

THE MORE  
*Natural Approach* TO OPTIMAL FIT



— *Conformability without Compromise*



THORACIC  
ENDOPROSTHESIS

PERFORMANCE  
by design

# THE NEW STANDARD IN *Conformability*



## **Designed for flexibility and conformability in tortuous anatomy.**

### **Optimized aortic wall apposition in angulated arch anatomy without excessive radial force, barbs or bare springs**

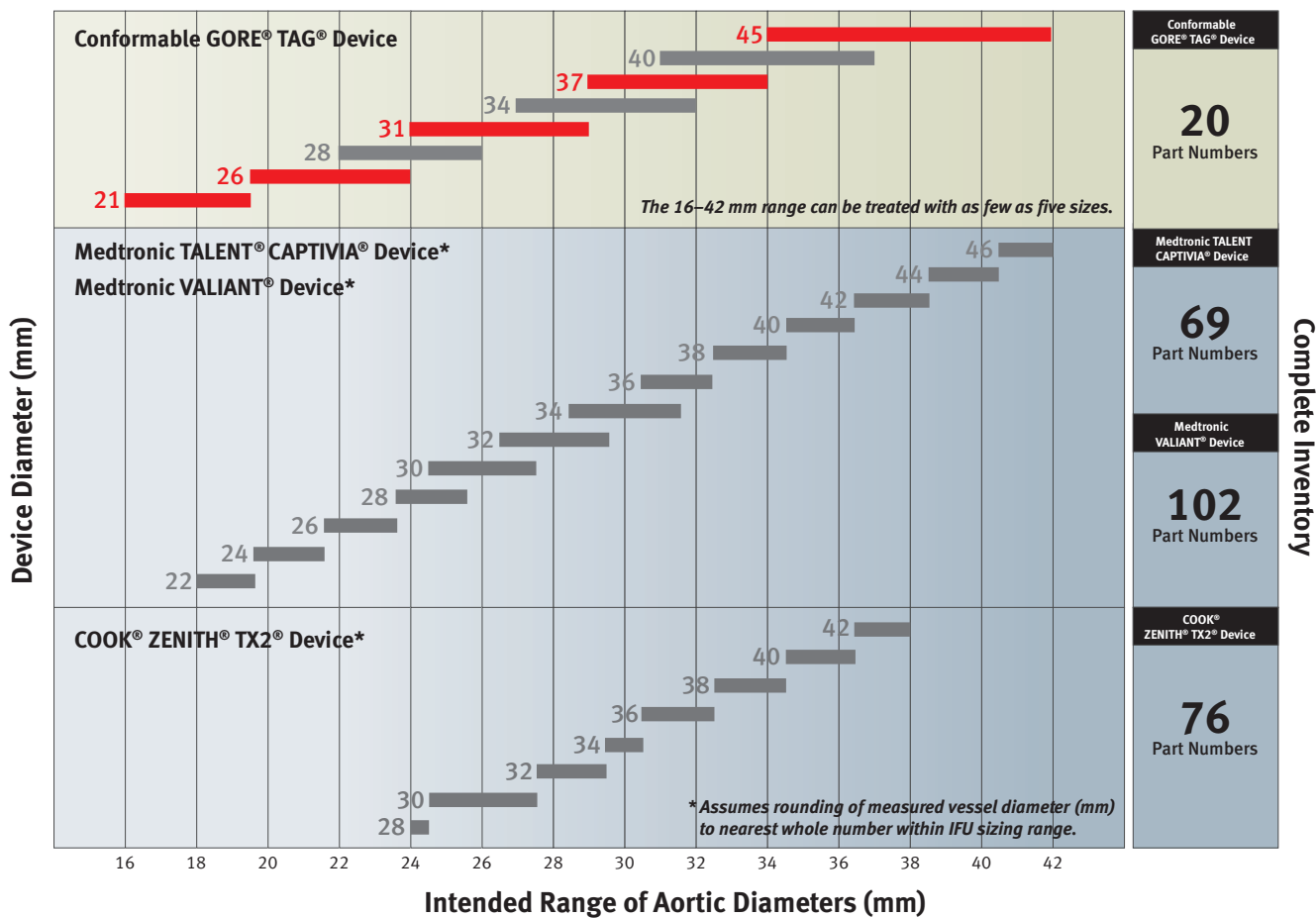
- Conforms and achieves better graft contact in curved segment of the aorta
  - Mechanism of stent attachment to graft material is designed for optimal conformability
  - Allows nesting of stents on inner curve, maximizing conformability through the proximal end of the device
- Minimizes the risk of damaging or perforating aortic tissue

### **Compression resistant**

- Maintains patency in small diameter thoracic aortas
- Stent design maintains wall apposition in angulated arch anatomy without compromising tissue integrity

# AND Radial Fit

Physician can select oversizing based on patient anatomy for optimal conformability and customized radial fit.



The *only* thoracic endograft engineered to perform in 6–33% oversizing conditions

Broad 16–42 mm aortic diameter treatment range with as few as five sizes

- Expanded device diameter range accommodates a wider range of aortic anatomies
- Only commercially available endograft approved to treat patients with 16 mm thoracic aortas
- Tapered aortas may be treated with a single straight device

Off-the-shelf tapered designs

- Provides physicians with more options to match the endograft to the individual patient anatomy

# CONFORMABILITY *without* COMPROMISE

► Advances the tradition of performance and durability.





### 1 Partially Uncovered Stent

- Helps achieve 360° wall apposition in angulated anatomy
- Aids in accurate positioning
- Eliminates potential damaging barbs or flared bare springs

### 2 Radiopaque Gold Bands

- Gold bands are located on both proximal and distal ends of device
- Aids in accurate device positioning and visualization at patient follow-up

### 3 Increased Wire Diameter and Nine Apex Pattern

- Compression-resistant design
- Allows for increased 6–33% oversizing range
- Increased radial force while maintaining adequate fatigue life
- Maintains radial strength and achieves wall apposition in angulated arch anatomy

### 4 Sutureless Construction

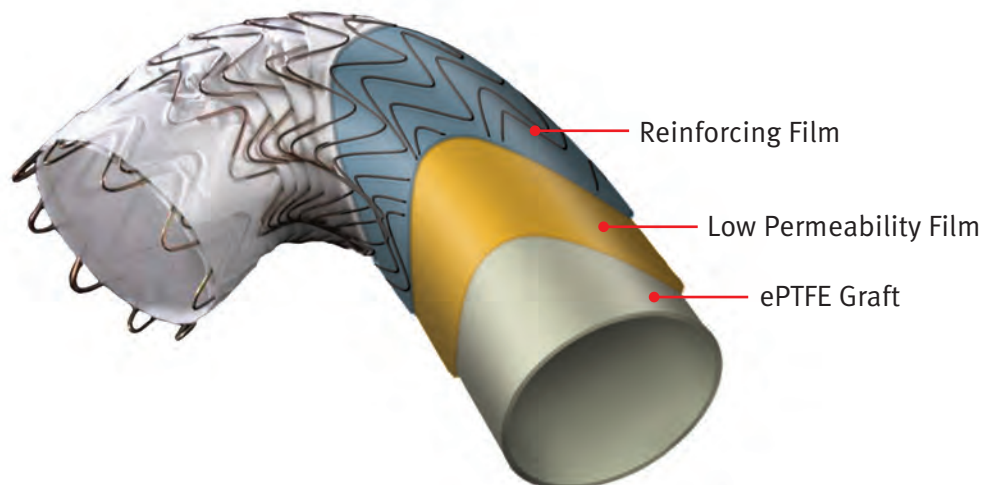
- Eliminates risk of graft failure from sutures
- ePTFE graft technology on luminal and abluminal surfaces

### 5 Sealing Cuffs

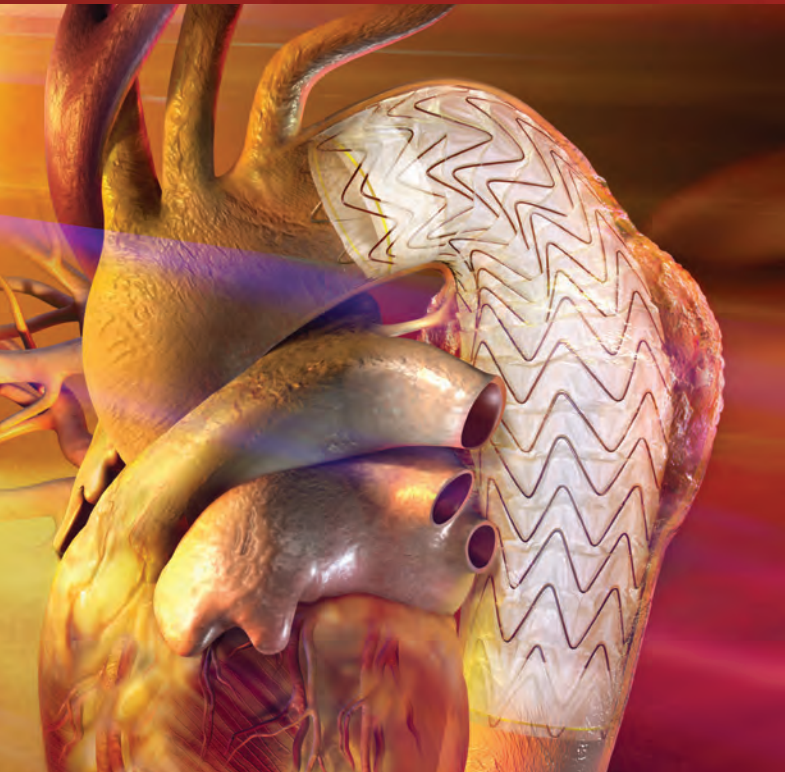
- Engineered to provide increased security against endoleaks

### Optimized ePTFE Film Layers

- Leverages 35 years of experience with ePTFE and a reliable platform with proven clinical durability and strength
- Low permeability with abrasion-resistant properties
- Optimizes graft and film layers to maximize durability and conformability



# ELEGANTLY *Simple* DESIGN



## Flexible Low-Profile Design

- Low-profile delivery catheter provides flexibility while navigating anatomy in the aortic arch

## Single Sheath Insertion

- No re-insertion is necessary if additional devices are required
- Minimizes vessel trauma and the potential for rupture with multiple sheath insertions



## Sheathless Delivery Catheter

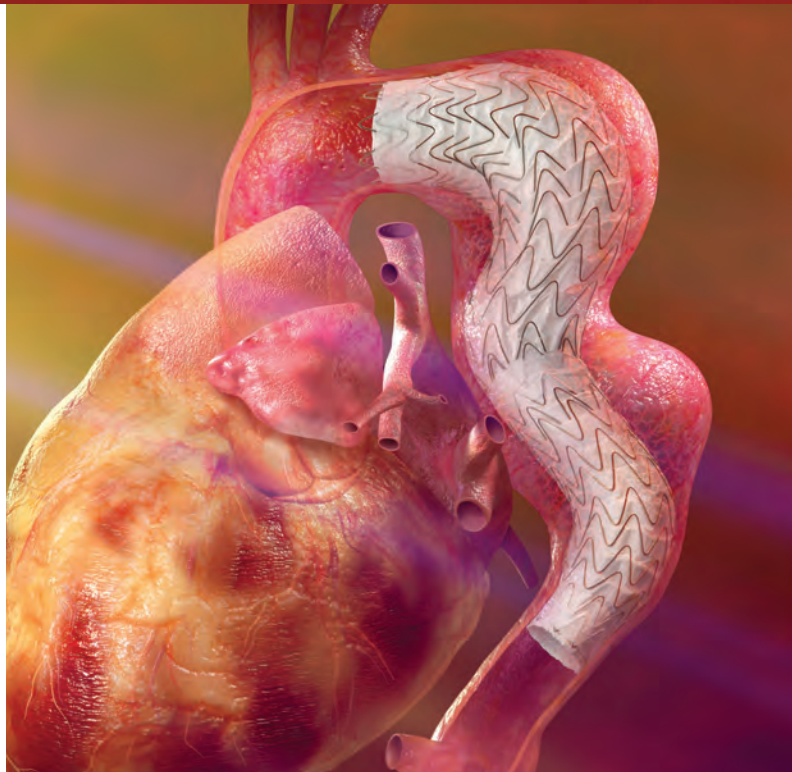
- Facilitates passage and access through tortuous thoracic anatomy
- Reduces deployment force

## Single-Step Deployment System

- Easy, single-step, twist and pull deployment

## Radiopaque Modified Olive

- Engineered to enhance trackability and deliverability of the device



**For more than 14 years, the GORE® TAG® Device has demonstrated impressive success in both clinical studies and real-world commercial use.**

### **More than 50,000 Devices Distributed Worldwide**

For more than a decade, we have worked alongside physicians in the evolution of the GORE® TAG® Device. Our collaboration has resulted in the distribution of more than 50,000 devices for the treatment of more than 29,400 patients worldwide<sup>1</sup>.

### **Proven Clinical Results**

The GORE® TAG® Device is supported by more than 14 years of experience and 10 years of clinical data, with up to five years follow-up.

### **Most Studied Thoracic Endograft Available**

With the first implant occurring in 1997, the GORE® TAG® Device has been studied in ten FDA approved clinical studies, one European clinical trial, and one European registry.

### **Thirty-Five Years of Experience with ePTFE Graft Material**

Having pioneered ePTFE graft technology 35 years ago, Gore continues to collaborate with physicians and scientists to create a robust and reliable design platform based on proven clinical performance.

## Conformable GORE® TAG® Thoracic Endoprosthesis

CATALOGUE NUMBER	INTENDED AORTIC DIAMETER (MM)	PROXIMAL DIAMETER (MM)	DISTAL DIAMETER (MM)	LENGTH (CM)	RECOMMENDED GORE® DRYSEAL SHEATH SIZE (FR)	GORE® DRYSEAL SHEATH OUTER DIAMETER (MM)
TGU212110	16–19.5	21	21	10	18	6.8
TGU262110	19.5–24 / 16–19.5	26	21	10	20	7.5
TGU262610	19.5–24	26	26	10	20	7.5
TGU282810	22–26	28	28	10	20	7.5
TGU282815	22–26	28	28	15	20	7.5
TGU312610	24–29 / 19.5–24	31	26	10	22	8.3
TGU313110	24–29	31	31	10	22	8.3
TGU313115	24–29	31	31	15	22	8.3
TGU343410	27–32	34	34	10	22	8.3
TGU343415	27–32	34	34	15	22	8.3
TGU343420	27–32	34	34	20	22	8.3
TGU373710	29–34	37	37	10	24	9.1
TGU373715	29–34	37	37	15	24	9.1
TGU373720	29–34	37	37	20	24	9.1
TGU404010	31–37	40	40	10	24	9.1
TGU404015	31–37	40	40	15	24	9.1
TGU404020	31–37	40	40	20	24	9.1
TGU454510	34–42	45	45	10	24	9.1
TGU454515	34–42	45	45	15	24	9.1
TGU454520	34–42	45	45	20	24	9.1

### GORE® DrySeal Sheath


CATALOGUE NUMBER	SHEATH SIZE (FR)
SDV1828	18
SDV2028	20
SDV2228	22
SDV2428	24
SDV2628	26

All sheaths are 28 cm in length.

### GORE® Tri-Lobe Balloon Catheter

CATALOGUE NUMBER	AORTIC DIAMETER (MM)
BCM1634	16–34
BCL2645	26–42

 Consult Instructions for Use

**INDICATIONS FOR USE:** The GORE® TAG® Thoracic Endoprosthesis is intended for endovascular repair of aneurysms of the descending thoracic aorta 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 aneurysm. **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 [goremedical.com](http://goremedical.com) for a complete description of all warnings, precautions and adverse events. 



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<sup>1</sup> 50,000 devices distributed worldwide divided by 1.7 devices per patient = more than 29,400 patients treated.

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