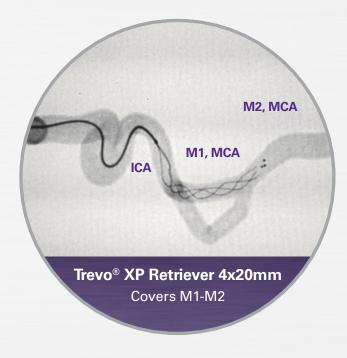
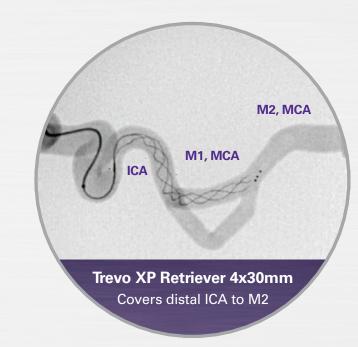
NEW

# Now Available with 20mm and 30mm Clot Capture Zones





# **Ordering Information**

## Trevo XP ProVue Retriever

	Reference Number	Description	Clot Capture Zone	Nontapered Stent Length	Microcatheter Compatibility
	90182	Trevo XP ProVue Retriever 4x20mm	20mm	21mm	Trevo® Pro 18 Microcatheter
	90185	Trevo XP ProVue Retriever 4x30mm	30mm	35mm	Trevo Pro 18 Microcatheter Excelsior® XT-27® Microcatheter
	80052	<b>2-part kit:</b> Trevo XP ProVue Retriever 4x20mm with Trevo Pro 18 Microcatheter	20mm	21mm	Trevo Pro 18 Microcatheter
	93067	<b>2-part kit:</b> Trevo XP ProVue Retriever 4x30mm with Trevo Pro 18 Microcatheter	30mm	35mm	Trevo Pro 18 Microcatheter Excelsior XT-27 Microcatheter



## Microcatheters

	Product	Reference Number	Description
	Trevo Pro	90238	Trevo Pro 18 (2.7F / 2.4F OD) 0.021in (0.5mm ID) 150cm length
	Excelsior XT-27	XT275081	Excelsior XT-27 (2.9F / 2.7F OD) 0.027in (0.69mm ID) 150cm lengt

### Trevo® XP ProVue Retrievers

## See package insert for complete indications, complications

The Trevo Retriever is intended to restore blood flow in the neurovasculature by removing thrombus in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for intravenous tissue plasminoge activator (IV t-PA) or who fail IV t-PA therapy are candidates for treatment.

### COMPLICATIONS

Procedures requiring percutaneous catheter introduction should not be attempted by physicians unfamiliar with possible complications which may occur during or after the procedure. Possible complications include, but are not limited to, the lowing: air embolism; hematoma or hemorrhage at puncture site; infection; distal embolization; pain/headache; vessel spasm, thrombosis, dissection, or perforation; emboli; acute occlusion; ischemia; intracranial hemorrhage; false aneurysm formation; neurological deficits including stroke; and death.

4x20 mm retrievers are compatible with Trevo® Pro 18 Microcatheters (REF (150cm x 6cm straight REF 275081) and Trevo® Pro 18 Microcatheters (REF 90238). Compatibility of the Retriever with other microcatheters has not been established. Performance of the Retriever device may be impacted if a different microcatheter

The Merci® Balloon Guide Catheters are recommended for use during thrombus removal procedures

Retrievers are compatible with the Abbott Vascular DOC® Guide Wire Extension

- Contents supplied STERILE, using an ethylene oxide (EO) process.
- To reduce risk of vessel damage, adhere to the following recommendations
- Take care to appropriately size Retriever to vessel diameter at intended site
- Do not perform more than six (6) retrieval attempts in same vessel using
- Maintain Retriever position in vessel when removing or exchanging
- · To reduce risk of kinking/fracture, adhere to the following recommendations:
- Immediately after unsheathing Retriever, position Microcatheter tip marker iust proximal to shaped section. Maintain Microcatheter tip marker just proximal to shaped section of Retriever during manipulation and withdrawal.
- Use caution when passing Retriever through stented arteries.
- Do not resterilize and reuse. Structural integrity and/or function may be impaired by reuse or cleaning.
- The Retriever is a delicate instrument and should be handled carefully. Before use and when possible during procedure, inspect device carefully for damage. Do not use a device that shows signs of damage. Damage may prevent device om functioning and may cause complications. . Do not advance or withdraw Retriever against resistance or significant
- vasospasm. Moving or torquing device against resistance or significant vasospasm may result in damage to vessel or device. Assess cause of resistance using fluoroscopy and if needed resheath the device to withdraw.
- If Retriever is difficult to withdraw from the vessel, do not torque Retriever. Advance Microcatheter distally, gently pull Retriever back into Microcatheter and remove Retriever and Microcatheter as a unit. If undue resistance is met hen withdrawing the Retriever into the Microcatheter, consider extending the Retriever using the Abbott Vascular DOC guidewire extension (RFF 22260) so that the Microcatheter can be exchanged for a larger diameter catheter such as a DAC® catheter. Gently withdraw the Retriever into the larger diameter
- Administer anti-coagulation and anti-platelet medications per standard institutional guidelines.

## PRECAUTIONS

- Prescription only device restricted to use by or on order of a physician.
- . Store in cool, dry, dark place
- Do not use open or damaged packages.
- · Use by "Use By" date. • Exposure to temperatures above 54°C (130°F) may damage device and
- accessories. Do not autoclave . Do not expose Retriever to solvents
- Use Retriever in conjunction with fluoroscopic visualization and proper anti-
- coagulation agents. . To prevent thrombus formation and contrast media crystal formation, maintain
- a constant infusion of appropriate flush solution between guide catheter and Microcatheter and Betriever or quidewire. • Do not attach a torque device to the shaped proximal end of DOC® Compatible Retriever. Damage may occur, preventing ability to attach DOC® Guide Wire

## See package insert for complete indications, complications, warnings, and instructions for use.

## INDICATIONS FOR USE

The Microcatheter is indicated for use in the selective placement of fluids and/or other devices or agents into the peripheral, coronary, and neuro vasculature during diagnostic and/or therapeutic procedures.

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### COMPLICATIONS

Procedures requiring percutaneous catheter introduction should not be attempted by physicians unfamiliar with the possible complications. Possible complications include, but are not limited to the following: hematoma at the puncture site; ssel perforation; emboli; hemorrhage; ischemia; vasospasm; neurological deficits including stroke: death.

### COMPATIBILITY

Refer to product label for device dimensions. Refer to labeling provided with other

- Contents supplied STERILE, using an ethylene oxide (EO) process.
- Do not reuse. Discard after one procedure. Structural integrity and/or function may be impaired through reuse or cleaning.
- Never advance catheter against resistance without careful assessment of cause using fluoroscopy. If cause cannot be determined, withdraw catheter. Movement against resistance may result in damage to vessel or catheter. Do not use device that has been damaged in any way. Damaged device may
- Do not exceed maximum recommended infusion pressure. Excess pressure may
- result in catheter rupture or tip severance.

Catheter	Maximum Infusion Pressure	
MC 18 (REF 90044) Trevo 18 MC (REF 90047)	2070 kPa (300 psi)	
Trevo Pro 18 MC (REF 90238)	1034 kPa (150 psi)	

 If flow through catheter becomes restricted, do not attempt to clear catheter lumen by infusion. Doing so may cause catheter to rupture, resulting in vessel trauma. Remove and replace catheter.

### PRECAUTIONS

- Prescription only device restricted to use by or on order of a physician.
- · Store in cool, dry, dark place
- Do not use open or damaged packages
- Use by "Use By" date.
- Exposure to temperatures above 54°C (130°F) may damage device and
- accessories. Do not autoclave
- Upon removal from package, inspect device to ensure it is not damaged
- Do not expose device to solvents
- Use device with fluoroscopic visualization and proper anti-coagulation agents.
- Hydrate microcatheter with saline for 2 minutes minimum before use. Once hydrated do not allow it to dry To maintain hydrophilic coating lubricity, provide continuous flow of appropriate
- solution between microcatheter and guide catheter Hemostatic side-arm adapters may be used to provide seal around guidewire

## Excelsior® XT-27® Microcatheter

See package insert for complete indications, complications warnings, and instructions for use.

## INTENDED USE / INDICATIONS FOR USE

Stryker Neurovascular Excelsior XT-27 Microcatheter is intended to assist in the delivery of diagnostic agents (such as contrast media), therapeutic agents, and non-liquid interventional devices (such as stents) that are indicated for use in the eurovasculature and with a catheter of 0.027 inches in inner diameter.

## CONTRAINDICATIONS

# POTENTIAL ADVERSE EVENTS

Potential adverse events associated with the use of microcatheters or with the endovascular procedures include, but are not limited to: access site complications allergic reaction, aneurysm perforation, aneurysm rupture, death, embolism (air, foreign body, plague, thrombus), hematoma, hemorrhage, infection, ischemia. vasospasm, vessel dissection, vessel occlusion, vessel perforation, vessel rupture,

Contents supplied STERILE using an ethylene oxide (EO) process. Do not use if sterile barrier is damaged. If damage is found, call your Stryker Neurovascular

**Concentric Medical** 301 East Evelyn Mountain View, CA 94041

**EMERGO Europe** Molenstraat 15 2513 BH, The Hague The Netherlands



EC REP

Stryker Neurovascular 47900 Bayside Parkway Fremont, CA 94538

For single use only. Do not reuse, reprocess or resterilize. Reuse, reprocessing

or resterilization may compromise the structural integrity of the device and/o ead to device failure which, in turn, may result in patient injury, illness or death

Reuse, reprocessing or resterilization may also create a risk of contamination o the device and/or cause patient infection or cross-infection, including, but not

imited to the transmission of infectious disease(s) from one natient to another

After use, dispose of product and packaging in accordance with hospital,

Limited testing has been performed with solutions such as contrast media

hat have been tested for compatibility is not recommended

The accessories are not intended for use inside the human body.

administrative and/or local government policy

training in interventional neuroradiology

uitable for the specific procedure.

**CAUTIONS / PRECAUTIONS** 

ontamination of the device may lead to injury, illness or death of the patient.

These devices should only be used by physicians who have received appropriate

interventional devices such as stents, and therapeutic agents such as PVA particles. The use of these catheters for delivery of products other than the types

Do not use catheter with glue, glue mixture or non-adhesive liquid embolic agent.

Carefully inspect all devices prior to use. Verify shape, size and condition are

Exchange microcatheters frequently during lengthy procedures that require extensive guidewire manipulation or multiple guidewire exchanges.

Never advance or withdraw an intravascular device against resistance until the cause of the resistance is determined by fluoroscopy. Movement of the

microcatheter or guidewire against resistance could dislodge a clot, perforate

a vessel wall, or damage microcatheter and guidewire. In severe cases, tip

Inspect product before use for any bends, kinks or damage. Do not use a microcatheter that has been damaged. Damaged microcatheters may rupture

causing vessel trauma or tip detachment during steering maneuvers.

Discontinue use of microcatheter for infusion if increased resistance is

nicrocatheter immediately. DO NOT attempt to clear blockage by over-

noted. Resistance indicates possible blockage. Remove and replace blocked

pressurization. Doing so may cause the microcatheter to runture, resulting in

vascular damage or patient injury. Do not exceed 2,070 kPa (300 psi) infusion

pressure. Excessive pressure could dislodge a clot, causing thromboemboli, or could result in a ruptured microcatheter or severed tip, causing vessel injury.

Federal Law (USA) restricts this device to sale by or on the order of a physician.

To facilitate microcatheter handling, the proximal portion of the microcatheter

Exercise care in handling of the microcatheter during a procedure to reduce the

To control the proper introduction, movement, positioning and removal of

the microcatheter within the vascular system, users should employ standard

clinical angiographic and fluoroscopic practices and techniques throughout the

Flush dispenser coil of hydrophilically coated microcatheters prior to removal from

dispenser coil. Once the microcatheter has been wetted, do not allow to dry. Do

Check that all fittings are secure so that air is not introduced into guide catheter or

In order to achieve optimal performance of Stryker Neurovascular Microcatheters

nd to maintain the lubricity of the Hydrolene® Coating surface, it is critical that a

ascular Microcatheter and guide catheter, and the microcatheter and

continuous flow of appropriate flush solution be maintained between the Stryker

any intraluminal device. In addition, flushing aids in preventing contrast crystal

formation and/or clotting on both the intraluminal device and inside the guide

Excessive tightening of a hemostatic valve onto the microcatheter shaft may

result in damage to the microcatheter. Removing the peel-away introducer sheath

without a guidewire inserted in the microcatheter lumen might result in damage

Do not position microcatheter tip closer than 2.54 cm (1 in) from the steam source.

possibility of accidental breakage, bending or kinking.

not reinsert the microcatheter into dispenser coil.

nicrocatheter during continuous flush.

catheter and/or the microcatheter lumen.

Damage to the microcatheter tip may result.

Use the product prior to the "Use By" date printed on the label.

does not have the hydrophilic surface. Greater resistance may be encountered when this section of the microcatheter is advanced into the RHV.

Shaping mandrel is not intended for use inside the human body.

separation of the microcatheter or guidewire may occur.

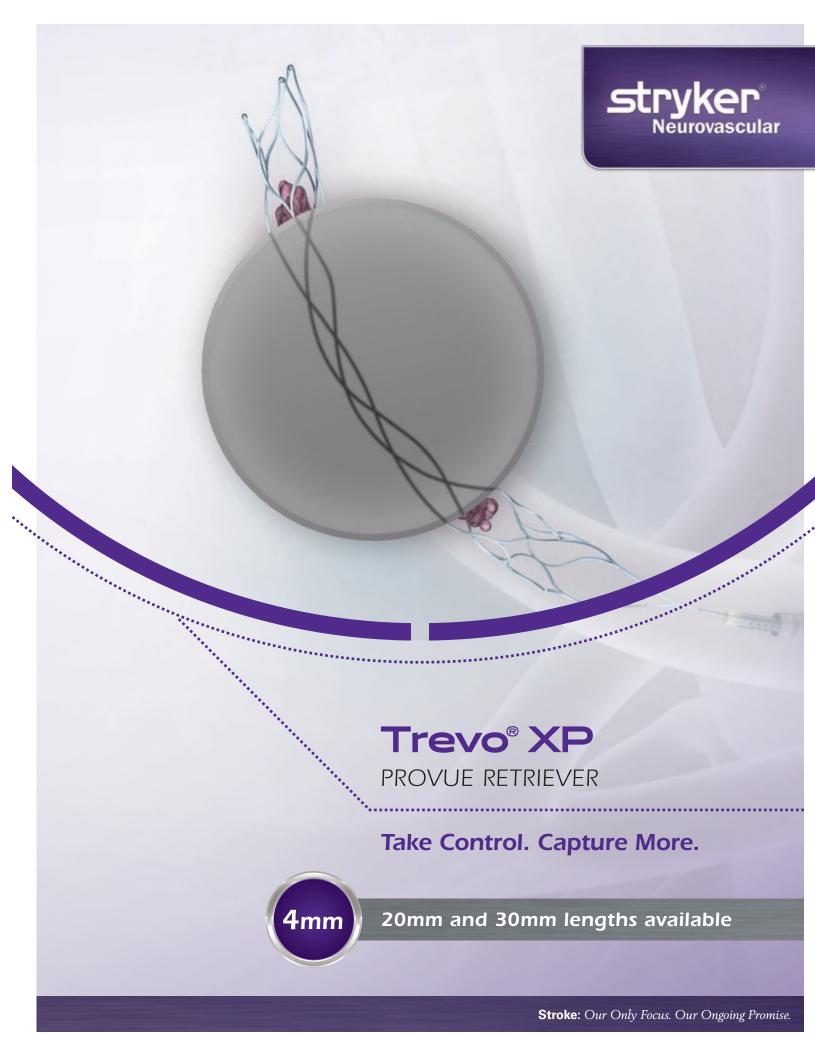


**RAQA** Manager Strvker France S.A.S. ZAC-Avenue de Satolas Green 69330 Pusignan France



## strykerneurovascular.com

Date of Release: AUG/2015 EX\_EN\_GL

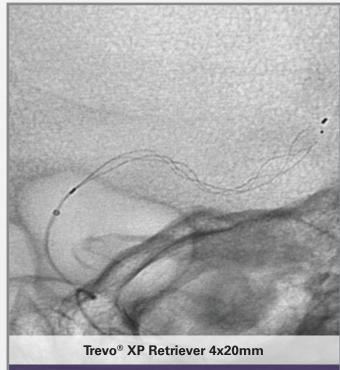


# The only fully visible stent retriever designed to optimize first pass efficacy

# The Visible Advantage

Full-length visibility provides real-time information during device placement, integration and clot retrieval

# **Clot Positioning & Length**



Struts compress and form a waist to

confirm clot has been optimally engaged

Image courtesy of Joey English, MD – used with permission.

**Clot Integration** 

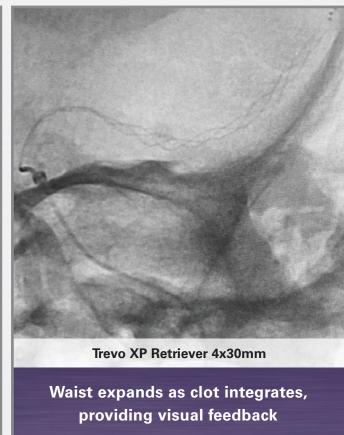
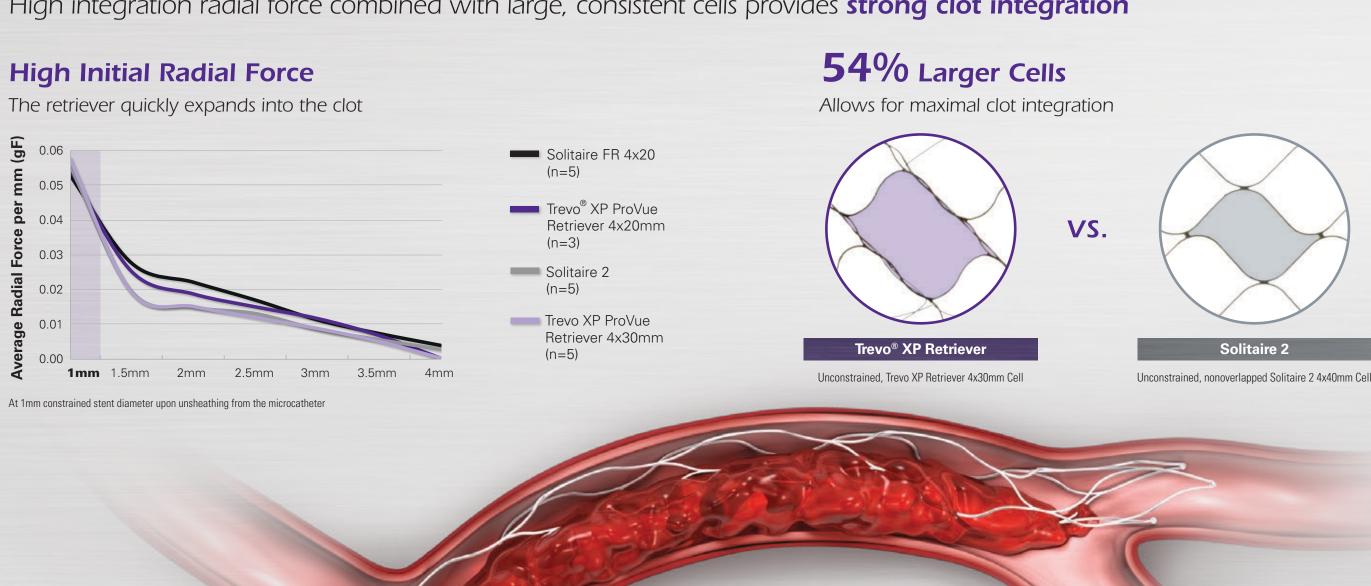
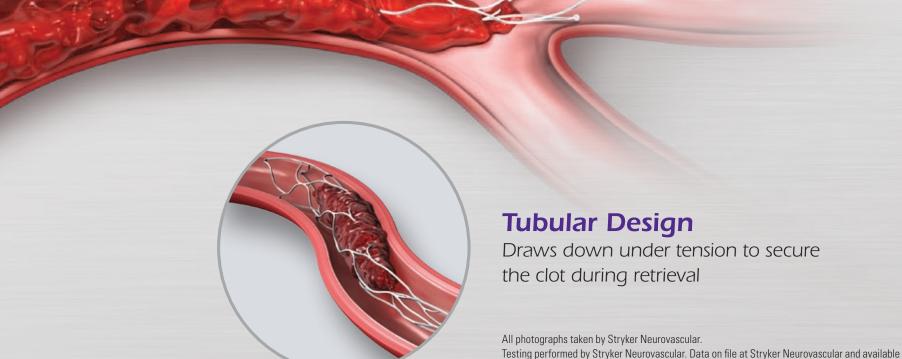


Image courtesy of Sanjeev Deveshwar, MD – used with permission.

# MAXIMIZE 1st Pass Efficacy

High integration radial force combined with large, consistent cells provides strong clot integration





upon request. Bench test results may not necessarily be indicative of clinical performance.