



**The One & Only**

CONFORMABILITY WITHOUT COMPROMISE

## Conformable GORE® TAG Thoracic Endoprosthesis

Indicated for aneurysm,  
Type B dissection, transection



# THE STANDARD IN CONFORMABILITY AND RADIAL FIT



## 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
- Minimizes the risk of damaging or perforating aortic tissue

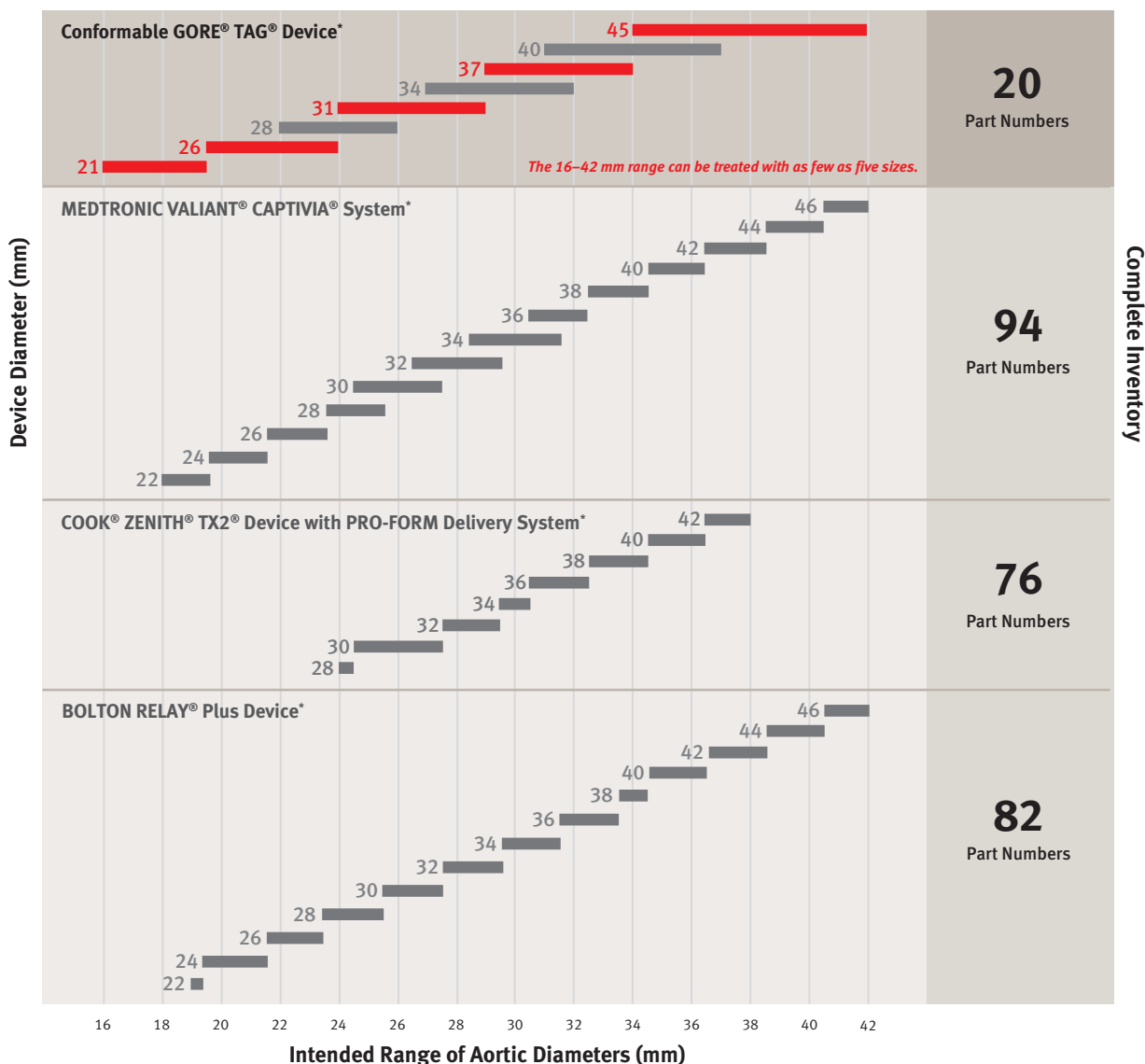
Designed to treat etiologies of the descending thoracic aorta including aneurysms, transections, and acute and chronic Type B dissections

- Unique 6–33% oversizing range enables an optimal radial fit, whether treating a young trauma patient or a fragile dissected aorta
- Off-the-shelf tapered devices allow proximal to distal aortic diameter variance of up to 9.5 mm to be treated with a single device

**Compression resistant**

- Maintains patency in small diameter thoracic aortas
- Stent design maintains wall apposition in angulated arch anatomy without compromising tissue integrity
- No reports of compression with more than 110,000 devices distributed worldwide<sup>1</sup>

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



\* Assumes rounding of measured vessel diameter (mm) to nearest whole number within IFU sizing range for aneurysm. Based on United States IFU for each manufacturer.

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
- Larger device oversizing windows engineered, tested and proven to accommodate differences in proximal and distal landing zone diameters

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
- Eliminates potentially damaging barbs or flared bare springs

### 2 Radiopaque gold bands

- Gold bands are located on both proximal and distal ends of graft
- 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
- Optimal radial force designed to treat compromised aortas
- Maintains radial strength and achieves wall apposition in angulated arch anatomy
- Distributes point load and contributes to long-term durability in maximum oversizing conditions

### 4 Sutureless construction

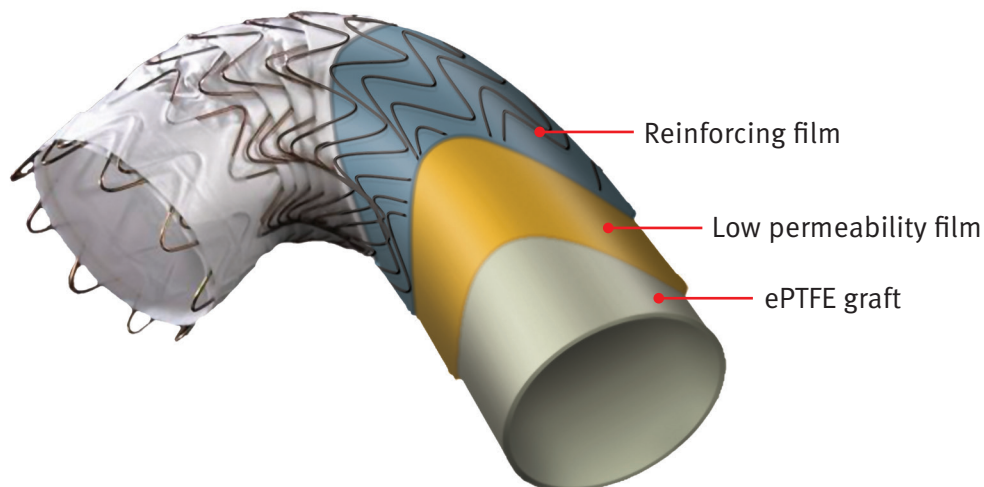
- Eliminates risk of graft failure from sutures
- ePTFE graft technology on luminal and abluminal surfaces

### 5 Sealing cuffs

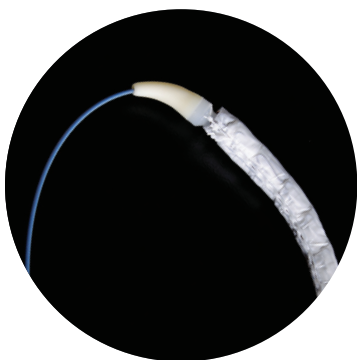
- Engineered to provide increased security against endoleaks

### Optimized ePTFE film layers

- Leverages 40 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

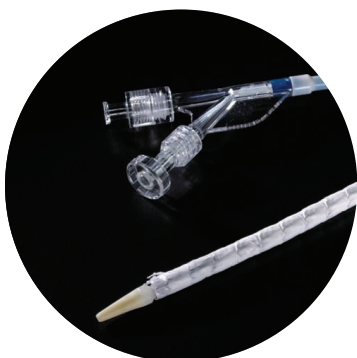
- Facilitates passage and access through tortuous thoracic anatomy
- Reduces deployment force

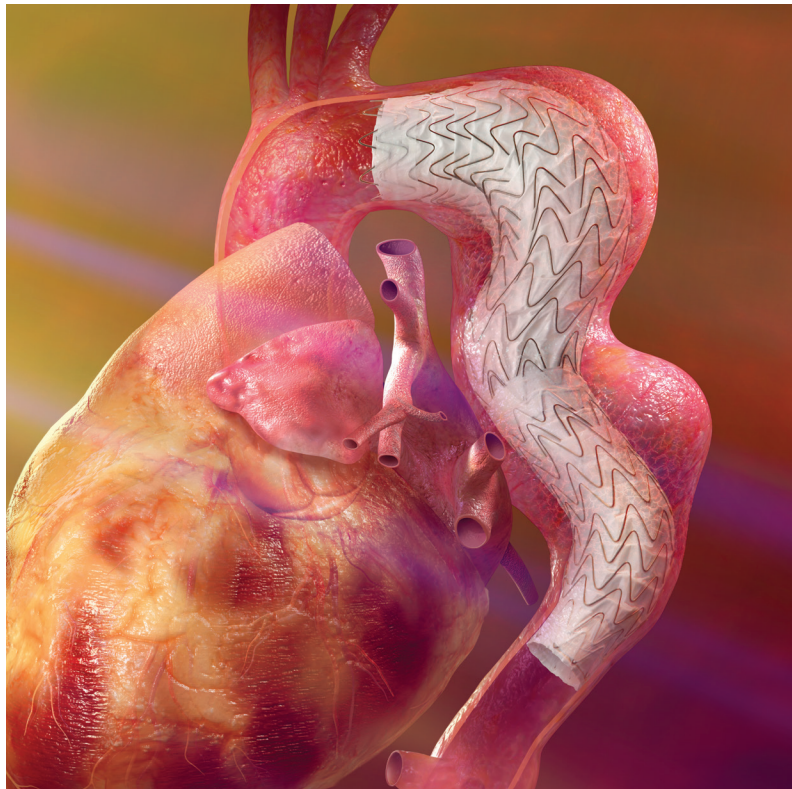
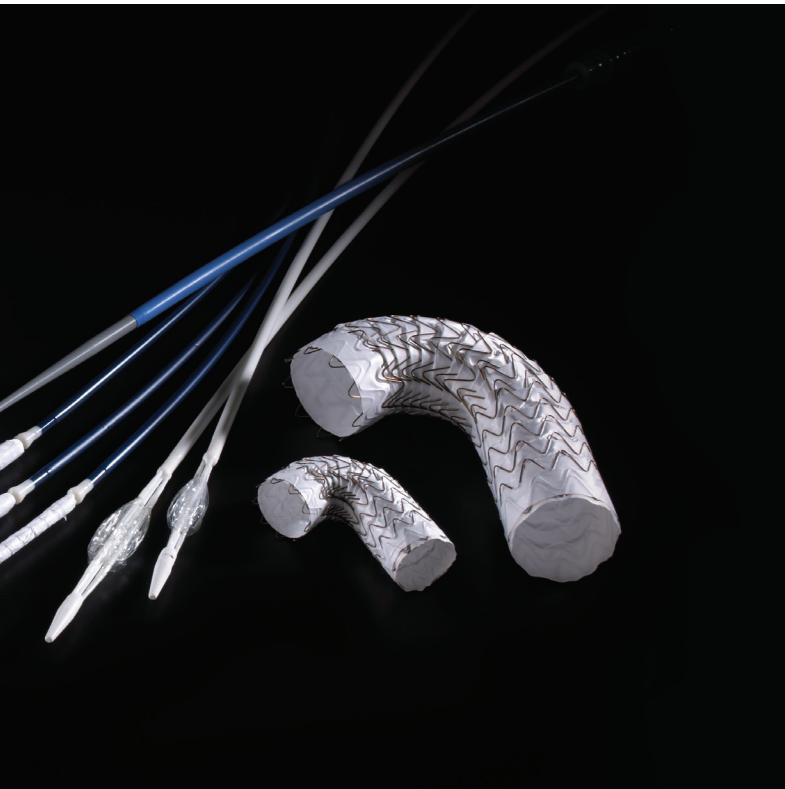
## Single-step deployment system

- Easy, single-step, twist and pull deployment

## Radiopaque modified olive

- Engineered to enhance trackability and deliverability of the device





**For more than 20 years, the GORE® TAG® Device family has demonstrated impressive success in both clinical studies and real-world commercial use.**

### **More than 125,000 devices distributed worldwide**

For more than a decade, we have worked alongside physicians in the evolution of the GORE® TAG® Device family. Our collaboration has resulted in the distribution of more than 125,000 devices worldwide.\*

### **Proven clinical results**

The GORE® TAG® Device family is supported by more than 20 years of TEVAR experience and clinical data with up to 5 years of follow-up.

### **Most studied thoracic endograft available**

With the first implant occurring in 1998, the GORE® TAG® Device family has been studied in ten FDA approved clinical studies, one European clinical trial (ADSORB), and one worldwide registry (GREAT).

### **Forty years of experience with ePTFE graft material**

Having pioneered ePTFE graft technology 40 years ago, Gore continues to collaborate with physicians and scientists to create a robust and reliable design platform based on proven clinical performance.

\* Data on file.

## 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 Flex Introducer Sheath

Catalogue number	Configuration		Minimum sheath ID (mm)	Nominal body OD (mm)	Sheath effective length (cm)	Sheath working length (cm)	Assembly length (cm)	Dilator length (cm)
	Sheath size (fr)	Length (cm)						
DSF1033	10	33	3.3	4.0	32	33	39	42.4
DSF1045	10	45	3.3	4.0	44	45	51	54.4
DSF1065	10	65	3.3	4.0	64	65	71	74.4
DSF1233	12	33	4.0	4.7	32	33	39	42.9
DSF1245	12	45	4.0	4.7	44	45	51	55.1
DSF1433	14	33	4.7	5.3	32	33	39	43.7
DSF1533	15	33	5.0	5.6	32	33	39	43.9
DSF1633	16	33	5.3	6.1	32	33	39	44.2
DSF1833	18	33	6.0	6.7	32	33	39	45.0
DSF2033	20	33	6.7	7.5	32	33	39	45.5
DSF2065	20	65	6.7	7.5	64	65	71	77.5
DSF2233	22	33	7.3	8.2	32	33	39	46.2
DSF2265	22	65	7.3	8.2	64	65	71	78.0
DSF2433	24	33	8.0	8.8	32	33	39	46.7
DSF2465	24	65	8.0	8.8	64	65	71	78.7
DSF2633	26	33	8.7	9.5	32	33	39	47.5
DSF2665	26	65	8.7	9.5	64	65	71	79.5

## GORE® Tri-Lobe Balloon Catheter

Catalogue number	Aortic diameter (mm)
BCM1634	16–34
BCL2645	26–42

 Consult Instructions for Use

**INDICATIONS FOR USE IN THE US:** The GORE® TAG® Thoracic Endoprosthesis is intended for endovascular repair of all lesions of the descending thoracic aorta, including: Isolated lesions 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 lesion; Type B dissections in patients who have appropriate anatomy, including: adequate iliac / femoral access, ≥ 20 mm landing zone proximal to the primary entry tear; proximal extent of the landing zone must not be dissected, diameter at proximal extent of proximal landing zone in the range of 16–42 mm. **CONTRAINDICATIONS:** Patients with known sensitivities or allergies to the device materials; patients who have a condition that threatens to infect the graft. Refer to *Instructions for Use* at [goremedical.com](http://goremedical.com) for a complete description of all warnings, precautions and adverse events. **INDICATIONS FOR USE UNDER CE MARK:** The GORE® TAG® Thoracic Endoprosthesis is indicated for endovascular repair of the descending thoracic aorta. **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. Rx Only



**W. L. GORE & ASSOCIATES, INC.**  
Flagstaff, AZ 86004

+65 67332882 (Asia Pacific)  
1800 680 424 (Australia/New Zealand)  
00800 6334 4673 (Europe)  
800 437 8181 (United States)  
928 779 2771 (United States)

[goremedical.com](http://goremedical.com)

Products listed may not be available in all markets.

BOLTON, RELAY is a trademark of Bolton Medical. COOK, PRO-FORM, TX2, and ZENITH are trademarks of COOK Medical, Inc. MEDTRONIC, CAPTIVIA and VALIANT are trademarks of Medtronic, Inc. GORE, C3, EXCLUDER, TAG and designs are trademarks of W. L. Gore & Associates. © 2020 W. L. Gore & Associates, Inc. 2026000-EN NOVEMBER 2020