LUNCH SYMPOSIUM supported by PENUMBRA

INDIGO™ SYSTEM
Provide rapid restoration of flow to thrombosed vessels in the peripheral vasculature introducing the largest extraction lumen designed for BTK vessels

ENRICO PAMPANA
The incidence of distal embolization for peripheral femoro-popliteal interventions has been estimated to range from 1% to 100%.
This risk increases according to the type of lesion:

- **In-stent restenosis/occlusions**
- PTA of Chronic total occlusions
- PTA of stenotic lesions

*From the Eastern Vascular Society*

Lesion types and device characteristics that predict distal embolization during percutaneous lower extremity interventions

Gautam V. Shrikhande, MD, Sikandar Z. Khan, MD, Hafiz G. Hussain, MD, Rajeev Dayal, MD, James F. McKinsey, MD, and Nicholas Morrisey, MD, *New York, NY*
and according to the type of treatment / maneuvers:

Debulking and atherectomy devices

Stent deployment

Angioplasty

Guidewire crossing
EPD currently are not designed to hold thrombotic material detached from long femoral-popliteal.

RISK OF FULLFILLING AND OVERFLOWING!

It’s still matter of debate.
What’s the solution?

- Manual Aspiration Thrombectomy
- Catheter directed Thrombolysis
- Mechanical Thrombectomy

- well codified in the femoro-popliteal but extremely challenging in the BTK

- often not feasible in the below the ankle district
Penumbra 5 MAX

5MAX™ Direct Aspiration™ Enables Choice

0.025” ID

5MAX™ Separator™ Velocity®
INDIGO™ SYSTEM
PERCUTANEOUS MECHANICAL THROMBECTOMY
ENGINEERED FOR PERIPHERAL ARTERIES
INDIGO™ SYSTEM SPECIFICATIONS

Indigo™ Catheters

CAT5

CAT3
INDIGO™ SYSTEM
Percutaneous Mechanical Thrombectomy

*high trackability and pushability*

Its polymer and a new nitinol reinforcement design at the distal tip, enables to track it through tortuous vessels leading to a target lesion in the brain or in the distal peripheral district.

*Possibility to move it backward and forward during the thromboaspiration*

With or without 0.014” guidewire in place

Larger proximal diameters enabling to achieve rapid reperfusion times once they are connected to the dedicated Penumbra pump for continuous vacuum aspiration for the entire duration of the thrombectomy procedure.
INDIGO™ SYSTEM
Percutaneous Mechanical Thrombectomy

• Simple and Effective
  – Easy-to-use
  – Single operator design
  – Pure vacuum
  – Hands free aspiration assistance
  – No time limits
Powerful MAX™ Pump

- Hands-free aspiration
- Maximized power
- Continuous Suction

1. Data on file at Penumbra, Inc. based on testing with CAT5.
2. Vascular Solutions, Inc. Comparison of dimensions and aspiration rate of the Pronto® V3, Pronto® LP, Export® XT, Export® AP, Fetch®, Xtract™, Diver C.E.™ and QuickCat™ catheters.

Case 1  (4 MAX)

83 yrs old man

Comorbidities: dyslipidemia and cardiopulmonary insufficiency

Clinical data: previous SFA stenting, antiplatelet interruption 30 days before

Current symptoms: progressive claudication to rest pain in the previous days
Case 2 (3 MAX)

70 yrs old man

Comorbidities: dyslipidemia and a 12 years history of type 2 diabetes mellitus

TEXAS II B. Non-healing ulcer on the forefoot

TcpO2: 13 mmhg
TcpCO2: 52 mmhg
Case 2
Case 2
Case 2
Case 2
Case 3 (3 MAX)

88 yrs old woman

Comorbidities: history of diabetes and chronic renal failure

TEXAS III B  Non-healing calcaneal ulcer

TcpO2: 8 mmhg  TcpCO2: 64 mmhg
Case 3
Case 3
Case 3
Case 3

After 2 months TcpO2: 60 mmhg
Case 4 (3 MAX)

73 yrs old man

Comorbidities: history of hypertension and dyslipidemia, with a previous amputation of 4\textsuperscript{th} and 5\textsuperscript{th} toes

**TEXAS III D** Non-healing infected ulcer on the forefoot

TcpO2: 6 mmhg

TcpCO2: 59 mmhg
OVER THE WIRE ASPIRATION
The Radiologist’s Penknife

MAX™ Pump
CAT3
CAT5
THANK YOU!
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