

Designed, tested, approved and proven to perform in all angles up to 90°



12 months follow up







12 months follow up

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and tortuous iliacs

Clinical practice is increasingly moving towards endovascular aneurysm repair and away from surgery, and devices that both perform well and are flexible such as AORFIX™ will play an important role as a highly effective option for patients with more complex anatomy and increase the number of patients for whom a non-operative AAA repair is possible.

Dr Gray, Cardiovascular Research Foundation, New York; ISET Symposium 2012

CLINICAL PERFORMANCE BASED ON EVIDENCE

Retrospective AORFIX™ Data Retrieval ('RADAR') registry results			
Reported Complications	All Cases	Neck Angle <60	Neck Angle ≥60
Elegible cases for 3 year follow up	538	228	138
Stent migration	0.4%	0.4%	0.7%
Wire fracture	0.2%	0.0%	0.7%
Type 1 endoleaks	0.0%	0.0%	0.0%
Type 3 endoleaks	0.0%	0.0%	0.0%
Number of re-interventions	2.1%	0.7%	0.9%

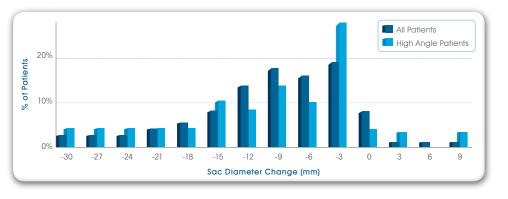
Voluntary international registry includes data from 1498 cases with a follow up range up to 9 years (March 2012).

The device's flexible design allows safe and accurate aneurysm Sac exclusion in patients with highly challenging anatomy.

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EXCELLENT SAC SHRINKAGE PERFORMANCE

30 Days to 12 Months



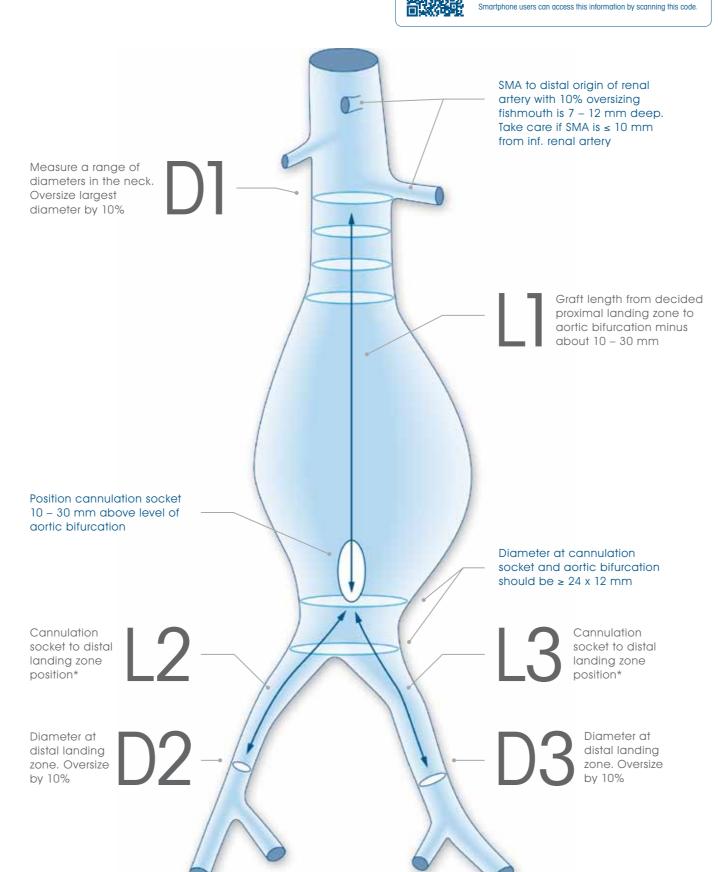
of all patients had sac shrinkage 5 mm or more

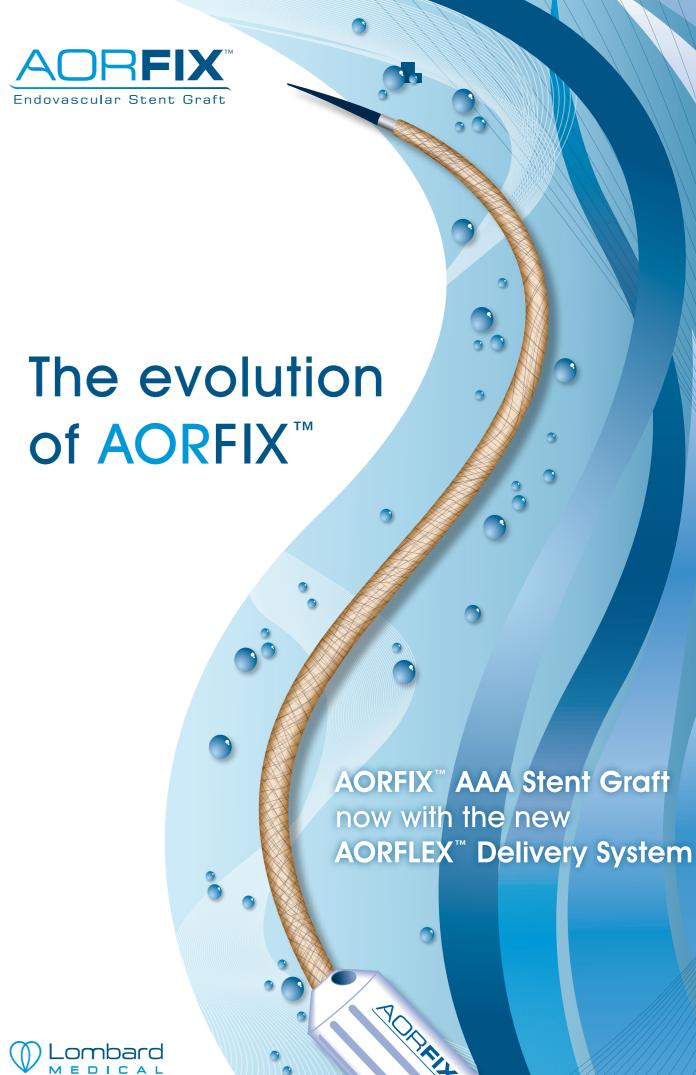
angles >60° had sac shrinkage 5 mm or more



AORFIX™ Sizing

For more information about sizing, please visit www.lombardmedical.com







DISCLAIMER: It is the responsibility of the clinician to assess the suitability of AORFIX" for their patient by referring to the Instructions for Use (IFU). The information included in this brochure should not be used as an EVAR training tool and does not replace clinical expertise. Clinicians should understand the principles related to endovascular stent grafts and be trained in EVAR techniques prior to commencing any EVAR procedure.







The confident choice for the right angles

AORFIX[™] – the only AAA stent graft approved for all angulations from 0 – 90°, now even easier to use with AORFLEX™ Delivery System

Enhanced navigation in tortuous anatomy

Gentle taper for

trackability in

tortuous vessels

- Reduced risk of vessel damage during AORFLEX™ delivery system insertion and withdrawal
- Improved manoeuvring and reduced friction between the delivery system and vessel walls
- Minimised risk of vessel trauma and wall abrasion

Greater deployment control with reduced deployment forces

- Excellent torque, pushability and trackability
- High kink resistance and flexibility
- Reduced risk of sheath stretch in complex anatomies
- AORFLEX™ tracks consistently and easily. even when accessing tortuous iliacs and high neck angulations

Optimal flexibility with interlocking

Excellent toraue and kink resistance Sheath control allows controlled step-by-step fishmouth and graft body deployment Reduced blood loss with improved valve Initial 10 cm of sheath performance free of hydrophilic coating for improved grip stabilisation

Enhanced control for effective deployment, specifically for AAA patients

NEW **AORFLEX**™ Delivery System

with complex anatomies

Disconnector control

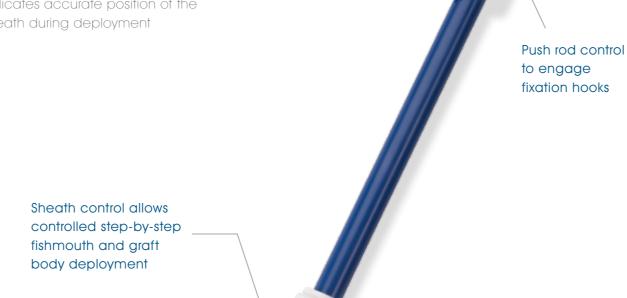
for release of AORFIX[®]

stent graft from the

delivery system

Confidence with precise positioning

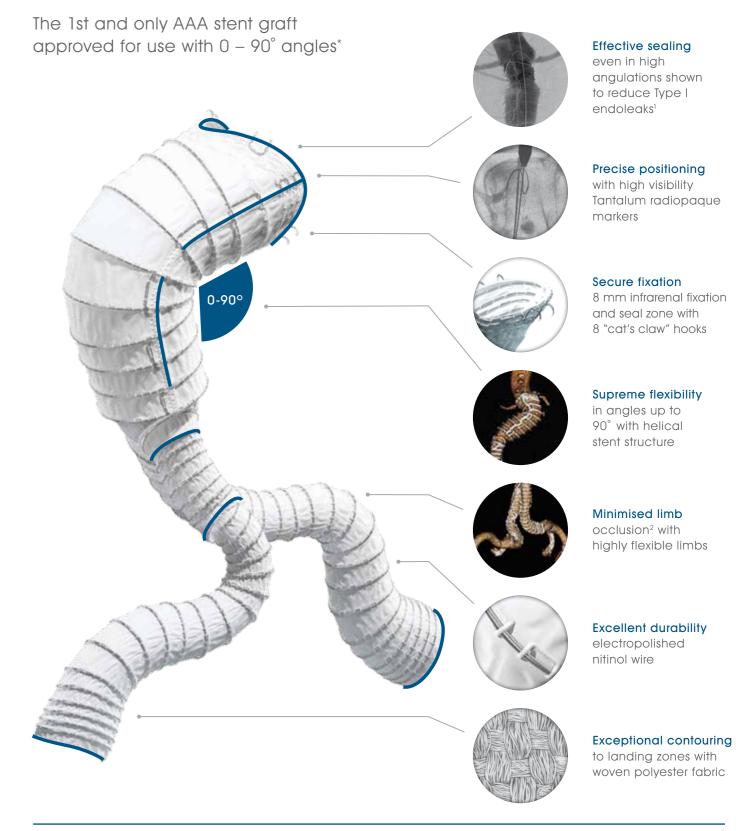
- Platinum Iridium radiopaque marker with exceptional radiopacity designed for excellent angiographic visibility
- Greater confidence with enhanced placement accuracy
- Indicates accurate position of the sheath during deployment



Proximal handle for delivery system

Seam orientation marker ensures accurate anterior positioning prior to insertion

Championing complex EVAR treatment





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Excellent

visibility

angiographic

Reduced friction and enhanced navigation with hydrophilic coating

^{1.} AbuRahma, A. F., Campbell, J., Stone, P. A., Nanjundappa, A., Scott Dean, L., Keiffer, T., & Emmett, M. (2010). Early and late clinical outcomes of endovascular aneurysm repair in patients with an angulated neck.

^{2.} Weale AR, Balasubramaniam K, Hardman J, Horrocks M. Use of the AORFIX" stent graft in patients with fortuous iliac anatomy. J Cardiovasc Surg., 2010 Aug;51(4):461-6.