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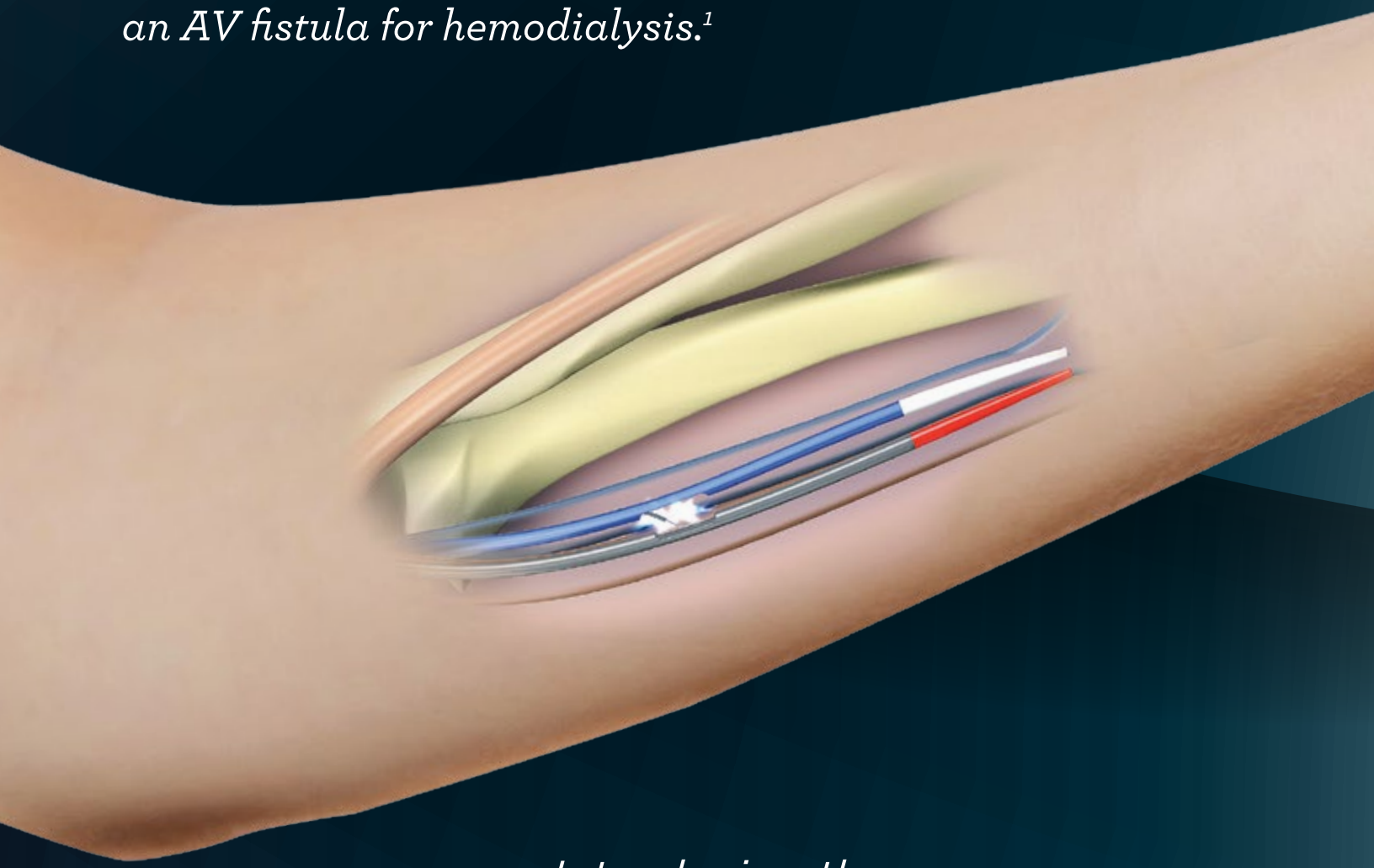
RETHINK VASCULAR ACCESS, WITH everlinQ™ endoAVF System

The first endovascular device for creating an AV fistula for hemodialysis.[1]



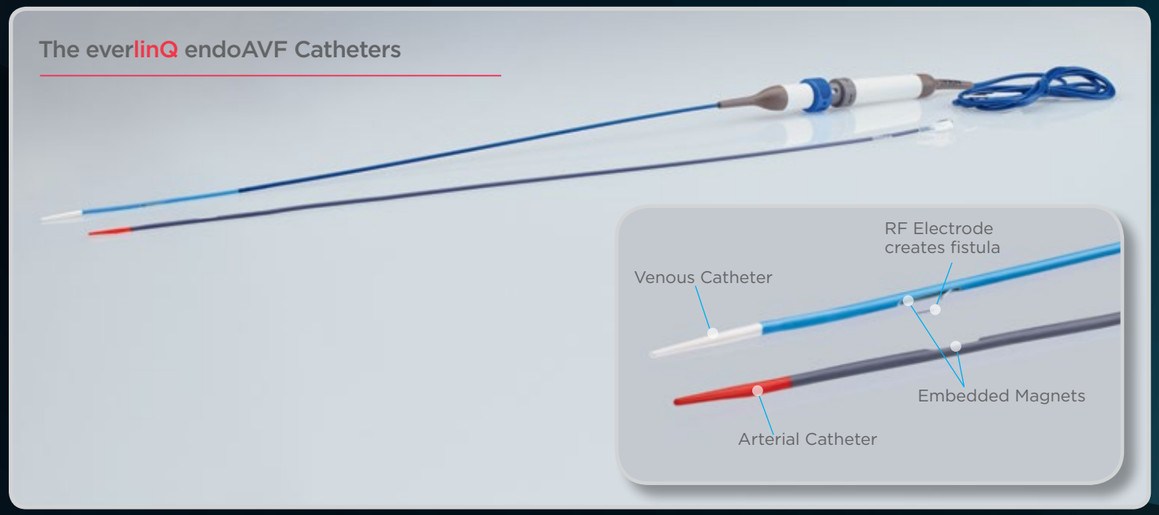
Introducing the new
everlinQ™ endoAVF System

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 6Fr magnetic catheters and a radiofrequency (RF) energy generator to create a consistent, hemodynamic anastomosis that is 5mm x 1mm. 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.



In contrast to dissecting, swinging, and sewing two vessels together, the everlinQ side-to-side anastomosis means less vessel trauma, less torque and tension, and improved flow dynamics–reducing the likelihood of neointimal hyperplasia that leads to stenosis in surgical AVF.[2]

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 2.0mm in diameter.

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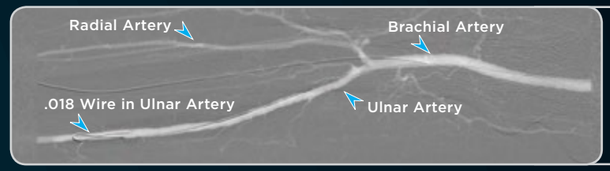
HOW IT WORKS



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[3]

RELIABLE PATENCY

- 96% cumulative patency at 6 months[3]

LOW COMPLICATION RATE

- 4% thrombosis[3]
- No incidence of steal reported[3]
- No incidence of access infection reported[3]

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 or email info@tvamedical.com.

WHAT COULD everlinQ™ MEAN FOR YOU AND YOUR PATIENTS?

PERCUTANEOUS AVF CREATION[2]

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

CLINICAL IMPROVEMENTS[3]

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

IMPROVED DELIVERY OF CARE[2]

- High patient satisfaction[4]
- Additional anatomical sites
- Reproducible outcomes
- Low cost for usable access

VISIT US AT **WWW.TVAMEDICAL.COM** OR EMAIL **INFO@TVAMEDICAL.COM** TO LEARN MORE.

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DISCLAIMER: everlinQ™ endoAVF System is not available for sale in the United States. everlinQ endoAVF System has received European CE Mark approval for the creation of an arteriovenous fistula for hemodialysis.

REFERENCES: 1. Konner K. History of vascular access for hemodialysis. *Nephrol Dial Transplant.* 2005;20(12):2629-2635. 2. TVA data on file. 3. Rajan DK, Ebner A, Desai SB, et al. Percutaneous creation of an arteriovenous fistula for hemodialysis access. *J Vasc Interv Radiol.* 2015;26(4):484-490. 4. Preliminary NEAT data at 6 months (n=18). TVA Medical data on file.