Every heartbeat is precious.
Thanks to you,
he’ll have 100 million more.
**EVERY HEARTBEAT IS PRECIOUS**

Rapidly restoring a patient’s coronary blood flow is good news for an anxious family.

Having the right resources for every patient and pathology type immediately at hand is critical.

Only Boston Scientific supplies thrombectomy solutions for every level of thrombus burden, with proven performance and minimal complications. So your work takes not one heartbeat longer than needed.

You are committed to achieving the best possible outcome for every patient. Boston Scientific is committed to providing the best possible devices for every situation.

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**Thrombus removal is critical**

Improve patient outcomes and minimize complications for your PCI patients

**Thrombus increases risks**

- Thrombus in PCI increases risks of:
  - Abrupt vessel closure
  - Death
  - Myocardial infarction
  - Emergency bypass surgery

**Thrombus removal can help improve outcomes**

- Allows for better visualization of underlying vessel morphology
- Potential to reduce distal embolization

**Improved outcomes are associated with reduced costs**

- Reduction of rehospitalization and reintervention
- Lower target vessel revascularization (TVR)
- Reduction in late stent thrombosis
- Reduced number and length of stent placed vs direct stent

**Economic Model**

**ANGIOJET™ Rheolytic Thrombectomy reduces**

mean cost of drug-eluting stents by $168 per patient

<table>
<thead>
<tr>
<th>Estimated Mean Cost of Drug-eluting Stents</th>
<th>Per Patient TVR-related Healthcare Costs Through 1 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost ($)</td>
<td>Per Patient TVR-related Costs Through 1 Year ($1,737)</td>
</tr>
<tr>
<td>Direct Stenting</td>
<td>Rheolytic Thrombectomy</td>
</tr>
<tr>
<td>1700</td>
<td>n = 245 patients</td>
</tr>
<tr>
<td>1650</td>
<td>n = 256 patients</td>
</tr>
<tr>
<td>1600</td>
<td>$1,512</td>
</tr>
<tr>
<td>1550</td>
<td>$1,512</td>
</tr>
<tr>
<td>1500</td>
<td>$1,680</td>
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<tr>
<td>1450</td>
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<td>1400</td>
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<td>1350</td>
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</tr>
<tr>
<td>1300</td>
<td>$1,737</td>
</tr>
</tbody>
</table>

**ANGIOJET Rheolytic Thrombectomy reduces**

per patient TVR-related healthcare costs by $594 over 12 months

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*Applies the reduction of stents observed in trial to a “hypothetical” drug-eluting stent population; DES ASP estimated at $1,200.

†Costs are adjusted to reflect 2015 CMS payment rates. Assumes all TVRs are treated with bare-metal stents, using weighted average of DRG 248/249 ($13,296).
Assessing the level of thrombus burden and determining the treatment pathway

You have a critical role in flow restoration

Through our partnership, you’ll have access to a full offering of solutions that equip you to remove all levels of thrombus burden.

Only Boston Scientific has all the tools you need to master coronary thrombus.

Thrombus Burden

- No Thrombus
- Small Thrombus Burden
- Large or Massive Thrombus Burden
- Occlusion

Definitive Treatment

FETCH’2
(Manual Aspiration)

ANGIOJET™
(Rheolytic Mechanical Thrombectomy)

We believe that rheolytic thrombectomy may be the best option for patients with large thrombus burden (Grade 4), while aspiration thrombectomy is the best option for patients with moderate thrombus burden (Grades 2-3).

**Exceptional deliverability. Uncompromised aspiration.**

**FETCH™2 Aspiration Catheter**

**Exceptional deliverability**
- **Kink resistance:** variable pitch coiled shaft provides robustness
- **Flexibility:** low pitch distal shaft enables navigation of tortuous anatomy
- **Pushability:** high pitch proximal shaft enables smooth delivery
- **Tip design:** convex opening reduces risk of vessel wall damage and minimizes clogging

**Uncompromised aspiration**
- **Distal end:** within the dual lumen, the aspiration lumen cross-sectional area is maximized
- **Proximal end:** the aspiration lumen cross-sectional area increases in the proximal shaft

**Powerful performance. Simple setup.**

**ANGIOJET™ Ultra Thrombectomy System**

**Powerful performance**
- **Proven:** the leading choice for large thrombus evacuation, utilized in more than 600,000 cases
- **Versatile:** wide range of catheters for many clinical scenarios

**Simple setup**
- **Easy 3-step setup:** preparation, loading, and priming are straightforward, even for new users
- **Compact design:** the highly portable design enhances ease of integration in the hospital setting

ANGIOJET uses high-pressure saline to create a vacuum at the tip of the catheter to break up and remove thrombus.

**Steps:**
1. **Saline jets travel backwards at high speeds to create a negative pressure zone (less than -600 mmHg), causing a powerful vacuum effect.**
2. **Cross-Stream™ windows optimize the fluid flow for more effective thrombus removal.**
3. **Thrombus is drawn into the catheter, where it is fragmented by the jets and evacuated from the body.**
The C-code used for this product is C1757 Catheter, thrombectomy/embolectomy. C-codes are used for hospital outpatient device reporting for Medicare and some private payers. 

An AngioJet Ultra Thrombectomy Set is indicated for the removal of fresh, soft emboli and thrombi from vessels in the peripheral and coronary vasculature.

Contraindications:
- vesseles less than 2 mm in diameter
- the removal of fibrous, adherent or calcified material (e.g. chronic clot, athereosclerotic plaque)
- the venous system.

Warnings and Precautions:
- Do not use the Catheter for the delivery or infusion of diagnostic, embolic or therapeutic materials into blood vessels as it has not been designed for these uses.
- The Catheter has not been evaluated for crossing freshly deployed stents including drug eluting stents. Catheter use in drug eluting stents could damage the delicate drug coating.
- If flow into the syringe stops or is restricted, do NOT attempt to flush the aspiration lumen. Move the Catheter to another site in the patient’s vasculature. Complete thrombus delivery, thromboembolic event and/or serious injury or death may result. Remove the Catheter and, outside the patient, either flush the aspiration lumen or use a new Catheter.
- Check that all fittings are secure so that the Catheter is not introduced into the extension line or syringe during aspiration.
- When the Catheter is in the body, it should be manipulated only under fluoroscopy. Do not attempt to move the Catheter without observing the resultant tip response.
- Never advance or withdraw an intravascular device against resistance until the cause of the resistance is determined by fluoroscopy. Movement of the Catheter or guide wire against resistance may result in separation of the Catheter or guide wire tip, damage to the Catheter, or vessel perforation.

Adverse Events:
- As with all catheterization procedures, complications with the Catheter may occur. These may include:
  - local or systemic infection
  - localized hematoma
  - intimal disruption
  - arterial dissection
  - perforation and vessel rupture
  - arterial thrombosis
  - distal embolization of blood clots and plaque
  - arterial spasm
  - anterograde/fluid formation
  - catheter fracture with tip separation and distal embolization.

ANGIOJET Ultra Console

Intended Use/Indications For Use: The AngioJet Ultra Thrombectomy Set is intended for removing thrombus in the treatment of patients with symptomatic coronary artery or saphenous vein graft lesions prior to balloon angioplasty or stent placement. The minimum vessel diameter for each Thrombectomy Set model is listed in Table 1 (in the IFU). See also section 7, Patient Selection and Treatment (of the IFU).

Contraindications:
- Do not use the Thrombectomy Set in patients:
  - who are contraindicated for other interventional procedures, as the device only removes thrombus in preparation for balloon angioplasty or stent placement.
  - who have had a previous angioplasty or stent placement.
  - who have a history of immediate vessel occlusion
  - who have a history of complete vessel occlusion
  - who have a history of total occlusion of treated vessel
  - who have a history of vessel wall or valve damage.

Warnings and Precautions:
- Do not move the collection bag during catheter operation as this may cause a collection bag error.
- Do not retract the guide wire into the catheter during operation. The guide wire should extend at least 3 cm past the catheter tip at all times. If retraction of the guide wire into the Thrombectomy Set occurs, it may be necessary to remove both the Thrombectomy Set and the guide wire from the patient in order to reload the catheter over the guide wire.
- Monitor thrombotic debris/fluid flow exiting the Thrombectomy Set via the waste tubing during use. If blood is not visible in the waste tubing during AngioJet Ultra System activation, the catheter may be occluded within the vessel; verify catheter position, vessel diameter and thrombus status. Operation under occlusion conditions may increase risk of vessel injury.
- Operation of the catheter may cause hemolysis. Table 1 of the IFU lists maximum recommended runs times in a flowing blood field and total operating time for each Thrombectomy Set. Excessive hemolysis may require blood transfusion.

References:

*Boston Scientific is not responsible for the correct use of codes on submitted claims; this information does not constitute reimbursement or legal advice. All trademarks are the property of their respective owners.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete "Directions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator’s Instructions.