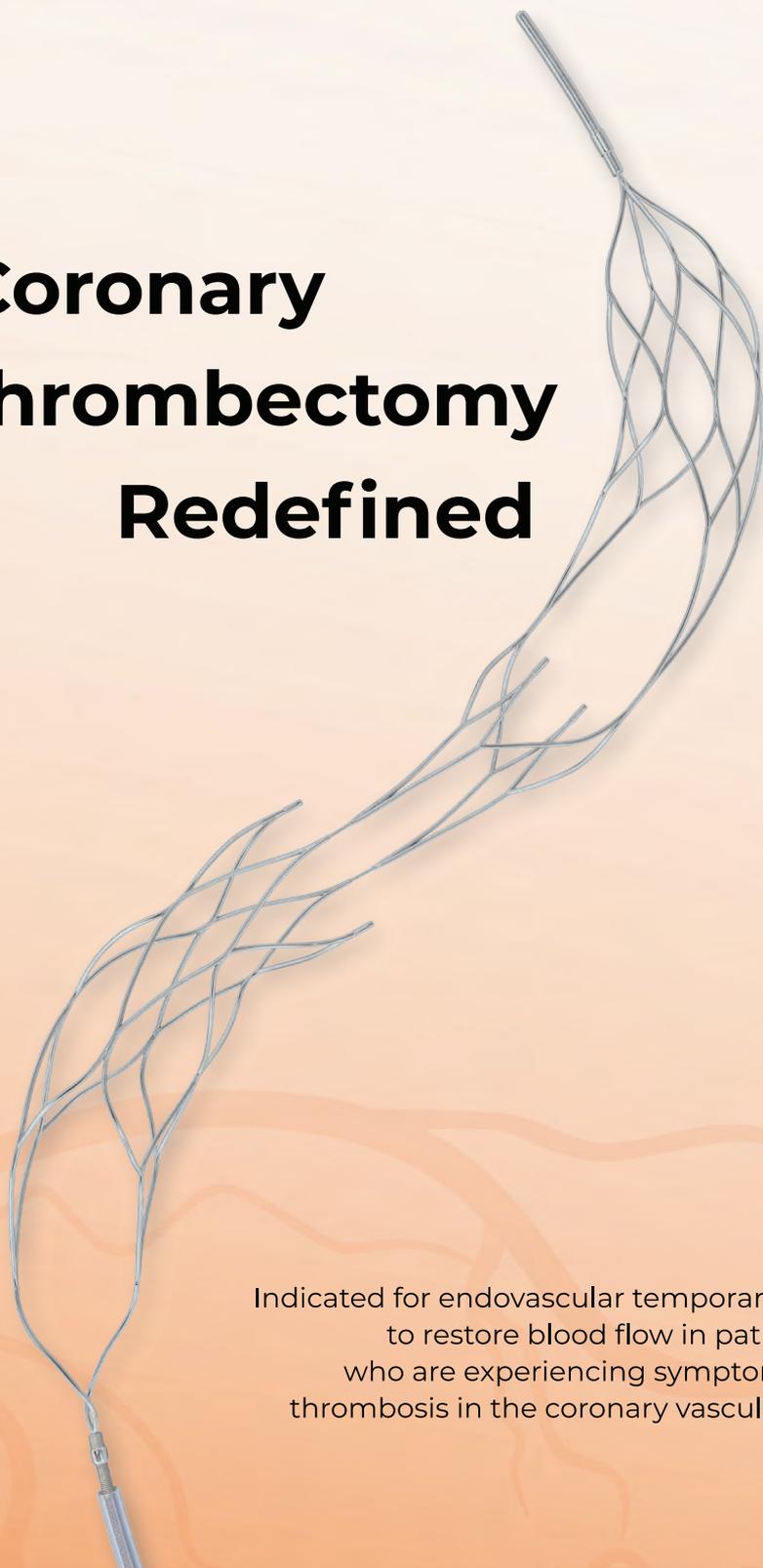


# en<sup>v</sup>ast™

## CHOOSE TO REMOVE

### Coronary Thrombectomy Redefined



Indicated for endovascular temporary use  
to restore blood flow in patients  
who are experiencing symptoms of  
thrombosis in the coronary vasculature

# en<sup>v</sup>ast™

## Drop Zone™ Technology

A balanced design for  
smooth tracking and safe  
retrieval of thrombotic  
burden

CLOSED DISTAL BASKET  
clot retention inside structure

DROP ZONES  
entry points for large,  
organized thrombi

FLOW RESTORATION ZONE  
radial force optimized for artery  
apposition



## Procedure Supply Check List

- enVast
- Guide Catheter
- .014" Guide Wire (x2)
- .021" or .027" Microcatheter
- Guide Catheter Extension (for protection of side branch)
- 60 ml VacLoc Syringes (x1-3)
- 3-way stop cocks (x2)
- Y-Connector (x2)
- Sterile bowl/bath (x1)
- Syringes to flush enVast and sheath
- Contrast solution
- Sterile/heparinized saline



# Microcatheter Considerations

## CONSIDERATIONS

- Microcatheter inner diameter (ID) should remain consistent and not taper
- For 4 mm and 4.5 mm enVast sizes: The minimum compatible ID is 0.021"
- For the 6 mm enVast size: The minimum compatible ID is 0.027"
- The maximum ID compatible with all enVast sizes is 0.035"
- Catheters with adequate distal support are recommended for optimal performance

## RECOMMENDED MICROCATHETERS

- Rebar 18 (.021")
- TrevoPro (.021")
- Headway (.021" &.027")
- Via (.021" & .027")
- Velocity (.025")
- Progreat (.022" & .027")



# Sizing Information

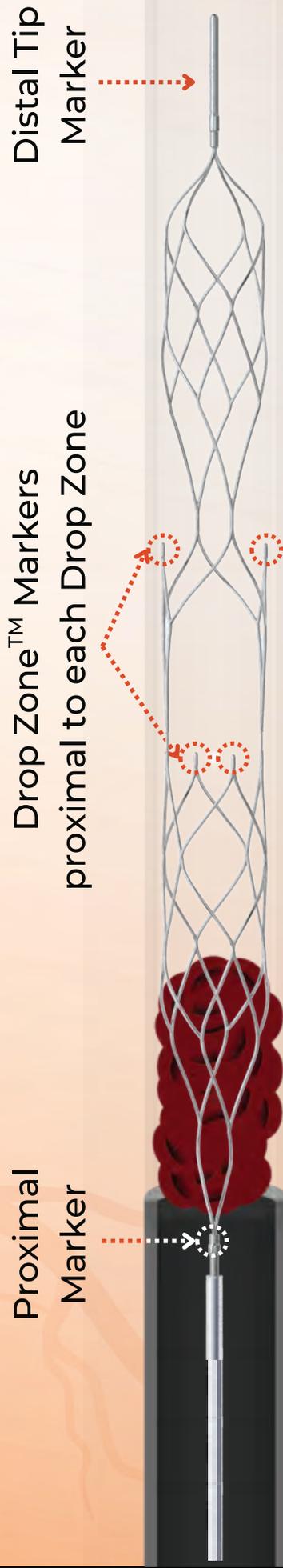
enVast Size	Product Code	Maximal Diameter (mm)	Working Length (mm)	Full Length (mm)	No. of Drop Zones	Recommended Vessel Diameter (mm)	Min. DC ID
enVast 4.0 x 30	EV-4030-F2RR	4.0	30	48	2	$\geq 2.0$ & $\leq 3.5$	.021"
enVast 4.5 x 37	EV-4537-F2RR	4.5	37	57	2	$\geq 2.0$ & $\leq 4.5$	.021"
enVast 4.5 x 46	EV-4546-F3RR	4.5	46	66	3	$\geq 2.0$ & $\leq 4.5$	.021"
enVast 6.0 x 35	EV-6035-F2RR	6.0	35	55	2	$\geq 3.5$ & $\leq 6.0$	.027"

enVast pusherwire size: 0.018" & length: 200 cm



# Radiographic Markers & Positioning

Position enVast proximal marker at the proximal edge of clot or where the occlusion begins



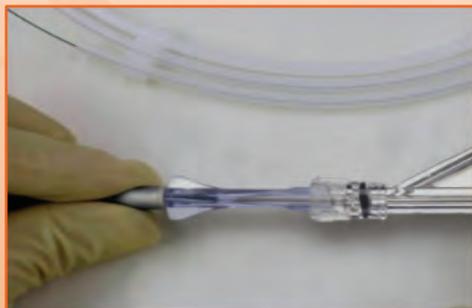
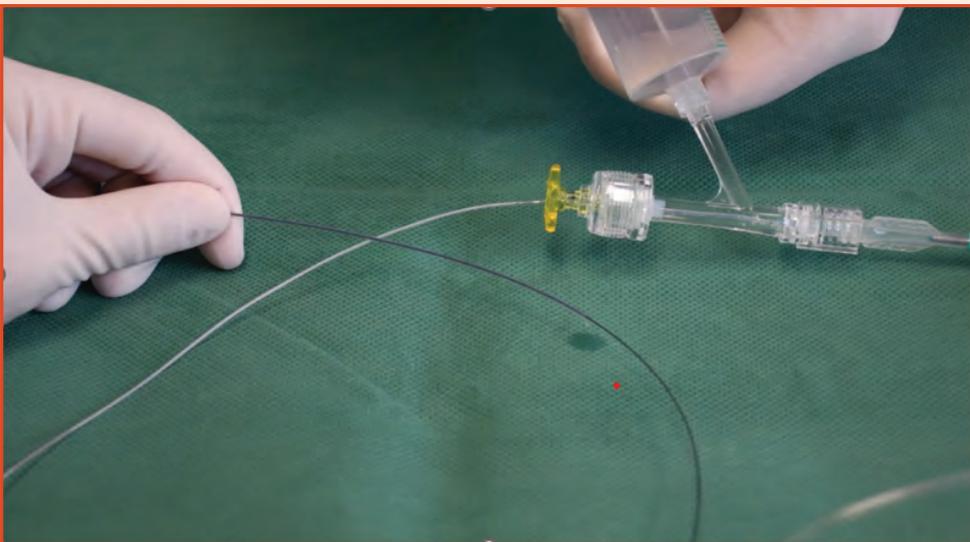
# enVast™

## Preparation & Loading

Prepare enVast by de-airing under heparinized saline



or by placing enVast with sleeve into a Y connector and back flushing

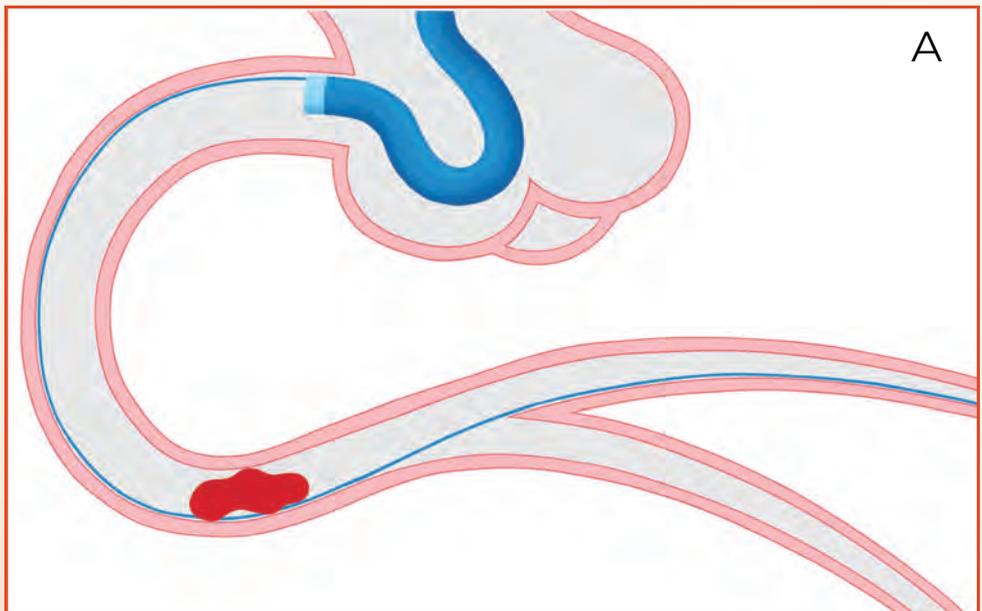




## Procedure Steps

### Deliver - gain access

Cross occlusion site with wire (GW1) and go as distal as possible (A)

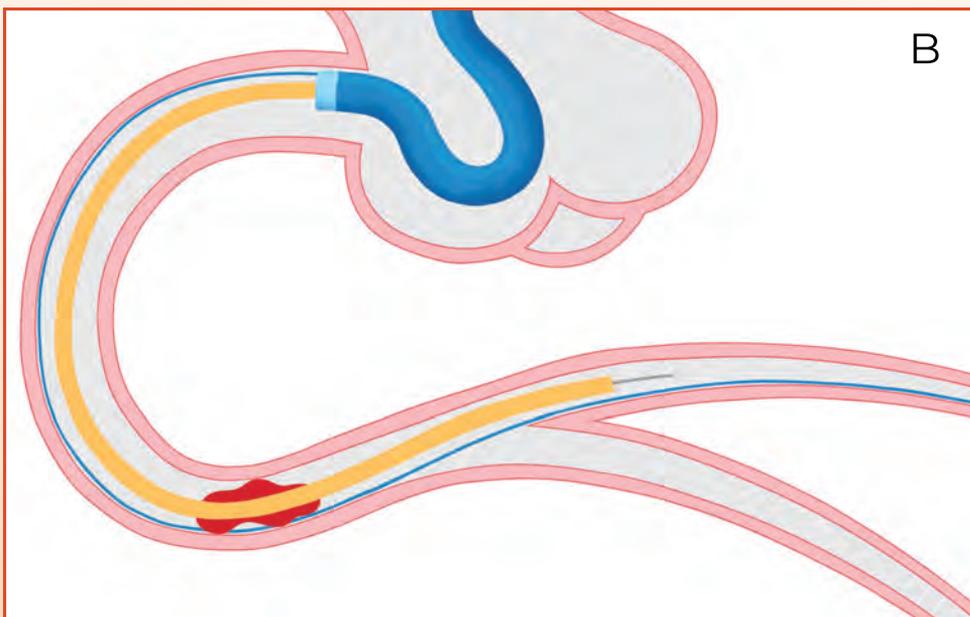




## Procedure Steps

### Deliver enVast

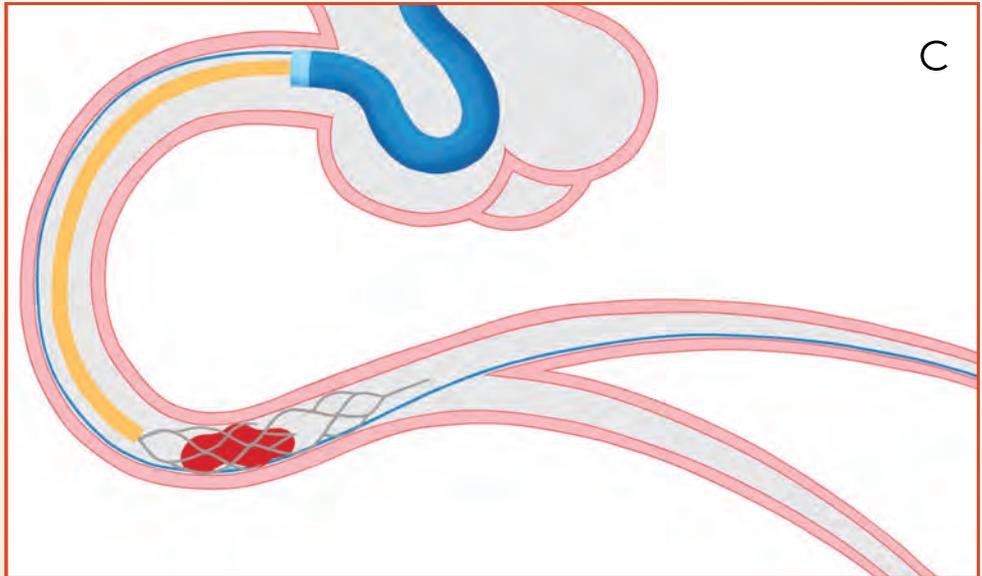
- Backload second wire (GW-2) into the microcatheter (MC)
- Advance GW-2 and MC distal to the lesion, one full enVast length beyond the proximal edge of the occlusion (B)



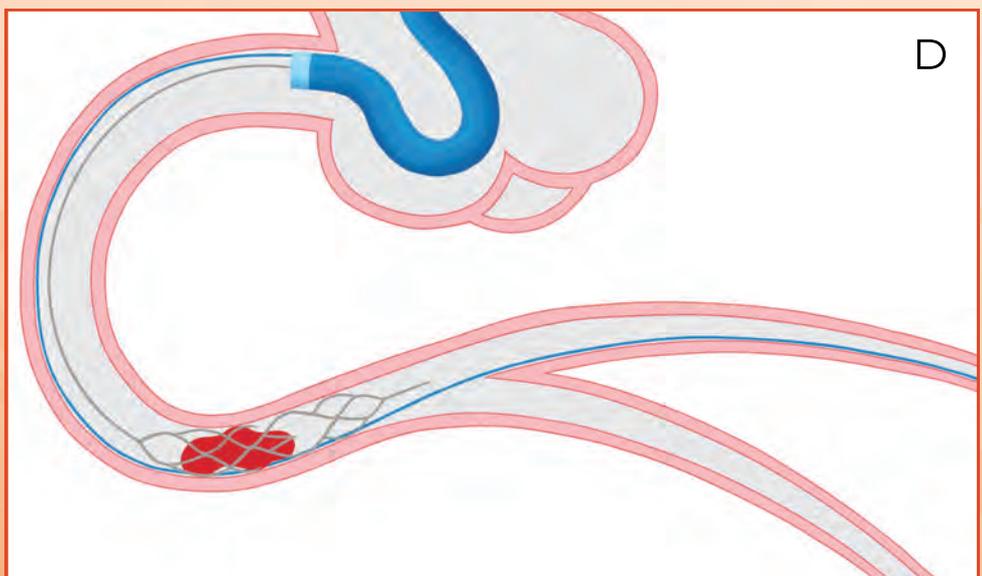
- Remove GW-2 from MC
- Flush, load into MC and continue pushing until the tip markers of enVast & MC align
- Remember to KEEP THE INTRODUCER

# enVast™

## Procedure Steps Deploy



- To deploy, fix enVast pusherwire and carefully remove the MC proximally (C)
- Check positioning
- Holding GW-1 and enVast pusherwire, remove the MC (D)



# envast™

## Procedure Steps

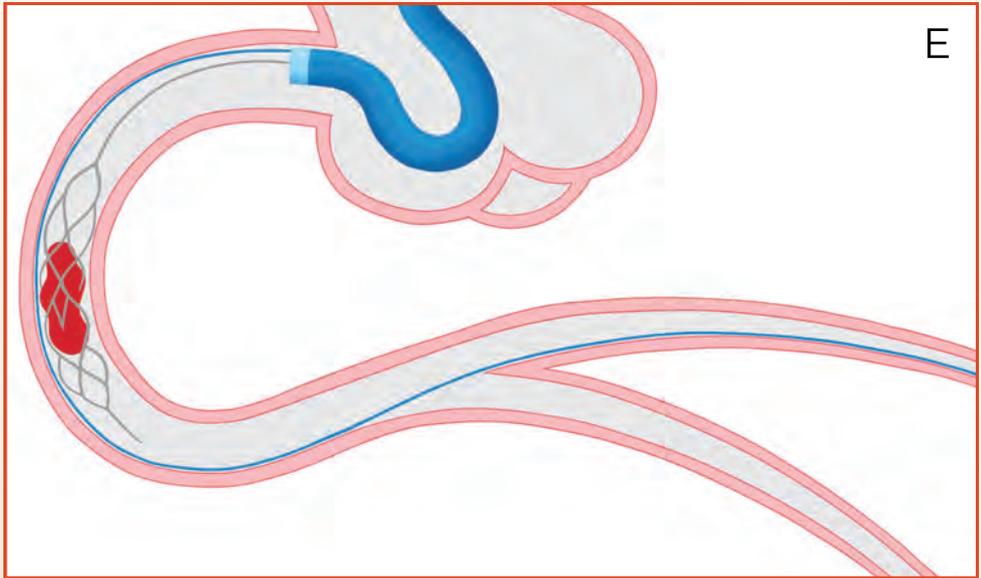
### Retrieve - prepare co-aspiration



- Prepare 1 - 3 Vac Lok syringes
- Open stop cock to start continuous aspiration from the GC hub

# enVast™

## Procedure Steps Retrieve



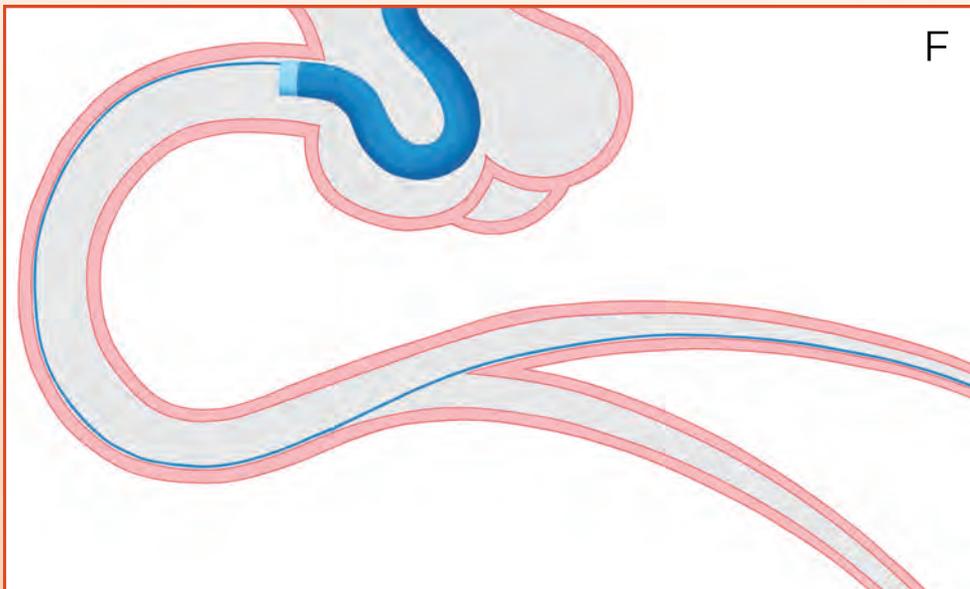
- Start slow retrieval until enVast is removed from the GC hub, leaving GW1 in place (E)
- Aspirate the GC thoroughly before additional passes



## After procedure

### Final aspiration

- After enVast retrieval, disconnect all syringes and perform strong aspiration to remove all thrombus from the guide catheter
- Leave the GW1 in place (F) to continue PCI or repeat thrombectomy if needed (up to 3 passes in the same vascular territory)



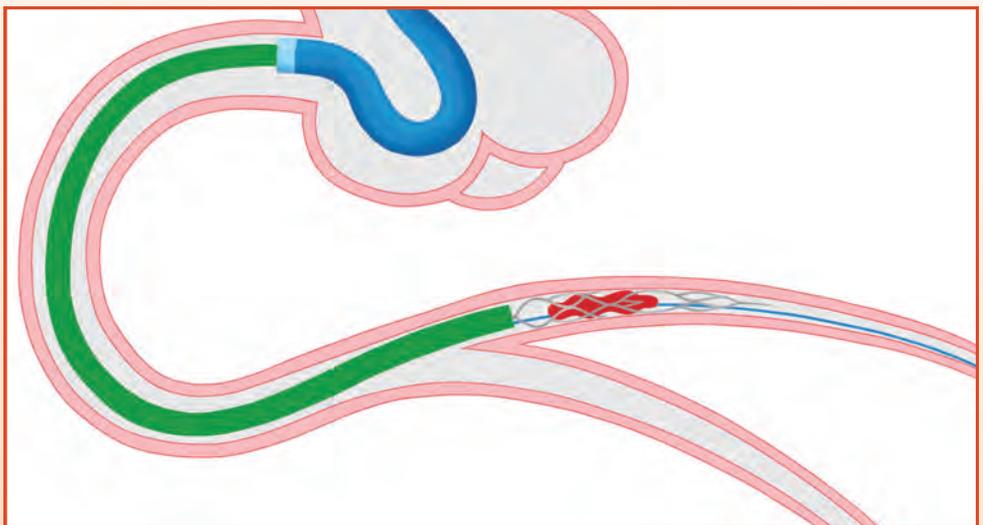
# enVast™

## To protect a significant side branch

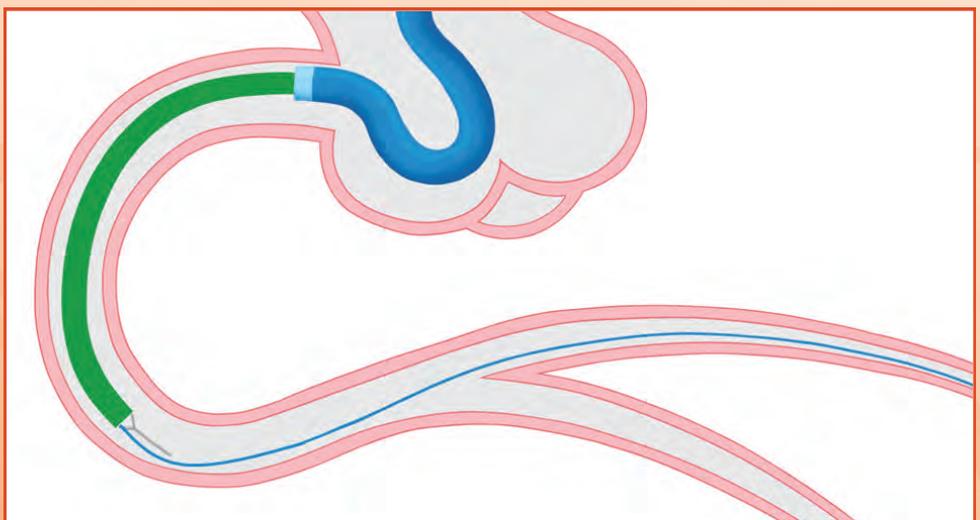
Advance a GC-Extension over both enVast and GW-1 after removing the MC



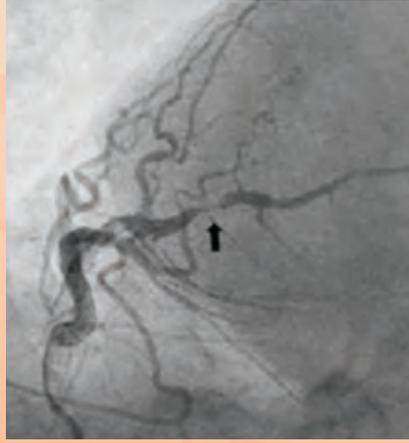
Pass the GC-Ext beyond side branch



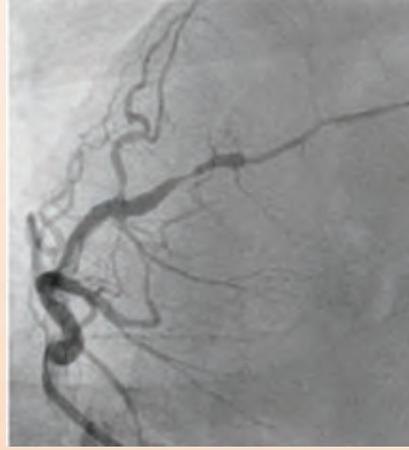
Remove GC-Extend enVast together



**CASE 1:** 61 yr old man with STEMI and functional occlusion of mid LAD



**BASELINE**



**AFTER  
ENAVAST DEPLOYMENT**



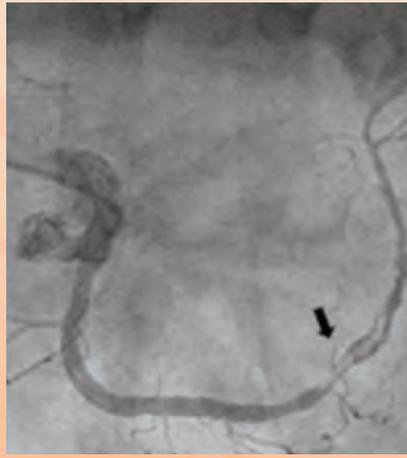
**END OF PCI**



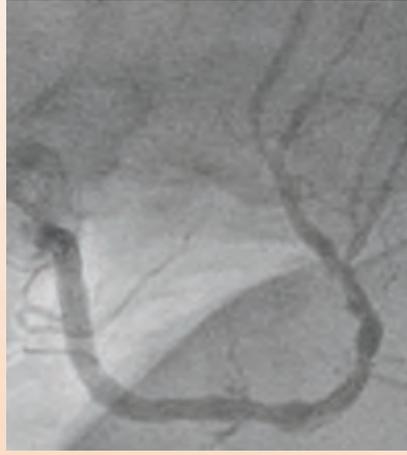
**THROMBUS  
REMOVED**

# en<sup>v</sup>ast™

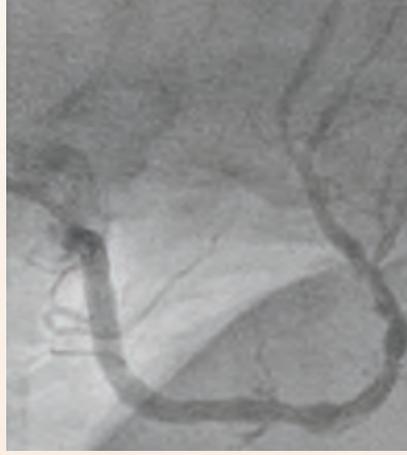
**CASE 2:** 51 yr old man with STEMI with thrombotic sub-occlusion of mid distal RCA



**BASELINE**



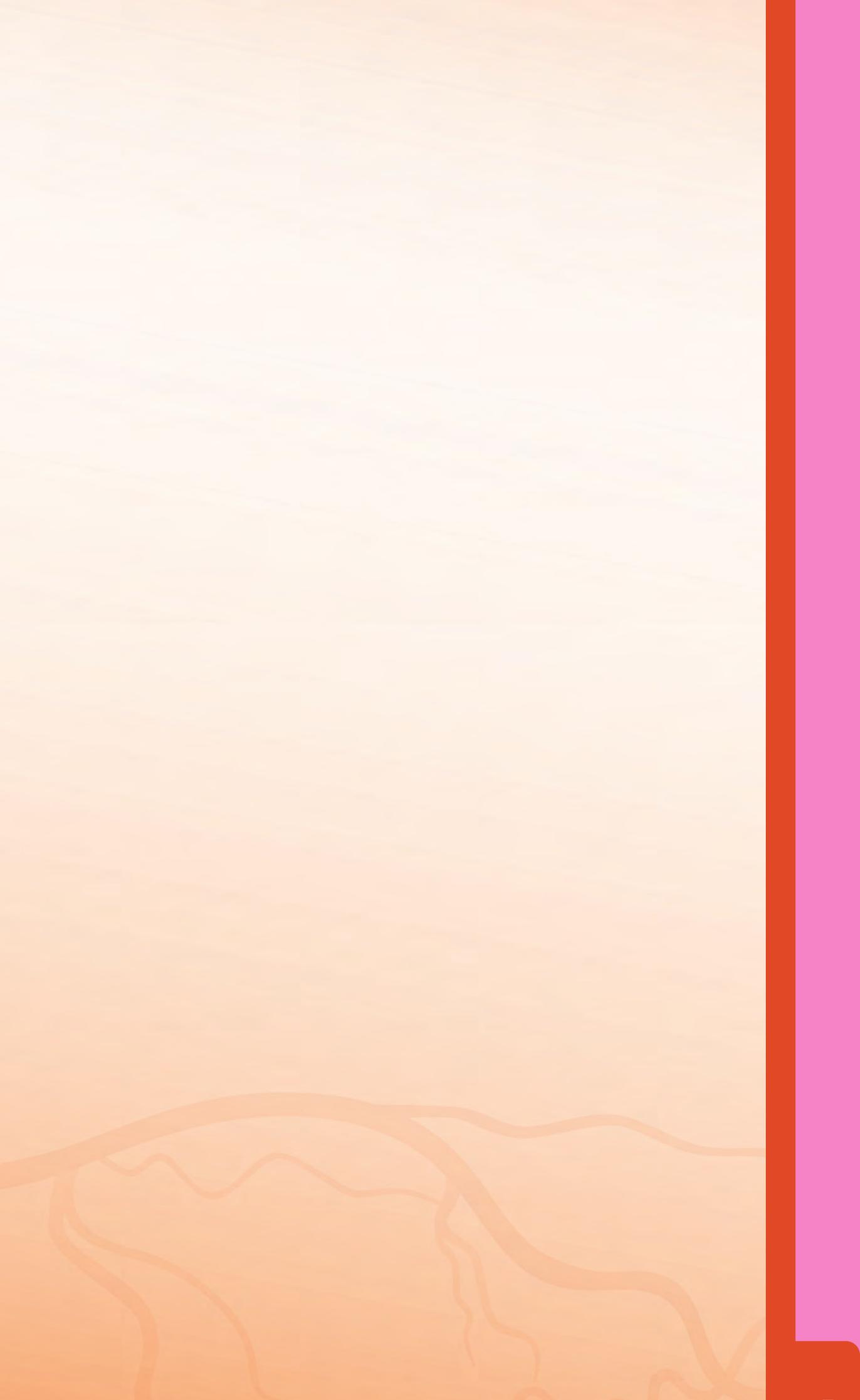
**AFTER  
ENVAST DEPLOYMENT**



**END OF PCI**



**THROMBUS  
REMOVED**



# 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

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