DROP ZONE™ TECHNIQUE

...user tips & tricks

Designed for **1st PASS SUCCESS** with **ALL Clot Types**

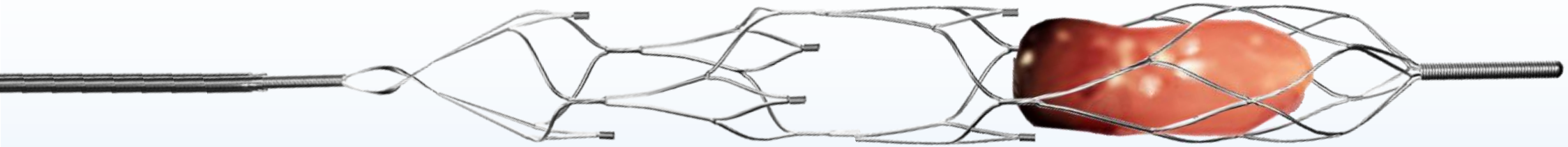
Nevia™

VESALIO™

A DESIGN TARGETING 1ST PASS SUCCESS

DROP ZONES™

2 or more Drop Zones offset at 90° work by acting as clot pockets: entry points to capture thrombi inside



BALANCED DESIGN

Optimized radial force balanced with large openings & closed ends

SMART MARKERS

2 per drop zone, for real-time feedback during retrieval

CLOSED DISTAL TIP

Clot gets inside, clot stays inside!

#DoTheDropZone

1. POSITIONING NEVA
2. RETRIEVING NEVA
3. CHOOSING THE CORRECT NEVA SIZE

IDEAL POSITIONING

Ideally we want: **Multiple Drop Zones to interact with clot**

And we need to: **Balance the benefit and risk of distal placement**

To achieve this: **Deploy NeVa with the 1st or 2nd marker at the edge of the occlusion**

IDEAL POSITIONING

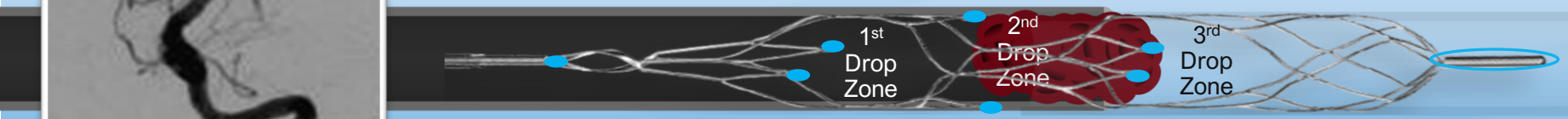
Ideally we want: **Multiple Drop Zones to interact with clot**

And we need to: **Balance the benefit and risk of distal placement**

To achieve this: **Deploy NeVa with the 1st or 2nd marker at the edge of the occlusion**

- The first or second marker at the edge of the occlusion
- Minimum 2 Drop Zones interacting with clot

- A Drop Zone deployed proximal to clot: **LESS THAN IDEAL**

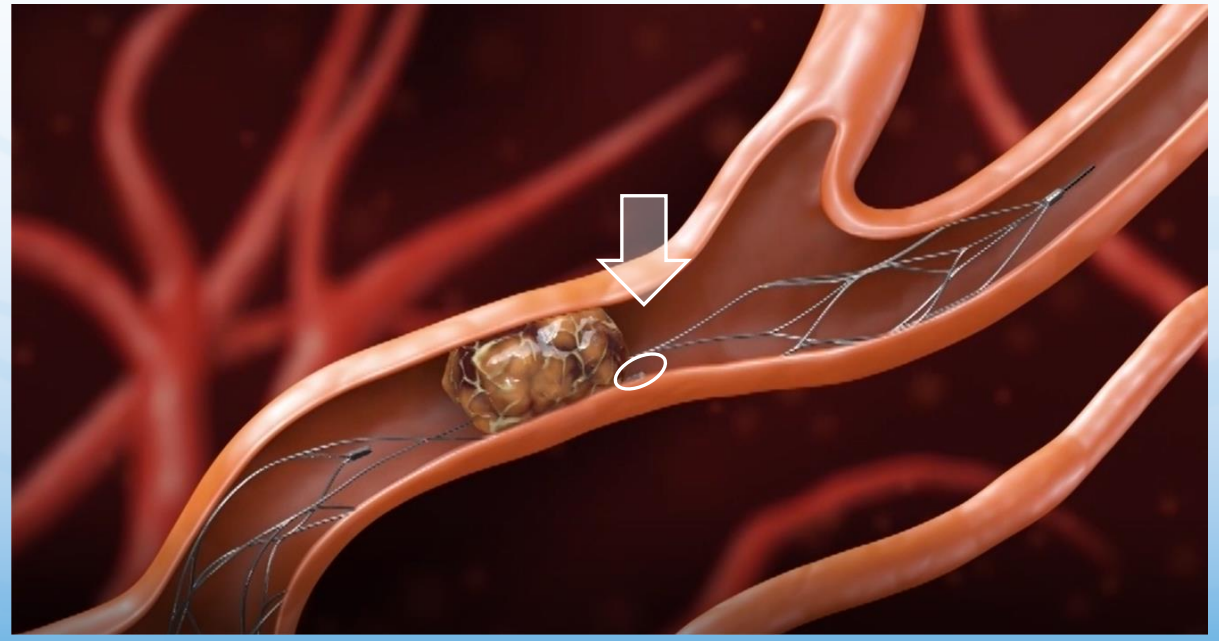


EXPECT INITIAL ANCHORING AFTER 1CM OF UNSHEATHING

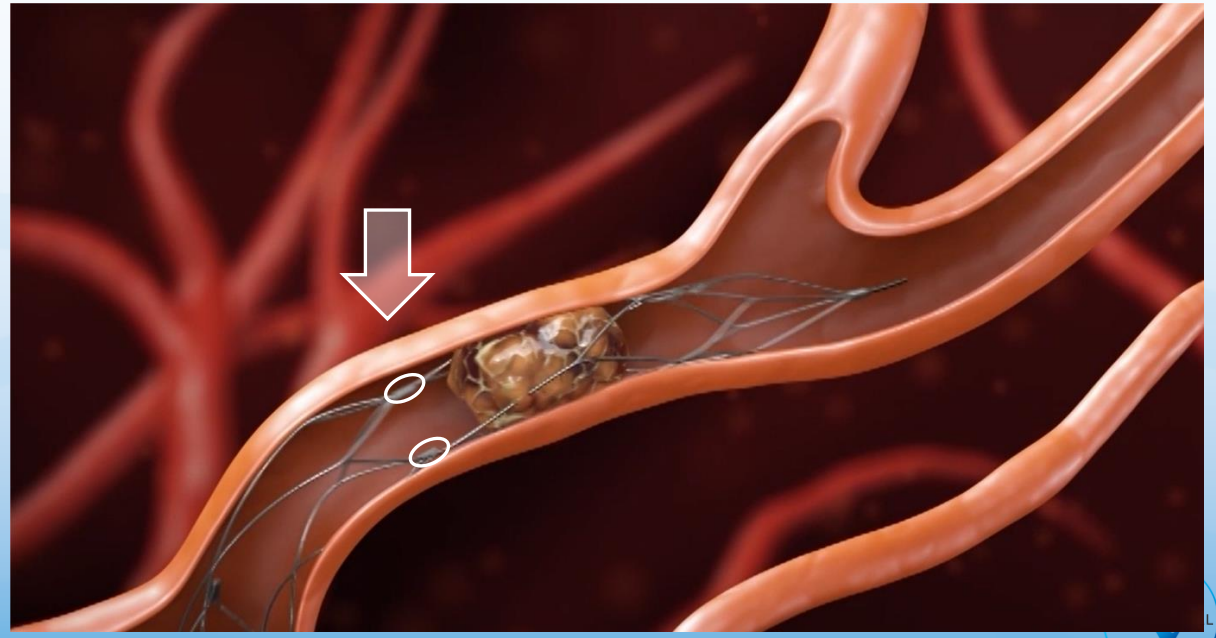
USING THE DROP ZONES TO INCORPORATE CLOTS

Drop Zone markers will get compressed when NeVa is passing next to a hard, calcified clot in the vascular system

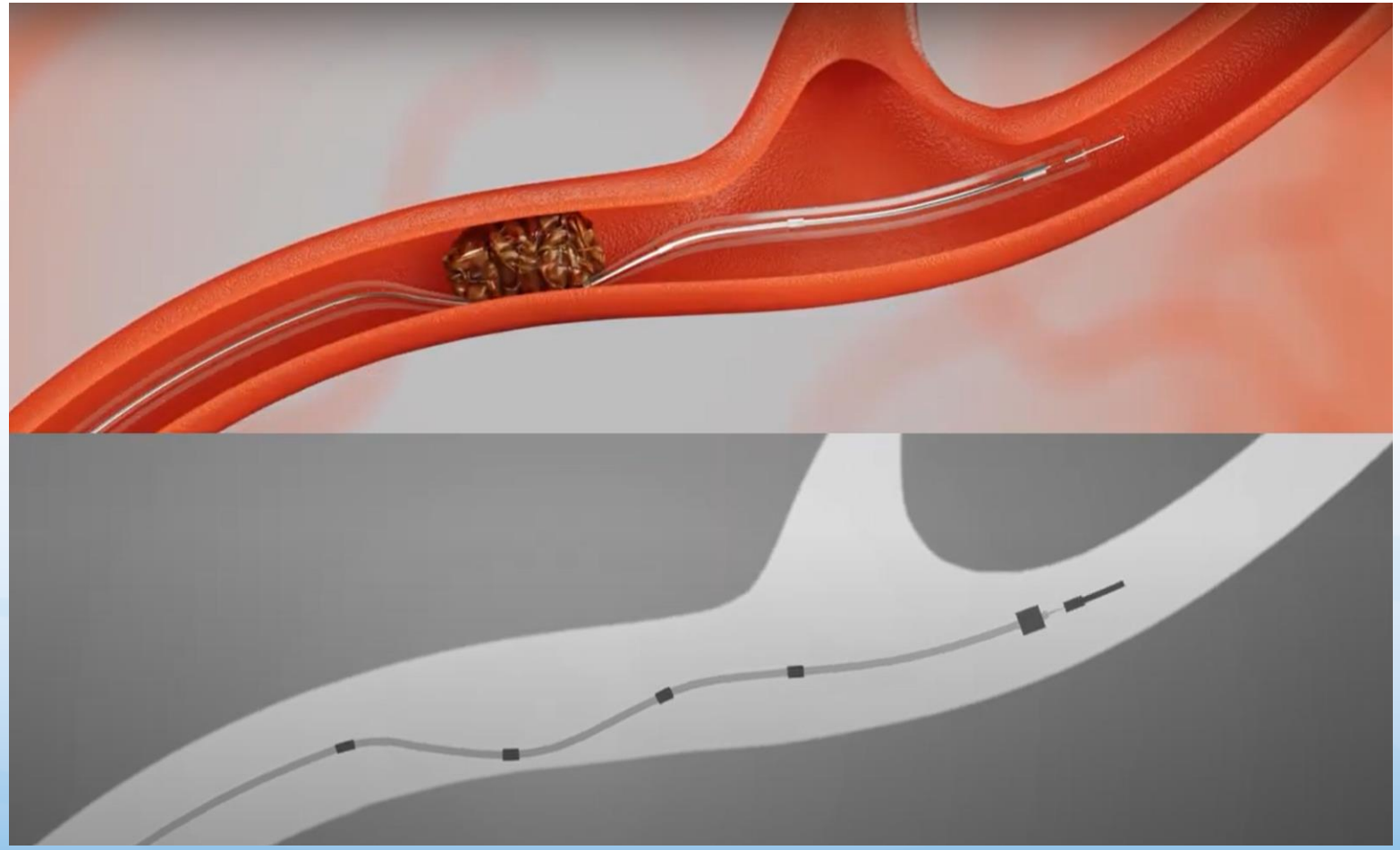
Markers compressed together:
YOU MAY BE ADJACENT TO A HARD CLOT:
SLOW DOWN!



Markers spring open:
YOU MAY NOW BE AT THE PROXIMAL EDGE OF THE HARD CLOT:
THE DROP ZONE IS ON THE CLOT



USING THE DROP ZONES TO INCORPORATE CLOTS



click the image to watch the animation

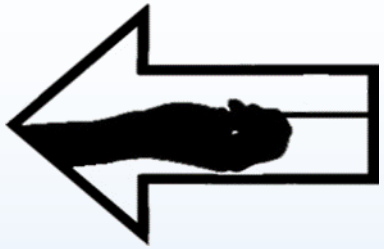
USING THE DROP ZONES TO INCORPORATE CLOTS

Slow and alert retrieval is recommended

POSITION CORRECTLY

Deploy the device with the 1st or 2nd marker at the occlusion

You do not need wait



START SLOW PULL

Apply slow & gentle vessel straightening traction

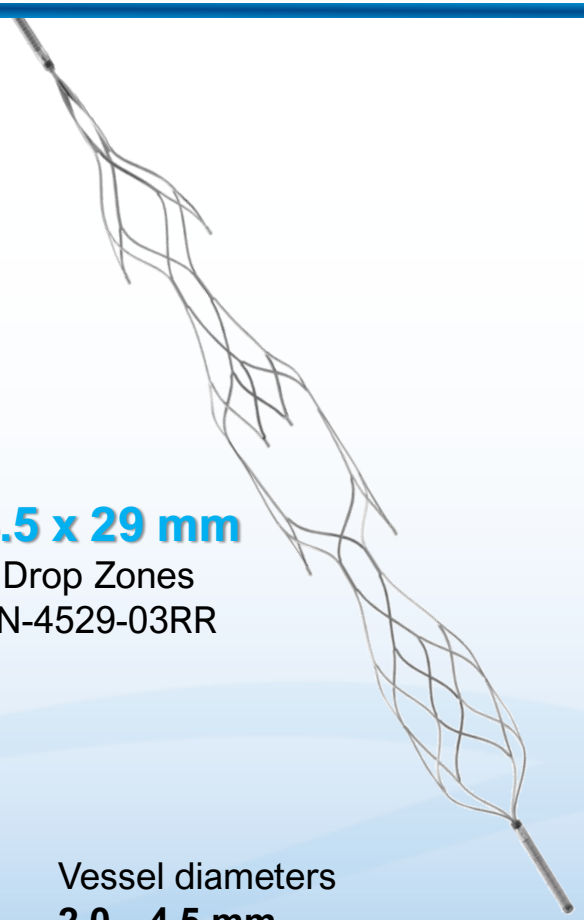
WATCH THE SMART MARKERS

Watch Drop Zone markers, observe if one of the pairs is compressing on one another

MULTIPLE PASSES ENGINEERED INTO ONE

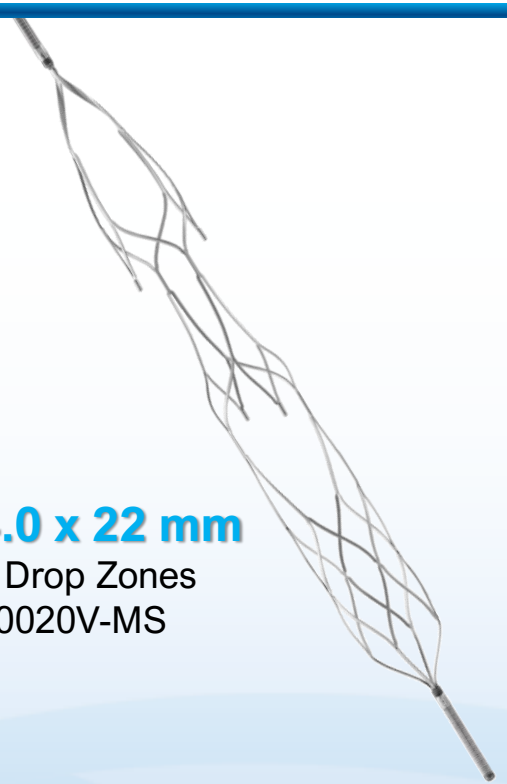
5.5 x 37 mm
3 Drop Zones
VN-5537-03RR

Vessel diameters
3.5 – 5.5 mm
Recommended MC: 0.027”



4.5 x 29 mm
3 Drop Zones
VN-4529-03RR

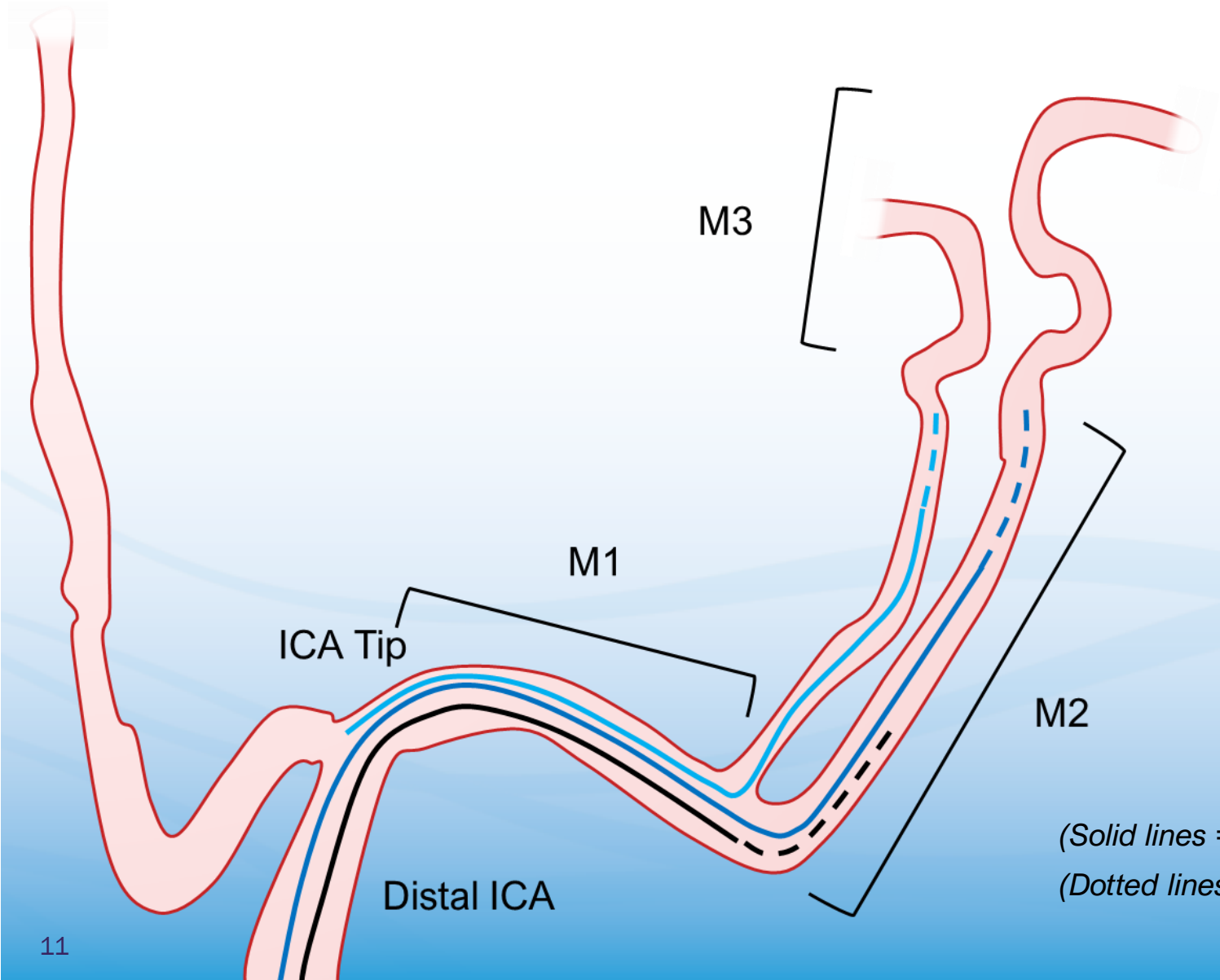
Vessel diameters
2.0 – 4.5 mm
Recommended MC: 0.021”



4.0 x 22 mm
2 Drop Zones
30020V-MS

Vessel diameters
2.0 – 4.0 mm
Recommended MC: 0.021”

CHOOSING THE CORRECT SIZE IN MCA OCCLUSIONS



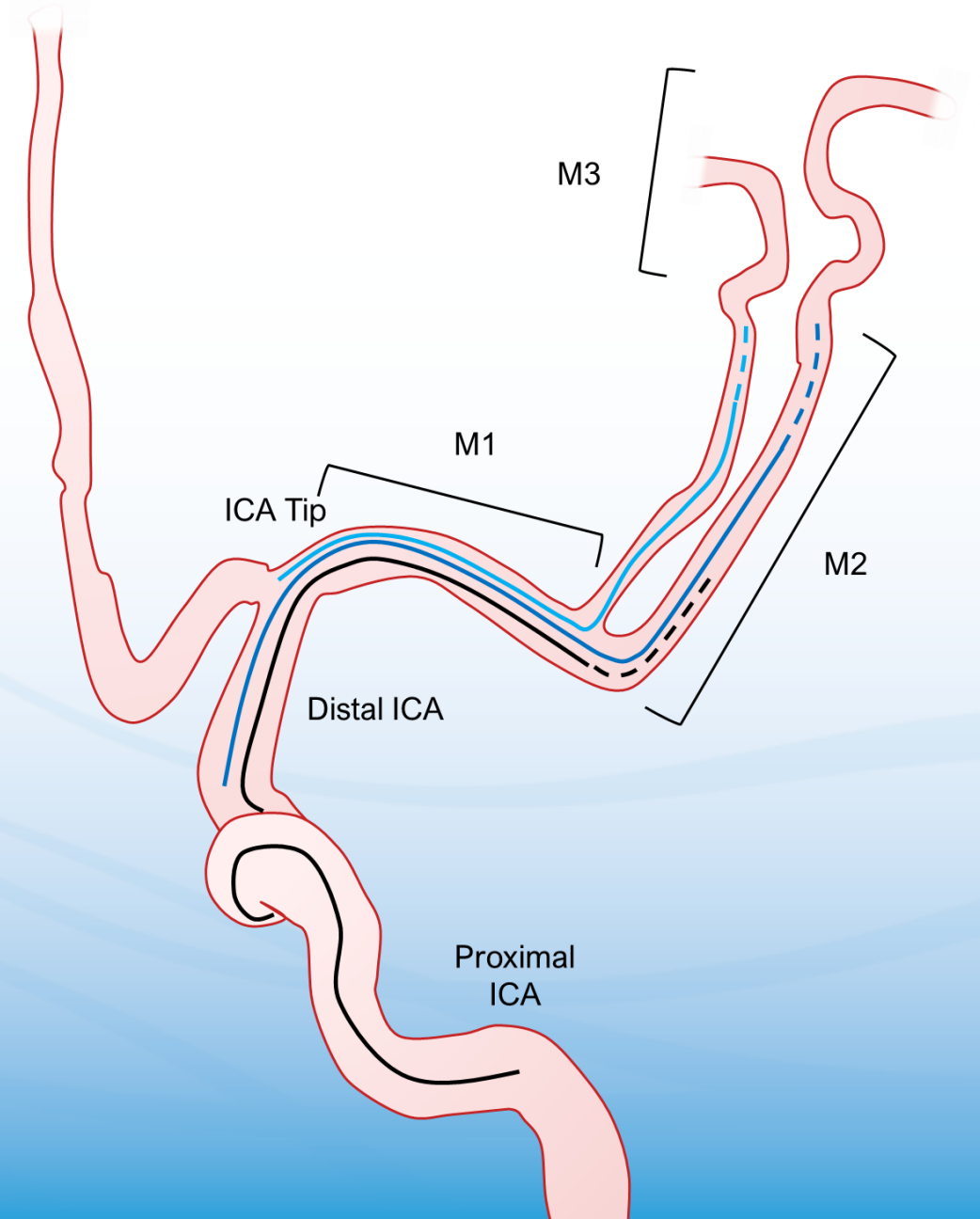
NeVa 4.0 x 22 and NeVa 4.5 x 29

- appropriate for **MCA-M1, proximal M2, ACA** and **PCA** occlusions
- distal deployment of both sizes into the insular segment (M2) of the MCA is possible
- avoid deployment into the opercular (M3) segment or beyond
- select 4.0 x 22 for more tortuous, or smaller segments

(Solid lines = site of occlusion)

(Dotted lines = landing spot of distal portion of devices)

CHOOSING THE CORRECT SIZE IN ICA OCCLUSIONS



NeVa 4.5 x 29 and NeVa 5.5 x 37

- appropriate for **MCA-M1, ICA Tip, distal ICA** occlusions
- distal deployment into the insular segment (M2) of the MCA is possible
- avoid deployment into the opercular (M3) segment or beyond
- consider using the smaller NeVa sizes in challenging anatomies with shorter segments and sharp tortuosity

(Solid lines = site of occlusion)

(Dotted lines = landing spot of distal portion of devices)

GENERAL RECOMMENDATIONS

The following recommendations are not specific to NeVa

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NeVa™

VESALIO™

MICROCATHETER CONSIDERATIONS

Choose

micro-catheters with

sufficient distal support,

especially in tortuous cases

Flush

NeVa

before insertion

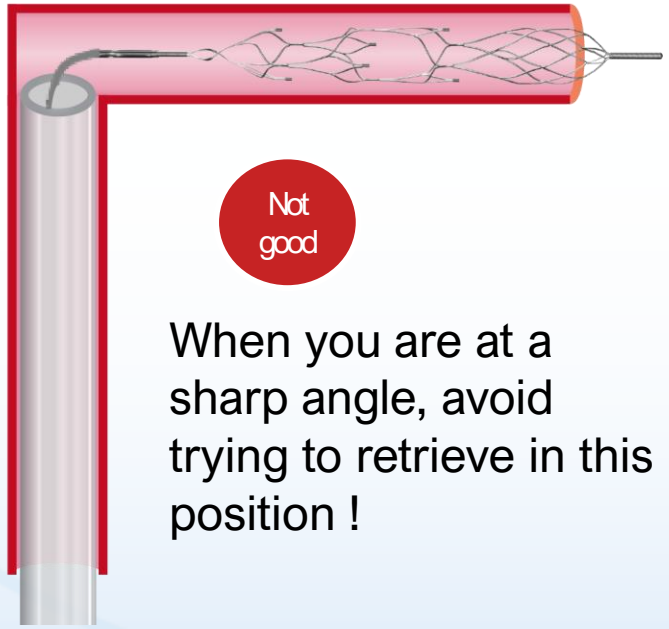
Release tension

on the micro-catheter

just before starting the

deployment (unsheathing)

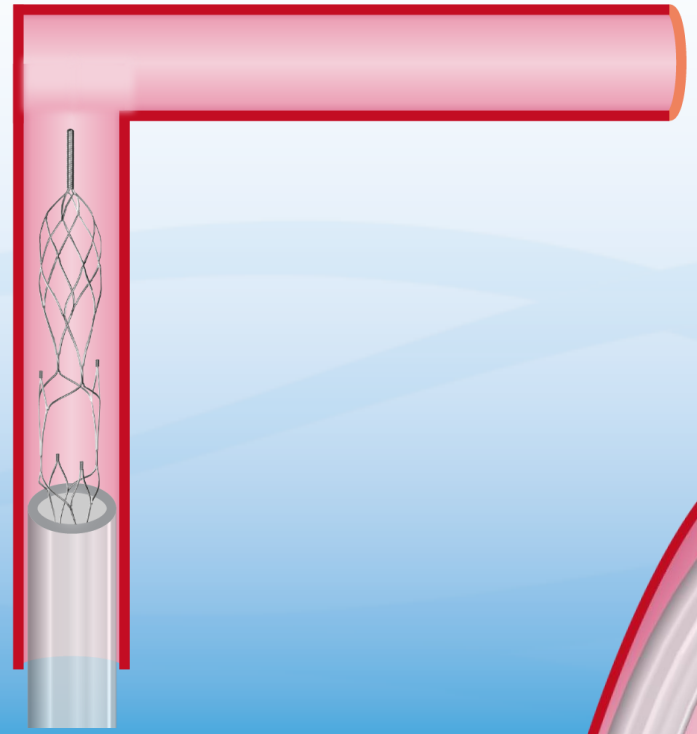
AT SHARP ANGLES



When you are at a sharp angle, avoid trying to retrieve in this position !

OPTION 1:

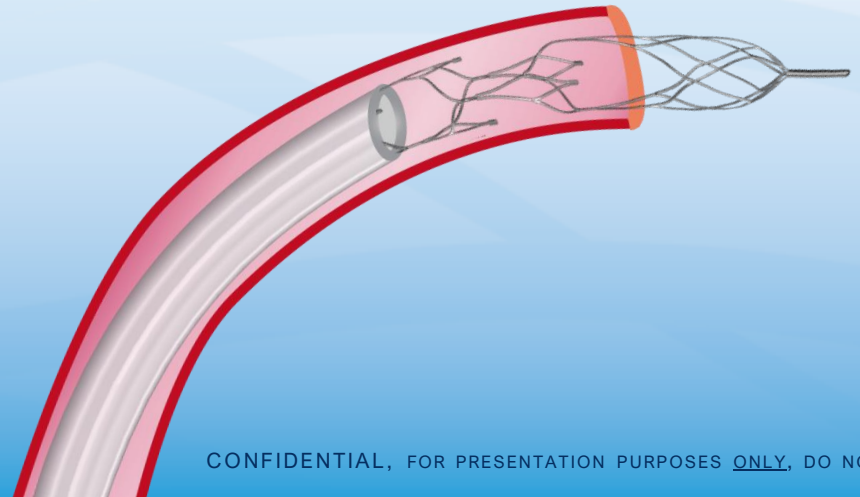
Bring NeVa proximally towards the DAC and align NeVa with the tip of your DAC



OPTION 2:

Use NeVa as an anchor, and drive up your DAC

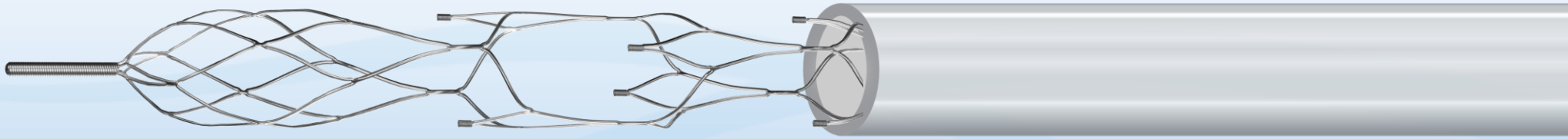
1. Straightening the anatomy eases retrieval
2. Avoids clot fragmentation
3. Aspiration via DAC will be more efficient



WHEN LARGE CLOT BURDEN IS SUSPECTED: PARTIAL RETRIEVAL TECHNIQUE

After deploying NeVa, bring the DAC tip up to the proximal marker

- Remove excess tension from the DAC and slowly retrieve NeVa. If significant resistance is encountered, stop retrieval. Clot is likely partially incorporated and trapped between stent and DAC.



- Tighten the RHV of DAC around the MC and retrieve the whole system together (DAC+MC+NeVa) while gently aspirating

RECAP

1. Choose correct NeVa size
2. Flush before use
3. Position NeVa as recommended
4. Release tension on the microcatheter before unsheathing
5. Apply slight forward pressure on the pusher wire during unsheathing until NeVa anchors in the vessel
6. Take your time in deploying Neva to take advantage of the Drop Zones
7. Retrieval should be slow and gentle: Watch the Drop Zone markers
8. At sharp angles: use NeVa as anchor and drive up your DAC to straighten the anatomy or pull NeVa down to the DAC
9. When combined with aspiration: If you feel a resistance, take the whole system out together to avoid clot shearing/ tooth paste effect

THANK YOU

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