GORE® TAG®

Conformable Thoracic Stent Graft with ACTIVE CONTROL System

DEPLOYMENT SEQUENCE

1

Device positioning to target

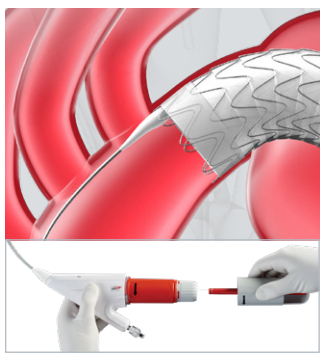
- Position device on outer curve.
- Release stored energy in the device catheter: Advance stent graft past target location and pull back to desired position.

2

Primary deployment to intermediate diameter

- Rotate and pull gray Primary Deployment Handle. Device will deploy to its intermediate diameter (~50% of device nominal diameter).

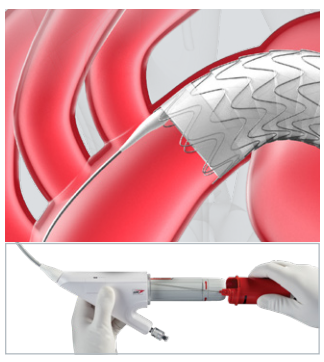
3



Secondary deployment to full diameter

- Rotate and pull gray Secondary Deployment Handle. Device will deploy to its full diameter.
- At this stage, the stent graft is still attached to the catheter (via lockwire).

4



Lockwire removal

- Rotate and pull red Lockwire Handle. Lockwire removal releases the stent graft from the catheter.
- Pull with a steady motion.

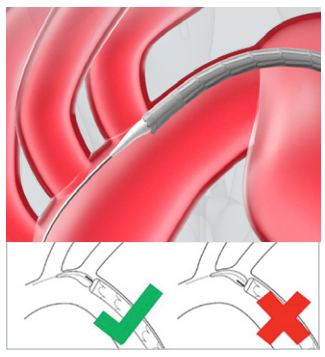
5

Angulation assembly removal

- Pull back red slider, rotate and pull gray Angulation Assembly Handle.
- Pull with a steady and continuous motion.
- Withdraw catheter under fluoroscopy to ensure safe removal from stent graft.

OPTIONAL: Steps to optimize positioning

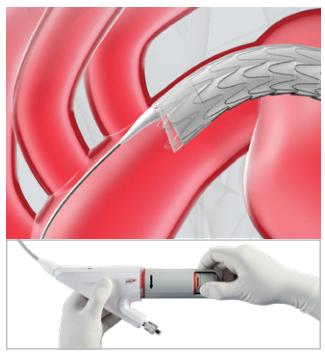
1a



Verify proximal alignment marker position

- If optional angulation control will be used, ensure the proximal alignment marker is positioned toward the greater curve relative to the guidewire.

2a



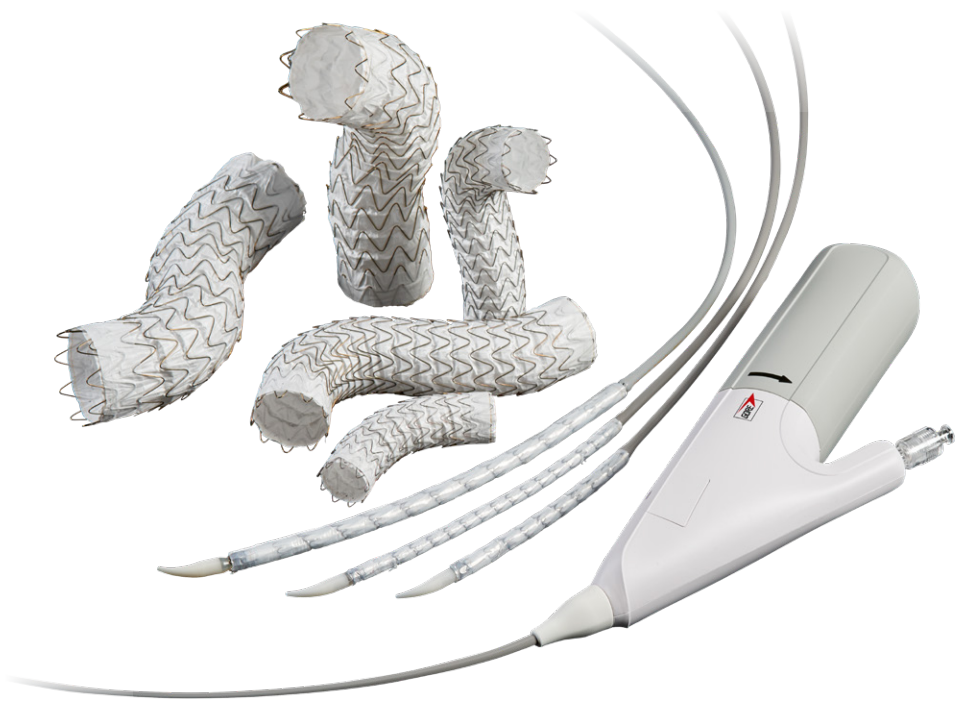
Angulation control at intermediate diameter

- At physician discretion, rotate the Angulation Control Dial clockwise until proximal angulation is optimized.
- Proximal angulation cannot be reversed or undone.
- Therefore, rotate the Angulation Control Dial slowly and deliberately throughout this step, using only the smallest angulation necessary to achieve desired graft alignment.

3a

Angulation control at full diameter

- At the physician's discretion, rotate Angulation Control Dial clockwise until proximal angulation is optimized.
- Proximal angulation cannot be reversed or undone.
- Therefore, rotate the Angulation Control Dial slowly and deliberately throughout this step, using only the smallest angulation necessary to achieve desired graft alignment.



Consult Instructions for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® TAG® Thoracic Endoprosthesis is intended for endovascular repair of all lesions of the descending thoracic aorta, including: Isolated lesions in patients who have appropriate anatomy, including: adequate iliac/femoral access, aortic inner diameter in the range of 16–42 mm, ≥ 20 mm non-aneurysmal aorta proximal and distal to the lesion; Type B dissections in patients who have appropriate anatomy, including: adequate iliac/femoral access, ≥ 20 mm landing zone proximal to the primary entry tear; proximal extent of the landing zone must not be dissected, diameter at proximal extent of proximal landing zone in the range of 16–42 mm. **CONTRAINDICATIONS:** Patients with known sensitivities or allergies to the device materials; patients who have a condition that threatens to infect the graft. Refer to *Instructions for Use* at goremedical.com for a complete description of all warnings, precautions, and adverse events. ℞ Only **INDICATIONS FOR USE UNDER CE MARK:** The GORE® TAG® Conformable Thoracic Stent Graft is indicated for endovascular repair of all lesions of the descending thoracic aorta, including isolated lesions, such as aneurysm and traumatic transection, and Type B dissections. **CONTRAINDICATIONS:** Patients with known sensitivities or allergies to the device materials; patients with a systemic infection who may be at increased risk of endovascular graft infection. Refer to *Instructions for Use* at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. ℞ Only

Products listed may not be available in all markets.

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