**MINIMIZE TRAUMA**
Minimize trauma to soft tissue by safely selecting and fracturing intimal and medial calcium

**OPTIMIZE OUTCOMES**
Optimize stent delivery, expansion and apposition while reducing complications and cost escalation

**SIMPLIFY PROCEDURES**
Simple and intuitive system that makes complex calcified coronary procedures more predictable

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**IVL Uses Sonic Pressure Waves To Crack Calcium In Situ**

With the integrated balloon expanded to 4-atm by a mixed saline and contrast solution, a small electrical discharge at the emitters vaporizes the fluid and creates a rapidly expanding bubble within the balloon that collapses quickly to create sonic pressure waves.

The acoustic pressure waves travel through the fluid-filled balloon and pass through soft vascular tissue, selectively cracking the hardened calcified plaque at ~50 atm. The emitters along the length of the balloon create a localized field effect within the vessel to fracture both intimal and medial calcium.

The integrated balloon plays a unique role unlike traditional angioplasty balloons; its apposition to the vessel wall serves its primary purpose to facilitate efficient energy transfer during IVL, after which, it can then also be used to dilate the lesion to maximize lumen gain with the IVL catheter.

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**IVL Case Reports: Simplifying the Most Complex Calcified Scenarios**

<table>
<thead>
<tr>
<th>Pre-IVL</th>
<th>Post-Stent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Angulation &amp; Tortuous Anatomy</td>
<td>Multi-Vessel Disease</td>
</tr>
<tr>
<td>High-grade Calcified Stenosis</td>
<td>Proximal &amp; Diffuse Disease</td>
</tr>
</tbody>
</table>

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100% of pts had mod/sev CAC

### Outcomes | Results
--- | ---
30-Day Freedom from MACE² | 95%  
Death N=0; QWMI N=0; NQWMI³ N=3; TVR N=0
Dissections* (D/E/F) | 3.3%⁵/0.0%/0.0%  
Perforation⁴ | 0%  
Abrupt Closure⁴ | 0%  
Slow flow⁴ | 0%  
No reflow⁴ | 0%  
Stent Delivery | 100%

²CAD I assessed the safety and performance of IVL in 60 subjects across 7 sites with moderate/severely calcified, de novo coronary lesions RVD 2.5–4.0 mm, stenosis ≥75%, lesion length ≤ 32 mm.  
³NOM defined as 3 upper limit  
⁴Core Lab adjudicated  
⁵3.3% resolved with planned stent implantation

### IVL Generator and Connector Cable Specs

**Power**  
110-240 VAC, 50-60Hz; Single Phase, 15A service

**Size**  
11” (28.0 cm) high x 6” (15.2 cm) wide x 11.5” (29.2 cm) deep

**Weight**  
15 pounds (6.8 kg)

**Output**  
Proprietary pulse delivery system. Output voltage 3000 volts peak, pulse frequency 1Hz

**Mobility**  
Product is designed to be mounted to a stable mobile or stationary IV pole. An IV pole with five casters located in a circular pattern with a diameter of at least 23 inches (58 cm), such as the I.V. League Ventilator Stat-Stand™ model 1059 (or equivalent) is recommended.

**Length**  
5 ft (1.53m)

**Compatibility**  
Connector Cable has a male key designed on the proximal designed to connect to the Catheter.

**Operation**  
Lithotripsy pulsing is activated by pushing a button on the Connector Cable.

**Connector Cable**  
Use Re-usable

### IVL Catheter Specs

<table>
<thead>
<tr>
<th>CATALOG NUMBER</th>
<th>DIAMETER (mm)</th>
<th>LENGTH (mm)</th>
<th>GUIDEWIRE COMPATIBILITY</th>
<th>GUIDE CATH COMPATIBILITY</th>
<th>WORKING LENGTH</th>
<th>PULSES (max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2IVL2512</td>
<td>2.5</td>
<td>12</td>
<td>0.014*</td>
<td>6F</td>
<td>138</td>
<td>80</td>
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<td>6F</td>
<td>138</td>
<td>80</td>
</tr>
</tbody>
</table>

Max. Tip Profile = 0.023 in (0.584 mm) ± 0.001 in  
Max. Crossing Profile = 0.042 in (1.07 mm) ± 0.001 in

Visit shockwavec2.com or email info@shockwavemedical.com for more information.