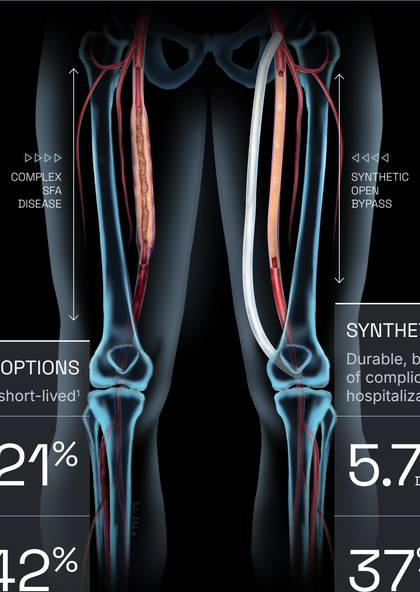
COMPLEX DISEASE OFTEN REQUIRES DIFFICULT TRADEOFFS



ENDOVASCULAR OPTIONS

Effective, but often short-lived[1]

Reintervention at 1 year[1]	21%
Pooled primary patency at 3 years[1]	42%
Pooled secondary patency at 3 years[1]	63%

SYNTHETIC OPEN BYPASS

Durable, but higher rates of complications and long hospitalizations[2,3]

5.7 DAYS	Average hospital and ICU stay after open bypass[2]
37%	30-day morbidity in femoral-popliteal bypass[2]
7.8%	Wound infection rate[2]

Image for illustration purposes only.

THE RIGHT PATIENTS FOR THE DETOUR™ SYSTEM ARE ALREADY IN YOUR PRACTICE.

Explore patient cases, clinical evidence, and procedural resources

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INDICATIONS: The DETOUR System is indicated for use for percutaneous revascularization in patients with symptomatic femoropopliteal lesions from 200 mm to 460 mm in length with chronic total occlusions (100 mm to 425 mm) or diffuse stenosis >70% who may be considered suboptimal candidates for surgical or alternative endovascular treatments. The DETOUR System, or any of its components, is not for use in the coronary and cerebral vasculature.

CONTRAINDICATIONS: The DETOUR System is contraindicated in patients with: (1) a distal common femoral artery (CFA) <7 mm in diameter; (2) increased risk of deep vein thrombosis (DVT), such as patients with a recent history of DVT, thrombophilia, and disseminated malignancy; (3) untreated flow-limiting aortoiliac occlusive disease; (4) lack of patent single vessel tibial runoff to ankle; (5) known coagulopathy, bleeding diathesis, or thrombocytopenia that cannot be medically managed; (6) known hypersensitivities, allergies or contraindications to: Nitinol; PTFE; aspirin; heparin; antiplatelet; anticoagulant or thrombolytic therapy; or contrast media that cannot otherwise be medically managed.

WARNINGS: In the DETOUR2 Clinical Study, venous event rates were higher in females than males. This should be considered in patient selection and post-procedure management. Inadvertent, partial, or failed deployment or migration of the stent graft may require surgical intervention.

PRECAUTIONS: (1) Consider recent DVT history in the target limb in case planning and post-procedure anticoagulation as use of the DETOUR System uses a bypass conduit within the femoral vein. (2) Antiplatelet medication should be initiated prior to placement of the stent graft. (3) Effective dual antiplatelet therapy should be maintained following the procedure at a dosage deemed appropriate by the physician. (3) A knee prosthesis may prevent successful and accurate ENDOCROSS Device needle deployment.

POSSIBLE ADVERSE EVENTS related to percutaneous transmural arterial bypass with the DETOUR System include: access vessel occlusion; amputation; aneurysm or pseudoaneurysm; arteriovenous fistula; bleeding complications; death; device or deployment malfunction/failure; drug reactions to antiplatelet agents or contrast medium; edema; embolism; fever in absence of infection; hemorrhage or hematoma; hypotension/hypertension; infection; malposition; migration; myocardial infarction; pain; peripheral ischemia; renal insufficiency or failure secondary to contrast medium; shock; side branch vessel occlusion; stenosis or occlusion; stroke or transient ischemic attack; thrombosis; vessel wall trauma; vessel spasm; venous flow disruption; worsening claudication.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

ATTENTION: See Instructions for Use for a complete listing of Indications, Contraindications, Warnings, Precautions, and Adverse Events.

NOTE: Not all product components are available in every country. Please consult with your Rhevera representative to confirm product availability.

Rhevera Medical is the parent company of Endologix LLC. Endologix LLC is the manufacturer of the DETOUR™ System.

Endologix is a registered trademark of Endologix LLC in the United States, Europe and Japan, and Rhevera Medical, Rhevera, the Rhevera logo, DETOUR is a trademark of Endologix LLC and its subsidiaries. All other trademarks are the property of their respective owners.

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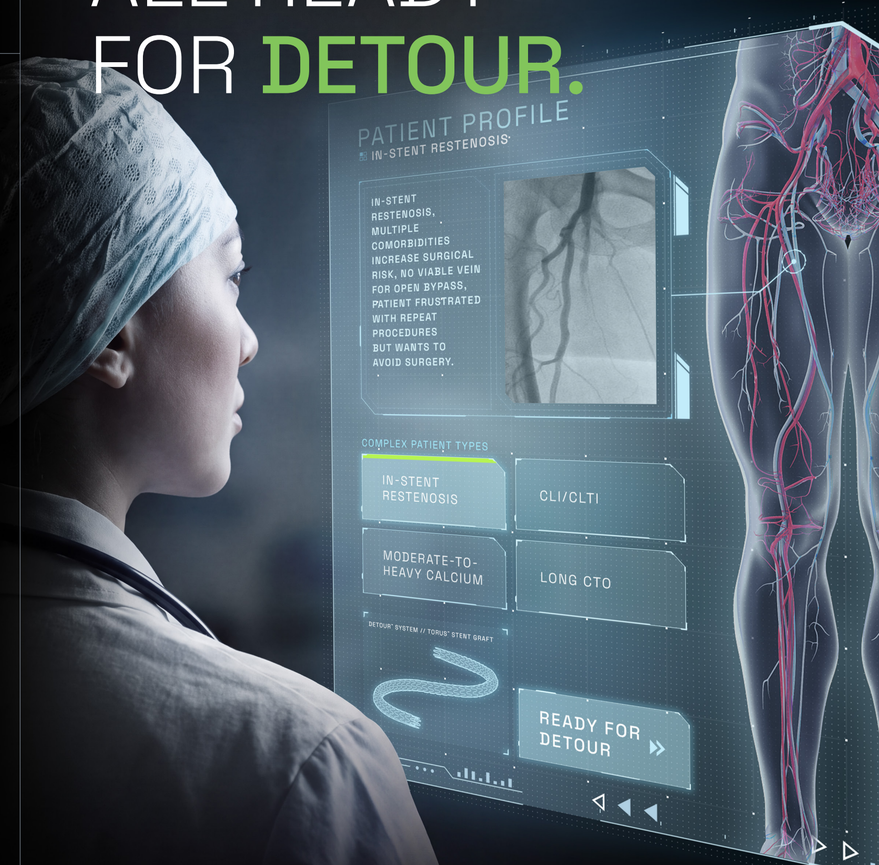
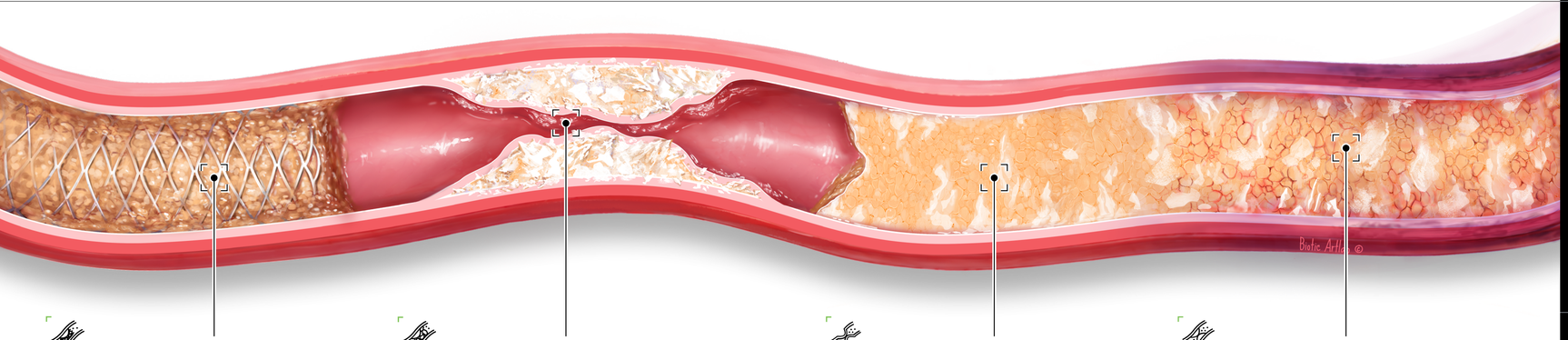
A RANGE OF PATIENT PROFILES. DEFINED BY EVIDENCE. ALREADY IN YOUR PRACTICE.

ALL READY FOR DETOUR.



A RANGE OF PATIENT PROFILES.

Percutaneous transmural arterial bypass (PTAB) with the DETOUR™ System demonstrates positive clinical outcomes in patients with long, complex superficial femoral artery (SFA) disease, including 4 patient types underserved by traditional treatment options.



IN-STENT RESTENOSIS (ISR)

Up to **84.8%** Recurrent restenosis in occluded stents through 2 years.[4]

DETOUR SYSTEM ▷▷▷▷

ACHIEVES COMPARABLE OUTCOMES VS NON-ISR PATIENTS[5]

DETOUR2 Study:

17.3% of patients presented with ISR[5]

Primary patency in ISR patients:

85.1% at 1 year[5]

53% at 3 years[5]

MODERATE-TO-HEAVY CALCIUM

CROSSING AND TREATMENT CHALLENGES

Drives crossing failure, recoil, dissection, and stent underexpansion.[7,8]

DETOUR SYSTEM ▷▷▷▷

BYPASSES THE DISEASED ARTERY TO RESTORE FLOW AROUND HEAVILY CALCIFIED LESIONS[6]

DETOUR2 Study:

70.4% of lesions were heavily calcified[9]

LONG CHRONIC TOTAL OCCLUSION (CTO)

10%-15% Crossing failure can occur even with supportive tools and varied approaches.[10-13]

DETOUR SYSTEM ▷▷▷▷

ENABLES TREATMENT OF LONG CTOs WITHOUT TRAVERSING THE ENTIRE DISEASED SEGMENT[6]

DETOUR2 Study:

Primary patency: **58.2%** at 3 years[14]

Secondary patency: **96.2%** at 3 years[14]

96% of patients presented with **100% stenosis**, with a **mean CTO length of 21.7 cm***[14]

CRITICAL LIMB ISCHEMIA (CLI)/ CHRONIC LIMB-THREATENING ISCHEMIA (CLTI)

~60% of patients with CLTI have femoropopliteal disease.[15]

DETOUR SYSTEM ▷▷▷▷

BYPASSES LONG-SEGMENT SFA DISEASE WITHOUT AN OPEN SURGICAL PROCEDURE[6]

DETOUR2 Study:

22.3% of patients presented with CLTI[14]

97.7% at 3 years[14]

Freedom from major amputation in patients with limb threat at baseline.

Image for illustration purposes only.

*Indicated for CTO lengths from 100 mm to 425 mm.

ONE PROVEN PATHWAY.

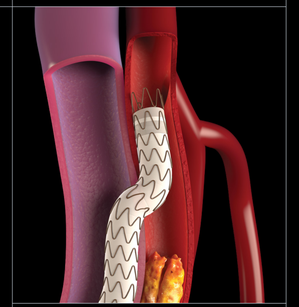
PTAB with the DETOUR System bypasses long complex SFA lesions with a minimally invasive approach.[6]

ENDOCROSS™ DEVICE



△ 8 Fr-compatible with 133 cm working length

TORUS™ STENT GRAFT



△ **Diameters:** 5.5 mm, 6.0 mm, and 6.7 mm
Lengths: 100 mm , 150 mm, and 200 mm

IT'S TIME TO TAKE A DETOUR.

The DETOUR System is a breakthrough device[6] that offers lasting outcomes comparable to open surgical bypass with synthetic graft and a minimally invasive safety profile comparable to endovascular therapies.

▽ DETOUR 2 STUDY RESULTS

Proven long-term efficacy[14,16]

58.2% Primary patency at 3 years[14]

96.2% Secondary patency at 3 years[14]

Low risk of complications, minimal length of stays[9]

0.5% Infection rate at 30 days[9]

93% Freedom from major adverse events at 30 days[9]

4.1% DVT rates at 3 years[9]

1.1 DAY Average hospital stay post-procedure[9]

YOUR PATIENTS ARE READY.

By choosing PTAB with the DETOUR System, you can expand your treatment options and deliver lasting results, with a minimally invasive safety profile.