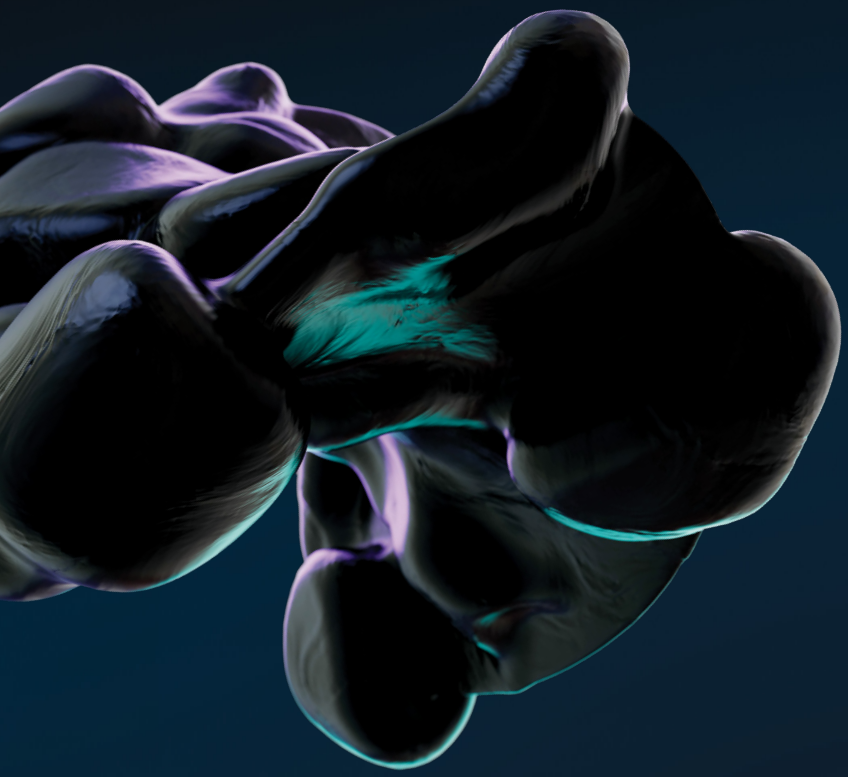
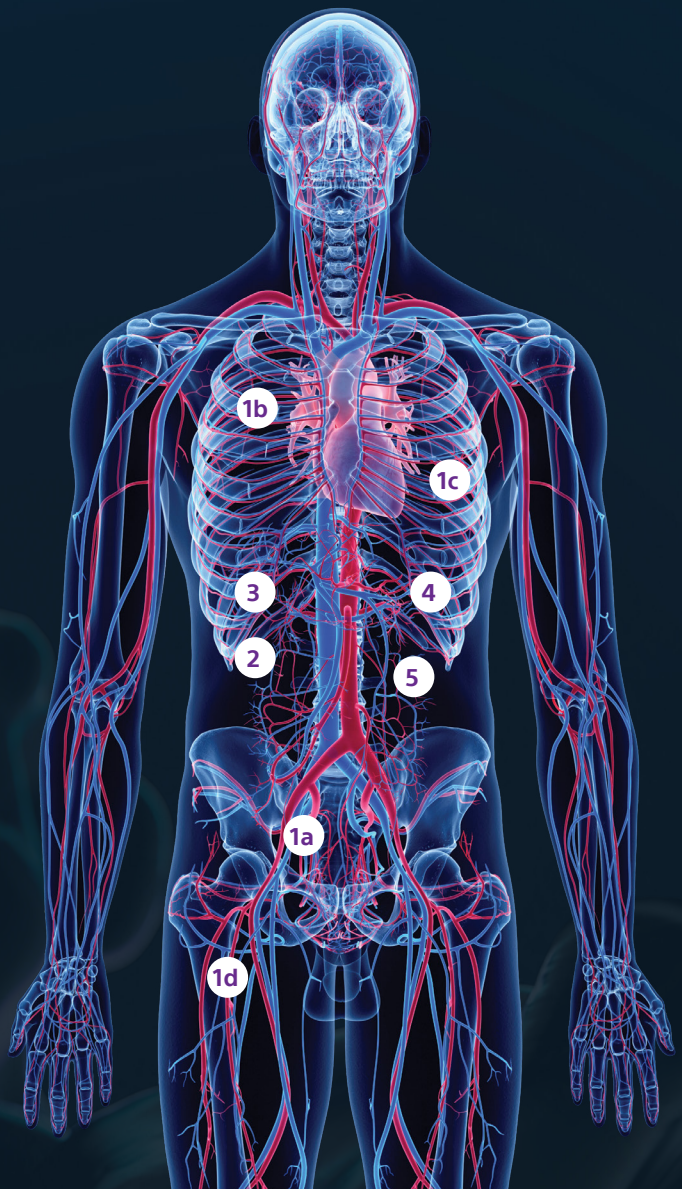
Boston Scientific
Advancing science for life™

OBSIDIO™
Conformable Embolic



Introducing a new kind of embolization



Clinical Applications for Obsidio Embolic

1. MUSCULOSKELETAL BLEEDS

- **a.** Internal Iliac Artery Branches
- **b.** Intercostal Artery
- **c.** Mammary Artery
- **d.** Profunda Femoris Artery Branches

2. RENAL

- **a.** Trauma
- **b.** Pre-Operative RCC
- **c.** Angiomyolipoma (AML)

3. LIVER

- **a.** Hepatic Artery

4. SPLEEN

- **a.** Trauma

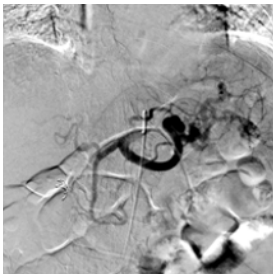
5. UPPER GI

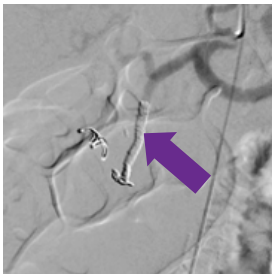
- **a.** Gastroduodenal Artery (GDA)
- **b.** Gastric Artery
- **c.** Pancreaticoduodenal Arteries

Case Studies

Gastroduodenal Artery (GDA) Embolization

Courtesy of Dr. Gary Siskin I Albany Medical





PRESENTATION

73-year-old male patient with a PMH significant for CKD, HTN, and lumbar spine surgery who presents with acute GI bleeding. Endoscopy demonstrated one non-bleeding ulcer in the duodenal bulb and a second slowly bleeding ulcer in the second portion of the duodenum that was treated with an epinephrine injection and placement of a hemostatic clip due to continued bleeding, endoscopy was repeated, demonstrating spurting blood from the previously treated ulcer which was treated again with an epinephrine injection and fulguration. Angiography was then performed.

INTERVENTION USED

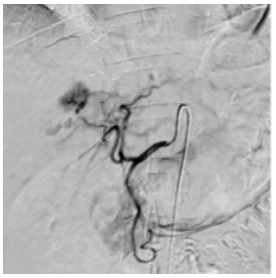
Arterial access was gained via the right common femoral artery. A Sos-2 catheter was positioned at the origin of the celiac axis and an angiogram was performed, which failed to demonstrate any abnormalities of the gastroduodenal artery (GDA). This was confirmed after selective catheterization and angiography of the GDA with a Renegade™ HI-FLO™ Microcatheter. Prophylactic embolization of the GDA was then performed with two 4 mm X 15 cm Embold™ Detachable Coils followed by administration of 0.5 mL of Obsidio Embolic. Follow-up angiography demonstrated successful occlusion of the GDA.

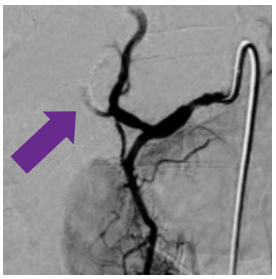
OUTCOME

Following embolization, he received 1u of additional PRBCs and his hemoglobin subsequently remained stable. He was discharged with a hemoglobin of 8.7 g/dL.

Hepatic Artery Embolization

Courtesy of Dr. Osmanuddin Ahmed I University of Chicago





PRESENTATION

40-year-old male presented with right upper quadrant stab wound.

INTERVENTION USED

Arterial access was gained via the right common femoral artery. A Simmons 1 catheter was used to select the celiac artery and angiography was performed. Through the 5 French catheter, a Progreat™ Microcatheter and Fathom™ Steerable Guidewire was advanced into the left hepatic artery and angiography was performed. The segment 4 hepatic artery was catheterized and arteriography demonstrated a blush protruding from off the branch. 0.2cc of Obsidio Embolic (purple arrow) was injected via the segment 4 artery. Follow-up angiography demonstrated successful occlusion of the segment 4 artery and resolution of the blush.

OUTCOME

Patient stabilized immediately following embolization. The patient was discharged after 5 days.

Boston Scientific
Advancing science for life™

Peripheral Interventions
300 Boston Scientific Way
Marlborough, MA 01752-1234
www.bostonscientific.com

To order product or for more information contact customer service at 1.888.272.1001.

PI-1826804-AC