GORE® VIABAHN®
Endoprosthesis with Heparin
Bioactive Surface*

Six-month outcomes after treatment of a stenosed or occluded venous anastomosis of a synthetic arteriovenous (AV) access graft.[1]

Findings from a prospective, real-world, multicenter study with the GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface* from Japan.

VIABAHN® Device

Primary patency[1]

75%
Target lesion

67%
Circuit

Secondary patency[1]

94%
Target lesion

94%
Circuit

No statistical difference in target lesion primary patency with respect to[1]:

- Crossing the elbow
- Sex
- Number of prior interventions
- Diabetes
- Age of circuit
- Stent graft size and location
- Stenosis vs. occlusion
- Elephant trunk placement (stent graft in the outflow vein lies without vessel wall apposition)

Patient characteristics
N = 103

Female: 57.3%

Average age: 71.8 years

Average BMI (n = 76): 23.2 (kg/m^2)

Diabetic nephropathy: 39.8%

Lesion characteristics
N = 105

Average length (N = 93): 42.9 mm

Thrombosed: 22.9%

* As used by Gore, Heparin Bioactive Surface refers to Gore's proprietary CBAS® Heparin Surface.

Together, improving life

Expand your dialysis access options

Immediate

GORE® ACUSEAL Vascular Graft: Avoid or reduce CVC dependency with early cannulation within 24 hours[2-4]

Rapid

GORE® PROPATEN® Vascular Graft: Proven clinical performance when early cannulation is not required[5]

Durable

VIABAHN® Device: High patency and durable outcomes to minimize interventions for your patients[6,7]

References

1. Haruguchi H, Fukasawa M, Ikeda K, *et al.* Treatment with a self-expanding endoprosthesis in patients with stenosis or occlusion at the arteriovenous graft: 6-month outcomes of a post-marketing surveillance study. *Journal of Vascular Access.* In press.
2. Glickman MH, Burgess J, Cull D, Roy-Chaudhury P, Schanzer H. Prospective multicenter study with a 1-year analysis of a new vascular graft used for early cannulation in patients undergoing hemodialysis. *Journal of Vascular Surgery* 2015;62(2):434-441.
3. Tozzi M, Franchin M, Ietto G, *et al.* Initial experience with the Gore® Acuseal graft for prosthetic vascular access. *Journal of Vascular Access* 2015;16(6):467-471.
4. Maytham GGD, Sran HK, Chemla ES. The use of the early cannulation prosthetic graft (Acuseal™) for angioaccess for haemodialysis. *Journal of Vascular Access* 2015;62(2):434-441.
5. Davidson I, Hackerman C, Kapadia A, Minhajuddib A. Heparin bonded hemodialysis e-PTFE grafts result in 20% clot free survival benefit. *Journal of Vascular Access* 2009;10(3):153-156.
6. Mohr BA, Sheen AL, Roy-Chaudhury P, Schultz SR, Aruny JE. REVISE Investigators. Clinical and economic benefits of stent grafts in dysfunctional and thrombosed hemodialysis access graft circuits in the REVISE Randomized Trial. *Journal of Vascular & Interventional Radiology* 2019;30(2):203-211.e4.
7. Vesely T, DaVanzo W, Behrend T, Dwyer A, Aruny J. Balloon angioplasty versus Viabahn stent graft for treatment of falling or thrombosed prosthetic hemodialysis grafts. *Journal of Vascular Surgery* 2013;64(5):1400-1410.e1. http://www.sciencedirect.com/science/article/pii/S0741521416301756 Accessed August 23, 2021.

Consult Instructions for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in superficial femoral artery de novo and restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 7.5 mm. The GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in superficial femoral artery in-stent restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 6.5 mm. The GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in iliac artery lesions up to 80 mm in length with reference vessel diameters ranging from 4.0 – 12 mm. The GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface is also indicated for the treatment of stenosis or thrombotic occlusion at the venous anastomosis of synthetic arteriovenous (AV) access grafts. **CONTRAINDICATIONS:** The GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface is contraindicated for non-compliant lesions where full expansion of an angioplasty balloon catheter was not achieved during pre-dilatation, or where lesions cannot be dilated sufficiently to allow passage of the delivery system. Do not use the GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface in patients with known hypersensitivity to heparin, including those patients who have had a previous incident of Heparin-Induced Thrombocytopenia (HIT) type II. 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.

W. L. Gore & Associates, Inc.
goremedical.com

Asia Pacific +65 67332882 **Australia / New Zealand** 1800 680 424 **Europe** 00800 6334 4673
United States Flagstaff, AZ 86003 800 437 8181 928 779 2771