VEIN GRAFT FAILURE IS A KEY LIMITATION TO THE LONG TERM CLINICAL OUTCOME OF CABG

Vein graft disease after CABG is typically dominated by intimal hyperplasia which predisposes the graft to accelerated atherosclerosis. Arterial pressure coupled with abnormal flow patterns generated mainly by luminal irregularities are the main contributors to both focal and diffuse intimal hyperplasia.

Harskamp RE et al. Saphenous Vein Graft Failure After Coronary Artery Bypass Surgery. Ann Surg 2013;257: 824–833

VEIN GRAFT FAILURE RATE

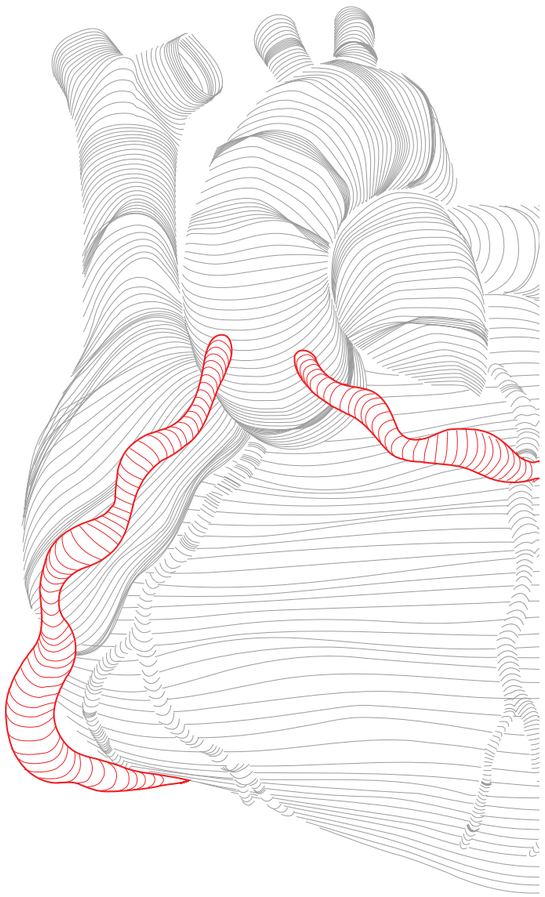
Failure at 1 year	Failure at 5 years	Failure at 10 years
20%	35%	50%

VEIN GRAFT FAILURE DOUBLES THE RISK FOR **RE-INTERVENTION**

5 years after CABG, more than 50% of re-interventions are due to vein graft failure.

Lopes et al. Relationship between vein graft failure and subsequent clinical outcomes After coronary artery bypass surgery. Circulation. 2012 Feb 14;125(6):749-56

Tranbaugh et al. Coronary artery bypass grafting using the radial artery clinical outcomes, patency, and need for reintervention. Circulation.2012;



VEST ™

A cobalt chromium external stent which targets the root causes of vein graft disease. VEST ™ is CE marked and commercially available in Europe.

Kink resistance

50% Reduction in lumen irregularities

25% Reduction in intimal hyperplasia

Improved hemodynamics

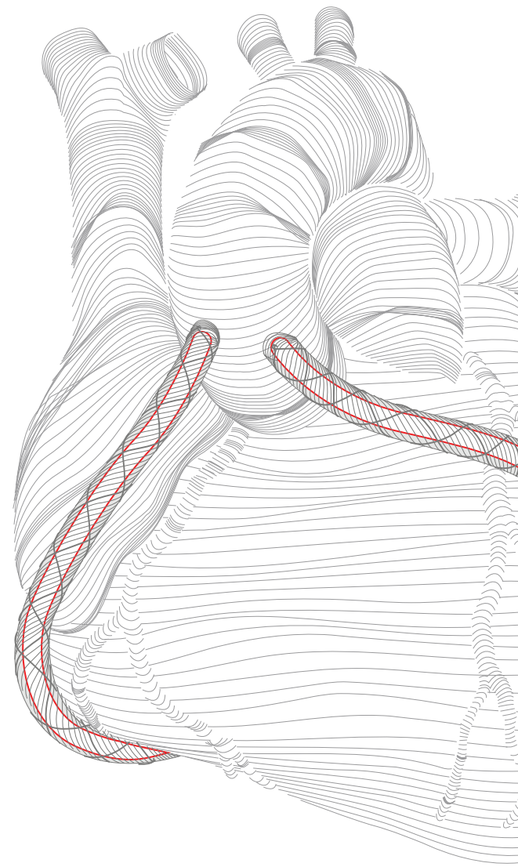
Taggart DP et al. A Randomized Trial of External Stenting for Saphenous Vein Grafts in Coronary Artery Bypass Grafting. Ann Thorac Surg. 2015 Jun;99(6):2039-45.

Meirson T et al. Flow Patterns in Externally Stented Saphenous Vein Grafts and Development of Intimal Hyperplasia. J Thorac Cardiovasc Surg. 2015 Jul 2. Pii:S0022-5223(15)01084-3. doi: 10.1016/j.jtcvs.2015.04.061

Ben-Gal Y et al. Expandable external stent device to improve Saphenous Vein Graft Patency after CABG. J Cardiothoracic Surg. 2013 May 6;8(1):122

MINUTES TO IMPLANT WITHOUT AFFECTING GRAFTING TECHNIQUE

- No vein graft manipulation after harvesting
- In sit u adjustability to optimize alignment with the vein graft
- No need for fixation by either glue or sutures



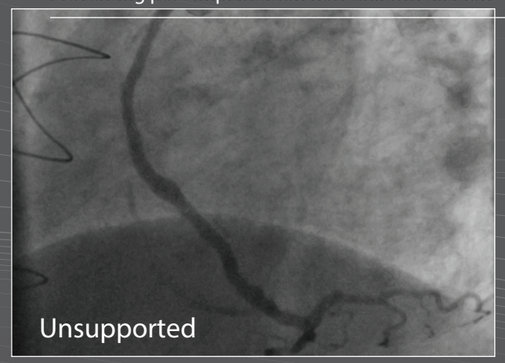
AN IDEAL BYPASS CONDUIT SHOULD COMBINE THE BENEFITS OF BOTH ARTERIAL AND VENOUS GRAFTS

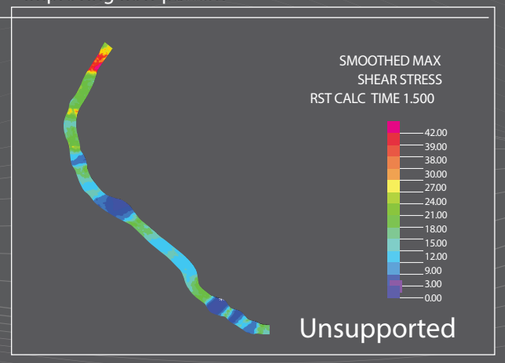
- HIGH FLOW CONDUIT
- RESISTANCE TO COMPETITIVE FLOW
- VERSATILITY AND AVAILABILITY
- RESISTANCE TO THROMBOSIS AND ATHEROSCLEROSIS

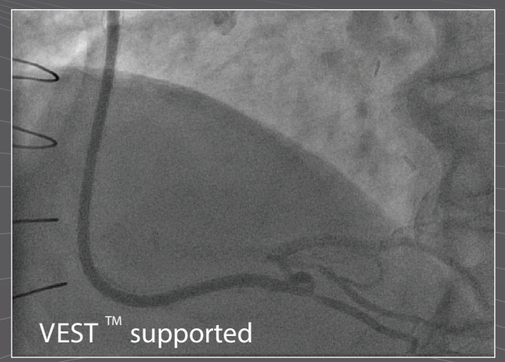
CLINICAL EXPERIENCE

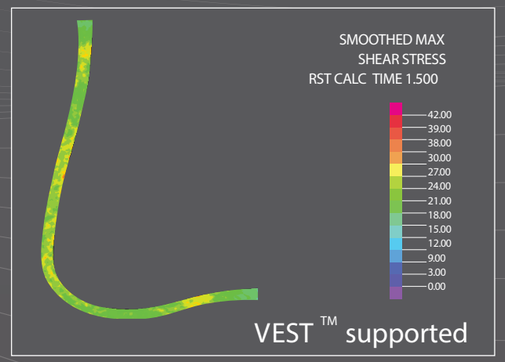
Preventing post implantation non-uniform dilation

Improving flow pattern









VEST TM MODELS

Vein Graft Length [cm]	Size	PN	Size	PN
11.1 - 13	Ø1↔ A	FG001	Ø2↔ A	FG007
13.1 - 15	Ø1↔ B	FG002	Ø2↔ B	FG008
15.1 - 17	Ø1↔ C	FG003	Ø2↔ C	FG009
17.1 - 19	Ø1↔ D	FG004	Ø2↔ D	FG010
19.1 - 21	Ø1↔ E	FG005	Ø2↔ E	FG011
21.1 - 23	Ø1↔ F	FG006	Ø2↔ F	FG012
Sequential Segment Length [cm]				
4 - 5	Ø1↔ A-Seq	FG015	Ø2↔ A-Seq	FG022
5.1 - 6	Ø1↔ B-Seq	FG016	Ø2↔ B-Seq	FG023
6.1 - 7	Ø1↔ C-Seq	FG017	Ø2↔ C-Seq	FG024
7.1 - 8	Ø1↔ D-Seq	FG018	Ø2↔ D-Seq	FG025
8.1 - 9	Ø1↔ E-Seq	FG019	Ø2↔ E-Seq	FG026
9.1 - 10	Ø1↔ F-Seq	FG020	Ø2↔ F-Seq	FG027
10.1 - 11	Ø1↔ G-Seq	FG021	Ø2↔ G-Seq	FG028

Ø1 - for vein grafts with external diameter ≤5.5mm Ø2 - for vein grafts with external diameter >5.5mm

Vascular Graft Solutions Ltd.

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A NEW STANDARD IN CORONARY BYPASS SURGERY

VGS

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