

Acute Type B Dissection

Measurement/Device selection form



Confidential patient information — Do not disclose legally protected data

The following information is required to ensure that the appropriate devices and backups are available for the procedure.

Patient ID:

Physician:

Institution:

Imaging date:

Case planning

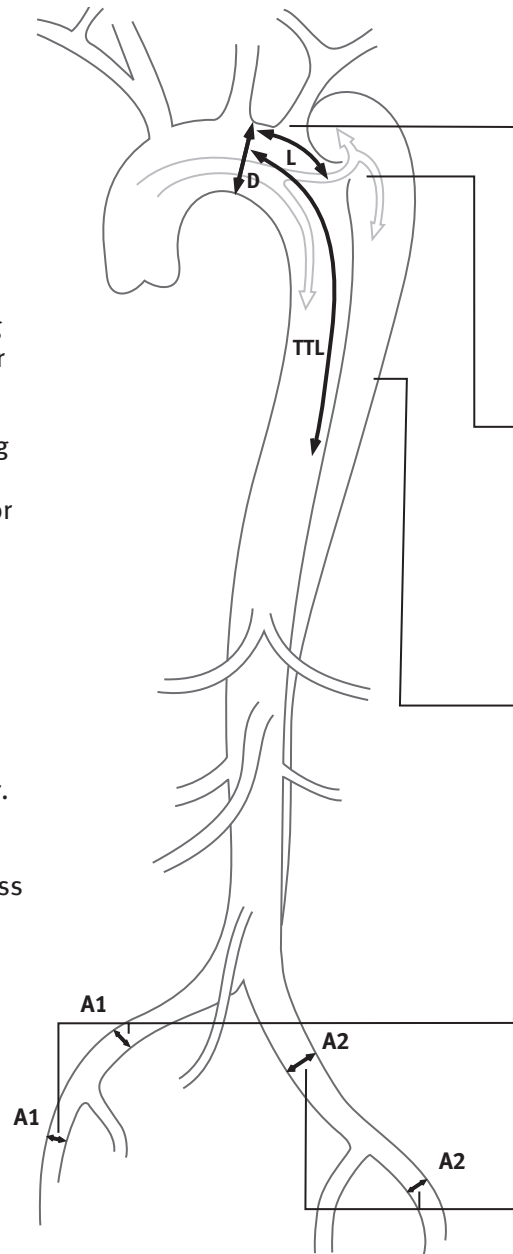
Device selection

(Refer to “Device selection form” on reverse side)

1. Determine device diameter by identifying the aortic diameter at the proximal extent of the proximal landing zone (D). Distal diameter is not used for device selection.

2. Determine device length by selecting the device length closest to, yet longer than, the total treatment length (TTL) for the selected device diameter. If two or more devices are needed, the proximal end of the distal device must be the same diameter as the distal end of the proximal device. The proximal device must be deployed first.

3. Select the introducer sheath that corresponds to the stent graft diameter. If the outer diameter of the sheath exceeds the minimum right access diameter (A1) or the minimum left access diameter (A2), or there is excessive calcium, thrombus, tortuosity or dissection, a conduit should be used.



Diameter

(D) mm table position

Diameter at proximal extent of proximal landing zone

Proximal extent of device must be in non-dissected aorta

Length

(L) mm table position

Proximal neck length from proximal end of primary entry tear to left subclavian artery (LSA) or left common carotid artery (LCCA) along outer curve

- L must be ≥ 2 cm
- May include dissected and non-dissected aorta

(TTL) mm table position

Total treatment length from LSA or LCCA along outer curve

- Device must extend at least 10 cm distal to the primary entry tear.
- Device must terminate in straight segment of descending thoracic aorta.
- Consider long segment coverage in patients with false lumen rupture.

(A1) mm table position

Minimum right access diameter (femoral, external and common iliac)

Dissection, tortuosity, calcium and thrombus?

(A2) mm table position

Minimum left access diameter (femoral, external, and common iliac)

Dissection, tortuosity, calcium and thrombus?

Notes:

(See reverse for device selection form)

Gore/Patient confidential information

The following information is required to ensure that the appropriate devices and any additional devices are available for the procedure.

Patient ID:		Institution:	
Physician:		Imaging date:	

Intended device introduction site:	<input type="checkbox"/> Right	<input type="checkbox"/> Iliac	<input type="checkbox"/> Infra renal aorta	<input type="checkbox"/> Conduit
	<input type="checkbox"/> Left	<input type="checkbox"/> Femoral		

TREATMENT OPTION 1

Devices listed as implanted (proximal to distal)	Order of implantation (#1, #2, etc.)

TREATMENT OPTION 2

Devices listed as implanted (proximal to distal)	Order of implantation (#1, #2, etc.)

Intended aortic diameters (mm)	Labeled diameter (mm)	Device length (cm)
16–19.5	21	10
19.5–24	26	10
22–26	28	10, 15
24–29	31	10, 15, 20
27–32	34	10, 15, 20
29–34	37	10, 15, 20
31–37	40	10, 15, 20
34–42	45	10, 15, 20
19.5–24 / 16–19.5	26 x 21	10
24–29 / 19.5–24	31 x 26	10

Intended GORE® TAG® Conformable Thoracic Stent Graft size: (Check all device sizes and indicate number of each size to be ordered)

Device size (mm x cm)	QTY.	Catalogue number*	Device size (mm x cm)	QTY.	Catalogue number*	Device size (mm x cm)	QTY.	Catalogue number*
<input type="checkbox"/> 21 x 10		TGM212110						
<input type="checkbox"/> 26 (proximal), 21 (distal) x 10		TGM262110						
<input type="checkbox"/> 26 x 10		TGM262610						
<input type="checkbox"/> 31 (proximal), 26 (distal) x 10		TGMR31260						
<input type="checkbox"/> 28 x 10		TGM282810	<input type="checkbox"/> 28 x 15		TGM282815			
<input type="checkbox"/> 31 x 10		TGMR313110	<input type="checkbox"/> 31 x 15		TGMR313115			
<input type="checkbox"/> 34 x 10		TGM343410	<input type="checkbox"/> 34 x 15		TGM343415	<input type="checkbox"/> 31 x 20		TGMR313120
<input type="checkbox"/> 37 x 10		TGMR373710	<input type="checkbox"/> 37 x 15		TGMR373715	<input type="checkbox"/> 34 x 20		TGM343420
<input type="checkbox"/> 40 x 10		TGMR404010	<input type="checkbox"/> 40 x 15		TGMR404015	<input type="checkbox"/> 37 x 20		TGMR373720
<input type="checkbox"/> 45 x 10		TGM454510	<input type="checkbox"/> 45 x 15		TGM454515	<input type="checkbox"/> 40 x 20		TGMR404020
						<input type="checkbox"/> 45 x 20		TGM454520

* For use in each listed region, add the appropriate letter at the end of the catalogue number:

E = Europe/Middle East/Africa/Australia/New Zealand

GORE® DRYSEAL Flex Introducer Sheath: (outer diameter)

Sheath size (Fr)	Device diameter (mm)	Sheath working length (cm)	QTY.	Catalogue Number
18 (6.7 mm)	21	33		DSF1833
20 (7.5 mm)	26–31	33		DSF2033
20 (7.5 mm)	26–31	65		DSF2065
22 (8.2 mm)	34–40	33		DSF2233
22 (8.2 mm)	34–40	65		DSF2265
24 (8.8 mm)	45	33		DSF2433
24 (8.8 mm)	45	65		DSF2465
26 (9.5 mm)		33		DSF2633
26 (9.5 mm)		65		DSF2665

GORE® Tri-Lobe Balloon Catheter:

Device size	QTY.	Catalogue number
<input type="checkbox"/> Aortic diameters 16–32 mm		BCM1634
<input type="checkbox"/> Aortic diameters 26–42 mm		BCL2645

If the physician's proposed use of the device is outside the scope of the *Instructions for Use*, Gore is providing this information in response to the physician inquiry. Physician, as a medical professional, is responsible for evaluating the information provided and deciding on the use of the device.

 Consult Instructions for Use
eifu.goremedical.com

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. Rx Only

Products listed may not be available in all markets.

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