

NeVa™ & NeVa NET™ CLINICAL CASES

**designed for FIRST PASS SUCCESS
with ALL CLOT TYPES**



NeVa & NeVa NET are CE-marked and not FDA cleared.

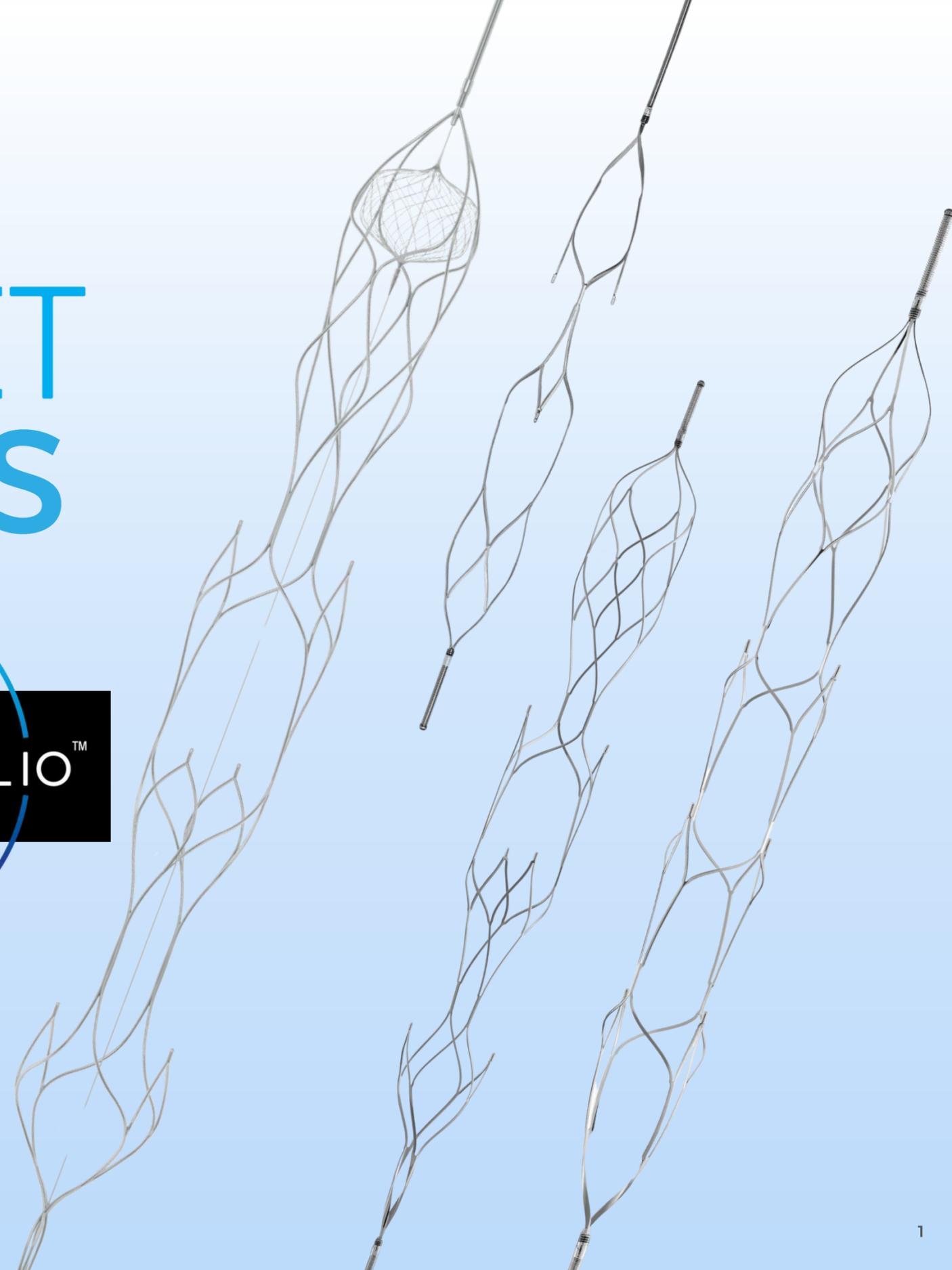
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MKT-NVCC-001-2 REV A | NeVa Cases Presentation





1ST PASS SUCCESS WITH NEVA AFTER FAILURE OF TWO DIFFERENT DEVICES

Dr. Serdar Geyik, Istanbul Aydin University Medical Park Hospital, Istanbul, Turkey

NeVa 4.0 x 22

PRESENTATION

75-year-old female

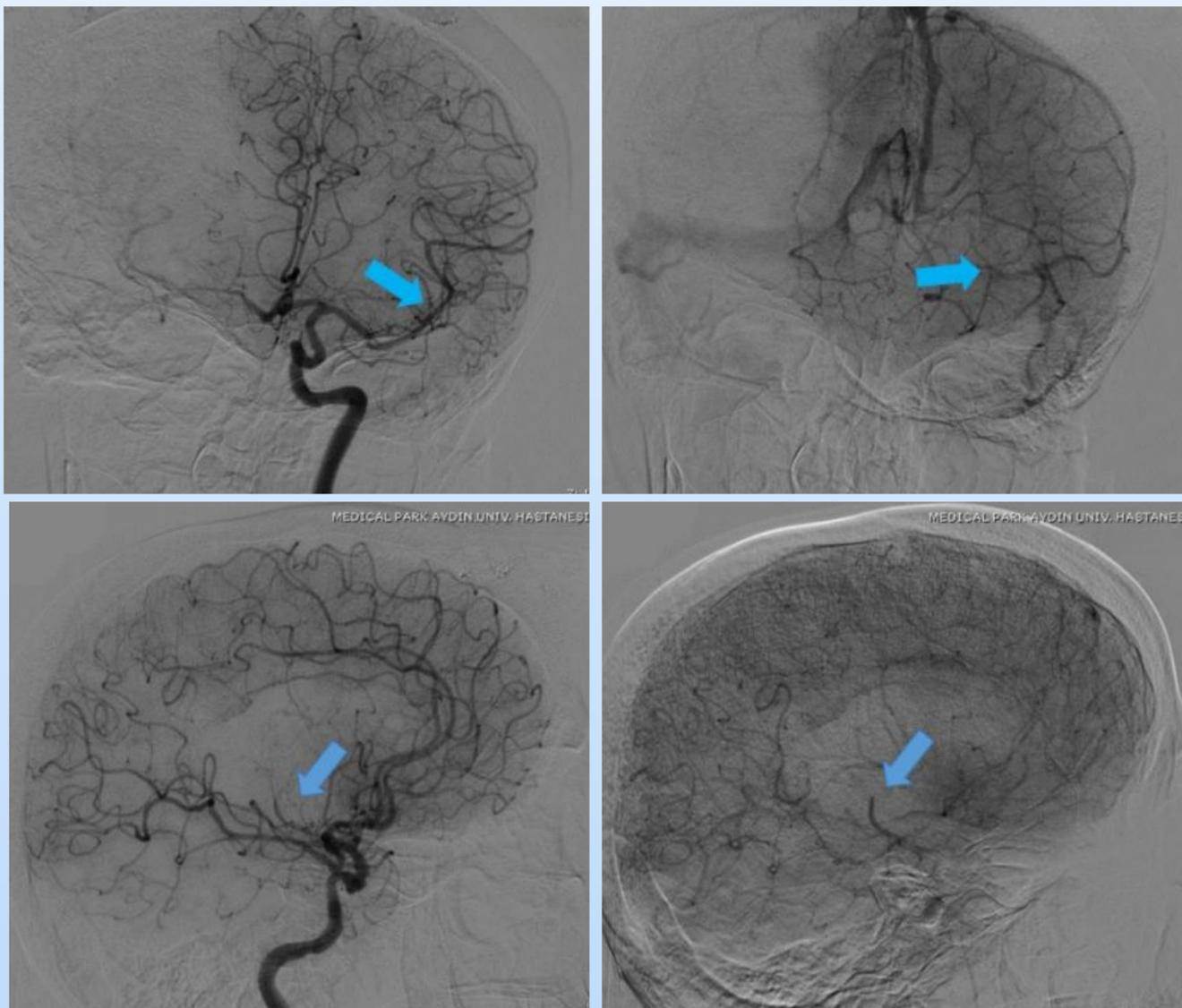
NIHSS of 19,

Time from symptom onset: 4 hours at the time of admission

Patient had knee implant surgery three days prior

Other risk factors included coronary heart failure, hypertension, diabetes, and atrial fibrillation

Imaging confirmed distal left MCA occlusion





1ST PASS SUCCESS WITH NEVA AFTER FAILURE OF TWO DIFFERENT DEVICES

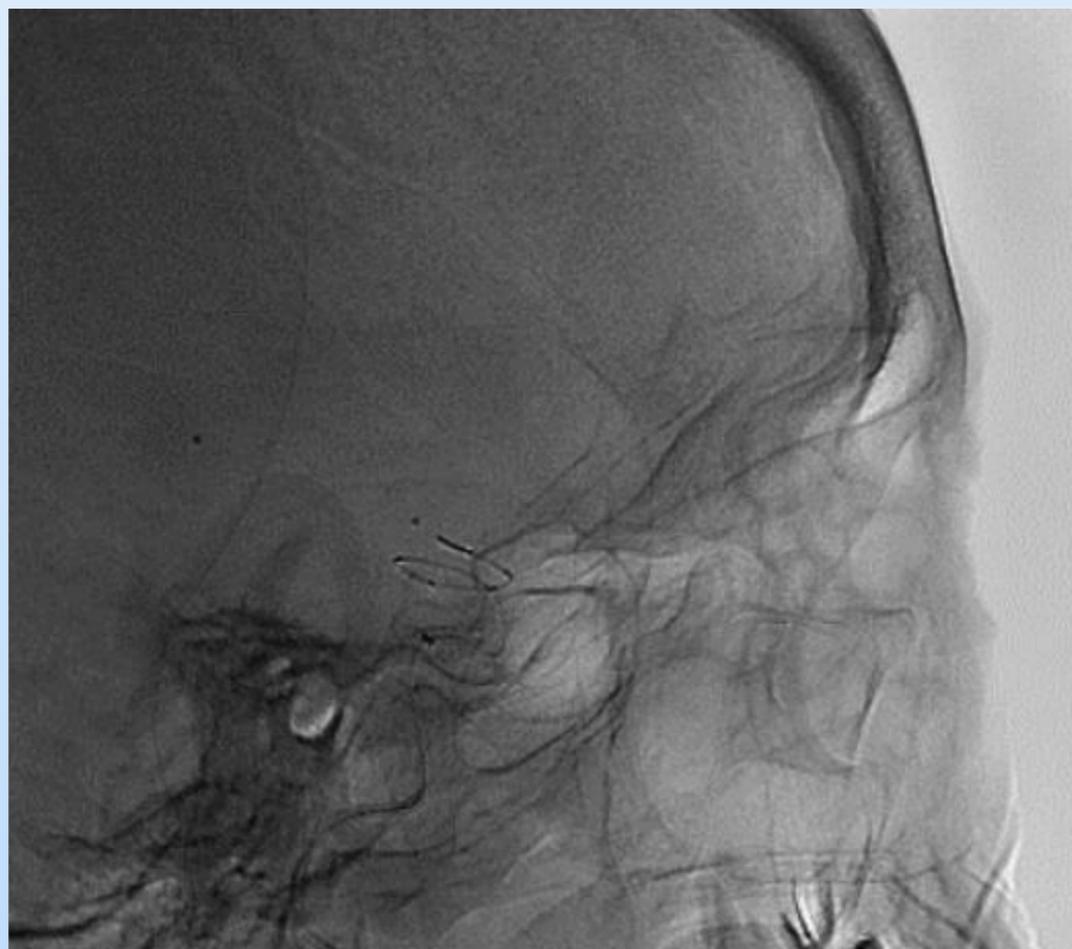
Dr. Serdar Geyik, Istanbul Aydin University Medical Park Hospital, Istanbul, Turkey

NeVa 4.0 x 22

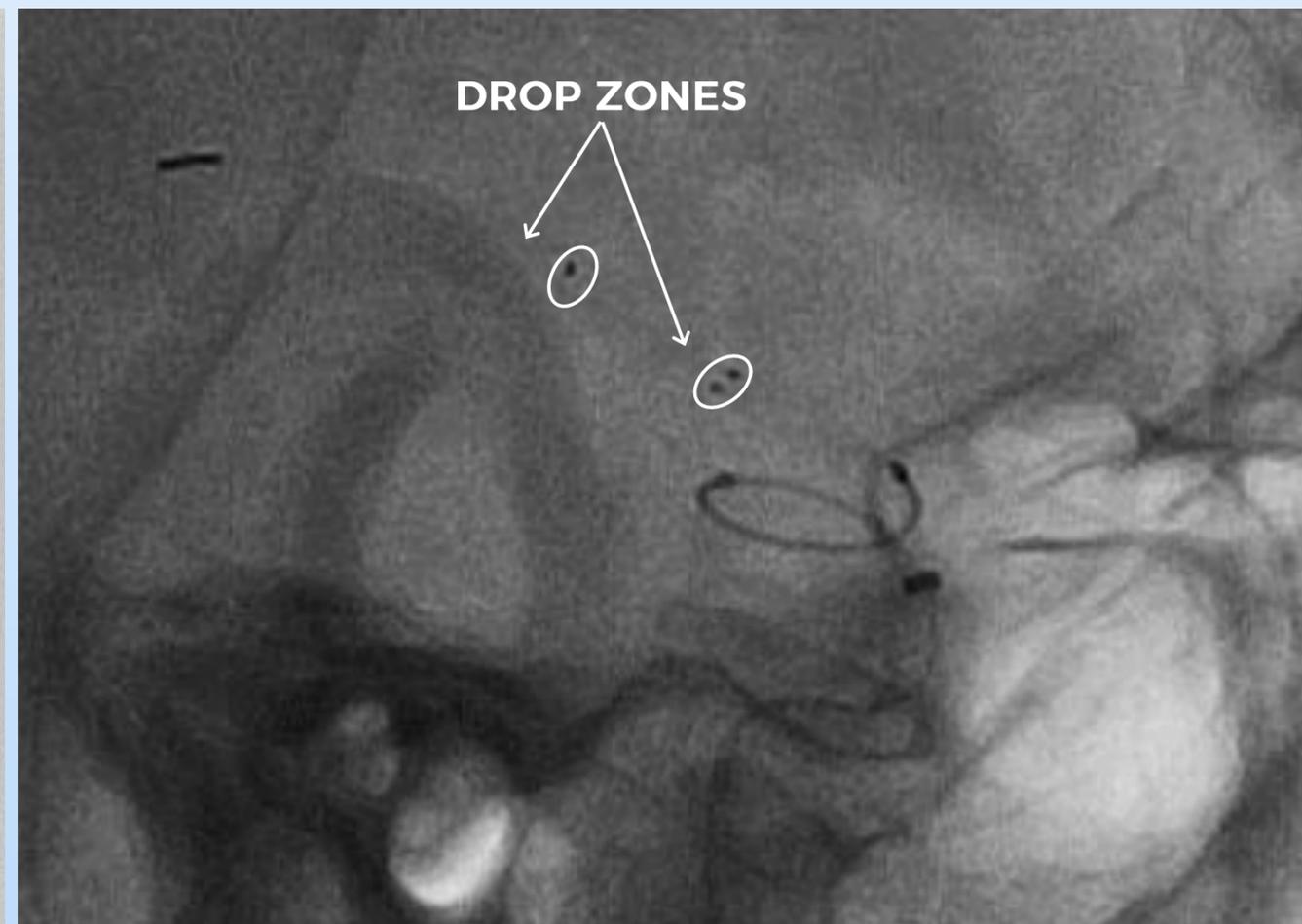
TREATMENT

Since the occlusion was in a relatively distal branch, two different brands of 3 mm stent retriever devices were tried in the first 2 passes. Following the failure of these two devices, the 3rd pass was done with NeVa 4 x 22 mm

Access to the occluded site was possible despite extreme tortuosity



Deployment of NeVa 4 x 22 mm in the occluded branch





1ST PASS SUCCESS WITH NEVA AFTER FAILURE OF TWO DIFFERENT DEVICES

Dr. Serdar Geyik, Istanbul Aydin University Medical Park Hospital, Istanbul, Turkey

NeVa 4.0 x 22



OUTCOME

TICI 3 was achieved with a single-pass of the NeVa 4 x 22 mm device

24-hour NIHSS: 5



DUAL STENT RETRIEVER TECHNIQUE WITH NEVA FOR FIRST PASS SUCCESS

Prof Jose Cohen, Hadassah Medical Center, Jerusalem, Israel

NeVa 5.5 x 37 mm

Proximal ICA occlusion

Dual-SR technique



PRESENTATION

87 YO male patient

Admission NIHSS: 24

History of congestive heart failure and atrial fibrillation

Discontinued Eliquis for 24 hours

Imaging confirmed massive embolus occluding the distal cervical ICA extending toward ICA bifurcation and MCA stem

TREATMENT & OUTCOME

Thrombectomy with NeVa NET 5.5 x 37 mm

1st pass success: TICl 3

3-hour NIHSS: 7



DUAL STENT RETRIEVER TECHNIQUE WITH NEVA FOR FIRST PASS SUCCESS

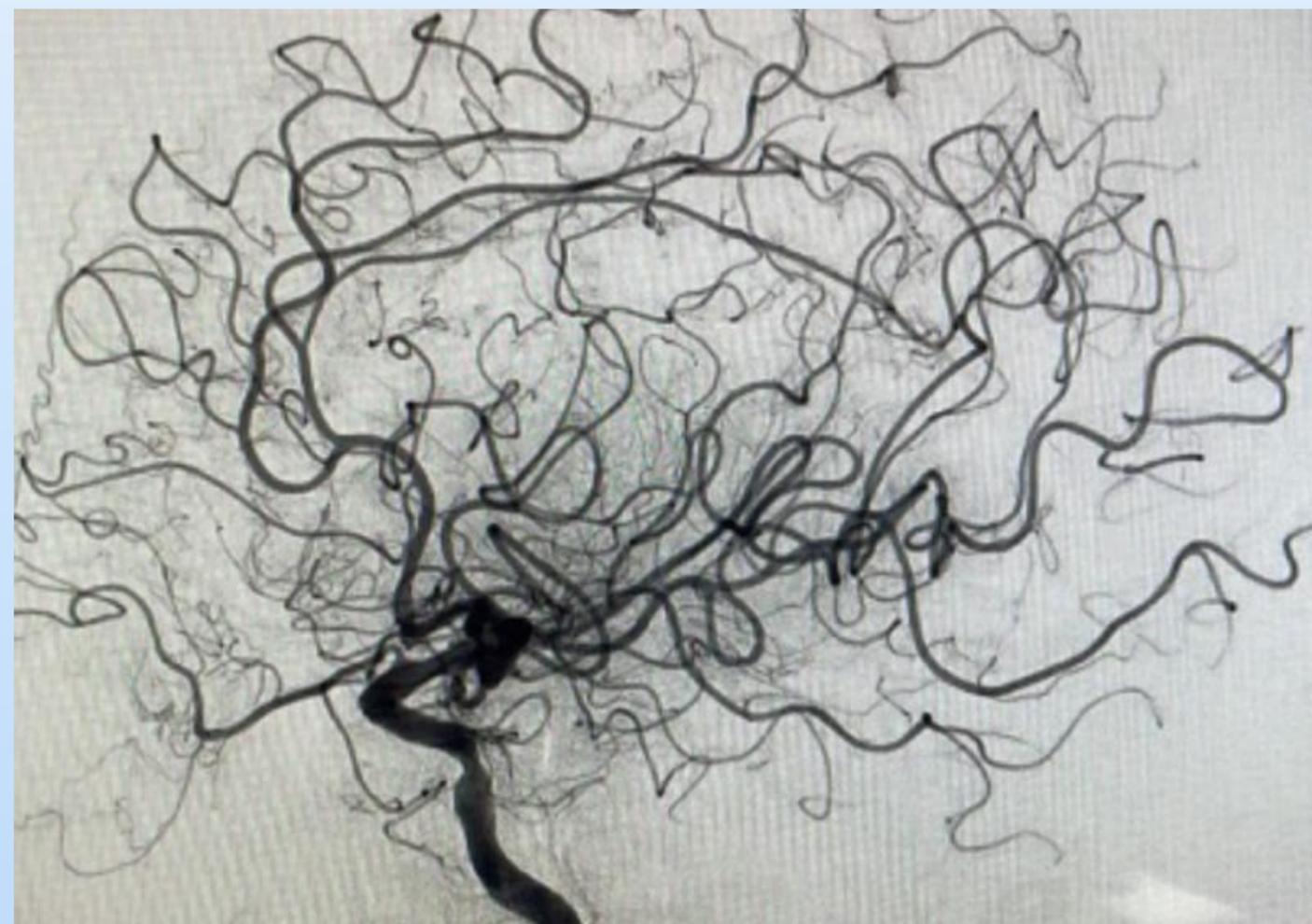
Prof Jose Cohen, Hadassah Medical Center, Jerusalem, Israel

NeVa 5.5 x 37 mm

Initial flow restoration was observed during the deployment



Angio showing TICI 3 recanalization after first pass of thrombectomy done with dual stent-retriever technique using two NeVa 5.5 x 37 mm

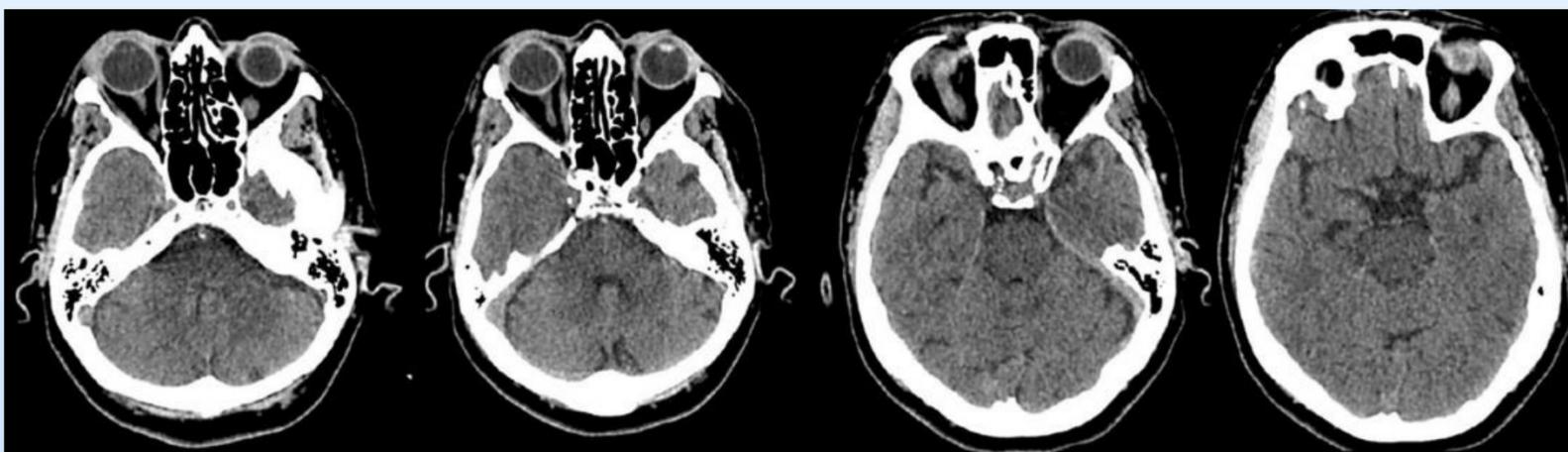




1ST PASS SUCCESS IN BASILAR WAKE UP STROKE

Dr. Audrius Sirvinskas, Republic Vilnius University, Hospital, Lithuania

NeVa 4.5 x 29 mm



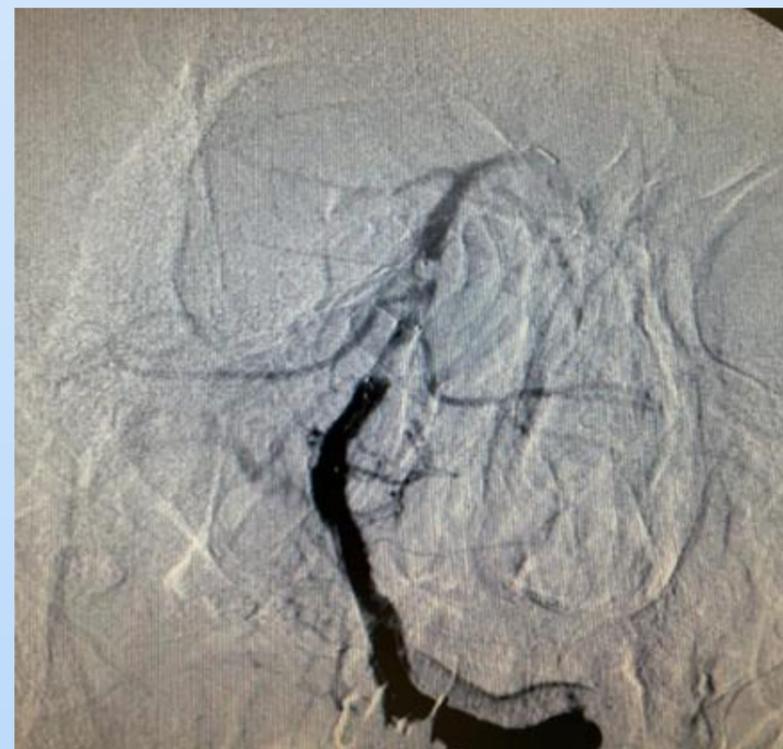
PRESENTATION

68-year-old female

Wake-up stroke

Admission NIHSS: 8

Imaging confirmed basilar occlusion and a stenosis at the AICA segment





1ST PASS SUCCESS IN BASILAR WAKE UP STROKE

Dr. Audrius Sirvinskas, Republic Vilnius University, Hospital, Lithuania

NeVa 4.5 x 29 mm

TREATMENT & OUTCOME

No IV-tPA (beyond indicated time window)

Thrombectomy with NeVa 4.5 x 29 mm under aspiration through a .074" ID catheter

Integrilin 11mg I/V BOLUS

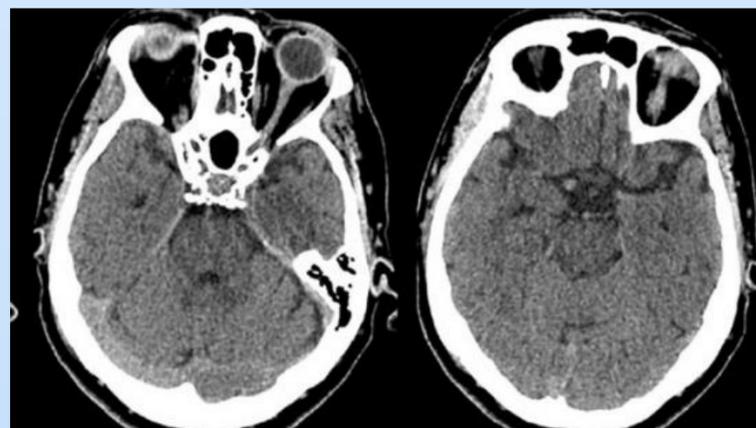
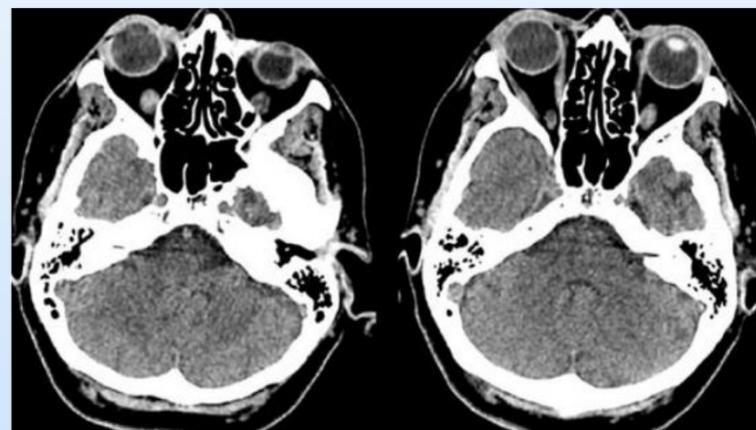
1st pass success: TICl 3

24-hour NIHSS: 0

“

This case would hardly ever be recanalized in a single pass with any other device than NeVa. It is a true NeVa case!

”





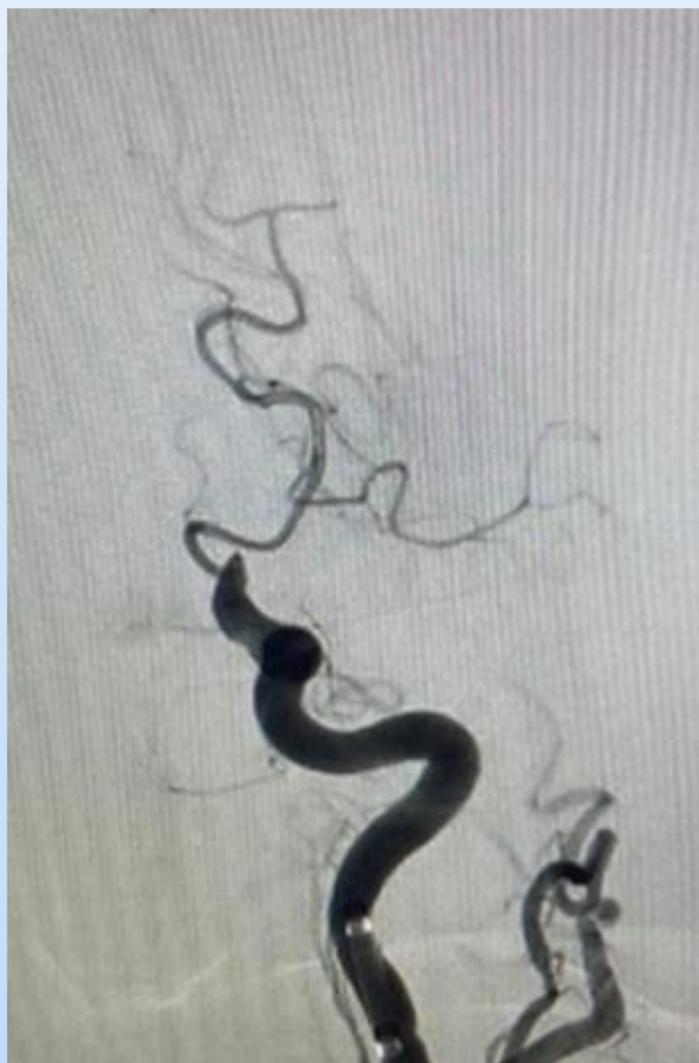
DUAL STENT RETRIEVER TECHNIQUE WITH NEVA FOR FIRST PASS SUCCESS II

Prof Jose Cohen, Hadassah Medical Center, Jerusalem, Israel

NeVa 4.5 x 29 mm x2

Proximal ICA occlusion

Dual-SR technique



PRESENTATION

105 YO female patient

Admission NIHSS: 19

Imaging confirmed occlusion of the distal left internal carotid artery, carotid-T and the MCA branches

TREATMENT & OUTCOME

Thrombectomy with two NeVa 4.5 x 29 mm units

The procedure duration from groin puncture to recanalization was only 9 minutes

1st pass success: TIC1 3

48-hour NIHSS: 4



DUAL STENT RETRIEVER TECHNIQUE WITH NEVA FOR FIRST PASS SUCCESS II

Prof Jose Cohen, Hadassah Medical Center, Jerusalem, Israel

NeVa 4.5 x 29 mm x2

Navigation to the lesion with two .021" microcatheters and their placement in MCA branches



Deployment of two NeVa units into the MCA branches: Proximal 1/3rd of the first overlaps with the proximal 2/3rds of the second, at the proximal MCA bifurcation



In cases like this, most of the clot is usually located at the distal ICA and proximal MCA. To enhance the efficacy of the technique and minimize the number of passes, the dual stent retriever option was chosen. Two NeVa stent retrievers were used, each placed in one of the bifurcation trunks, with partial overlap in their proximal and mid-third sections. This approach effectively optimizes clot capture in long and distinct segments while simultaneously forming a pinching structure at the MCA bifurcation.



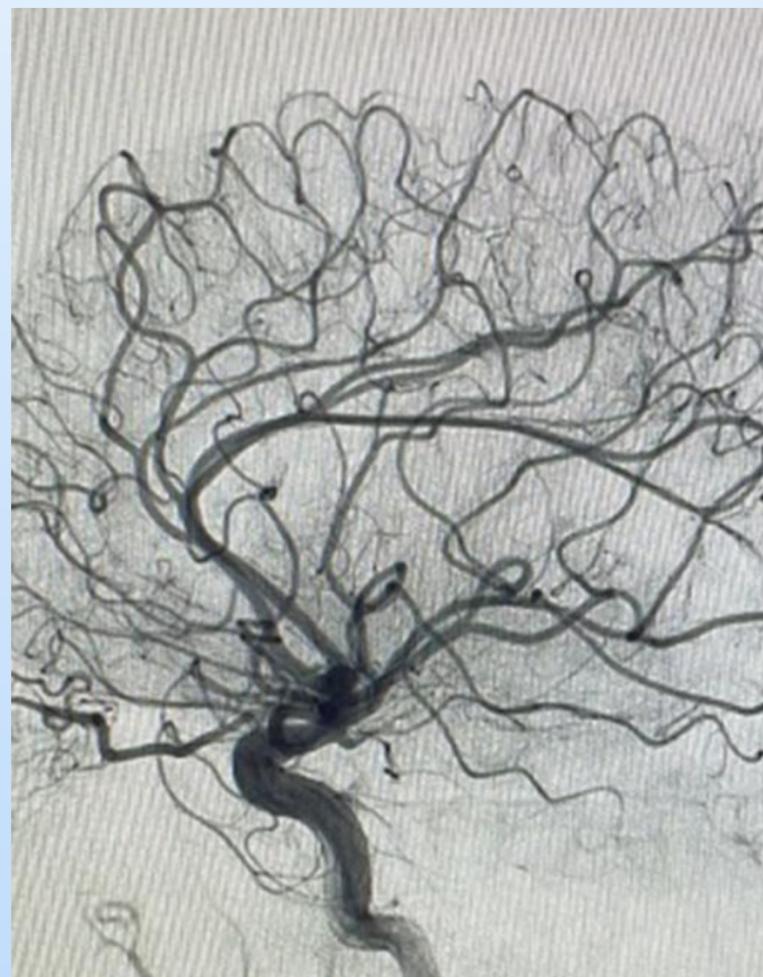
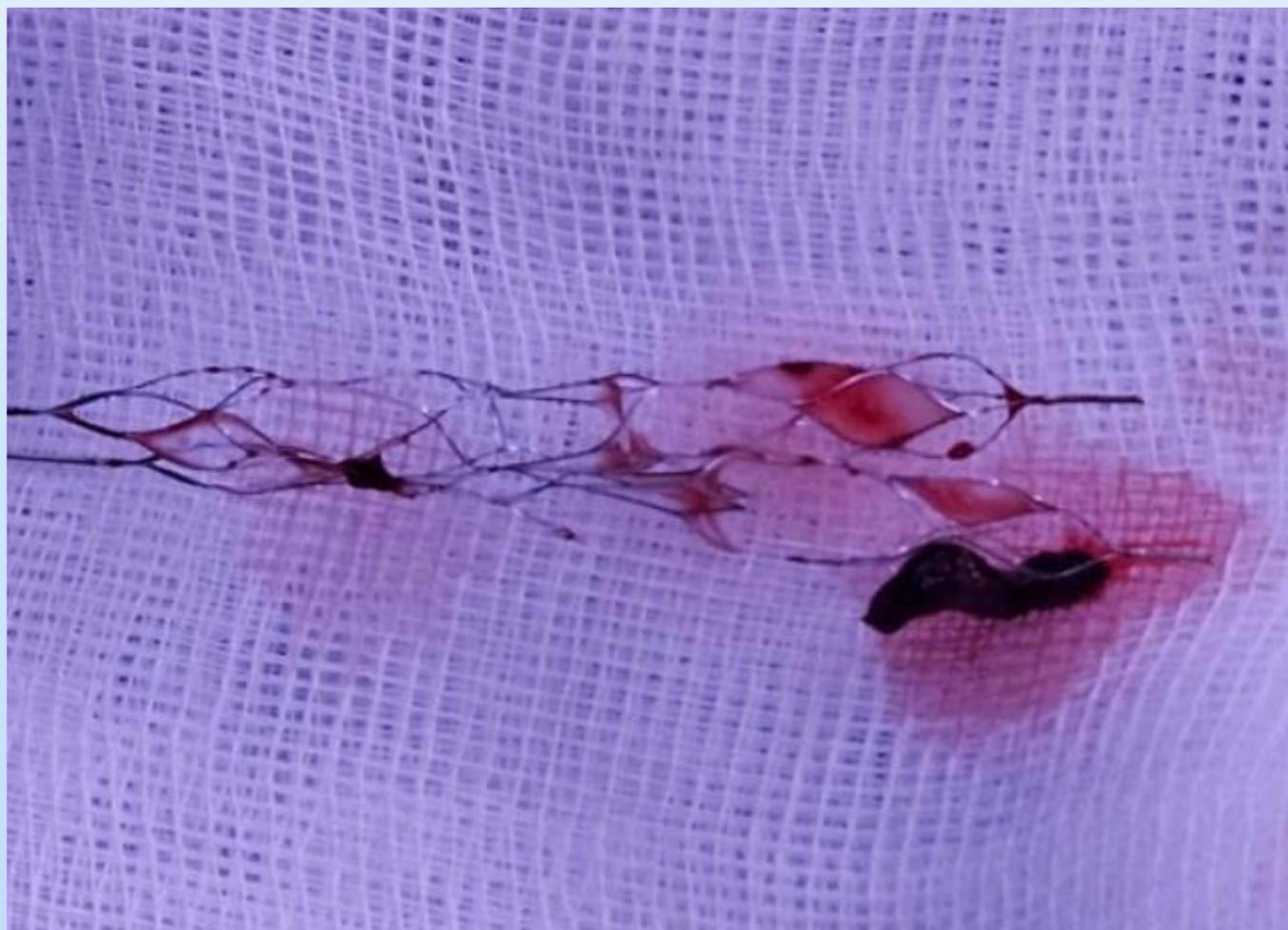
DUAL STENT RETRIEVER TECHNIQUE WITH NEVA FOR FIRST PASS SUCCESS II

Prof Jose Cohen, Hadassah Medical Center, Jerusalem, Israel

NeVa 4.5 x 29 mm x2

Significant clot within the NeVa structure

First-pass TICI 3





NEVA SAVES THE DAY AFTER 5 FAILED PASSES

Drs Bogdan Dorobat, Adela Dimitriade, Alexandra Carp, Andrei Simonov, Mihai Ionescu
Bucharest University Emergency Hospital, Bucharest Romania

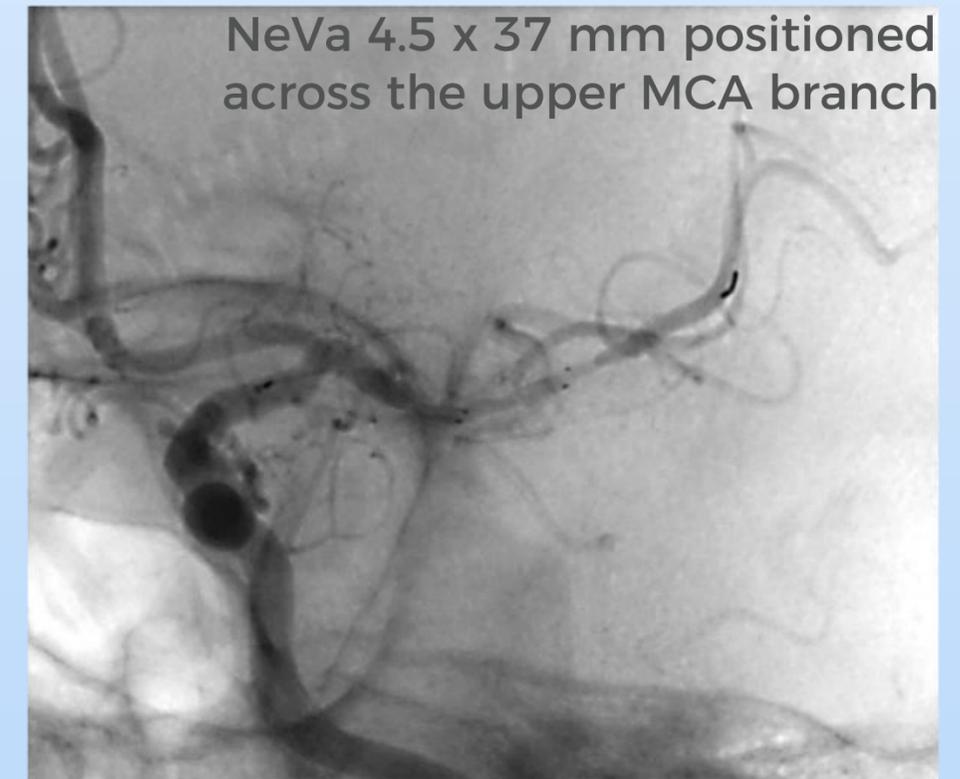
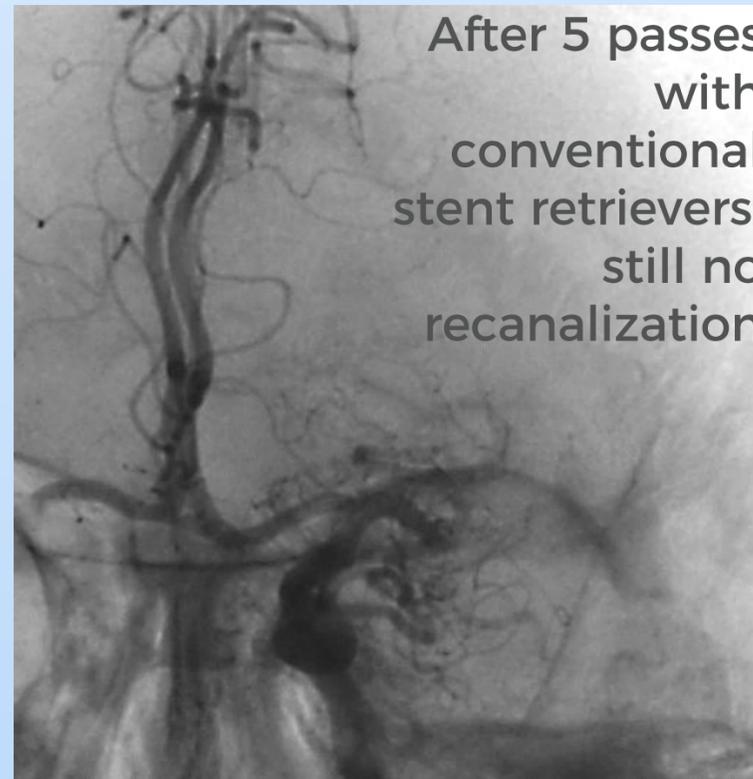
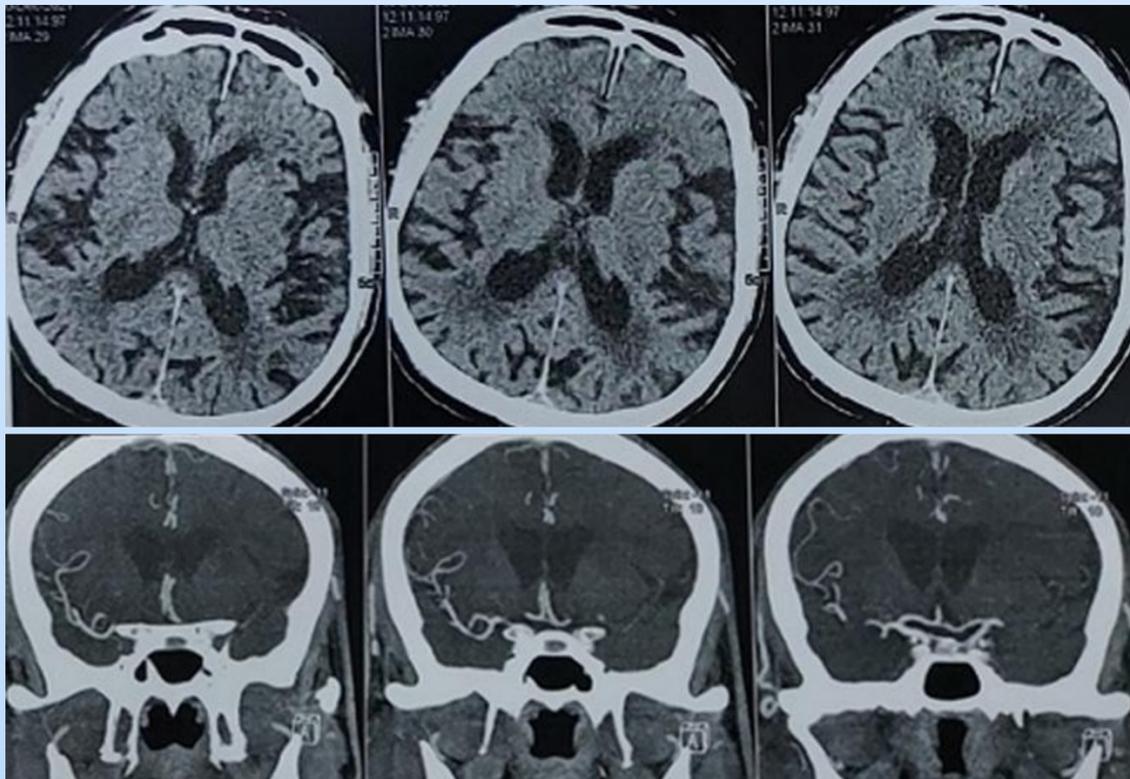
NeVa 4.5 x 37 mm

PRESENTATION

80-year-old male presenting with a NIHSS of 24, 4 hr 15 minutes after symptom onset

The patient was transferred after tPA administration in a secondary center

Imaging confirmed occlusion of the left M1 segment. ASPECTS score: 7





NEVA SAVES THE DAY AFTER 5 FAILED PASSES

Drs Bogdan Dorobat, Adela Dimitriade, Alexandra Carp, Andrei Simonov, Mihai Ionescu
Bucharest University Emergency Hospital, Bucharest Romania

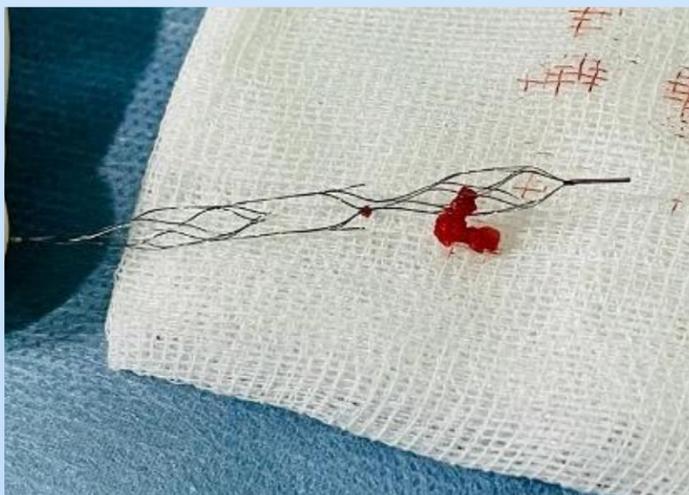
NeVa 4.5 x 37 mm

TREATMENT & OUTCOME

Femoral access, 9-Fr BGC, .027" MC, and 5 passes with 2 SRs yielding no improvement on the initial TICI-0 occlusion
For the 6th pass, a NeVa 4.5 x 37 mm was used. Initially, NeVa was positioned too proximally - thrombus at level of distal basket). After correct positioning, complete recanalization (TICI 3) was achieved with a single pass

24-h NIHSS: 23, which later improved to 18

The patient remained hospitalized with signs of aspiration pneumonia unrelated to the thrombectomy



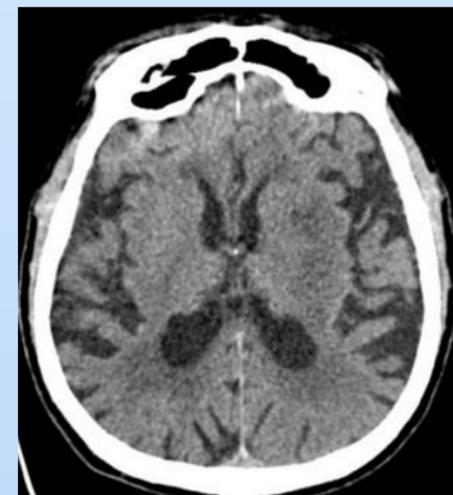
"White" thrombus was observed partially inside Neva device



Angio showing TICI 3 complete reperfusion with slight, non-flow-limiting vasospasm of the upper MCA branch. The vasospasm resolved spontaneously without recourse to medication



12-h CT shows contrast staining of the lenticular nucleus



48-h CT shows infarction of the deep territory - also partially visible on pre-Op CT, with a slight petechial hemorrhage. No other ischemic changes.

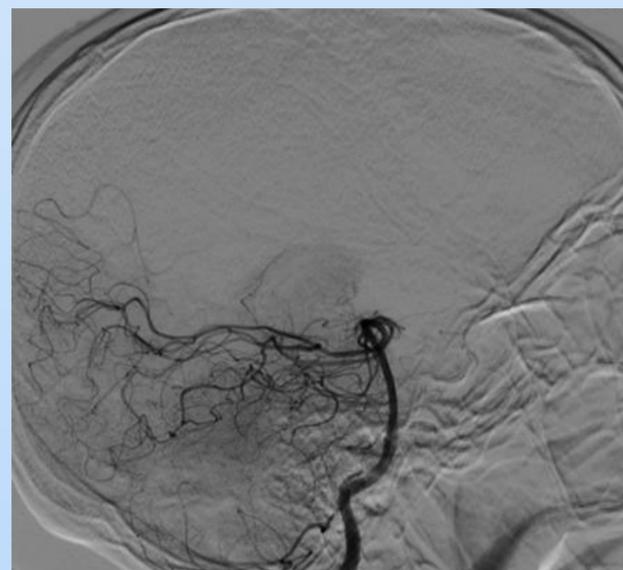
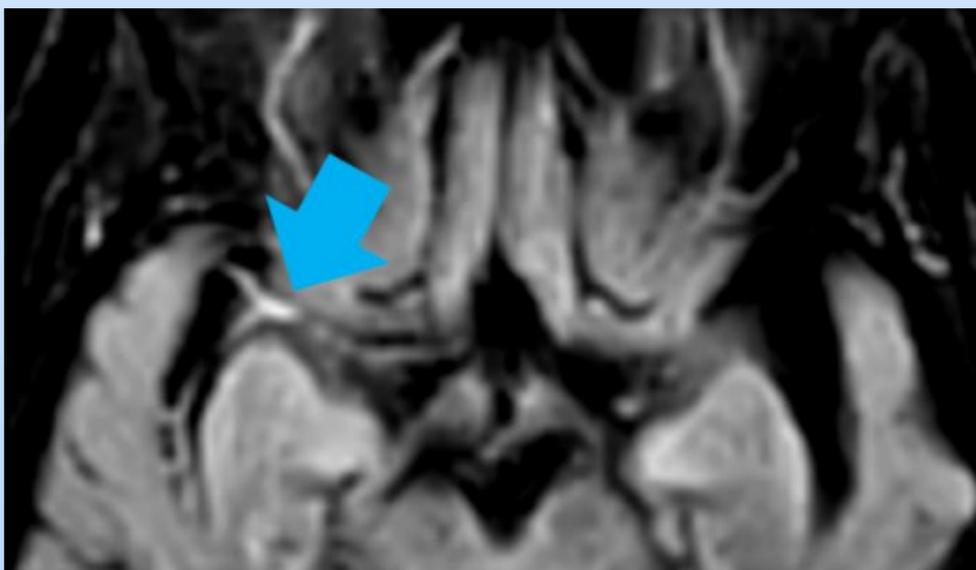
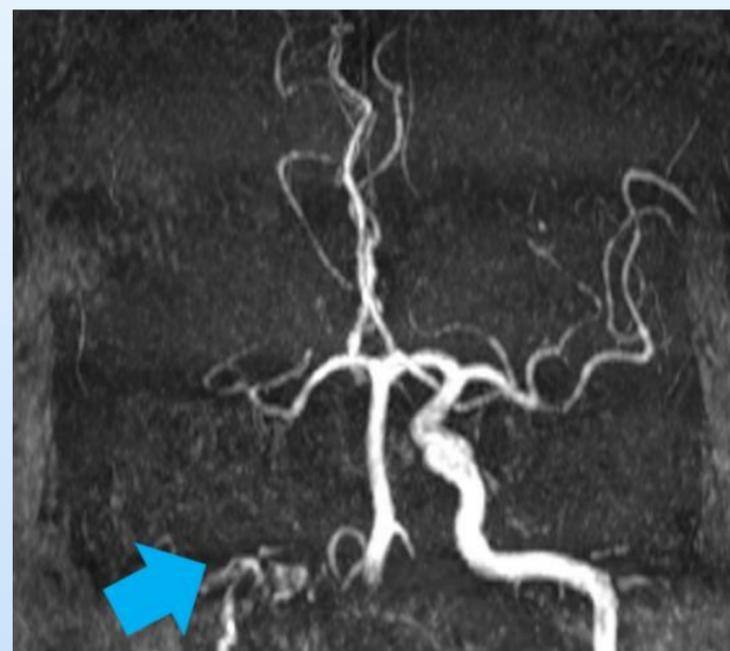
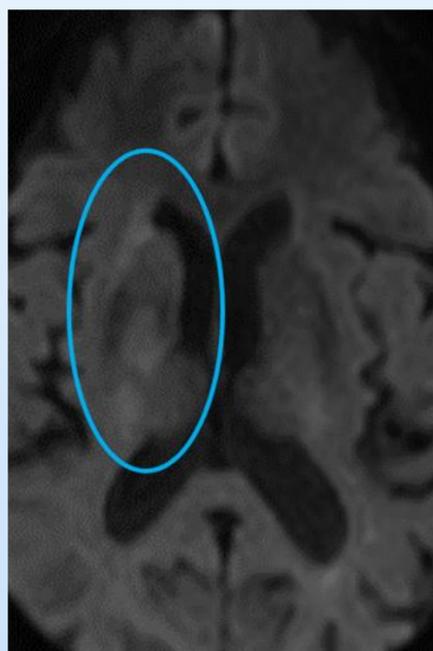
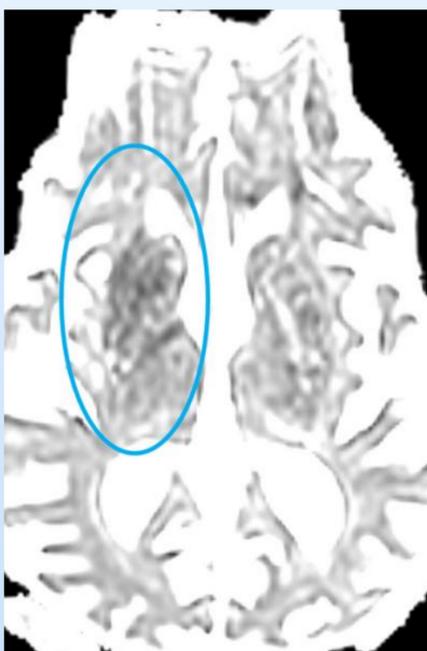




RIGHT ICA TIP OCCLUSION 1ST PASS SUCCESS WITH NEVA

Dr. Serdar Geyik, Istanbul Aydin University Medical Park Hospital, Istanbul, Turkey

NeVa 4.5 x 37 mm



PRESENTATION

75-year-old female with NIHSS of 14

Time from symptom onset: 1.5 hours at the time of admission

Pre-op imaging done at the referring center, 55 minutes from onset

History of hypertension and atrial fibrillation

Once/day regimen of Rivaroxaban 20mg

Imaging confirmed right ICA-tip occlusion



RIGHT ICA TIP OCCLUSION 1ST PASS SUCCESS WITH NEVA

Dr. Serdar Geyik, Istanbul Aydin University Medical Park Hospital, Istanbul, Turkey

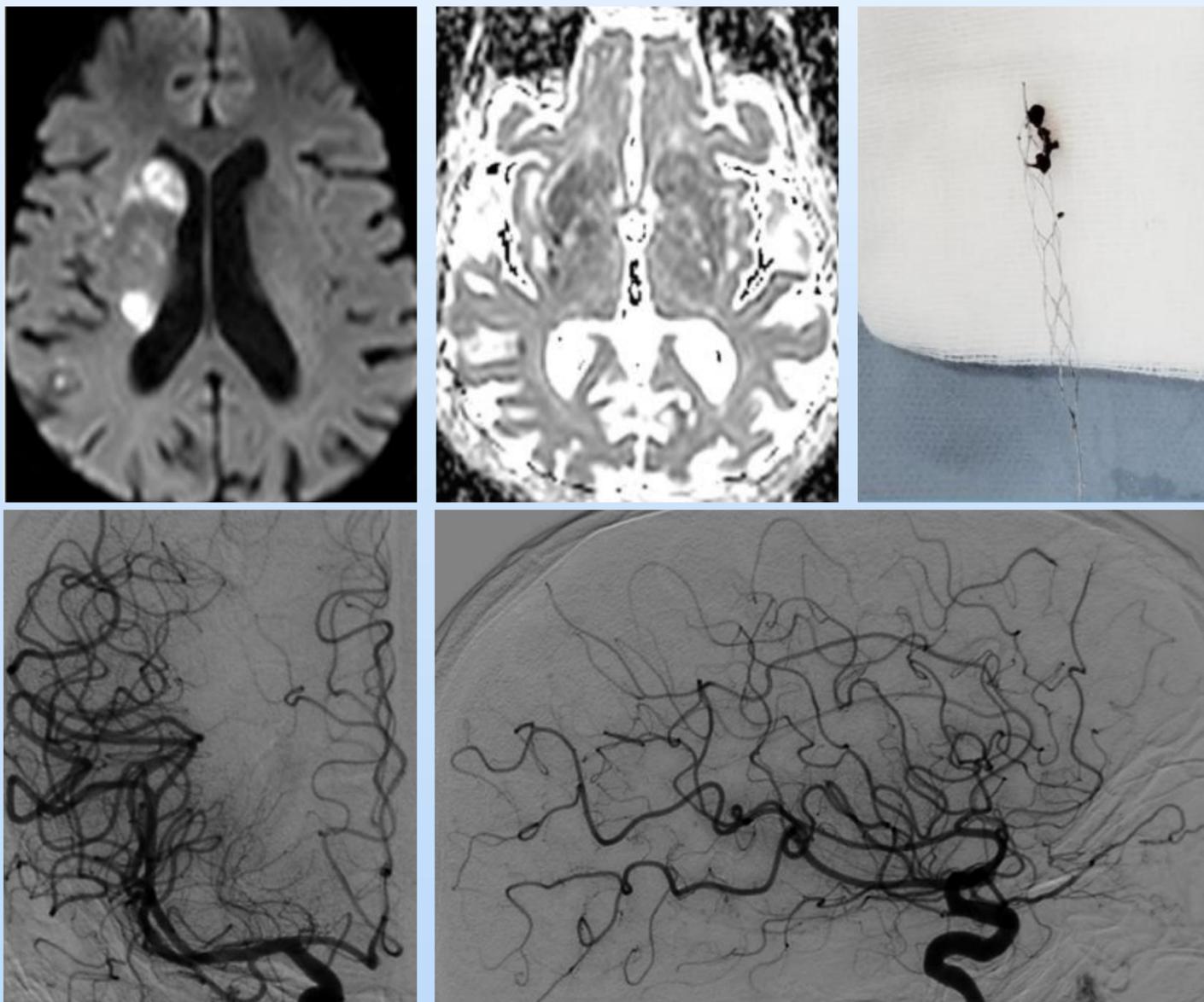
NeVa 4.5 x 37 mm

TREATMENT & OUTCOME

Thrombectomy was done with NeVa 4.5 x 37 mm under distal aspiration

Full recanalization (TICI 3) in the first-pass

24-hour NIHSS: 1





ONE-PASS PERFECT RECANALIZATION IN A TANDEM

Dr. Daniel Behme, University Hospital, Magdeburg, Germany

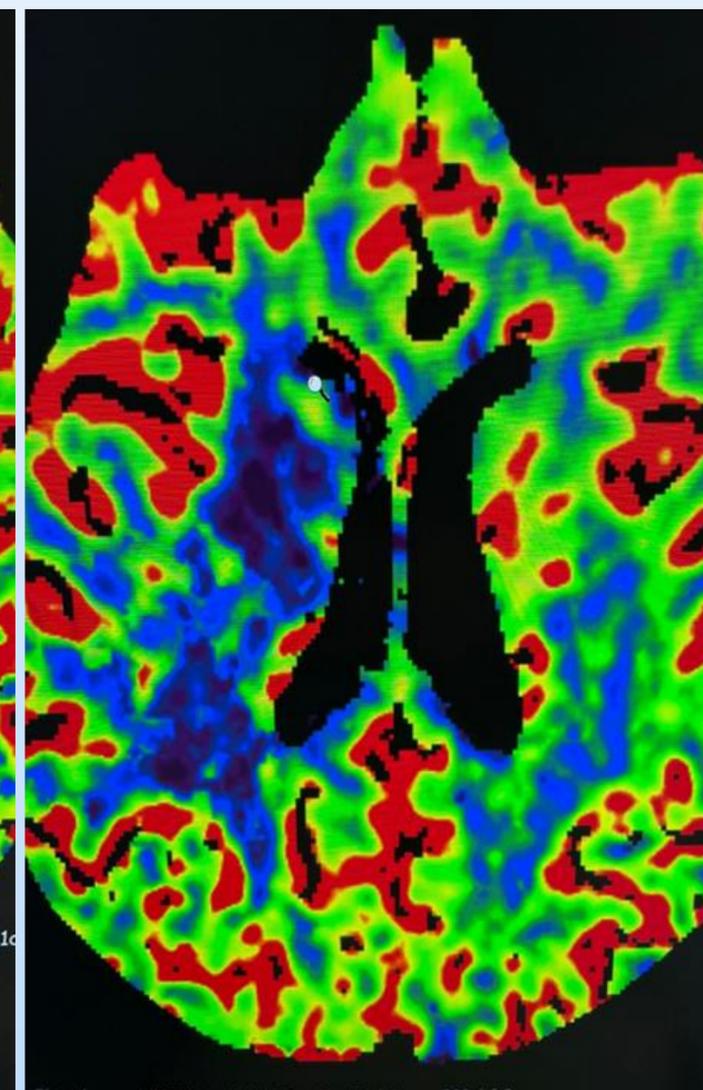
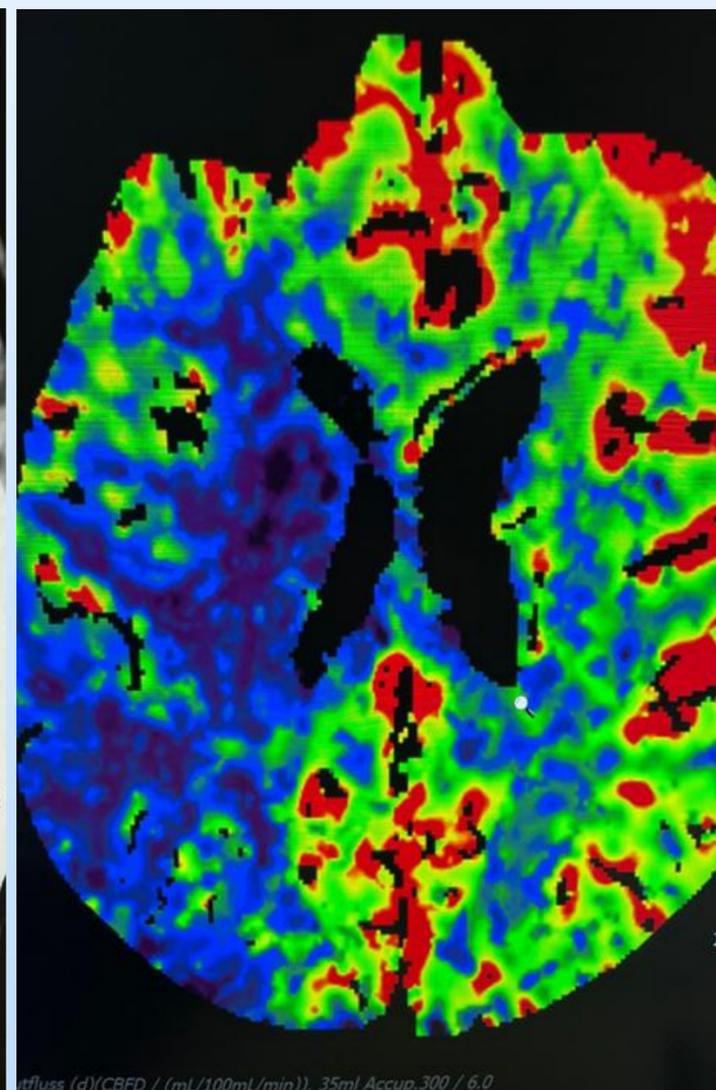
NeVa 5.5 x 37 mm

PRESENTATION

57-year-old male stroke patient

Admission NIHSS: 20,
1.5 hours after symptom
onset

The CT and the Cerebral
Blood Flow map
confirmed the existence of
a large, proximal occlusion
on the right-ICA territory,
and the existence of
salvageable penumbra





ONE-PASS PERFECT RECANALIZATION IN A TANDEM

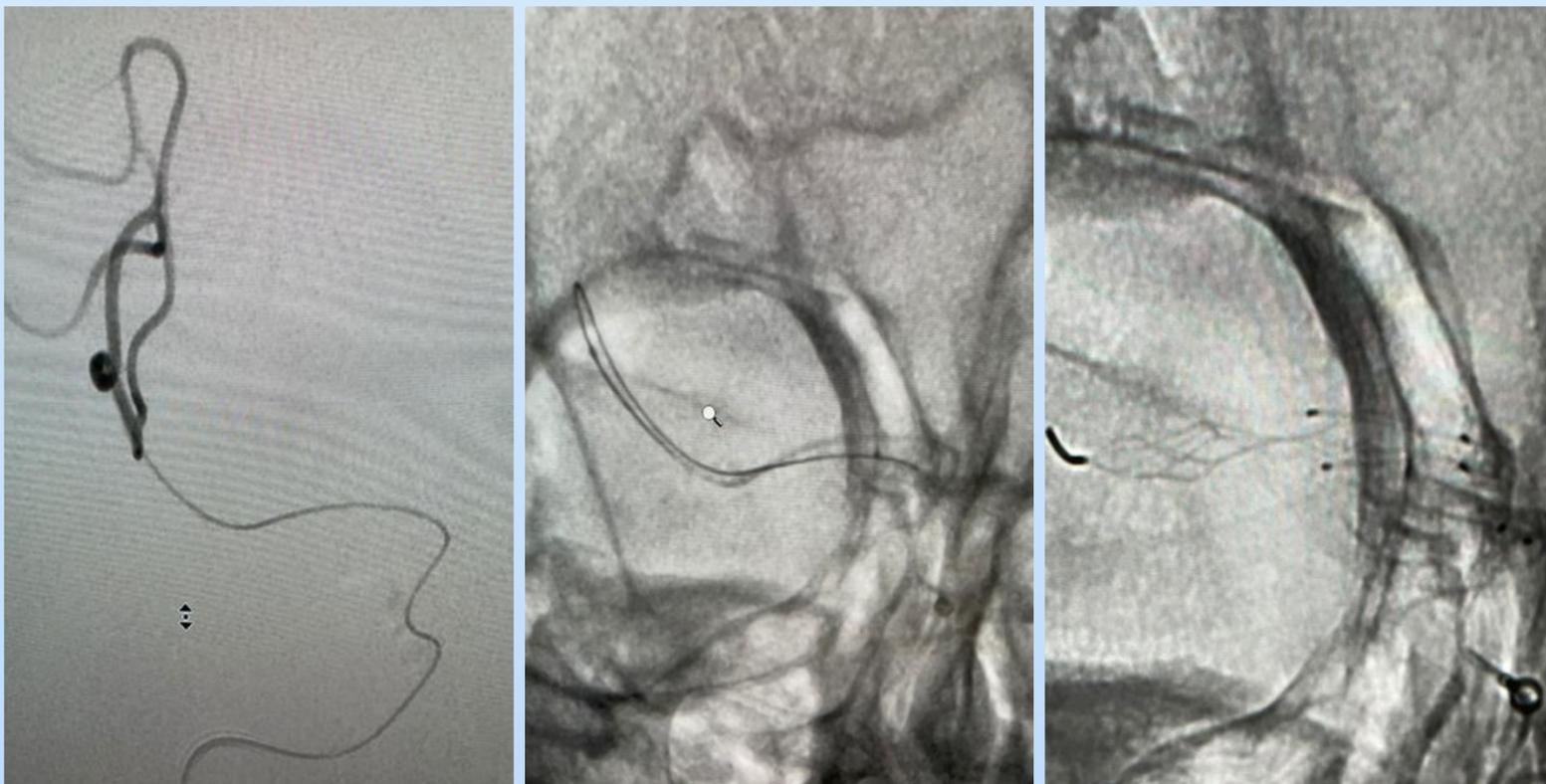
Dr. Daniel Behme, University Hospital, Magdeburg, Germany

NeVa 5.5 x 37 mm

TREATMENT & OUTCOME

No IV-tPA was administered to this patient. Femoral approach.

Stenosis was detected at the carotid and predilation was done with a 2.5 mm balloon prior to thrombectomy; A 9 x 30 mm wall stent was placed in the CCA



Following carotid stenting, a 6-Fr DAC and a .021" MC were used for gaining access to the occlusion

A tandem lesion in the ICA and MCA branches was confirmed via distal territory visualisation through the microcatheter

NeVa 5.5 x 37 mm was used for thrombectomy

The device tip was placed in the distal MCA-M1 segment and deployment was done across the M1 and distal ICA



ONE-PASS PERFECT RECANALIZATION IN A TANDEM

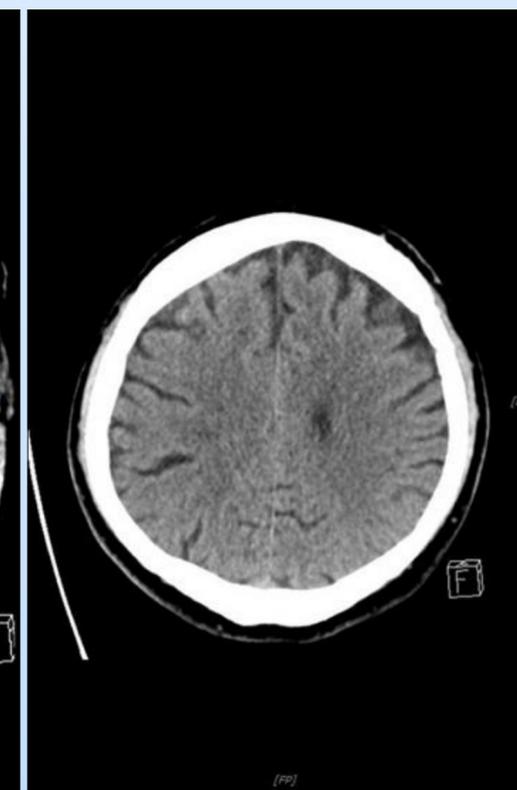
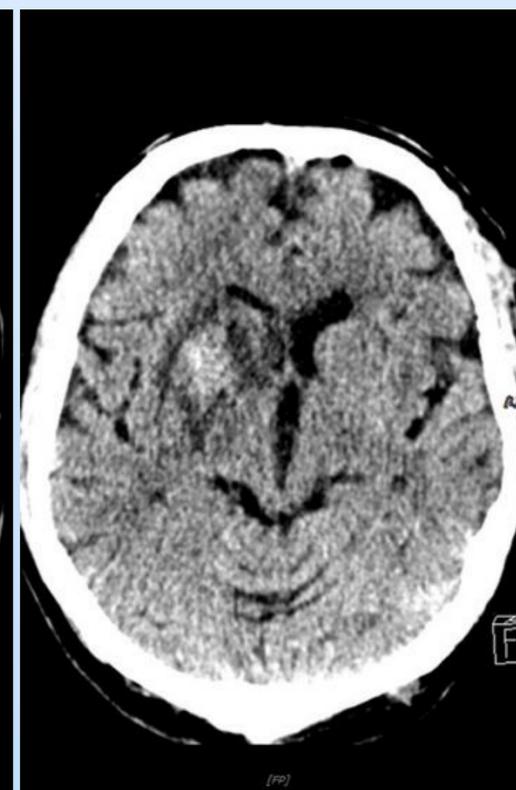
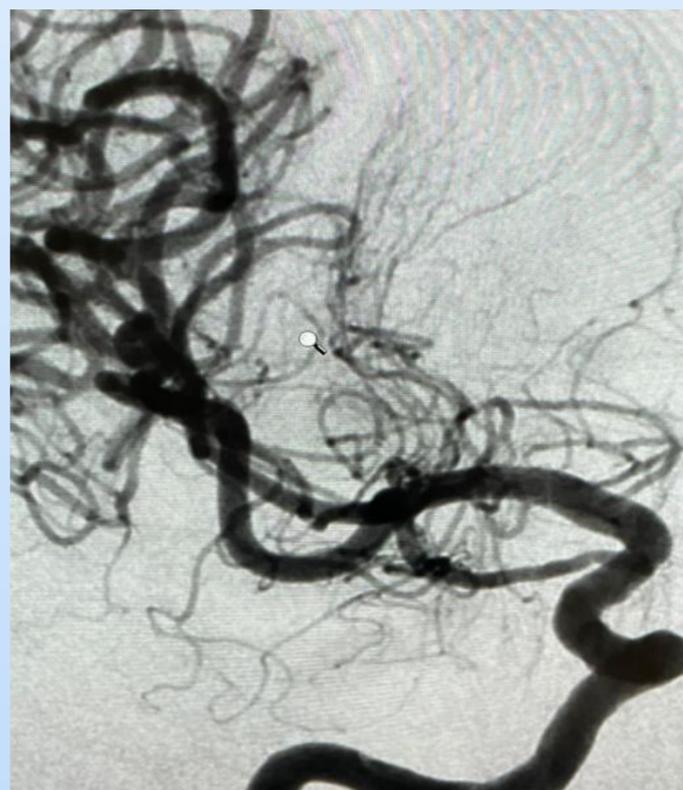
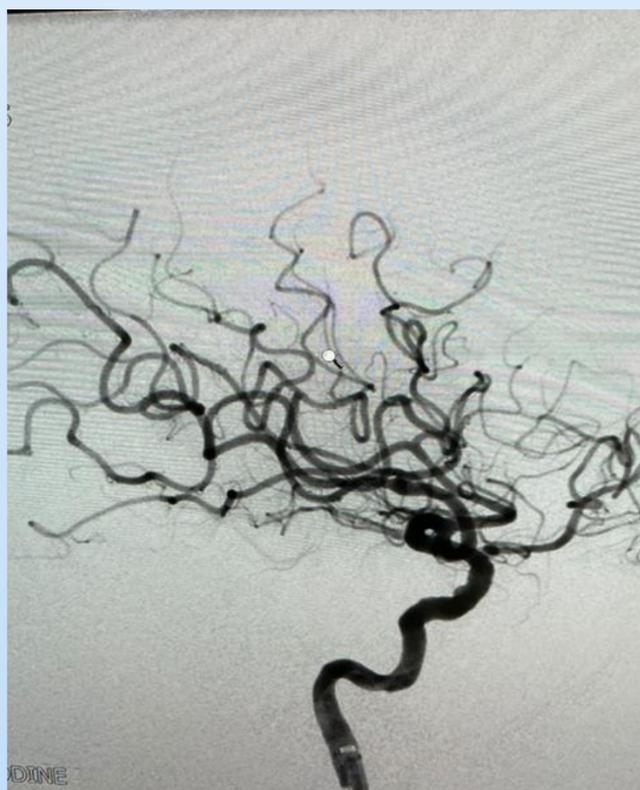
Dr. Daniel Behme, University Hospital, Magdeburg, Germany

NeVa 5.5 x 37 mm

TREATMENT & OUTCOME

The angio after the NeVa pass showed complete recanalization of the ischemic territory

The post-operative CT showed absence of ICH and demarcation of the infarct core in the basal ganglia



The 24-hour NIHSS of the patient showed a 10-point improvement versus the initial score



ONE-PASS RESCUE IN A CAROTID OCCLUSION INVOLVING P-COM & AChA

Dr. med. Christian Commodaro, Medico Capoclinica, INR Unit, Lugano, Switzerland

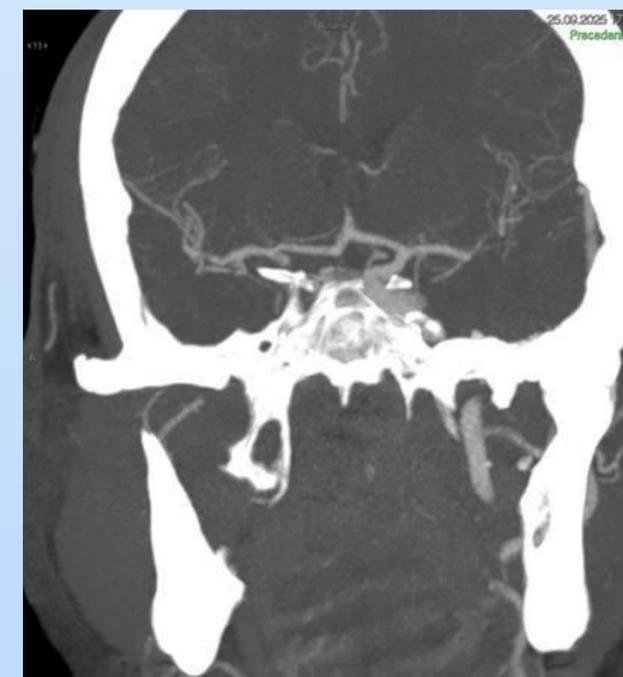
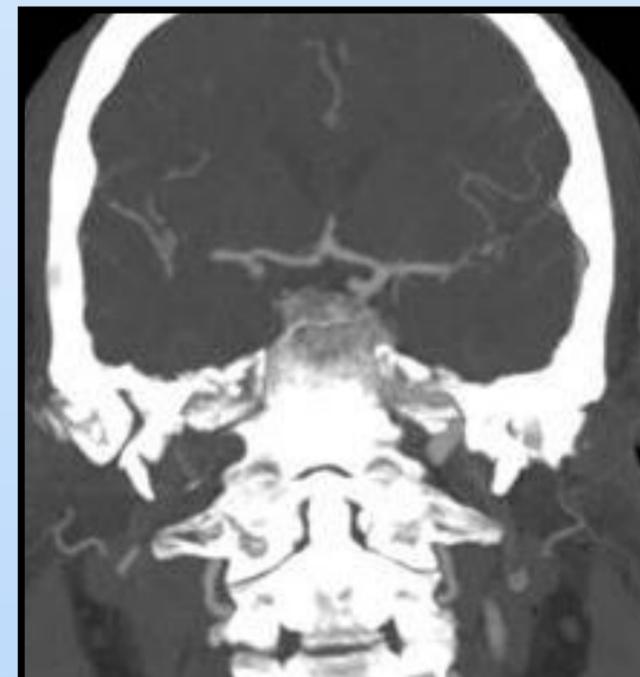
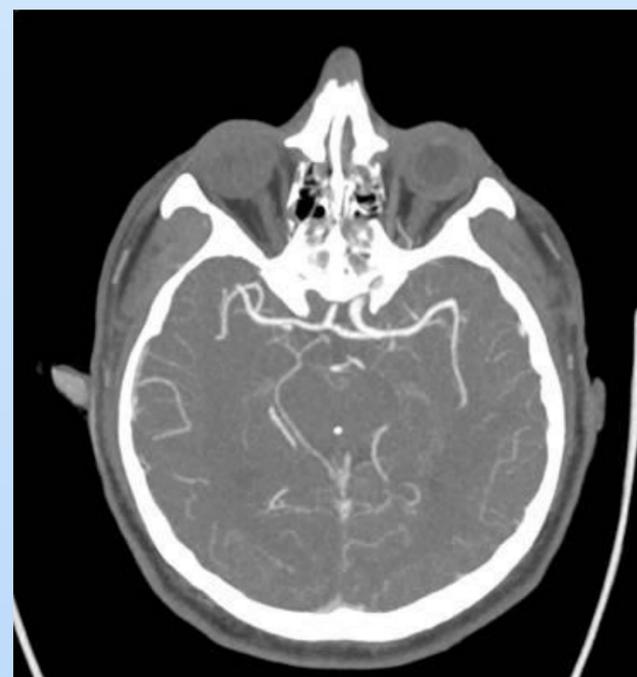
NeVa 5.5 x 37 mm

PRESENTATION

A 55-year-old male patient with a mechanical heart valve presented with a fluctuating NIHSS ranging from 3 to 11

Imaging revealed:

1. occlusion of the right internal carotid artery (R-ICA intracranial segment) involving P-Com & AChA
2. occlusion of the right P-Com in the context of a fetal type PCA
3. a patent apex of the right carotid artery with normal intracranial circulation elsewhere





ONE-PASS RESCUE IN A CAROTID OCCLUSION INVOLVING P-COM & AChA

Dr. med. Christian Commodaro, Medico Capoclinica, INR Unit, Lugano, Switzerland

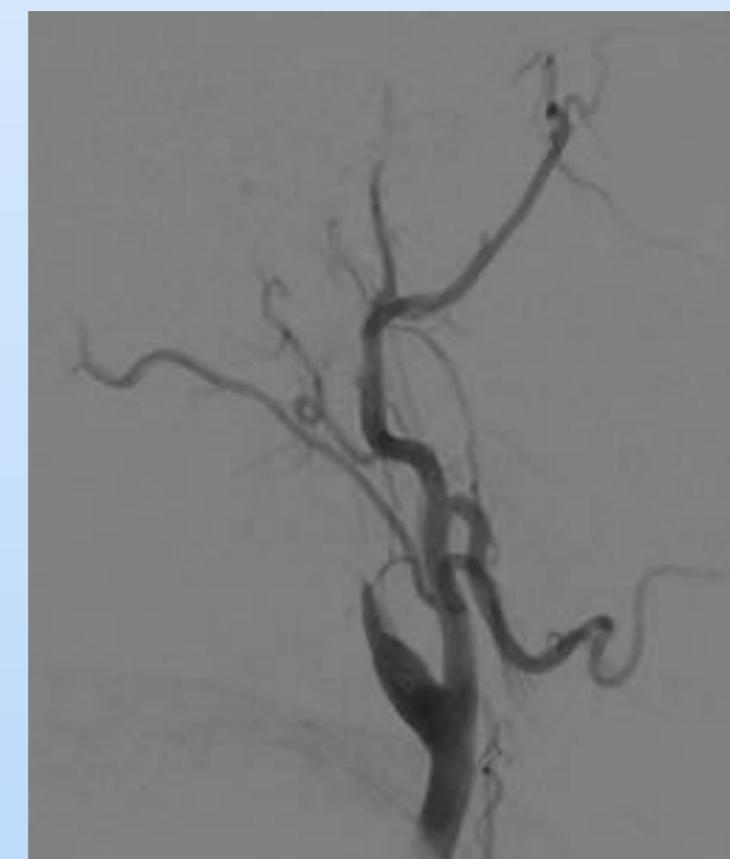
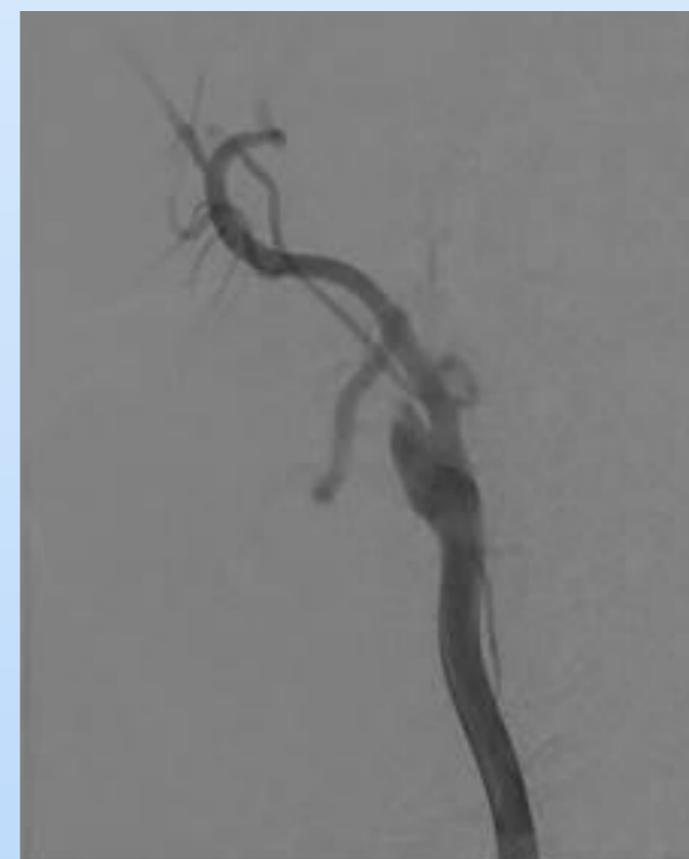
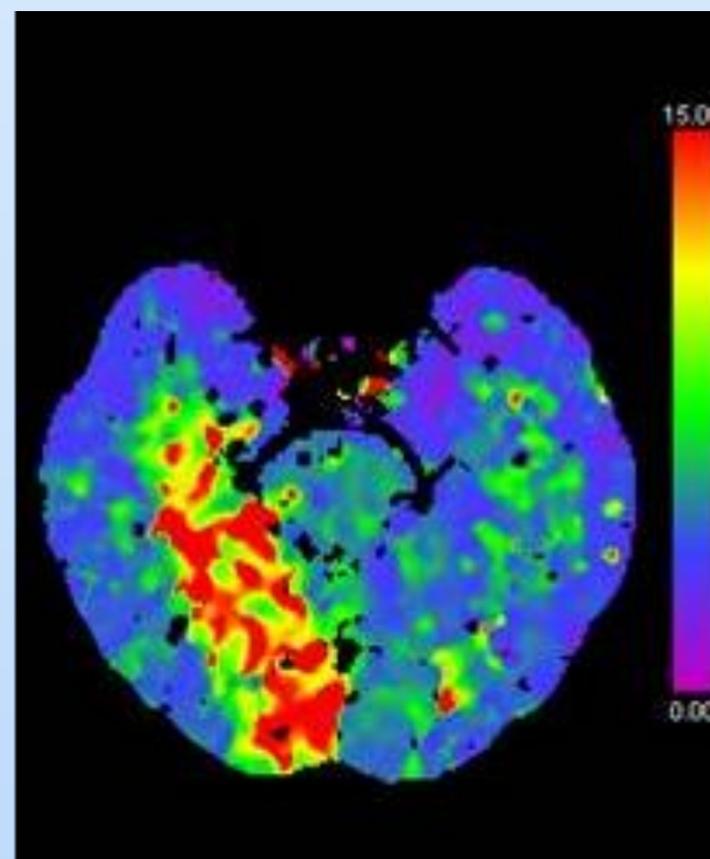
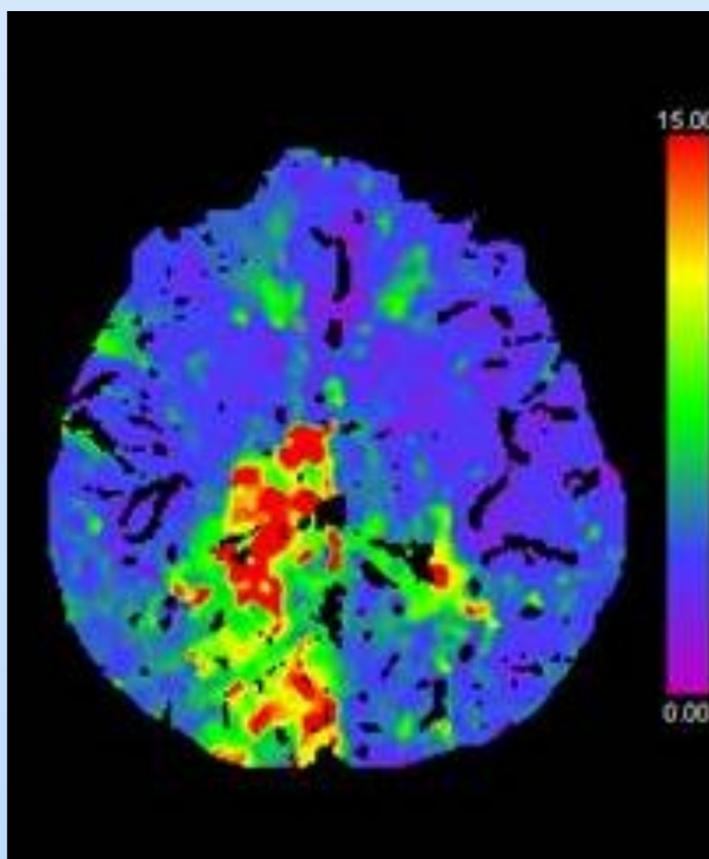
NeVa 5.5 x 37 mm

PRESENTATION

A 55-year-old male patient with a mechanical heart valve presented with a fluctuating NIHSS ranging from 3 to 11

CT Perfusion maps (T-MAX) showing hypo-perfused posterior cerebral artery and AChA territories on the right side

Angiographic AP and LL views showing blood flow arrest in the R-ICA after the bulb ("stump flow") due to the occlusion of the intracranial segment of the ICA





ONE-PASS RESCUE IN A CAROTID OCCLUSION INVOLVING P-COM & AChA

Dr. med. Christian Commodaro, Medico Capoclinica, INR Unit, Lugano, Switzerland

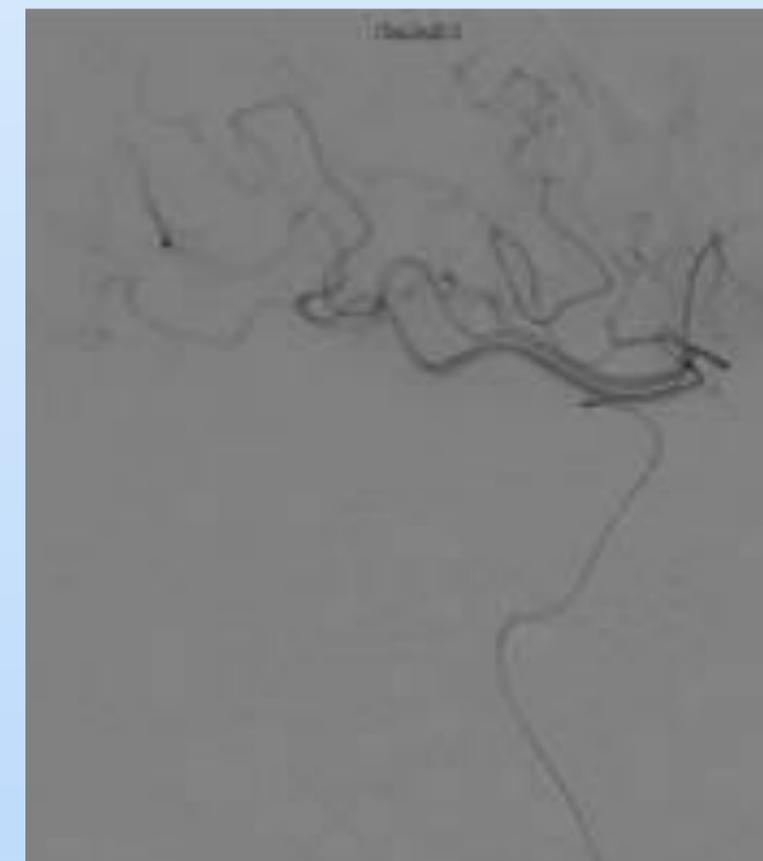
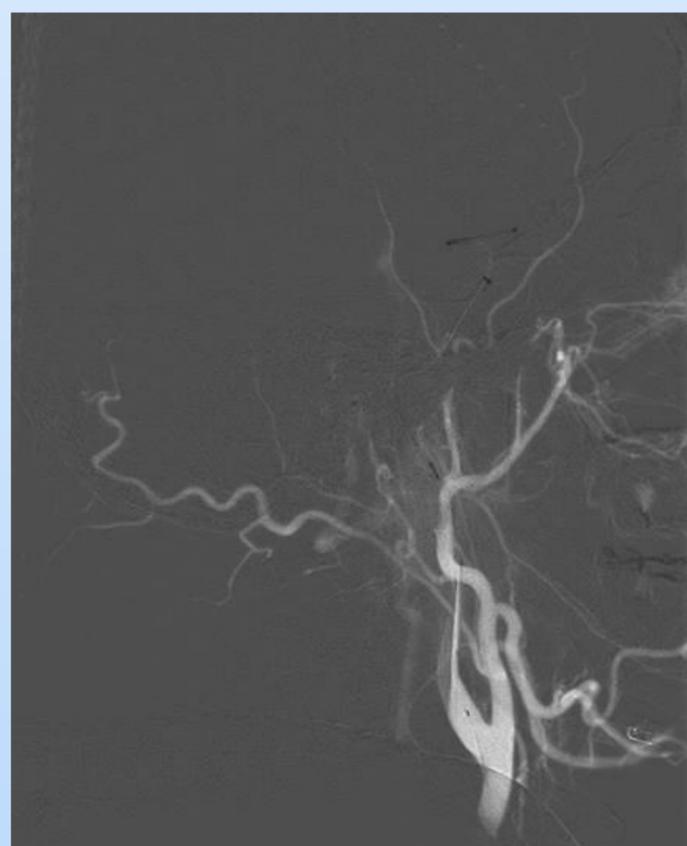
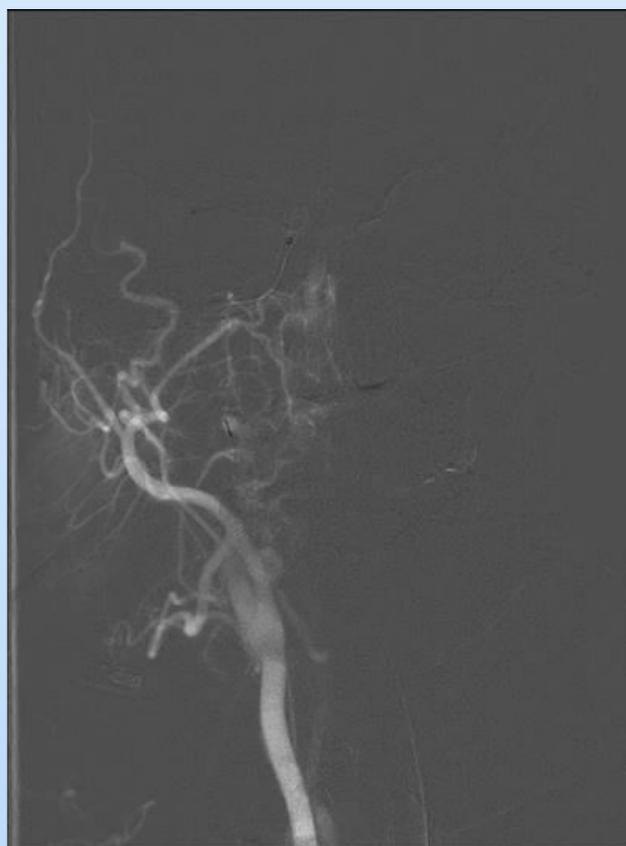
NeVa 5.5 x 37 mm

PRESENTATION

A 55-year-old male patient with a mechanical heart valve presented with a fluctuating NIHSS ranging from 3 to 11

AP and LL images from the roadmap during the navigation across the occluded segment

Selective injection into the right M1 segment to confirm the correct distal position of the microcatheter





ONE-PASS RESCUE IN A CAROTID OCCLUSION INVOLVING P-COM & AChA

Dr. med. Christian Commodaro, Medico Capoclinica, INR Unit, Lugano, Switzerland

NeVa 5.5 x 37 mm

TREATMENT & OUTCOME

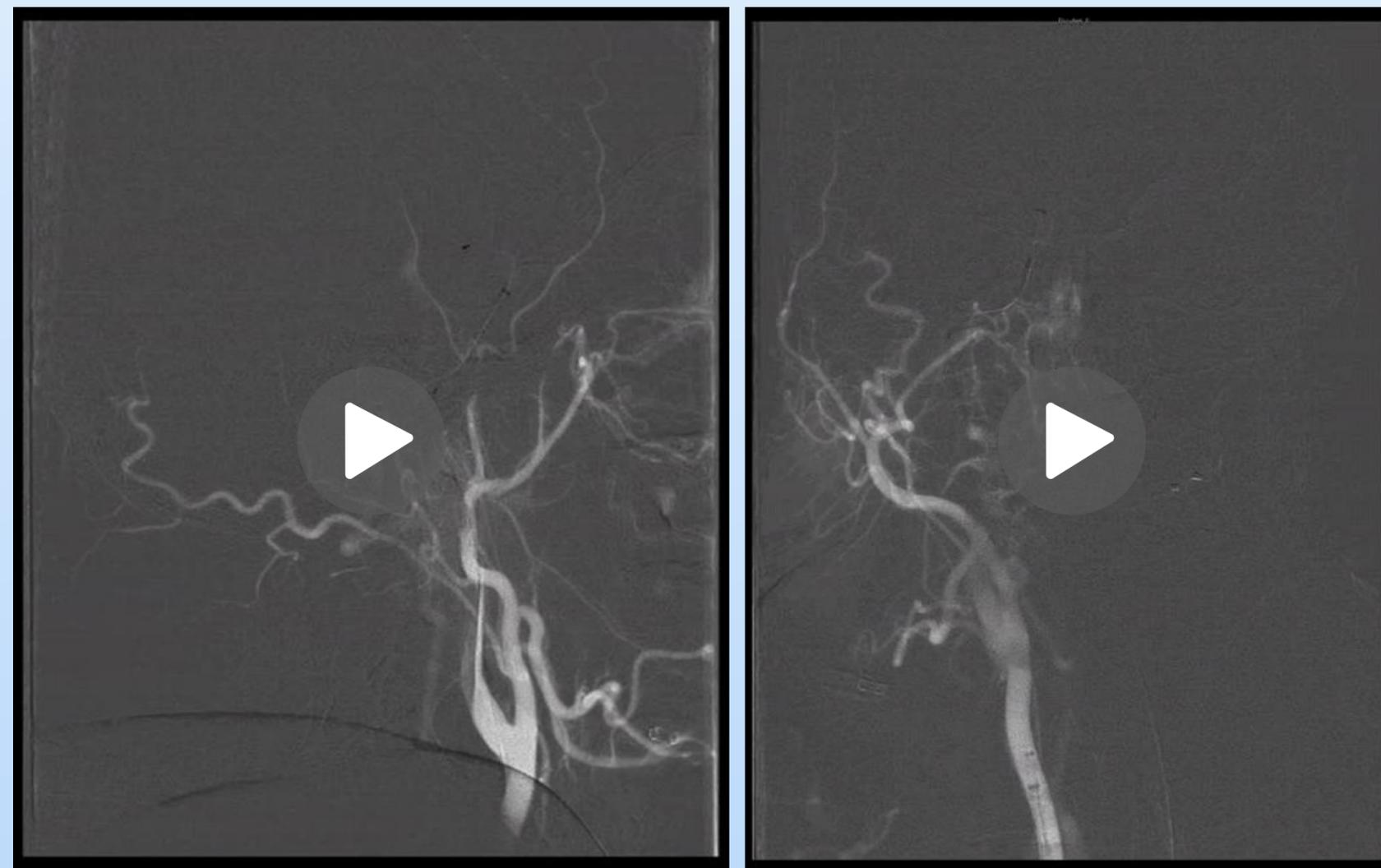
1st Pass:
direct aspiration with a .071" aspiration catheter

2nd Pass:
a different stent retriever (5 x 37 mm) associated with distal aspiration with the .071" aspiration catheter (SAVE technique)

3rd and final pass: with NeVa 5.5 x 37mm associated with distal aspiration with the .071" aspiration catheter (SAVE technique):

- NeVa was deployed between M1 (completely clot-free) and the ICA (occluded site)
- The degree of resistance during the procedure was comparable to that of a generic stent retriever

Two unsuccessful thrombectomy attempts were made prior to NeVa use. **The NeVa pass achieved complete recanalization with no distal thromboembolism (TICI 3):**



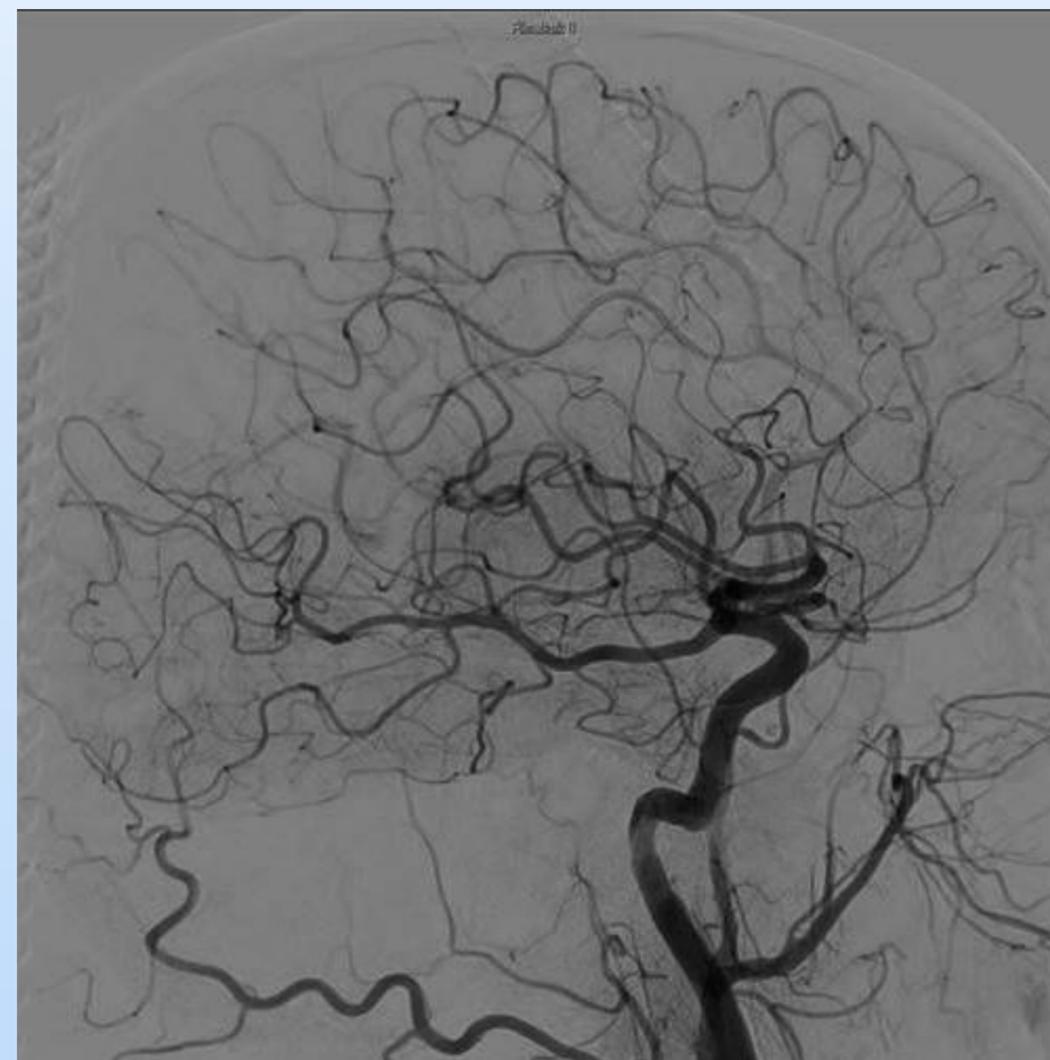
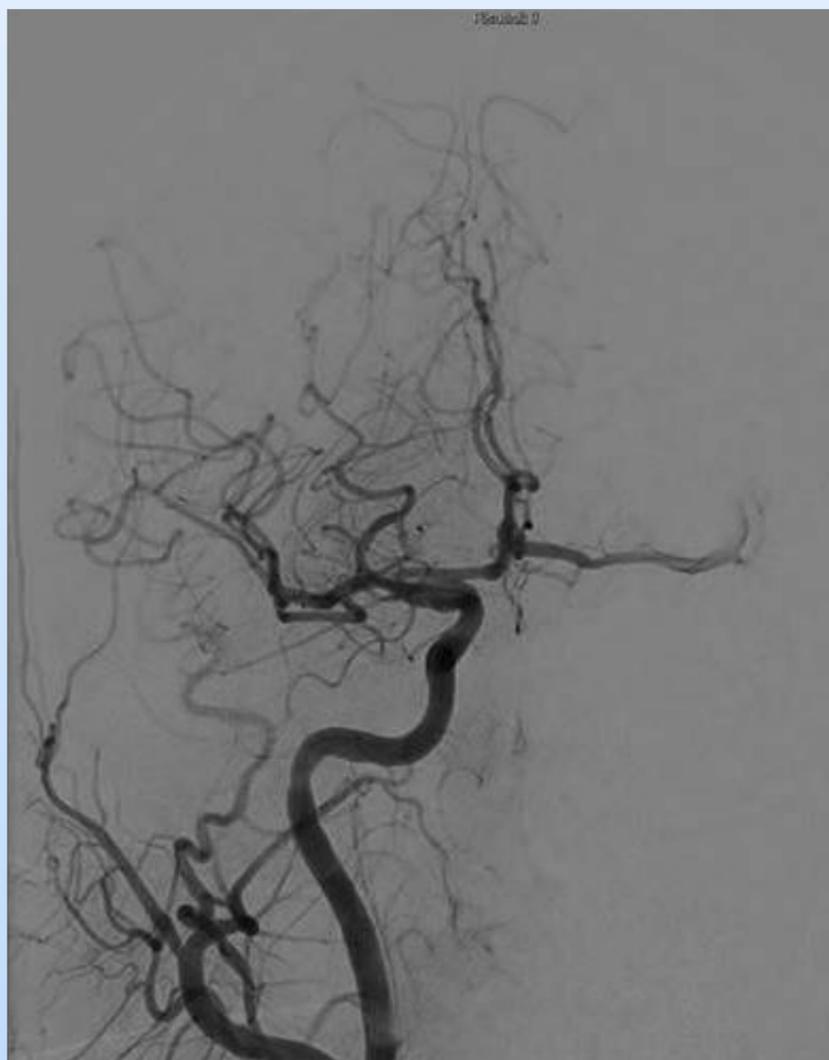


ONE-PASS RESCUE IN A CAROTID OCCLUSION INVOLVING P-COM & AChA

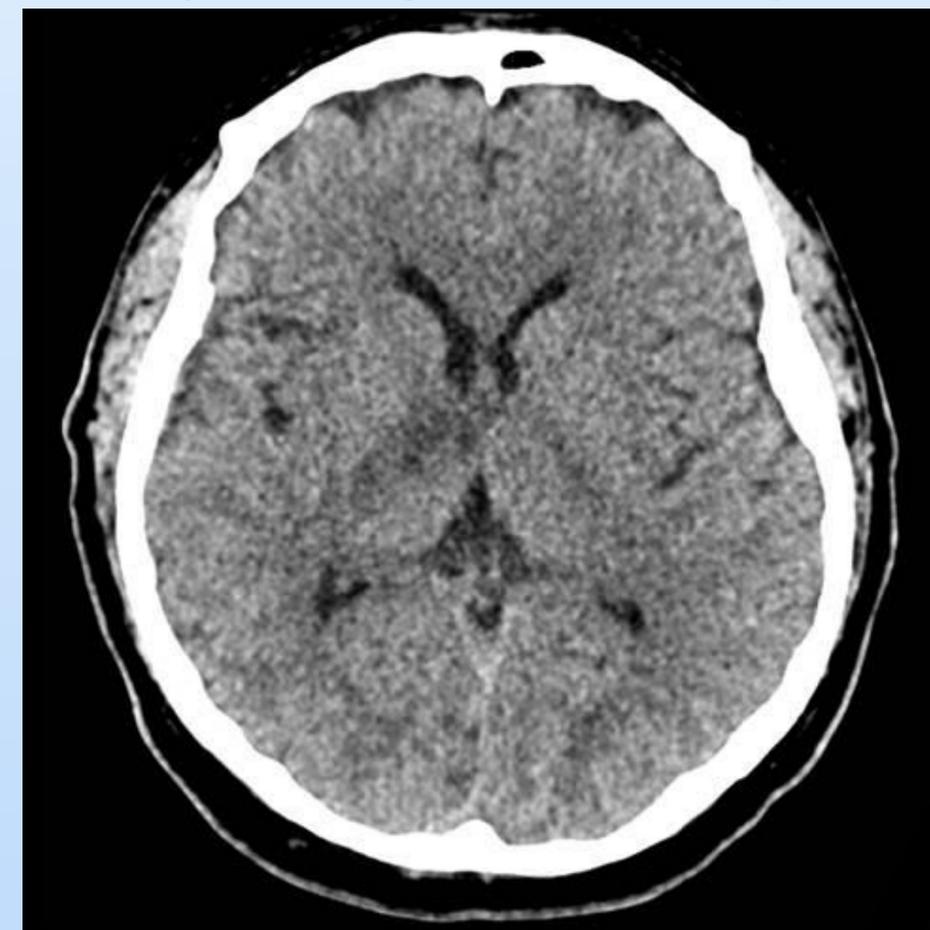
Dr. med. Christian Commodaro, Medico Capoclinica, INR Unit, Lugano, Switzerland

NeVa 5.5 x 37 mm

1st pass success: TICl 3 in a single pass with NeVa 5.5 x 37mm



24-hr CT showed a small lesion in the anterior portion of the right thalamus and a marginal lesion in the adjacent right internal capsule





ONE-PASS RESCUE IN A CAROTID OCCLUSION INVOLVING P-COM & AChA

Dr. med. Christian Commodaro, Medico Capoclinica, INR Unit, Lugano, Switzerland

NeVa 5.5 x 37 mm



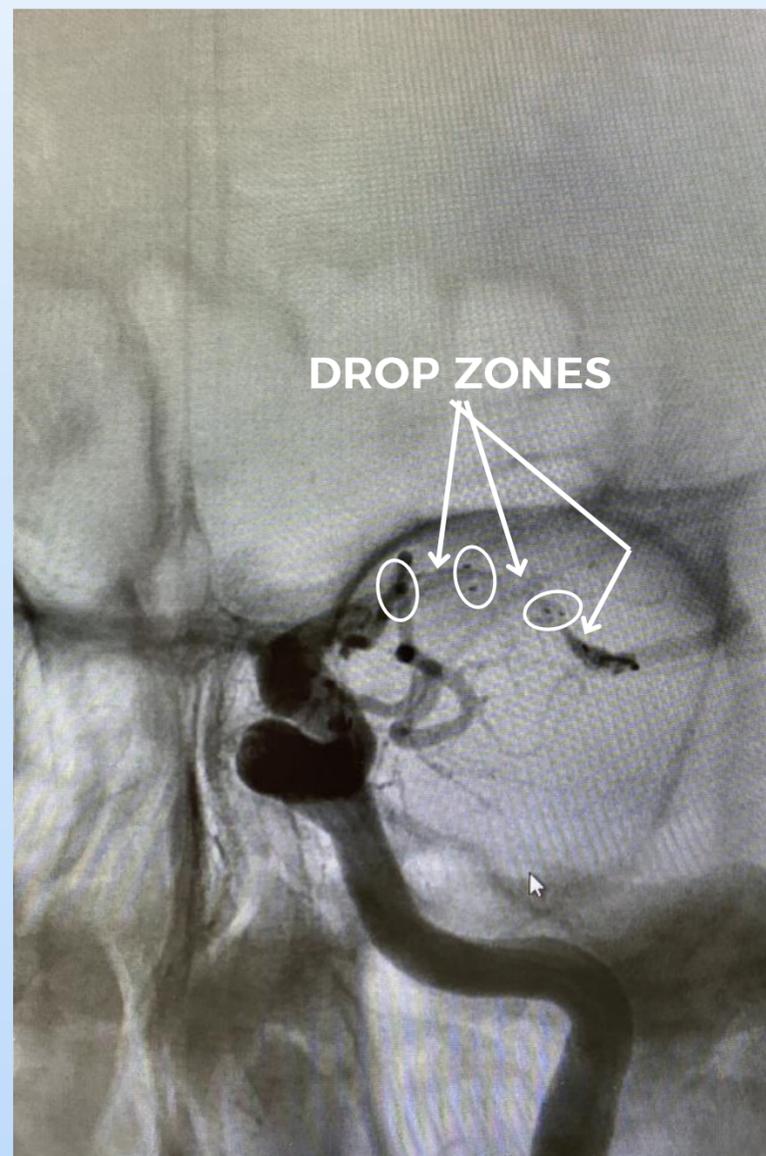
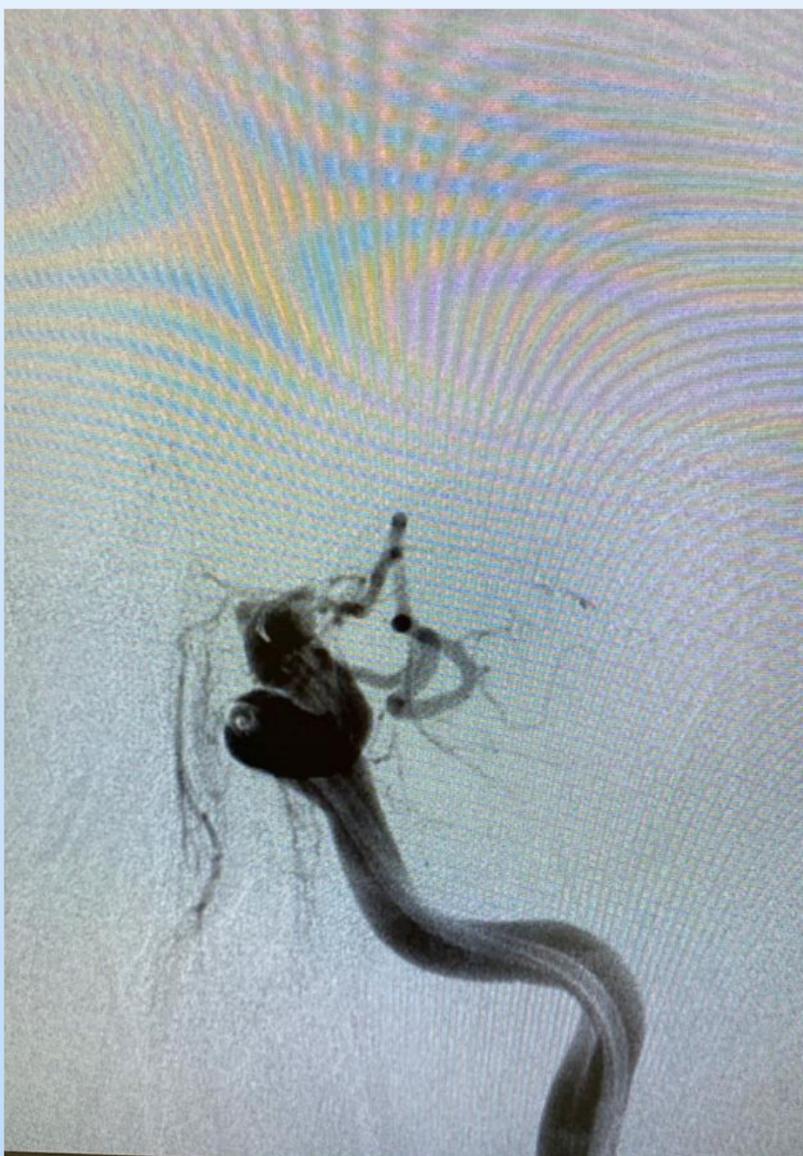
“
This white, fibrin-rich, hard thrombus was fully retrieved by NeVa and the patient recovered well with a NIHSS of 0 at discharge.
”



SIGNIFICANT THROMBUS REMOVED FOR TICI 3 WITH NEVA NET 4.0

Dr. Audrius Sirvinskas, Republic Vilnius University, Hospital, Lithuania

NeVa NET 4.0 x 30



PRESENTATION

84-year-old male with pre-stroke mRS: 0

Wake-up stroke, Admission NIHSS: 15

Aspect Score: 8

Imaging confirmed ICA-tip occlusion and no bleed

TREATMENT & OUTCOME

Thrombectomy with NeVa NET 4.0 x 30 mm

1st pass success: TICI 3

Significant thrombus removed

12-hour NIHSS: 7; 24-hour NIHSS: 1

SIGNIFICANT THROMBUS REMOVED FOR TICI 3 WITH NEVA NET 4.0



Dr. Audrius Sirvinskas, Republic Vilnius University, Hospital, Lithuania

NeVa NET 4.0 x 30

“In this case a significant part of the thrombus was stuck to the device, like a tail. It looked like the NET was holding it!”





SINGLE PASS TICI 3 WITH NEVA NET IN AN MCA-M1 OCCLUSION

Dr. Vladimir Kalousek, UHC Sisters of Charity, Zagreb, Croatia

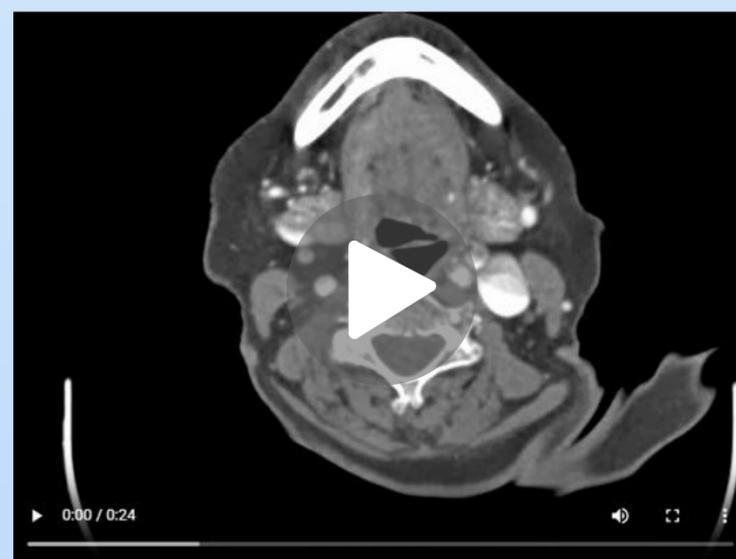
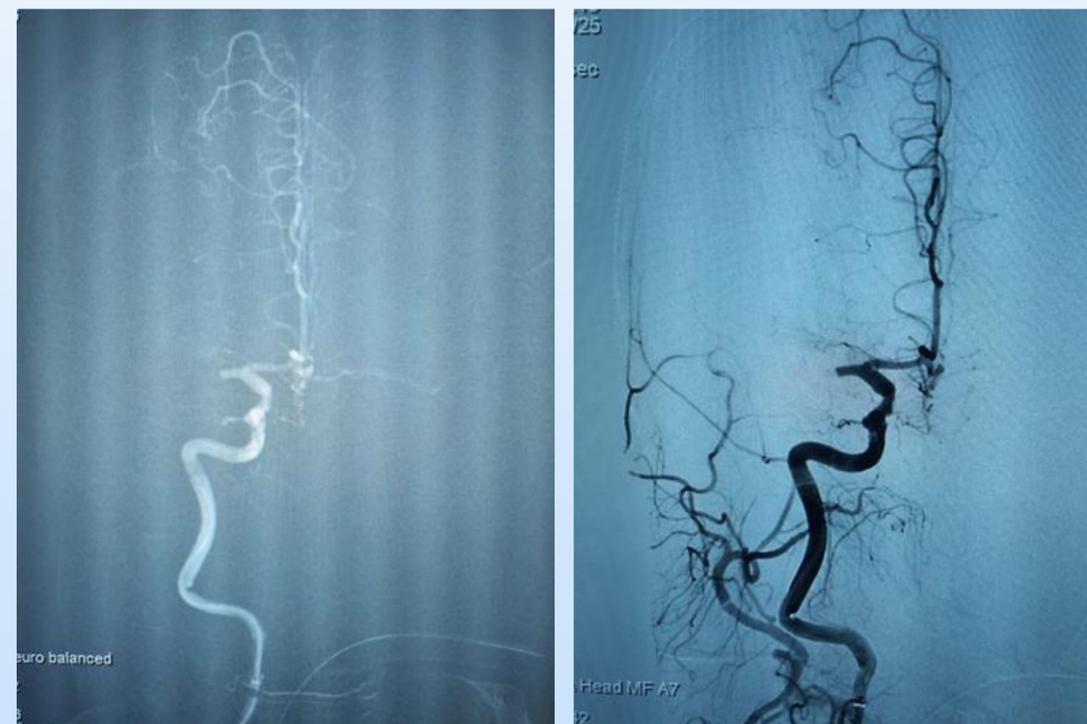
NeVa NET 5.5 x 37 mm

PRESENTATION

86-year-old female with a NIHSS of 12 was referred with an IV-tPA (drip & ship) from the primary care centre

The exact time of symptom onset is estimated to be after 14:00; The stroke alert was received at 18:30

At 19:40, her neurological status had further deteriorated



TREATMENT & OUTCOME

Thrombectomy of the right-M1 lesion was done under distal aspiration with NeVa NET 5.5 x 37 mm

1st pass success: TICI 3

The patient was discharged with an NIHSS of 3

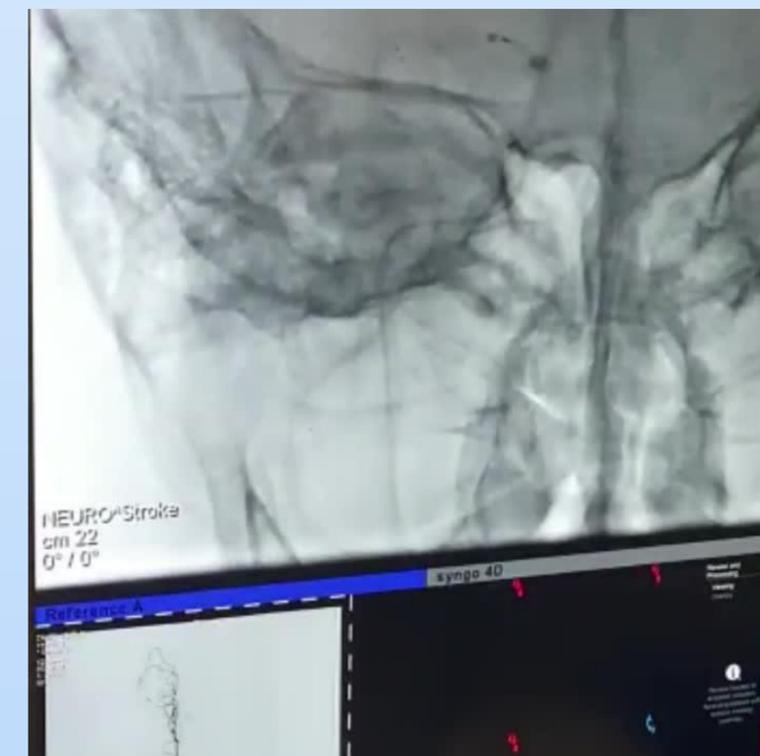


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NeVa NET 5.5 x 37 mm

“I really appreciated the pushability and deliverability of NeVa NET and although it is very early to draw conclusions, we feel that our M1 and proximal cases could benefit from this particular design, especially when the case is done without a balloon guide catheter.”





COMPLETE FIRST-PASS RECAN WITH NEVA NET 4MM IN A RIGHT M1 OCCLUSION

Dr. Fernando Ezequiel Petra, Hospital Santa Isabel de Hungria, Mendoza, Argentina
NeVa NET 4.0 x 30 mm

Angiographic imaging at the beginning of the procedure confirmed occlusion of the right-M1 branch



PRESENTATION

77-year-old female with NIHSS of 18

Time from symptom onset: 5 hours 22 min at the time of admission

No IV Rtpa administered

TREATMENT & OUTCOME

Thrombectomy with NeVa NET 4.0 x 30 mm

1st pass success: TICI 3

4-hr NIHSS: 3

Discharge MRS: 0

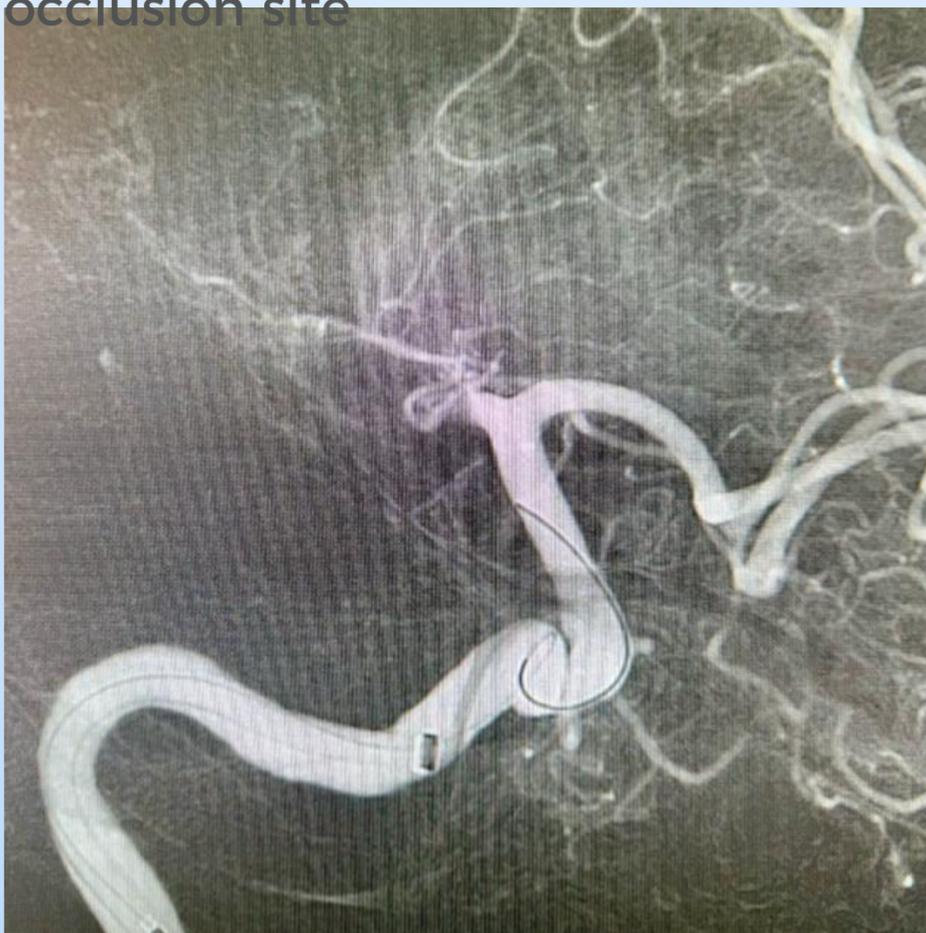


COMPLETE FIRST-PASS RECAN WITH NEVA NET 4MM IN A RIGHT M1 OCCLUSION

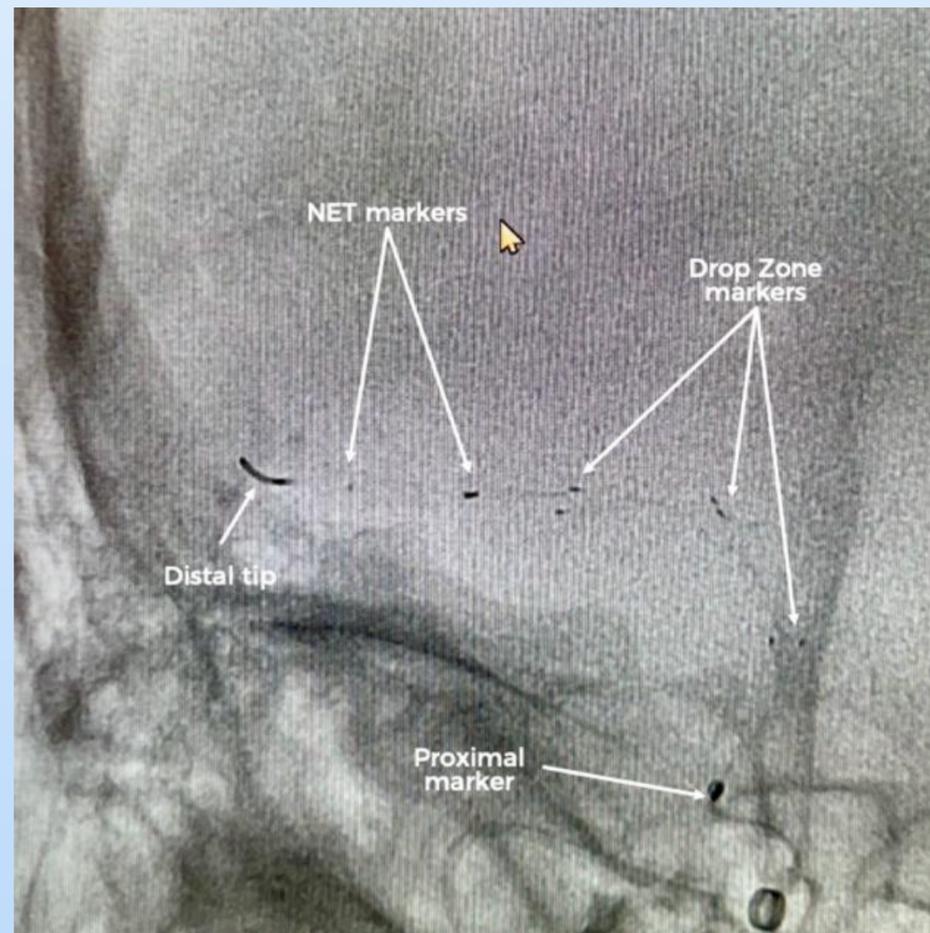
Dr. Fernando Ezequiel Petra, Hospital Santa Isabel de Hungria, Mendoza, Argentina

NeVa NET 4.0 x 30 mm

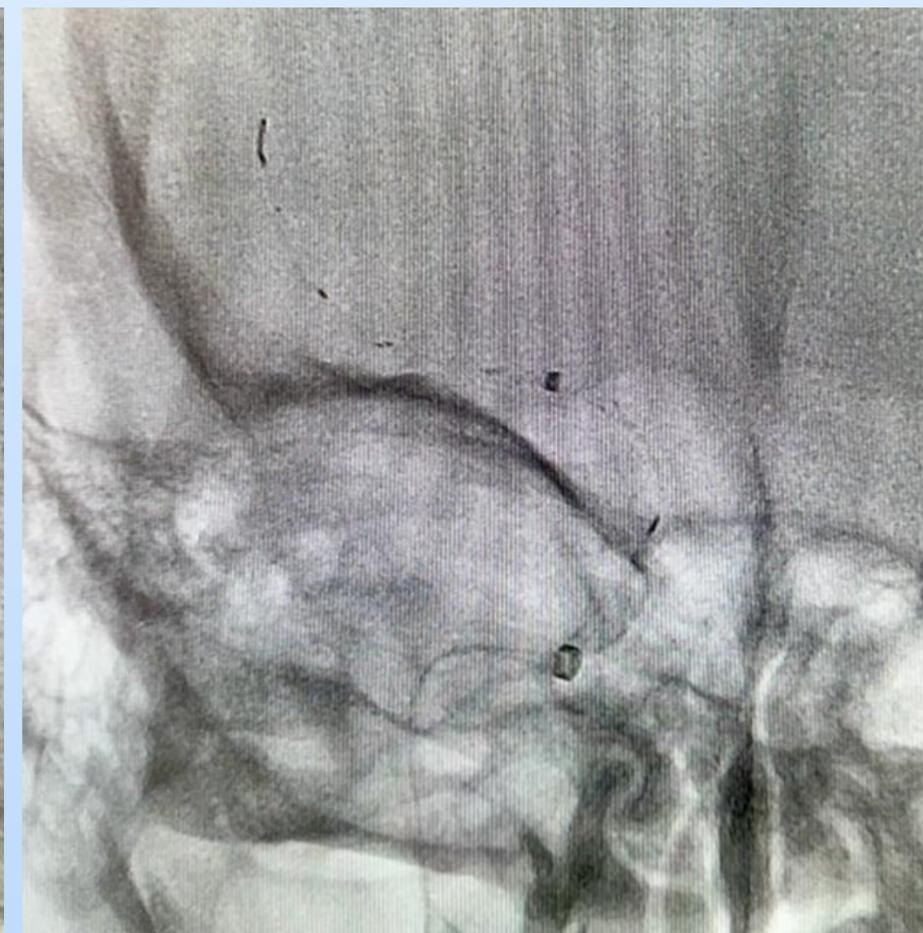
Access to the lesion in the Right M1:
A 0.018" wire was used to cross the occlusion site



Deployment of NeVa NET 4.0x30 mm in the Right M1. Delivery was done in a .021" microcatheter



Retrieval was performed using partial retrieval of NeVa NET into the 0.077" ID-DAC, under co-aspiration





COMPLETE FIRST-PASS RECAN WITH NEVA NET 4MM IN A RIGHT M1 OCCLUSION

Dr. Fernando Ezequiel Petra, Hospital Santa Isabel de Hungria, Mendoza, Argentina
NeVa NET 4.0 x 30 mm

“Using NeVa NET gives me peace of mind knowing that we can reduce the risk of distal embolisms during stroke treatment, thus increasing the likelihood of achieving a First Pass Effect.”

Full recanalization (TICI 3) was achieved in the first pass and thrombus was observed within the NeVa NET

