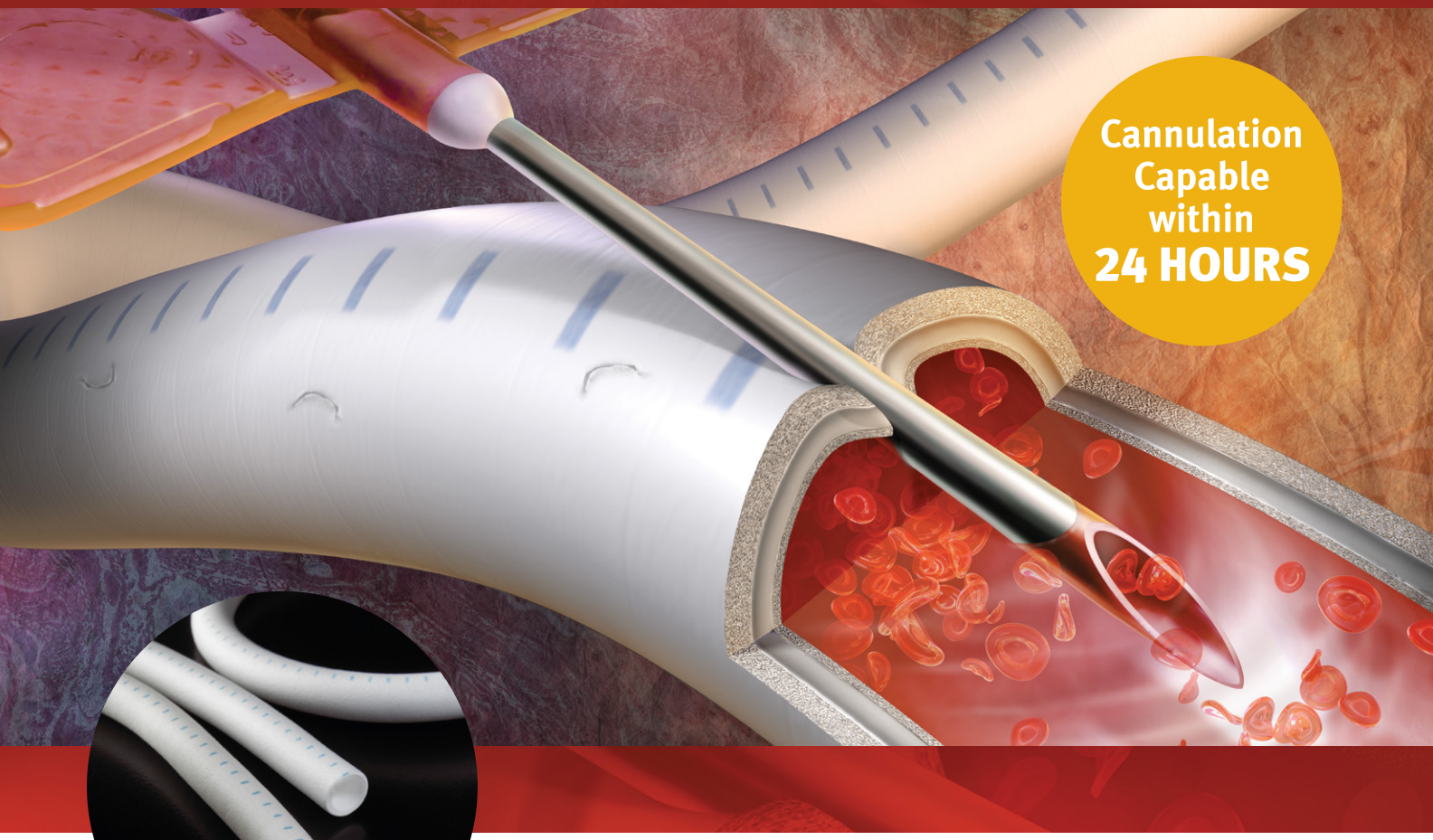
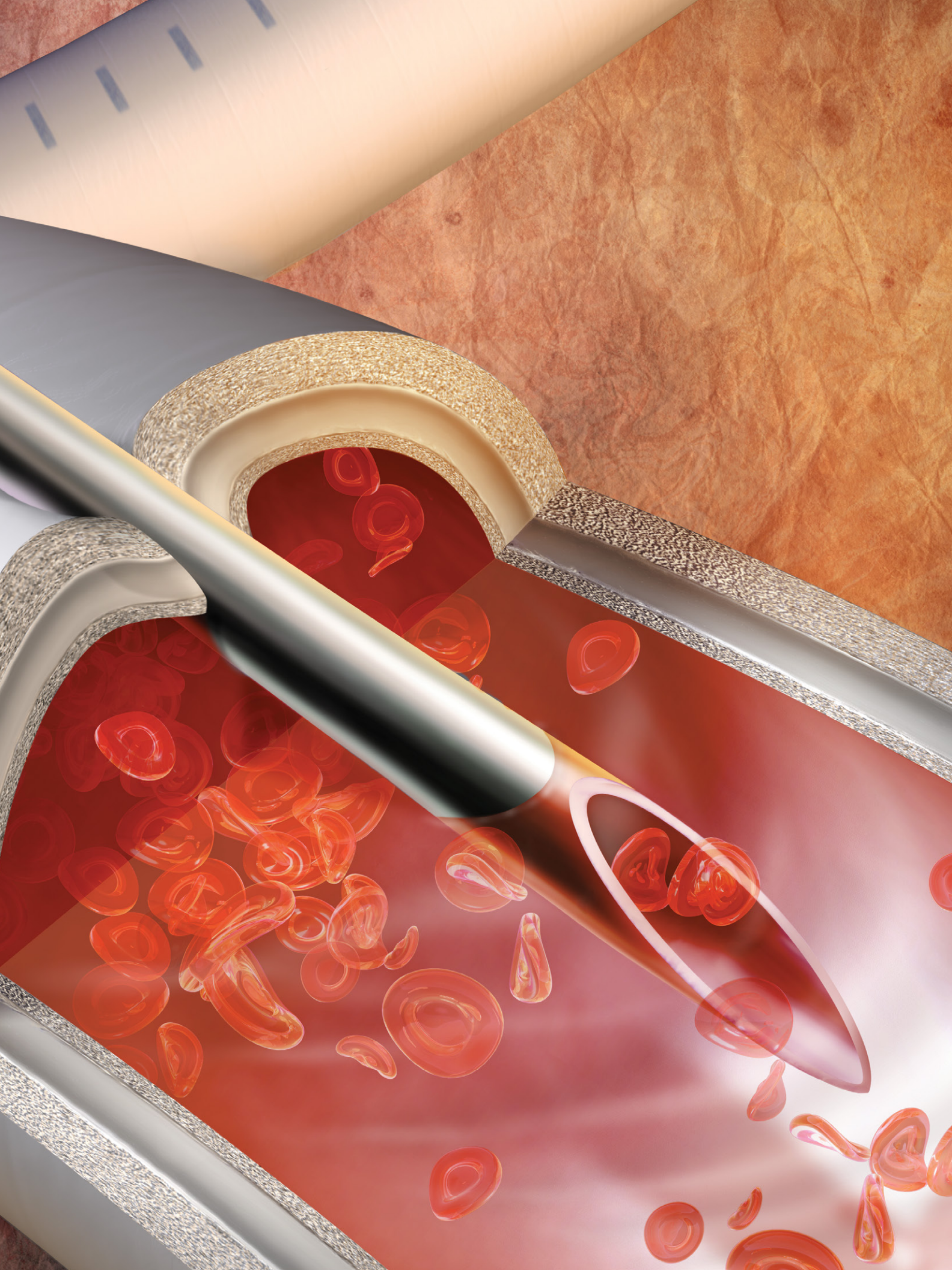
Uncompromised Handling with Tri-layer Sealing Properties



GORE
ACUSEAL
VASCULAR GRAFT

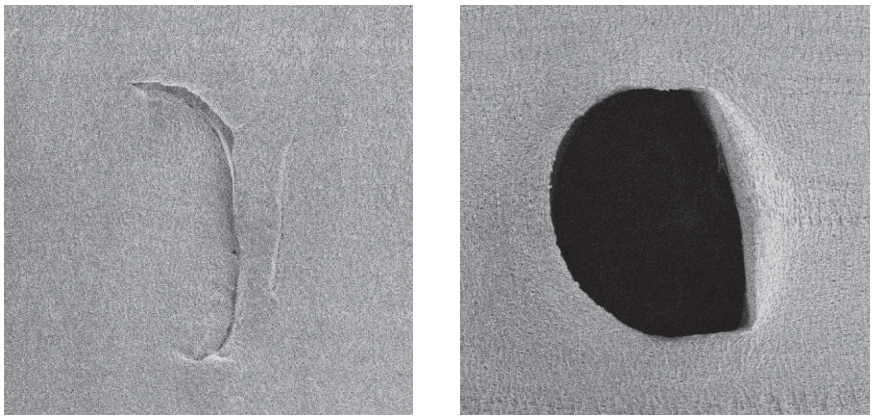
PERFORMANCE
through innovation



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*

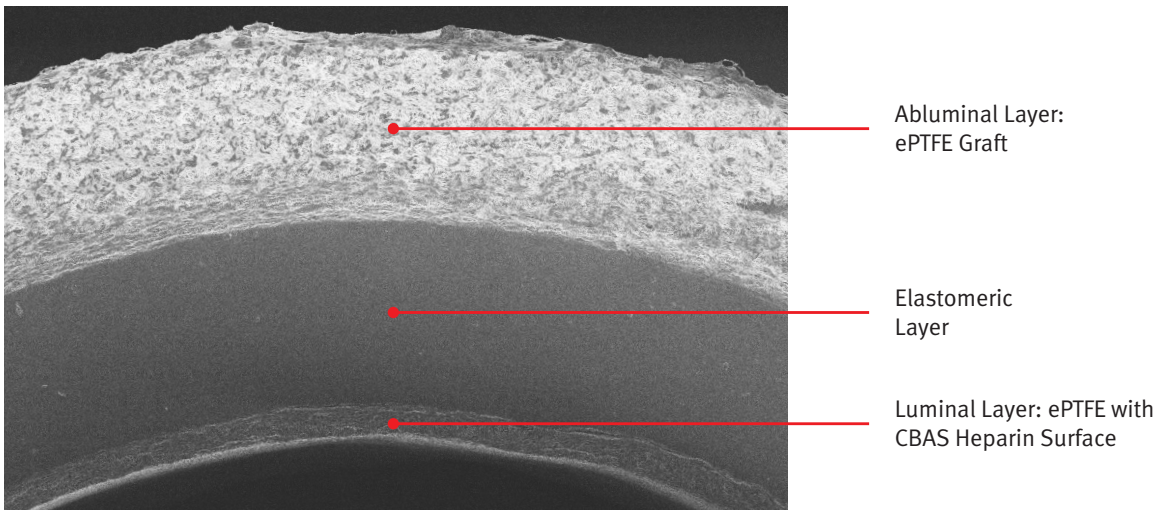
Low Bleed **vs** **Bleed**



GORE® ACUSEAL Vascular Graft ***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

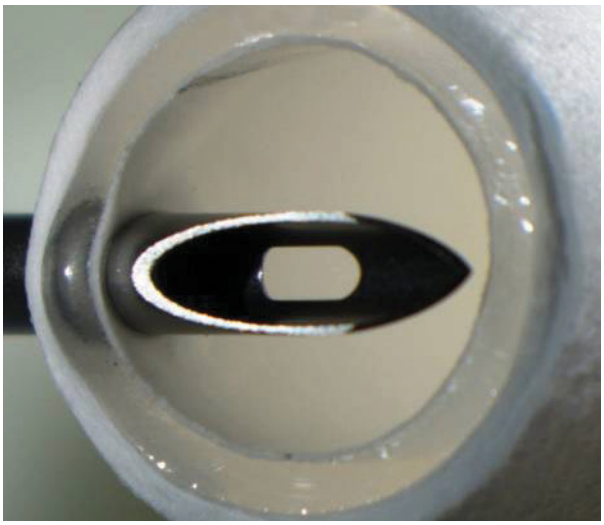


500x magnification
100µ

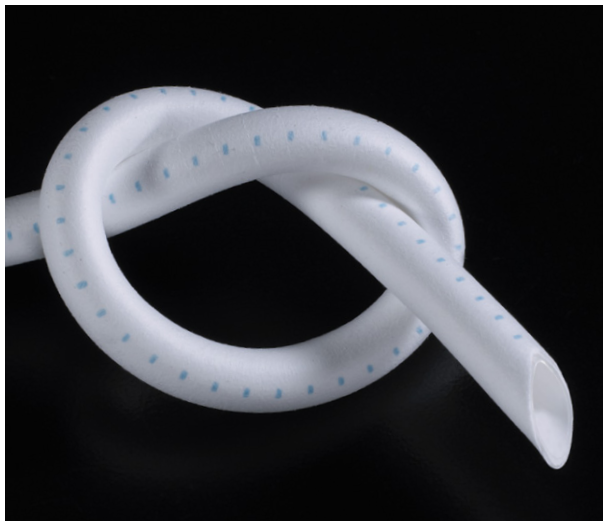
* *Data on file*

Uncompromised handling

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



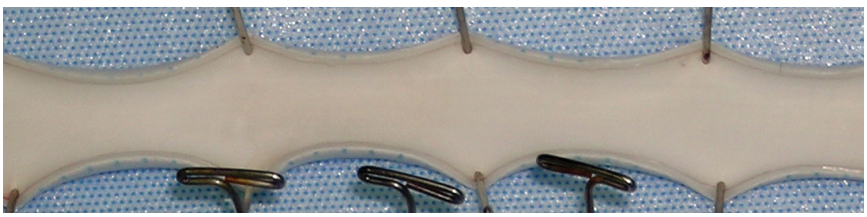
GORE® ACUSEAL Vascular Graft with cannulation needle through graft wall.



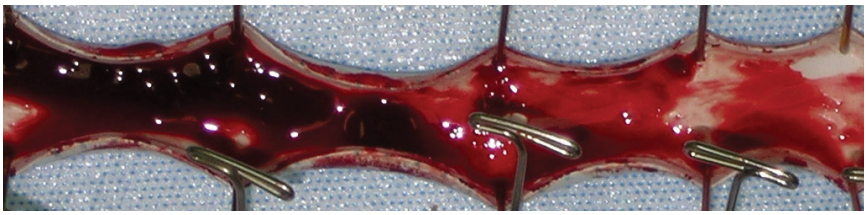
GORE® ACUSEAL Vascular Graft: flexibility without kinking.

A thromboresistant luminal graft surface

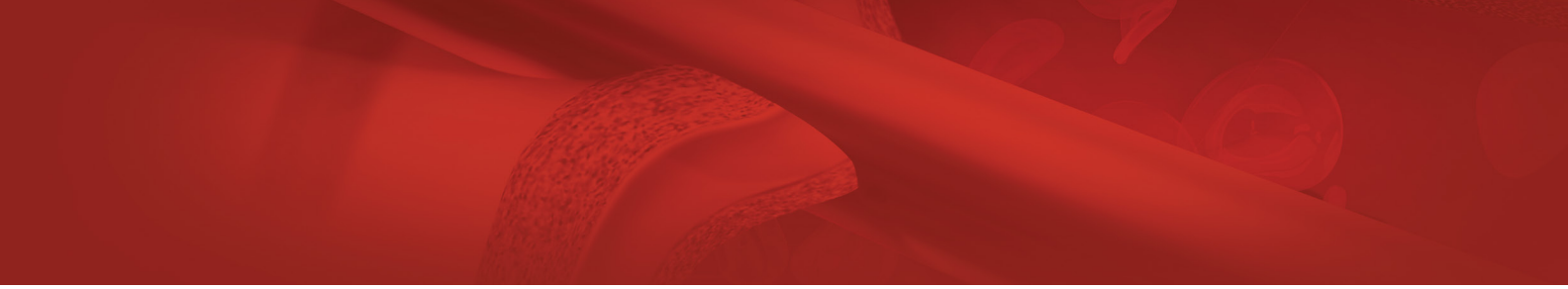
Evaluation of GORE® ACUSEAL Vascular Graft in a Benchtop Canine Blood Flow Loop Model



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
- **ACUSEAL Vascular Graft Clinical Study Results* (N = 138):**

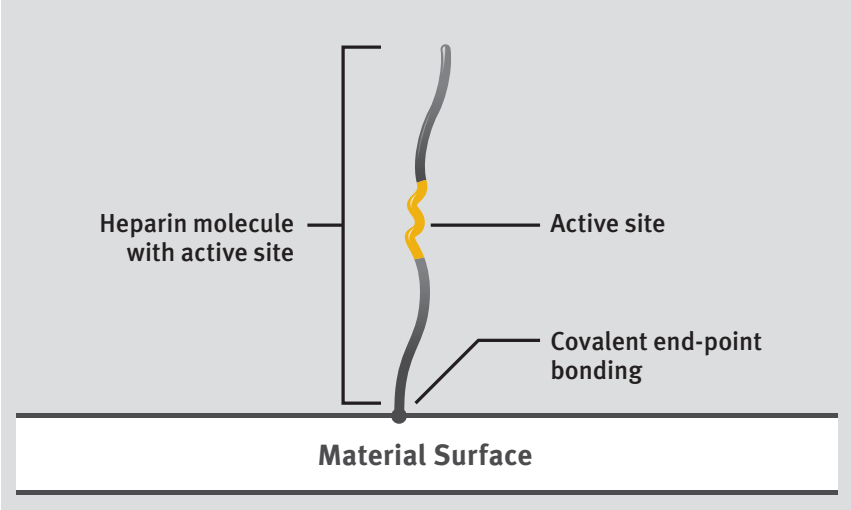
Cumulative Patency	GORE® ACUSEAL Vascular Graft	Historical Control
6 month follow-up	84%	75%
12 month follow-up	78%	66%

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*
† *N = 138, three grafts were not cannulated*

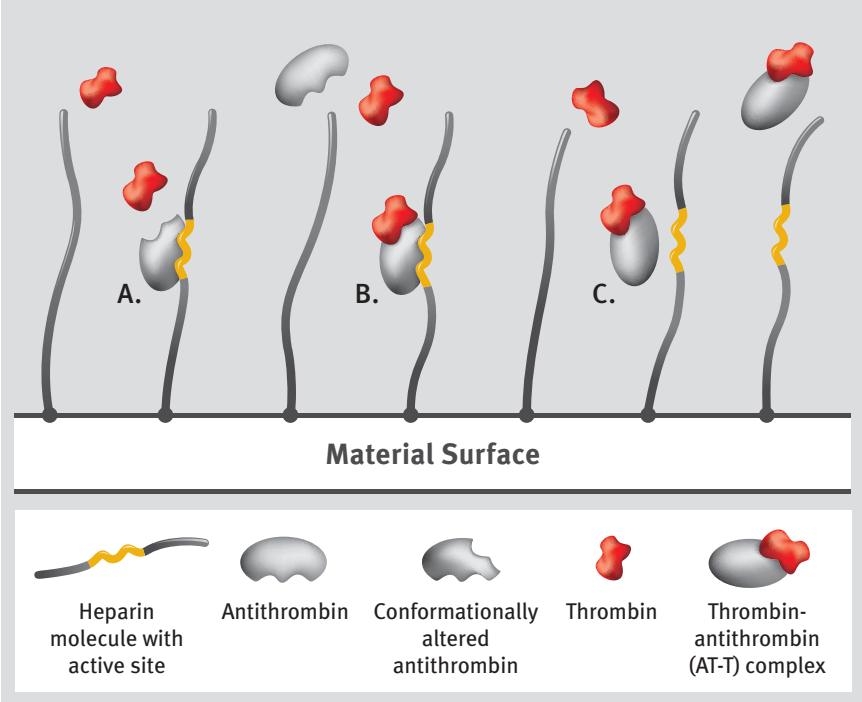
Proprietary Covalent End-point Bonding



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.*

W. L. Gore & Associates, Inc.
Flagstaff, AZ 86004

+65.67332882 (Asia Pacific)
00800.6334.4673 (Europe)
800.437.8181 (United States)
928.779.2771 (United States)

goremedical.com

Consult Instructions for Use

Products listed may not be available in all markets.

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