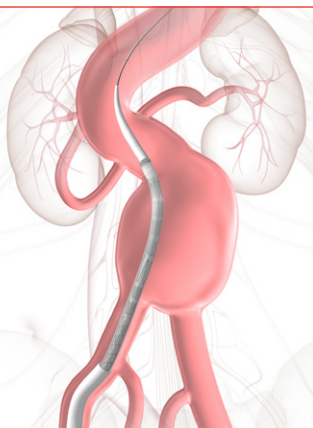


DEPLOYMENT SEQUENCE

Constrained Trunk-Ipsilateral Leg endoprosthesis

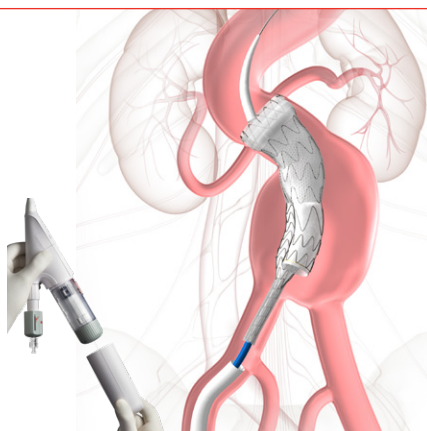
- 1 Advance constrained Trunk-Ipsilateral Leg to desired location.



Partially deployed trunk

- 2 **Deployment stage 1:** Rotate white outer deployment knob counter-clockwise and pull in a continuous motion.

Result: Deployment of Trunk-Ipsilateral Leg to level of contralateral gate. Proximal stent row is full diameter. Trunk body is ~70% of full diameter. Ipsilateral Leg is fully constrained.



Partially deployed trunk: Cannulation and Contralateral Leg deployment

- 3 Cannulate contralateral gate, advance introducer sheath into gate, then advance and deploy Contralateral Leg into gate.

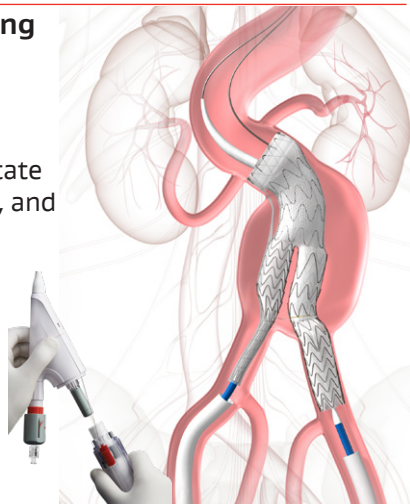


Partially deployed trunk: Constraining mechanism removal and secondary sleeve deployment

- 4 **Transition stage:** Pull back and hold red safety tab, rotate transparent knob counter-clockwise, and pull in a continuous motion.

Result:

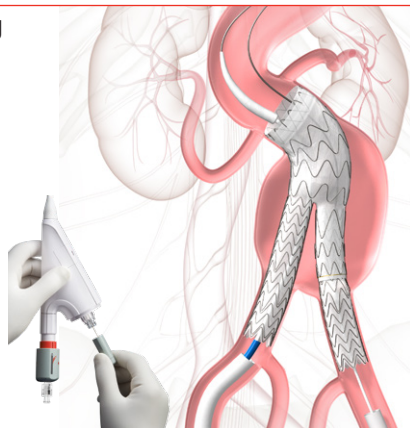
- Constraining loop, lock pin and secondary sleeve deployment line removal
- Trunk body deploys to full diameter
- Contralateral gate detaches from Trunk-Ipsilateral Leg



Fully deployed trunk: Ipsilateral Leg deployment

- 5 **Deployment stage 2:** Rotate gray deployment knob counter-clockwise and pull in a continuous motion.

Result: Deployment of Ipsilateral Leg.



Consult Instructions for Use
eifu.goremedical.com

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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OPTIONAL STEPS TO OPTIMIZE POSITIONING

Angulation control prior to stage 1 Trunk-Ipsilateral Leg deployment

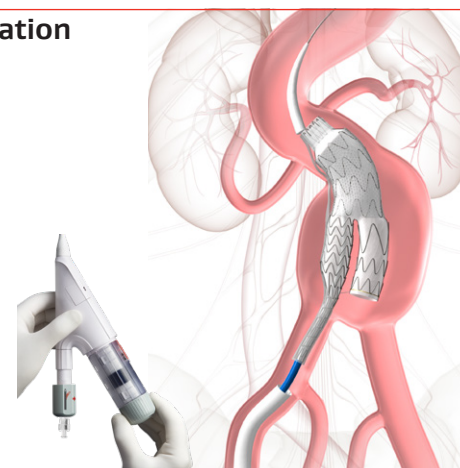
- 1a Rotate gray angulation control knob clockwise to advance angulation wire.



Repositioning and use of angulation control for optimizing position

- 2a **Repositioning only** Rotate gray constraining dial clockwise to constrain proximal end of trunk.

When device is in the desired position, rotate gray constraining dial counter-clockwise to reopen.



Use of angulation control

Rotate gray constraining dial to constrain proximal end of trunk. Rotate gray angulation control knob clockwise to advance angulation wire.

Warning: Do not rotate the trunk or Aortic Extender delivery catheter when the angulation wire is advanced. Device and/or catheter damage may occur.

Optional Aortic Extender: Angulation and deployment

Advance Aortic Extender over a 0.035" super stiff guidewire to desired location. If Aortic Extender needs to be angulated, turn gray angulation control knob clockwise.

To deploy, rotate white outer deployment knob counter-clockwise and pull in a continuous motion.

If angulation wire was used, rotate gray angulation control knob until the red indicator is no longer visible and carefully remove delivery catheter.



WARNINGS

Do not:

- Rotate trunk delivery catheter beyond 360° when device is fully constrained on catheter
- Rotate trunk delivery catheter beyond 90° when partially deployed
- Withdraw undeployed endoprosthesis through introducer sheath
- Use constraining/unconstraining mechanism more than two times
- Advance/retract angulation wire more than five times in a procedure
(Please refer to *Instructions for Use* for warnings/precautions).