



# TREO<sup>®</sup>

ABDOMINAL STENT-GRAFT SYSTEM

Certainty Simplified

 **TERUMO**  
Aortic

# Advanced Design

Every aspect of the TREO Abdominal Stent-Graft System is engineered for performance.

As the only EVAR solution with dual proximal fixation and active leg fixation, TREO offers the next advancement in abdominal stent-graft solutions.

TREO is **Certainty Simplified.**

## Modular design

Three-piece system available in a wide range of sizes, lengths, and tapers.

## Accurate deployment

Designed to work together, TREO's unique dual fixation and the proximal clasp system enable precise deployment.

## Lock stent

TREO's main body actively engages both legs, ensuring a durable connection.

## Designed for safety

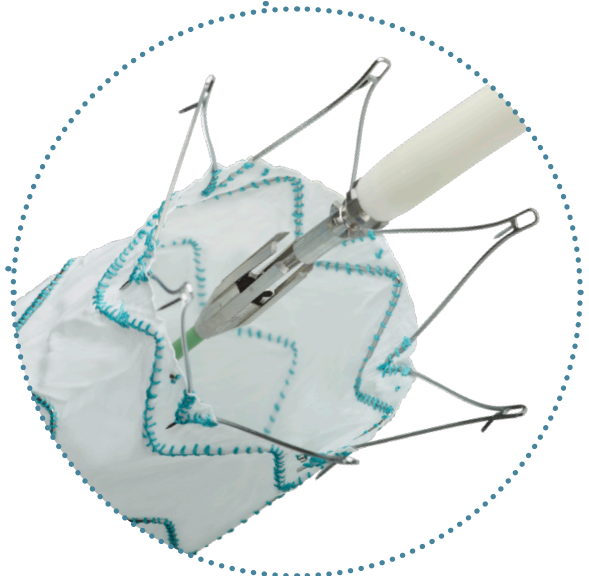
The infrarenal barbs remain contained in the graft material valleys until complete deployment and suprarenal barbs remain contained inside the clasp during initial deployment.

## Proximal clasp

Engineered for precise deployment, TREO's advanced proximal clasp moves distally to deploy.

## System removal

All components are designed for safe removal, without sharp edges.



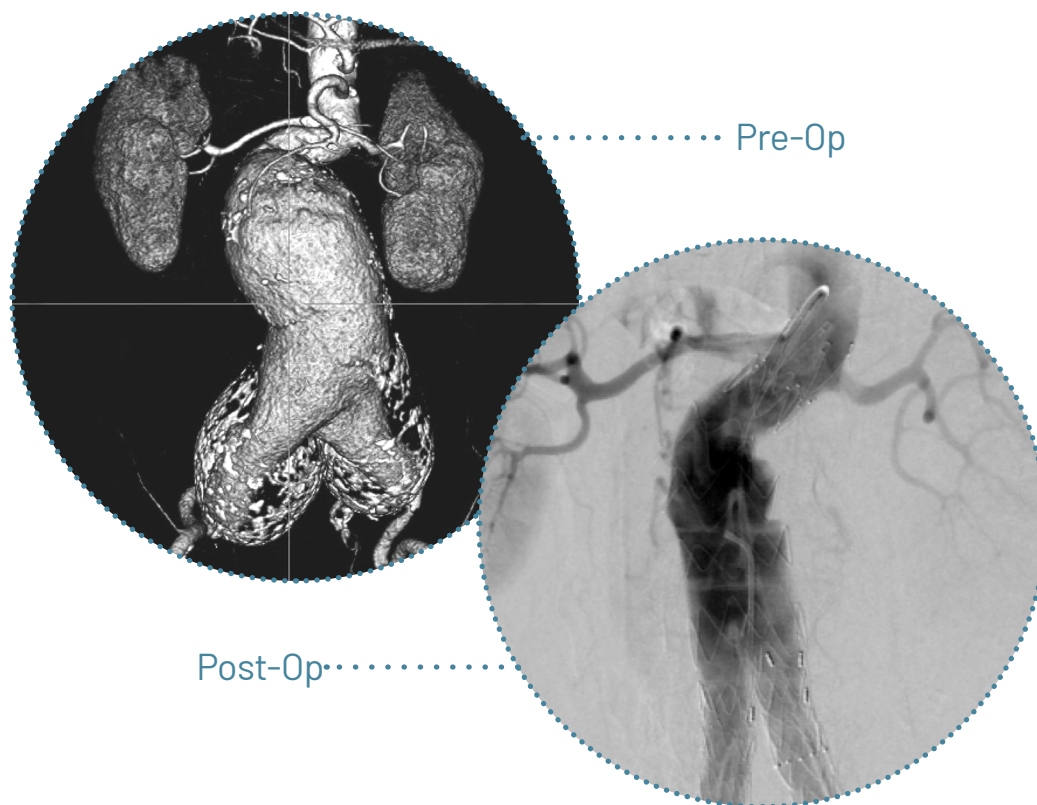
# Enhanced Delivery

Designed for patient safety and clinician confidence, TREO:

- ▶ Tracks through challenging anatomy
- ▶ Enables precise deployment
- ▶ Allows for safe removal

At three years:

- ▶ 0% Aneurysm related mortality
- ▶ 96.7% Freedom from endoleak (Type I & Type III)\*



\*Includes 4 Type Ia, 1 Type Ib and 0 Type III

Source: Eagleton MJ, Stoner M, Henretta J, *et al.* Safety and effectiveness of the TREO stent graft for the endovascular treatment of abdominal aortic aneurysms. *Journal of Vascular Surgery* 2021; 74: 114-123.e3.

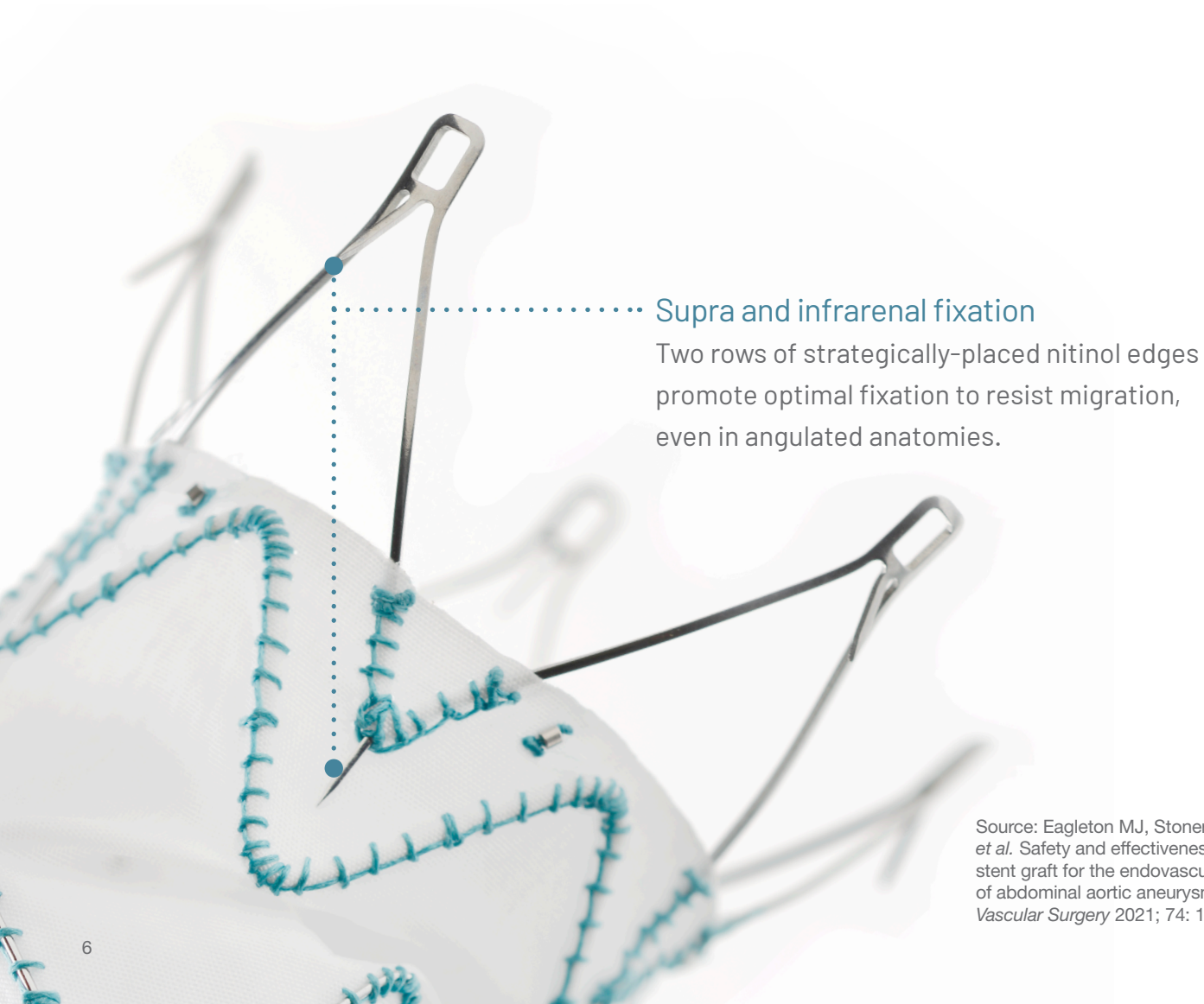


# Secure Fixation

TREO is the only EVAR graft with dual proximal fixation and exclusive Lock Stent technology.

Clinical follow-up highlights at three years include:

- ▶ 0% Migration
- ▶ 54% of patients with decrease ( $\geq 5$  mm) in aneurysm sac size
- ▶ Mean  $-10.0 \pm 17.3\%$  aneurysm decrease and absolute mean  $-5.5 \pm 9.4$  mm decrease



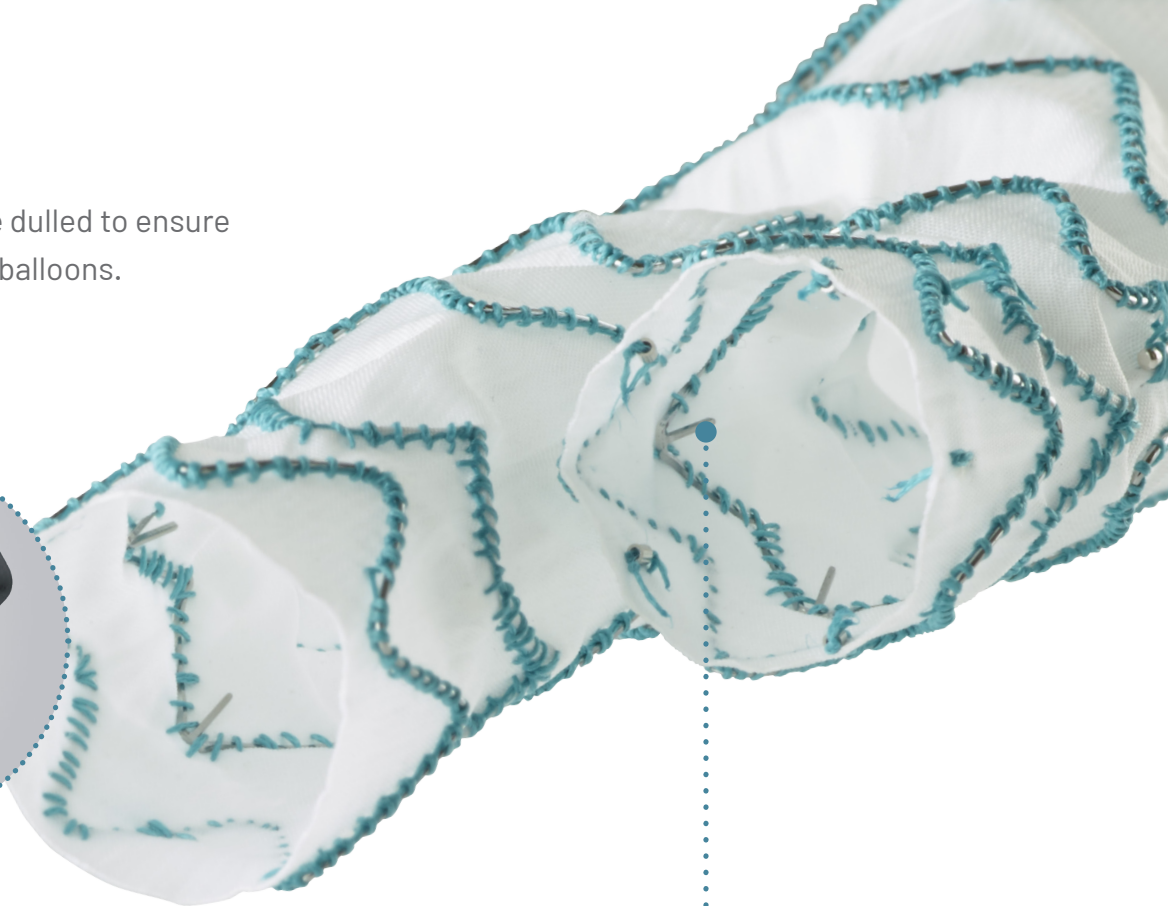
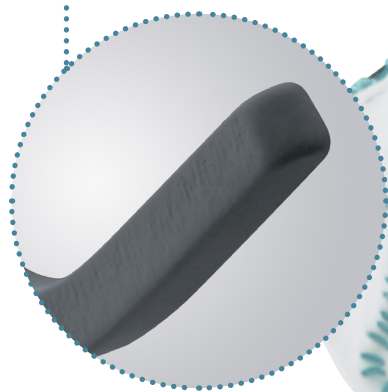
## Supra and infrarenal fixation

Two rows of strategically-placed nitinol edges promote optimal fixation to resist migration, even in angulated anatomies.

Source: Eagleton MJ, Stoner M, Henretta J, *et al.* Safety and effectiveness of the TREO stent graft for the endovascular treatment of abdominal aortic aneurysms. *Journal of Vascular Surgery* 2021; 74: 114-123.e3.

## Lock stent

Rounded barbs are dulled to ensure compatibility with balloons.



## Lock stent technology

Rounded edges inside main body gates are designed to securely engage with legs.

Pull out forces with  
leg extensions

**5N** ..... **30N**

without  
Lock Stent

with  
Lock Stent

Pull out forces calculated during  
internal bench testing

## Low profile delivery system

Main body system: 18-19F, OD

Leg extension system: 13-14F, OD

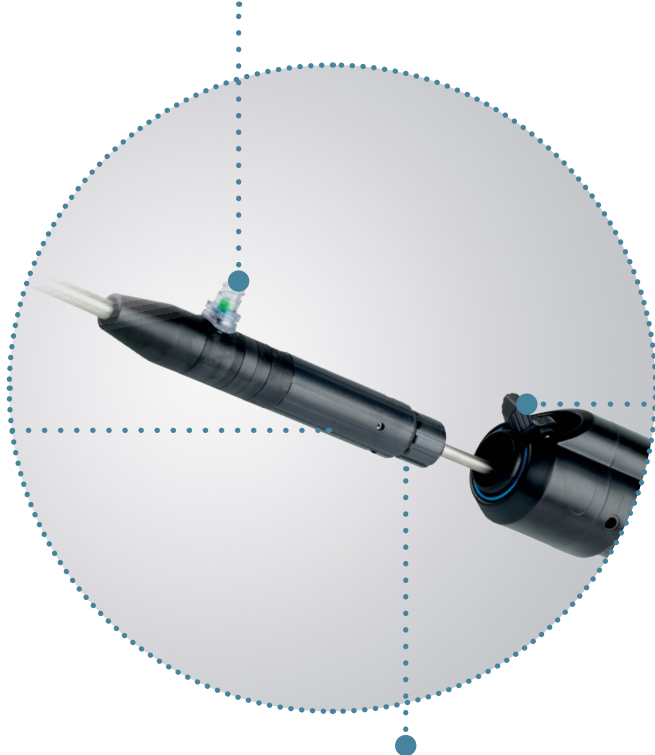


Bi-directional flush port

Detachable sheath

Locking mechanism

Dynamic dual sealing  
haemostasis valve





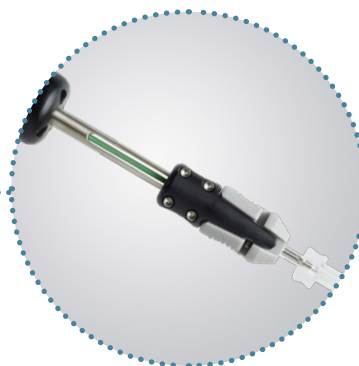
# Optimized Procedure

The TREO delivery system was designed for ease of use, improved confidence, and reliable outcomes.



## Controlled deployment

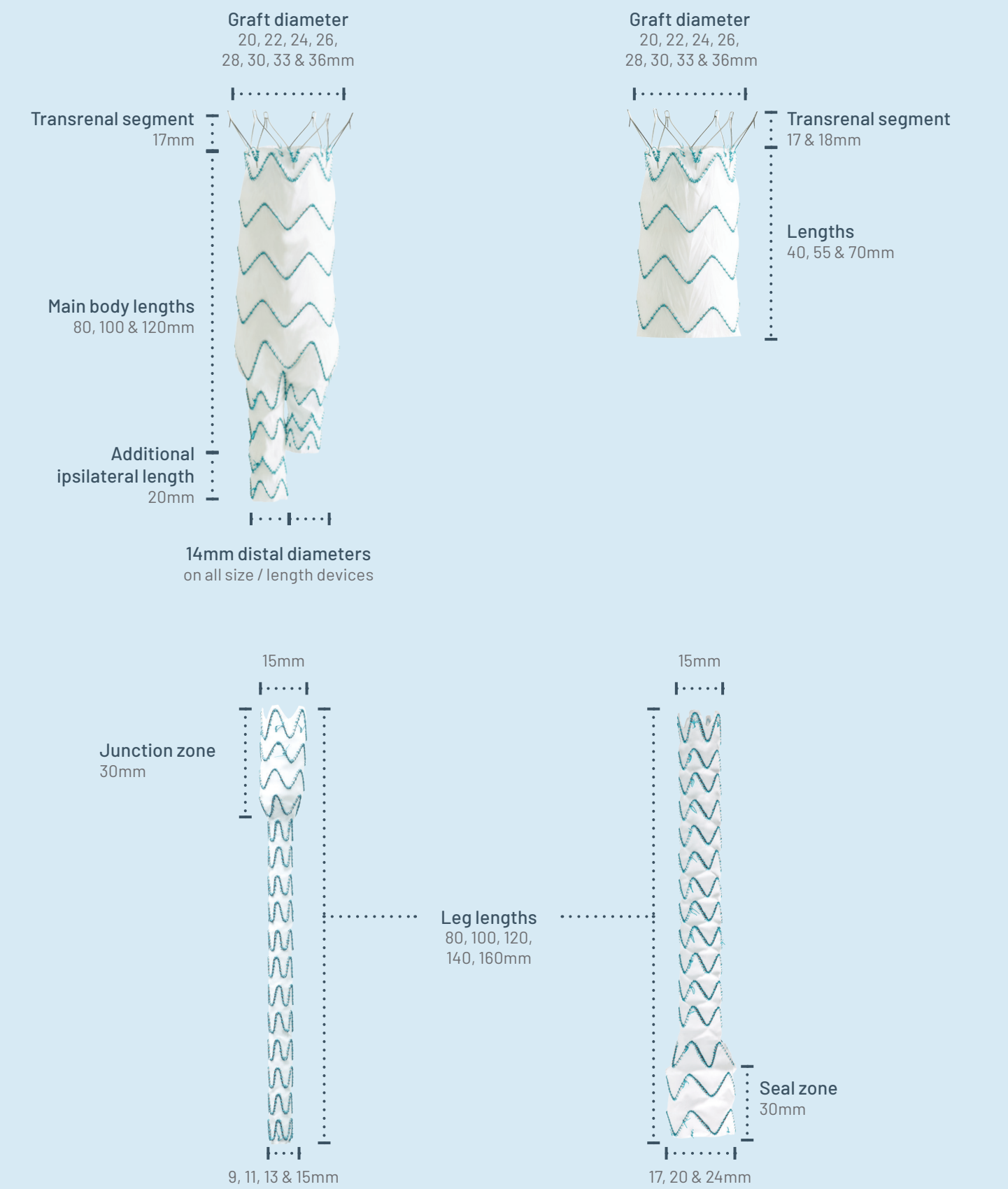
Allows for precise delivery using intuitive mechanical advantage or quick pin and pull. Available on both legs and main body systems.



## Clasp release mechanism

Intuitive mechanism releases proximal clasp.

# TREO Sizing





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