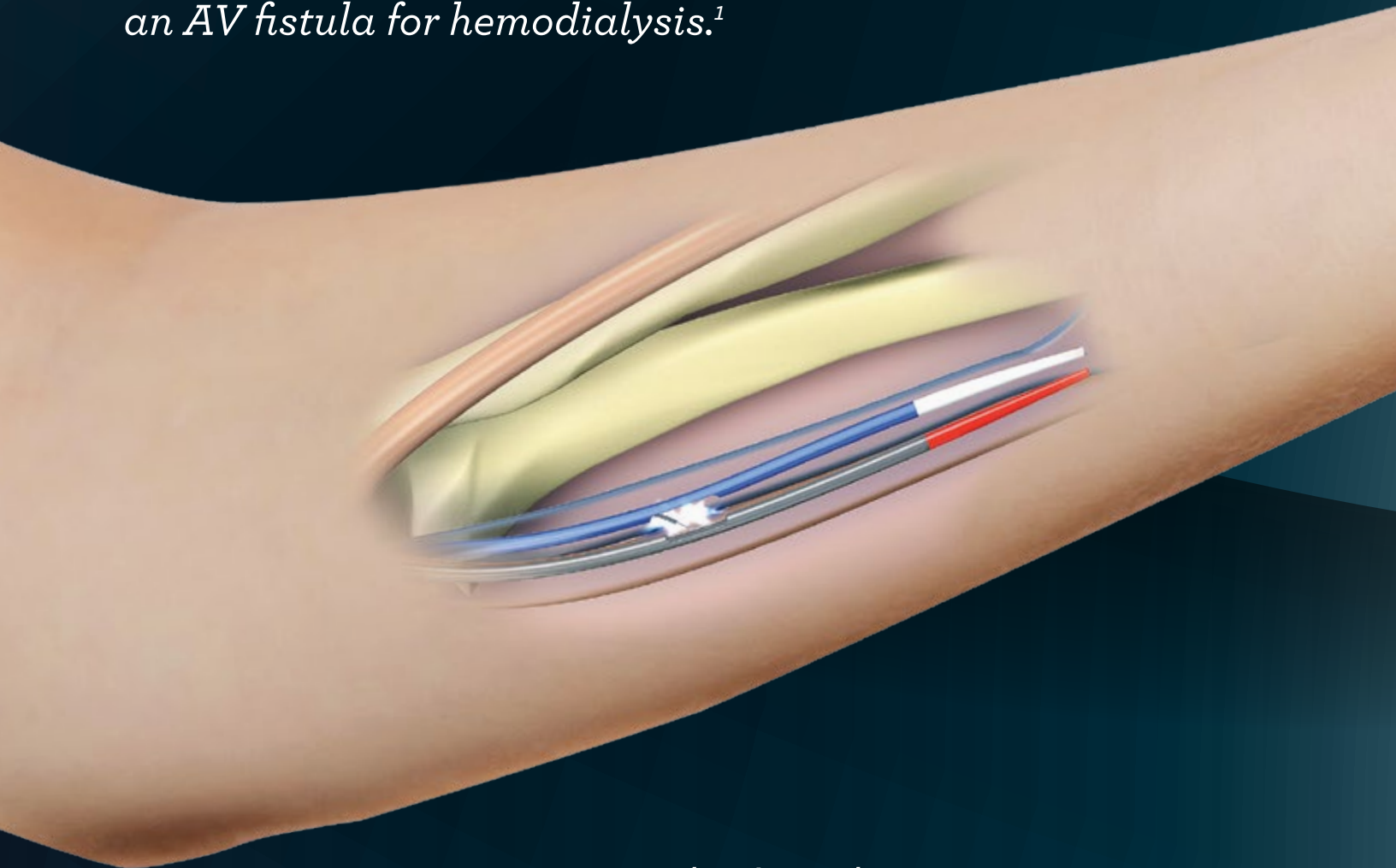




RETHINK  
VASCULAR ACCESS, WITH  
ever**linQ**<sup>™</sup> endoAVF System

*The first endovascular device for creating  
an AV fistula for hemodialysis.<sup>1</sup>*



*Introducing the new*  
ever**linQ**<sup>™</sup> endoAVF System

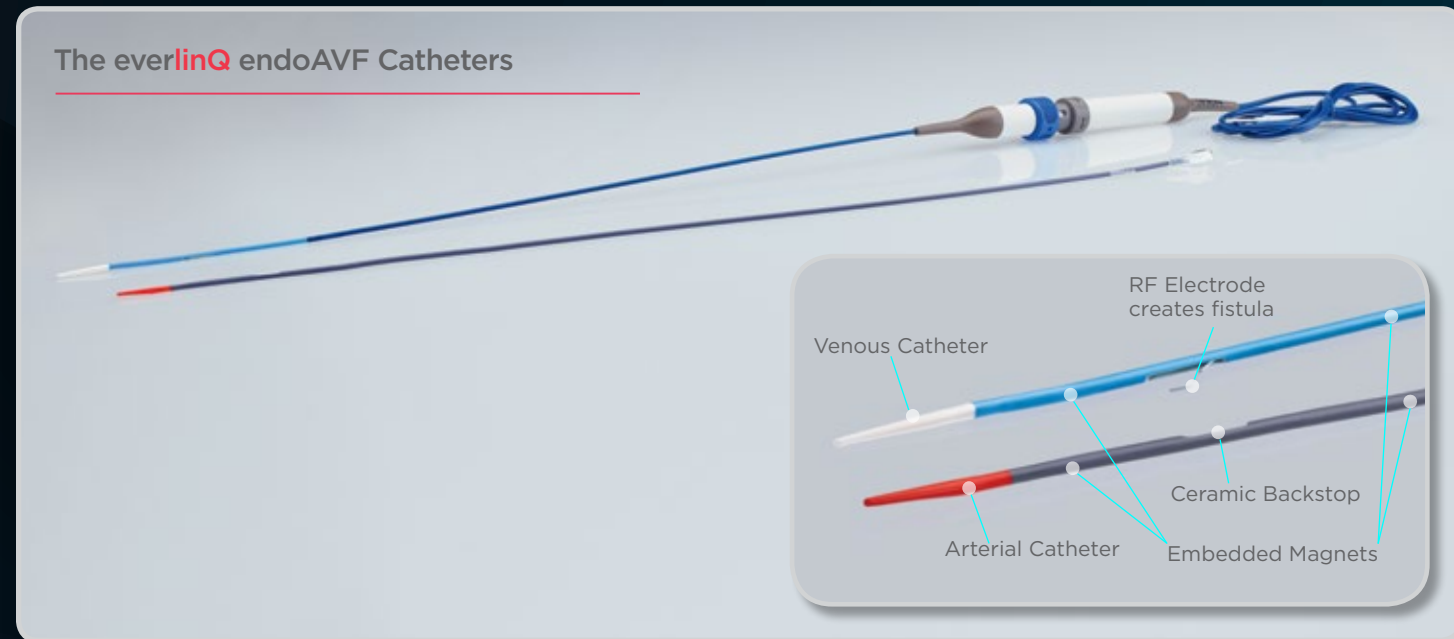
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For the creation of an arteriovenous fistula used for hemodialysis

# INTRODUCING A NEW STANDARD OF CARE FOR AVF CREATION

*The everlinQ™ endoAVF System: an evolution in AVF techniques*

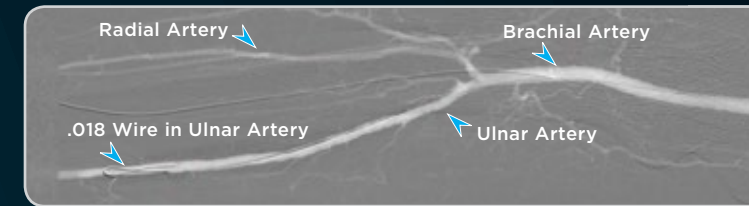
The everlinQ endoAVF System utilizes two 6 Fr magnetic catheters and a radiofrequency (RF) energy generator to create a consistent, hemodynamic anastomosis.<sup>2</sup> The catheters contain embedded magnets that align the artery and vein. An RF electrode on the venous catheter cuts a channel between the vein and artery to create the fistula.



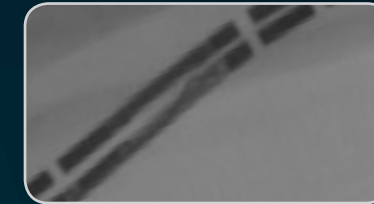
The everlinQ endoAVF is created with minimal vessel trauma, torque and tension, and improved flow dynamics with its side-to-side configuration—all factors associated with the negative remodeling that inhibits maturation of surgical AVF.<sup>3-5</sup>

The everlinQ endoAVF system enables the creation of an AVF in an additional anatomic location, deep in the arm, that is not typically used in creating a surgical AVF. What's more, the endovascular AVF can be created with vessels as small as 2.0 mm in diameter.

## HOW IT WORKS



1. Two thin, flexible, magnetic catheters are inserted into an artery and vein in the arm through a small puncture or incision.



2. When placed in proximity, the magnets in each catheter attract to each other, pulling the vessels together. After confirming alignment, the RF electrode is deployed.



3. The venous catheter, which contains the electrode, delivers a burst of RF energy to create a connection between the artery and vein. Then, the catheters are removed.



4. The fistula is confirmed with arteriogram to show that arterial blood is flowing to the low-pressure venous system, creating multiple options for cannulation.

## THE RESULTS

*In the FLEX study, everlinQ™ endoAVF has shown compelling clinical outcomes:*

### HIGH USABILITY

- » More than 90% of patients on dialysis with endoAVF, with minimal need for re-intervention
- » Consistent maturation time within 2 months<sup>3</sup>

### LOW COMPLICATION RATE

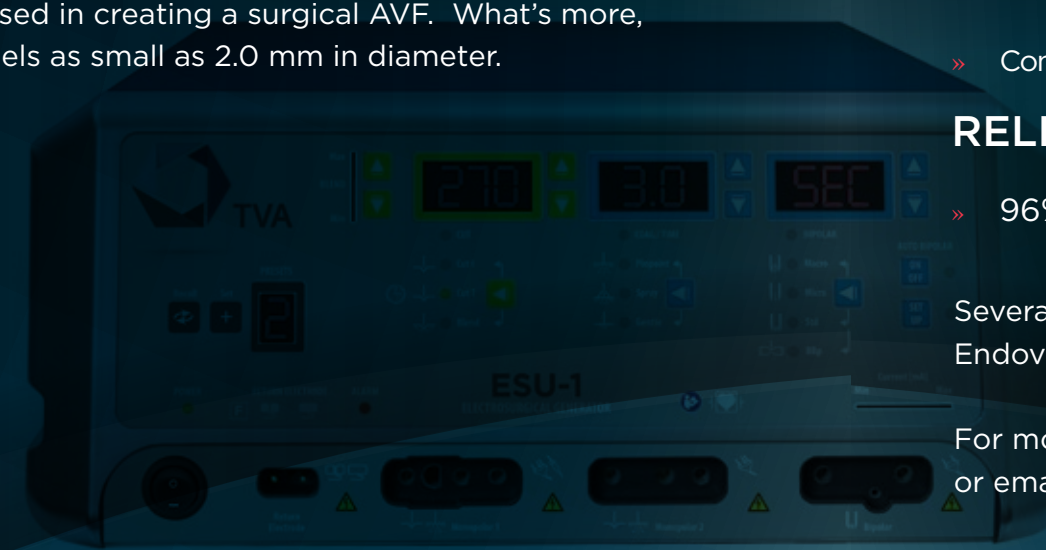
- » 4% thrombosis<sup>3</sup>
- » No incidence of steal reported<sup>3</sup>
- » No incidence of access infection reported<sup>3</sup>

### RELIABLE PATENCY

- » 96% cumulative patency at 6 months<sup>3</sup>

Several studies are currently underway or in development, including the Novel Endovascular Access Trial (NEAT).

For more information about the everlinQ System and clinical trials, visit us at [www.tvamedical.com](http://www.tvamedical.com) or email [info@tvamedical.com](mailto:info@tvamedical.com).



# WHAT COULD everlinQ™ MEAN FOR YOU AND YOUR PATIENTS?

## PERCUTANEOUS AVF CREATION<sup>2</sup>

- » Consistent hemodynamic anastomosis
- » No vessel trauma, torque or tension
- » Enables an AVF in vessels as small as 2.0 mm

## CLINICAL IMPROVEMENTS<sup>6</sup>

- » Low failure rates
- » Low interventions
- » Low complication rate
- » Reliable patency

## IMPROVED DELIVERY OF CARE<sup>7</sup>

- » High patient satisfaction<sup>4</sup>
- » Additional anatomical sites
- » Reproducible outcomes
- » Low cost for usable access

VISIT US AT [WWW.TVAMEDICAL.COM](http://WWW.TVAMEDICAL.COM) OR EMAIL [INFO@TVAMEDICAL.COM](mailto:INFO@TVAMEDICAL.COM) TO LEARN MORE.



**DISCLAIMER:** The everlinQ™ endoAVF System is not available for sale in the United States and is pending FDA clearance. The Device has been issued European CE Mark and Health Canada Medical Device License for the creation of an arteriovenous fistula in patients with chronic kidney disease requiring hemodialysis.

**REFERENCES:** 1. Konner K. History of vascular access for hemodialysis. *Nephrol Dial Transplant*. 2005;20(12):2629-2635. 2. TVA Medical data on file. 3. Hull JE, Balakin BV, Kellerman BM, Wrolstad DK. Computational fluid dynamic evaluation of the side-to-side anastomosis for arteriovenous fistula. *J Vasc Surg*. 2013;58(1):187-193.e1. 4. Bharat A, Jaenicke M, Shenoy S. A novel technique of vascular anastomosis to prevent juxta-anastomotic stenosis following arteriovenous fistula creation. *J Vasc Surg* 2012;55:274-80. 5. Roy-Chaudhury P, Spergel LM, Besarab A, et al. Biology of arteriovenous fistula failure. *J Nephrol* 2007;20:150-163. 6. Rajan DK, Ebner A, Desai SB, et al. Percutaneous creation of an arteriovenous fistula for hemodialysis access. *Vasc Interv Radiol*. 2015;26(4):484-490. 7. Preliminary NEAT data at 6 months (n=18). TVA Medical data on file.