DO THE DROP ZONE

Discover NeVa and NeVa NET

Designed for 1st PASS SUCCESS with ALL Clot Types

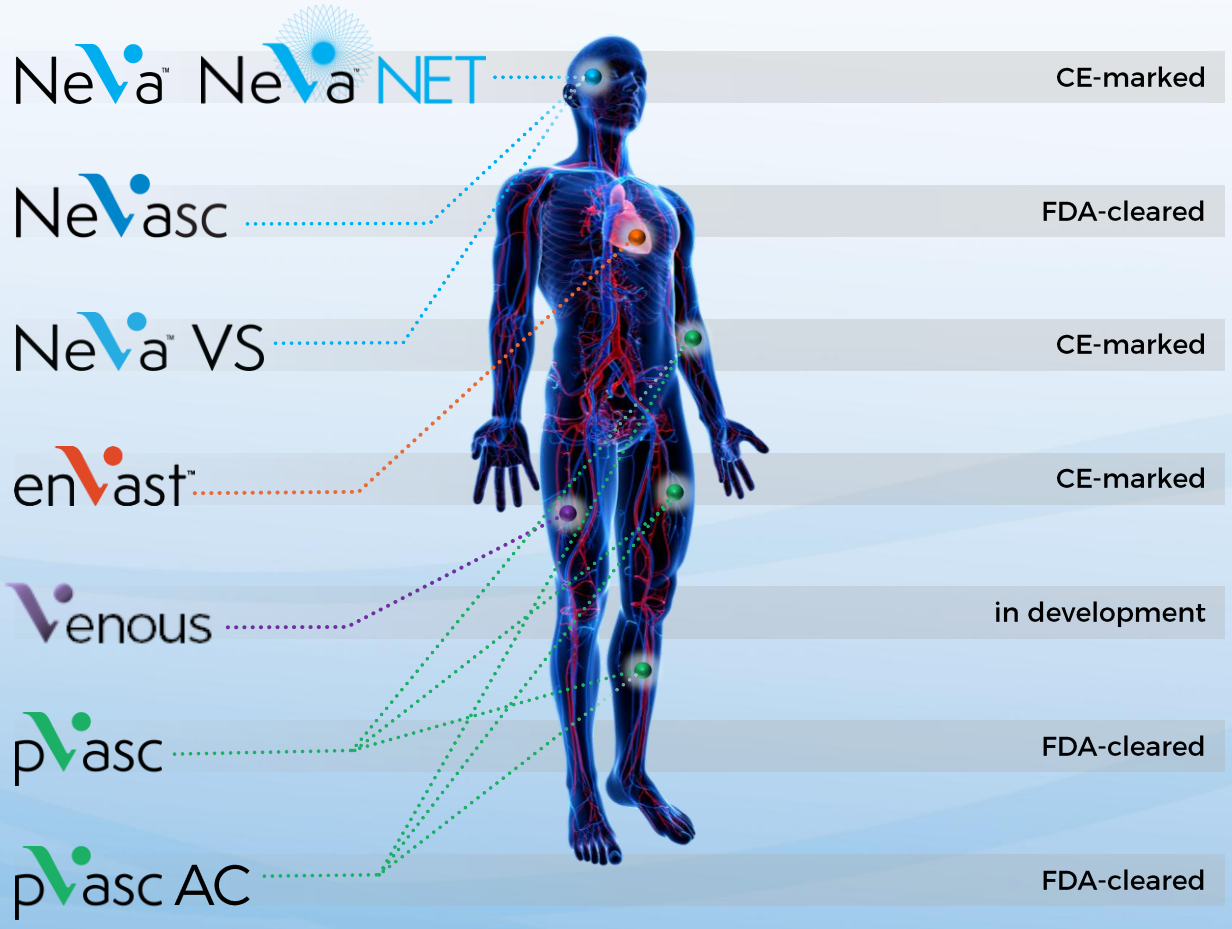
NeVa™

VESALIO™

LV-MKT-010 REV E

VESALIO CHANGING OUTCOMES CHANGING LIVES

Vesalio is advancing patient care in vascular occlusion by innovating in thrombectomy technologies to improve clinical outcomes



Founded by physicians treating vascular occlusion

Backed by world-class investors

Present in more than 60 countries worldwide

TECHNICAL CHALLENGES OF THROMBECTOMY

NeVa was designed to address the technical challenges of thrombectomy that directly impact patient outcomes

Navigation & Access

Difficult or tortuous anatomy, small vessel size, or heavily calcified arteries can make access difficult

Incomplete Clot Removal

Some devices may not capture or aspirate the entire thrombus, especially if the clot is old, organized, or adherent to the vessel wall

Distal Embolization

During clot retrieval, parts of the thrombus can break off and travel downstream to distal or previously unaffected territories

Risk of Vessel Injury

Manipulation in delicate or diseased vessels can cause dissection or perforation

Time is Brain: Pressure

Every minute without reperfusion leads to neuron loss

FIRST PASS EFFECT (FPE) → BETTER OUTCOMES

FPE (full recanalization in the 1st Pass) is the most powerful predictor of clinical outcome with best safety results

NASA registry (25 U.S. centers)	First Pass Effect Group (n=89)	Total Patient Population (n=354)	→ FPE: 25.1% of total patient population
MCA occlusions	64.0%	52.5%	→ FPE: more commonly observed in MCA occlusions
ICA occlusions	10.1%	27.7%	
BGCs use	64%	34.7%	→ FPE: more commonly observed when balloon guide catheters were used
Median time to revascularization	34 min	60 min	→ Median time to revascularization was significantly faster in FPE group (p=.0003)
mRS ≤ 2	61.3%	35.3%	→ Patient outcomes were significantly better in FPE group (p=.013)

 Zaidat et al., Journal of NeuroInterventional Surgery, 2015

FIRST PASS EFFECT (FPE)→ BETTER OUTCOMES

FPE (full recanalization in the 1st Pass) is the most powerful predictor of clinical outcome with best safety results

Faster Recanalization

"Time is brain"

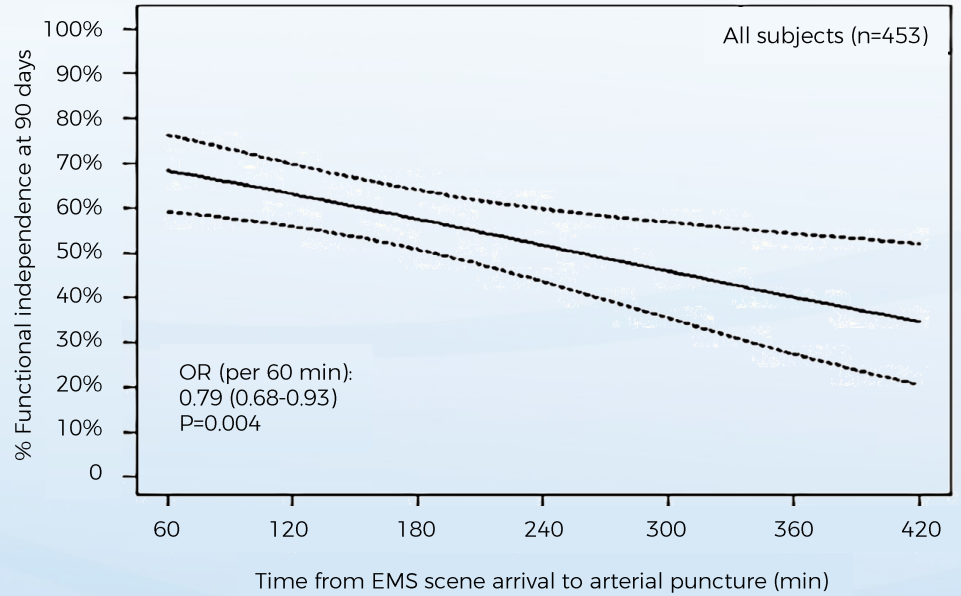
Lower Complication Rates

Thanks to smaller number of passes

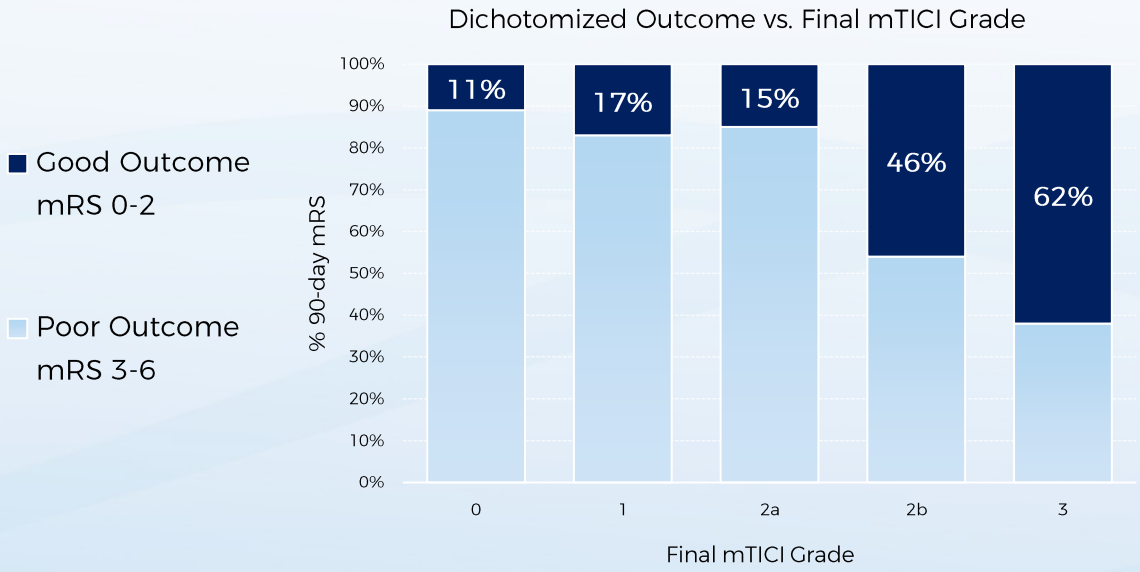
Complete Reperfusion

Better quality recanalization results in better outcomes

Each hour of delay to treatment is associated with a 5.5% absolute decline in the likelihood of good outcome

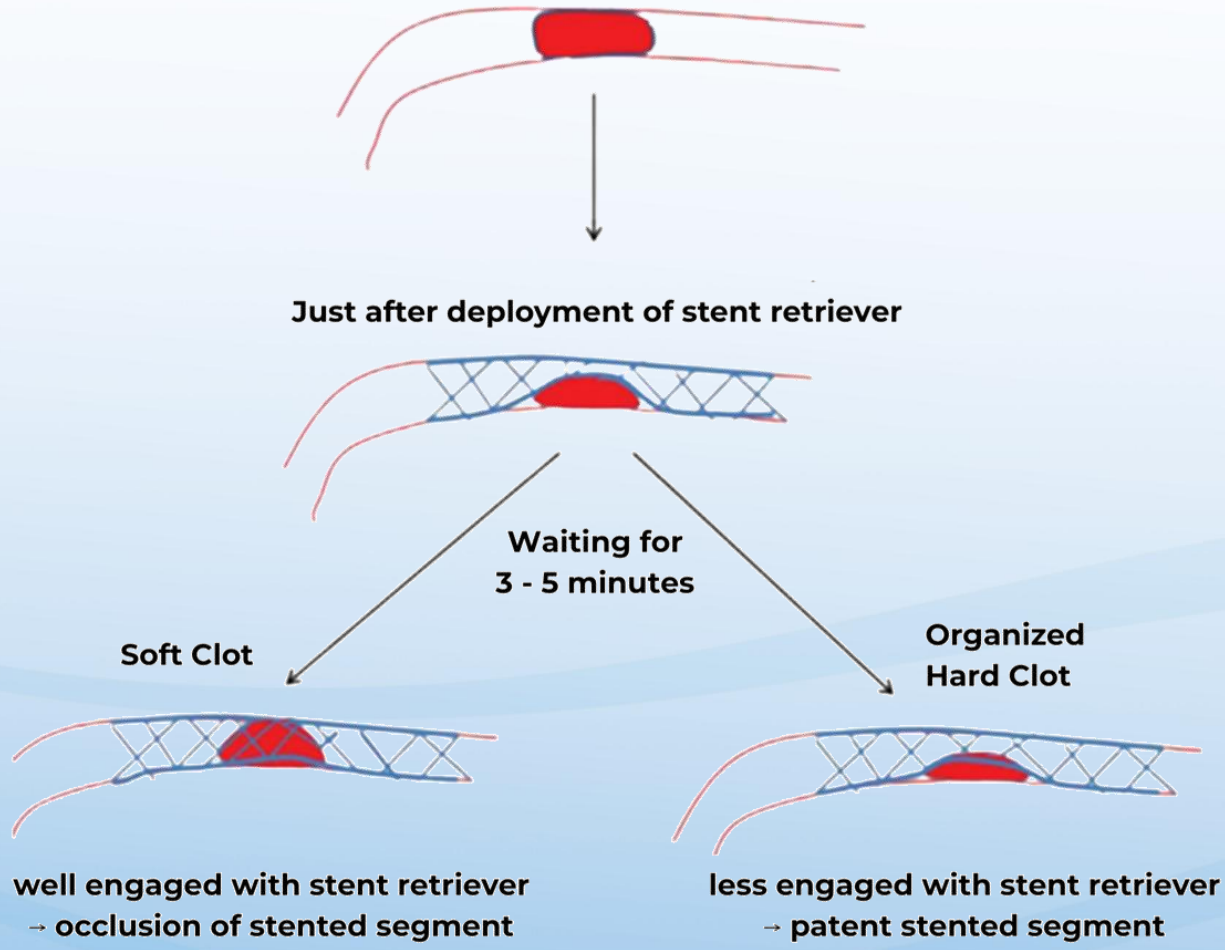


Proportion of good outcome by mTICI grade (p<0.0001 for overall comparison)



Yoo et al, Stroke. 2013;44:2509-2512

CAUSES OF RECANALIZATION FAILURE



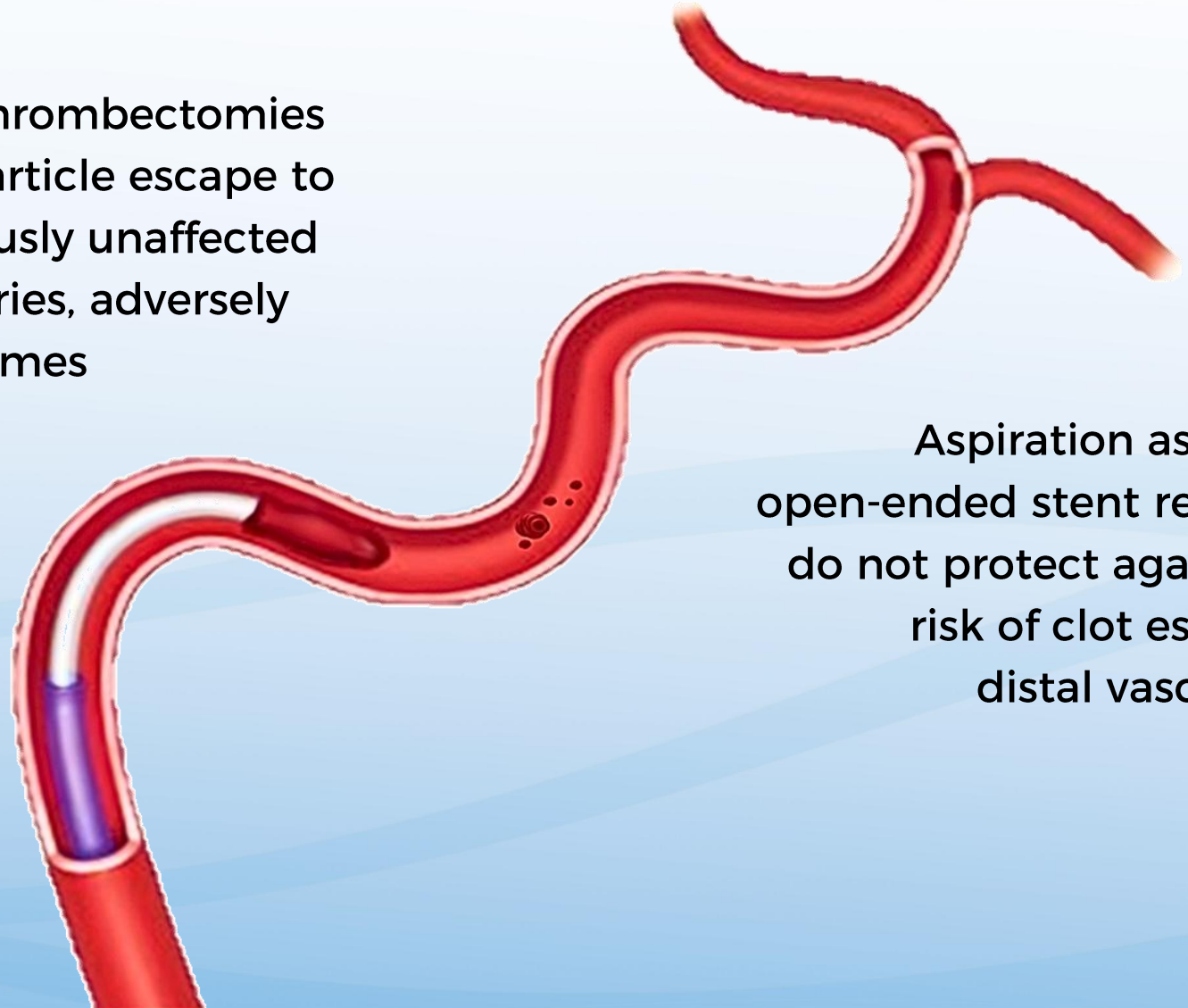
An organized (hard, fibrin-rich) clot is more resilient and less sticky than a fresh (soft, red blood cell-rich) clot.

As a result, it engages less effectively with a typical stent retriever, increasing the risk of clot disengagement or “missed” retrieval—particularly in the setting of a tortuous arterial anatomy.

Byung Moon Kim, Causes and Solutions of Endovascular Treatment Failure, Journal of Stroke 2017;19(2):131-142. Published online: May 31, 2017

CAUSES OF RECANALIZATION FAILURE

Up to 40% of thrombectomies result in clot particle escape to distal or previously unaffected vascular territories, adversely affecting outcomes



Aspiration as well as open-ended stent retrievers do not protect against the risk of clot escape to distal vasculature


DESIGN
Designed for 1st PASS SUCCESS with ALL Clot Types
ESALIO™
Nevia™
LV-MKT-010 REV E

NOT JUST ANOTHER STENT-RETRIEVER

Neva™

All-Clots Capability

Remove even the hardest, fibrin-rich clots

Contain soft, fragment-prone clots that easily disintegrate

First-Pass Success

Reduce time-to-recanalization

Improve on recanalization quality, with higher TICI 2c/3 rates

Ease of Use

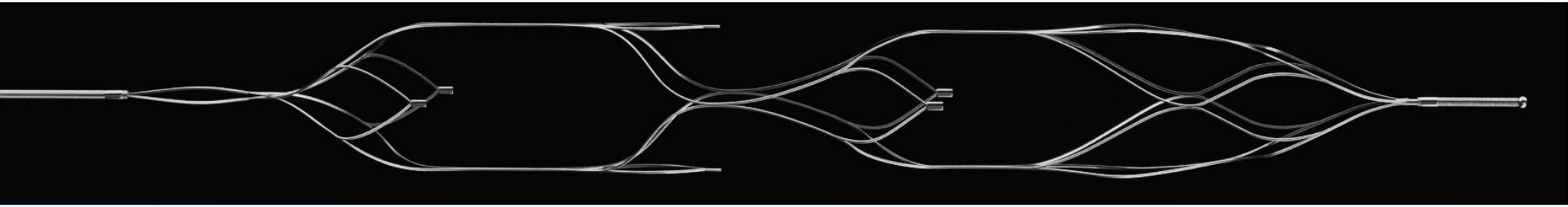
Allow real-time feedback during retrieval

Synergistic with all access philosophies

TARGETING FIRST PASS SUCCESS WITH ALL CLOT TYPES

NeVa™

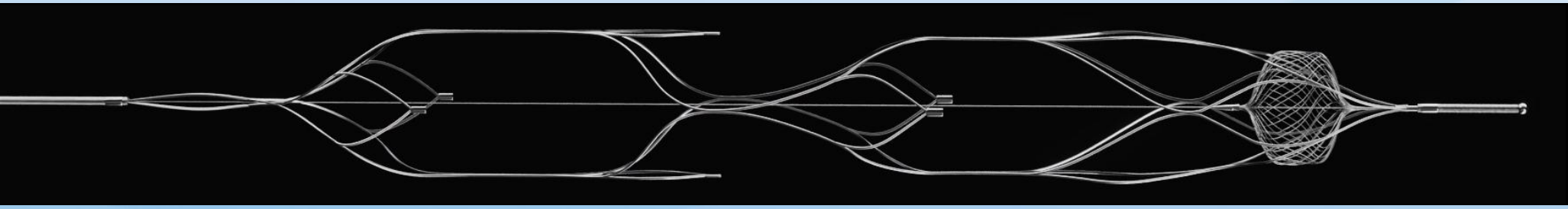
DESIGNED WITH DROP ZONE™ TECHNOLOGY TO
CAPTURE ALL TYPES OF CLOT INSIDE



Drop Zones offset at 90˚, acting as pockets to capture thrombi inside

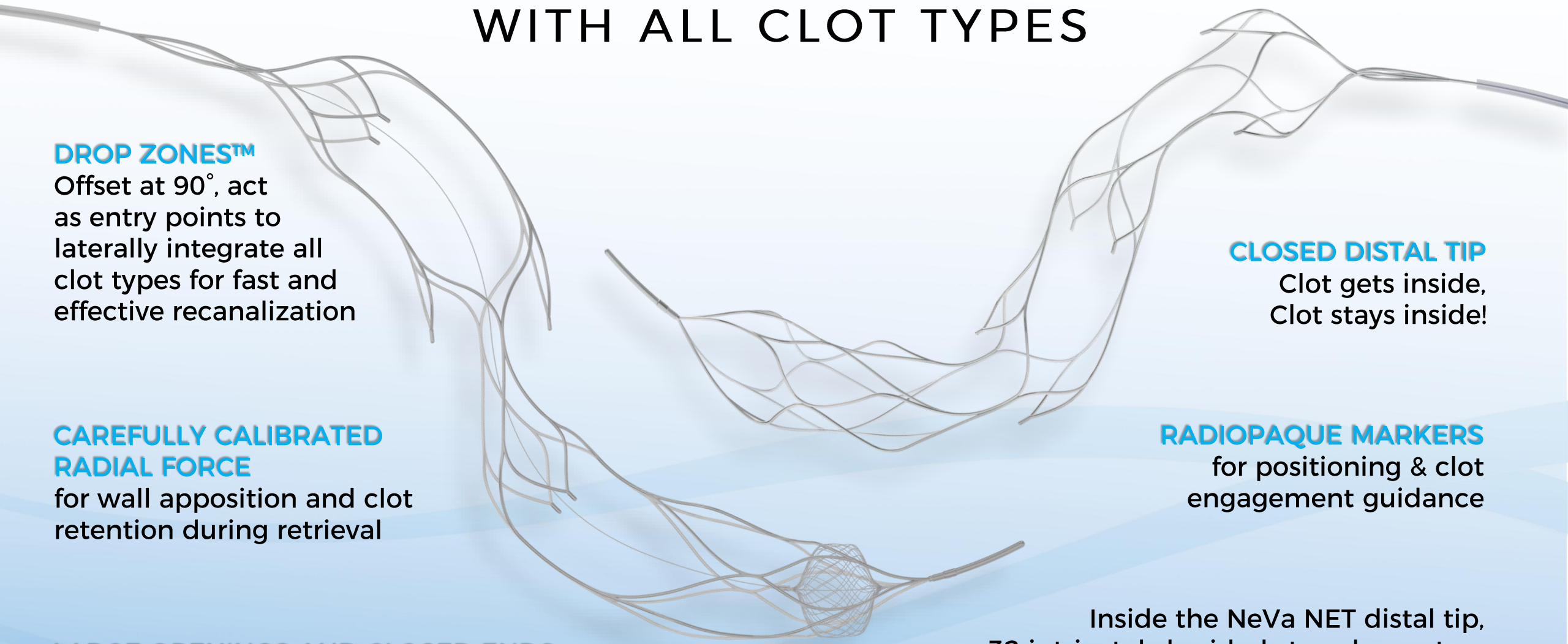
NeVa™ NET

THE FIRST & ONLY MICRO-FILTRATION TECHNOLOGY DESIGNED TO
MAXIMIZE CLOT RETENTION



32 intricately braided nitinol strands of .00125” creating a filter with an average pore size of 385.3±68 µm

TARGETING FIRST PASS SUCCESS WITH ALL CLOT TYPES



DROP ZONES™
Offset at 90˚, act as entry points to laterally integrate all clot types for fast and effective recanalization

CLOSED DISTAL TIP
Clot gets inside,
Clot stays inside!

CAREFULLY CALIBRATED RADIAL FORCE
for wall apposition and clot retention during retrieval

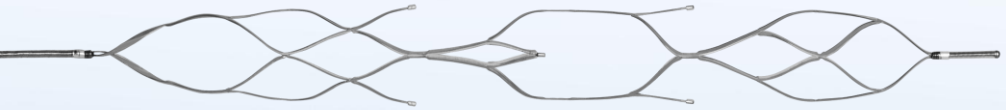
RADIOPAQUE MARKERS
for positioning & clot engagement guidance

LARGE OPENINGS AND CLOSED ENDS
for endothelial tissue protection

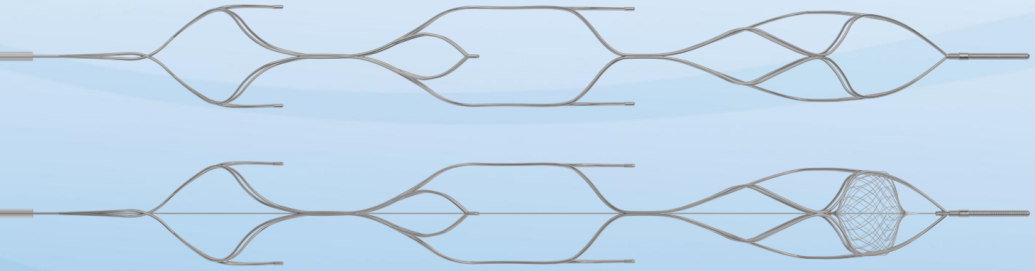
Inside the NeVa NET distal tip, 32 intricately braided strands create a **385.3±68 µm PORE-SIZED FILTER**

NEVA DESIGN EVOLVED WITH FEEDBACK WITH AN AMBITION TO EXCEED AND EXCEL

2018

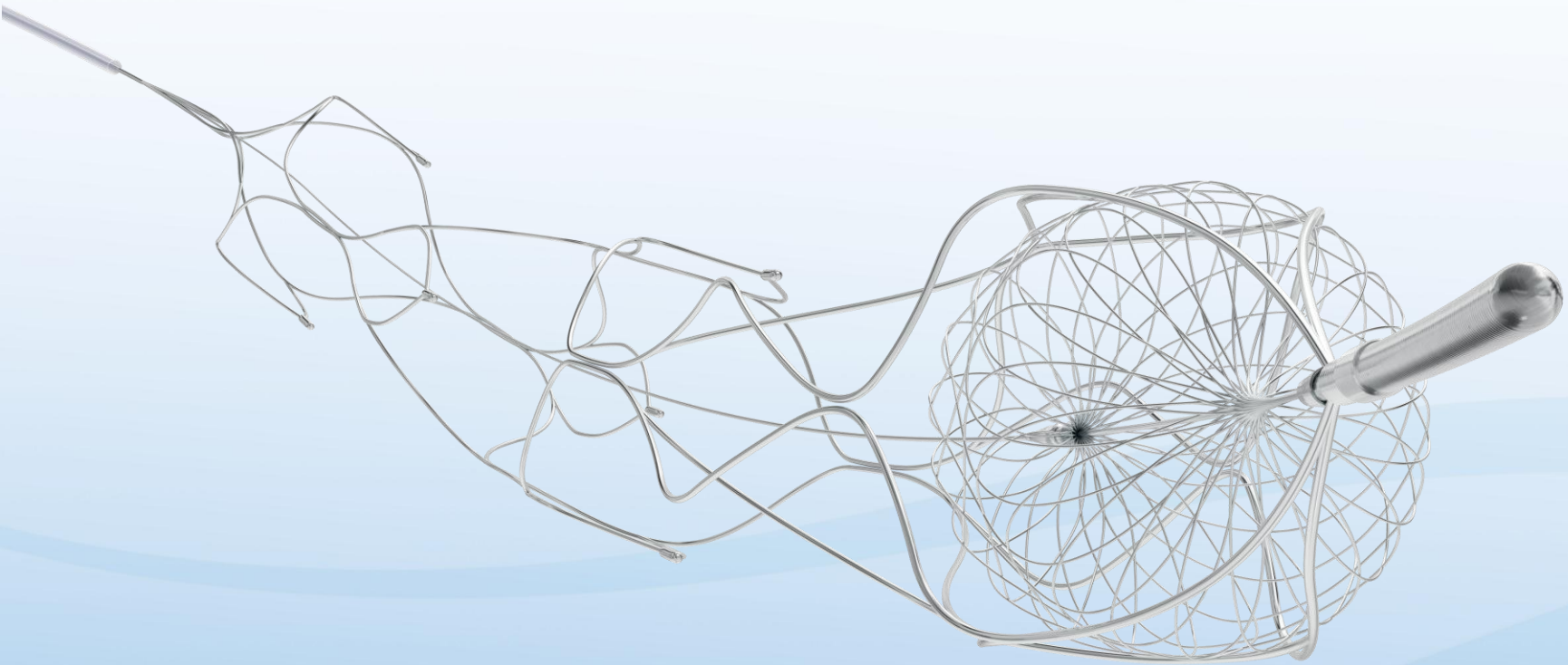


2024



- Flow restoration zone exchanged for an additional Drop Zone
- Several sizes piloted, including an ultra-long 5 Drop Zone NeVa
- Addition of “zebra” fluoroscopy markers to the pusher-wire
- Lower profile markers (maintained visibility) … and many minor design adjustments to improve microcatheter compatibility, navigability and other features
- NET: the first ever integrated microfilter in the basket structure

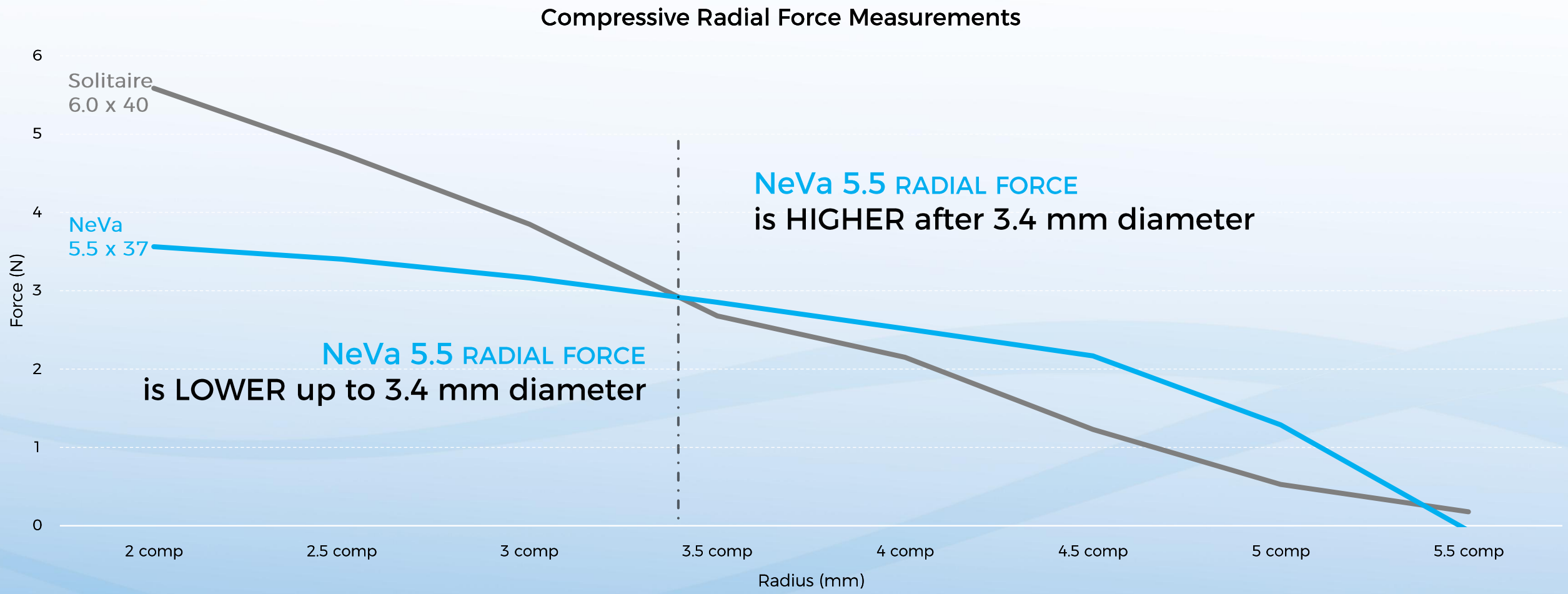
NEVA NET HAS A SINGULAR MICRO FILTRATION TECHNOLOGY FOR MAXIMAL CLOT RETENTION



NeVa™ NET

32 intricately braided nitinol strands of .00125” creating a filter with an average pore size of 385.3±68 µm

NEVA IS DESIGNED FOR WALL APPOSITION



 Testing on file at Vesalio

NEVA 3 MM: DROP ZONE TECHNOLOGY REACHING NEW ANATOMY

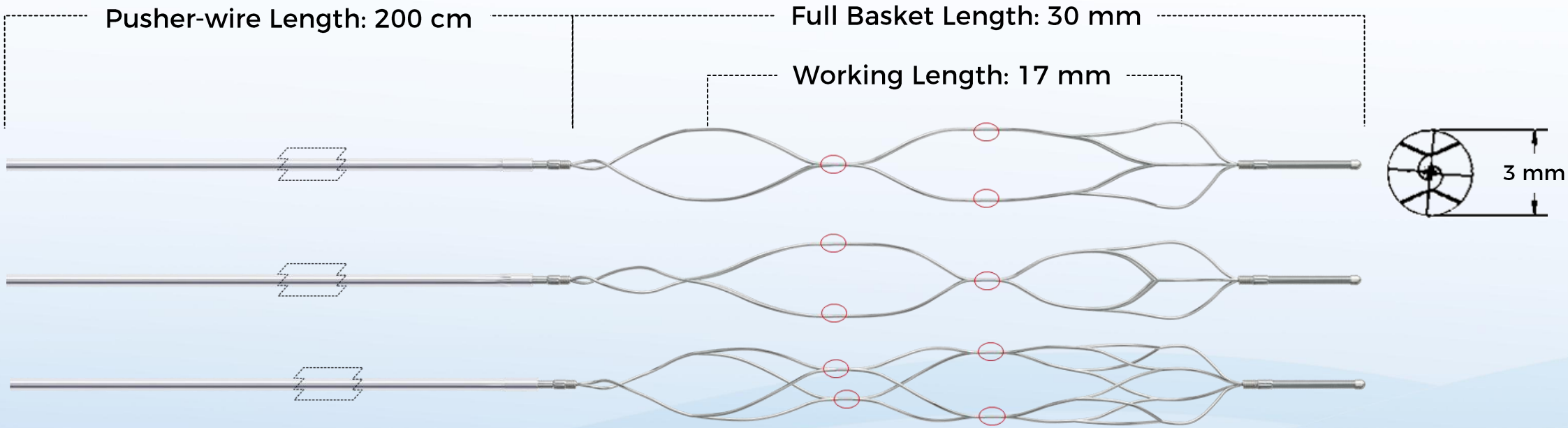
A SEAMLESS, CONTINUOUS STRUCTURE
gliding with ease in
.017” ID microcatheters

FOR ARTERIES AS SMALL AS 1.5 MM:
perfect for
M2, ACA & PCA occlusions

Radial force **ATTUNED TO DELICATE ANATOMY**

Extending the reach of Vesalio’s proven Drop Zone™ technology engineered for **ALL CLOT TYPES**

NEVA 3MM: DROP ZONE TECHNOLOGY REACHING NEW ANATOMY



Pusherwire Specifications

- Diameter: 0.014”, .017” Microcatheter compatible
- Similar tapering, miniaturized
- Zebra markers: 37.5 cm from the proximal end of the pusherwire

Basket Specifications

- Reduced radial force
- Smooth, continuous structure
- 2 Drop Zones
- Indicated in 1.5 – 3 mm arteries

CLINICAL DATA & EXPERIENCE

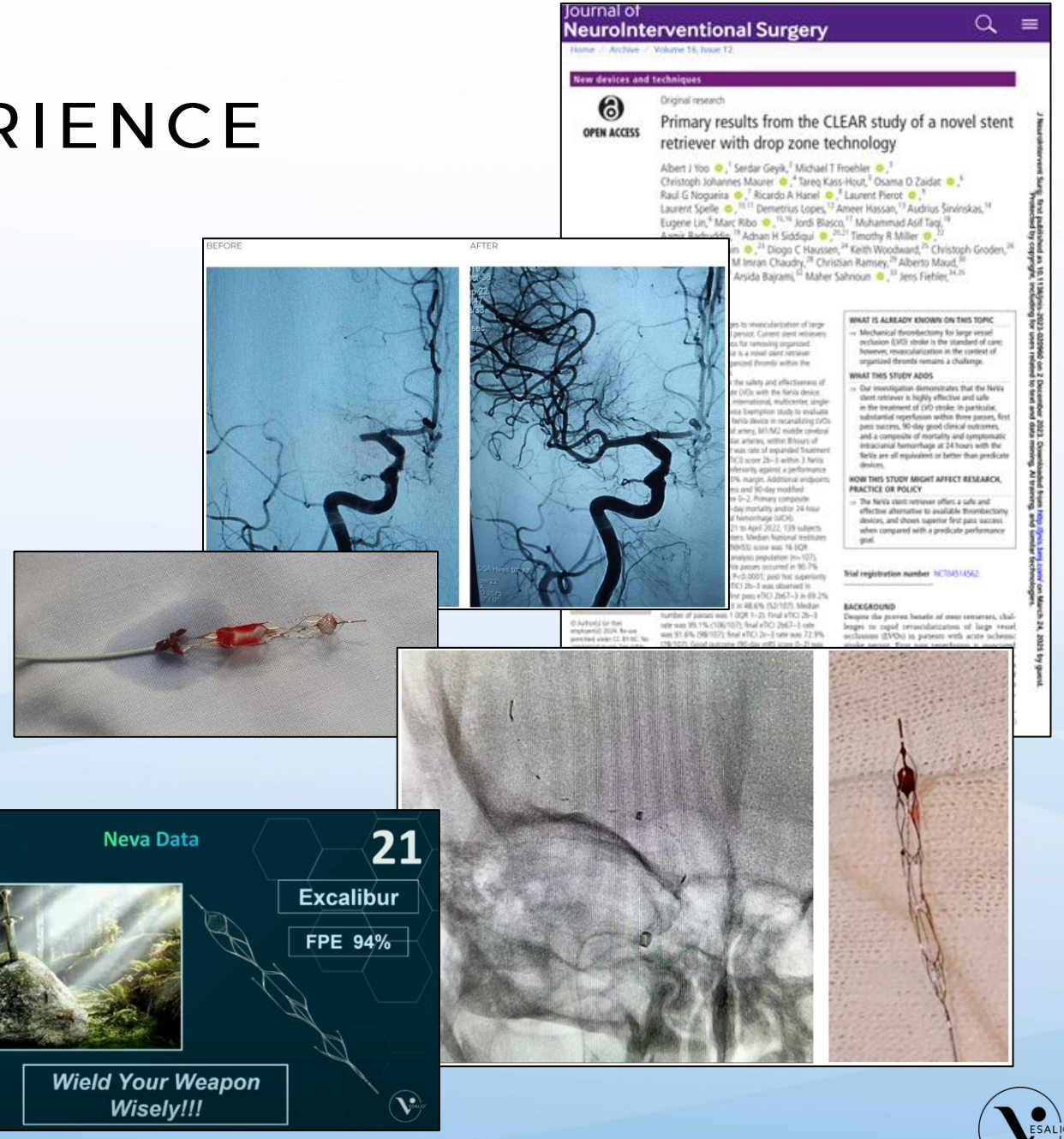
Designed for 1st PASS SUCCESS with ALL Clot Types

Nevia™

VESALIO™

Neva™ CLINICAL EXPERIENCE

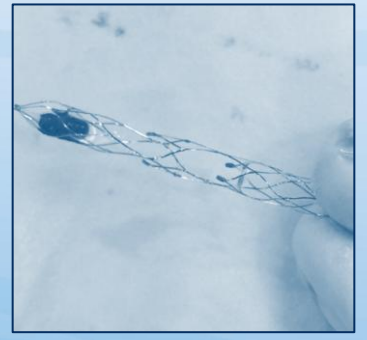
- More Than 15000 Cases Worldwide
- 16+ publications
- All-Clots Capability
- Superior First-Pass Success
- Maximized Clot Retention
- Proven Safety



NEVA PRE-CLINICAL TESTING

PRE-LAUNCH ANIMAL TESTING:
ALL CLOTS CAPABILITY PROVEN

Clot Type	Soft	Hard	Ultra Hard	All Clots
Clot morphology	Whole Blood "RED" Clot	Plasma Rich "WHITE" Clot	Clot modeled from ONYX 500	RED, WHITE and ONYX 500
N =	19	5	11	35
Length of clots - mm	10-40	6-12	4-12	4-40
1st Pass TICI 3	84%	60%	55%	71%
Final TICI 3	89%	NR	82%	83%
Final TICI 2b/3	100%	100%	91%	97%
Average # of passes for final recanalization	1,05	1,00	1,63	1,23



REMOVED
ALL
SOFT AND HARD CLOTS IN A SINGLE PASS

REMOVED
91%
OF THE ULTRA HARD CLOTS

ACHIEVED
71% FIRST-PASS
97% FINAL
RECANALIZATION ACROSS ALL CLOT TYPES

Ulm A.J. et al. Interventional Neurology 2018;7:205–217

PRE-LAUNCH IN VITRO TESTING: CONSISTENT EFFECTIVENESS AT REMOVING ORGANIZED CLOTS

Benchtop testing comparing all available devices in 2016[1] ***"All stent retrievers failed when interacting with large white thrombi (≥ 6mm)"***

Solitaire*:	0/5	Trevo:	0/5
Embotrap*:	0/5	Eric:	0/5
Preset*:	0/5	Preset LT:	0/5
Catch*:	0/5	Separator 3D:	0/5
Revive*:	0/5	Mindframe:	0/5

Same study design, same model, same physician

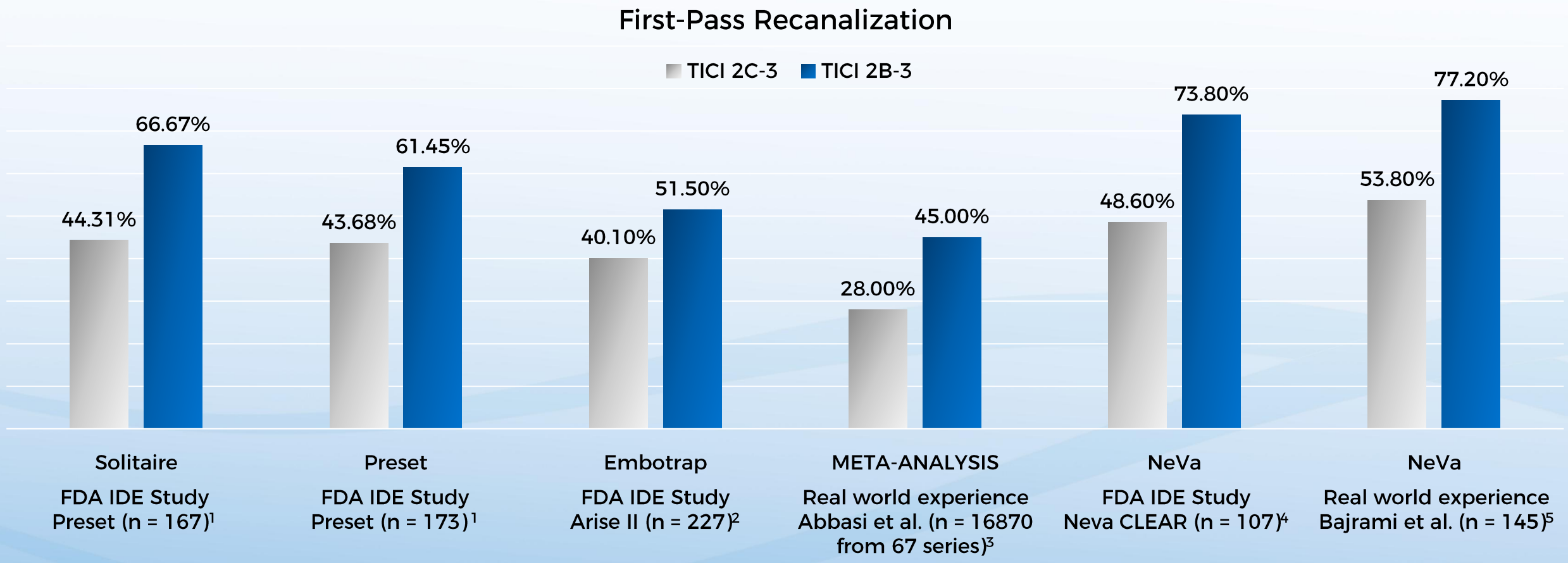
DIFFERENT RESULTS in 2018[2]

NeVa: 6/10 successful <u>complete removals</u> of large (≥ 6 mm), white (hard) thrombi

1. Machi P, et al. Journal of NeuroInterventional Surgery. 2016; 0:1–7 -- * Some versions of these devices were able to minimally displace clots 1-2 times in 5, without succeeding in removing them; 2. Machi P, et al. Journal of Neuroradiology. April 2018

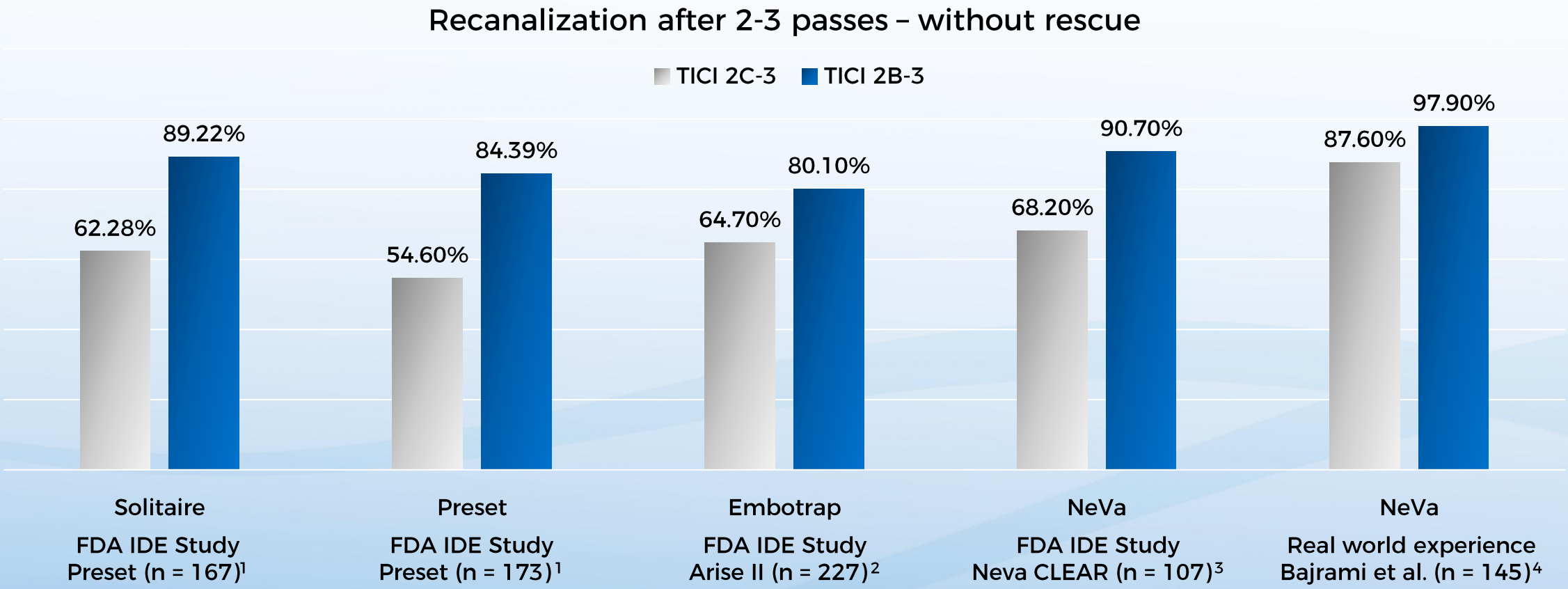
NEVA CLINICAL EXPERIENCE

CLINICAL EXPERIENCE IN FIRST-LINE
SUPERIOR FIRST-PASS SUCCESS



1. Zaidat OO et al., Primary Results of the Multicenter ARISE II Study (Analysis of Revascularization in Ischemic Stroke With EmboTrap), Stroke Volume 49, Number 5
2. Nogueira RG et al., Thrombectomy With the pRESET vs Solitaire Stent Retrievers as First-Line Large Vessel Occlusion Stroke Treatment: A Randomized Clinical Trial. JAMA Neurol. 2024 Feb 1;81(2):170-178.
3. Abbasi et al., JNS 2021:13:212-216, 2. Yoo AJ, et al., JNS 2023. doi: 10.1136/jnis-2023-020960.
4. Yoo AJ, Geyik S, Froehler MT, et al., Primary results from the CLEAR study of a novel stent retriever with drop zone technology, Journal of NeuroInterventional Surgery 2024;16:1220-1227
5. Bajrami A, Ertugrul O, Senadim S, et al. First-pass results of mechanical thrombectomy with the two-drop zone NeVa™ device. Interv Neuroradiol. 2022;28:255–263.

CLINICAL EXPERIENCE IN FIRST-LINE RECANALIZATION BEFORE RESCUE



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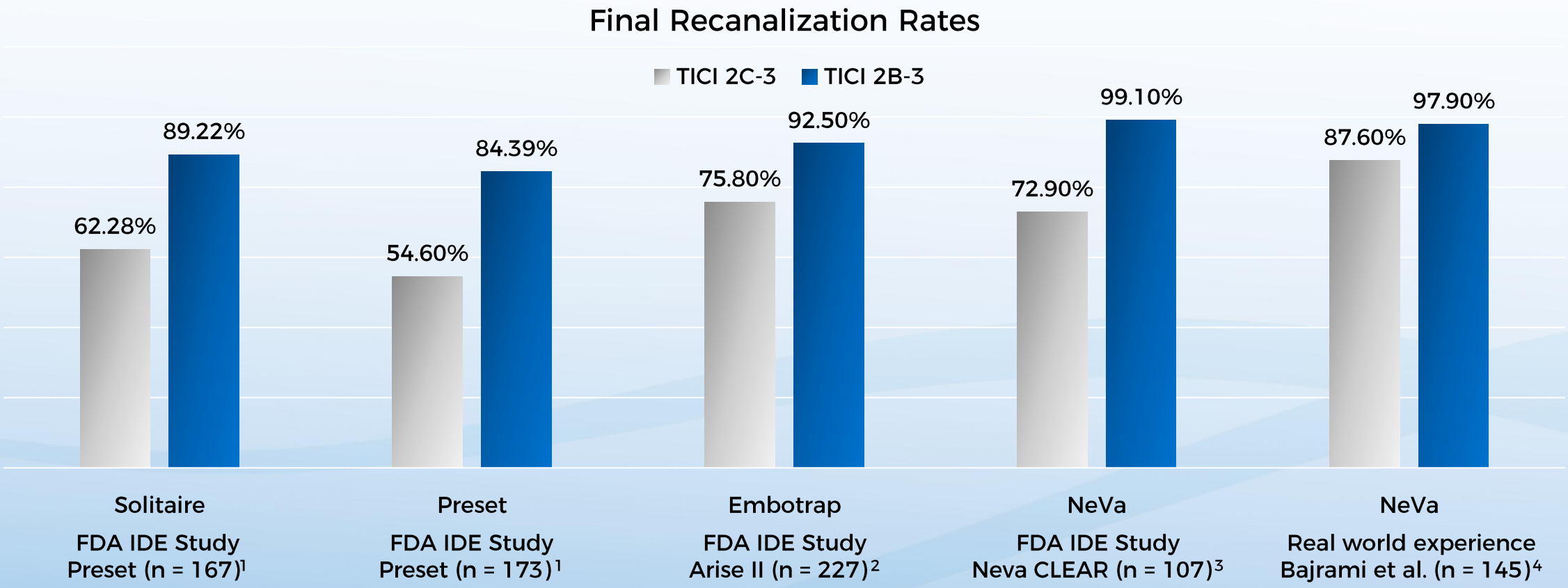
CLINICAL EXPERIENCE IN FIRST-LINE FINAL RECANALIZATION



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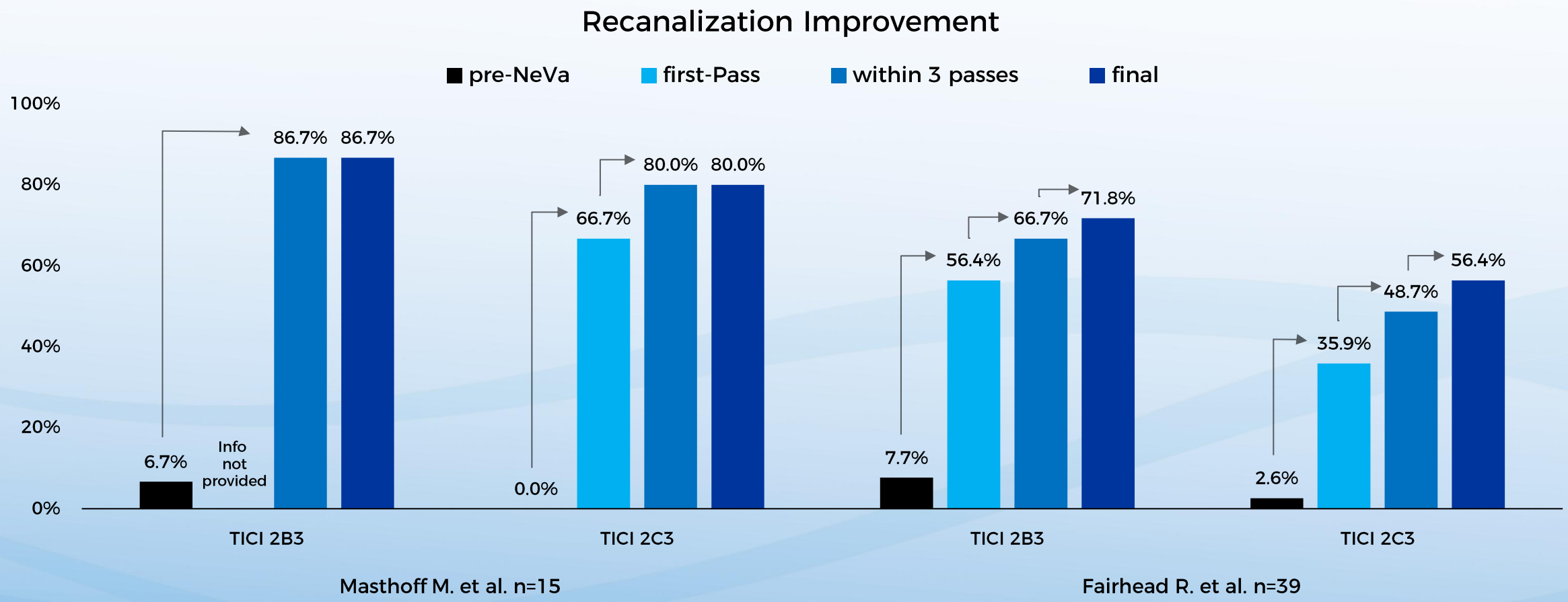
CLINICAL EXPERIENCE IN RESCUE
SIGNIFICANT IMPACT

Significant improvement was onserved with NeVa as a rescue device after failed initial attempts



Masthoff M. et al., Evaluation of the effectiveness and safety of the multizone NeVa™ stent retriever for mechanical thrombectomy in ischemic stroke. Neuroradiology. 2023;65:1–10
Fairhead R. et al., The use of the NeVa stent-retriever for bail-out mechanical thrombectomy. Interv Neuroradiol. 2025 Sep

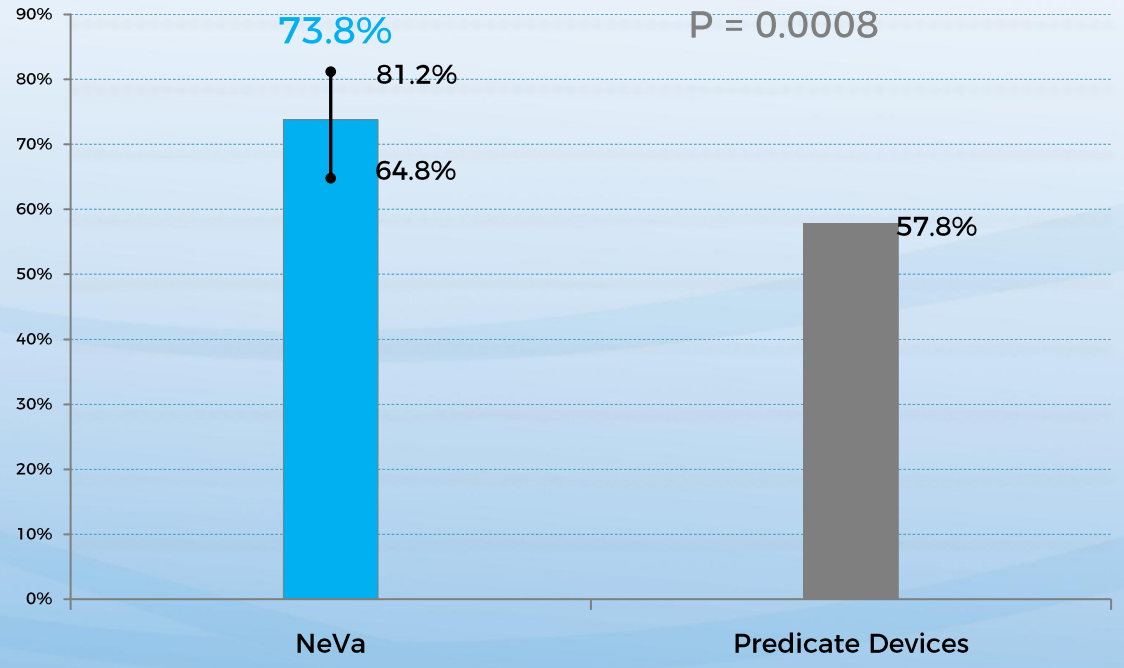
CLEAR STUDY RESULTS IN DETAIL

CLEAR STUDY EFFICACY ENDPOINT (mITT, n=107)
FIRST-PASS REPERFUSION

NeVa achieved a superior rate of first pass successful reperfusion compared to predicate devices - prespecified secondary endpoint hierarchical testing

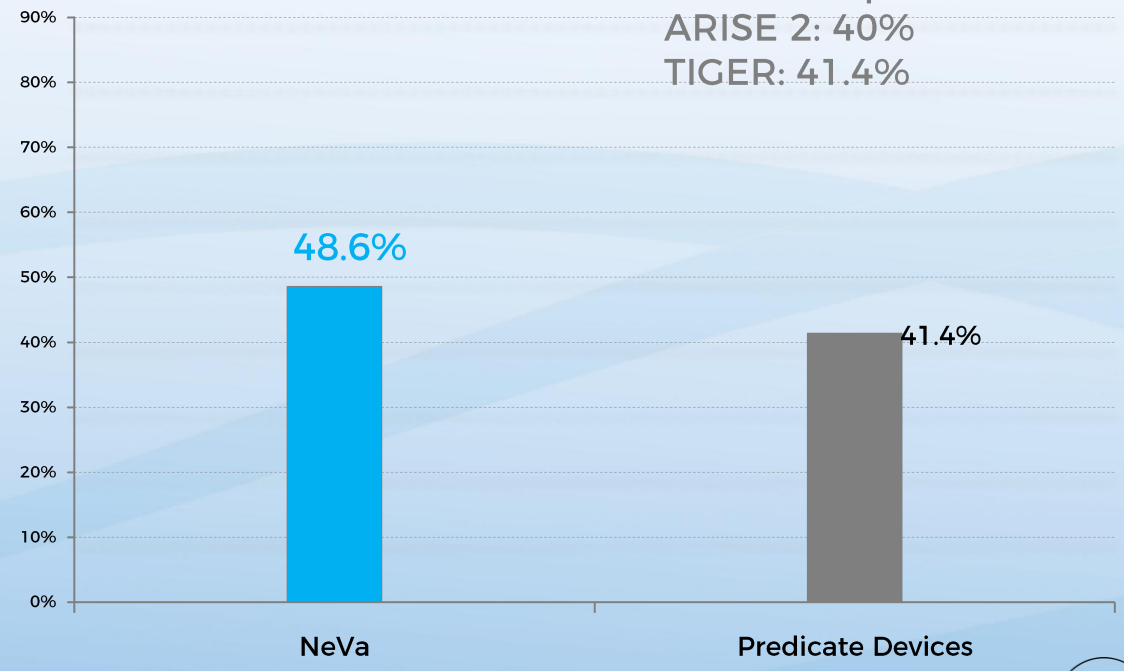
SUCCESSFUL RECANALIZATION
% eTICI 2B-3

Superiority on the Performance Goal
P = 0.0008



EXCELLENT RECANALIZATION
% eTICI 2C-3

Numerically higher than both predicates:
ARISE 2: 40%
TIGER: 41.4%



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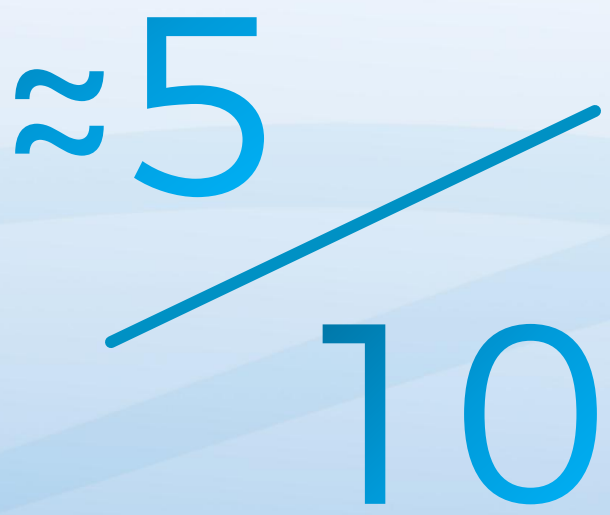

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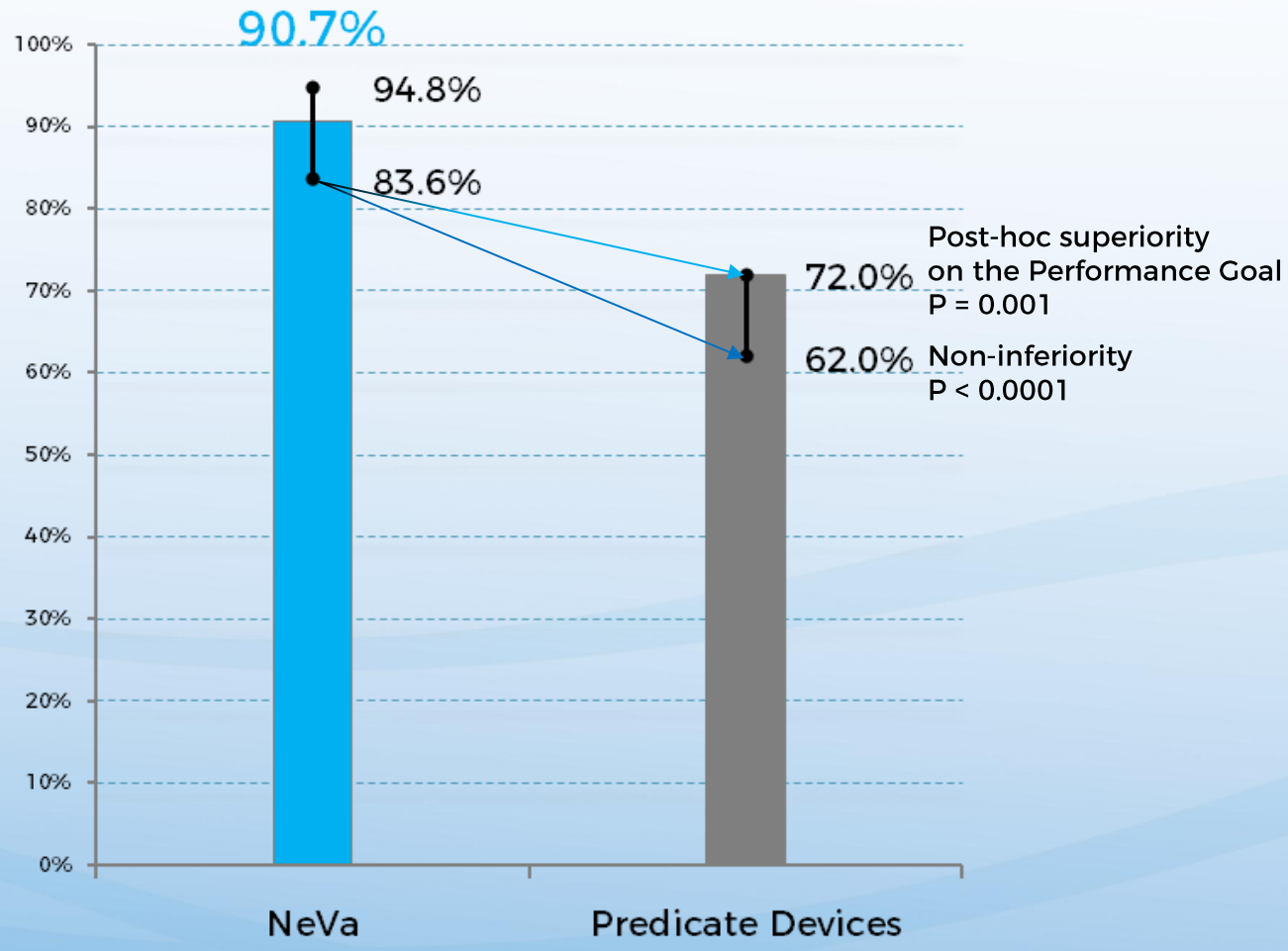
CLEAR STUDY EFFICACY ENDPOINT (mITT, n=107)
eTICI 2B-3 WITHIN 3 PASSES

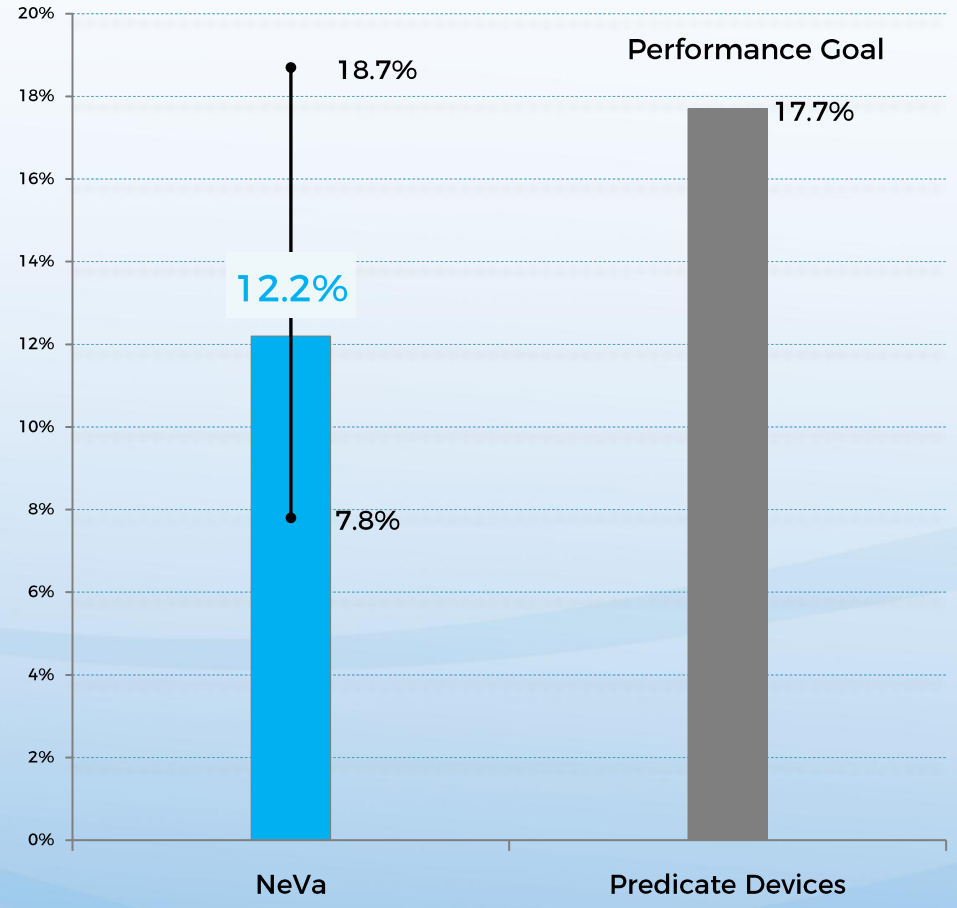


NeVa successfully demonstrated non-inferiority to the performance goal based on predicate devices (prespecified primary efficacy analysis)

NeVa further demonstrated post hoc superiority to the predicate performance goal

Yoo AJ, Geyik S, Froehler MT, et al., Primary results from the CLEAR study of a novel stent retriever with drop zone technology, Journal of NeuroInterventional Surgery 2024;16:1220-1227

CLEAR STUDY SAFETY ENDPOINT (ITT, n=139)
COMPOSITE 90-DAY MORTALITY & 24-HR sICH



Composite 90-DAY all-cause mortality and/or 24-hour sICH met the performance goal (non-significantly lower)

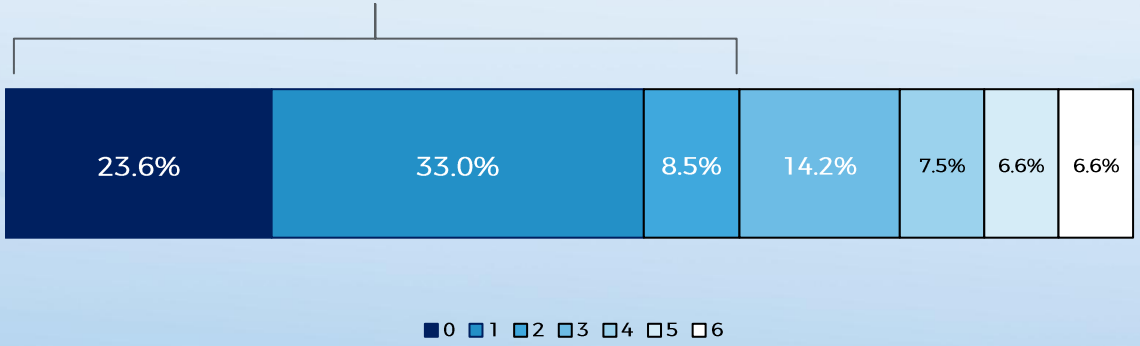
Yoo AJ, Geyik S, Froehler MT, et al., Primary results from the CLEAR study of a novel stent retriever with drop zone technology, Journal of NeuroInterventional Surgery 2024;16:1220-1227

CLEAR STUDY CLINICAL OUTCOMES
90-DAY mRS & OTHER

90-DAY MRS ≤ 2 (mITT, n=106)

Outcomes with NeVa were superior to predicate studies in exploratory analysis

65.1% vs. PG: 54.7%, p = 0.03



OTHER CLINICAL OUTCOMES (mITT, n=107)

NIHSS at 24-hours, median (IQR)	4 (1-8)
NIHSS change from baseline to 24-hrs, median (IQR)	-10 (-15 to -5)
NIHSS at 5-10 days or discharge, median (IQR)	2 (0-5)
NIHSS change from baseline to 5-10 days or discharge, median (IQR)	-11 (-17 to -8)

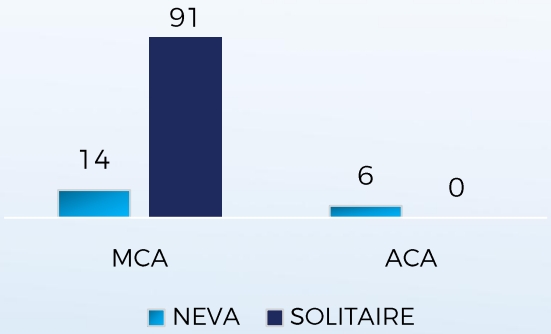
Yoo AJ, Geyik S, Froehler MT, et al., Primary results from the CLEAR study of a novel stent retriever with drop zone technology, Journal of NeuroInterventional Surgery 2024;16:1220-1227

NEVA NET CLINICAL EXPERIENCE

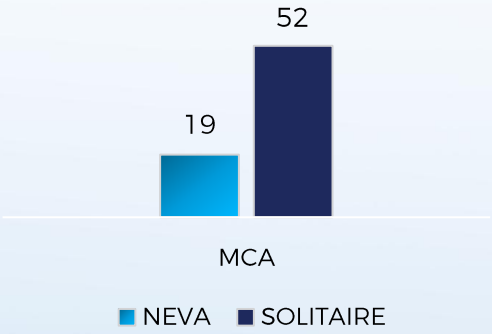
NeVa™ NET

TWO COMPARATIVE BENCHTOP STUDIES CONFIRMED BETTER PARTICLE RETENTION

NUMBER OF FRAGMENTS (0.2 – 1 MM)[1]



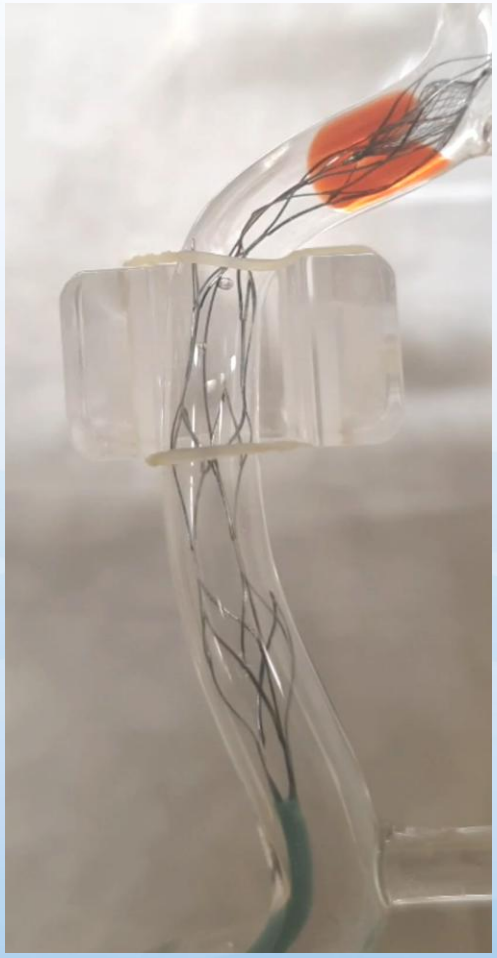
NUMBER OF FRAGMENTS (> 1 MM)[1]



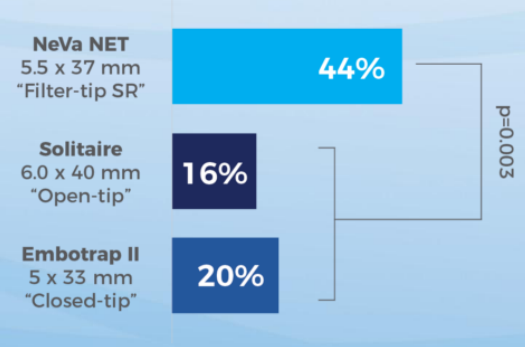
Median number of clot fragments generated by NeVa NET were

1/4th

those generated by Solitaire[1]



RETENTION OF FRAGMENT SIZES > 1 MM[2]



NeVa NET was significantly better at preventing clot fragments >1mm from embolizing distal territories[2]

1. Anagnostakou et al.., Preclinical safety and efficacy of the NeVa NET™: A novel thrombectomy device with integrated embolic distal protection, JVIN, Feb 2023
2. Li et al.., Impact of stent-retriever tip design on distal embolization during mechanical thrombectomy: a randomized in vitro evaluation, JNIS, May 2023

NeVa™ NET

TWO COMPARATIVE BENCHTOP STUDIES
CONFIRMED SAFETY

The injury scores were nearly identical to predicate and primarily related to endothelial loss, occasional IEL disruption and limited medial injury

- NeVa NET 5.5mm compared to
  Solitaire 4x40 in vessels < 3mm
  Solitaire 6x40 in vessels > 3mm
- Soft and hard platelet rich thrombus were delivered in 6 vascular territories
- 4 retrievals performed in each vessel
- Vessel sizes ranged from 1.8 to 3.4 mm
- Harvested vessels analyzed by an independent veterinary pathologist and compared for thrombectomy induced acute vascular injury

Example

B. Solitaire™ 4x40

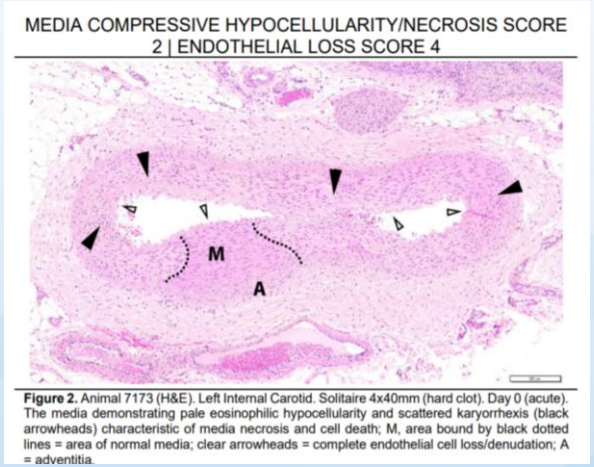


Figure 2. Animal 7173 (H&E). Left Internal Carotid. Solitaire 4x40mm (hard clot). Day 0 (acute). The media demonstrating pale eosinophilic hypocellularity and scattered karyorrhexis (black arrowheads) characteristic of media necrosis and cell death; M, area bound by black dotted lines = area of normal media; clear arrowheads = complete endothelial cell loss/denudation; A = adventitia.

A. NeVa NET™ 5.5x30

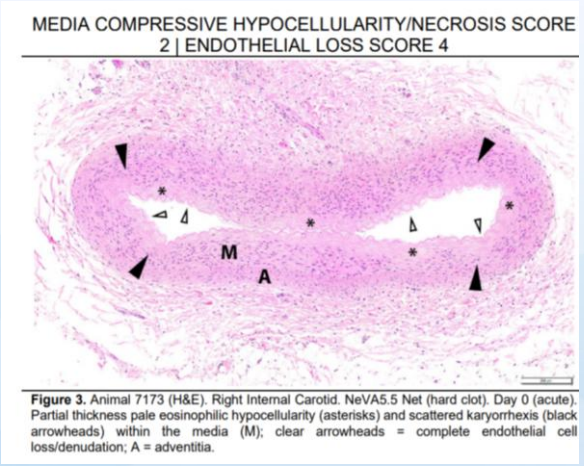


Figure 3. Animal 7173 (H&E). Right Internal Carotid. NeVA5.5 Net (hard clot). Day 0 (acute). Partial thickness pale eosinophilic hypocellularity (asterisks) and scattered karyorrhexis (black arrowheads) within the media (M); clear arrowheads = complete endothelial cell loss/denudation; A = adventitia.

A = adventitia,
M = media
▬ = scattered hypocellularity and karyorrhexis
▽ = endothelial loss
* = pale eosinophilic hypocellularity

Anagnostakou et al.., Preclinical safety and efficacy of the NeVa NET™: A novel thrombectomy device with integrated embolic distal protection, JVIN, Feb 2023

NeVa™ NET

EARLY CLINICAL EXPERIENCE MEETS EXPECTATIONS

Schwab et al. JNIS
1st publication on NeVa NET 5.5 x 37 mm

- 51 patients
- 3 EU sites
- >70% of patients had ICA occlusions with extensive clot burden (mean: 25.1±13.3 mm, range 4–50 mm)

Bhogal et al. Acta Neurochirurgica
1st Publication on NeVa NET 4.0 x 30 mm

- 20 patients
- 2 EU sites
- Mixed occlusion locations with 50% M1 and 40% ICA

		eTICI 2c-3	eTICI 2b-3	eTICI 2c-3
1ST PASS RATES	HIGH	55 %	78.5 %	94 %
EMBOLIZATION TO NEW TERRITORIES	LOW	3.9 %		0

Schwab R, et al. First clinical multicenter experience of the new NeVa NET 5.5 thrombectomy device, JNIS Epub ahead of print: 16 June 2025
Bhogal P, et al., The NeVa Net stent-retriever – initial report of 20 cases from two high volume centres, Acta Neurochirurgica, July 2025

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9. Habibi, MA et al., The safety and efficacy of NeVa mechanical thrombectomy device in acute ischemic stroke: A systematic review and meta-analysis, Journal of Clinical Neuroscience, Volume 130, 110892
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11. Bhogal P, Mancuso-Marcello M, Fairhead R. et al. The NeVa stent-retriever - a single-centre real-world experience. Interv Neuroradiol. 2025 May 21:15910199251337176. doi: 10.1177/15910199251337176. Epub ahead of print. PMID: 40398472; PMCID: PMC12095227
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13. Li et al.., Impact of stent-retriever tip design on distal embolization during mechanical thrombectomy: a randomized in vitro evaluation, JNIS, May 2023
14. Anagnostakou et al., Preclinical safety and efficacy of the NeVa NET™: A novel thrombectomy device with integrated embolic distal protection, JVIN, Feb 2023
15. Schwab R, Kis B, Réka BA, et al. First clinical multicenter experience of the new NeVa NET 5.5 thrombectomy device, J NeuroIntervent Surg Epub ahead of print: 16 June 2025. doi:10.1136/jnis-2025023476
16. Bhogal P, et al., The NeVa Net stent-retriever – initial report of 20 cases from two high volume centres, Acta Neurochirurgica, July 2025

DO THE DROP ZONE

Recommendations for new NeVa and NeVa NET users

Designed for 1st PASS SUCCESS with ALL Clot Types

NeVa™

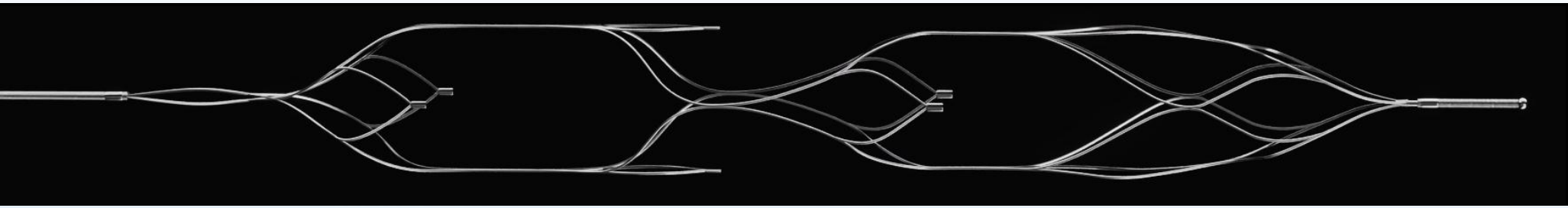
VESALIO™

NEVA DESIGN, TIPS & TRICKS

- Features of NeVa
- Choosing The Correct Neva Size
- Positioning Neva
- Deploying Neva
- Retrieving Neva

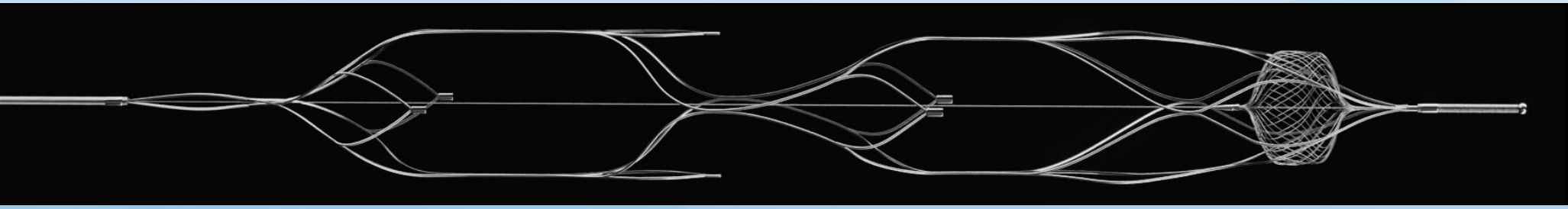
DROP ZONE™ THE CLOT INSIDE

NeVa™ DESIGNED WITH DROP ZONE™ TECHNOLOGY TO CAPTURE ALL TYPES OF CLOT INSIDE



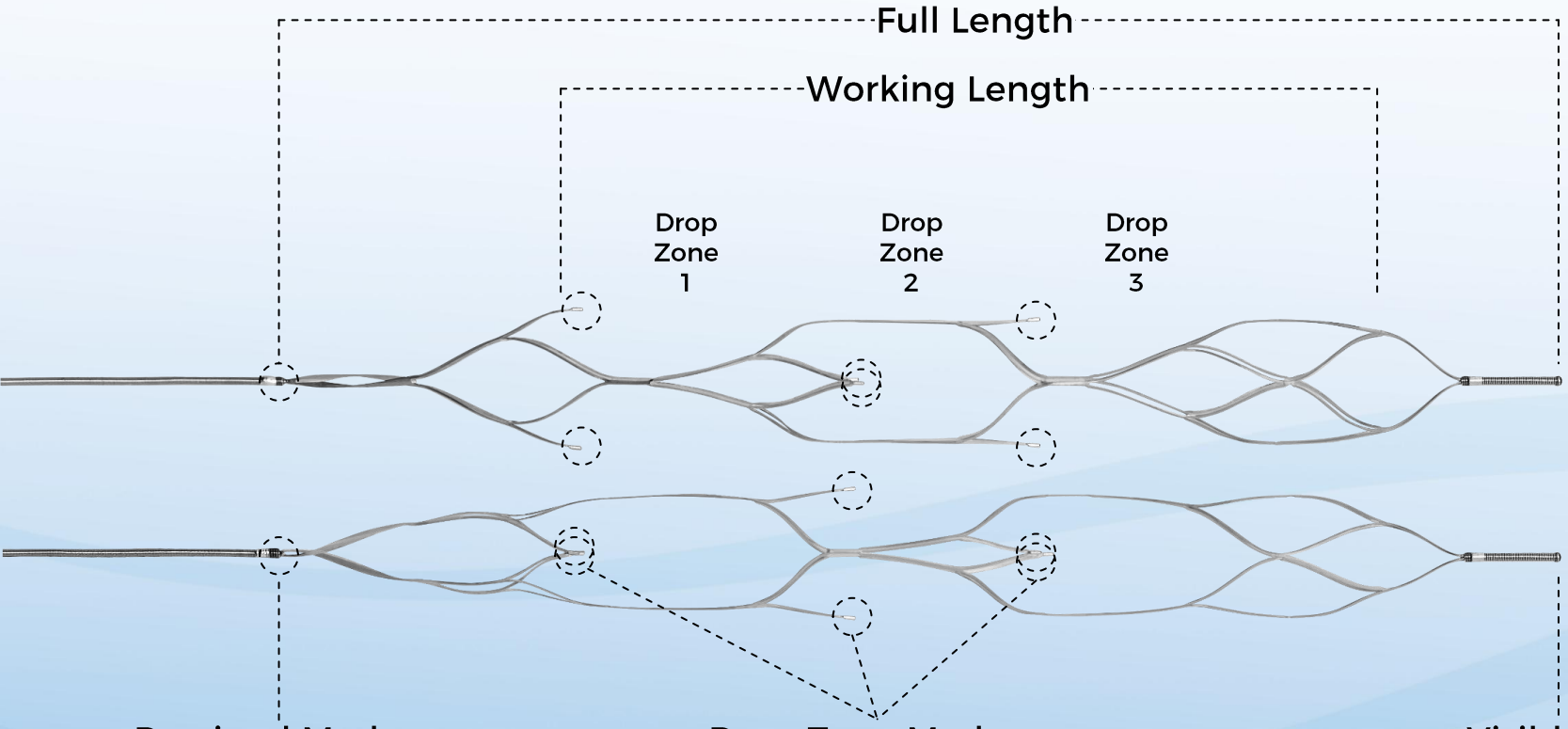
Drop Zones offset at 90˚, acting as pockets to capture thrombi inside

NeVa™ NET THE FIRST & ONLY MICRO-FILTRATION TECHNOLOGY DESIGNED TO MAXIMIZE CLOT RETENTION



32 intricately braided nitinol strands of .00125” creating a filter with an average pore size of 385.3±68 µm

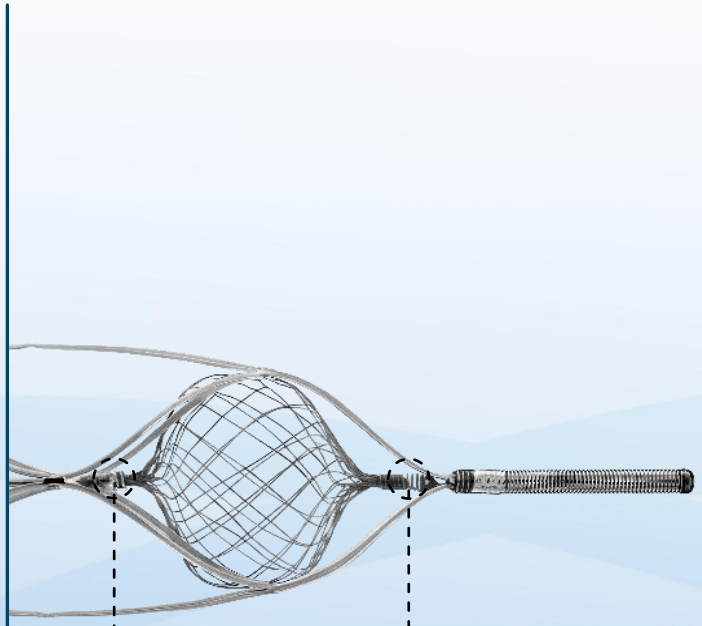
Neva™ & Neva™ NET STRUCTURE



Proximal Marker for ideal positioning at the occlusion site

Drop Zone Markers 2 per Drop Zone, for real-time feedback during retrieval

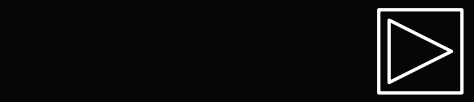
Visible Distal Tip

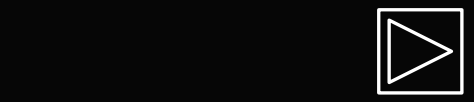


Proximal and Distal NET Markers

NeVa™ & NeVa™ NET SIZES

	Product Number (SKU)	Maximal Diameter	Working Length (mm)	# of Drop Zones	Total Basket Length (mm)	Min MC ID	Pusher wire Length (cm)	Recommended Vessel Diameter
NeVa 3.0 x 17	VN-3017-32RR	30	17	2	30	0.017	200	≥ 1.5 and ≤ 3.0
NeVa 4.0 x 22	30020V-MS	40	22	2	39	0.021	200	≥ 2.0 and ≤ 3.5
NeVa 4.5 x 29	VN-4529-03RR	45	29	3	46	0.021	200	≥ 2.0 and ≤ 4.5
NeVa 5.5 x 37	VN-5537-03RR	55	37	3	56	0.027	200	≥ 3.5 and ≤ 5.5
NeVa NET 4.0 x 30	VN-4030-03NR	40	30	3	49	0.021	200	≥ 2.0 and ≤ 3.5
NeVa NET 5.5 x 37	VN-5537-03NR	55	37	3	56	0.027	200	≥ 3.5 and ≤ 5.5





NEVA DESIGN, TIPS & TRICKS

- Features of NeVa
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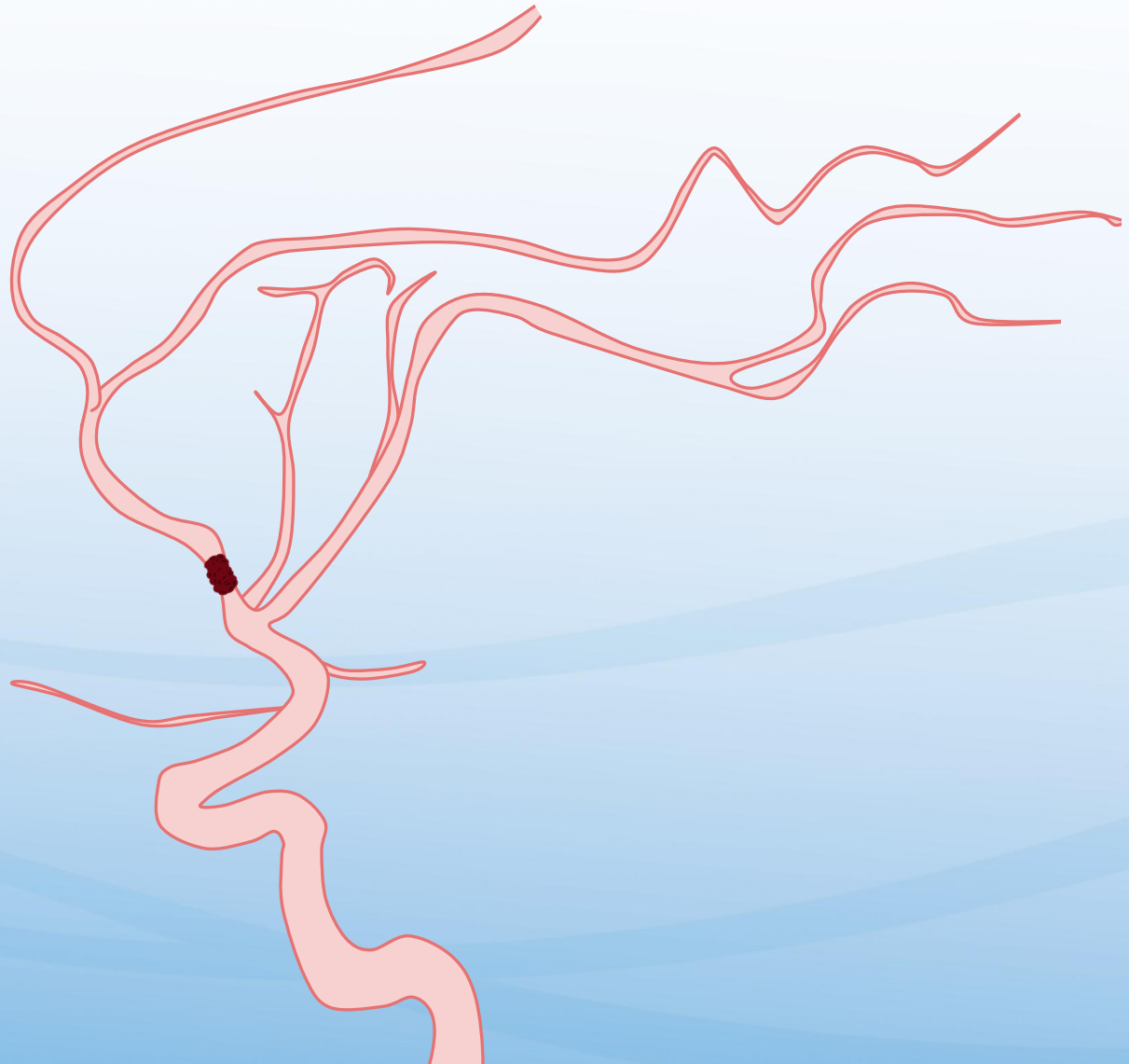
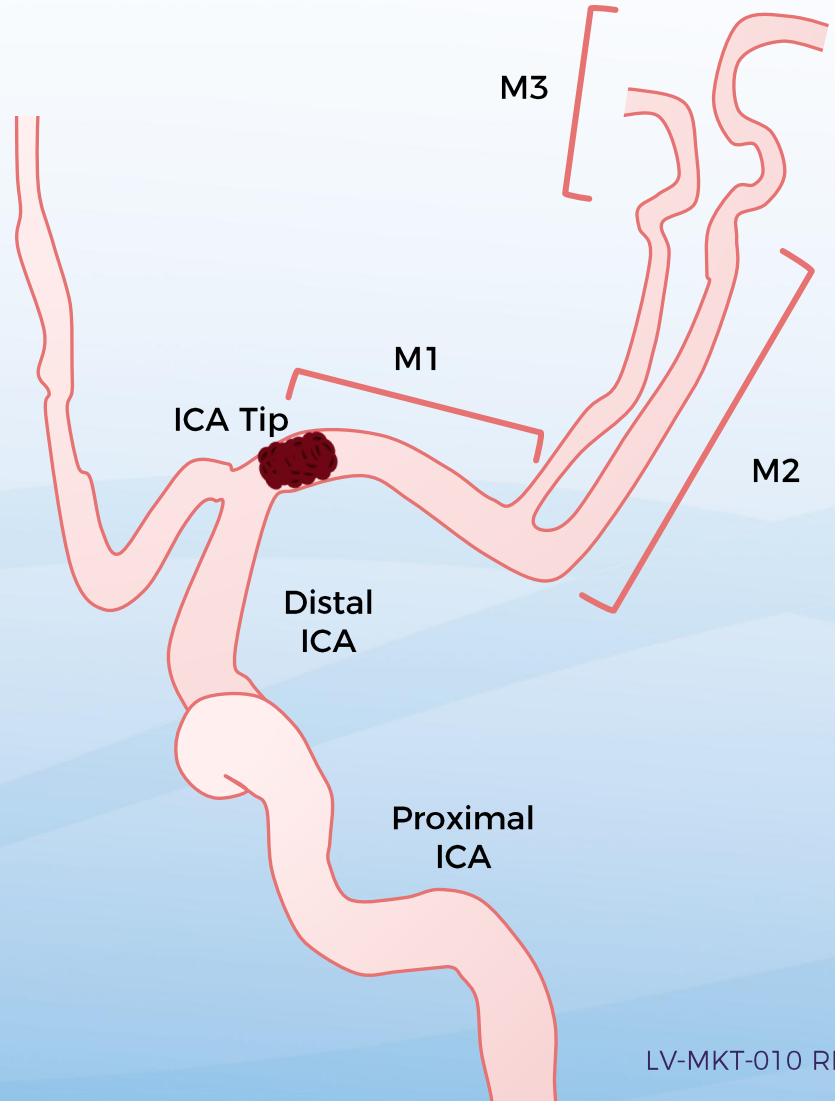
- Retrieving Neva

Neva™ 5.5

Ideal for proximal occlusions all the way into proximal M1

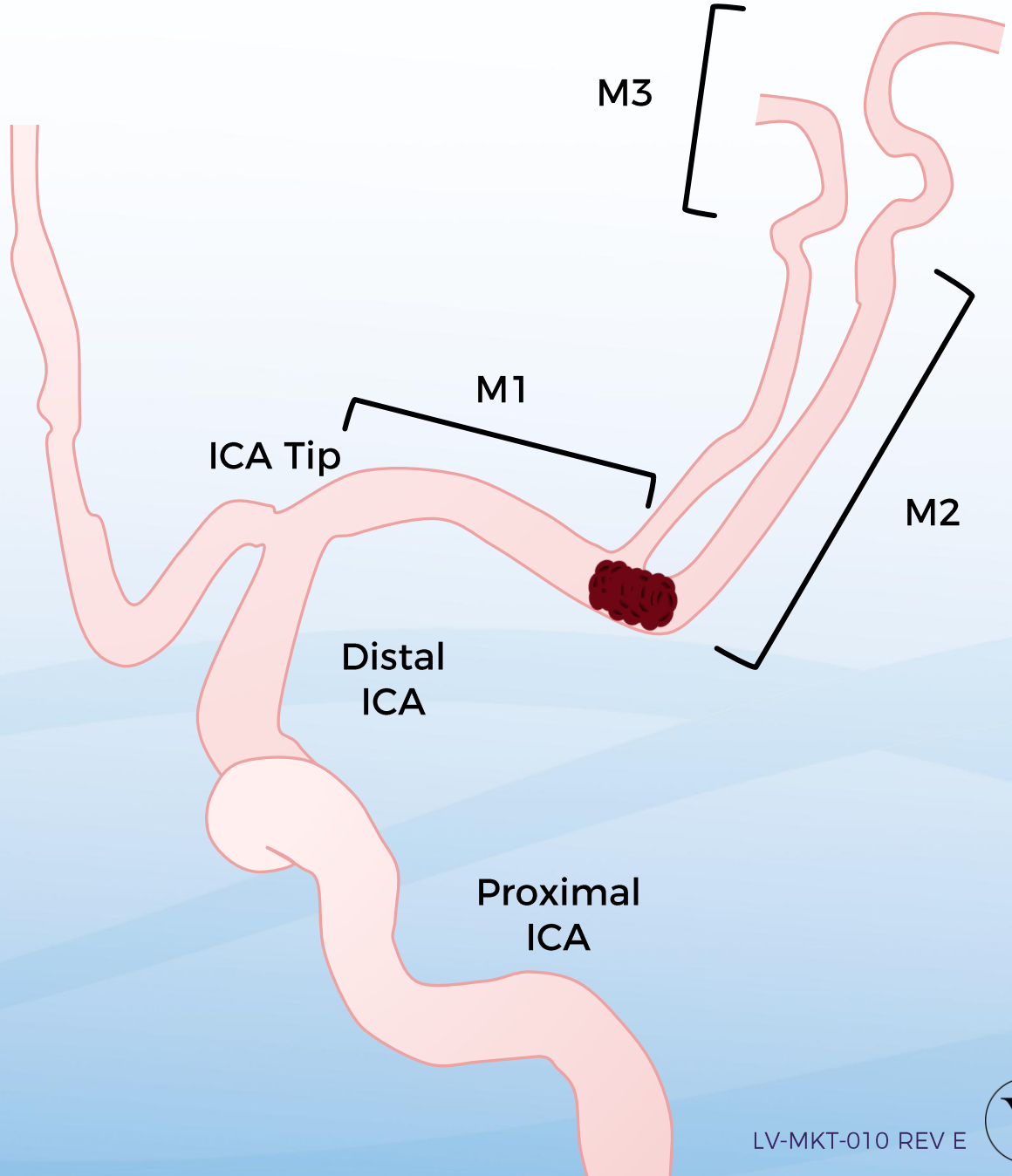




Nevia™ 4.5 & 4.0

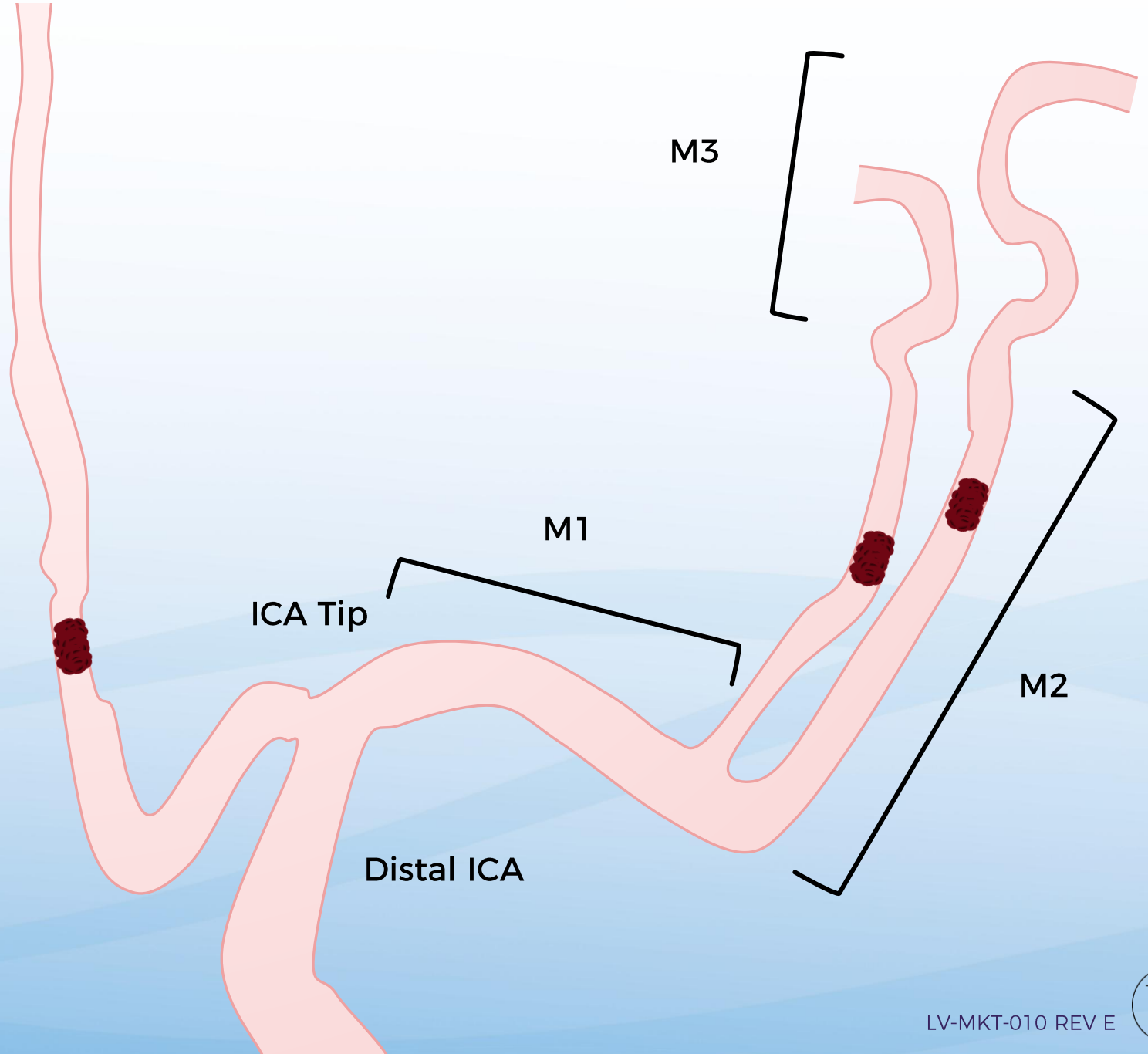
Ideal for MCA (M1) occlusions as well as similar caliber arteries in the posterior circulation, such as Vertebral Arteries and the Basilar Artery

Avoid deployment into the MCA bifurcation, M2 segments or beyond



Neva™ 3.0

Use in the MCA (M2), the ACA, as well as similar caliber arteries in the posterior circulation, such as the PCA



NEVA DESIGN, TIPS & TRICKS

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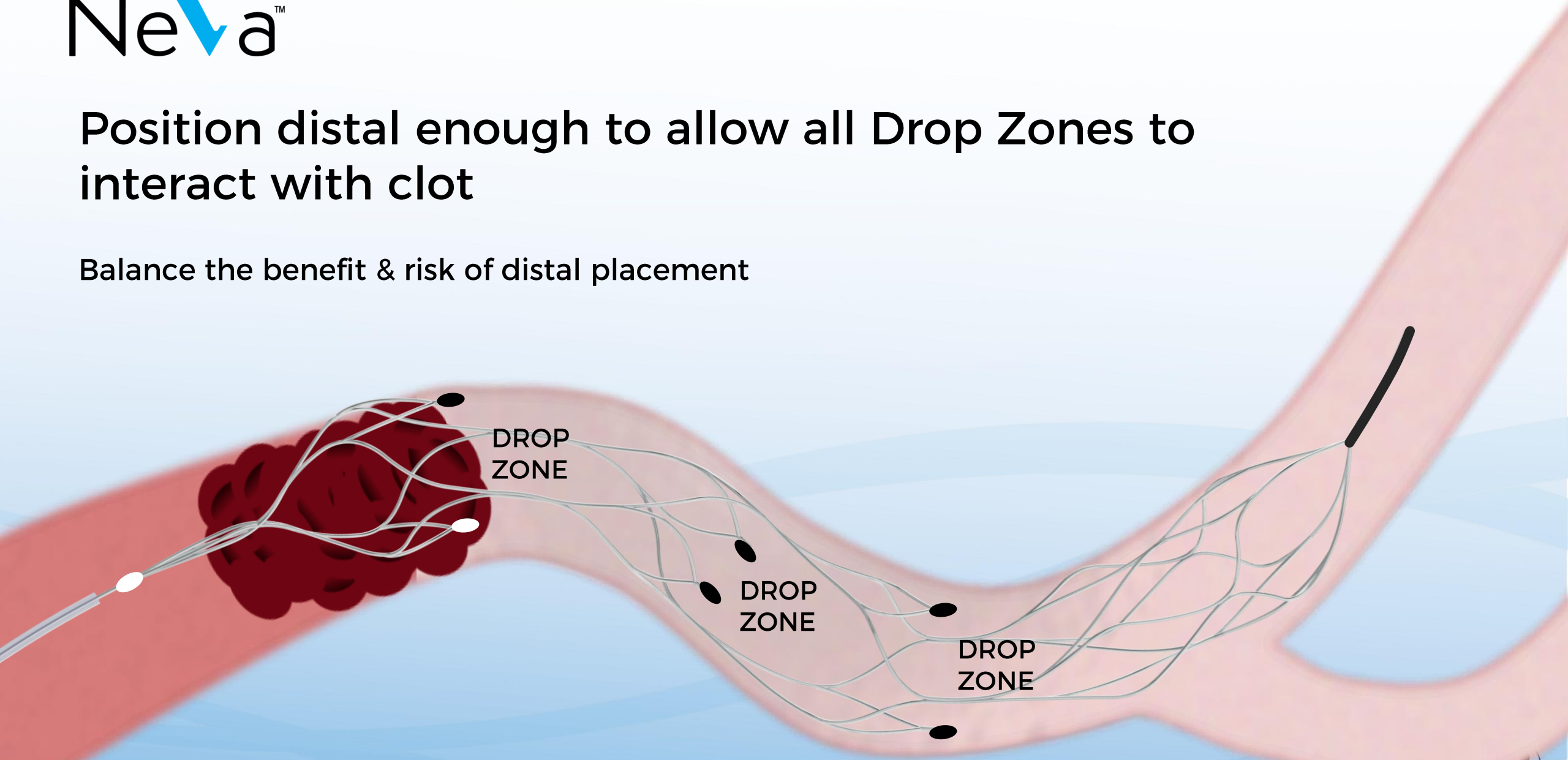
Position distal enough to allow all Drop Zones to interact with clot

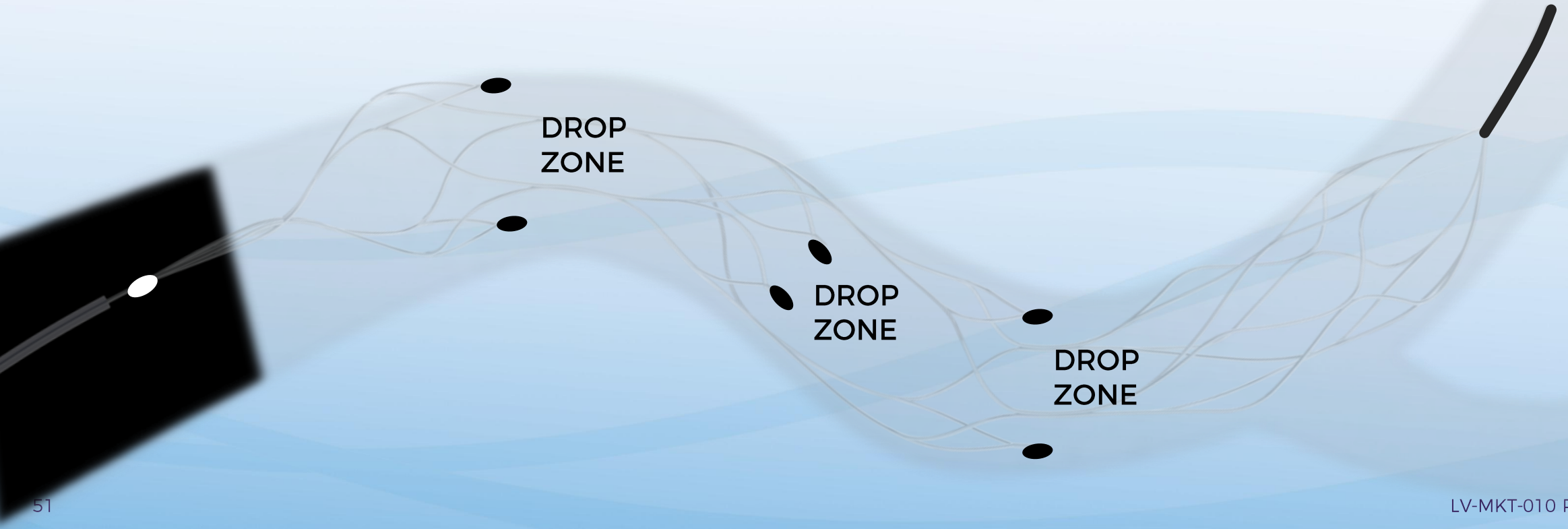
Balance the benefit & risk of distal placement



Position distal enough to allow all Drop Zones to interact with clot

Balance the benefit & risk of distal placement

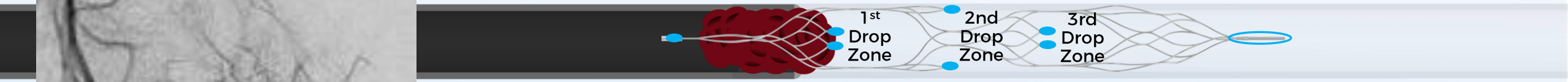
Place the proximal marker at the edge of the occlusion



Neva™

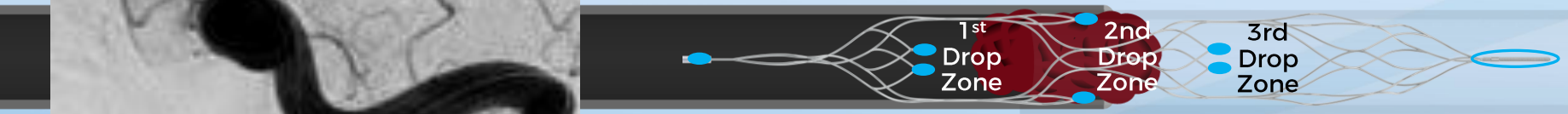
Place the proximal marker at the edge of the occlusion

All Drop Zones are interacting with the clot



Positioning not distal enough

The first Drop Zone is deployed proximal to clot



To place the proximal marker at the edge of the occlusion you need to go one full NeVa length beyond the occlusion site

	Drop Zones	Full Length	↓
NeVa 3.0 x 17	2	30 mm	≈ 3 cm
NeVa 4.0 x 22	2	39 mm	≈ 4 cm
NeVa NET 4.0 x 30	3	49 mm	≈ 5 cm
NeVa 4.5 x 29	3	46 mm	≈ 4.5 cm
NeVa 5.5 x 37	3	56 mm	≈ 5.5 cm
NeVa NET 5.5 x 37	3	56 mm	≈ 5.5 cm

NeVa™ MICROCATHETER CONSIDERATIONS

	Drop Zones	Full Length	MC Compatibility
NeVa 3.0 x 17	2	30 mm	0.017”
NeVa 4.0 x 22	2	39 mm	0.021”
NeVa NET 4.0 x 30	3	49 mm	
NeVa 4.5 x 29	3	46 mm	
NeVa 5.5 x 37	3	56 mm	0.027”
NeVa NET 5.5 x 37	3	56 mm	

1. Always flush NeVa before insertion
2. Choose micro-catheters with good distal support
3. In tortuous anatomies, consider using larger microcatheters for better distal support

NEVA DESIGN, TIPS & TRICKS

- Features of NeVa
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- Deploying Neva
- Retrieving Neva

Release tension on the micro-catheter just before starting the deployment

Deploy slowly and carefully to protect your ideal position

Expect initial anchoring after 1 cm of unsheathing

NEVA DESIGN, TIPS & TRICKS

- Features of NeVa
- Choosing The Correct Neva Size
- Positioning Neva
- Deploying Neva
- Retrieving Neva

NeVa™ RETRIEVAL

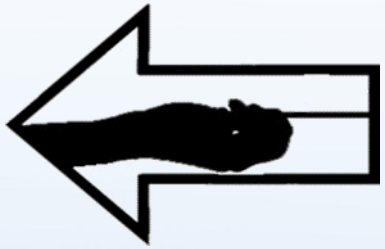
SHOULD YOU WAIT ?

You <u>can</u> but <u>do not have to</u> wait

Check the Drop Zone markers:
Are they fully open?
Is the proximal marker at the edge of the occlusion?

Check the position of your DAC if you're using one

START SLOW PULL



Apply slow & gentle vessel straightening traction to start pulling NeVa proximally

Start co-aspiration from your proximal catheter

WATCH THE DROP ZONE MARKERS

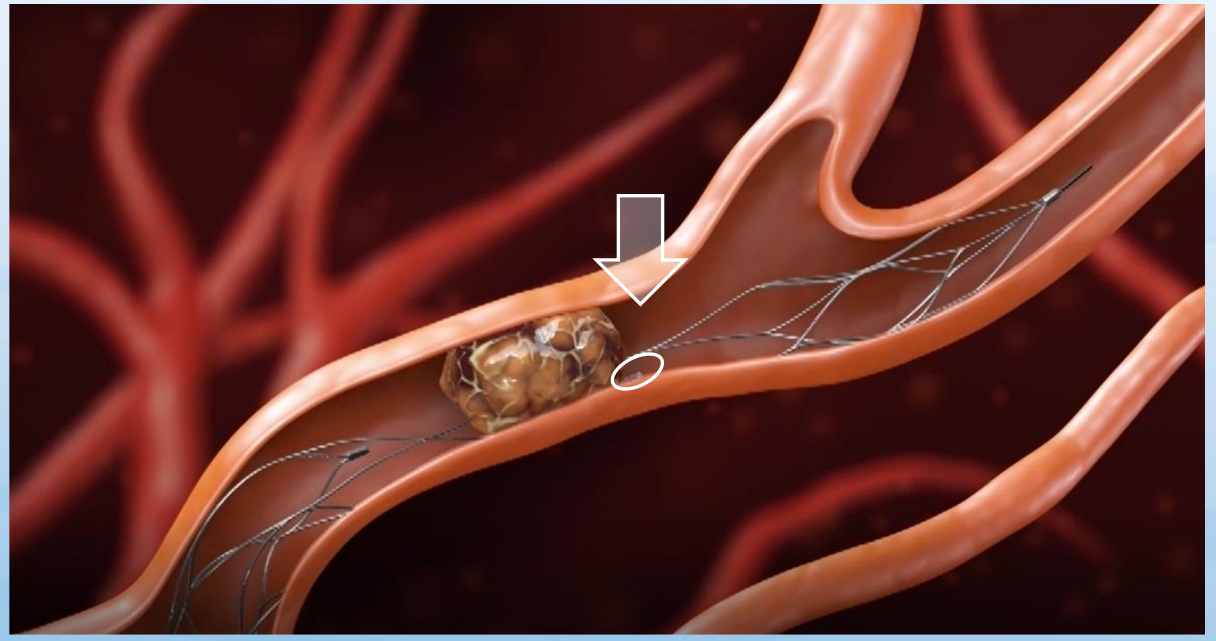
Watch the Drop Zone markers, observe if one of the pairs is compressing on one another

Neva™ RETRIEVAL

MARKERS COMPRESSED TOGETHER

you may be
adjacent to a hard clot

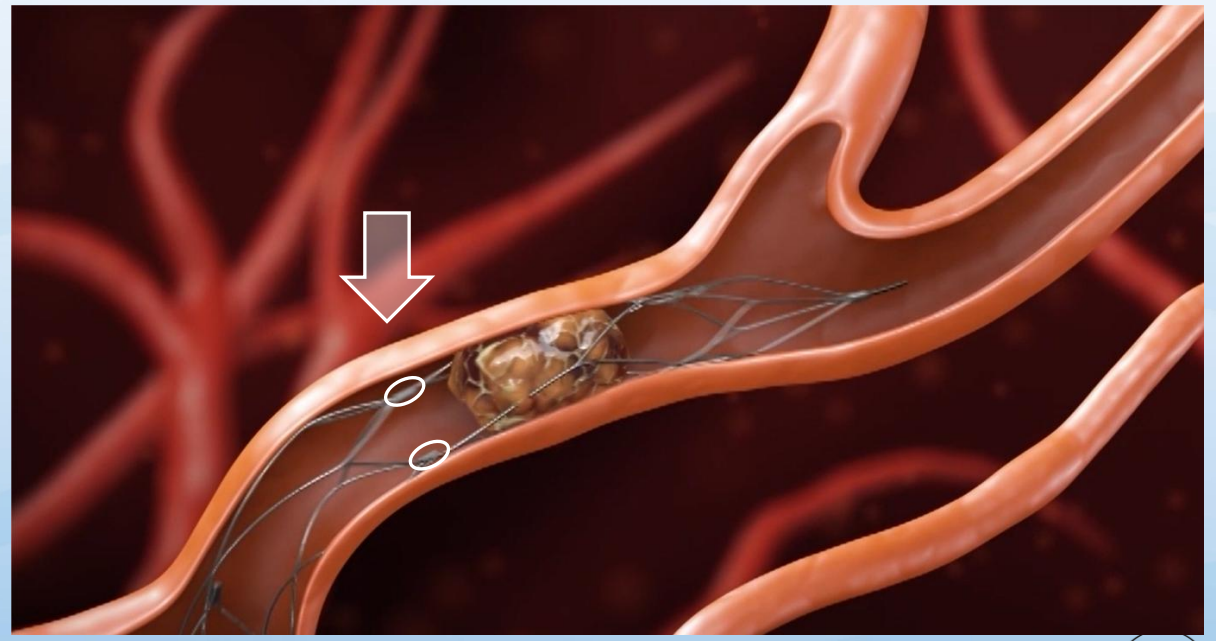
SLOW DOWN!



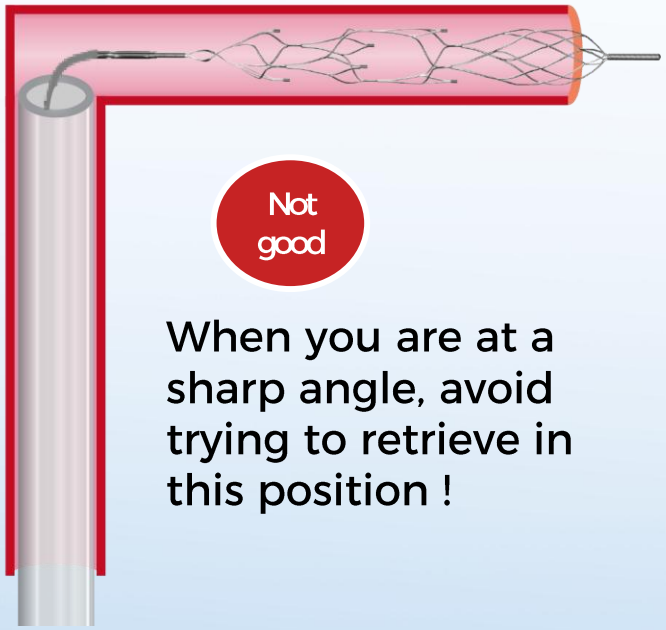
MARKERS SPRING OPEN

you may now be
at the proximal edge of the hard clot

THE DROP ZONE IS ON THE CLOT



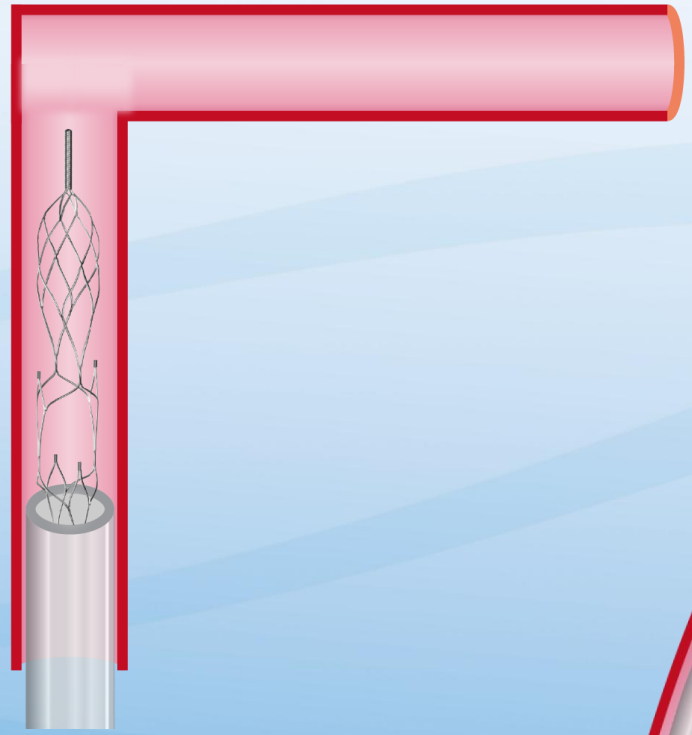
NeVa™ ANGLE OF RETRIEVAL



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

OPTION 1:

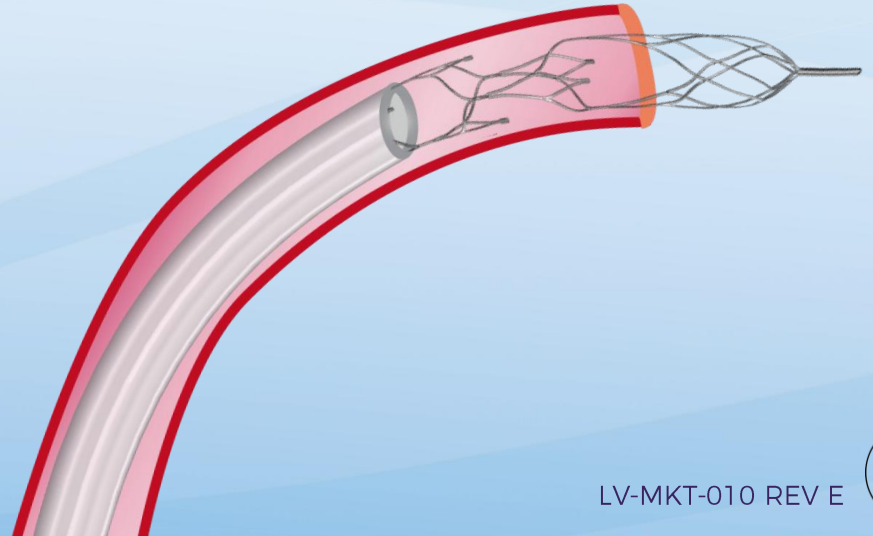
Bring NeVa proximally towards the DAC and align NeVa with the tip of your DAC



OPTION 2:

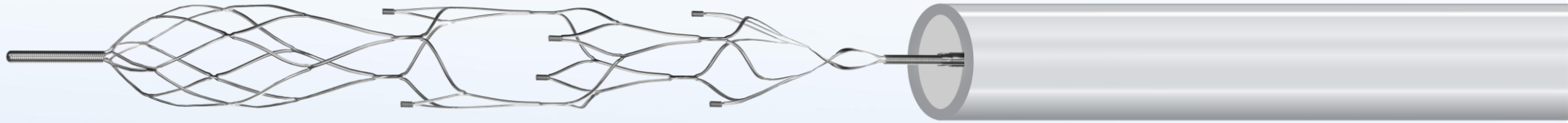
Use NeVa as an anchor, and drive up your DAC

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



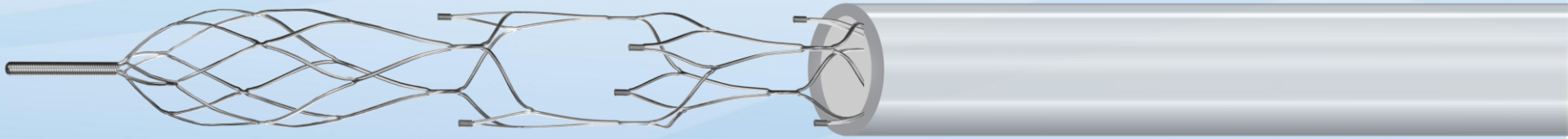
RETRIEVING LARGE, HARD CLOTS

After deploying NeVa, bring the DAC tip up to the proximal marker



Remove excess tension from the DAC and slowly retrieve NeVa.

If significant resistance is encountered, stop retrieval to avoid shearing. Clot may be partially incorporated and trapped between stent and DAC.



Tighten the RHV of DAC around the MC and retrieve the whole system together (DAC + MC + NeVa) while gently aspirating