

Hypogastric Artery Matters



ARTIVION™

E-liac®
Stent Graft System

Importance of Preserving the Hypogastric Artery

One of the major anatomical challenges of endovascular aortic repair in patients with AAA are concomitant iliac artery aneurysms. Iliac artery aneurysms are known to exacerbate the complexity of endovascular aneurysm repair and increase the incidence of type Ib endoleaks, iliac limb occlusions and aneurysm ruptures.

Furthermore, occlusion of the internal iliac artery can cause ischemic manifestations such as erectile dysfunction, buttock claudication and colonic ischemia.¹⁻³ Therefore, the European Society of Vascular Surgery recommends to avoid bilateral interruption of the internal iliac arteries, at least in standard risk patients.⁴

The E-iliac Stent Graft System offers an endovascular solution for preserving the hypogastric artery and is indicated for the treatment of patients with unilateral, bilateral aorto-iliac or isolated iliac aneurysms provided the following preconditions are met:⁵

FOR ISOLATED ANEURYSMS:

Non-aneurysmal common iliac artery landing area in case of iliac artery aneurysm ≥ 20 mm

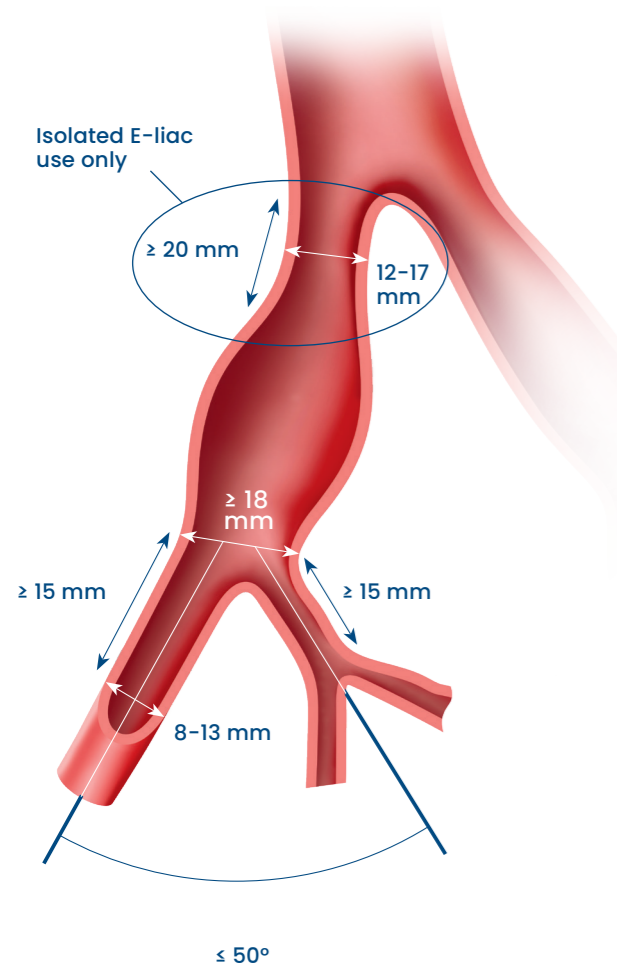
Diameter of common iliac artery in the proximal landing area: 12 - 17 mm

FOR ISOLATED AND AORTO-ILIAC ANEURYSMS:

Diameter of the external iliac artery in the distal landing area: 8 - 13 mm

Thrombus free iliac lumen in the area of iliac bifurcation ≥ 18 mm

Angle between external iliac artery and internal iliac artery $\leq 50^\circ$



Bench test data on file at Jotec GmbH. Data not indicative of clinical performance.

Proven Device Through Solid Data

Clinical Evidence

The E-iliac Stent Graft System has been tested in multiple studies where its safety and efficacy to maintain pelvic blood flow has been proven.

Study	Brunkwall et al. ⁷	Anton et al. ⁶	Mylonas et al. ⁵
Year of publication	2019	2018	2016
Follow-up	12 months	12 months	12 months
Patients enrolled	42	21	70
Buttock claudication	2,4 %	5 %	0 %
E-iliac related reintervention rated	5 %	8,7 %	11 %
Primary patency rates	EIA 98 %	100 %	97 %
	IA 98 %	100 %	100 %

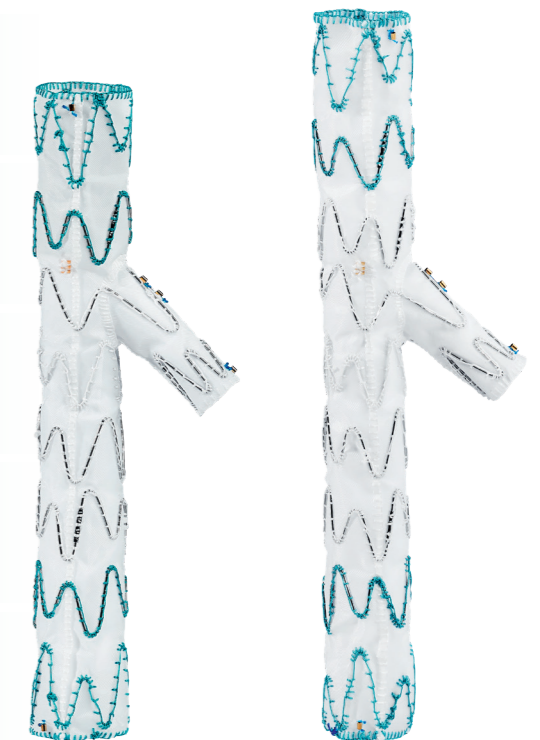
Indicated for both - aorto-iliac and isolated iliac aneurysms

Pre-cannulated side branch

Designed for a broad range of anatomies

High patency rates and low reintervention rates^{5,6,7}

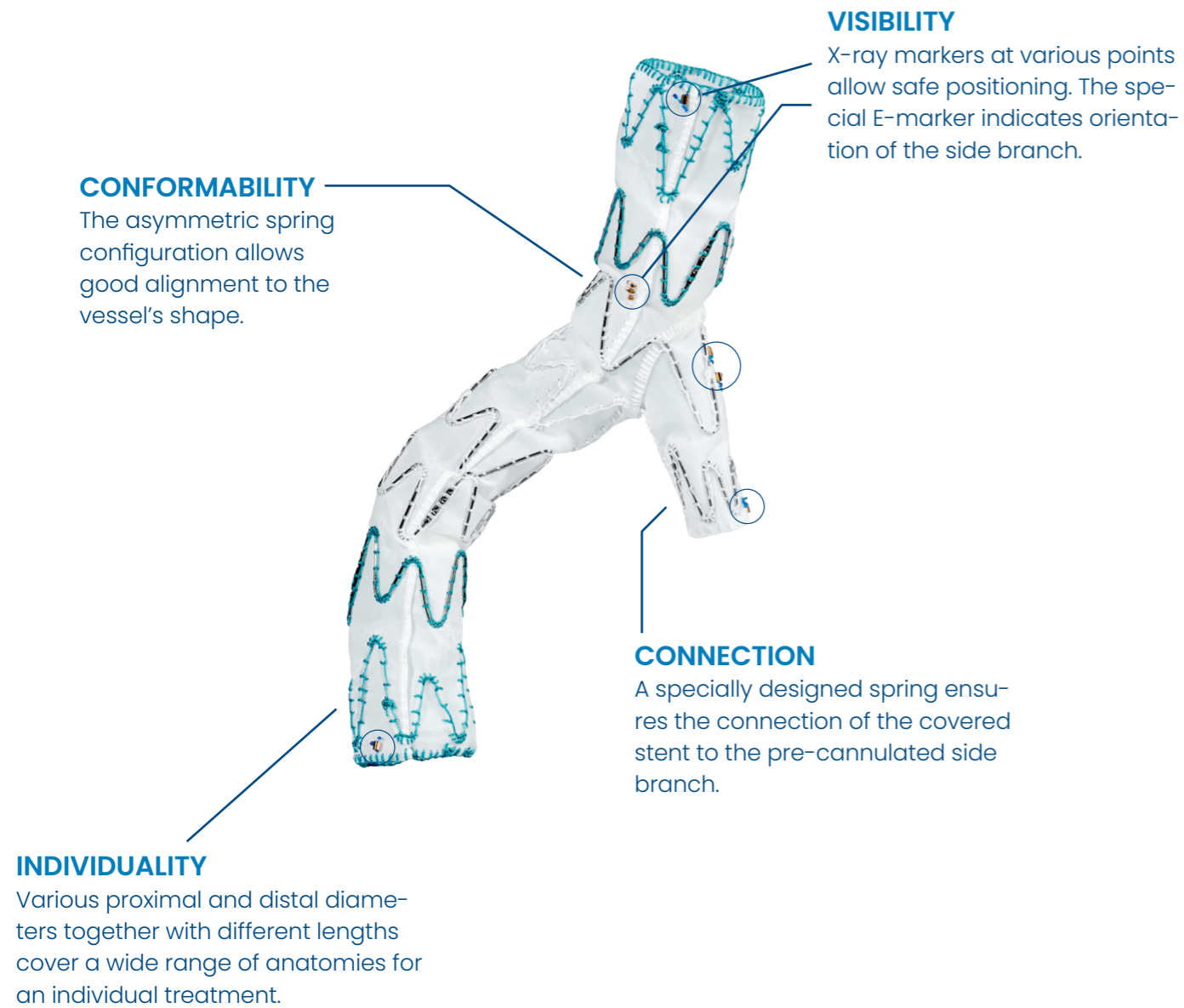
Clinical experience of more than 6,500 implantations



Bench test data on file at Jotec GmbH. Data not indicative of clinical performance.

Covering a Wide Range of Anatomies

The self-expanding stent graft is made of nitinol springs which are sutured to the woven polyester. Various lengths and diameters are available for an individual patient treatment.



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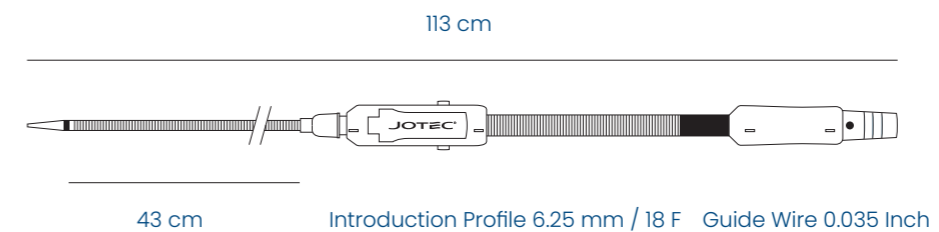
Components at a Glance

Configurations

01 Aorto-Iliac Aneurysms



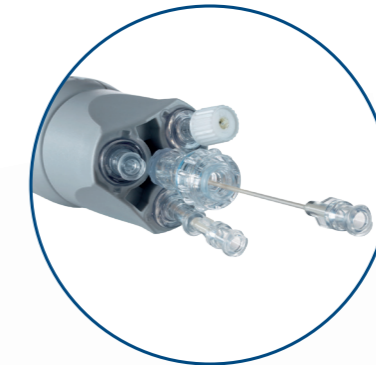
02 Isolated Iliac Aneurysms



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Safe Handling and Precise Deployment

The unique and intuitive delivery system with its 6.25 mm / 18 F profile allows a sheathless application and is designed to reach the target lesion even in sophisticated areas.



FUNCTIONALITY

The end cap of the delivery system contains various functions: guidance for the central and lateral guide wire as well as the release mechanism for the distal stent graft fixation.

GUIDANCE

Axial and lateral lumen for guide wire introduction.

FLEXIBILITY

The catheter is designed for safe and precise advancement even in tortuous anatomies.

SMOOTH DELIVERY

The hydrophilic coating eases introduction and advancement of the system.

ORIENTATION

Tactile marking indicates orientation of the side branch and enables precise deployment of the stent graft.

EASY DEPLOYMENT

The Squeeze-to-Release mechanism allows gradual or continuous release with minimum effort.

CONTROL

The control handle secures the position of the delivery system during the procedure.

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ARTIVION™

Learn more at [artivion.com](https://www.artivion.com)

1 Buttock claudication and erectile dysfunction after internal iliac artery embolization in patients prior to endovascular aortic aneurysm repair. Rayt HS, Bown MJ, Lambert KV, Fishwick NG, McCarthy MJ, London NJ, et al. Cardiovasc Intervent Radiol. 2008;31: 728-34. 2 Hypogastric artery preservation during endovascular aortic aneurys repair: is it important? Lin PH, Chen AY, Vij A. Semin Vasc Surg. 2009;22: 193-200. 3 Buttock claudication after interventional occlusion of the hypogastric artery: a mid-term follow-up. Pavlidis D, Hormann M, Libicher M, Gawenda M, Brunkwall J. Vasc Endovascular Surg. 2012;46: 236-41. 4 Instructions for use E-liac. 5 A multicenter 12-month experience with a new iliac side-branched device for revascularization of hypogastric arteries. Mylonas SN, Rumenapf G, Schelzig H, Heckenkamp J, Youssef M, Schäfer JP, Ahmad W, Brunkwall JS. E-liac Collaborative Group. J Vasc Surg. 2016 Dec;64(6): 1652-1659.e1. 6 Initial Experience with the E-liac Iliac Branch Device for the Endovascular Aortic Repair of Aorto-iliac Aneurysm. Anton S, Wiedner M, Stahlberg E, Jacob F, Barkhausen J, Goltz JP. Cardiovasc Intervent Radiol. 2018 May;41(5): 683-691. 7. Prospective Study of the Iliac Branch Device E-liac in Patients with Common Iliac Artery Aneurysms: 12 Month Results. Brunkwall JS, Puerta CV, Heckenkamp J, Egaña Barrenechea JM, Szopinski P, Mertikian G, Seifert S, Rumenapf G, Buz S, Assadian A, Majd P, Mylonas S, Calavia AR, Theis T, de Blas Bravo M, Pleban E, Schupp J, Esche M, Kocaer C, Hirsch K, Oberhuber A, Schäfer JP. 2019 Oct 12, 10.1016/j.ejvs.2019.06.020.

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