THE PEDIATRIC COMBINATION THAT IS DESIGNED TO LAST

GORE® PROPATEN®
Vascular Graft
Configured for Pediatric Shunt

Together, improving life

GORE

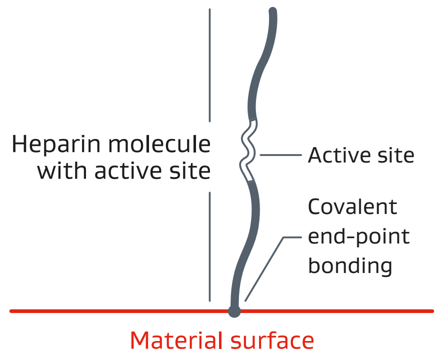
A differentiated category in pediatric shunts

- Gore builds on proven elements you can trust — a combination of innovation and a history of clinical success.
- More than 40,000 GORE® PROPATEN® Vascular Graft configured for Pediatric Shunts have been implanted worldwide over a period of more than 10 years.
- More than 100 Clinical publications and more than 700 scientific reports have demonstrated the performance of the CBAS® Heparin Surface.
- More than 50 million Gore clinical ePTFE implants worldwide.
- More than 45 years of experience in medical device implants.

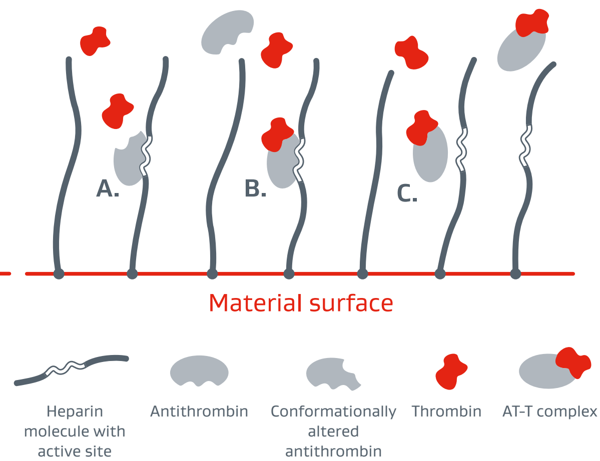
Proprietary end-point covalent bonding

CBAS® Heparin Surface — Lasting thromboresistance, proven technology

Proprietary covalent end-point bonding



Mechanism of action



A. Bioactive site of the heparin molecule enables antithrombin to bind thrombin.

B. When antithrombin binds to thrombin, a neutral AT-T complex is formed.

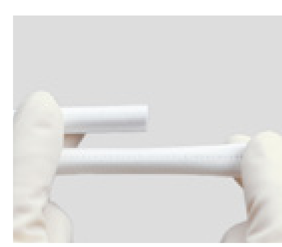
C. Neutral AT-T complex detaches from the heparin molecule. Active site becomes available to again bind antithrombin.

Covalent end-point bonding allows the heparin to extend into the bloodstream, keeping the active site bioavailable, unlike a non-permanent bond that can be washed away in the bloodstream.

- The anticoagulant function of heparin is dependent on the bioavailability of an active site within the molecule.
- Some methods of covalent heparin bonding damage and/or obstruct the active site and hence destroy heparin's anticoagulant activity.
- The CBAS® Heparin Surface of the GORE® PROPATEN® Vascular Graft consists of a proprietary covalent end-point bond that preserves the active site, thus retaining heparin's anticoagulant activity.

HEPARIN

- A proven anticoagulant
- Derived from heparin sourced in North America
- Reduced molecular weight heparin of porcine origin

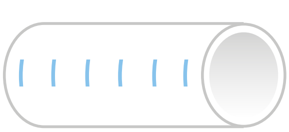


Longitudinal extensibility — allowing easier tailoring and sizing

ePTFE

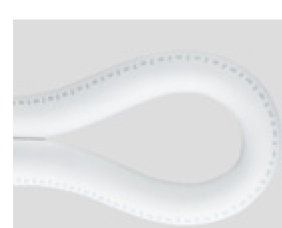
- Unchanged GORE-TEX® Vascular Graft handling properties

Stretch Technology



Relaxed State

Moderate Tension for Implantation



Kink resistance — improved handling, soft and supple while enhancing kink resistance

GORE® PROPATEN® Vascular Graft configured for Pediatric Shunt

Catalogue number	CBAS® Heparin Surface	Stretch technology	Wall thickness	Radial support technology	Diameter (mm)	Standard length (cm)
HPT030005	Yes	Stretch	Thin-walled	None	3	5
HPT030010	Yes	Stretch	Thin-walled	None	3	10
HPT030015	Yes	Stretch	Thin-walled	None	3	15
HPT350005	Yes	Stretch	Thin-walled	None	3.5	5
HPT350010	Yes	Stretch	Thin-walled	None	3.5	10
HPT350015	Yes	Stretch	Thin-walled	None	3.5	15
HPT040005	Yes	Stretch	Thin-walled	None	4	5
HPT040010	Yes	Stretch	Thin-walled	None	4	10
HPT040015	Yes	Stretch	Thin-walled	None	4	15
HPT050005	Yes	Stretch	Thin-walled	None	5	5
HPT050010	Yes	Stretch	Thin-walled	None	5	10
HPT050015	Yes	Stretch	Thin-walled	None	5	15
HPT060015	Yes	Stretch	Thin-walled	None	6	15

Examples of Applications in Pediatric Cardiac Surgery:

- Complex Tetralogy of Fallot[1–4]
- Pulmonary atresia with VSD[2–4]
- Pulmonary atresia with intact septum[2–4]
- Double outlet right ventricle with pulmonary stenosis[2,4]
- Complete transposition with pulmonary stenosis[2–4]
- HLHS and other single ventricle equivalents[2,4,5]

1. Alkhulaifi AM, Lacour-Gayet F, Serraf A, Belli E, Planché C. Systemic pulmonary shunts in neonates: early clinical outcome and choice of surgical approach. *Annals of Thoracic Surgery* 2000;69(5): 1499-1504.
2. Ishino K, Stümper O, De Giovanni JJ, *et al.* The modified Norwood procedure for hypoplastic left heart syndrome: early to intermediate results of 120 patients with particular reference to aortic arch repair. *Journal of Thoracic & Cardiovascular Surgery* 1999;117(5):920-930.
3. Gladman G, McCrindle BW, Williams WG, Freedom RM, Benson LN. The modified Blalock-Taussig shunt: clinical impact and morbidity in Fallot's tetralogy in the current era. *Journal of Thoracic & Cardiovascular Surgery* 1997;114(1):25-30.
4. Tsai KT, Chang CH, Lin PJ. Modified Blalock-Taussig shunt: statistical analysis of potential factors influencing shunt outcome. *Journal of Cardiovascular Surgery* 1996;37(2):149-152.
5. Al Jubair KA, Al Fagih MR, Al Jarallah AS, *et al.* Results of 546 Blalock-Taussig shunts performed in 478 patients. *Cardiology in the Young* 1998;8(4):486-490.

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. ℞ Only

Products listed may not be available in all markets.

W. L. Gore & Associates, Inc.
goremedical.com

Asia Pacific +65 6733 2882 **Australia/New Zealand** 1800 680 424 **Europe** 00800 6334 4673
United States Flagstaff, AZ 86004 800 437 8181 928 779 2771