**Acoustic Pulse Thrombolysis™**
Is a minimally invasive system for dissolving thrombus. The ultrasonic core generates an acoustic field which greatly accelerates lytic dispersion by driving the drug deeper into the clot and unwinding the fibrin to expose plasminogen receptor sites.¹

¹ Francis CW et al. Ultrasound accelerates transport of recombinant tissue plasminogen activator into clots. Ultrasound in Medicine and Biology, 1995;21(5):419-24
Accelerate Thrombus Dissolution with Targeted Ultrasound Waves

The EkoSonic® Endovascular System includes an ultrasonic core within an infusion catheter, and control unit.

Acoustic Pulse Thrombolysis Treatment has clinically shown:
- More effective drug delivery
- More efficient thrombus clearance
- Reduced procedure time

The EKOS effect changes the standard of care for pulmonary embolism and dissolves the thrombus more completely, even in difficult-to-reach areas for peripheral arterial occlusion.

Pulmonary Embolism
EKOS has been shown to yield safe and effective results for acute, massive and submassive PE. It improves right ventricular function and pulmonary artery pressure while minimizing the risk of bleeding.
- Reduces RV/LV ratio by more than 23% on average in as little as 2 hours
- Reduces PA pressures by 28% (at 48 hours)
- 76% less thrombolytic drug dosage than standard treatment
- Minimized risk of bleeding

Infusion of Thrombolytics
The EKOS catheter can be used for the infusion of physician selected therapeutics, including thrombolytics into the peripheral vasculature.
- Removes thrombus more completely compared to CDT
- Reduces post-thrombotic syndrome

Acoustic Pulse Thrombolysis Treatment

Infusion of Thrombolytics

The EKOS System’s targeted ultrasound waves accelerate thrombus dissolution by unwinding the fibrin matrix.¹

The Thrombosis Barrier

Tightly wound fibrin prevents lytic from reaching receptor sites.

With Acoustic Pulse

Ultrasound energy thins fibrin and exposes receptor sites.

With Acoustic Pulse + Lytic

More drug reaches entire thrombus, accelerating absorption.

5.4 F infusion catheter for all EKOS products

<table>
<thead>
<tr>
<th>Product</th>
<th>Working Length</th>
<th>Treatment Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>500-55106</td>
<td>106 cm</td>
<td>6 cm</td>
</tr>
<tr>
<td>500-55112</td>
<td>106 cm</td>
<td>12 cm</td>
</tr>
<tr>
<td>500-55118</td>
<td>106 cm</td>
<td>18 cm</td>
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<tr>
<td>500-55124</td>
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<tr>
<td>500-55130</td>
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<tr>
<td>500-55140</td>
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<td>500-55150</td>
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<td>500-56112</td>
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<tr>
<td>500-56150</td>
<td>135 cm</td>
<td>50 cm</td>
</tr>
</tbody>
</table>

(106 cm long, 0.035 inch guidewire compatible) and one ultrasonic core matched to infusion length.

(135 cm long, 0.035 inch guidewire compatible) and one ultrasonic core matched to infusion length.

¹ Braaten JV et al. Ultrasound reversibly disaggregates fibrin fibers. Thromb Haemost 1997;78:1063-8

EKOS Acoustic Pulse Thrombolysis Treatment

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. INDICATIONS FOR USE: The EkoSonic Endovascular System is indicated for the: Ultrasound facilitated, controlled and selective infusion of physician-specified fluids, including thrombolytics, into the vasculature for the treatment of pulmonary emboli; Infusion of solutions into the pulmonary arteries; Controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature; All therapeutic agents utilized with the EkoSonic Endovascular System should be fully prepared and used according to the instruction for use of the specific therapeutic agent. CONTRAINDICATIONS: Not designed for peripheral vasculature dilation purposes; This system is contraindicated when, in the medical judgment of the physician, such a procedure may compromise the patient’s condition. POTENTIAL COMPLICATIONS: Vocal perforation or rupture; Distal embolization of blood clot; Vessel spasm; Hemorrhage; Hemotoma; Pain and tenderness; Septic infection; Thrombophlebitis; Tricuspid and pulmonic valve damage; Pulmonary infarct due to tip migration and spontaneous wedging, air embolism, and/or thromboembolism; Right bundle branch block and complete heart block; Internal disruption; Arterial dissection; Vascular thrombosis; Drug reactions; Allergic reaction to contrast medium; Arteriovenous fistula; Thromboembolic episodes; Amputation; Pneumothorax; Perforation of the pulmonary artery; Cardiac Arrhythmias – most frequently occurring during placement, removal or following displacement into the right ventricle. PI-726201-AA

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