



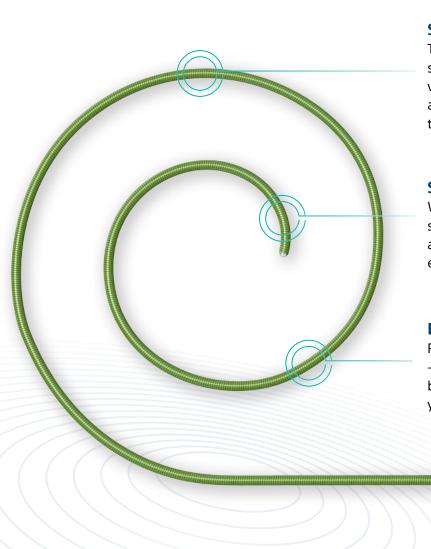
Wired for Safety



Stable. Predictable. Reliable.

Shaped and sized for safety, the SAFARI^{2™} Pre-Shaped Guidewire gives you the optimized rail support¹⁻³ and unmatched curve retention⁴ you rely on to effectively treat patients. Approved for a broad spectrum of structural heart disease uses, it streamlines device delivery¹⁻³ and offers enhanced wire predictability⁴ – making it the #1 TAVR guidewire.⁵





Sized for patient safety

Three curve sizes, including extrasmall for small or hypertrophic ventricles, fit a broad range of patient anatomies, giving you the versatility to treat nearly any patient

Streamlined device delivery

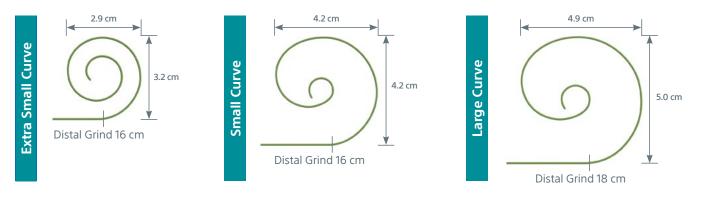
Wire stiffness optimizes rail support¹⁻³ even in tortuous anatomies, allowing you to treat even the most difficult cases

Best-in-class curve retention

Preserves 96% of its original shape
– the top performer in competitive
bench testing⁴ – maintaining stability
you can rely on while tracking

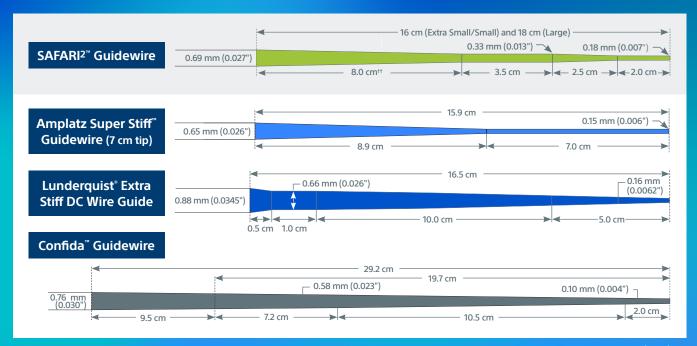
Size Flexibility

- Multiple curve sizes enable customized selection based on physician preference
- Extra small curve designed for small and/or hypertrophic ventricles



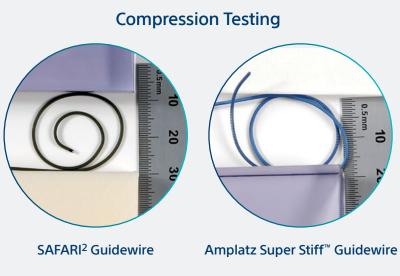
Distal Curve Designed for Atraumatic Valve Procedures

Smooth tapering of the distal core for optimal distal tip rail support

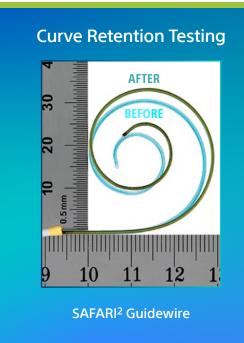


Best-in-Class Shape Retention

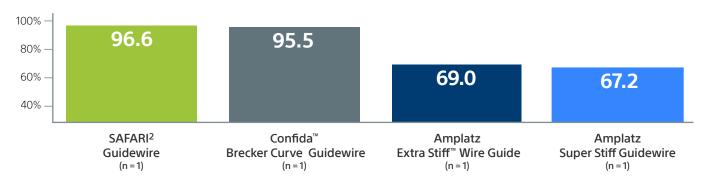
SAFARI^{2™} Guidewire demonstrates superior curve retention and maintenance of geometry during compression



SAFARI² Guidewire keeps a stable position and curve when subjected to an equivalent compression load simulating the compression in the left ventricle



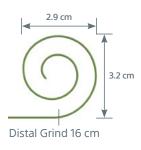
Curve Retention (%)

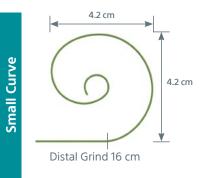


In competitive bench testing the SAFARI² Guidewire outperformed other wires in shape retention, preserving 96% of its original shape after use

Curve Tip Configuration

Extra Small Curve







Large Curve

Ordering Information						
Order Number (GTIN)	Ref/Catalog Number	Description	Outer Diameter (inches) (mm) Length Quantity per Box			
08714729887614	H749 39406XS 1	SAFARI ² Guidewire Extra Small Curve	0.035	0.889	275 cm	5 Pack
08714729887591	H749 39406S 1	SAFARI ² Guidewire Small Curve	0.035	0.889	275 cm	5 Pack
08714729887577	H749 39406L1	SAFARI ² Guidewire Large Curve	0.035	0.889	275 cm	5 Pack
08714729887638	H749 39407XS 0	SAFARI ² Guidewire Extra Small Curve	0.035	0.889	275 cm	1 Single
08714729887652	H749 39407S 0	SAFARI ² Guidewire Small Curve	0.035	0.889	275 cm	1 Single
08714729887645	H749 39407L 0	SAFARI ² Guidewire Large Curve	0.035	0.889	275 cm	1 Single

The C-code used for this product is C1769, (Guidewire used in other medical items or services). C-codes are used for hospital outpatient device reporting for Medicare and some private payers.

Boston Scientific is not responsible for the correct use of codes on submitted claims; this information does not constitute reimbursement or legal advice.

- 1. Simulated Use Static Friction, Dynamic Friction, and Distal Curve Displacement test data with LOTUS™ Valve System with SAFARI Large and Amplatz Super Stiff Guidewires (n = 4).
- 2. Simulated Use Friction, Dynamic Friction, and Distal Curve Displacement with Evolut™ R with SAFARI² Extra Small and Confida Brecker Guidewires (n = 3).
- 3. Per VAR 550 342 ACURATE neo™ and SAFARI validation testing the performance of ACURATE neo TF delivery system is compatible with the SAFARI Guidewire in a representative simulated-use environment.
- 4. Curve Retention test data with SAFARI² Extra Small. Confida™ Brecker, Amplatz Extra Stiff™, and Amplatz Super Stiff™ Guidewires (n = 1).
- 5. In2ition Market Data. Data on file.

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SAFARI² Preshaped TAVR TAVI Guidewire

Intended Use/Indications for Use: The SAFARI² Guidewire is intended to facilitate the introduction and placement of interventional devices within the chambers of the heart including those used within transcatheter aortic valve procedures. CONTRAINDICATIONS: This wire is not intended for use in the cerebrovasculature or coronary arteries. WARNINGS: • The SAFARI² Guidewire should be used only by physicians trained in the introduction and placement of interventional devices including those used within transcatheter aortic valve procedures. • Carefully read all instructions prior to use. Observe all warnings and precautions, Failure to do so may result in complications, • Prior to use, inspect for damage, If damaged, DO NOT USE, • Monitor wire position throughout the procedure for proper placement of curve and distal tip. • Do not torque this guidewire. • Use extreme caution and careful judgment in patients for whom anticoagulation is not indicated. • Inserting the distal end of the guidewire through a Tuohy-Borst Adapter may result in damage to the tip of the guidewire. • If contrast agents are used, use extreme caution in patients who have had a severe reaction to contrast agents and who cannot be adequately premedicated. . When advancing or removing the guidewire, always use fluoroscopic guidance with radiographic equipment that provides high-resolution images. Never position the guidewire blindly, as this may result in misplacement, dissection or perforation. • Exercise care in handling of the guidewire during a procedure to reduce the possibility of accidental breakage, bending, kinking, or coil separation. Resulting guidewire fractures might require additional percutaneous intervention or surgery. • Never advance the guidewire against the resistance without first determining the reason for resistance under fluoroscopy. Excessive force against resistance may result in damage to the catheter or vessel/organ. Care should be taken when advancing a guidewire after device deployment. • The wire should only be introduced into or withdrawn from the ventricle through a catheter already positioned in the ventricle. • The curve of the SAFARI2 Guidewire should be constrained within a catheter during insertion into or withdrawal from the body or treatment site. • The SAFARI2 Guidewire is manufactured with a double curve; attempts to modify may alter its performance. Alterations to curve may lead to complications including Perforation or Dissection, Mitral Valve Regurgitation, Pericardial Effusion, Cardiac Tamponade, Cardiac Arrest and Guidewire Replacement. • Clinical data showing use of this device in pregnant/breastfeeding women is not available. ADVERSE EVENTS: • Access site complication • Additional Surgical Procedure • Air Embolism/ Thromboembolism • Allergic Reaction • Amputation • Aorta Complications • Arteriovenous (AV) Fistula • Arrhythmia • Bleeding • Cardiac and/or Septal Perforation • Death • Embolism • Hematoma • Hemorrhage • Hemoglobinuria • Hypovolemià • Ínfection or Sepsis • MACCE • Myocardial Ischemia and/or Infarction • Pericardial Effusion • Pseudoaneurysm • Renal Failure or Injury • Stroke or other Neurologic event • Tamponade • Thrombus • Valve Complications Vascular Complication
 Vessel Occlusion
 Vessel Perforation
 Trauma, or Damage
 Vessel Spasm
 Wire Entrapment/Entanglement
 Foreign Body/Wire Fracture. 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. 91075696 AB



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