ENVAST: SAFE, ASSOCIATED WITH HIGH RATES OF RECANALIZATION AND THROMBUS REMOVAL[1]

In 61 patients with large thrombus burden[1]

EFFECTIVE

85%
immediate reperfusion at enVast deployment

98%
TIMI 3 achieved at the end of PCI (90% after enVast)

72%
ST Resolution >50%

SAFE

0
incidents of Stroke

0
recurrent MI

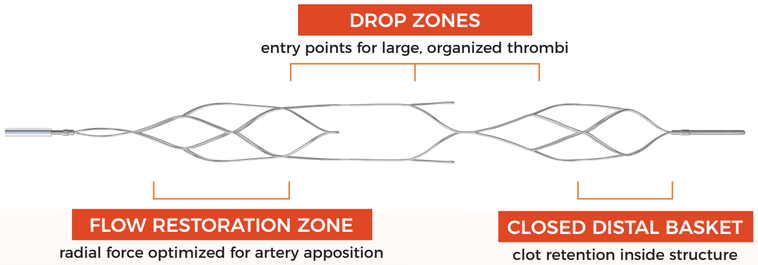
0
bleeding BARC 3 or 5

Cardiovascular death in 2 (3.3%) patients (in cardiogenic shock at admission

In a registry of 221 patients undergoing mechanical thrombectomy with enVast across 6 centers in Europe, **no coronary dissection or perforation** was reported.[2]

DROP ZONE™ TECHNOLOGY

A BALANCED DESIGN FOR SMOOTH TRACKING AND SAFE RETRIEVAL OF THROMBOTIC BURDEN



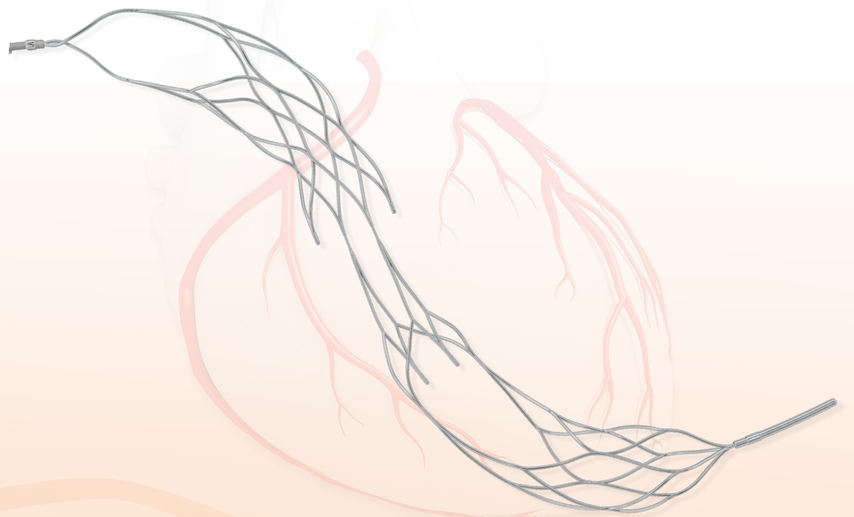
ORDERING INFORMATION

Product Name	Maximal Diameter (mm)	Working Length (mm)	Full Length (mm)	No. of Drop Zones	Pusher Wire (cm)	Recommended Vessel Diameter (mm)	Min. MC ID
4.0 x 30	4.0	30	48	2	200	≥ 2.0 and ≤ 3.5	.021”
						PRODUCT CODE: EV-4030-F2RR	
4.5 x 37	4.5	37	57	2	200	≥ 2.0 and ≤ 4.5	.021”
						PRODUCT CODE: EV-4537-F2RR	
4.5 x 46	4.5	46	66	3	200	≥ 2.0 and ≤ 4.5	.021”
						PRODUCT CODE: EV-4546-F3RR	
6.0 x 35	6.0	35	55	2	200	≥ 3.5 and ≤ 6.0	.027”
						PRODUCT CODE: EV-6035-F2RR	

enVast™

CHOOSE TO REMOVE

CE APPROVED FOR CORONARY THROMBECTOMY

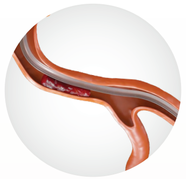


Intended to restore blood flow and remove thrombus in vessels occluded by thrombo-embolic material while experiencing symptoms of thrombosis in the coronary vasculature

enVast™

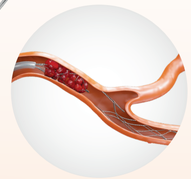
CHOOSE TO REMOVE

A SIMPLE, SAFE AND EFFECTIVE PROCEDURE TO OVERCOME LARGE THROMBUS BURDEN



1.DELIVER

Advance enVast beyond the clot site using a low-profile catheter.



2.DEPLOY

Retract the delivery catheter proximally to expose enVast. The self-expanding nitinol structure will appose the arterial wall, restoring flow.

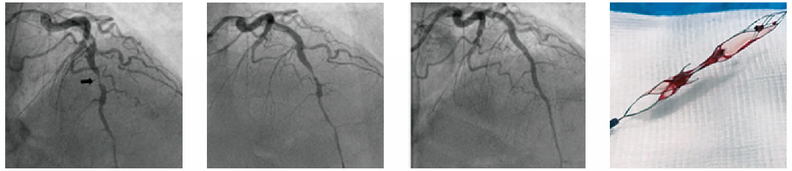
3. RETRIEVE

Withdraw enVast to entrap thrombus within the Drop Zones. Co-aspiration is recommended.

CORONARY THROMBECTOMY REDEFINED

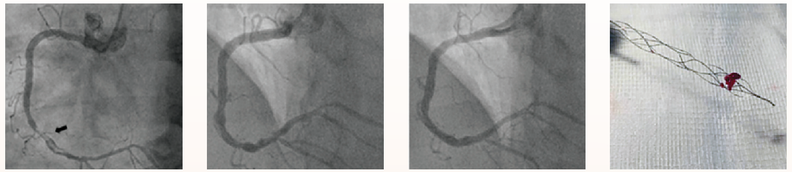
A CRITICAL TOOL IN COMPLEX CASES WITH HEAVY THOMBOTIC LOAD

CASE 1: 61-year-old man with STEMI and functional occlusion of mid LAD[1]



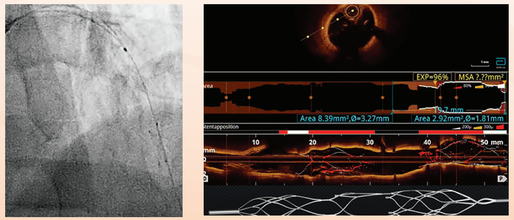
BASELINE | AFTER ENVAST DEPLOYMENT | END OF PCI | THROMBUS REMOVED

CASE 2: with STEMI with thrombotic subocclusion of mid distal RCA[1]



BASELINE | AFTER ENVAST DEPLOYMENT | END OF PCI | THROMBUS REMOVED

CASE 3: Engineered for vessel wall conformity and complete thrombus integration



Scan QR code to view the recording.

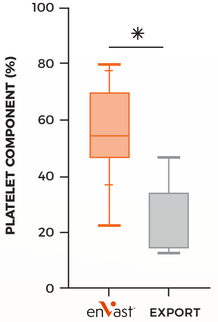
Peri-procedural OCT imaging showing enVast wall apposition and thrombus integration during the case.[3]

CASE 4: Full thromboembolic removal regardless of structure and composition

enVast has demonstrated the ability to retrieve complex and extensive thrombotic structures, providing an improved thrombectomy.[4]

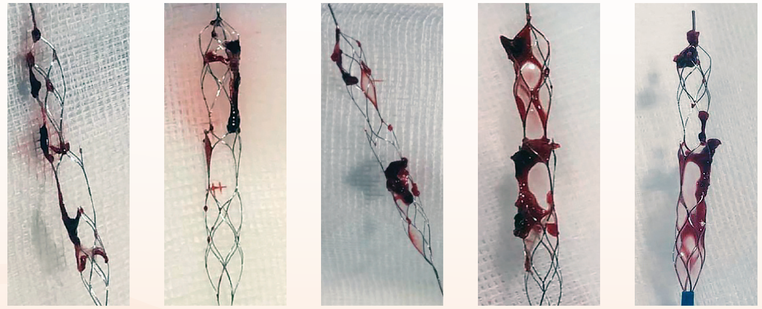
Thrombectomy with enVast retrieved mixed thrombus:

- fibrin/red blood cells
- platelets and connective tissue
- isolated leucocytes



Thrombectomy with export aspiration catheter retrieved red clot:

- predominantly red blood cells and fibrin
- small areas with connective tissue at the margin of the clot



enVast was used after failed angioplasty, tirofiban, and three aborted aspiration attempts due to complete thrombotic occlusion. Large thrombi were retrieved in 5 of 7 passes.

REFERENCES:
1. Spirito, Alessandro et al., 2022 EuroIntervention
2. Valgimigli, Marco 2025 Euro PCR Abstracts: enVast Mechanical Thrombectomy for patients with myocardial infarction and large thrombus burden
3. Courtesy of Dr Andras Katona, Sweden
4. Bongiovanni, Dario et al., 2023 JACC: Cardiovascular Interventions