See clearly.
Treat optimally.
Angiography alone is not enough

Angiography provides information on luminal characteristics of peripheral arteries, but severely underestimates the extent of atherosclerosis in patients with PAD, even in “normal appearing” vessels.¹

Is this a dissection, calcium, thrombus or stenosis?

Visualize the best path forward with IVUS eyes

Philips IVUS provides the visualization needed to gain deeper insights into the lesion and choose the best procedural path forward.

**Dissection**
- Flow-limiting vs. minor dissection

**Calcium**
- Location and degree of severity

**IVUS changed treatment plans in**

79% of cases studied²

**Fresh thrombus**

N=47, not indicative of future performance

**Thrombus**
- Pinpoint location

**ISR**
- Location of plaque inside, between or outside the stent

IVUS borders and coloration are for demonstration purposes only.
**Full view treatment planning**

The integration of visualization and interventional technologies allows physicians to see the complete picture and create a more informed and individualized procedural approach.

---

**Treatment plan example 1**

- **Lumen**
- **Eccentric fibrotic plaque with calcium**
- **Acoustic shadowing**

**See clearly.**
- **Vessel size:** 5.5 mm diameter
- **Plaque morphology:** Fibrotic plaque with intimal and medial calcium
- **Plaque geometry:** Eccentric lesion
- **Guidewire position:** True lumen

**Treat optimally.**
- **Quick-Cross catheter:** Confidently cross challenging morphologies
- **Phoenix deflecting atherectomy:** Front facing to cut, capture and clear mixed morphologies, including calcium
- **Deflecting capabilities for larger luminal gain**
- **AngioSculpt scoring balloon:** Score calcium to reduce dissection
- **Stellarex DCB:** Designed for performance in calcium

---

**Treatment plan example 2**

- **Lumen with fresh thrombus**
- **Micro-calciﬁcation**
- **Calcified plaque with acoustic shadowing**

**See clearly.**
- **Vessel size:** 6 mm diameter
- **Plaque morphology:** Mixed, thrombic plaque with medial calcium
- **Plaque geometry:** Eccentric lesion
- **Guidewire position:** True lumen

**Treat optimally.**
- **Quick-Cross catheter:** Confidently cross challenging morphologies
- **Turbo-Power laser atherectomy:** Forward facing directional debulking to clear thrombus
- **Rotation for improved deliverability in calcified lesions**
- **AngioSculpt scoring balloon:** Safely dilate residual stenosis
- **Stellarex DCB:** Designed for performance in calcium

---

**Confirm optimal treatment with IVUS:**

- No dissections
- Reduce residual stenosis
- Stent fully deployed
- Treated entire lesion

*IVUS borders and coloration are for demonstration purposes only.*
See clearly critical lesion characteristics

Choosing the best path forward starts by seeing clearly. IVUS provides the visualization guidance essential for assessing clinical challenges quickly and precisely to guide treatment decisions. Only Philips provides 0.014", 0.018" and 0.035" IVUS platforms.

<table>
<thead>
<tr>
<th>Vessel size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guides device sizing to ensure precise wall apposition, drug delivery, and placement</td>
</tr>
</tbody>
</table>

- Vessel diameter
- Lumen diameter
- Plaque burden

<table>
<thead>
<tr>
<th>Plaque morphology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand plaque type and severity to help guide proper device selection</td>
</tr>
</tbody>
</table>

- Soft
- Fibrous
- Calcific

- Thrombus
- CTO

<table>
<thead>
<tr>
<th>Plaque geometry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visualize plaque burden location for precise treatment</td>
</tr>
</tbody>
</table>

- Concentric
- Eccentric

<table>
<thead>
<tr>
<th>Guidewire position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm true lumen or sub-intimal guidewire location</td>
</tr>
</tbody>
</table>

- True lumen
- Sub-intimal

IVUS borders and coloration are for demonstration purposes only.
**Treat optimally with versatility**

The Philips portfolio of therapeutic devices offers the versatility needed to treat the majority of PAD cases, including complex lesions.

<table>
<thead>
<tr>
<th>Crossing</th>
<th>Quick-Cross catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross your toughest lesions</td>
<td>#1 selling support catheter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vessel prep</th>
<th>Turbo-Elite and Turbo-Power laser atherectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare multiple lesion morphologies, locations and characteristics, including CTOs, ISR, thrombus, calcium, neo-intimal hyperplasia, mixed morphologies and ostial lesions</td>
<td>Clinically proven ablation in all lesion types above and below the knee and indicated for ISR*6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definitive treatment</th>
<th>Stellarex drug-coated balloon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat lesions without leaving metal behind</td>
<td>Durable treatment effect with a low-drug dose in common to complex patients; only DCB reporting durable 2yr patency in severely calcified lesions3</td>
</tr>
</tbody>
</table>

*Bare metal stent
Important safety information

The Stellarex 0.035" OTW drug-coated angioplasty balloon is indicated for percutaneous transluminal angioplasty (PTA), after appropriate vessel preparation of de novo or restenotic lesions up to 180mm in length in native superficial femoral or popliteal arteries with reference vessel diameters of 4-6mm.

The Stellarex 0.035" OTW drug-coated angioplasty balloon is contraindicated for use in:

- Patients with known hypersensitivity to paclitaxel or structurally related compounds
- Patients who cannot receive recommended antiplatelet and/or anticoagulation therapy
- Women who are breastfeeding, pregnant or are intending to become pregnant, or men intending to father children
- Coronary arteries, renal arteries and supra-aortic/cerebrovascular arteries
- Patients judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the delivery system

Possible adverse effects associated with the balloon dilation procedure include, but are not limited to: Abrupt vessel closure; Allergic reaction to contrast medium, antiplatelet therapy or catheter system components (drug, excipients and materials); Amputation/Loss of limb; Arhythmias; Arterial aneurysm; Thrombosis; Arterio-venous fistula (AVF); Bleeding; Death; Embolism/Device embolism; Fever; Hematoma; Hemorrhage; Hypertension/Hypotension; Infection or pain at insertion site; Inflammation; Ischemia or infarction of tissue/organ; Occlusion; Pain or tenderness; Peripheral edema; Pseudoaneurysm; Renal insufficiency or failure; Restenosis; Sepsis or systemic infection; Shock; Stroke/Cerebrovascular accident; Vessel dissection, perforation, rupture, spasm or recoil; Vessel trauma that requires surgical repair; Balloon rupture; Detachment of a component of the balloon and/or catheter system; Failure of the balloon to perform as intended. Failure to cross the lesion.

Additional complications that may be associated with the addition of paclitaxel to the balloon include, but may not be limited to the following: Allergic/Immunologic reaction to paclitaxel; Alopecia; Anemia; Gastrointestinal symptoms (diarrhea, nausea, pain, vomiting); Hematologic dyscrasia (including neutropenia, leukopenia, thrombocytopenia); Hepatic enzyme changes; Histologic changes in vessel wall including inflammation, cellular damage or necrosis; Myalgia/Arthralgia; Myelosuppression; Peripheral neuropathy.

Caution:
Federal law restricts this device to sale by or on the order of a physician.

References: