# SHOCKWAVE | C<sup>2</sup>

# Coronary Intravascular Lithotripsy (IVL) YOUR SOUND CALCIUM STRATEGY.



#### **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



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

After inflating the integrated balloon to 4-atm, a small spark at the emitters vaporizes the saline-contrast solution and creates a bubble which rapidly expands and collapses within the balloon; this expanding and collapsing bubble creates a short burst of sonic pressure waves.

The sonic pressure waves travel through the coronary tissue, while reflecting off and cracking calcium with an effective pressure of ~50 atm. The emitters along the length of the device create a localized field effect within the vessel to fracture both intimal and medial calcium.

The integrated balloon plays a unique role; its apposition to the vessel wall facilitates efficient energy transfer during IVL, after which, it is used to dilate the lesion to maximize lumen gain.

# **IVL-in-Action: Multi-Lesion RCA**

SUMMARY: Multi-lesion RCA; Couldn't advance guideliner to distal lesion despite predilation; advanced 3.5mm IVL catheter as far as possible (1); delivered one cycle (10 pulses) and vessel opened; pulled back to the ostium (2) and vessel opened after one cycle (10 pulses); advanced to distal lesion (3) and vessel opened after one cycle (10 pulses); easily delivered 80mm of DES.



Courtesy of Prof. Jonathan Hill, King's College, London

# Compelling Performance in DISRUPT CAD I

#### 100% of pts had moderate/severe CAC

Outcomes	Results
<b>30-Day Freedom from MACE<sup>2</sup></b> Death N=0; QWMI N=0; NQWMI <sup>3</sup> N=3; TVR N=0	95%
Dissections <sup>4</sup> (D/E/F)	3.3% <sup>5</sup> / 0.0%/0.0%
Perforation <sup>4</sup>	0%
Abrupt Closure <sup>4</sup>	0%
Slow flow <sup>4</sup>	0%
No reflow <sup>4</sup>	0%
Stent Delivery	100%

<sup>1</sup>CAD 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  $\geq$ 50%, lesion length  $\leq$  32 mm. <sup>2</sup>CEC adjudicated

<sup>3</sup>NQMI defined as 3 upper limit

<sup>4</sup>Core Lab adjudicated

53.3% resolved with planned stent implantation



Frames are co-registered to ensure cross-sections are in the same location

#### IVL GENERATOR AND CONNECTOR CABLE SPECS

Power	110-240 VAC; 50-60Hz; Single Phase, 15A service	SHOCKWAYE	
Size	11" (28.0 cm) high x 6" (15.2 cm) wide x 11.5" (29.2 cm) deep	3=	IVL Generator
Weight	15 pounds (6.8 kg)	Teet	CATALOG NUMBI
Output	Proprietary pulse delivery system. Output voltage 3000 volts peak, pulse frequency 1Hz		IVLGCC
Mobility	Product is designed to be mounted to an IV pole		
Length	5 ft (1.53m)		N// 0
Compatibility	Proprietary male key distally designed to connect only to catheter.		IVL Connector Ca
Operation	Lithotripsy pulsing is activated by pushing a button on the Connector Cable.	0.10	IVLCC
Use	Re-usable		

#### **IVL CATHETER SPECS**

Diameter (mm)	Length (mm)	Max Pulse Count	Guidewire Compatibility (in)	Guide Catheter Compatibility	Working Length (cm)	Crossing Profile Range* (in)
2.5	12	80	0.014"	6F	138	0.044 +/- 0.002
3.0						
3.5						
4.0						

\*0.043" max. for 2.5mm, 0.044" max. for 3.0-3.5mm and 0.046" max for 4.0mm

## Visit ShockwaveC2.com or email info@shockwavemedical.com for more information.

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