



# PROCEDURAL GUIDE

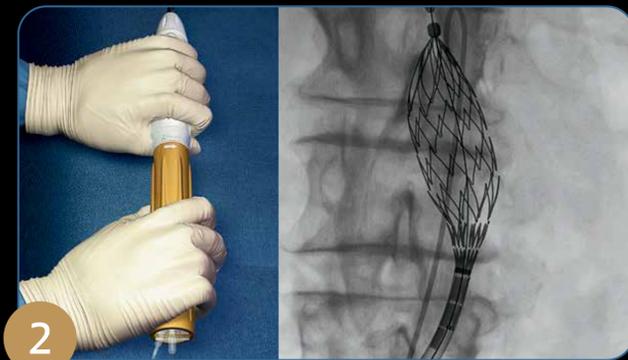
Proven with standard and challenging anatomies.



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## Aortic bifurcate delivery system introduction and positioning

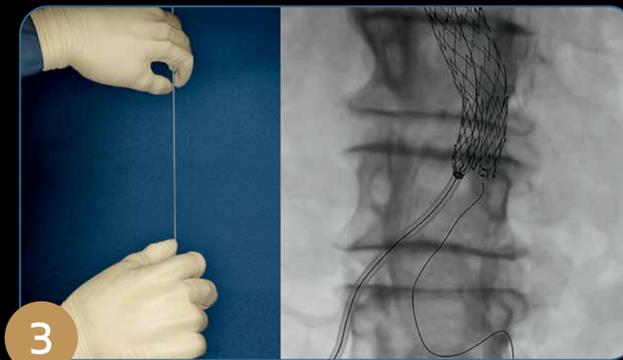
- ▶ Insert the aortic bifurcate (AB) delivery system over the guidewire and use proximal-caudal positioning to align the cranial graft edge markers to a point just below the lowest renal artery.
- ▶ Align the contralateral side of the AB with the desired position through rotational orientation of the contralateral side marker.



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## Aortic bifurcate deployment

- ▶ Turn the gold handle component clockwise to retract the sheath.
- ▶ If required, repositioning of the AB relative to the renal arteries is possible after partial deployment.
- ▶ Continue deployment of the AB through full release of contralateral leg (keeping the ipsilateral leg inside sheath).
- ▶ Fully deploy the trans-renal stent by completing the proximal fixation release.

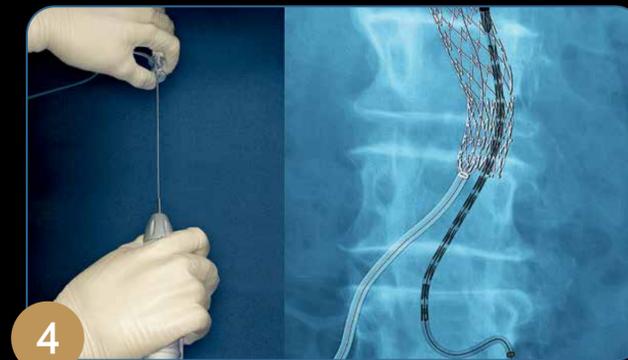


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## Contralateral leg cannulation

- ▶ Cannulate the contralateral leg of the AB.
- ▶ Confirm successful contralateral gate cannulation by using a diagnostic catheter.

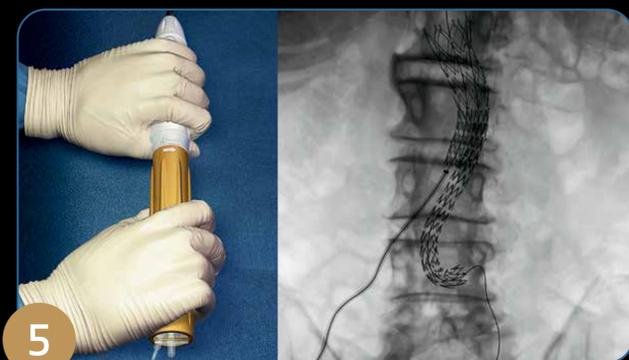
**NOTE:** This step describes where the contralateral iliac limb prosthesis is implanted first. The sequence of implanting the contralateral and ipsilateral iliac limb prostheses could vary based on local practice and clinical situation.



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## Contralateral limb introduction and positioning

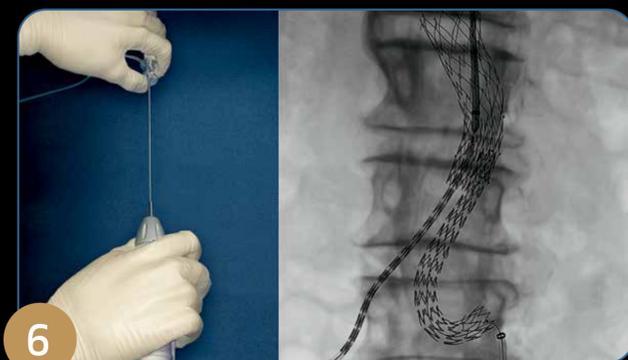
- ▶ Introduce the contralateral limb delivery system through the contralateral sheath.
- ▶ By using in situ length adjustment, position the distal limb edge marker at the desired location, while keeping the proximal limb marker between the minimum and maximum overlap markers of the AB leg.
- ▶ Deploy the contralateral limb.
- ▶ Fully deploy the limb by completing cranial limb fixation release.



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## Aortic bifurcate full deployment

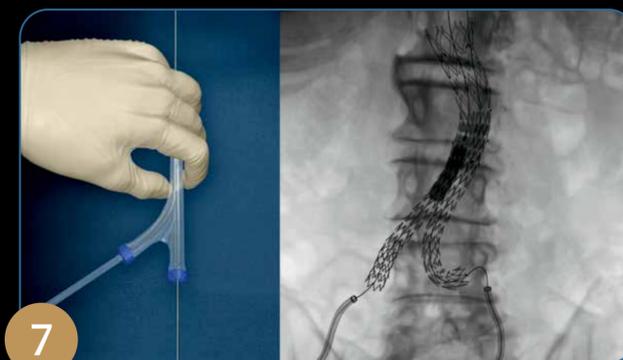
- ▶ Unsheath the ipsilateral leg to complete AB deployment.
- ▶ Remove the AB delivery system.
- ▶ Disconnect the hemostatic valve to leave the integrated sheath in place.



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## Ipsilateral limb introduction and positioning

- ▶ Introduce the ipsilateral limb delivery system through the integrated sheath left in place after AB deployment.
- ▶ By using in situ length adjustments, position the distal limb edge marker at the desired location, while keeping the proximal limb marker between the minimum and maximum overlap marker of the AB leg.
- ▶ Deploy the ipsilateral limb.
- ▶ Fully deploy the limb by completing cranial limb fixation release.



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## Post-implantation ballooning

- ▶ Balloon the AB limb overlap regions and proximal and distal seal zones.



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## Post-procedure final angiogram

- ▶ Determination of acute procedural result is done through angiography.
- ▶ Assess the prosthesis for proximal, modular junction and distal endoleaks and to verify position of the implanted prosthesis in relation to the aneurysm, the renal arteries, and the internal iliac arteries.

**This procedural guide is intended as a reference only.** Please review the Instructions for Use provided with this product, which contain essential information, warnings, and precautions of which the user must be made aware. The INCRAFT AAA Stent Graft System should only be used by physicians and teams trained in vascular interventional techniques, including training in the use of this device. Specific training expectations are described in the Instructions for Use.

**For healthcare professionals only. Important information:** Prior to use, refer to the "Instructions for Use" supplied with these devices for indications, contraindications, side effects, suggested procedure, warnings, and precautions. As part of the Cordis policy of continuous product development, we reserve the right to change product specifications without prior notification. Please contact your Cordis representative for additional product availability information.  
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