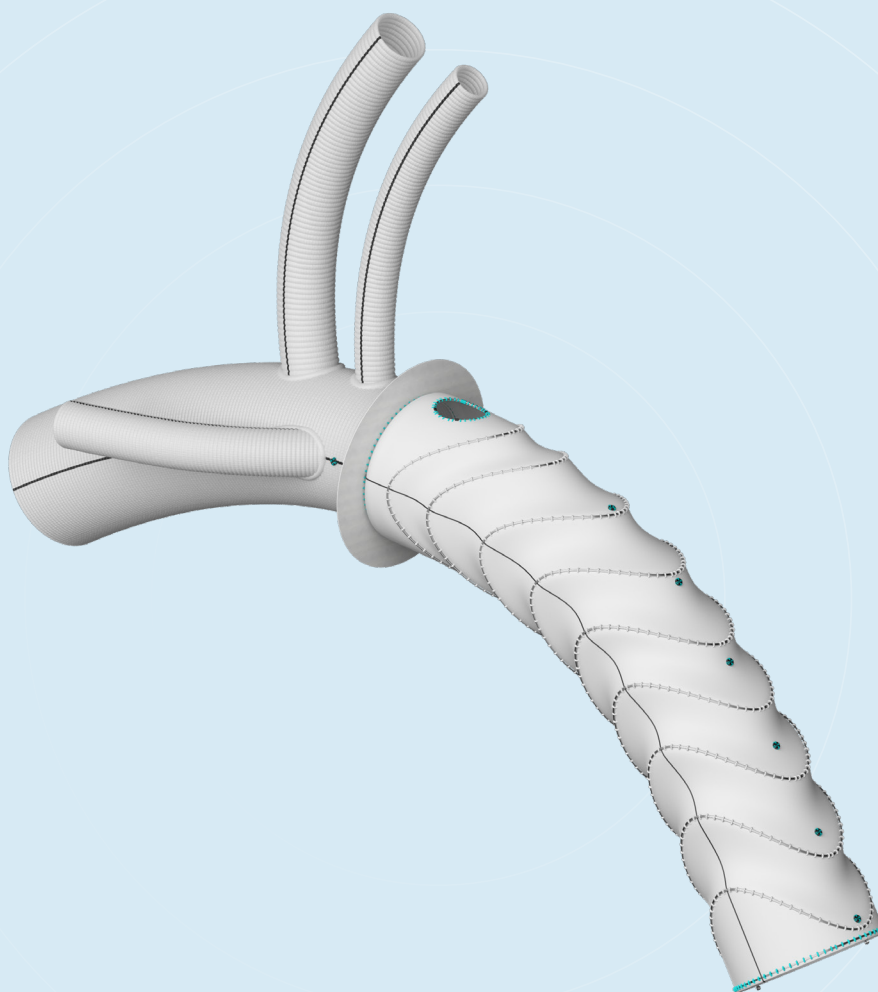




PRODUCT BROCHURE

Thoraflex™ Hybrid Fenestra

Thoraflex™ Hybrid Thoracic Aortic Stent Graft System (Custom made) - Fenestrated

Direct access to the Left Subclavian Artery



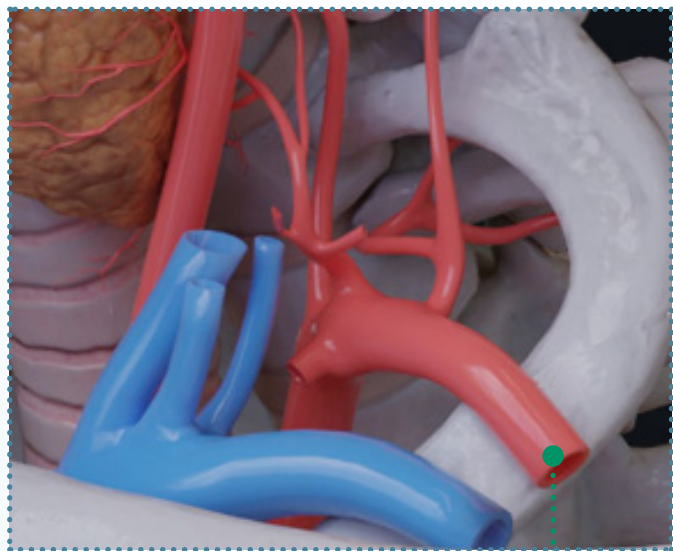
For more information, visit
terumoaortic.com/custom-thoraflex-hybrid

 custom thoraflex™ **hybrid**

Why Preserve the Left Subclavian Artery (LSA)?

A number of FET[^] techniques facilitate the distal anastomosis while preserving flow to the LSA. Revascularisation techniques include reimplantation as part of the island patch or direct anastomosis bypass, transposition or a hybrid approach.¹ Studies since the advent of TEVAR[▲] have discovered that coverage of the LSA without revascularisation has been associated with left arm claudication, stroke and spinal cord deficit.²

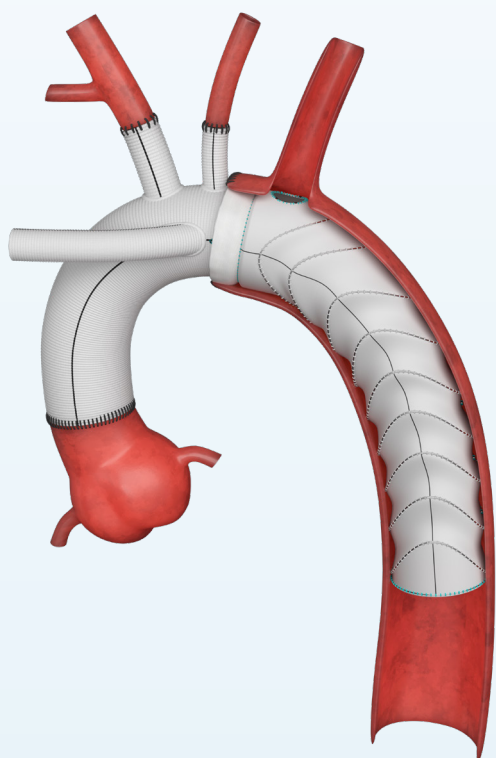
Physiological and Revascularisation Challenges:



Subclavian Artery

- ▶ The LSA is located posterior and deep within the chest and is often displaced by an aneurysm making access difficult and the field of vision limited.
- ▶ The vessel can retract into the chest when resected.
- ▶ Dissected, calcified and friable arterial tissue can present challenges in manipulation and suturing.
- ▶ Pre-operative transposition and bypass provide excellent patency but are associated with nerve injury and LSA steal syndrome.³
- ▶ Anatomical and Extra-Anatomic approaches can be technically demanding.^{1,4}

New Design Option

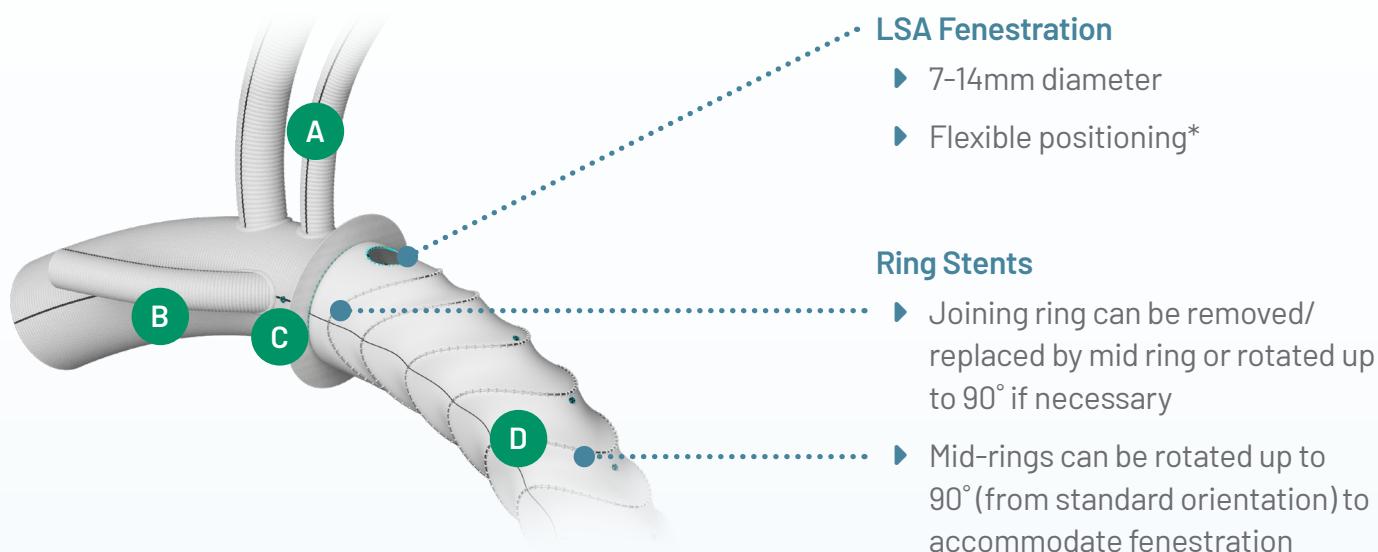


“The LSA must be included in the operative strategy during total arch replacement regardless of the technique. Whether preoperative, intraoperative, or postoperatively, it is critical to maintain circulation of the LSA”¹ - Orozco-Sevilla V. & Coselli J. 2023

[^] FET = Frozen Elephant Trunk

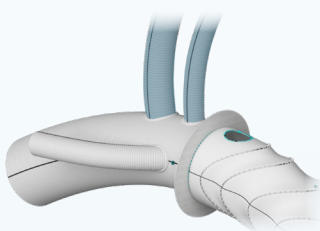
[▲] TEVAR = Thoracic Endovascular Aortic Repair

Available Specification



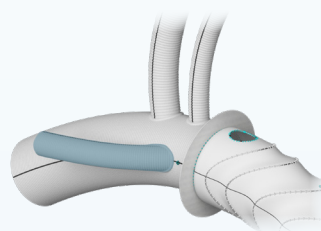
Clinician Determined Options†

A Arch Branches



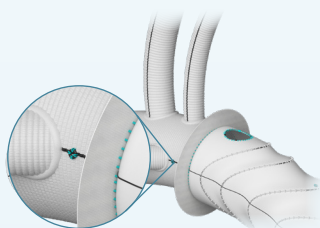
- ▶ 0-7 main branches (including bifurcate/ side branch)*
- ▶ Adjusted angles, positioning and spacing*
- ▶ Diameters of 8/10/12/14/16/18mm*
- ▶ Lengths up to 150mm*

B Side Branch



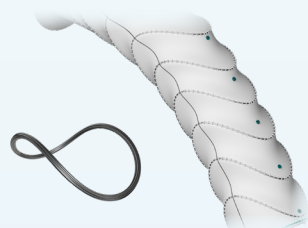
- ▶ Adjusted angle and orientation*
- ▶ Diameter of 10/12/14mm (to accommodate delivery system if required)
- ▶ Length 150mm

C Radiopaque Markers

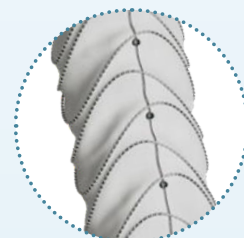
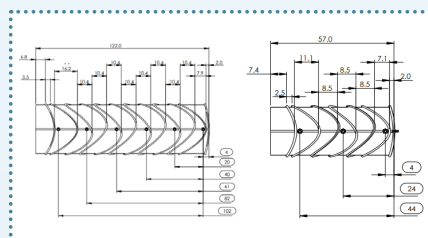


- ▶ Maximum of 2 (main body)
- ▶ Flexible positioning*

D Additional Stent Configurations



- ▶ Extra offset 10° Mid-rings
- ▶ Shorter stent (60mm minimum length)
- ▶ Combination of the two



* Within design parameters

† Final device specification must be provided by the operating/ end user Surgeon prior to order placement.

1. Orozco-Sevilla V *et al.* (2023) Management of the left subclavian artery during aortic arch replacement using a frozen elephant trunk approach: a review. *Cardiovascular Diagnosis & Therapy*. August; 13(4): pp736-742
2. Feezor R *et al.* (2009) Management of the Left Subclavian Artery during TEVAR. *Seminars in Vascular Surgery*. September; 22(3): pp159-164¹
3. Cinà C *et al.* (2002) Subclavian carotid transposition and bypass grafting: consecutive cohort study and systematic review. *Journal of Vascular Surgery*. March; 35(3):pp422-429 September; 22(3): pp159-16
4. Detter C *et al.* (2019) Simplified frozen elephant trunk technique for combined open and endovascular treatment of extensive aortic diseases. *European Journal of Cardio-Thoracic Surgery*. October; 56(4): pp738-745



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