

GORE® EXCLUDER®

Thoracoabdominal Branch
Endoprosthesis

BRIDGING THE GAP

between thoracic
and abdominal care

GET STARTED 



Together, improving life

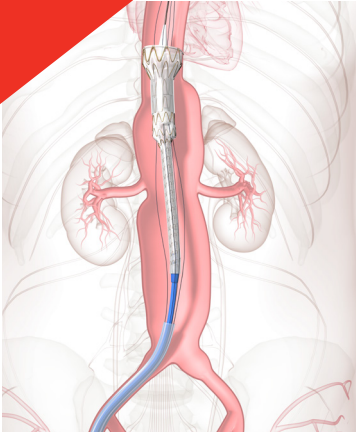


FIRST FDA APPROVED,
off-the-shelf endovascular
solution for a range of
complex visceral
aortic cases.

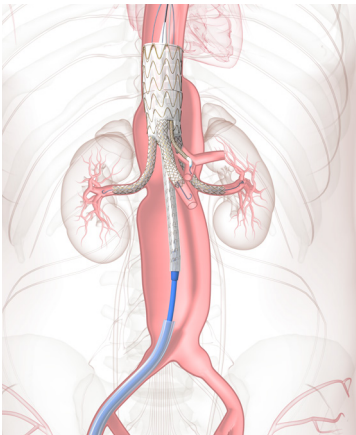
Meet the component you were looking for

Modular design and studied compatibility
with other Gore commercial devices.

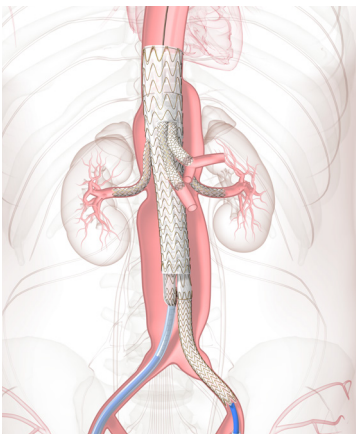
[WATCH DEPLOYMENT](#) 



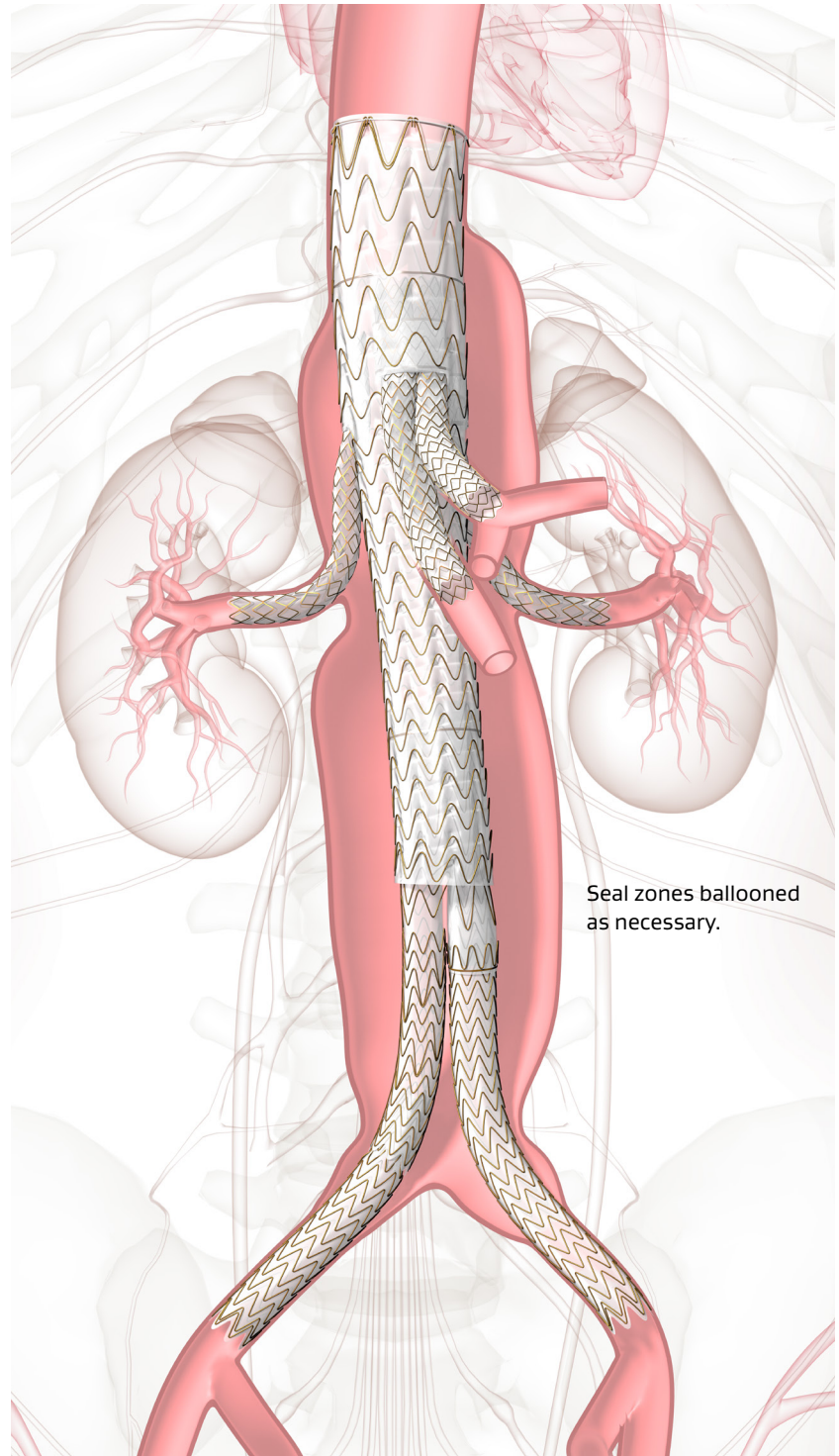
Aortic Component positioned and
partially deployed.



Branch Components delivered and
deployed through pre-cannulated
portals of Aortic Component.



Aortic Component deployment
completed, followed by **Distal
Bifurcated Component** and
Contralateral Leg Component.



[SEE THE DATA](#) 

On-label solution for endovascular repair

- Thoracoabdominal aortic aneurysm patients with appropriate anatomy
- High-risk patients with pararenal aortic aneurysms and appropriate anatomy

Off-the-shelf availability for timely patient care

The benefits of minimally invasive care^{1,2} without the time and effort to create custom grafts.



Proven clinical performance, improved patient experience

TAMBE Pivotal Study through 12-month follow-up³

0%	Lesion-related mortality
94%	Freedom from aneurysm growth
92.6%	Freedom from failure of device effectiveness
85.3%	Freedom from any device component occlusions
100%	Freedom from occlusion of aortic and iliac device components
95.8%	Freedom from target visceral artery occlusion

Real-world evidence (RWE)

Significant reduction in length of stay (LOS) for the endovascular procedure over open surgical repair.^{*,4}

15.8
days

RWE average LOS for
open surgical repair⁴

6.2
days

RWE average LOS for
endovascular repair⁴

4.9
days ↓

Average LOS for
TAMBE repair³



* Data on file 2024; W. L. Gore & Associates, Inc; Flagstaff, AZ.

LEARN MORE



Another first in branched technology

With dedicated support you can depend on in complex procedures.

- A deep reservoir of product knowledge.
- Our representatives support hundreds of aortic cases per year.
- Non-commissioned sales force – our focus is on outcomes.

Contact your Gore representative for more information.

References

1. Bavaria JE, Appoo JJ, Makaroun MS, *et al*; Gore TAG Investigators. Endovascular stent grafting versus open surgical repair of descending thoracic aortic aneurysms in low-risk patients: a multicenter comparative trial. *Journal of Thoracic & Cardiovascular Surgery* 2007;133(2):369-377.
2. Arko FR 3rd, Murphy EH, Boyes C, *et al*. Current status of endovascular aneurysm repair: 20 years of learning. *Seminars in Vascular Surgery* 2012;25(3):131-135.
3. GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis [Instructions for Use]. Flagstaff, AZ: W. L. Gore & Associates, Inc; 2023. MD193085.
4. PINC AI™ Applied Sciences, Premier Inc. PINC AI™ Healthcare Database: Data that informs and performs (White Paper). July 2023. <https://offers.pinc-ai.com/PINC-AI-Healthcare-Database-White-Paper-LP.html>



Consult Instructions
for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis is indicated for endovascular repair in patients with thoracoabdominal aortic aneurysms and high-surgical risk patients with pararenal aortic aneurysms who have appropriate anatomy as described below: Adequate iliac/femoral access and brachial/axillary access; Proximal (supraceliac) aortic neck treatment diameter range over 2 cm seal zone of 22–34 mm for aneurysms extending up to 6.5 cm or less above the origin of the most proximal branch vessel; Aortic neck angle $\leq 60^\circ$ at the Aortic Component proximal seal zone; Iliac artery treatment diameter range of 8–25 mm and iliac artery seal zone length of at least 10 mm; Renal artery seal zone diameters between 4.0–10.0 mm; Celiac and superior mesenteric artery seal zone diameters between 5.0–12.0 mm; ≥ 15 mm seal zone length in renal arteries, superior mesenteric artery, and celiac artery; Visceral segment of aorta (3 cm proximal through 9.5 cm distal to the most proximal visceral artery) must be ≥ 20 mm in diameter. **CONTRAINDICATIONS:** The GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis is contraindicated in: Patients with known sensitivities or allergies to the TAMBE Device materials including ePTFE, FEP, nickel titanium alloy (Nitinol), stainless steel, and gold. Patients who have a condition that threatens to infect the graft. Patients with known hypersensitivity to heparin, including patients who have had a previous incident of Heparin-Induced Thrombocytopenia (HIT) type II and cannot receive the GORE® VIABAHN® VBX Balloon Expandable Endoprosthesis. Rx Only

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.

Products listed may not be available in all markets.

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