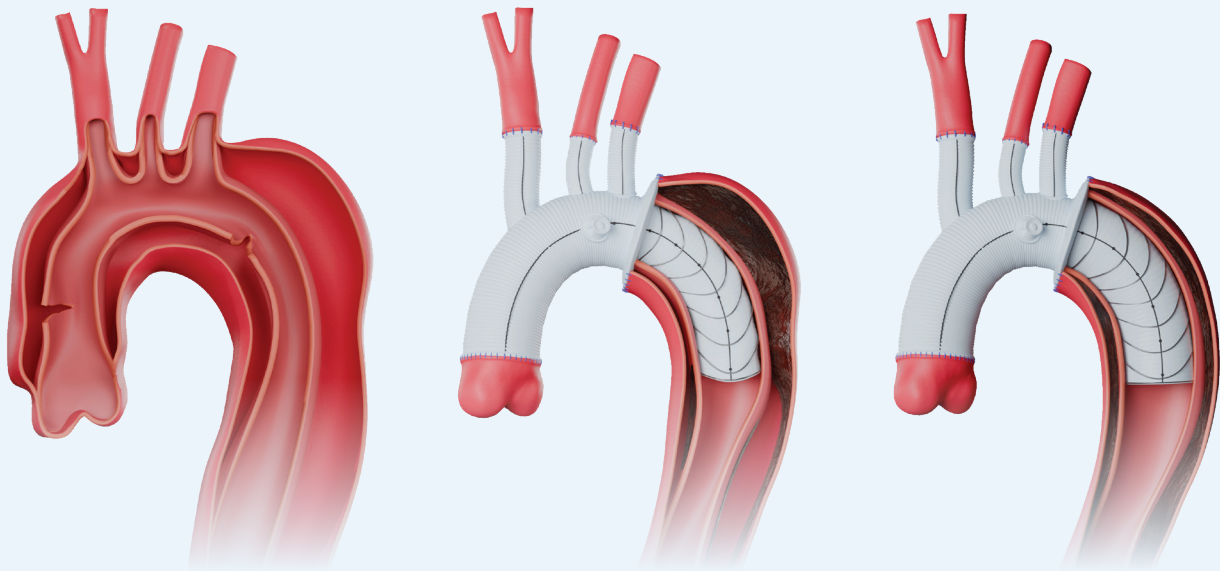




Conforming Arch Surgery to the Gold Standard

Flexible. Effective. Transformative.

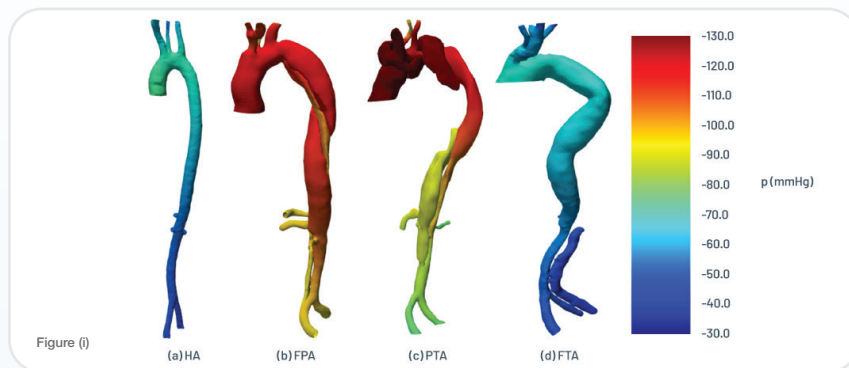
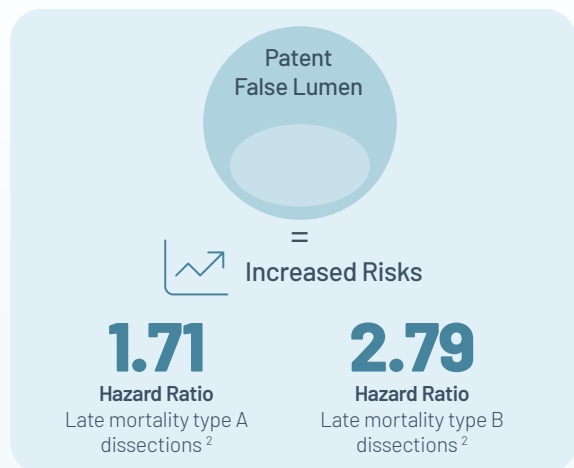


For more information, visit
terumoaortic.com/thoraflex-hybrid

Remodeling and Aneurysmal Regression with Thoraflex™ Hybrid

Remodeling describes the process of stabilisation of the overall aortic dimensions by slow obliteration of the false lumen and maintenance of true lumen patency¹. It is important because:

False Lumen patency **can lead to Aortic Expansion**²

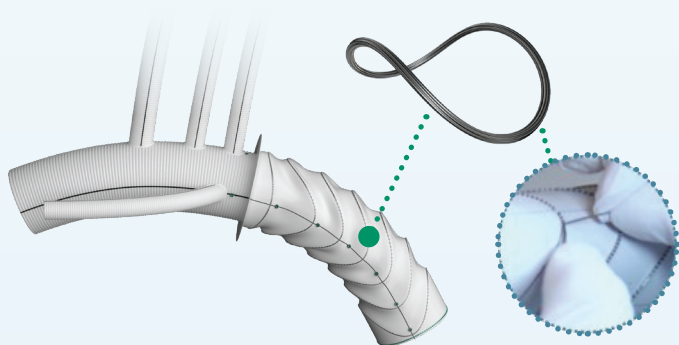


Intra-aortic pressure in (a) a Healthy Aorta, (b) a Fully Perfused Aorta, (c) a Partially Thrombosed False Lumen Aorta, (d) a Full Thrombosed False Lumen Aorta.³

Functional advantages of the FET* (in cases of acute aortic syndrome):

- ▶ Obliterate distal entry tears in the aortic arch or descending thoracic aorta⁴
- ▶ Induce False Lumen thrombosis, increasing the potential for positive aortic remodeling and improved freedom from distal redo.⁴
- ▶ Resolves downstream malperfusion and provides an ideal artificial proximal landing zone for potential secondary downstream thoracic endovascular aortic repair (TEVAR)⁵

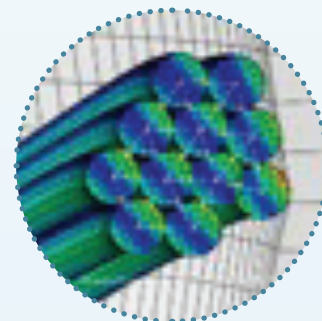
Flexible



Independent Ring Stent Design

Multiple turns of nitinol wire.

- ▶ Allows for better arch curvature and **anatomic conformity**^{6,7}
- ▶ Sinusoidal wave shape ring reduces radial force on the aortic wall & **minimises risk of intimal injury**^{6,7}



* FET = Frozen Elephant Trunk.
HA = Healthy Aorta. FPA = Fully Perfused FL Aorta. PTA = Partially Thrombosed FL Aorta. FTA = Fully Thrombosed FL Aorta.

Effective

Acute Dissection

*“In our experience, FET in acute AAD achieved a **high rate of FL thrombosis and positive aortic remodeling** in most patients.”^{8†}*

Chronic Dissection

*“The results of our series show that the **remodeling of the stented segment of the descending aorta** takes longer in CAD* patients compared with AAD* patients. Nevertheless, **FL* thrombosis rate is 100% within 2 years post surgery.**”¹⁰*

TL Volume by Segment (Acute Dissection)

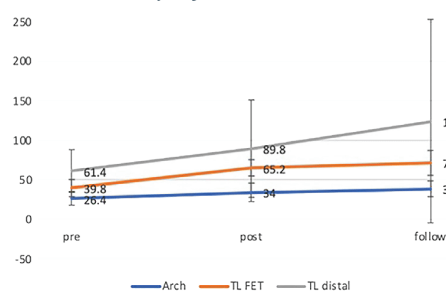
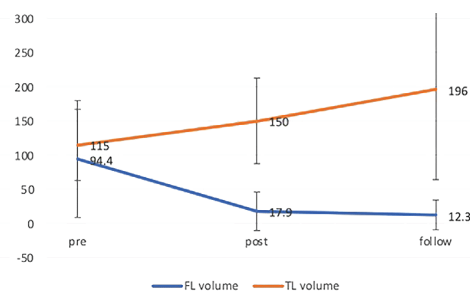


Figure ii: Volumetric (ml) assessment of cases with Acute Dissection.⁹ (10/48 patients)

TL/FL Volume (Acute Dissection)



TL Volume by Segment (Chronic Dissection)

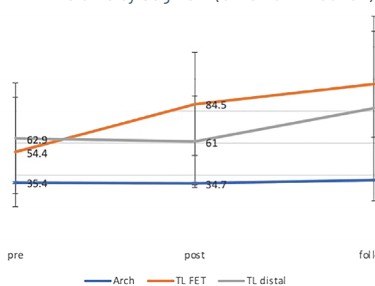
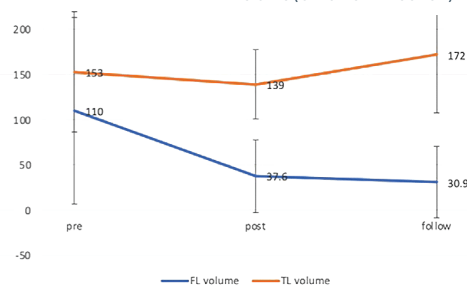


Figure iii: Volumetric (ml) assessment of cases with Chronic Dissection.⁹ (20/48 patients)

TL/FL Volume (Chronic Dissection)



Transformative

Aortic Diameter and Aneurysm

42.3mm

(±12.3mm)
41 Patients⁸

→
-23.2%

32.5mm

(±9.4mm)
41 Patients⁸

Mean **Preoperative** Aortic Diameter
(Zone 3/4)

Mean **Postoperative** Aortic Diameter
(Zone 3/4)

73%

Aneurysm Sac Regression
around FET*
(29/40 patients)¹¹

*“Computed tomography follow-up demonstrated **positive distal aortic remodeling with aneurysmal regression and stabilised aortic dimensions in patients with aortic dissection.**”⁹*

* FL = False Lumen, FET = Frozen Elephant Trunk, AAD = Acute Aortic Dissection, CAD = Chronic Aortic Dissection.

† In the operated segment and immediately distal to the stent graft.

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