

Uni*Fuse™

INFUSION CATHETER

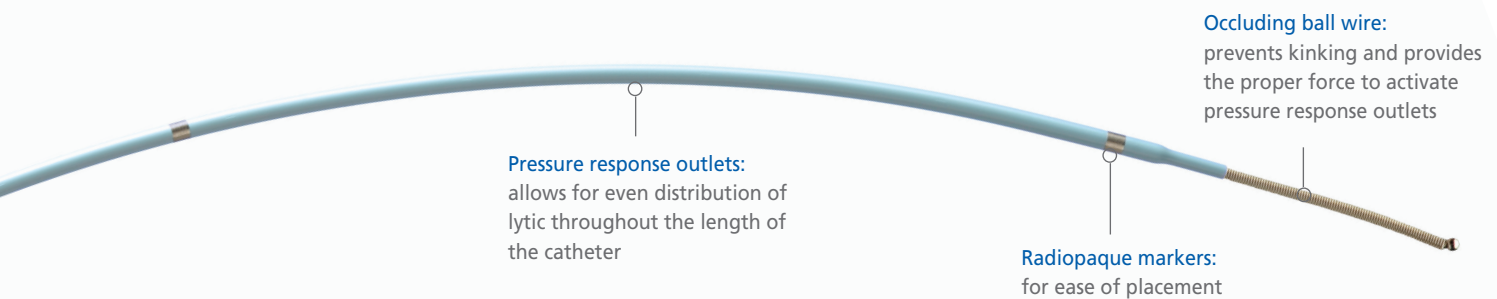


ANGIODYNAMICS®

Uni*Fuse™

INFUSION CATHETERS FOR CATHETER DIRECTED THROMBOLYSIS

AngioDynamics has led the way as the market leader for CDT catheters with patented slit technology to infuse a consistent, even distribution of lytic agent to an area of clot. The Uni*Fuse catheter uses a patented, time-tested technology to provide faster and more effective treatment for clots, and its sturdier construction makes it more versatile.



Pressure Response Outlets: Patented Time-Tested Technology

For more than twenty years, AngioDynamics' pressure response outlet technology has led the way for treatment of peripheral clot with catheter directed thrombolysis. The unique fluid outlets allow for an even distribution of fluid volume along the entire length of the clot² resulting in a 12-fold advantage with the patented slit technology of the Uni*fuse catheter over conventional side hole catheters⁸.

Even Distribution Results in Faster Treatment of Clot

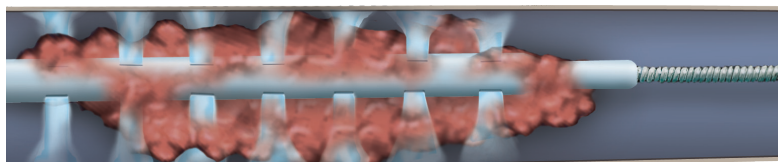
The Uni*fuse catheter exposes as much of the drug as possible to as much of the surface area of the clot as possible to maximally bind the thrombolytic agent to the thrombus and minimize wash out^{8,4}. Side hole catheters, on the other hand, follow the path of least resistance, often resulting in the thrombolytic agent diverting away from the thrombus into collateral vessels proximal and/or distal to the thrombus, depending on catheter placement.

Sturdier Construction Allows for More Versatility

Since less actual catheter material is removed when making slits versus making holes, AngioDynamics' patented slit technology allows for a stronger catheter with more pushability. This is important for tortuous anatomy or positioning the catheter in tight clot accumulation.

CATHETER DIRECTED THROMBOLYSIS FOR DVT

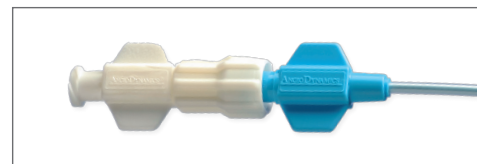
The current standard of care to treat deep vein thrombosis (DVT) is to prescribe anticoagulants such as heparin. However, this conventional standard has not proven as effective as catheter directed thrombolysis³, which has shown consistently effective performance for more than twenty years.



CDT has the following advantages over systemic infusion:

- Improved efficiency of drug delivery⁶
- Decreased total quantity of the drug⁶
- Provides venous access for adjunctive techniques such as angioplasty and stent placement⁶
- Safe with less than a .5% chance of intracranial hemorrhage⁵
- Decreased incidence of persistent phlebitic symptoms¹
- Improved quality of life¹
- Possibly a decreased incidence of recurrent thrombotic events¹

Catheter directed thrombolysis offers many advantages over alternative therapies and is a viable option for managing thrombus. Other mechanical methods have been developed but at great cost and with possible complications such as bradyarrhythmias and hemolysis⁹. The Uni*Fuse catheter is a cost effective and proven method of managing patients presenting with thrombus.

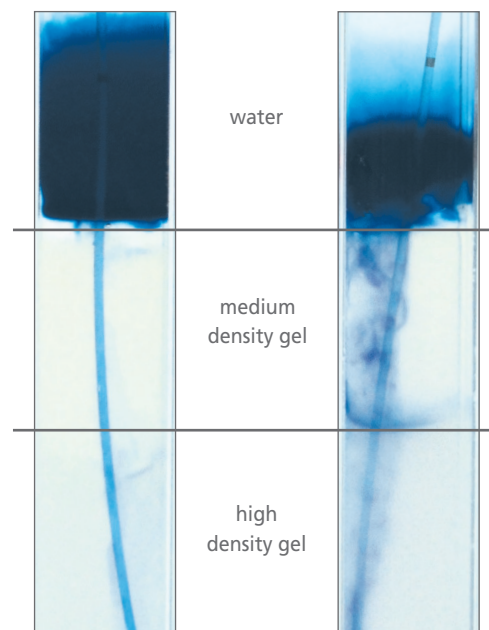


Flow-Thru Hub with self-adjusting occluding wire

- Supports catheter over bifurcation
- 4F available in 90 cm and 135 cm lengths with infusion slit pattern of 5, 10 and 20 cm
- 5F available in 45 cm, 90 cm and 135 cm lengths with infusion slit patterns of 5, 10, 20, 30, 40 and 50 cm
- Compatible with a 0.035" guidewire: more pushability and mechanical advantages

Standard Sidehole Catheter

Uni*Fuse Infusion Catheter



Standard sidehole catheter design results in the lytic agent following the path of least resistance causing uneven distribution. The Uni*Fuse catheter with Pressure Response Outlets and the occluding ball wire allow for even pressure distribution throughout the catheter resulting in a more even distribution of lytic.

UNI*FUSE INFUSION CATHETER

Description	Part #
4F x 90 cm x 5 cm Infusion Pattern	12401817
4F x 90 cm x 10 cm Infusion Pattern	12401818
4F x 90 cm x 20 cm Infusion Pattern	12401819
4F x 135 cm x 5 cm Infusion Pattern	12401820
4F x 135 cm x 10 cm Infusion Pattern	12401821
4F x 135 cm x 20 cm Infusion Pattern	12401822
5F x 45 cm x 5 cm Infusion Pattern	12401801
5F x 45 cm x 10 cm Infusion Pattern	12401802
5F x 45 cm x 15 cm Infusion Pattern	12401803
5F x 45 cm x 20 cm Infusion Pattern	12401804
5F x 90 cm x 5 cm Infusion Pattern	12401805

Description	Part #
5F x 90 cm x 10 cm Infusion Pattern	12401806
5F x 90 cm x 20 cm Infusion Pattern	12401807
5F x 90 cm x 30 cm Infusion Pattern	12401808
5F x 90 cm x 40 cm Infusion Pattern	12401809
5F x 90 cm x 50 cm Infusion Pattern	12401810
5F x 135 cm x 5 cm Infusion Pattern	12401811
5F x 135 cm x 10 cm Infusion Pattern	12401812
5F x 135 cm x 20 cm Infusion Pattern	12401813
5F x 135 cm x 30 cm Infusion Pattern	12401814
5F x 135 cm x 40 cm Infusion Pattern	12401815
5F x 135 cm x 50 cm Infusion Pattern	12401816

>> Quantity of 1 per box.

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- Cho KJ, Recinella DK. Pattern of Dispersion from a Pulse-Spray Catheter for Delivery of Thrombolytic Agents: Design, Theory and Results. *Academic Radiology*. 1997; 4:210-216.
- Elsharaway M, Elzayat E. Early Results of Thrombolysis vs Anticoagulation in Iliofemoral Venous Thrombosis. A Randomised Clinical Trial. *E Journal of Endovascular Surgery* 2002; 24.
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IMPORTANT RISK INFORMATION

INDICATION FOR USE: AngioDynamics® UNI*FUSE™ Infusion System is intended for the administration of fluids, including thrombolytic agents and contrast media, into the peripheral vasculature. **CAUTION:** Federal (USA) law restricts the sale of these devices by or on the order of a physician.

CONTRAINDICATIONS: The UNI*FUSE Infusion System is contraindicated for use in the coronary vasculature and is not for the infusion of blood or blood products.

WARNINGS AND PRECAUTIONS: The UNI*FUSE Infusion System is sterile and intended for single patient use and use only by fully trained physicians in angiography and percutaneous interventional procedures. Reuse of single-use devices creates a potential risk of patient or user infections. Contamination of the device may lead to injury, illness or death of the patient. Do not inject contrast medium with a pressure injector if the occluding ball wire is in place. Use an introducer sheath if the puncture is through a synthetic graft. Failure to

use an introducer sheath may result in damage to the catheter.

POTENTIAL COMPLICATIONS: Adverse reactions may include, but are not limited to: vessel perforation, dissection, hematoma, stroke, hemorrhage, contrast extravasation, embolism/thrombus, vaso spasm, drug reaction, neurological deficits, and pain and tenderness.

Indications, contraindications, warnings and instructions for use can be found in the instructions for use supplied with each device. Observe all instructions prior to use. Failure to do so may result in patient complications.

ANGIODYNAMICS®

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