IMMEDIATE, COMPLETE, and PERMANENT OCCLUSION – only with the EOS™ PLUG

- Immediate total occlusion
- Multiple peripheral venous and arterial applications
- No migration and minimal artefacts in follow-up MR and CT imaging
- Unique, proprietary design enables precise placement and deployment
- Simple and fast: can reduce procedural time, radiation exposure, and costs

ORDERING INFORMATION

<table>
<thead>
<tr>
<th>EOS™ Catalog #</th>
<th>Description</th>
<th>Recommended Vessel Size</th>
<th>Plug Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOS PG1-5</td>
<td>5mm EOS™ Plug 105 cm working length 0.067” lumen, 6F Guide Catheter compatible</td>
<td>3–5mm</td>
<td>3mm Vessel – 11mm Plug length 5mm Vessel – 9mm Plug length</td>
</tr>
<tr>
<td>EOS PG1-8</td>
<td>8mm EOS™ Plug 105 cm working length 0.067” lumen, 6F Guide Catheter compatible</td>
<td>4.5–8mm</td>
<td>4.5mm Vessel – 21mm Plug length 8mm Vessel – 17mm Plug length</td>
</tr>
<tr>
<td>EOS PG1-11</td>
<td>11mm EOS™ Plug 105 cm working length 0.082” lumen, 7.5F Guide Catheter Compatible</td>
<td>7.5–11mm</td>
<td>8mm Vessel – 12mm Plug length 11mm Vessel – 18mm Plug length</td>
</tr>
</tbody>
</table>

Guide Catheter Catalog # | Description | Specifications |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EOS PSG1-6</td>
<td>6F Guide Catheter for 5mm and 8mm EOS™ Delivery and Deployment.</td>
<td>Guidewire – .035” Inner Diameter – .067” Outer Diameter – .082” Guide Catheter Working Length – 89cm Dilator Working Length – 96cm</td>
</tr>
</tbody>
</table>

REFERENCE & PUBLICATIONS

- Meikle A. First experience with a new vascular occlusion device: the ArtVentive Endoluminal Occlusion System - cases from Holland. GEST 2016 poster.

The ArtVentive Endoluminal Occlusion System (EOS™) is indicated for arterial and venous embolization in the peripheral vasculature.
THE FLOW STOPS HERE.
For optimized efficiency and ultimate confidence, there’s only one choice – EOS™

IMMEDIATE
Upon deployment, EOS™ provides instantaneous occlusion of the treated vessel.

COMPLETE
Initial clinical evidence shows 100% acute occlusion rate.1

PERMANENT
Initial clinical evidence shows 100% sustained vessel occlusion and no migration.1

AND HERE.
A Intrahepatic Portal Vein Embolization
Increase remnant liver volume after major liver resection

B Splenic Artery Embolization
Avoid splenectomy during trauma or utilize prior to planned splenectomy

AND HERE.
C Gastroduodenal Artery Embolization
Use before radioembolization or hepatic artery chemo infusion; hemorrhage, aneurysms, or fistulae

D Iliac Artery Embolization
Prior to, or during, EVAR procedures

AND HERE.
E Spermatic Vein Embolization: Varicocele
Treat pain and infertility due to varicosities in the scrotum

F Ovarian Vein Embolization: Pelvic Congestion Syndrome
Address chronic pelvic pain associated with ovarian vein varices

G Peripheral Vasculature
Arterial trauma; venous insufficiency

AND BEYOND.
H Additional Peripheral Vascular Applications

EOS™ delivers effective occlusion in arterial and venous applications.

MAXIMUM STOPPING POWER.

PRECISE DEPLOYMENT
• Fast deployment: Delivery catheter with handle for two-stage deployment of the EOS™ plug.
• Controlled deployment: Side port enables saline/contrast solution pre-deployment flush and intra-procedure visualization

RELIABLE PERFORMANCE
• ePTFE covering enables immediate occlusion—no clotting required
• Nitinol scaffold optimizes radial force and stability against the vessel wall to minimize migration

SAVING PROCEDURE TIME AND ENHANCING SAFETY

CONTROLLED DELIVERY AND DEPLOYMENT

1. Immediate occlusion—no waiting for clotting
2. Minimizes fluoroscopy to reduce radiation exposure for patients and staff