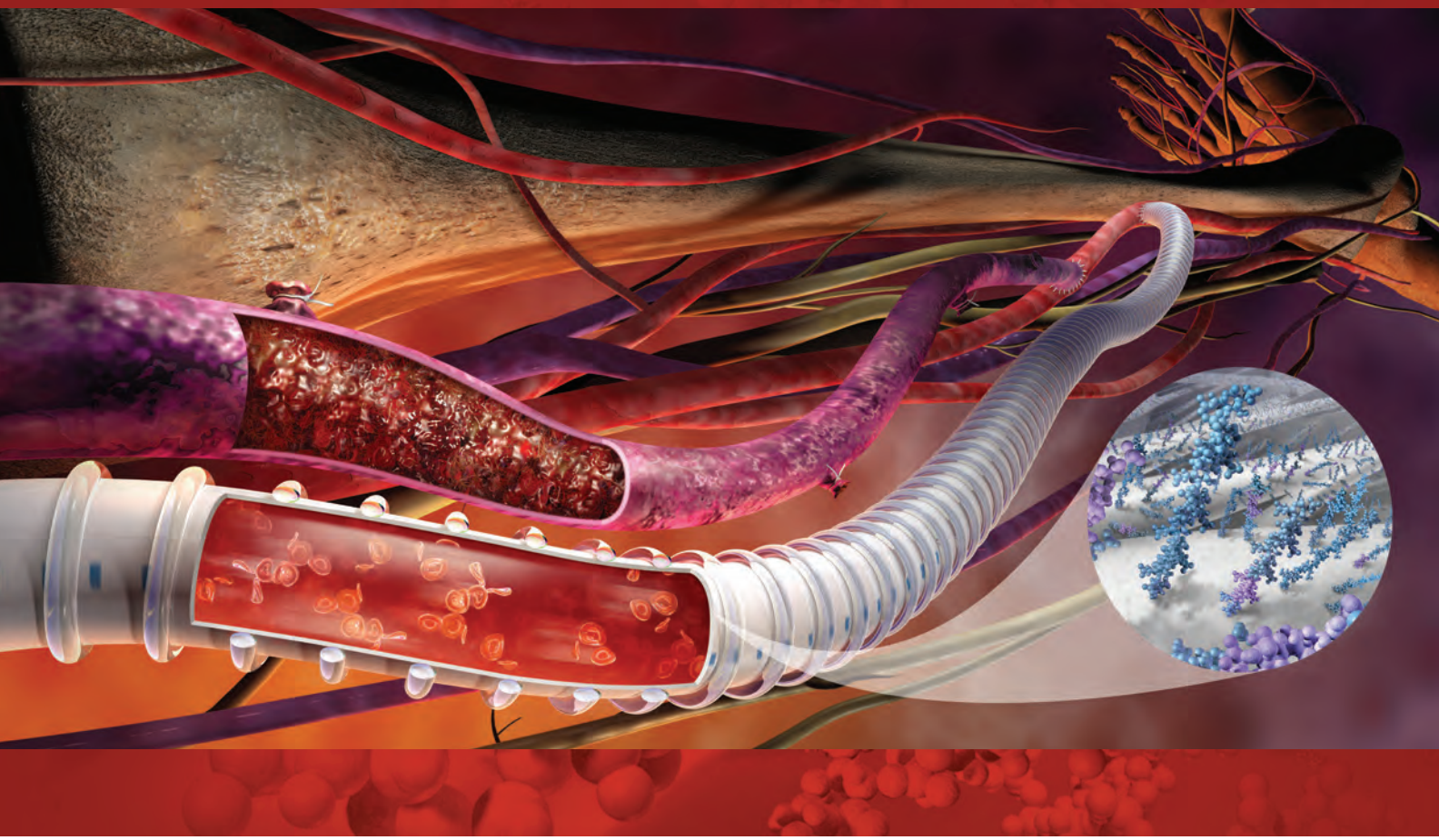
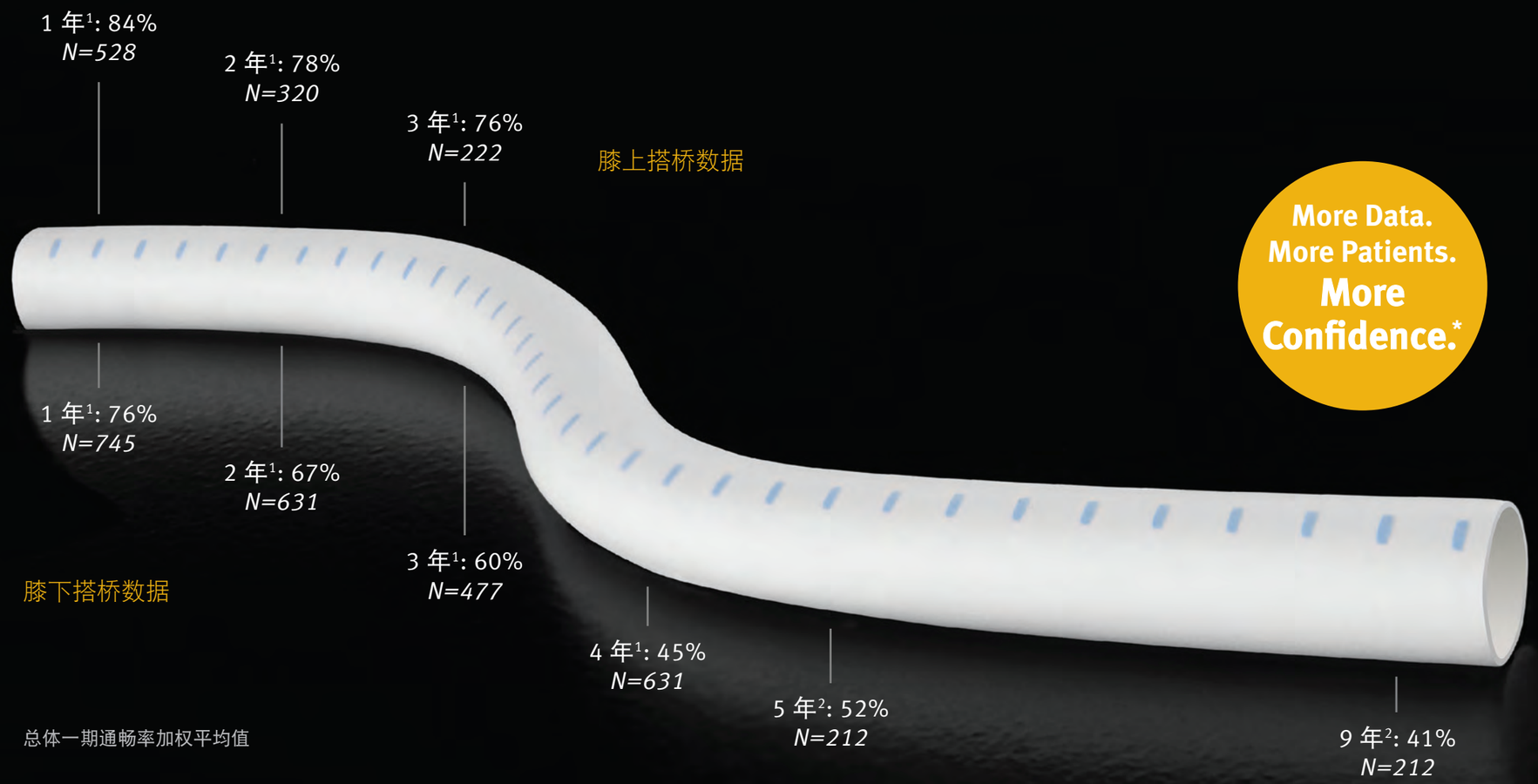
强大通畅率，十年优异表现



GORE PROPATEN® VASCULAR GRAFT

PERFORMANCE
through data

数据长廊.....



More Data. More Patients. More Confidence.*

- 300,000+ 产品植入
- 30+ 临床文章
- 93% 9-年保肢率[2]
- 1,629 例患肢研究
- 1 项RCT研究中发现一期通畅率显著优于标准ePTFE对照组[3]
- 完全闭塞风险降低–与标准ePTFE人工血管相比，重症下肢缺血病人中人工血管完全闭塞风险降低50%[3]

数据长廊–
请浏览互动式数据总结:
goremedical.com/propatenperformance

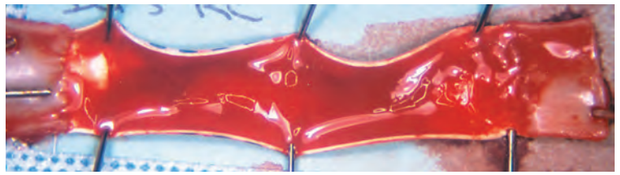
* As compared to clinical studies listed on clinicaltrials.gov for peripheral arterial bypass.

1. Overall weighted average primary patency is based on data from 11 peer-reviewed publications meeting pre-determined inclusion criteria. Visit goremedical.com/propatenperformance to see inclusion criteria, explore the data, see publications, and request reprints.
2. Monaca V, Battaglia G, Turiano SA, Tringale R, Catalfamo S. Sub popliteal revascularization. Criteria analysis for use of E-P.T.F.E. (Propaten®) as first choice conduit. *Italian Journal of Vascular & Endovascular Surgery*. 2013;20(3):165-169.
3. Lindholt JS, Gottschalksen B, Johannesen N, *et al*. The Scandinavian Propaten® Trial – 1-year patency of PTFE vascular prostheses with heparin-bonded luminal surfaces compared to ordinary pure PTFE vascular prostheses – a randomised clinical controlled multi-centre trial. *European Journal of Vascular & Endovascular Surgery* 2011;41(5):668-673.

ePTFE与CBAS肝素活性表面:
经过时间考验的结合

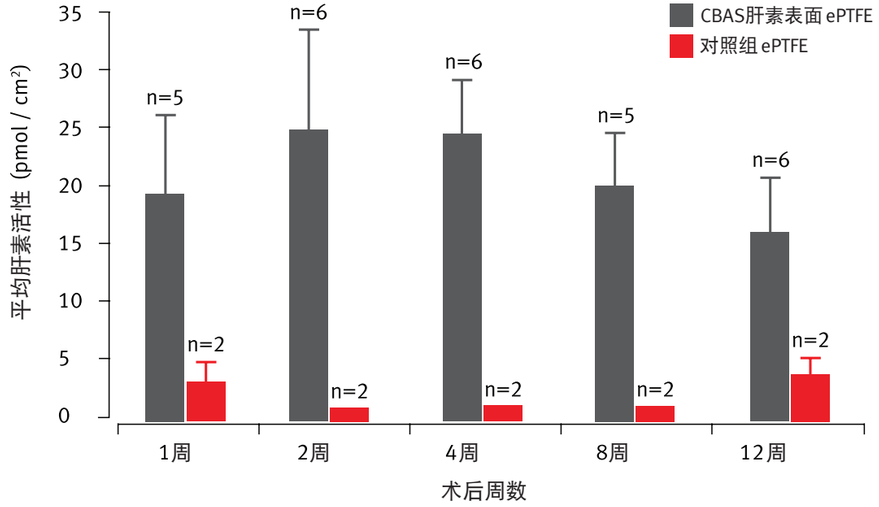
持久的生物活性*

*CBAS*肝素表面 *ePTFE*



对照组 *ePTFE*

- 严格的致血栓形成动物模型
- 犬体内颈动脉人工血管间置术
- 3 mm CBAS肝素活性表面 ePTFE vs.对照ePTFE; 急性2小时试验

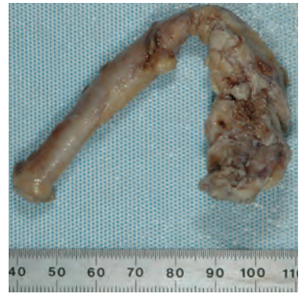


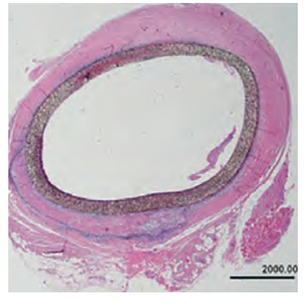
- 犬体内主动脉-髂动脉搭桥
- 15条CBAS肝素ePTFE人工血管, 5条对照ePTFE人工血管 (6 mm x 12 cm)

* Begovac PC, Thomson RC, Fisher JL, Hughson A, Gällhagen A. Improvements in GORE-TEX® Vascular Graft Performance by Carmeda® BioActive Surface Heparin Immobilization. *European Journal of Vascular and Endovascular Surgery* 2003;25(5):432-437.

植入物取出

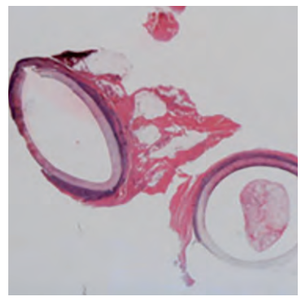
植入8, 4, 3年后取出的植出物中, 所检测到的肝素活性水平高于在严格的血液接触试验中验证的抗凝所需肝素活性水平, 且无贴壁血栓。





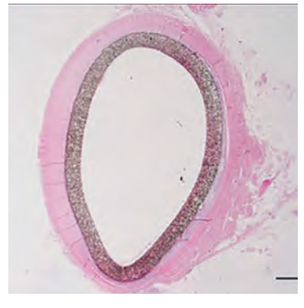
8 年

- 植入2,939天后取出 (8年)
  - 股动脉-胫后动脉Linton补片搭桥手术
  - 远端吻合口闭塞



4 年

- 植入1,553天后取出 (> 4年)
  - 股腘搭桥

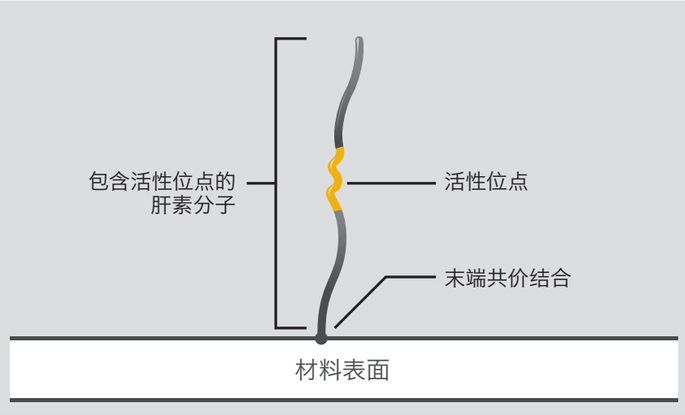


3 年

- 植入1,111天后取出 (> 3年)
  - 膝下股动脉至胫腓干搭桥
  - 流出道血管 (腓动脉) 闭塞

ePTFE与CBAS肝素活性表面:
卓越性能的结合

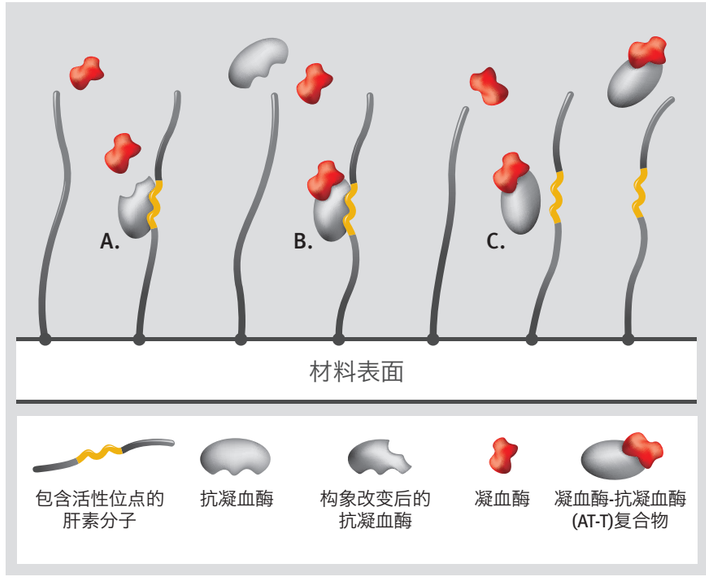
专有的末端共价键结合



与会被血流洗脱的非永久性结合不同，末端共价结合方式可以使肝素分子持续暴露于血流中，并且保持其活性位点的生物利用度。

- 肝素的抗凝作用取决于分子内活性位点的生物利用度。
- 某些肝素共价结合法会破坏和/或阻断活性位点，从而破坏了肝素的抗凝活性。
- GORE® PROPATEN® 人工血管的CBAS 肝素表面采用能保护活性位点的专有末端共价结合法，从而保留了肝素的抗凝活性。

作用原理



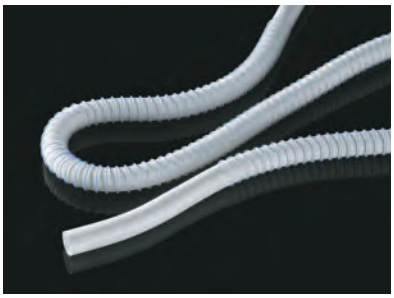
A. 肝素分子的生物活性位点激活抗凝血酶使其与凝血酶结合。

B. 抗凝血酶与凝血酶结合后，形成失活的*AT-T*复合物。

C. 失活的*AT-T*复合物与肝素分子脱离。活性位点可以再次与抗凝血酶结合。

特殊型号

内环*GORE® PROPATEN®* 人工血管



可移除环*GORE® PROPATEN®* 人工血管

锥型*GORE® PROPATEN®* 人工血管

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