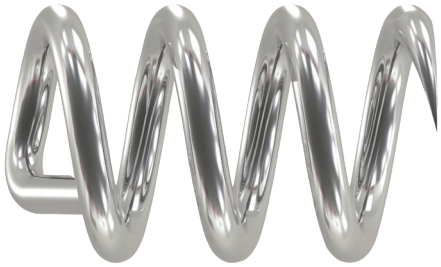
Medtronic

Five-year results from the ANCHOR registry primary AAA ARM (N = 771)

Proven durability with ESAR

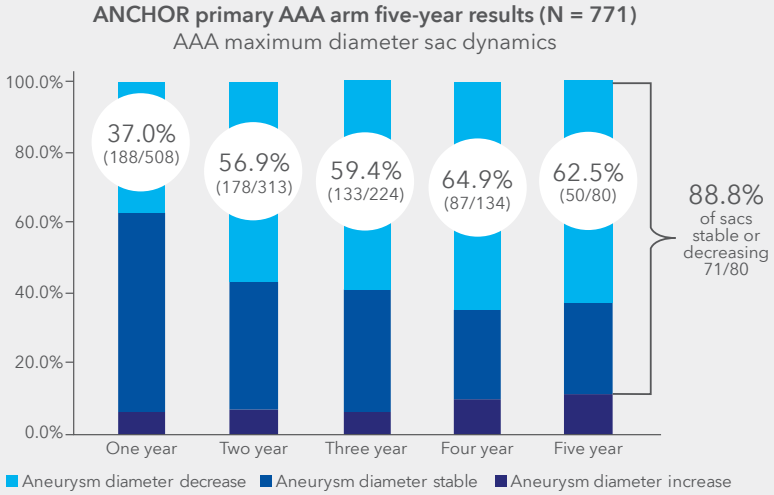


Reinforced proximal seal

89.0% – FF type Ia
96.0% – FF reinterventions for type Ia
0 – Migrations through five years

Long-term clinical durability

98.4% – FF aneurysm-related mortality (ARM)
97.7% – FF rupture
88.8% – Stable or regressing sac



Durable long-term results in challenging patients

Reasons for ESAR

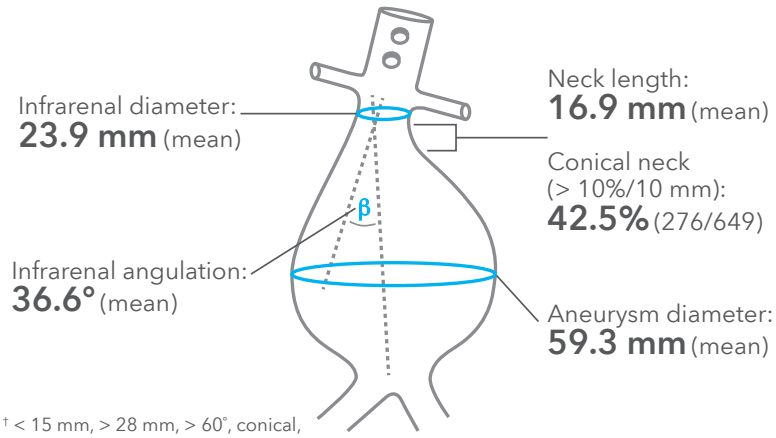
56.2% Concern for late failure
21.9% Prevention of neck dilatation
19.1% Treatment of type Ia at index

61.5% Medtronic Endurant™
26.0% Gore Excluder™*
9.9% Cook Zenith™*
2.6% Other

♂ Male: **78.7%**
♀ Female: **21.3%**
Mean age: **73.5 years**

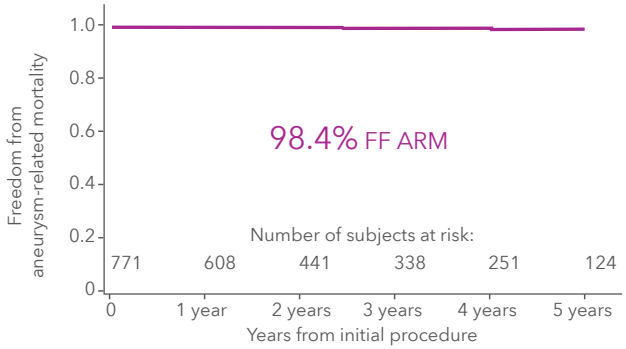
Baseline characteristics

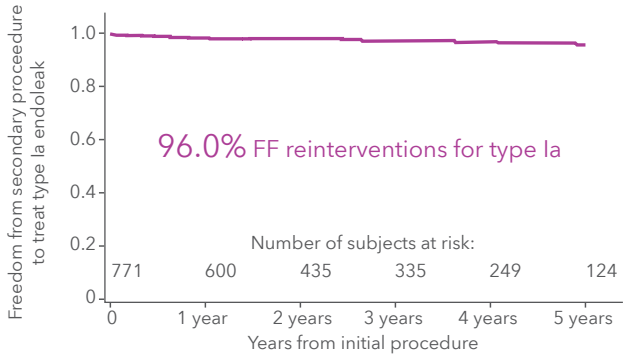
88.7% (572/645) Hostile necks†
87.8% (674/768) ASA class III/IV
17.9% (119/664) Urgent/emergent cases

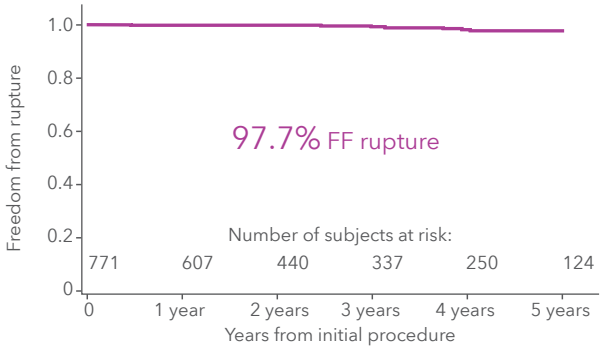


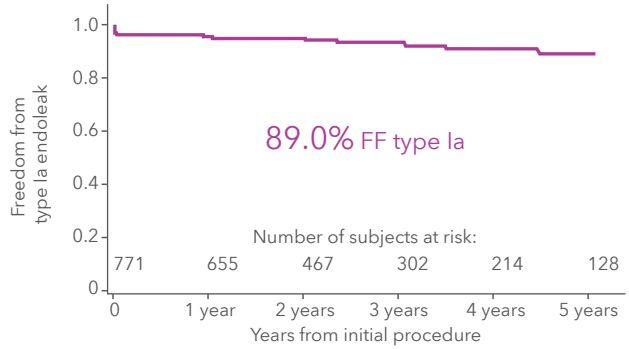
† < 15 mm, > 28 mm, > 60°, conical, calcium/thrombus > 50%.

Reinforce and protect the proximal seal









ANCHOR Registry Primary AAA Arm, October 2020 data cut. Data on file at Medtronic.

Refer to the IFU approved in your geography for detailed directions for use, notes, and cautions to be followed during Heli-FX™ EndoAnchor™ System use.
For U.S. audiences only.

HELI-FX™ & HELI-FX™ THORACIC ENDOANCHOR™ SYSTEMS
Indications for Use: The Heli-FX™ EndoAnchor™ system is intended to provide fixation and sealing between endovascular aortic grafts and the native artery. The Heli-FX™ EndoAnchor™ system is indicated for use in patients whose endovascular grafts have exhibited migration or endoleak, or are at risk of such complications, in whom augmented radial fixation and/or sealing is required to regain or maintain adequate aneurysm exclusion. The EndoAnchor™ implant may be implanted at the time of the initial endograft placement, or during a secondary (i.e. repair) procedure.
Contraindications: Treatment with the Heli-FX™ EndoAnchor™ system is contraindicated for use in the following circumstances: • In patients with known allergies to the EndoAnchor™ implant material (MP35N-LT) • In conjunction with the Endologix Powerlink™* endograft
Warnings: • The long-term performance of the EndoAnchor™ implant has not been established. All patients should be advised endovascular aneurysm treatment requires long-term, regular follow-up visits to assess the patient's health status and endograft performance. The EndoAnchor™ implant does not reduce this requirement. • The EndoAnchor™ implant and the Heli-FX™ EndoAnchor™ system have been evaluated via in vitro testing and determined to be compatible with the Cook Zenith™*, Cook Zenith™* TX2™*, Gore Excluder™*, Gore TAG™*, Medtronic AneuRx™, Medtronic Endurant™, Medtronic Talent™ AAA, Medtronic Talent™ TAA, Medtronic Valiant Xcelerant™, Medtronic Valiant™ Captivia™, and Medtronic Valiant Navion™ endografts. Use with endografts other than those listed above has not been evaluated. • The performance of the EndoAnchor™ implant has not been evaluated for securing multiple endograft components together. Not securing EndoAnchor™ implants into aortic tissue could result in graft fabric damage, component separation, and resultant Type III endoleaks. • The performance of the EndoAnchor™ implant has not been evaluated in vessels other than the aorta. Use of the EndoAnchor™ implant to secure endografts to other vessels may result in adverse patient consequences such as vascular perforation, bleeding, or damage to adjacent structures. • The performance of the EndoAnchor™ implant has not been evaluated for securing multiple anatomical structures together. Such use could result in adverse patient consequences such as vascular perforation, bleeding, or embolic events.
MRI Safety and Compatibility: • The EndoAnchor™ implants have been determined to be MR Conditional at 3T or less when the scanner is in Normal Operating Mode with whole-body-averaged SAR of 2 W/kg, or in First Level Controlled Mode with a maximum whole-body-averaged SAR of 4 W/kg. • Please refer to documentation provided by the endograft system manufacturer for MR safety status of the endograft system with which the EndoAnchor™ implants are being used.
Potential Adverse Events: Possible adverse events that are associated with the Heli-FX™ EndoAnchor™ system, include, but are not limited to: • Aneurysm rupture • Death • EndoAnchor™ implant embolization • Endoleaks (Type III) • Enteric fistula • Failure to correct/prevent Type I endoleak • Failure to prevent endograft migration • Infection • Renal complications (renal artery occlusion/dissection or contrast-induced acute kidney injury) • Stroke • Surgical conversion to open repair • Vascular access complications, including infection, pain, hematoma, pseudoaneurysm, arteriovenous fistula • Vessel damage, including dissection, perforation, and spasm
Please reference product *Instructions for Use* for more information regarding indications, warnings, precautions, contraindications and adverse events. Additional potential adverse events may be associated with endovascular aneurysm repair in general. Refer to the *Instructions for Use* provided with the endograft for additional potential adverse events.

CAUTION: Federal (USA) law restricts these devices to sale by or on the order of a licensed healthcare practitioner. See package inserts for full product information.

CAUTION: EndoAnchor™ implant locations should be based upon a detailed examination of the preoperative CT imaging in cases involving irregular or eccentric plaque in the intended sealing zones. EndoAnchor™ implants should be implanted only into areas of aortic tissue free of calcified plaque or thrombus, or where such pathology is diffuse and less than 2mm in thickness. Attempting to place EndoAnchor™ implants into more severe plaque or thrombus may be associated with implantation difficulty and suboptimal endograft fixation and/or sealing.

For OUS audiences, please refer to the IFU approved in your geography for product specific indications.

For complete product and risk information, visit *medtronic.com/manuals*. Consult *Instructions for Use* at this website. Manuals can be viewed using a current version of any major internet browser. For best results, use Adobe Acrobat Reader® with the browser.

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