


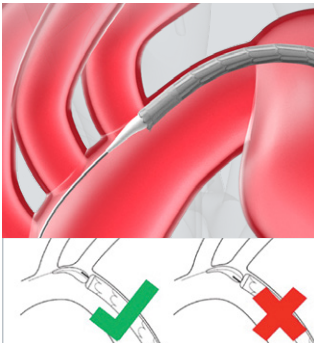
### DEPLOYMENT SEQUENCE

### OPTIONAL: Steps to optimize positioning

**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.

**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.

**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).

**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.

**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).

**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.

**4** 

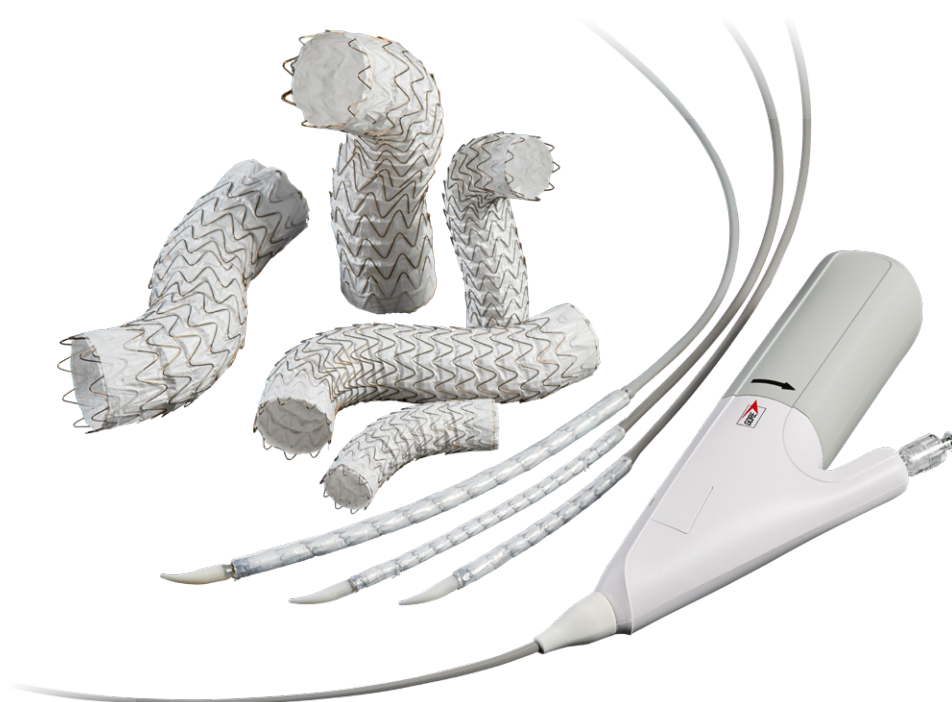
**Lockwire removal**

- 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.



Consult Instructions for Use  
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**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. **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. Rx only

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