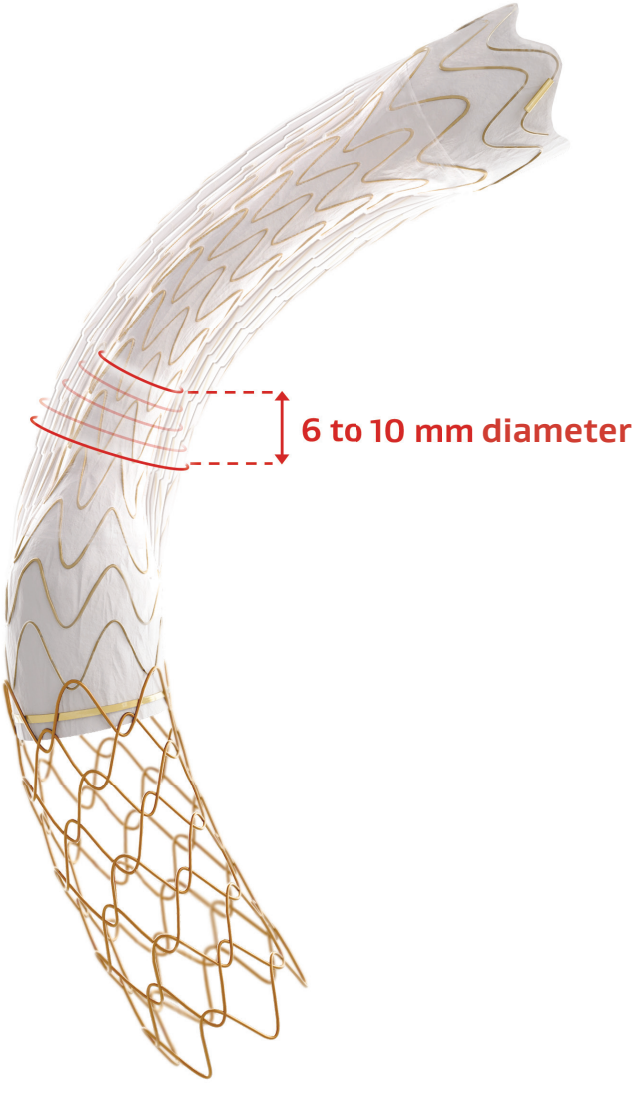
GORE® VIATORR® TIPS Endoprosthesis
with Controlled Expansion

DIAMETER CONTROL YOU NEED. PATIENT OUTCOMES YOU WANT.



Trusted for TIPS

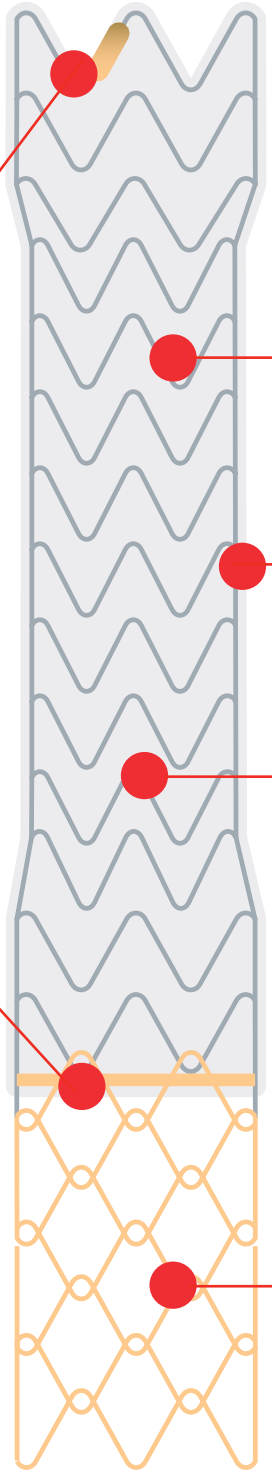
The only covered stent for TIPS with more than 25 years of performance and safety data demonstrating[a]:

- 76% Two-year primary patency[b,1]
- Lasting diameter control to target a portal pressure gradient[c]
- Controlled expansion to size diameter from 6 –10 mm during implantation
- Conformability to tortuous anatomy

Together, improving life

GORE

Built for lasting performance



Radiopaque markers
Supporting ease of visualization

Self-expanding nitinol frame
Optimizing radial force and flexibility for conformability in tortuous anatomy.

ePTFE graft lining
Provides bile resistance designed to prevent thrombosis and sustain patency.

Controlled expansion sleeve
Size and set the diameter to stay,[c] with intraoperative adjustability between 6-10 mm.

Uncovered portion
Enables two-step deployment for accurate placement and portal perfusion.

Built for improved outcomes

Patients treated with the VIATORR® Device have a higher 1-year survival than those treated with non-TIPS therapy.[2-4]

Variceal bleeding outcomes

Early TIPS compared to drug therapy plus endoscopic band ligation (EBL) for variceal bleeding[4]

86%

1-year survival
following early TIPS procedure with the VIATORR® Device, compared to 61% 1-year survival following pharmacotherapy plus endoscopic band ligation ($P < 0.001$)[d,4]

97%

1-year control of bleeding
following early TIPS procedure with the VIATORR® Device, compared to 50% 1-year survival following pharmacotherapy plus endoscopic band ligation ($P < 0.001$)[e,4]

No increase in the risk of hepatic encephalopathy
at 1 year, compared to pharmacotherapy plus endoscopic band ligation ($P = 0.13$)[4]

Refractory ascites outcomes

Early TIPS compared to large volume paracenteses (LVP) and albumin for refractory ascites[3]

Improved survival
TIPS with the VIATORR® Device demonstrated higher transplant-free survival (93%), compared to large volume paracenteses (LVP) and albumin infusion (52%) ($P = .003$)[3]

Fewer paracenteses
with 1 paracentesis procedure required to treat ascites following placement of the VIATORR® Device, compared to 10 procedures with paracentesis treatment alone[3]

No increase in the risk of hepatic encephalopathy
at 1 year, compared to large volume paracenteses (LVP) and albumin infusion ($P = .868$)[3]

50 YEARS

Honoring 50 Years of "What's Next"

Our next milestone starts now

From the August 1975 sale of the first GORE-TEX® Vascular Graft[f] in 1975, to the first FDA-approved covered TIPS device, the addition of controlled expansion capabilities, and now an increased diameter range in a single TIPS device, we are entering a new era, continuing to improve patient lives – one person, one idea, one breakthrough at a time.

Contact your Gore representative for more information.

[a] Historical data from GORE® VIATORR® TIPS Endoprosthesis and GORE® VIATORR® TIPS Endoprosthesis with Controlled Expansion.

[b] Patency rate measured in 8-10 mm diameter devices only.

[c] Based on benchtop data on file.

[d] For a combined group of patients with Child-Pugh C (CP-C) score ≤13 or Child-Pugh B with active bleeding (CP-B + AB) at diagnostic endoscopy.

[e] One-year actuarial probability of remaining free of failure to control bleeding and of variceal rebleeding.

[f] Data on file 1975; W.L. Gore & Associates Inc.; Flagstaff AZ

1. Bureau C, Pagan JCG, Layrargues GP, *et al.* Patency of stents covered with polytetrafluoroethylene in patients treated by transjugular intrahepatic portosystemic shunts: long term results of a randomized multicentre study. *Liver International* 2007;27(6):742-747.
2. Boike JR, Thornburg BG, Asrani SK, *et al.* North American Practice-Based Recommendations for Transjugular Intrahepatic Portosystemic Shunts in Portal Hypertension. *Clinical Gastroenterology and Hepatology*. 2022;20(8):1636-1662.e36.
3.Bureau C, Thabut D, Oberti F, *et al.* Transjugular intrahepatic portosystemic shunts with covered stents increase transplant-free survival of patients with cirrhosis and recurrent ascites. *Gastroenterology* 2017;152(1):157-163.
4. García-Pagán JC, Caca K, Bureau C, *et al.* Early use of TIPS in patients with cirrhosis and variceal bleeding. *The New England Journal of Medicine* 2010;362(25):2370-2379.

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.

INDICATIONS FOR USE IN THE U.S.: The GORE® VIATORR® TIPS Endoprosthesis is indicated for use in the de novo and revision treatment of portal hypertension and its complications such as variceal bleeding, gastropathy, ascites which recurs despite conventional treatment, and / or hepatic hydrothorax. **CONTRAINDICATIONS:** There are no known contraindications for this device.

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