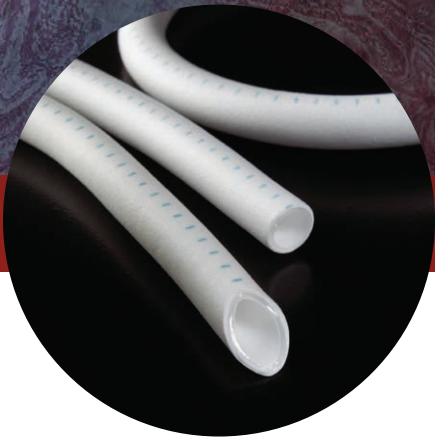
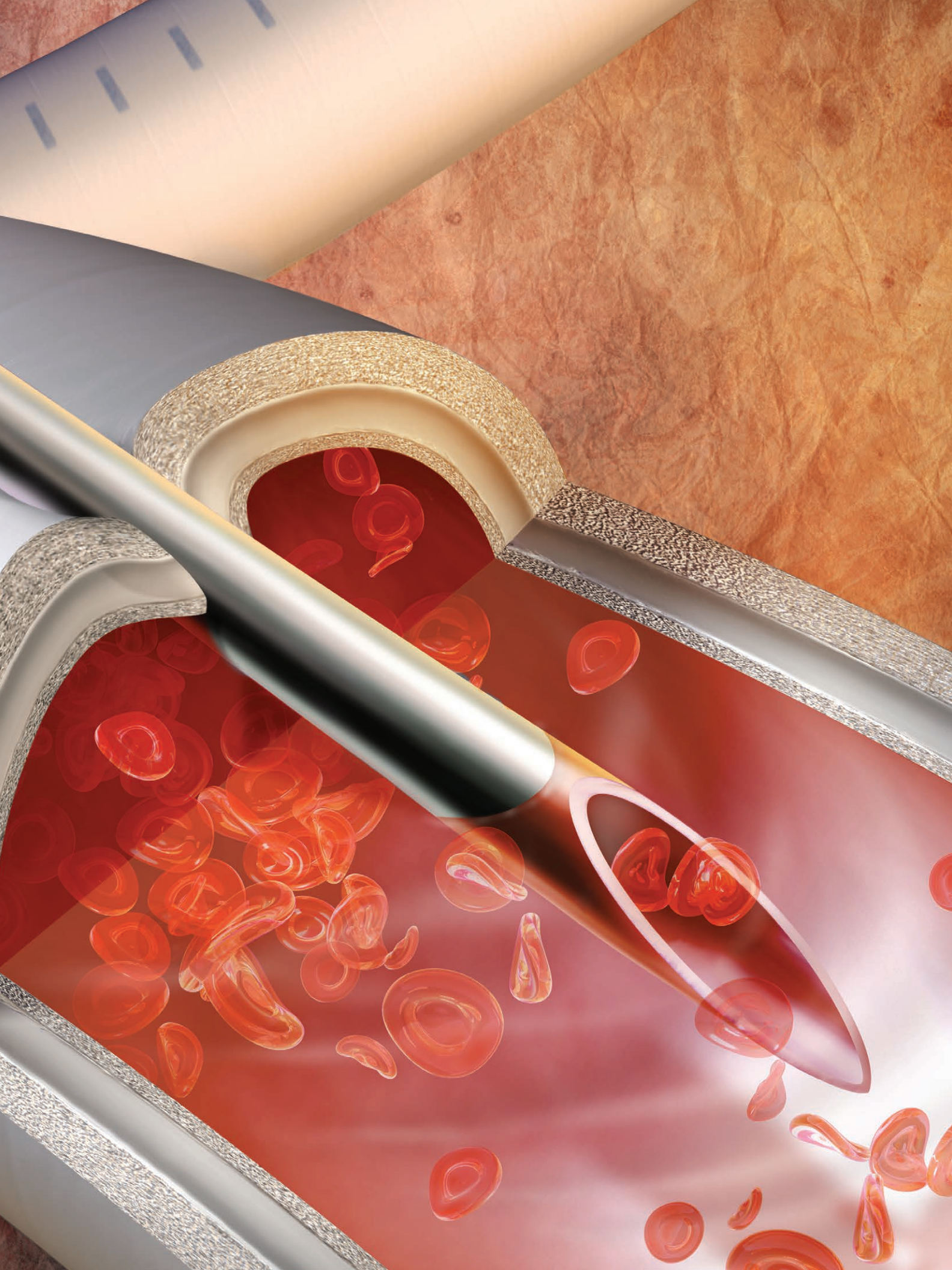


Cannulation
Capable
within
24 HOURS



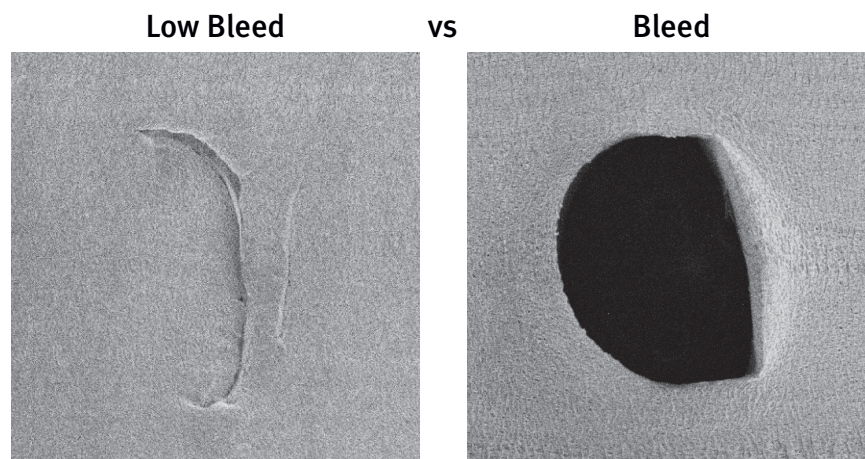
Uncompromised handling
with tri-layer sealing properties

GORE
ACUSEAL
VASCULAR GRAFT



Low bleed barrier

- Elastomeric middle layer
- Low-bleed through puncture sites, hinders cannulation needle bleeding
- Hinders suture line bleeding
- May reduce risk of seroma formation*

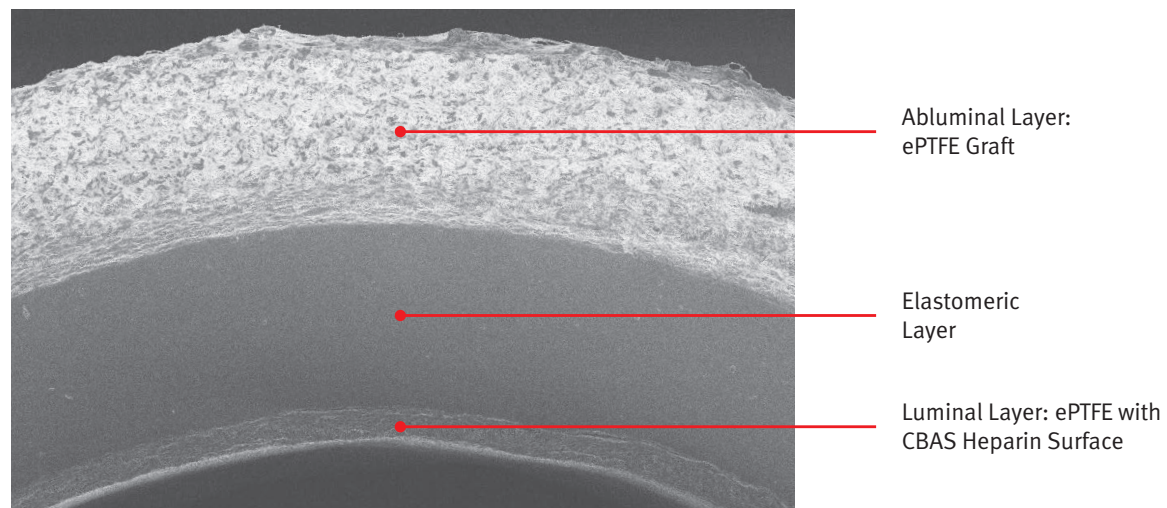


GORE® ACUSEAL Vascular Graft

Standard ePTFE Graft

Post cannulation of the luminal surface with a 16 gauge needle. Hold pressure for 10–15 minutes to achieve hemostasis post needle removal.

Tri-layer construction of a GORE® ACUSEAL Vascular Graft



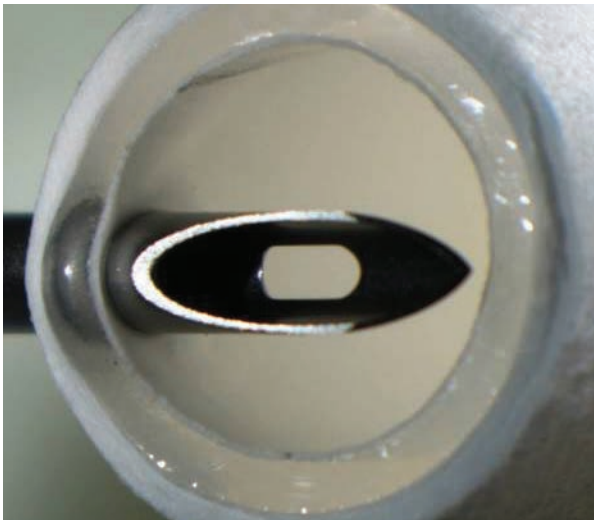
500x magnification

100μ

* Data on file

Uncompromised handling

- Flexible at curves without kinking
- Free from stiffness or rigidity
- Precise suturing and anastomotic tailoring



GORE® ACUSEAL Vascular Graft with cannulation needle through graft wall.



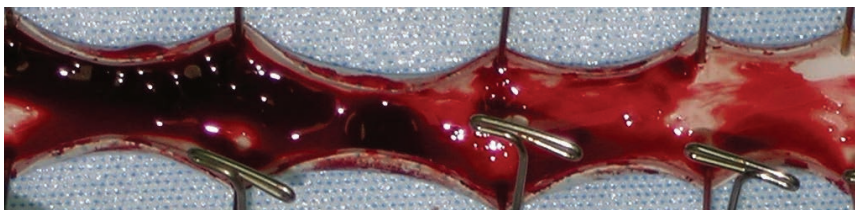
GORE® ACUSEAL Vascular Graft: flexibility without kinking.

A thromboresistant luminal graft surface

Evaluation of GORE® ACUSEAL Vascular Graft in a Benchtop Canine Blood Flow Loop Model



GORE® ACUSEAL Vascular Graft with CBAS Heparin Surface



GORE® ACUSEAL Vascular Graft without CBAS Heparin Surface

Cannulation capable within 24 hours

- Tri-layer design is optimized for early cannulation
- Expands treatment options for earlier removal or avoidance of a central venous catheter
- ACUSEAL Vascular Graft Clinical Study Results* (N = 138):

CUMULATIVE PATENCY	GORE® ACUSEAL VASCULAR GRAFT	HISTORICAL CONTROL
6 month follow-up	84%	75%
12 month follow-up	78%	66%

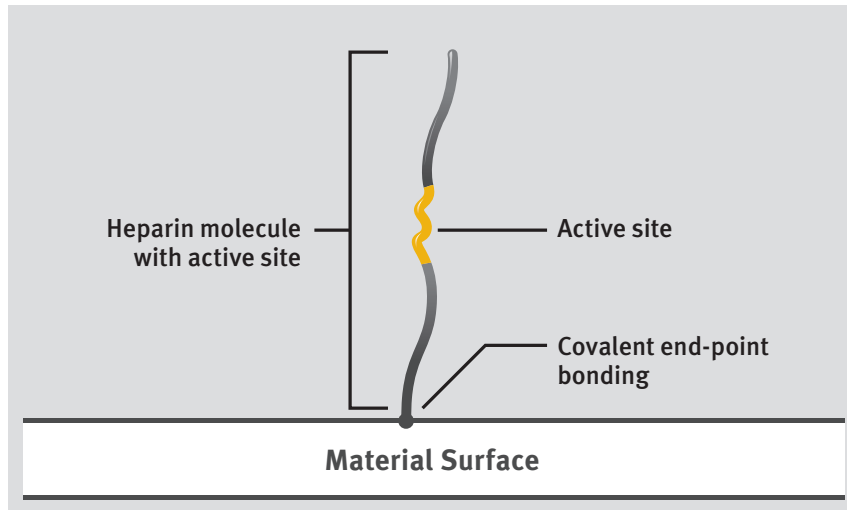
54 patients (40%) were cannulated within 72 hours of implantation.

TIME FROM IMPLANTATION TO FIRST CANNULATION	NUMBER OF GORE® ACUSEAL VASCULAR GRAFTS CANNULATED†
Within 24 Hours	n = 30 (22.2%)
Within 48 Hours	n = 48 (35.6%)
Within 72 Hours	n = 54 (40.0%)
Within 7 Days	n = 70 (51.9%)

* Data on file

† N = 138, three grafts were not cannulated

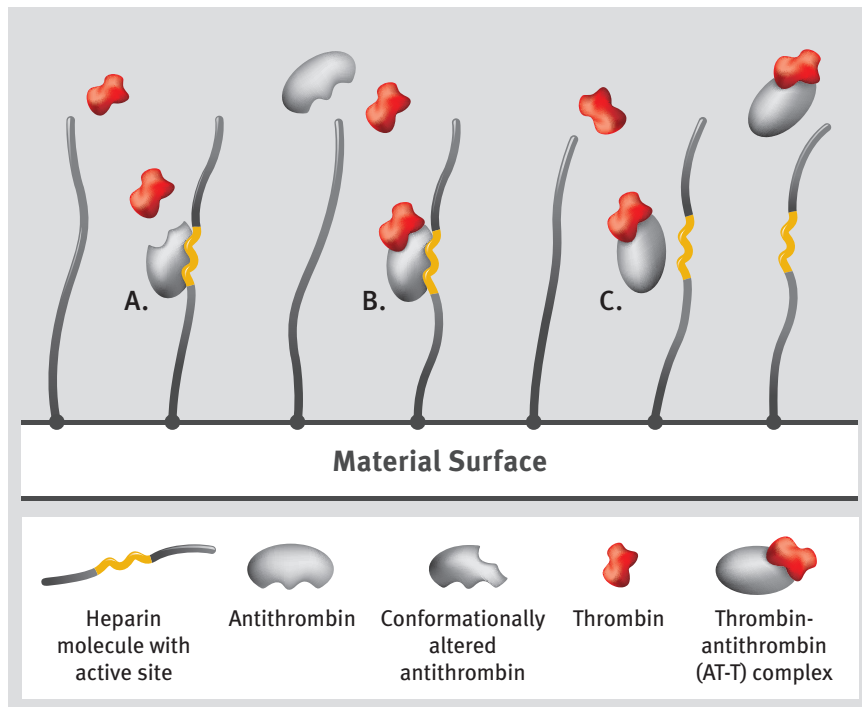
Proprietary covalent end-point bonding



Covalent end-point bonding allows the heparin to extend into the bloodstream, keeping the active site bioavailable, unlike a non-permanent bond that can be washed away in the bloodstream.

- The anticoagulant function of heparin is dependent on the bioavailability of an active site within the molecule
- Some methods of covalent heparin bonding damage and / or obstruct the active site, and hence destroy heparin's anticoagulant activity
- The CBAS Heparin Surface of the GORE® ACUSEAL Vascular Graft consists of a proprietary covalent end-point bond that preserves the active site, thus retaining heparin's anticoagulant activity

Mechanism of action



- A. *Bioactive site of the heparin molecule enables antithrombin to bind thrombin.*
- B. *When antithrombin binds to thrombin, a neutral AT-T complex is formed.*
- C. *Neutral AT-T complex detaches from the heparin molecule. Active site becomes available to again bind antithrombin.*

GORE® ACUSEAL Vascular Graft Configurations


CATALOGUE NUMBER	INTERNAL DIAMETER (mm)	STANDARD LENGTH (CM)	TAPERED
ECH060040	6	40	
ECH470045	4-7	45	X



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 Consult Instructions for Use

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