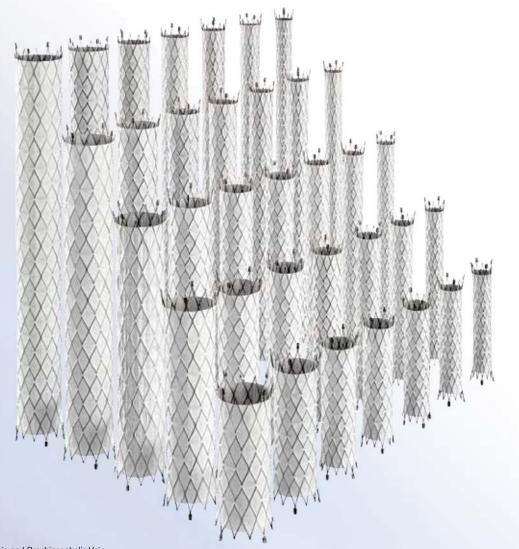
## MORE SIZES.

A broad range of implant diameters and lengths for the treatment of in-stent restenotic peripheral and central lesions\* in patients with AV grafts and AV fistulae, and non-stented lesions in patients with AV grafts

Small incremental stent graft lengths to help maintain venous real estate and cannulation area



# CONTROLLED delivery

Minimal shortening and radiopaque markers aid in excellent placement accuracy

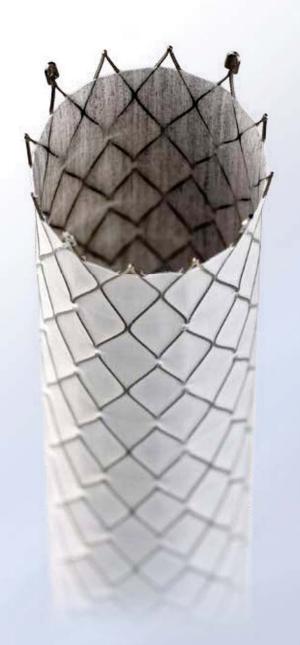
The multi-braided delivery system with a tipless inner catheter designed to reduce the risk of catheter entanglement during withdrawal

### proven design

Dual layer ePTFE encapsulation demonstrated a significant reduction at 90 days in the incidence of in-stent restenosis compared to PTA\*\*

Proprietary bioactive carbon impregnation designed to reduce early stage platelet adhesion

Flexible implant that demonstrated kink resistance after placement in tortuous AV<sup>†</sup> access lesions presenting with ISR<sup>††</sup> or non-stented lesions in patients with AV grafts

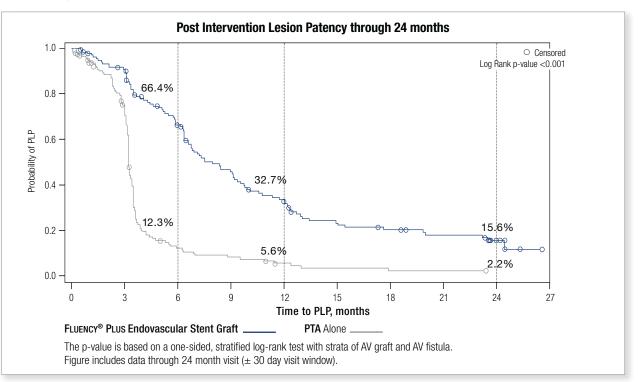


### **RESCUE TRIAL - 24 MONTH FOLLOW-UP RESULTS**

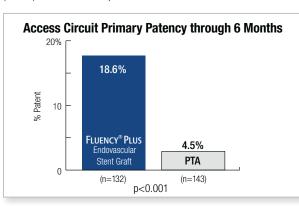
A Prospective, Multi-Center, Randomized, Concurrently-Controlled Study of the Fluency® Plus Endovascular Stent Graft in the Treatment of In-stent Restenosis in the AV Access Venous Outflow Circuit.

#### Study Highlights at a Glance

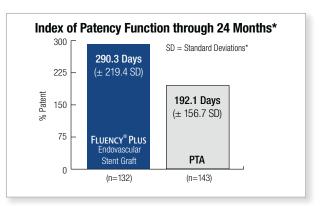
- 23 Clinical Study Sites in the United States
- Pre-determined follow-up evaluation at 1, 3, 6, 12, 18 and 24 months
- 90 Day Mandatory Angiogram
- 275 Patients included in 24 Month Intent-to-Treat Analysis
- Balloon Angioplasty Alone- 143 Patients
- Balloon Angioplasty & Fluency® Plus Endovascular Stent Graft 132 Patients



Post Intervention Lesion Patency: Interval following the index intervention until the next re-intervention at the original treatment site or until the extremity (access) is abandoned for permanent access.







Index of Patency Function: Time to access abandonment divided by the number of reinterventions to maintain vascular access.

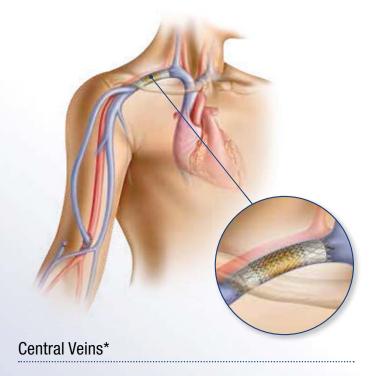
\*Averages

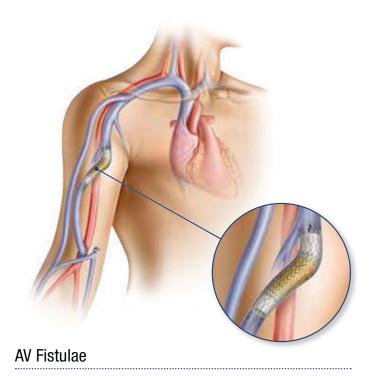
<sup>\*\*</sup>Data on file and based on the RESCUE Trial.

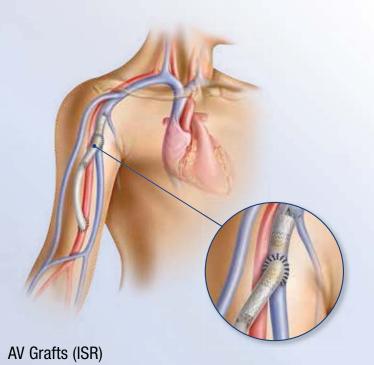
<sup>&</sup>lt;sup>†</sup>AV=Arteriovenous

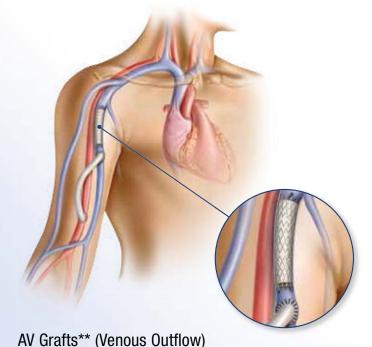
<sup>††</sup>ISR=In-stent restenosis

### MORE indications.







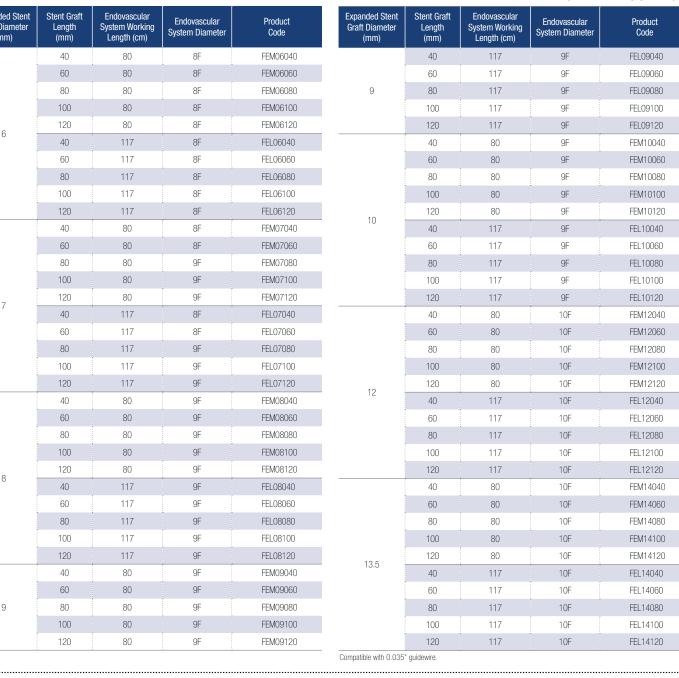


\*Central Veins = Subclavian Vein and Brachiocephalic Vein \*\*Non-stented lesions in AV grafts

### FLUENCY® PLUS Endovascular Stent Graft



labeled stent graft length ——



Prescriptive Information: Prior to use, please see the complete "Instructions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events and Operator's Instructions.

Indications: The FLUENCY® PLUS Endovascular Stent Graft is indicated for use in the treatment of in-stent restenosis in the venous outflow of hemodialysis patients dialyzing by either an arteriovenous (AV) fistula or AV graft and for the treatment of stenosis in the venous outflow of hemodialysis patients dialyzing by an AV graft.

**Contraindications:** There are no known contraindications for the Fluency® Plus Endovascular Stent Graft.

Warnings: The use of this device carries the risks associated with dialysis shunt revisions and endovascular procedures, and should not be placed in patients with infected AV access graft/fistula, immature fistula, or in anatomies which would require placement of the FLUENCY® PLUS Endovascular Stent Graft across a vessel.

Precautions: The safety and effectiveness of the device when placed across a tight bend including the terminal cephalic arch, across the elbow joint, or across a fractured bare metal stent has not been evaluated. Care should be taken to select an appropriate length device(s) so that the stent graft extends at least 10 mm distally (outflow) and 10 mm proximally (inflow) beyond the lesion into the non-diseased vessel. The stent graft implant cannot be expanded with an angioplasty balloon beyond its stated diameter.

Potential Adverse Events: Adverse Events associated with use of the Fuency® Plus Endovascular Stent Graft may include the usual complications associated with endovascular stent and stent graft placement and dialysis shunt revisions, including but not limited to: thrombotic occlusion; restenosis; infection; arm or hand edema; steal syndrome; allergic reaction; stent graft migration; and, stent graft fracture.

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

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Please consult product labels and instructions for use for indications, contraindication hazards, additional warnings and precautions.

BPV/SGF2/0816/0042

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Bard Peripheral Vascular, Inc. 1625 W. 3rd Street Tempe, AZ 85281 USA www.bardpv.com Tel: 1 480 894 9515 / 1 800 321 4254 Fax: 1 480 966 7062 / 1 800 440 5376

