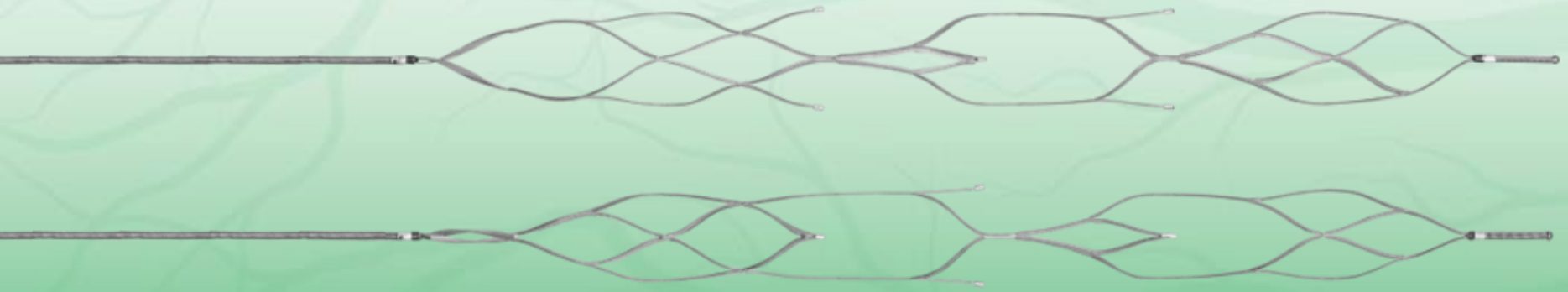
PVASC™ THROMBECTOMY SYSTEM

Updated Aug 2025

#DoTheDropZone with ALL CLOT TYPES

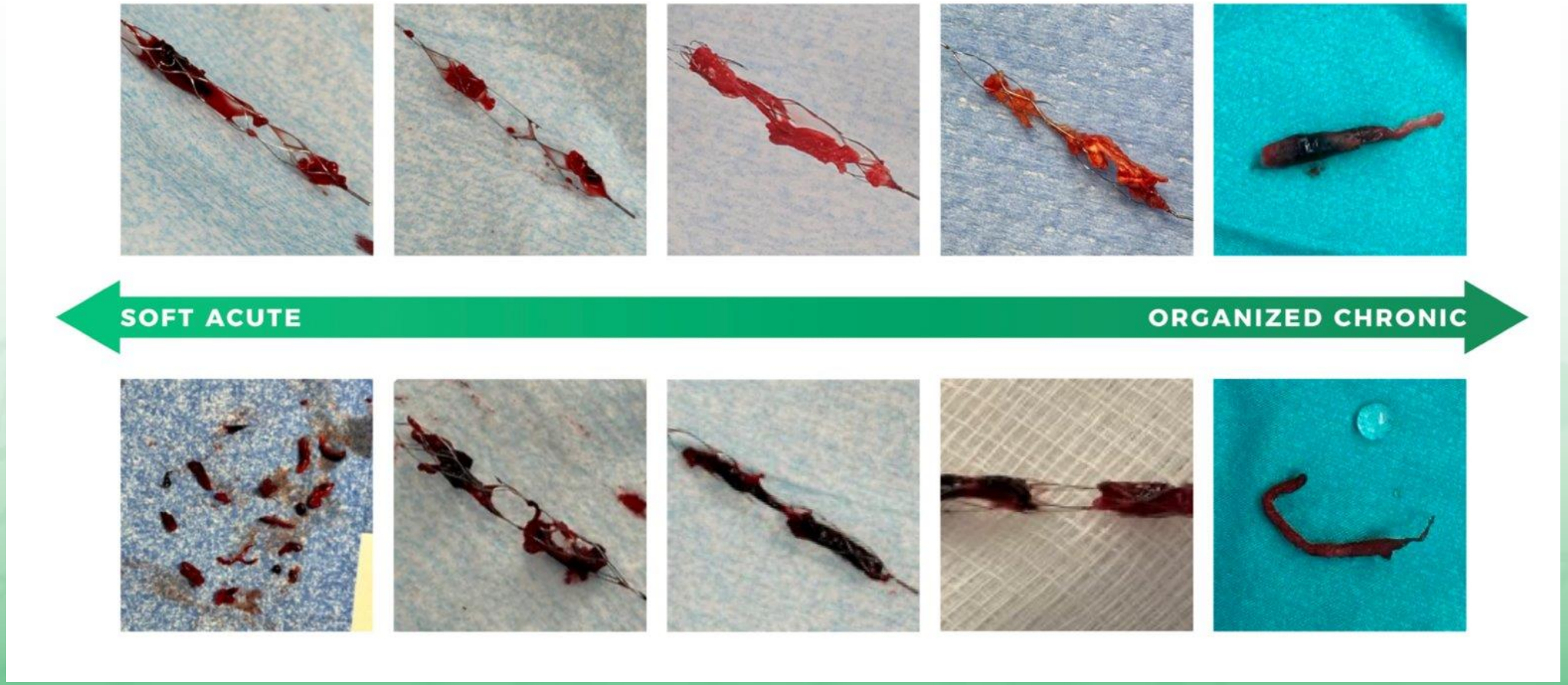
pVasc is an arterial thrombectomy device designed to remove peripheral distal occlusions with simplicity and versatility



90° rotation

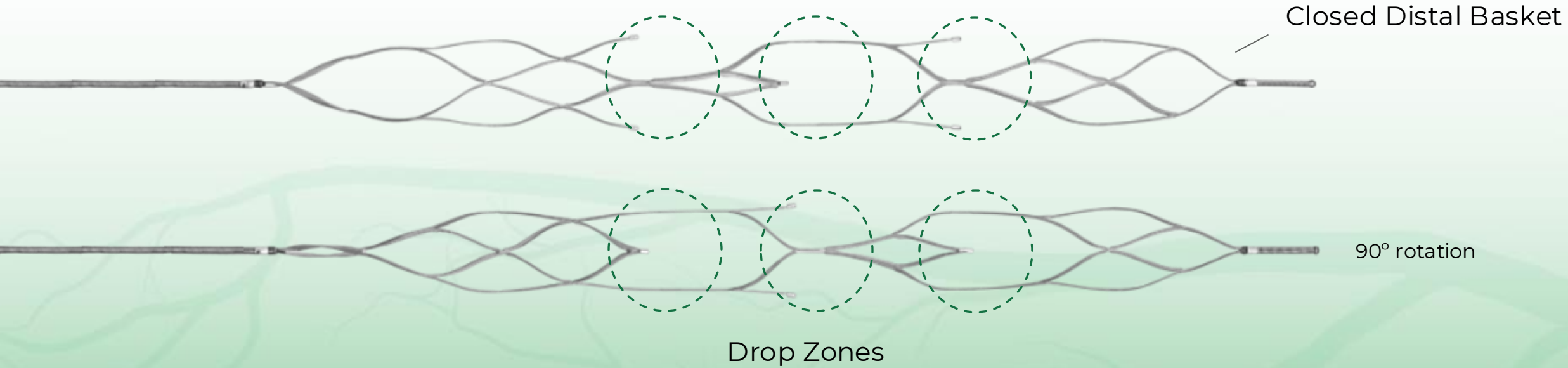
CAPTURE DIVERSE CLOT MORPHOLOGIES

- pVasc is designed to capture diverse clot morphologies in arteries 2.0 – 6.0 mm in diameter



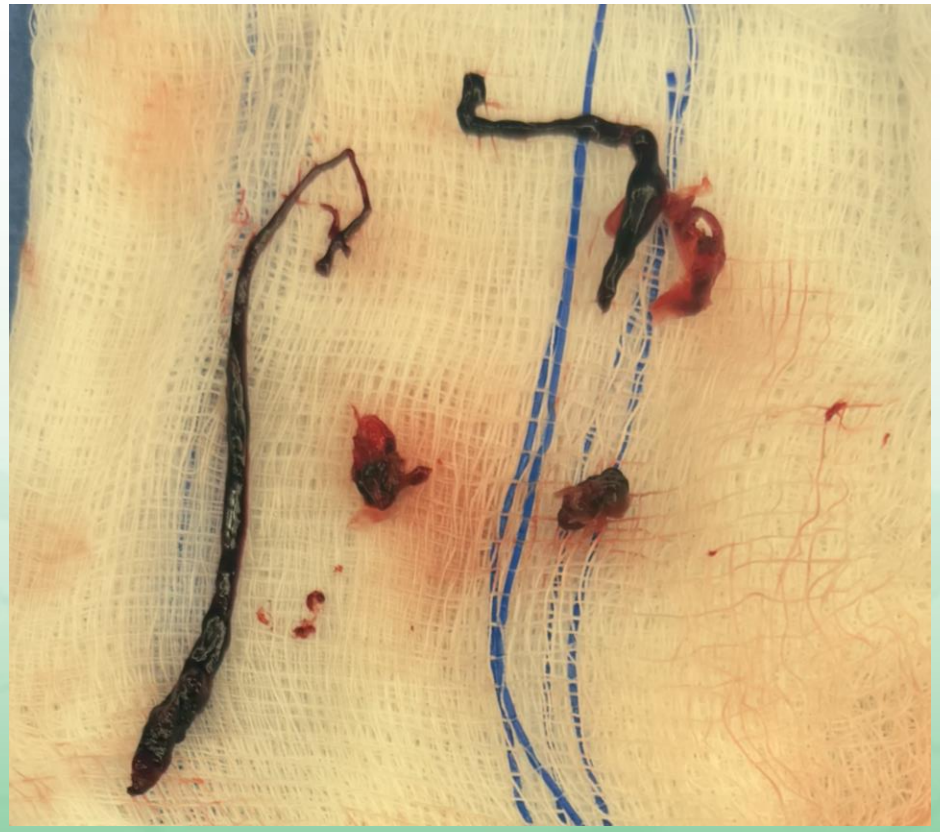
REMOVE CLOT SECURELY AND REDUCE THE RISK OF DISTAL EMBOLI

- Unique Drop Zone™ technology captures and extracts thromboemboli
- Closed distal basket is designed to increase clot retention and reduce the risk of distal emboli



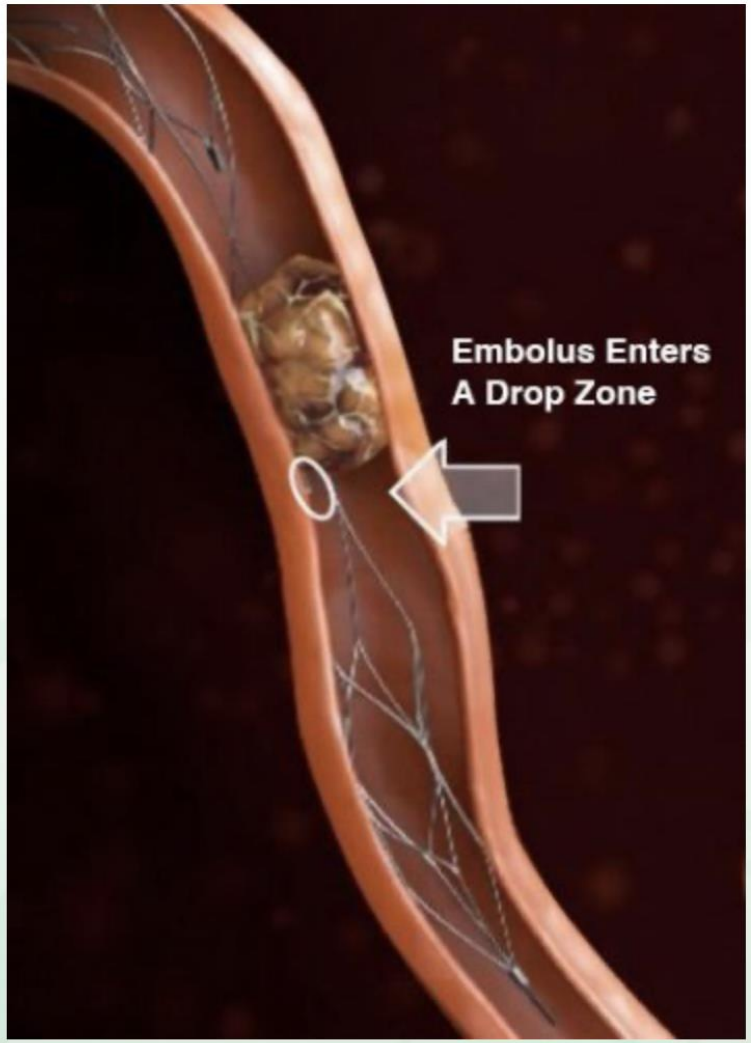
REMOVE CLOT SECURELY AND REDUCE THE RISK OF DISTAL EMBOLI

pVasc removing clot from popliteal artery on withdrawal
(*play video*)



2 passes with pVasc

DROP ZONES ENABLE SECURE CLOT REMOVAL



CAPTURE

Drop Zones capture embolus inside the device lumen.

EXTRACT

Embolus is secured and extracted.

LOWEST PROFILE DELIVERY

- Single nitinol device compatible with 0.035” catheters (0.021” and 0.027” min ID) for easy navigation
- Compatible with standard 5F or 6F sheath – no need to upsize
- Compatible with 7F 130 cm length aspiration catheters

Lowest Profile Delivery

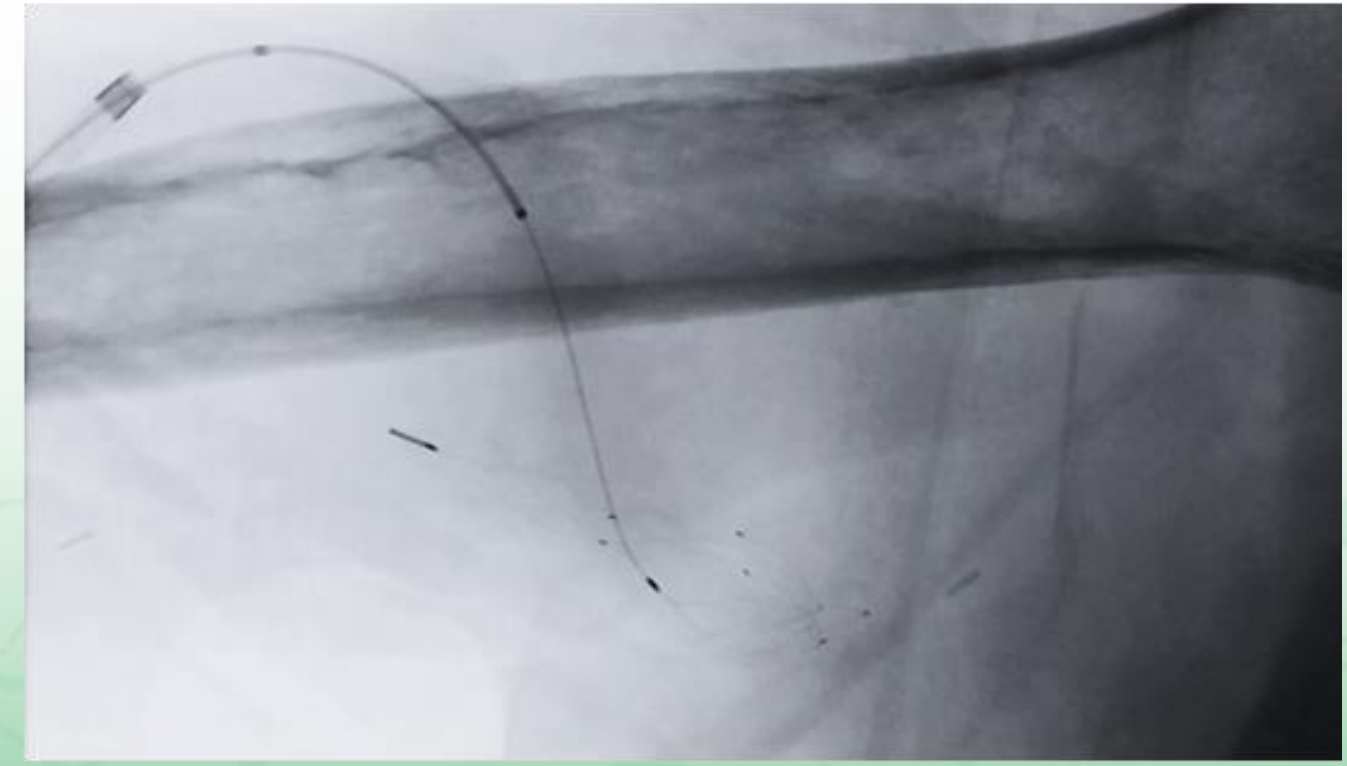
- Compatible with 0.035” catheters (0.021” and 0.027” min ID catheters)
- 5F or 6F sheath

0.018” , 200 cm Pusher Wire

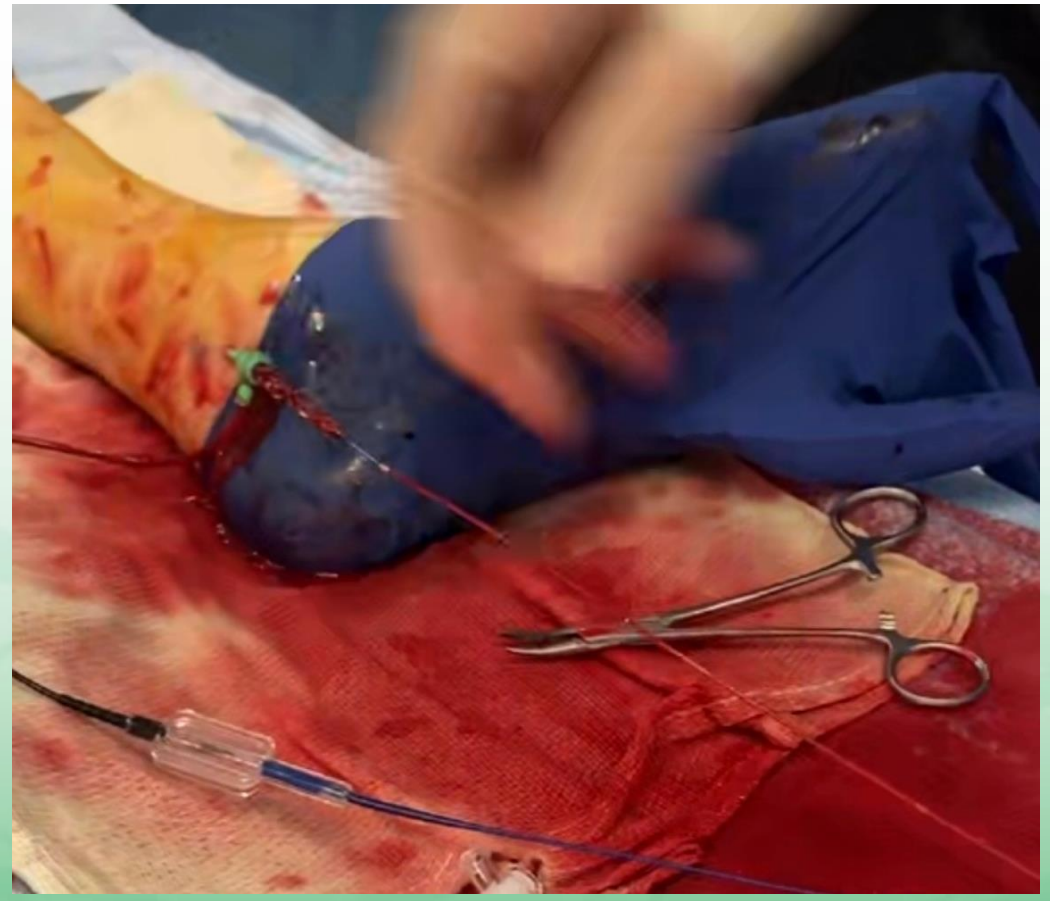
Product Name	Product Code	Diameter (mm)	Working Length (mm)	Full Length (mm)	Wire Length (cm)	Number of Drop Zones	Recommended Vessel Diameter (mm)	Min Catheter ID (Inches)	Compatible Catheter ID (Inches)
pVasc 4.0 x 30 mm	VP-4030-F2RR	4.0	30	48	200	2	≥2.0 & ≤3.5	0.021”	0.035”
pVasc 4.0 x 38 mm	VP-4038-F3RR	4.0	38	55	200	3	≥2.0 & ≤3.5	0.021”	0.035”
pVasc 6.0 x 44 mm	VP-6044-F3RR	6.0	44	63	200	3	≥3.5 & ≤6.0	0.027”	0.035”

LOWEST PROFILE DELIVERY

6 mm pVasc deployed to capture embolus in a dialysis declot case



pVasc delivered through 035 catheter into PT artery

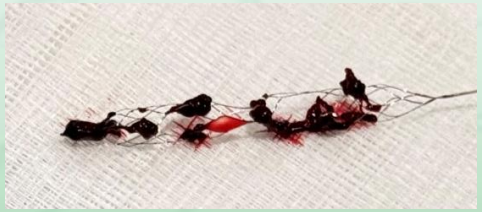


SIMPLICITY AND VERSATILITY

- Streamlined design
  - Single device on a wire – no complicated handling or manipulations of multiple components
  - Easy to set up - no capital equipment
- Versatility
  - Use alone or with adjunctive therapy
  - Working time not limited by blood loss

SUMMARY

- Designed to capture diverse clot morphologies in arteries 2.0 – 6.0 mm in diameter
- Optimized for secure clot removal and reducing risk of distal emboli
- Lowest profile delivery through 0.035” compatible catheters (0.021” and 0.027” min ID) optimizes navigation
- Simple handling and setup
- Versatile – use alone or with adjunctive therapy



PVASC CASES

Successful clot removal in previously stented SFA

Dr. Mark Garcia, Wilmington, DE

- Clot in previously stented popliteal artery
- 6F sheath
- 6.0 mm pVasc delivered through 0.035" Seeker
- 1 pass removed the clot and restored flow

Pre

Post

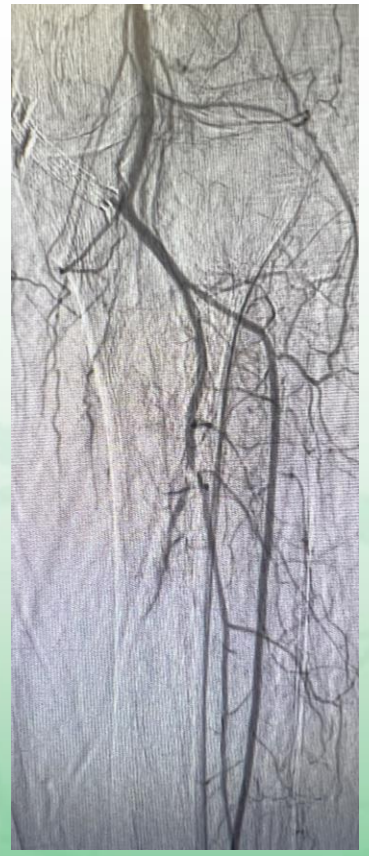
"pVasc is an important, safe, and effective tool for clot and embolus removal, utilizing a simple device with no capital cost or drive unit." – Dr. Mark Garcia

Seamless addition of pVasc for successful rescue

Dr. Dan Leung, Newark, DE

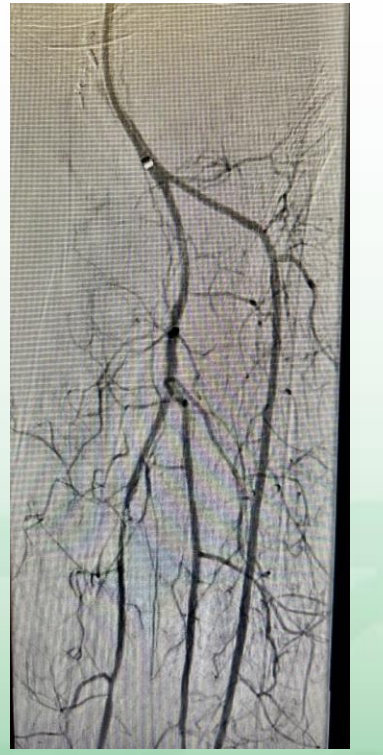
- Embolus from atherectomy of a femoral/popliteal stent escaped a filter and occluded tibioperoneal trunk and posterior tibial artery
- 4F Shuttle sheath delivered through 6F sheath into the popliteal artery
- 4 mm pVasc delivered through 0.027" Renegade Hi-Flo
- pVasc restored flow in 1 pass

Post-Atherectomy



pVasc Deployed

Final



"I appreciate pVasc's low-profile delivery that allows me to go after tibial emboli without upsizing the sheath." – Dr. Dan Leung

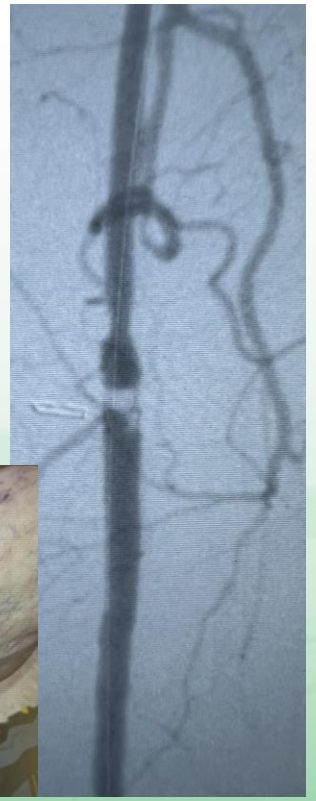
Organized subacute clot removed by pVasc

Dr. Ed Pavillard, Pottstown, PA

TOWER HEALTH
Advancing Health. Transforming Lives.

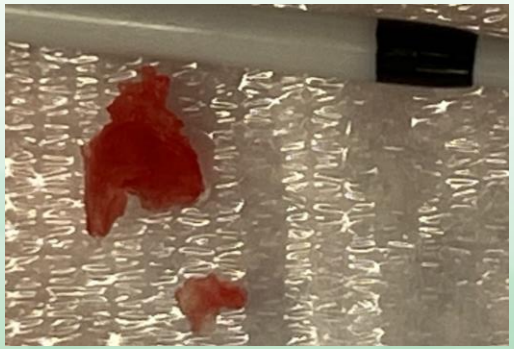
- Patient presented with painful cyanotic toes
- 3-week old clot in superficial femoral artery
- 1 pass with 6 mm pVasc removed clot followed by ballooning for full flow restoration

Pre



After 1 Pass with pVasc

Final – After Ballooning



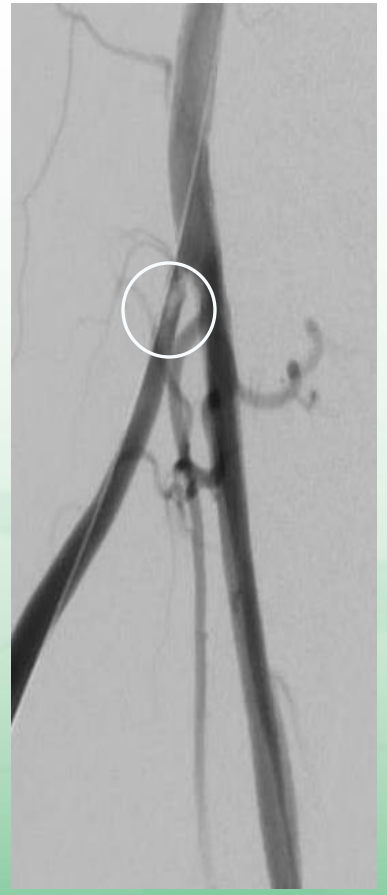
"I have extensive experience with various thrombectomy devices, and find pVasc to be the most effective for challenging, organized clot." – Dr. Ed Pavillard

Rescue of persistent residual clot in graft

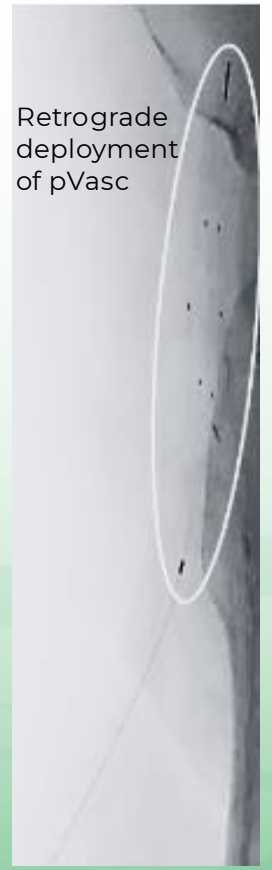
Dr Mahmood Razavi, Orange, CA

- 78 YO male presented with thrombosed PTFE bypass in right thigh
- Persistent residual clot at proximal anastomosis after successful thrombectomy of the graft
- 1 pass with pVasc restored flow

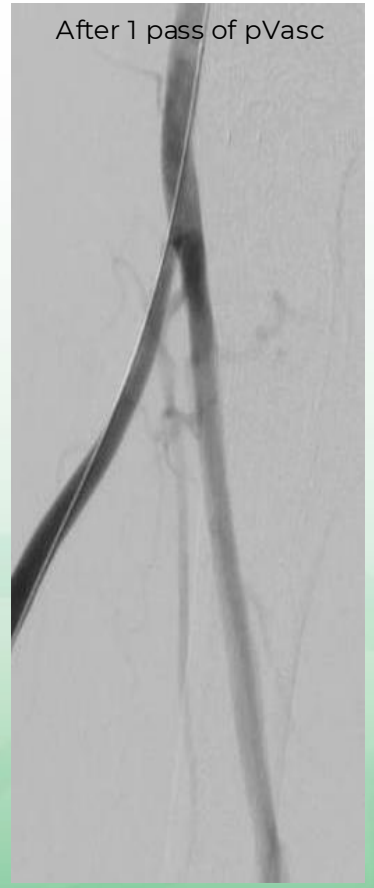
Residual Clot



pVasc Deployed



Post



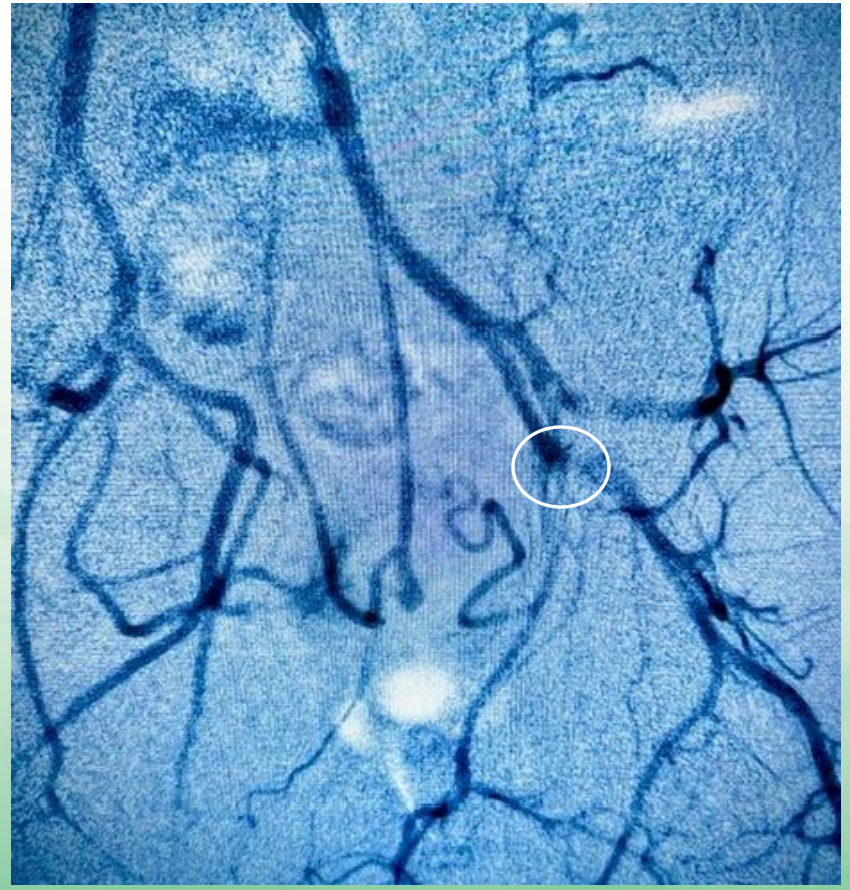
"The pVasc device..has a unique mechanism of action that traps and retains thrombus for effective removal. This difficult case..where nothing worked except for the pVasc..has added to my confidence with the device." – Dr. Mahmood Razavi

Successful treatment of chronic external IA

Dr Naiem Nassiri, Darien, CT

- Female patient who underwent prior procedures at a major hospital, presents with leg pain and swelling
- Subacute to chronic thrombosis is observed with approx. 4 week old, organized clot identified in the left external iliac artery (IA) and common femoral artery
- Patient was treated awake

Pre



Successful treatment of chronic external IA

Dr Naiem Nassiri, Darien, CT

- Ultrasound guidance was used to access the right common femoral artery, and a 6 French short sheath was placed
- pVasc 6 x 40 mm was deployed twice and removed thrombus on both passes, allowing the formation of a visible lumen
- Balloon angioplasty was performed next
- Final result: No evidence of flow-limiting lesions or residual disease processes
- Patient post-procedure walked pain free and was discharged home

Post

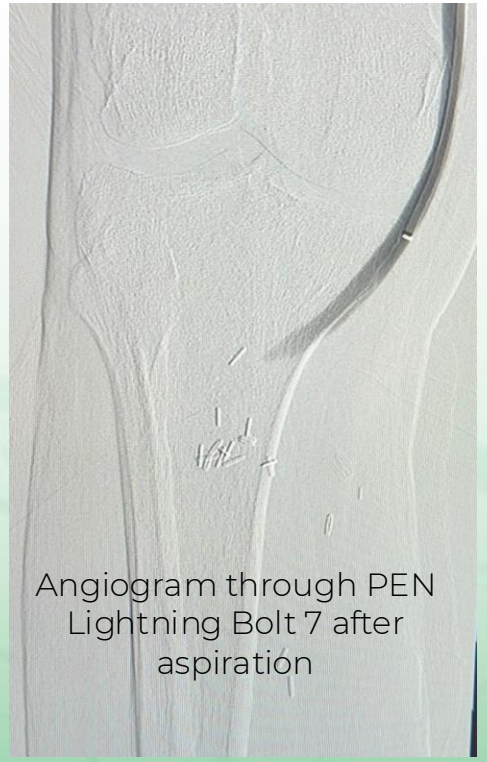
"Great case! I see the potential of using pVasc to treat challenging cases in an ambulatory setting."
– Dr. Naiem Nassiri

Successful flow restoration to distal arteries with pVasc

Dr Nick Abedi, Lexington, KY

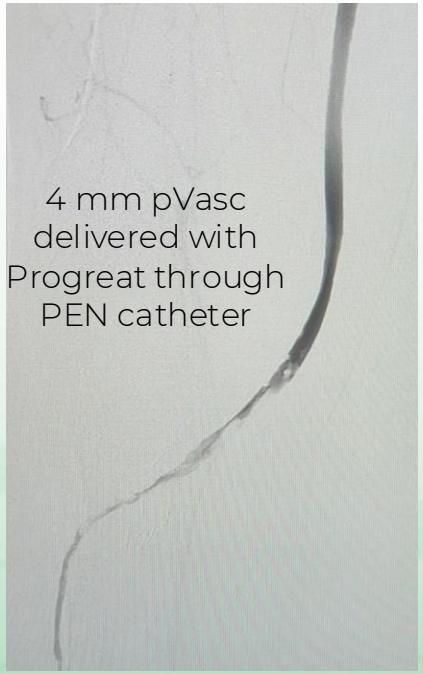
- Patient presented with no palpable pulse in the lower extremities
- Initial angio revealed full occlusion of the femoral popliteal bypass graft and distal anterior tibial artery
- PEN Lightning Bolt 7 removed clot from the femoral popliteal bypass graft but clot in the tibial arteries remained
- First pass with pVasc restored some flow past occlusion
- 3 passes with pVasc restored flow to tibial arteries
- Patient went home next day with a palpable pulse

Pre
after aspiration



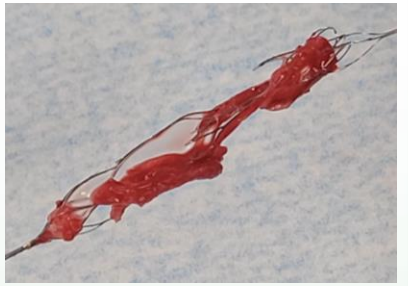
Angiogram through PEN Lightning Bolt 7 after aspiration

1st Pass w/ pVasc



4 mm pVasc delivered with Progreat through PEN catheter

Post
After 3 passes with pVasc



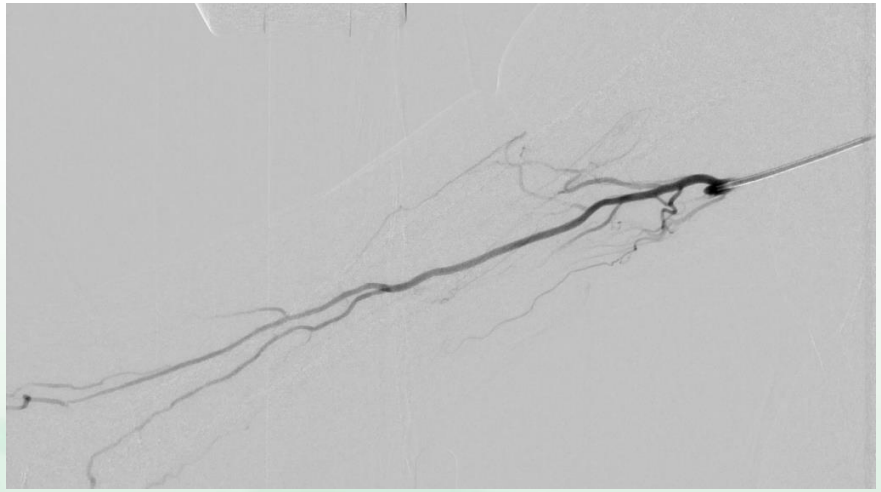
"p-Vasc was the only thing that worked in the distal arteries." – Dr. Nick Abedi

Open surgery avoided in petite patient

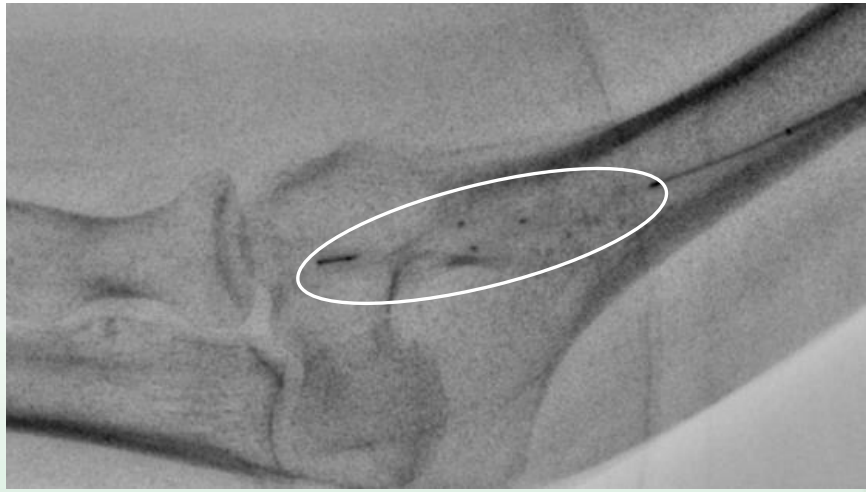
Dr Nick Abedi, Lexington, KY

- 42 kg female presenting with septic shock had a brachial arterial line placed that occluded, resulting in gangrenous digits
- Angio confirmed thrombus in the brachial, radial and ulnar arteries
- Brachial artery was about 3 mm
- 6F 90 cm Destination in femoral artery
- 4 mm pVasc delivered through Progreat
- pVasc restored flow in the brachial with 4 passes

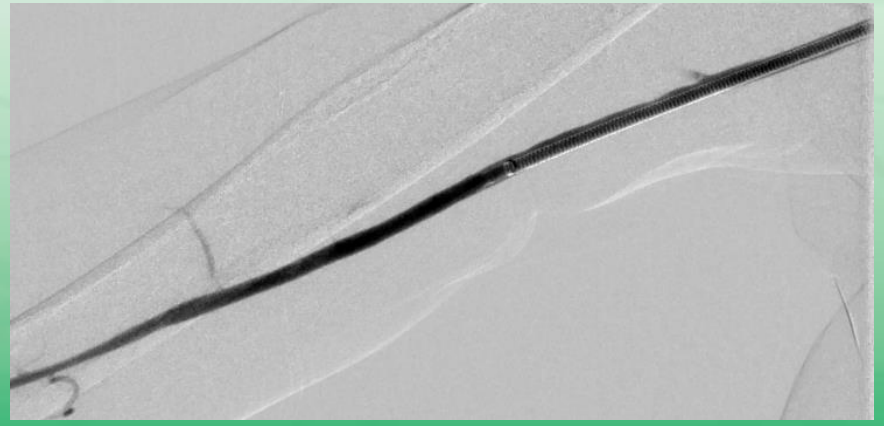
Pre

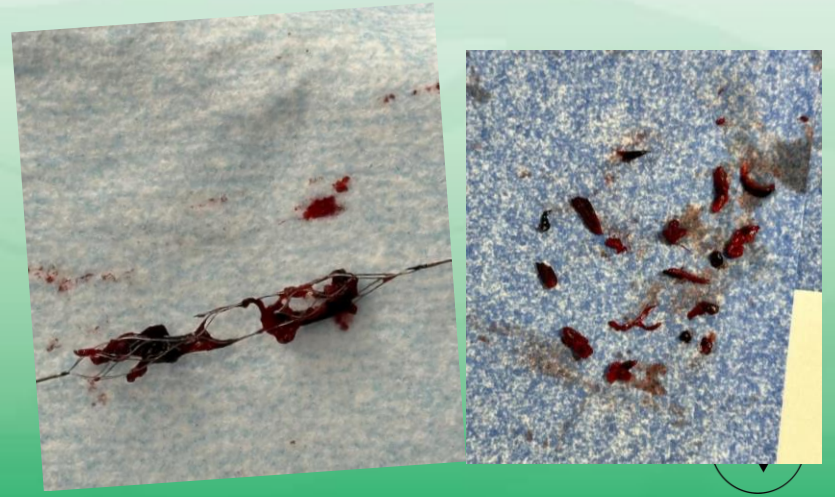


pVasc Deployed



pVasc Restored Flow in Brachial





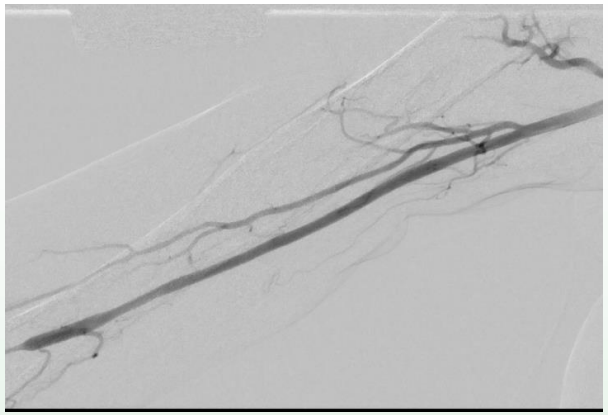
Open surgery avoided in petite patient

Dr Nick Abedi, Lexington, KY

- 2 passes were performed with pVasc in the ulnar

Post – Ulnar

Post - Brachial



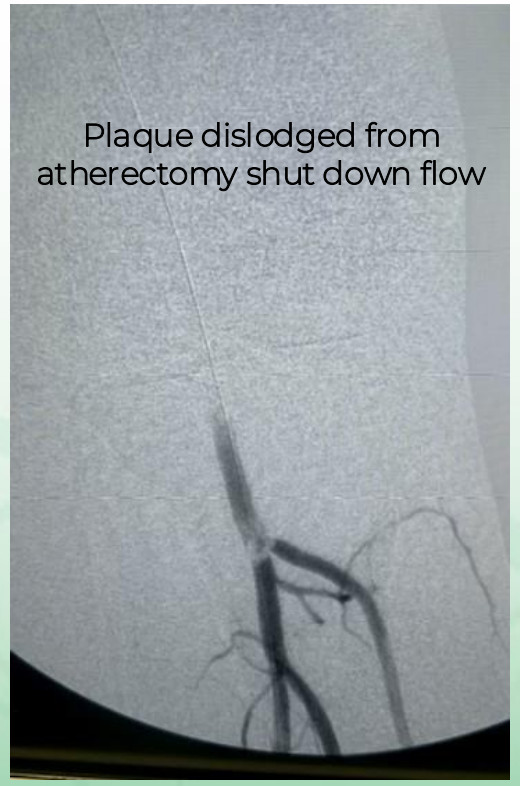
"Having a low profile, smaller thrombectomy device prevented the need for surgery and saved the patient's hand." – Dr. Nick Abedi

Successful rescue with pVasc after atherectomy

Dr Nick Abedi, Lexington, KY

- Orbital atherectomy of the common femoral artery in an OBL setting dislodged a calcified plaque and thrombosed the tibial runoff
- Initial rescue attempt with Fogarty balloon failed
- Complete flow was restored after a single pass with pVasc

Pre



4 mm pVasc Deployed

Post

1 pass with pVasc

"p-Vasc saved the patient from transferring to a hospital for open surgery ." – Dr. Nick Abedi

Successful thrombus removal from diseased SFA

Dr. Sarang Mangalmurti, Bryn Mawr, PA

- Thrombus proximal to stent discovered in proximal SFA after atherectomy of in-stent stenosis
- Delivered 6 mm pVasc through 0.035” Quick-Cross
- 1 pass of pVasc removed clot followed by stenting to restore flow

Pre

Post

“The ability to deliver pVasc through an 0.035” catheter allowed me to safely, easily and quickly remove clot from a stenotic vessel for additional stenting.” – Dr. Sarang Mangalmurti

Adding pVasc to aspiration for successful rescue

Dr Halim Yammine, Charlotte, NC

Atrium Health
Sanger Heart & Vascular Institute

- ALI: 4 – 5 mm popliteal occlusion
- Access with 7F sheath
- 7F Penumbra aspiration combined pVasc with aspiration: Delivered 6 mm pVasc through Penumbra catheter with 0.035 CXI (Cook)
- 2 passes of pVasc with aspiration removed clot
- No balloon or stent was needed

Pre

Post - AP

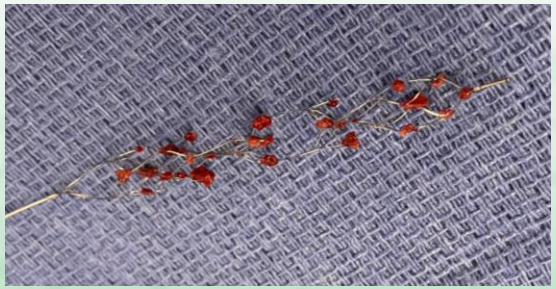
Runoff

"The pVasc device is versatile, easy to use, and produces good results with subacute clots" – Dr. Halim Yammine

Maximizing vessel patency with pVasc

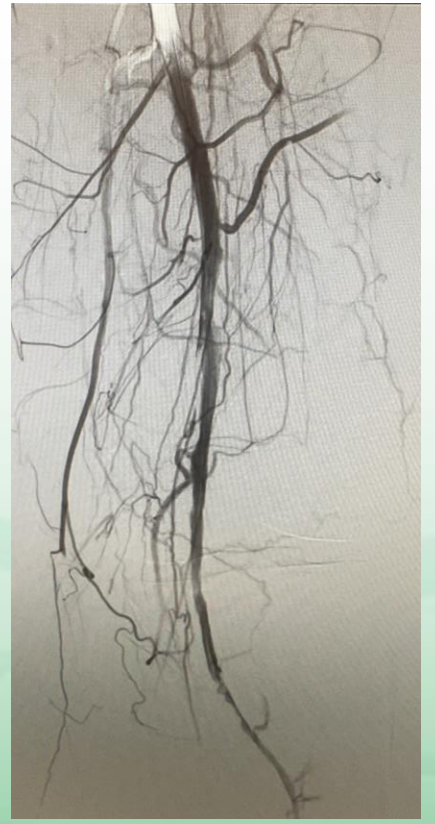
Dr. Sarang Mangalmurti, Bryn Mawr, PA

- Thrombotic occlusion of left popliteal artery in young patient with hypercoagulation
- Access with 6F sheath
- After laser atherectomy and balloon followed by stenting, delivered 6 mm pVasc through 035 Quick-Cross to remove embolic material

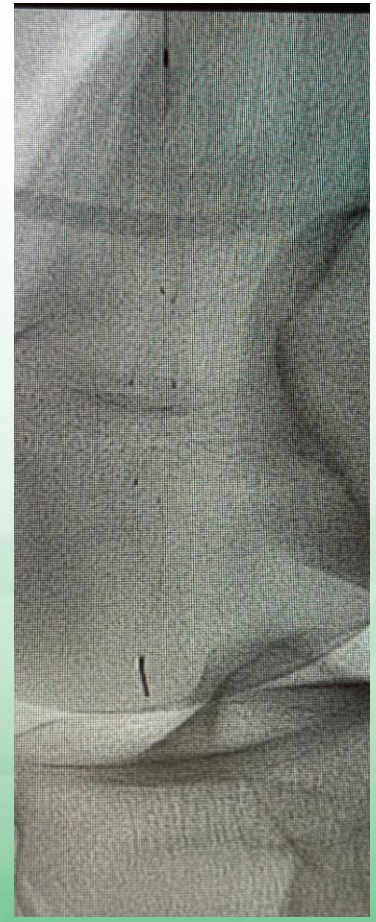


Pre

Post-Atherectomy and Balloon



pVasc Deployed

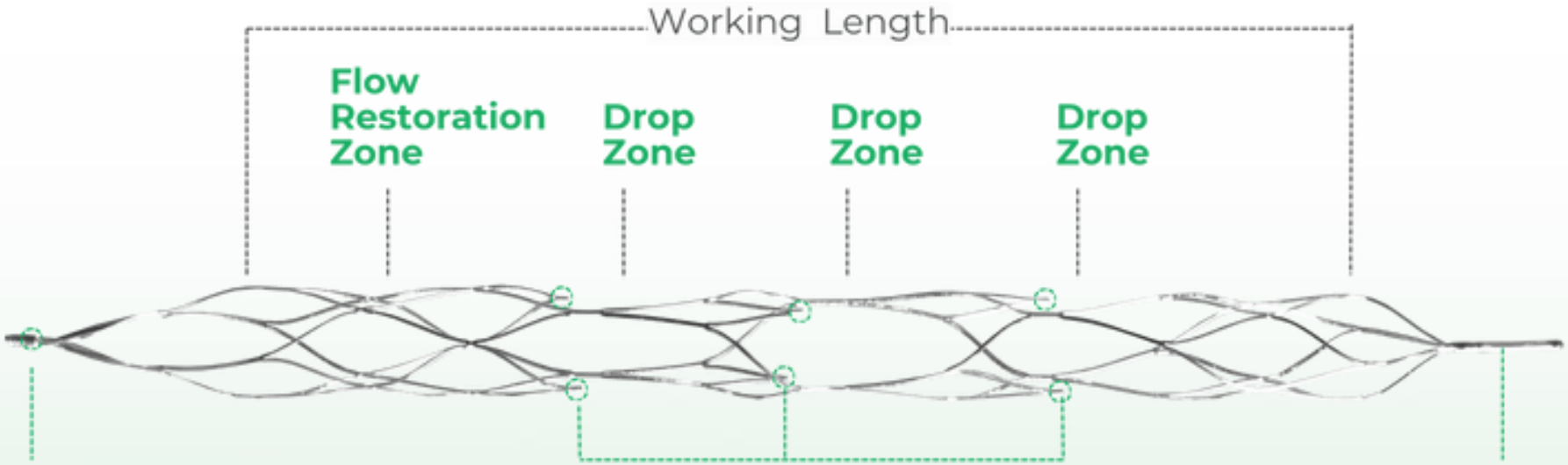


Final

"I strive to remove as much thromboembolic material as possible to maximize the vessel's patency. pVasc allows me to do that quickly and easily." – Dr. Sarang Mangalmurti

PRODUCT SPECS AND ORDERING INFO

DEVICE FEATURES



DEVICE SPECS AND ORDERING INFORMATION

Product Name	Product Code	Diameter (mm)	Working Length (mm)	Full Length (mm)	Wire Length (cm)	Number of Drop Zones	Recommended Vessel Diameter (mm)	Min Catheter ID (Inches)	Compatible Catheter ID (Inches)
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pVasc 6.0 x 44 mm	VP-6044-F3RR	6.0	44	63	200	3	≥3.5 & ≤6.0	0.027”	0.035”

Lowest Profile Delivery

- 0.021” – 0.035” min ID catheters
- 5F or 6F sheath

0.018” , 200 cm Pusher Wire


pVasc
VESALIO™
pVasc