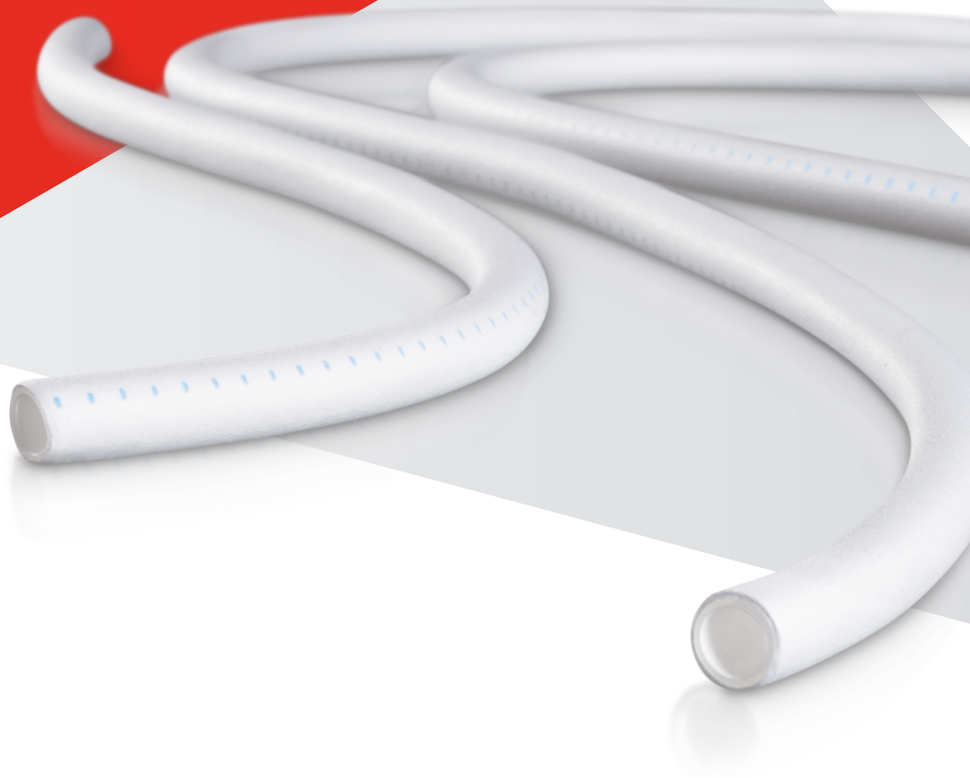
GORE® ACUSEAL
Vascular Graft

UNCOMPROMISED HANDLING WITH TRI-LAYER SEALING PROPERTIES

Cannulation capable
within 24 hours

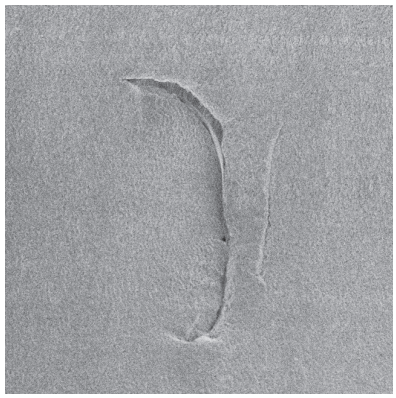


Together, improving life

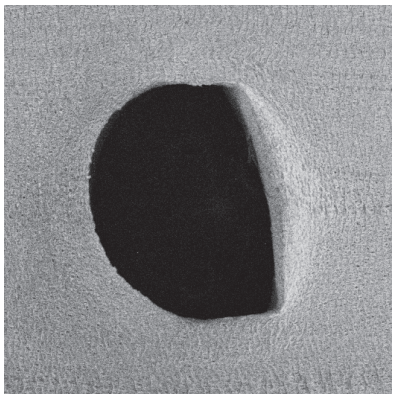
Low bleed barrier

- Elastomeric middle layer
- Low-bleed through puncture sites, hinders cannulation needle bleeding
- Hinders suture line bleeding
- May reduce risk of seroma formation*

Low bleed versus bleed



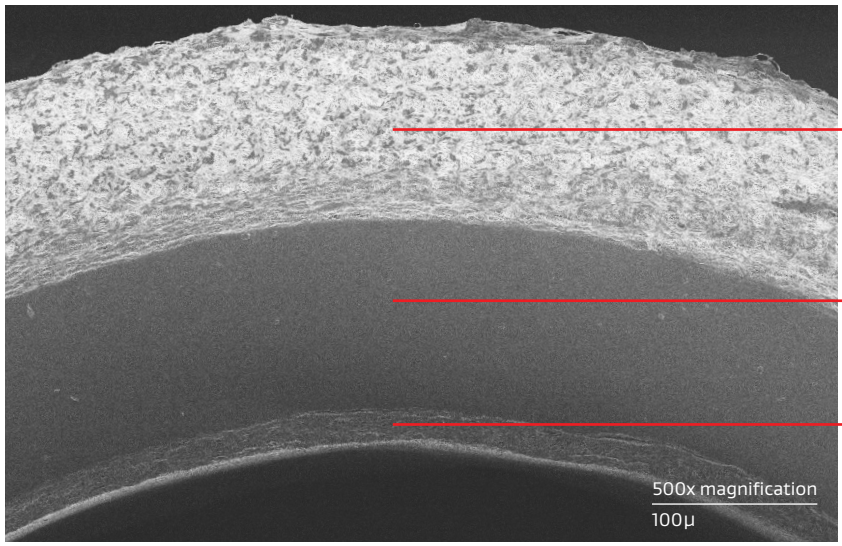
Low bleed: GORE® ACUSEAL Vascular Graft



Bleed: Standard ePTFE Graft

Post cannulation of the luminal surface with a 16 gauge needle. Hold pressure for 10–15 minutes to achieve hemostasis post needle removal.

Tri-layer construction of a GORE® ACUSEAL Vascular Graft



Abluminal layer: ePTFE graft

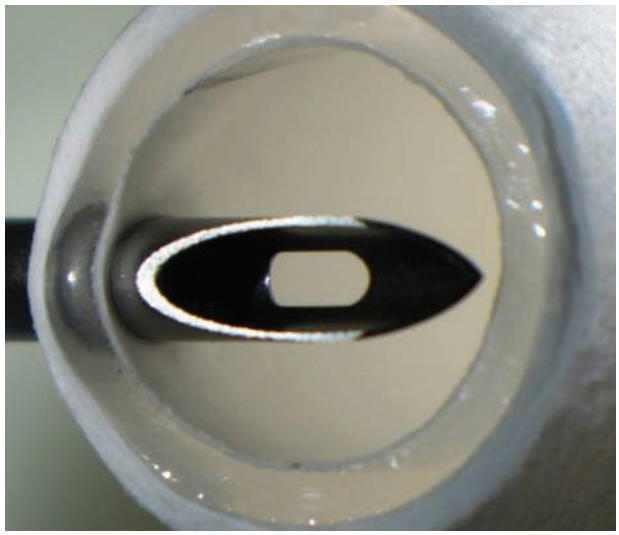
Elastomeric layer

Luminal layer: ePTFE with CBAS Heparin Surface

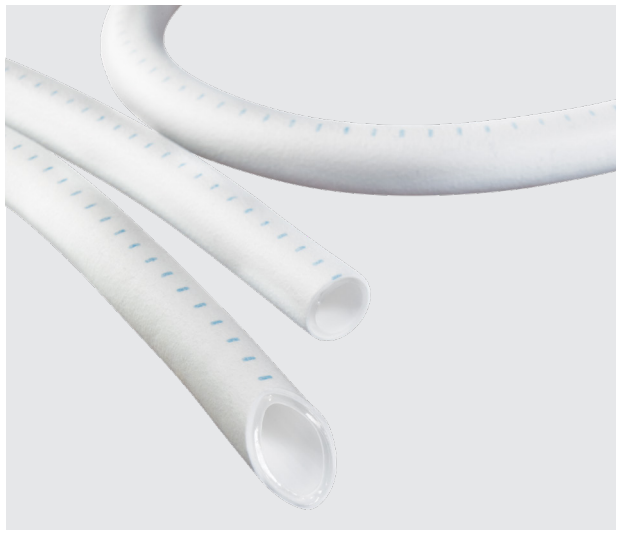
* Data on file.

Uncompromised handling

- Flexible at curves without kinking
- Free from stiffness or rigidity
- Precise suturing and anastomotic tailoring



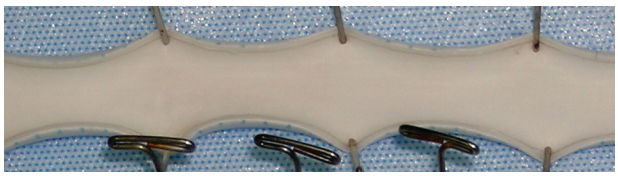
GORE® ACUSEAL Vascular Graft with cannulation needle through graft wall.



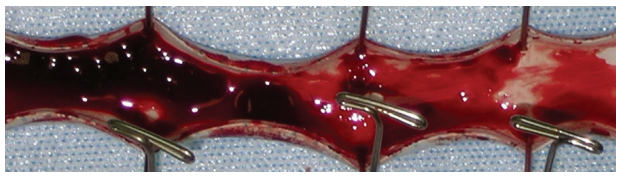
GORE® ACUSEAL Vascular Graft: flexibility without kinking.

A thromboresistant luminal graft surface

Evaluation of GORE® ACUSEAL Vascular Graft in a benchtop canine blood flow loop model.



GORE® ACUSEAL Vascular Graft with CBAS Heparin Surface



GORE® ACUSEAL Vascular Graft without CBAS Heparin Surface

Cannulation capable within 24 hours

- Tri-layer design is optimized for early cannulation
- Expands treatment options for earlier removal or avoidance of a central venous catheter

GORE® ACUSEAL Vascular Graft Clinical Study results* (N = 138)

Cumulative patency	GORE® ACUSEAL Vascular Graft	Historical control
6-month follow-up	84%	75%
12-month follow-up	78%	66%

54 patients (40%) were cannulated within 72 hours of implantation

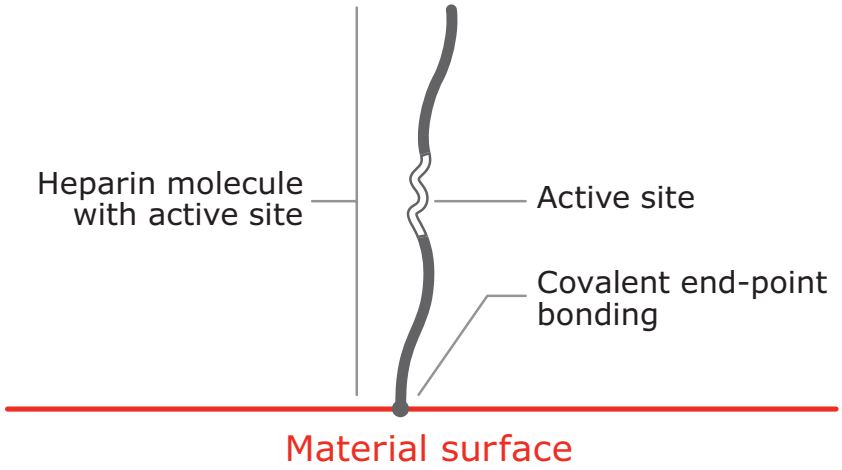
Time from implantation to first cannulation	Number of GORE® ACUSEAL Vascular Grafts cannulated†
Within 24 hours	n = 30 (22.2%)
Within 48 hours	n = 48 (35.6%)
Within 72 hours	n = 54 (40.0%)
Within 7 days	n = 70 (51.9%)

* Data on file; Flagstaff, Arizona, 2013.

† N = 138, three grafts were not cannulated.

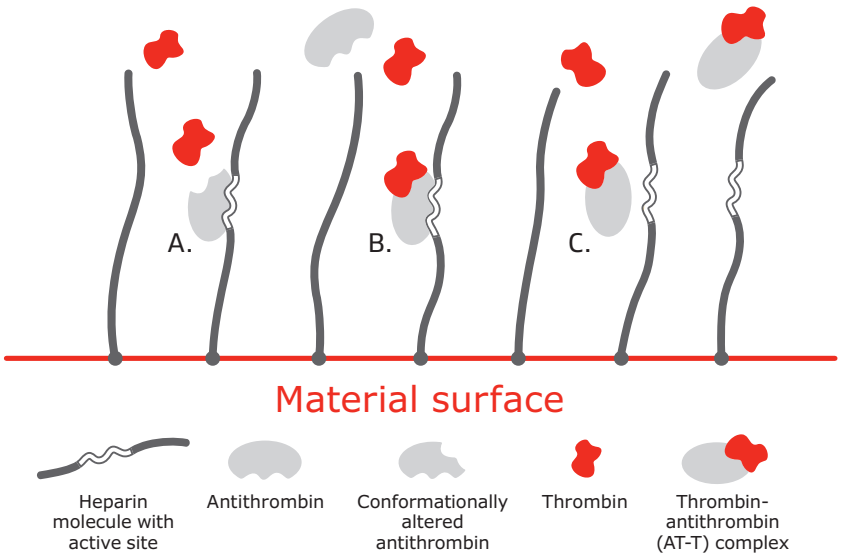
Proprietary covalent end-point bonding

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® ACUSEAL Vascular Graft consists of a proprietary covalent end-point bond that preserves the active site, thus retaining heparin's anticoagulant activity.

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.

Products listed may not be available in all markets.

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