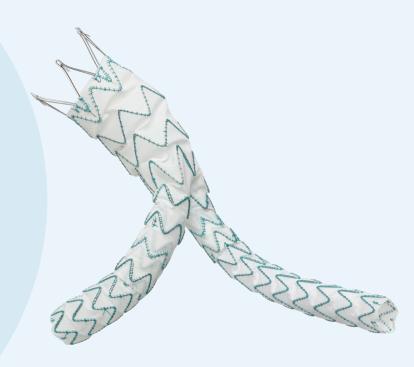






Versatile by Design. Fit for any Anatomy.\*

\*Per IFU.





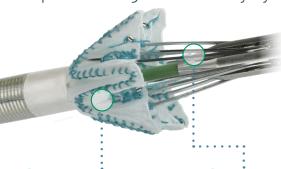




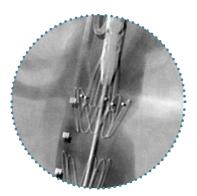


## Optimized Design for Patient Safety and Procedural Success

Proximal clasp allows for safe graft re-positioning and delivery system removal

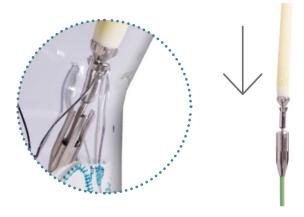


- A Infrarenal barbs are obscured in graft fabric "valleys" prior to final clasp release
- Suprarenal barbs are completely covered allowing graft to be safely repositioned until clasp is released



Proximal clasp prevents barb engagement with vessel wall until released Technical Success <sup>1</sup> (at index procedure; 150/150)

100%



Proximal Clasp Simple Caudal Removal

Easily withdraw delivery system without added

steps or risk of entanglement

Conversions to open repair <sup>2</sup> (150/150)

0%

Per TREO IFI





## A Low Profile Delivery System and Leave Behind Sheath

Designed to expand patient applicability, enable percutaneous access and fewer sheath exchanges, with the aim to reduce:

TREO Percutaneous Access 5 (305/321)

**95**%

- ▶ Access vessel trauma and complications <sup>3,4</sup>
- Procedural time, hospital length of stay and cost 3,4

▶ Patient post-operative pain <sup>3</sup>

Main Body **Delivery System** 

Leg Extension **Delivery System** 

20 - 28mm 30 - 36mm

9 - 15mm

17 - 24mm







- El Beyrouti, H et al. 2020. Early results of a low-profile stent-graft for thoracic endovascular aortic repair. PLoS One, 15(11), p.e0240560
- Bi, G et al. 2022. Is percutaneous access superior to cutdown access for endovascular abdominal aortic aneurysm repair? A meta-analysis. Vascular, 30(5), pp.825-833

US Post Approval Study; Data on File



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