Endologix

Challenging anatomies demand versatility.

AFX®
Endovascular
AAA System

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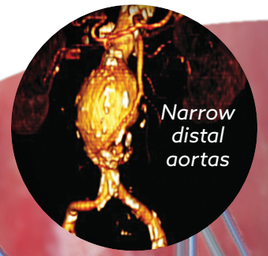
The Distinct Advantages of Separating Seal and Fixation

ACTIVESEAL™ CAN EXTEND THE EFFECTIVE SEAL ZONE

ActiveSeal conforms to the aortic wall under a pressure gradient between the aorta and excluded sac which can extend the effective seal zone beyond the neck for broader anatomical applicability, and greater chances for positive outcomes. This extends the effective seal zone beyond the neck anatomy to provide the opportunity for a stronger seal – ideally suited for patients with common and challenging proximal and distal anatomies.



0%[2]
Type I endoleaks at 5 years

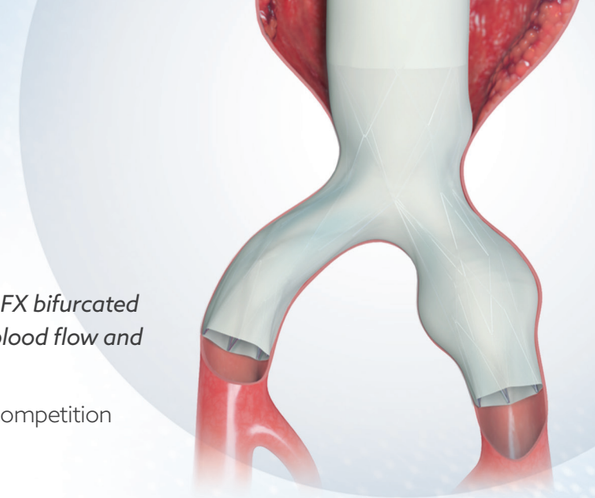
3.9%[1]
Type II endoleak requiring secondary intervention through 5 years

1.7%[1]
Secondary intervention for limb occlusion

ANATOMICAL FIXATION

Unlike proximal fixation designs, the AFX bifurcated unibody endograft allows for natural blood flow and preserves the native bifurcation

- Eliminates gate cannulation and limb competition
- Enables "up and over" procedures



RELIABLE & DURABLE AAA REPAIR

Endologix endografts have been clinically proven as demonstrated by low late secondary intervention rates for endoleak and limb occlusion

DURAPLY™ STRONG BY DESIGN IN EVERY DIRECTION

The next generation ePTFE, DuraPly™ ePTFE Graft Material, features layers that are wrapped in a helical fashion for unprecedented conformability combined with greater tear resistance and strength. The result is a strong seal – and a difference you can see and feel.

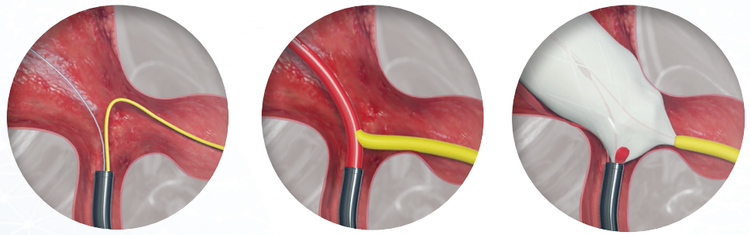
AFX®2
Bifurcated Endograft System

Simplified Delivery. Streamlined Deployment. Confident Control.

Deployment of the AFX endograft is now simplified with less steps using the AFX2. Significantly redesigned with improved handling features and enhanced visibility, AFX2 provides confident control for improved accessibility every step of the way.

INTUITIVE, STREAMLINED DEPLOYMENT

- No time-consuming gate cannulation
- Single-step, single-motion contralateral limb deployment
- Standardized, rapid procedure steps

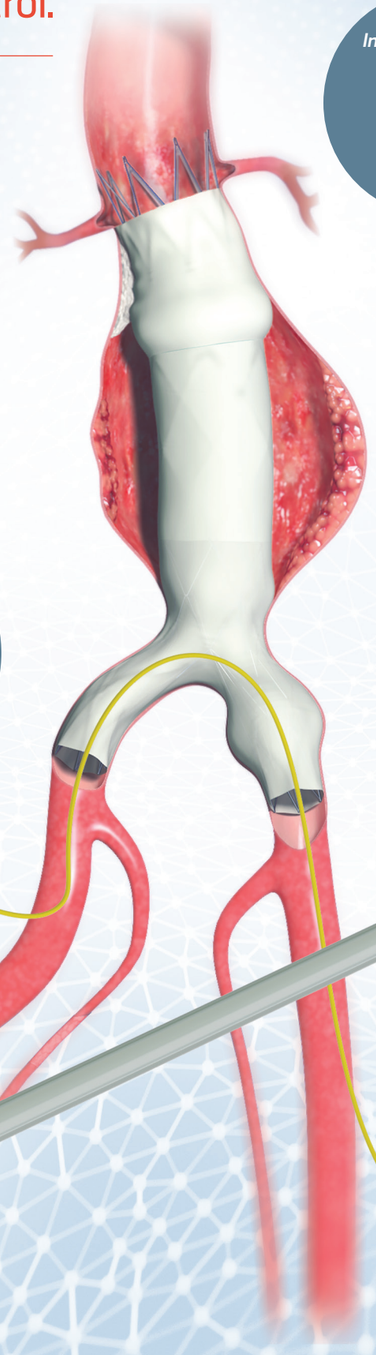


Saves time, increases confidence: Standardized deployment sequence

No gate
cannulation needed

Integrated
contralateral wire obviates 0.014 wire exchange

Industry's lowest
7F
contralateral introducer



IMPROVED HANDLING

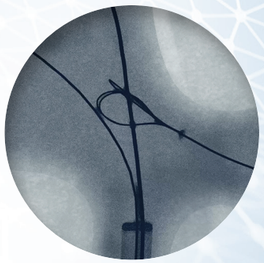
- Robust valve designed to minimize blood loss
- Color-coded deployment mechanisms for easy identification

TREAT A 18 MM ILIAC THROUGH A 7F INTRODUCER

- Industry-lowest, 7F contralateral introducer profile
- Low-profile 17 F ipsilateral introducer
- Allows broad range of femoral access management options

GREATER VISIBILITY FOR GREATER CONTROL

Enhanced contralateral wire visibility to improve snaring and recognize potential wire wrap



VELA™
Proximal Endograft System

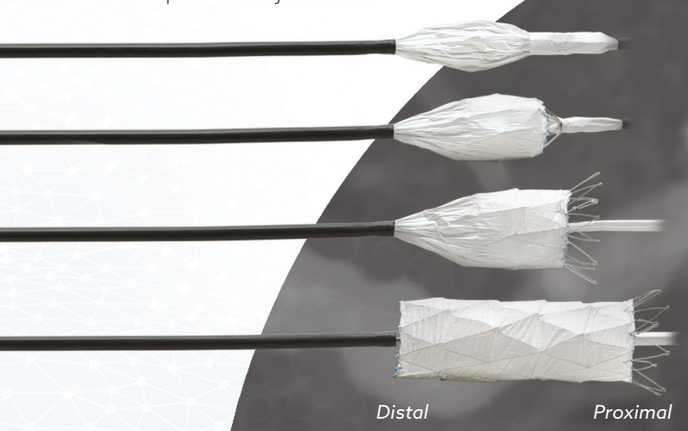
Greater visibility and control–greater likelihood for positive outcomes

CONTROL WHEN IT MATTERS MOST

The VELA Proximal Endograft System features a circumferential graft line marker and an intuitive, highly controlled delivery system for more precise proximal placement.

PRECISE CONTROL. PRECISE SEAL.

Independent proximal and distal control enables predictable on-target deployment and final position adjustment.

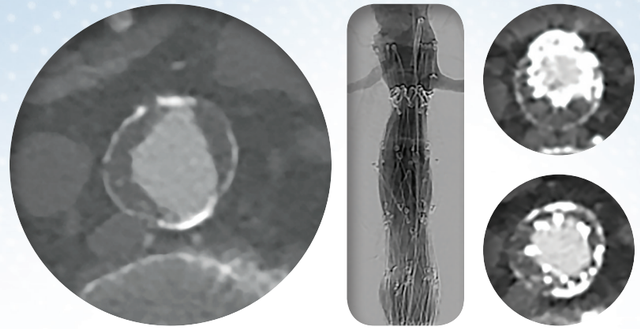


Greater Visibility
precise radiographic positioning and parallax correction

Largest
oversizing range

AORTIC NECKS WITH THROMBUS

Conformability you can see and feel with *ActiveSeal* technology



Pre-op *Post-op*

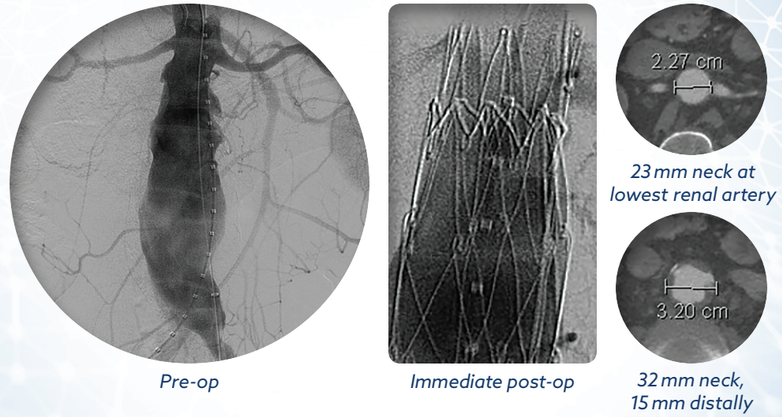
THE LARGEST ON-IFU OVERSIZING RANGE

Enables on-label treatment of necks with significant change of the diameter along the length

Proximal	Aortic Diameter (mm)																
Size (mm)	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
25			2-7 mm														
28					2-8 mm												
34								2-11 mm									

REVERSE TAPER NECK

Achieved an adequate seal despite a severe reverse taper neck anatomy.



Pre-op *Immediate post-op* *23 mm neck at lowest renal artery* *32 mm neck, 15 mm distally*

Thrombus laden neck case courtesy of Dr. Nikhil Kansal, St. Elizabeth's Medical Center
Reverse taper neck case courtesy of Dr. John Lane, UCSD, San Diego, CA

endologix.com/Contact

NOTES:

1. Endologix internal data.

2. 2014 Clinical Report www.endologix.com/products/afx/afx_resources.php

INDICATIONS FOR USE: The Endologix AFX®/AFX2 Endovascular AAA Systems are indicated for treatment of patients with abdominal aortic aneurysms having the vascular morphology suitable for endovascular repair using a surgical vascular access technique or a bilateral percutaneous technique; a non-aneurysmal aortic neck between the renal arteries and the aneurysm: with length of ≥15mm, diameter ≥18 to ≤32mm and neck angle of ≤60° to the body of the aneurysm; aortic length ≥1.0cm longer than the body portion of the chosen bifurcated model; common iliac artery distal fixation site with length ≥15mm, diameter of ≥10 to ≤23mm, and with ability to preserve at least one hypogastric artery; and with an iliac angle of ≤90° to the aortic bifurcation. Extension stent grafts must have the ability to overlap the bifurcated stent graft by at least 30 to 40mm proximally and at least 15 to 20mm distally.

CONTRAINDICATIONS: The Endologix AFX/AFX2 Endovascular AAA Systems are contraindicated for use in patents who have a condition that threatens to infect the graft and in patients with sensitivities or allergies to the device materials.

Refer to the Instructions for Use for more information concerning Indications, Contraindications, Warnings and Precautions, and Adverse Events.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

Note: Endologix products and associated components are not available in all countries or regions.
Please consult with your Endologix representative for details regarding product availability.

CE marked. Please refer to current product instructions for use.

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