the pvasc™ thrombectomy system is developed for the non-surgical removal of
thrombi and emboli from peripheral arterial and venous vasculature

pvasc

#DoTheDropZone with ALL CLOT TYPES

pVasc designed with DROP ZONE TECHNOLOGY

#DOTHEDROPZONE WITH ALL CLOT TYPES BREATHE LIFE BACK INTO VASCULAR PATHWAYS

TRAP

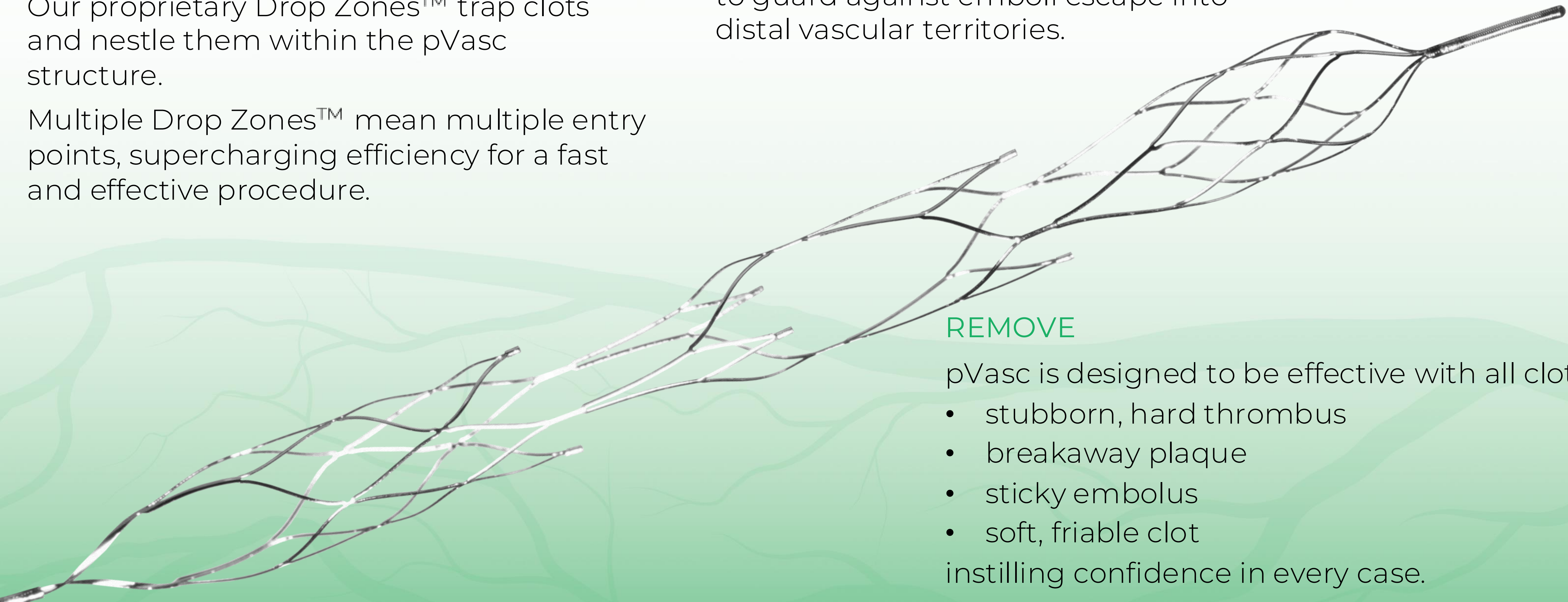
Capturing clot is a science.

Our proprietary Drop Zones™ trap clots and nestle them within the pVasc structure.

Multiple Drop Zones™ mean multiple entry points, supercharging efficiency for a fast and effective procedure.

MAINTAIN

The closed distal basket of pVasc is designed to guard against emboli escape into distal vascular territories.



REMOVE

pVasc is designed to be effective with all clot types:

- stubborn, hard thrombus
- breakaway plaque
- sticky embolus
- soft, friable clot

instilling confidence in every case.

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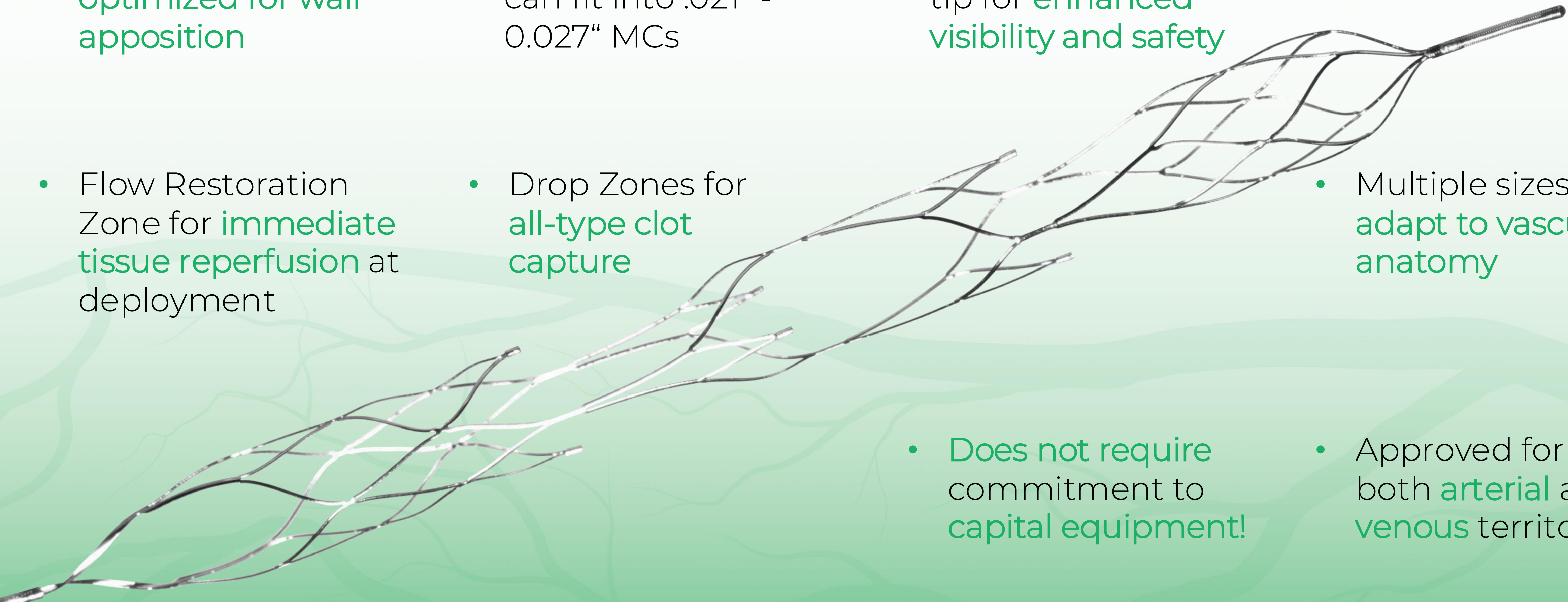
#DOTHEDROPZONE WITH ALL CLOT TYPES
BREATHE LIFE BACK INTO VASCULAR PATHWAYS

- Self-expanding nitinol structure optimized for wall apposition
- Low Profile - with .018“ pusher wire, can fit into .021“ - 0.027“ MCs
- Atraumatic, radiopaque distal tip for enhanced visibility and safety



- Flow Restoration Zone for immediate tissue reperfusion at deployment
- Drop Zones for all-type clot capture
- Multiple sizes to adapt to vascular anatomy
- Does not require commitment to capital equipment!
- Approved for use in both arterial and venous territories

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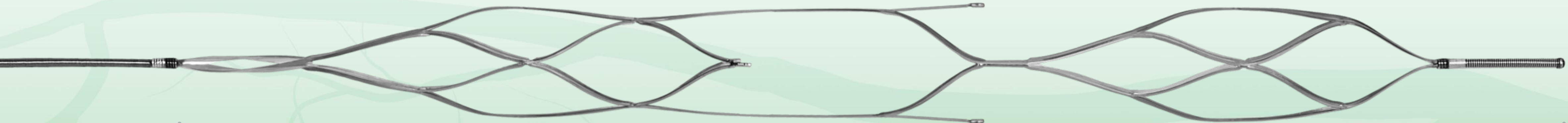
WORKING LENGTH



FULL LENGTH

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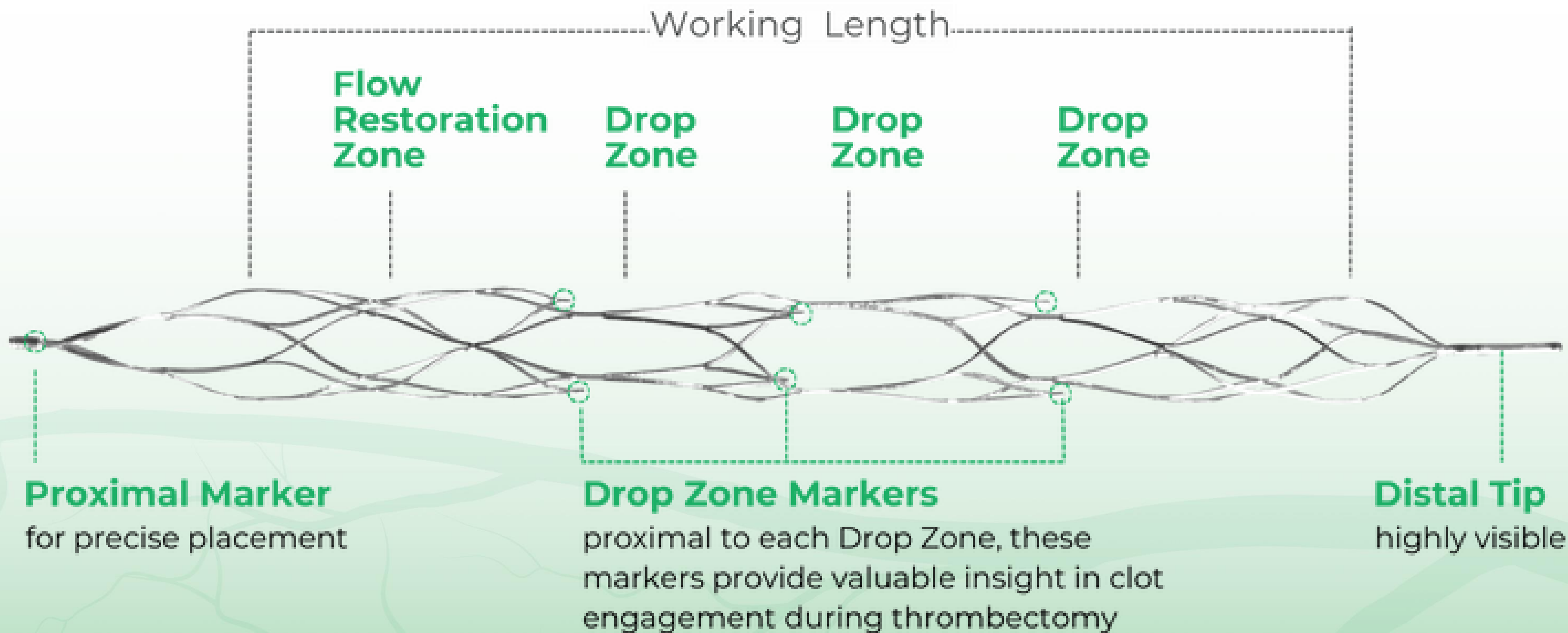

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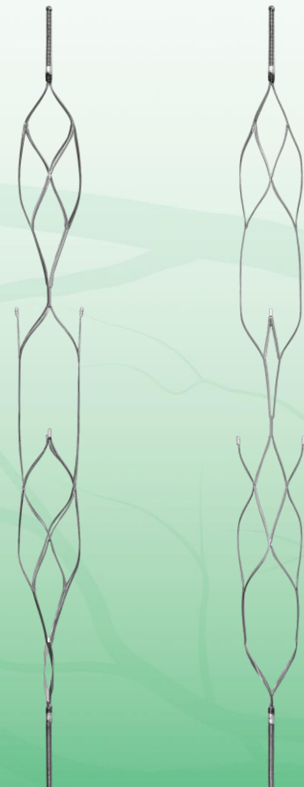
Product Name	Code	Maximal Diameter (mm)	Working Length (mm)	Full Length (mm)	Number of Drop Zones	Recommended artery/ Vessel Diameter (mm)	Min. MC ID
pVasc 4.0 x 30	VP-4030-F2RR	4.0	30	48	2	≥ 2.0 & ≤ 3.5	.021”
pVasc 6.0 x 44	VP-6044-F3RR	6.0	44	63	3	≥ 3.5 & ≤ 6.0	.027”

pVasc 4.0 x 30

Full basket: 39 mm
2 Drop Zones

0.021” MC



pVasc 6.0 x 44

Full basket: 63 mm
3 Drop Zones

0.027” MC

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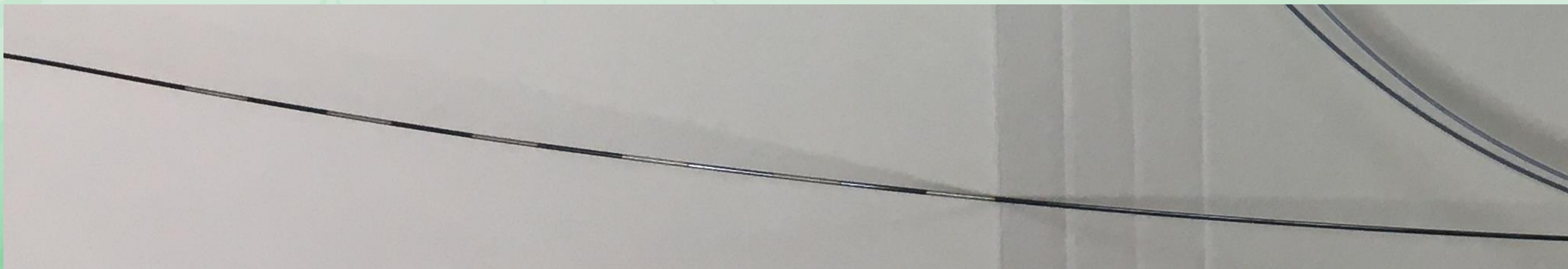
Pusher-wire material	Nitinol
Pusher-wire Length	200 cm
Pusher-wire Diameter	.018”

Distal hyper-flexible segment - coil wire	Length: 23cm, Diameter: .018”	Distal flexibility for navigation
Distal radiopaque tip:	Length: 5 mm, Diameter: .018”	Visibility, safety
Zebra Markers:	8 cm silver bands, 48.5 cm to 56.5 cm from proximal end on the pusher wire	Saves fluoro to the patient

- Saves radiation to the patient & the physician



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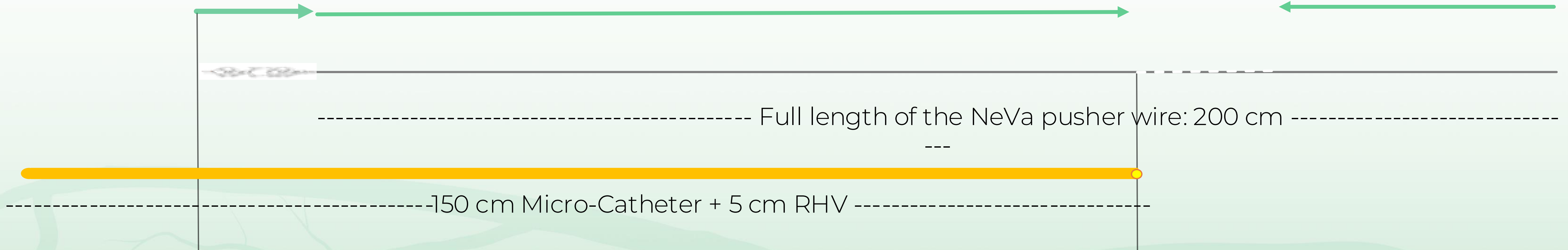
pVasc	Full Length
4.0 x 30	4.8 cm
6.0 x 44	6.3 cm

Distance from pVasc proximal marker: 123.5 cm

Total length of Zebra band: 8 cm

Distance from the proximal end of the pusher wire: 68.5 cm



when the first band is going into the RHV, how much length remains for pVasc tip to reach the MC tip

pVasc	Distance of pVasc tip from the edge of the first zebra band	Distance of pVasc tip from MC Tip if MC is 150 cm and RHV 5 cm	Distance of pVasc tip from MC Tip if MC is 135 cm and RHV 5 cm
4.0 x 30	128.3 cm	26.7 cm	11.7 cm
6.0 x 44	129.8 cm	25.2 cm	10.2 cm

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pVasc

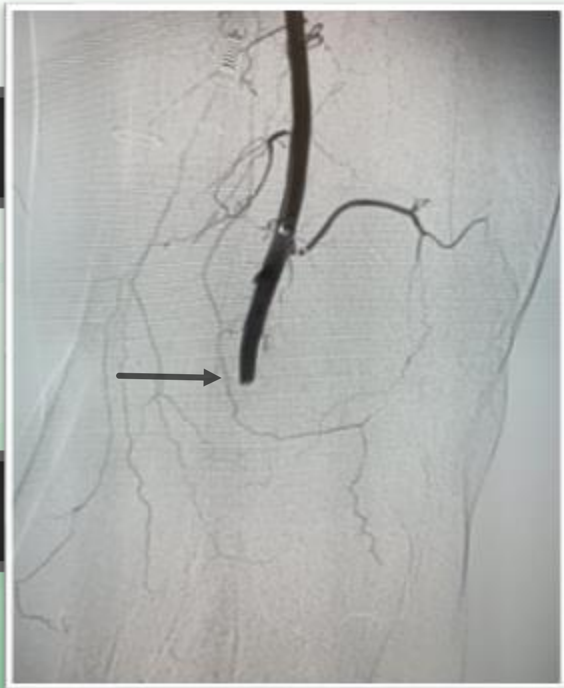
TIPS & TRICKS

pVasc

#DoTheDropZone with ALL CLOT TYPES

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 pVasc with the proximal marker at the edge of the occlusion



The proximal marker at the edge of the occlusion

The Flow Restoration Zone and both Drop Zones interacting with clot

Proximal placement:
Flow Restoration Zone is not utilized

The

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IDEAL POSITIONING

The proximal marker at the edge of the occlusion

The Flow Restoration Zone and both Drop Zones interacting with clot

Proximal placement: The Flow Restoration Zone is not utilized

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UTE

EXPECT INITIAL ANCHORING AFTER 1CM OF UNSHEATHING

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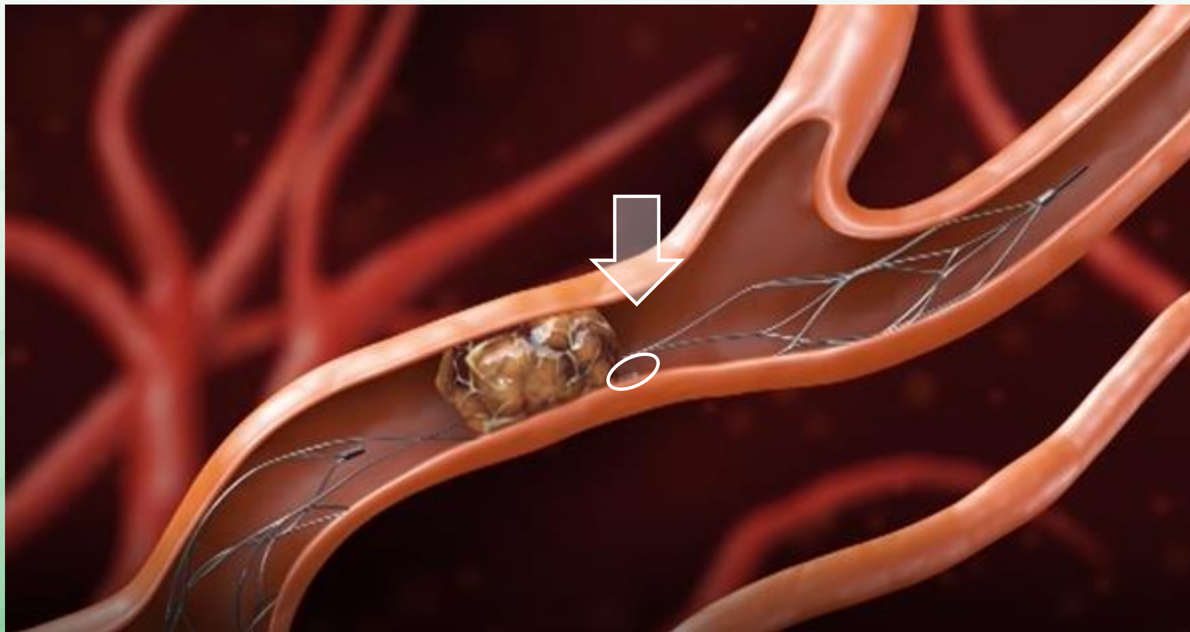
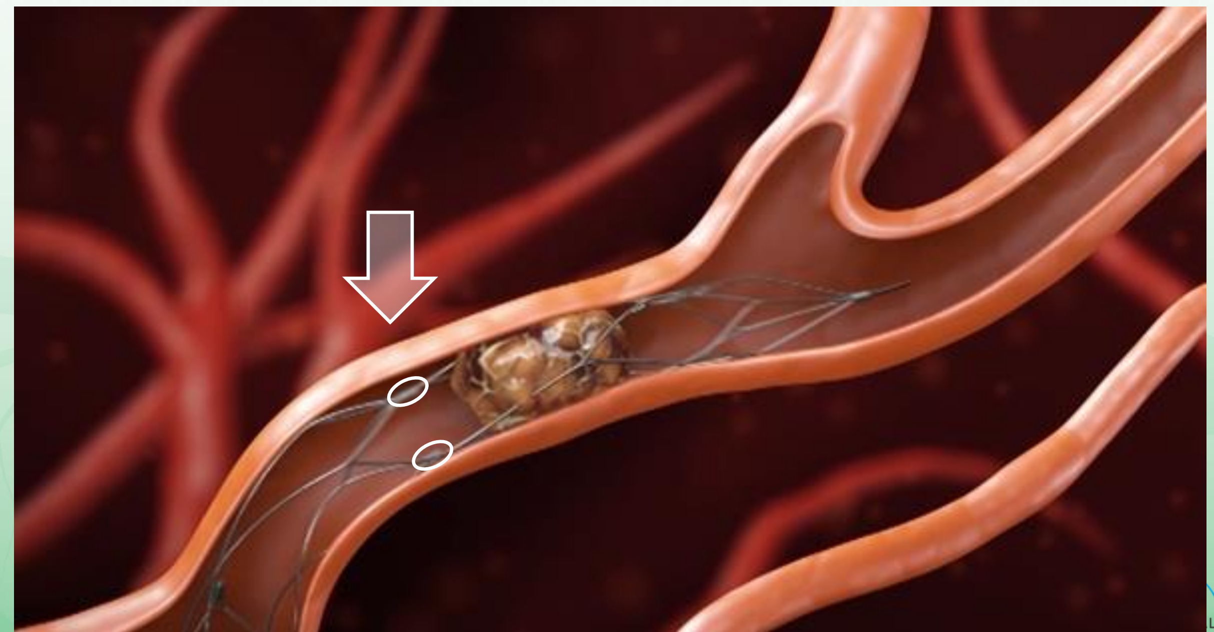
USING THE DROP ZONES TO INCORPORATE CLOTS

Drop Zone markers will get compressed when pVasc 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!

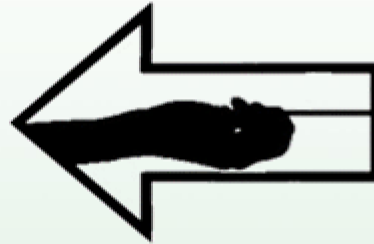


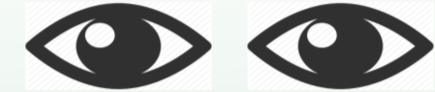
Markers spring open:
YOU MAY NOW BE AT THE PROXIMAL EDGE OF THE HARD CLOT:
THE DROP ZONE IS ON THE CLOT



USING THE DROP ZONES TO INCORPORATE CLOTS

Slow and alert retrieval is recommended





POSITION CORRECTLY

Deploy the device with the proximal marker at the edge of the occlusion

You do not need wait

START SLOW PULL

Apply slow & gentle vessel straightening traction

WATCH THE MARKERS

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

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MICROCATHETER CONSIDERATIONS

Choose

micro-catheters with sufficient distal support, especially in tortuous cases

Flush

pVasc before insertion

Release tension

on the micro-catheter just before starting the deployment (unsheathing)

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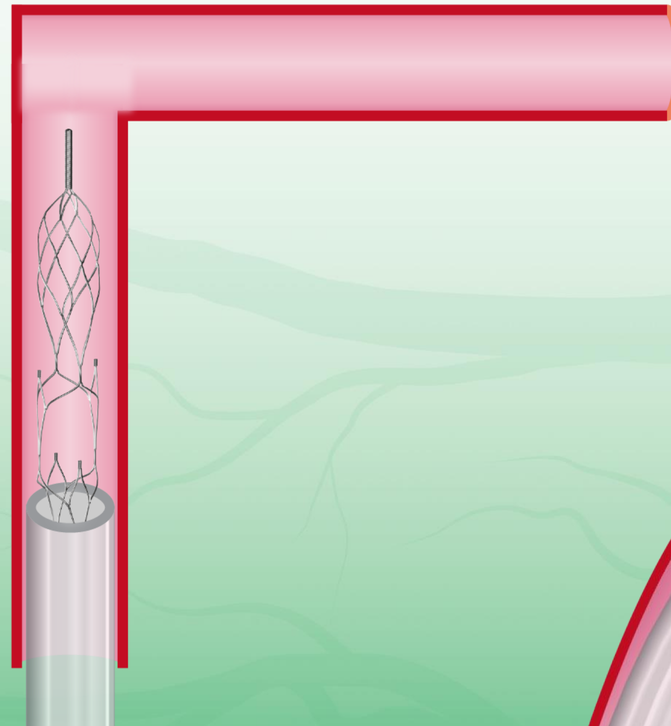
AT SHARP ANGLES

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

OPTION 1:

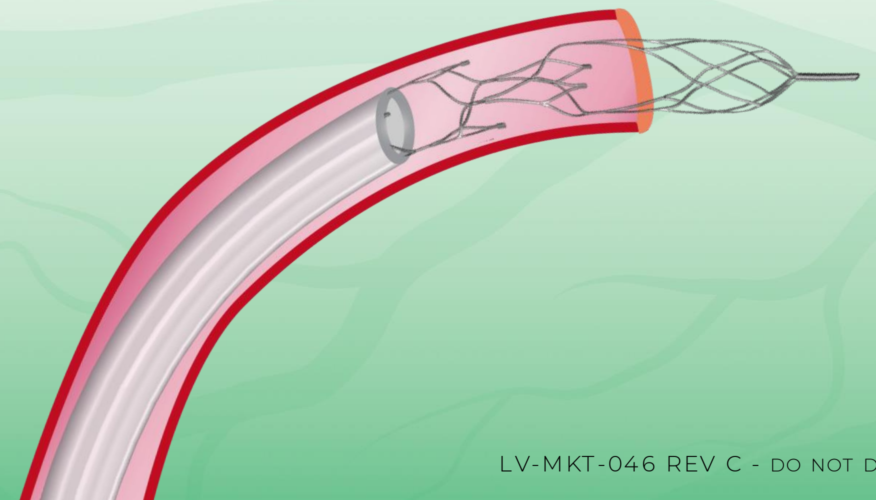
Bring pVasc proximally towards the catheter and align pVasc with the tip of your catheter



OPTION 2:

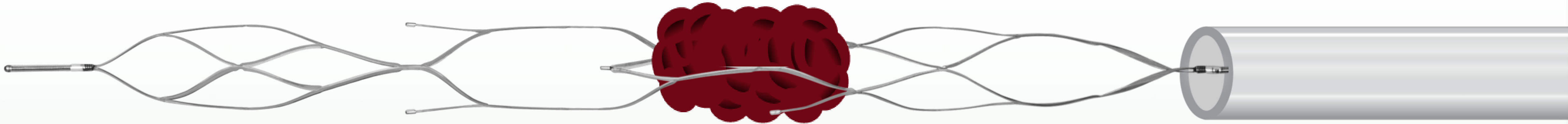
Use pVasc as an anchor, and drive up your catheter

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

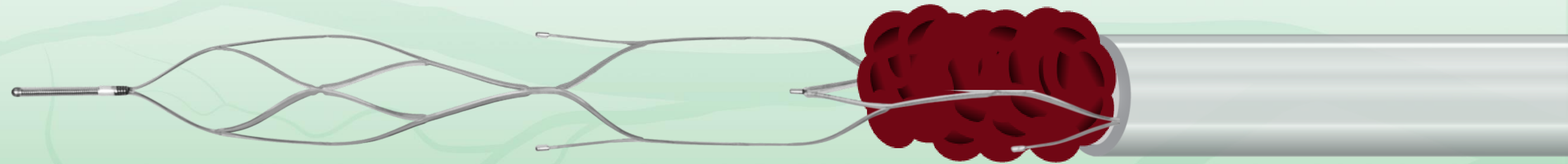


WHEN LARGE CLOT BURDEN IS SUSPECTED: PARTIAL RETRIEVAL TECHNIQUE

- After deploying pVasc, bring the large bore catheter tip up to the proximal marker



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



- Tighten the RHV of large bore catheter around the MC and retrieve the whole system together (DAC+MC+pVasc) while gently aspirating

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