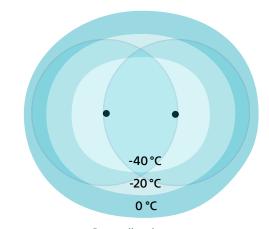
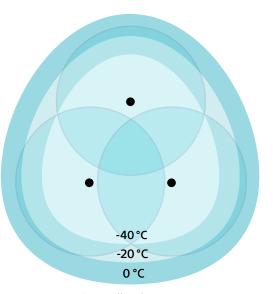
NEEDLE SPACING

Use multiple needles to fully cover a target site and provide a suitable margin

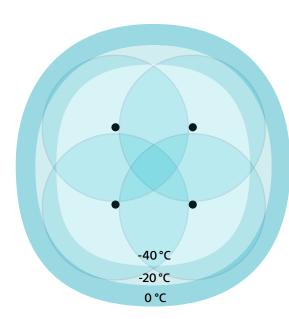
- Space needles as recommended on the chart
- Multiple needles placed in an adjacent configuration will typically create a large, coalesced iceball
- Needles spaced too far apart risk areas of non-lethal ice



2 needle placement



3 needle placement



4 needle placement

ORDERING INFORMATION

CRYOABLATION NEEDLES (IceSeed 1.5, IceSphere 1.5, IceSphere 1.5 CX, IceRod 1.5, IceRod 1.5 PLUS, IceRod 1.5 i-Thaw IceRod 1.5 CX, IcePearl 2.1 CX and IceForce 2.1 CX) and ICEFX and VISUAL ICE CRYOABLATION SYSTEMS

INDICATIONS: The Galil Medical Cryoablation Needles and Systems are intended for cryoablative destruction of tissue during surgical procedures. The Cryoablation Needles, used with a Galil Medical Cryoablation System, are indicated for use as a

designed to destroy tissue (including prostate and kidney tissue, liver metastases, tumors and skin lesions) by the application of

extremely cold temperatures. A full list of specific indications can be found in the respective Galil Medical Cryoablation System

User Manuals. **CONTRAINDICATIONS:** There are no known contraindications specific to use of a Galil Medical Cryoablation Needle. **POTENTIAL ADVERSE EVENTS:** There are no known adverse events related to the specific use of the Cryoablation

Needles. There are, however, potential adverse events associated with any surgical procedure. Potential adverse events which may be associated with the use of cryoablation may be organ specific or general and may include, but are not limited to

abscess, adjacent organ injury, allergic/anaphylactoid reaction, angina/coronary ischemia, arrhythmia, atelectasis, bladder neck contracture, bladder spasms, bleeding/hemorrhage, creation of false urethral passage, creatinine elevation, cystitis, diarrhea, death, delayed/non healing, disseminated intravascular coagulation (DIC), deep vein thrombosis (DVT), ecchymosis,

edema/swelling, ejaculatory dysfunction, erectile dysfunction (organic impotence), fever, fistula, genitourinary perforation

glomerular filtration rate elevation, hematoma, hematuria, hypertension, hypothermia, idiosyncratic reaction, ileus impotence infection injection site reaction, myocardial infarction paises neuropathy obstruction organizations are

renal vein thrombosis, rectoure thral fistula, scrotal edema, sepsis, skin burn/frost bite, stricture of the collection system or the collection of the co

ureters, stroke, thrombosis/thrombus/embolism, transient ischemic attack, tumor seeding, UPJ obstruction/injury, urethral slouching, urethral stricture, urinary fistula, urinary frequency/urgency, urinary incontinence, urinary leak, urinary renal leakage.

urinary retention/oliguria, urinary tract infection, vagal reaction, voiding complication including irritative voiding symptoms,

vomiting, wound complication, and wound infection. PI-719210-AA.

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pelvic pain, pelvic vein thrombosis, penile tingling/numbness, perirenal fluid collection, pleural effusion, pneumothorax, probe

site paresthesia, prolonged chest tube drainage, prolonged intubation, pulmonary embolism, pulmonary insufficiency / failure, rectal pain, renal artery/renal vein injury, renal capsule fracture, renal failure, renal hemorrhage, renal infarct, renal obstruction,

cryosurgical tool in the fields of general surgery, dermatology, neurology (including cryoanalgesia), thoracic surgery (with the exception of cardiac tissue), ENT, gynecology, oncology, proctology, and urology. Galil Medical Cryoablation Systems are

The following chart lists CX needles; contact your local Boston Scientific representative for our Classic and MRI conditional needle features and order numbers.

CX CRYOABLATION NEEDLES	PART NUMBER	CONFIGURATION	SHAFT LENGTH/GAUGE	TRACK ABLATION RADIAL WIDTH/LENGTH
IcePearl™ 2.1 CX Cryoablation Needle	FPRPR3603	Straight	17.5 cm/14 G	2.1/13 mm
IcePearl 2.1 CX Cryoablation Needle	FPRPR3601	Angled 90°	17.5 cm/14 G	2.1/13 mm
IcePearl 2.1 CX L Cryoablation Needle	FPRPR3617	Angled 90°	23.0 cm/14 G	2.1/13 mm
IceForce™ 2.1 CX Cryoablation Needle	FPRPR3604	Straight	17.5 cm/14 G	2.5/29 mm
IceForce 2.1 CX Cryoablation Needle	FPRPR3602	Angled 90°	17.5 cm/14 G	2.5/29 mm
IceForce 2.1 CX L Cryoablation Needle	FPRPR3618	Angled 90°	23.0 cm/14 G	2.5/29 mm
IceRod™ 1.5 CX Cryoablation Needle	FPRPR3533	Angled 90°	17.5 cm/17 G	2.3/30 mm
lceSphere™ 1.5 CX Cryoablation Needle	FPRPR3573	Angled 90°	17.5 cm/17 G	1.7/14 mm



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PI-754604-AB



To optimize tumor coverage

margins, use of multiple needles

configuration will typically create

and provide appropriate

is recommended. Multiple

needles placed in an adjacent

a large, coalesced iceball. In

clinical use, patient anatomy,

tissue and tumor properties

affect needle placement. Needle

type, number of needles placed,

tissue and tumor characteristics,

surrounding vasculature and

treatment duration also affect

iceball size. Monitoring iceball

formation provides direct control

throughout the procedure and is key to successful cryoablation.

to assist users in selecting the cryoablation needle(s) and needle placement to appropriately ablate

the target area. To optimize

target tissue.

appropriate margins, needles

should be placed to create lethal

ice beyond the perimeter of the

Needle testing was conducted

in a laboratory setting in 37 °C

Isotherm measurements were

made following two 10-minute

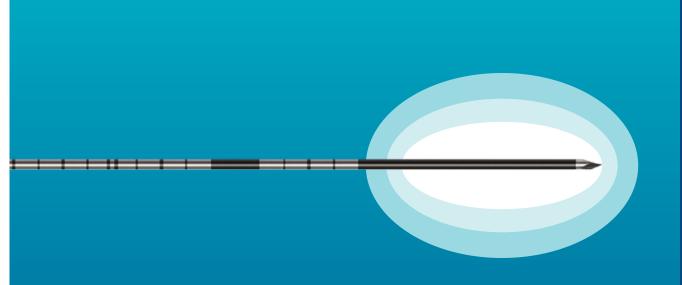
freeze cycles separated by a

5-minute passive thaw cycle.

temperature controlled gel.

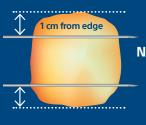
CX NEEDLES ISOTHERM GUIDE

Treatment Planning



NEEDLE PLACEMENT GUIDE

- Select needles appropriate for the application, tumor location and tumor size
 Choose needle type and number of needles to surround the tumor with lethal ice
- Note: 0 °C ice (the visible edge of the iceball) is
- An iceball must extend 5-10 mm beyond the tumor margin for appropriate coverage
- Space needles as recommended on the chart
- Place needles no further than 1 cm from the tumor edge



Needle tips extend 5-10 mm beyond tumor edge

• Extend the needle tip beyond the distal edge of the tumor to ensure appropriate coverage with lethal ice

Note: the -20 °C ice extends less than 5 mm beyond the needle tip

- Needles spaced closer than recommended may result in a smaller iceball than desired and non-lethal ice on the periphery of the tumor
- Needles spaced too far apart risk areas of non-lethal ice between needles
- Confirm with imaging the iceball completely engulfs the tumor with a 5-10 mm margin



Extend ice 5-10 mm beyond tumor edge

