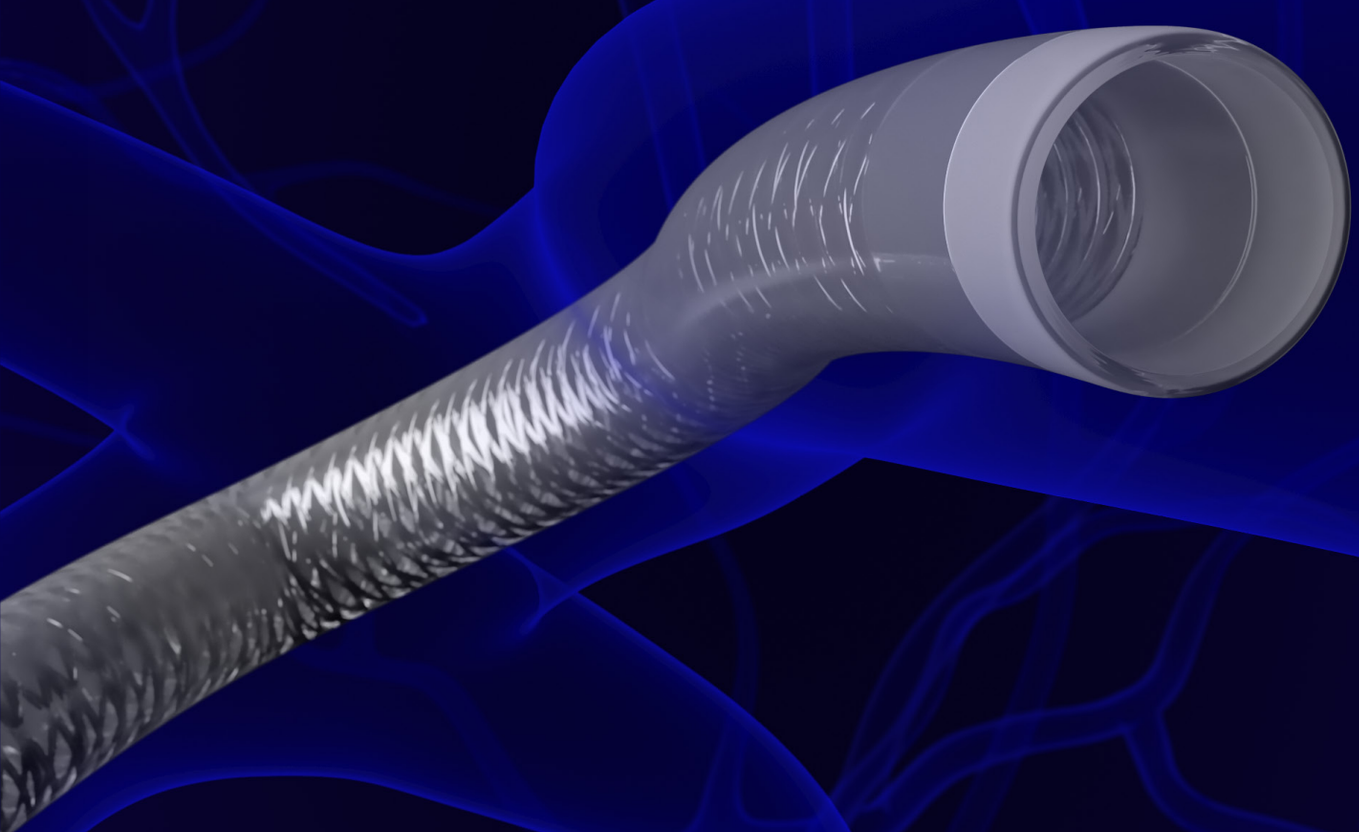
Medtronic
Neurovascular

APRO®* Catheters

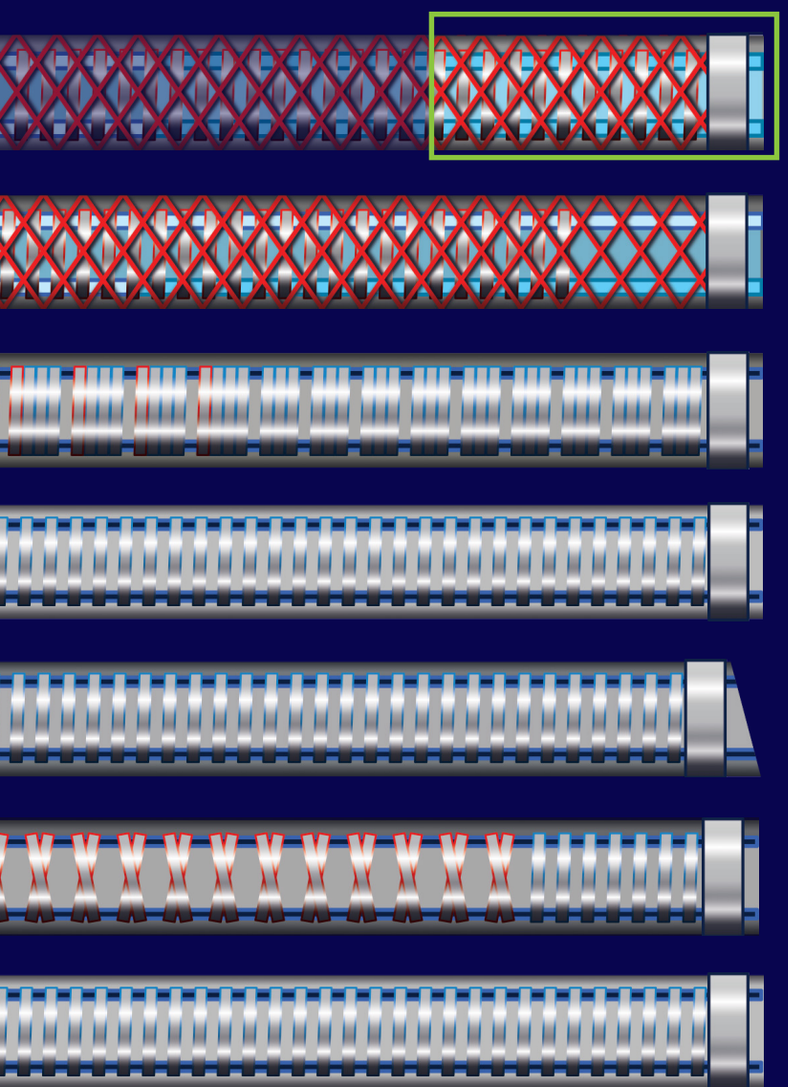
Effective aspiration for every turn



1 Excellent trackability

to get to the target location faster[†,‡,1]

APRO®* Catheter unique Coil + Braid design at the tip optimizes navigability[†,1,3]



APRO®* 70/55[1]

SOFIA™* Flow Plus/5F[1,4]

RED™* 72[1,5]

RED™* 62[5]

ZOOM™* 71/55[1,6]

Vecta™* 71

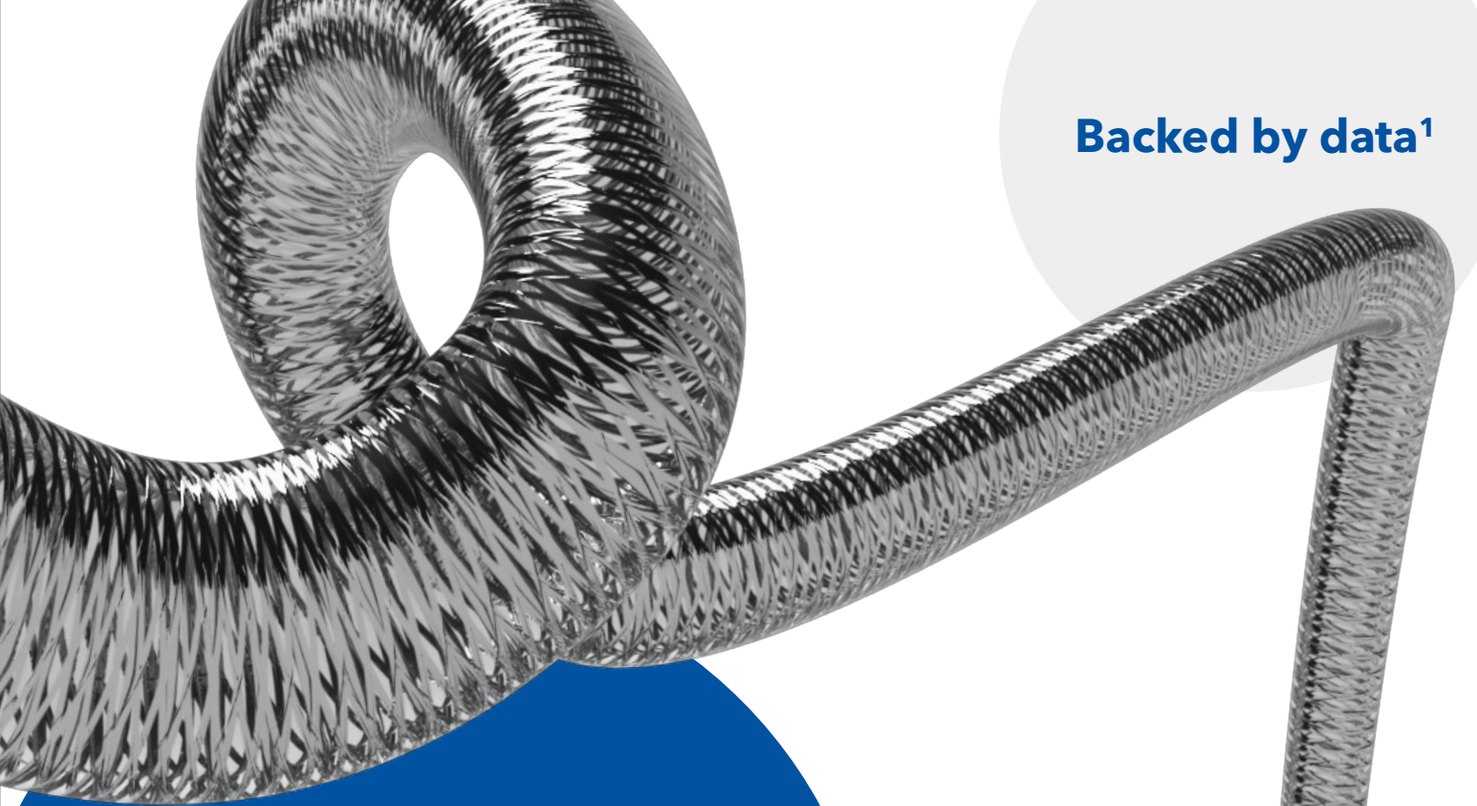
Catalyst™* 5[1]

Catheter tip < 20 cm construct comparison

Schematic images showing the reinforcement layer of the catheters.
They are not drawn to scale

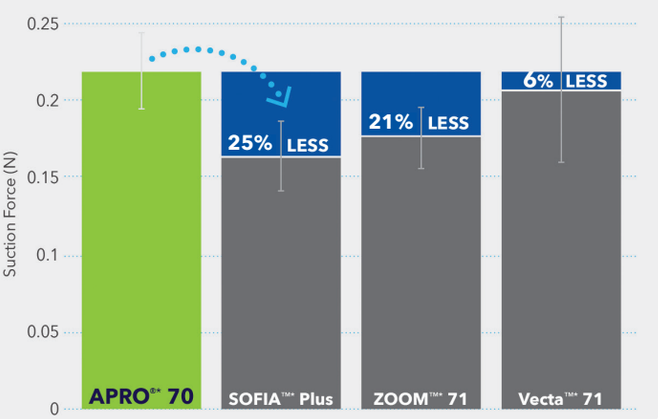
Marker band | SS coil | SS braid | Nitinol coil

Backed by data[1]



2 **Maintain consistent aspiration force** which has been associated with shorter procedural times, increased rates of first-pass success, and improved clinical outcomes.†,1,7

Aspiration force[1]



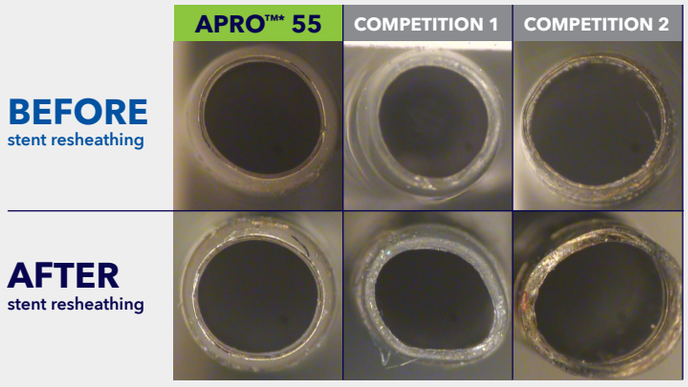
† Based on in-vitro quantitative evaluation and may not be representative of actual clinical performance

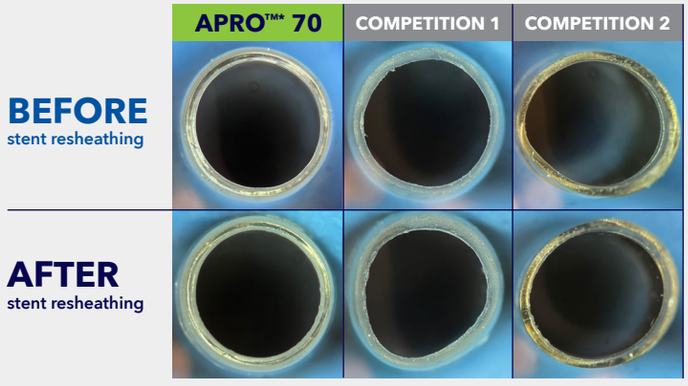
‡ APRO®* 70 vs. SOFIA™* Flow Plus, ZOOM™* 71, RED™* 72 and Vecta™* 71
APRO®* 55 vs. SOFIA™* 5F, ZOOM™* 55 and RED™* 62

3 **Durability for Solitaire™ X Device compatibility**
to endure multiple passes when you need it[†,‡,1]

Maintain lumen integrity
with a proprietary process and PTFE liner[†,1]

4 **Smooth navigation at every angle**
Atraumatic round tip gently navigates through tortuous anatomy[†,§,1]





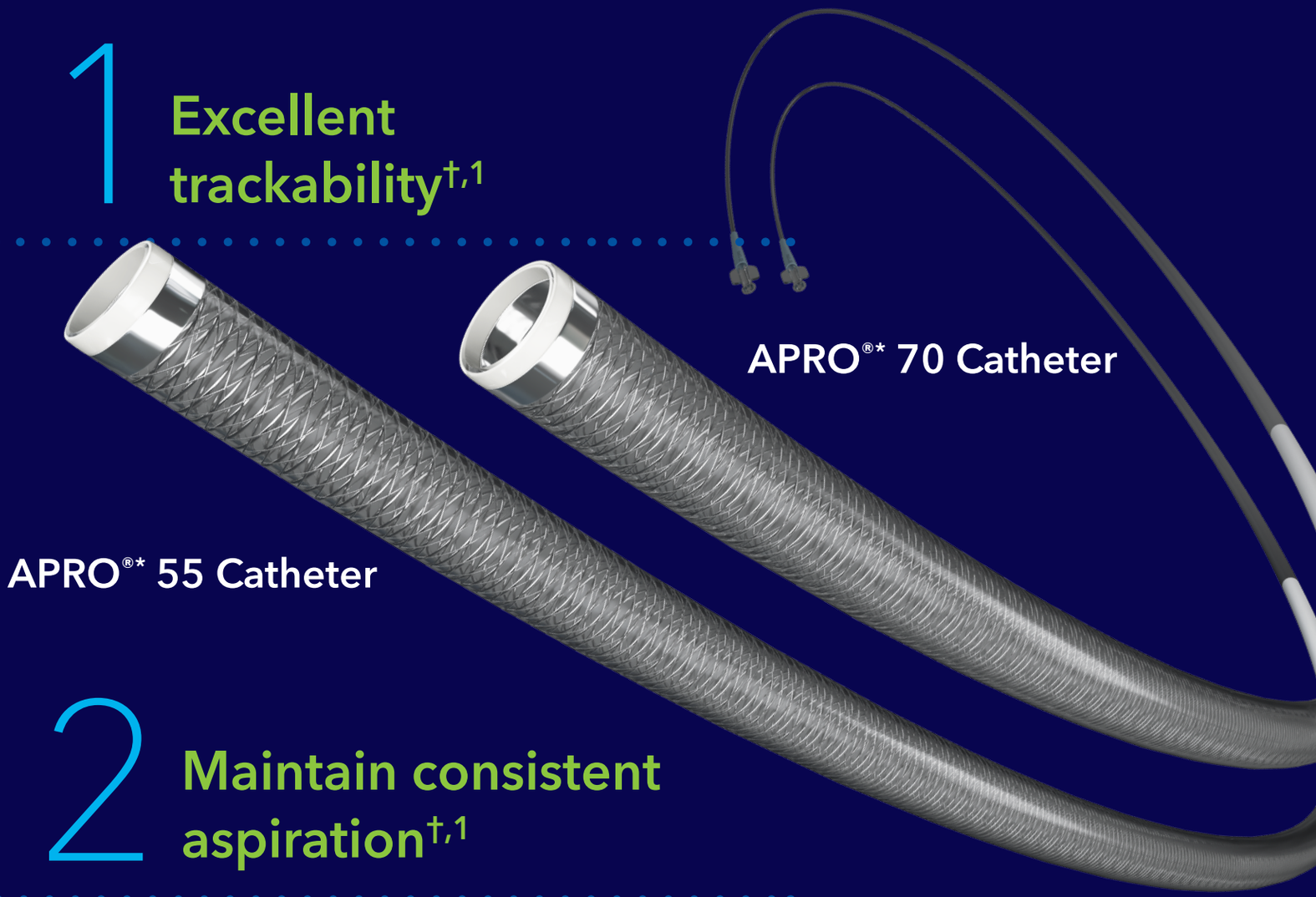
Catheter	Hydrophilic coating length[1,2,8]
APRO®* 55/70	**102 cm/97 cm**
ZOOM™* 55/ 71	35 cm/ 35 cm
RED™* 62/ 72	30 cm/ 30 cm
Catalyst™* 5/ Vecta™* 71	85 cm/ 24 cm

Longer hydrophilic coating provides extra lubricity
that reduces resistance when advancing the APRO®* Catheter[1,2]

§ vs. competitive catheter(s) that has an angled tip

APRO®* Catheters

1 Excellent trackability†,1



2 Maintain consistent aspiration†,1

3 Durability for Solitaire™ X Device compatibility†,1

4 Smooth navigation at every angle†,§,1

† Based on in-vitro quantitative evaluation and may not be representative of actual clinical performance
§ vs. competitive catheter(s) that has an angled tip

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References

1. Data on file, D00798101D and D0111484B **2.** K211654 RED™* 72 FDA clearance, K210996 ZOOM™* FDA clearance, SOFIA™* Flow Plus IFU, K203440 RED™* 62 FDA clearance, K131482 SOFIA™* 5F FDA Clearance **3.** Li J, Tomasello A, Requena M, et al. Trackability of distal access catheters: an in vitro quantitative evaluation of navigation strategies. *J Neurointerv Surg*. 2023;15(5):496-501. doi:10.1136/neurintsurg-2022-018889 **4.** K173200 SOFIA™* Plus FDA clearance **5.** K211654 RED™* 72 FDA clearance and K203440 RED™* 62 FDA clearance **6.** K210996 ZOOM™* FDA clearance **7.** Kim S and Lee JY (2022) Comparison of vacuum pressures and suction forces generated by different pump systems for aspiration thrombectomy. *Front. Neurol*. 13:978584. doi: 10.3389/fneur.2022.978584 **8.** Data on file, D00913771C

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CAUTION: Federal (USA) law restricts these devices to sale distribution and use by or on order of a physician. Indications, contraindications, warnings and instructions for the APRO™* 70 and APRO™* 55 Catheters can be found in each device package. Indications, contraindications, warnings and instructions for use for all other products can be viewed at *www.medtronic.com/manuals*.

The **APRO™* 55 Catheter and APRO™* 70 Catheter** with an aspiration pump and the Alembic™* Aspiration Tubing is intended for use in the revascularization of patients with acute ischemic stroke secondary to intracranial large vessel occlusive disease (within the internal carotid, middle cerebral –M1 and M2 segments, basilar, and vertebral arteries) within 8 hours of symptom onset. Patients who are ineligible for intravenous tissue plasminogen activator (IV tPA) or who fail IV t-PA therapy are candidates for treatment.

The **Alembic™* Aspiration Tubing** is intended to connect the APRO™* 55 Catheter or the APRO™* 70 Catheter to the aspiration pump.

1. The **Solitaire™ X Revascularization Device** is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion, and smaller core infarcts who have first received intravenous tissue plasminogen activator (IV t-PA). Endovascular therapy with the device should be started within 6 hours of symptom onset. **2.** The Solitaire™ X Revascularization Device is indicated to restore blood flow by removing thrombus from a large intracranial vessel in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for IV t-PA or who fail IV t-PA therapy are candidates for treatment. **3.** The Solitaire™ X Revascularization Device is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion of the internal carotid artery (ICA) or middle cerebral artery (MCA)-M1 segments with smaller core infarcts (<70 cc by CTA or MRA,<25 cc by MR-DWI). Endovascular therapy with the device should start within 6-16 hours of time last seen well in patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy.

Phenom™ Catheters are intended for the introduction of interventional devices or diagnostic agents into the neuro, peripheral, and coronary vasculatures.