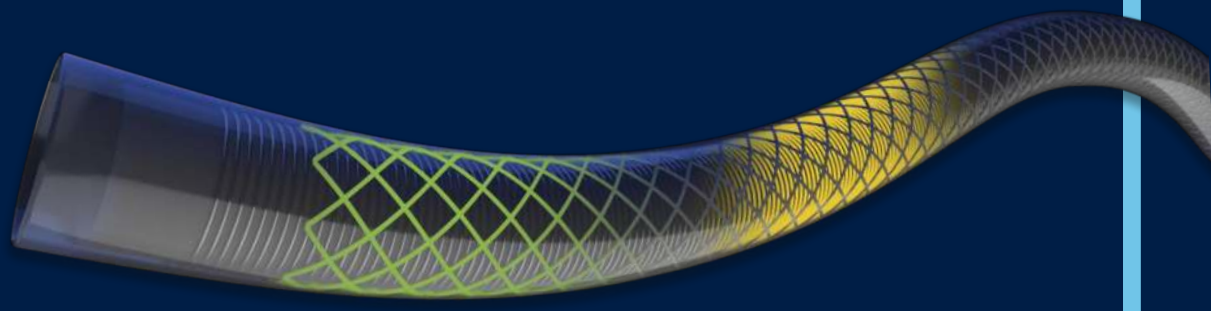
REACT

CATETER DE ASPIRAÇÃO



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Further, Together

CATETER REACT™
INDICAÇÃO DE USO

O cateter React 68 e o cateter React 71, coletivamente denominados cateteres React™, foram aprovados com as seguintes indicações de uso no Brasil :[1,2]

1. Remoção de trombos na vasculatura cerebral com uso de aspiração .
2. Os Cateteres React ™ são indicados para a introdução de dispositivos intervencionistas na vasculatura periférica e neurovascular.

REACT™ CATETER
TECNOLOGÍA COBRA [1,2]

FEATURING

COBRA
COIL + BRAID

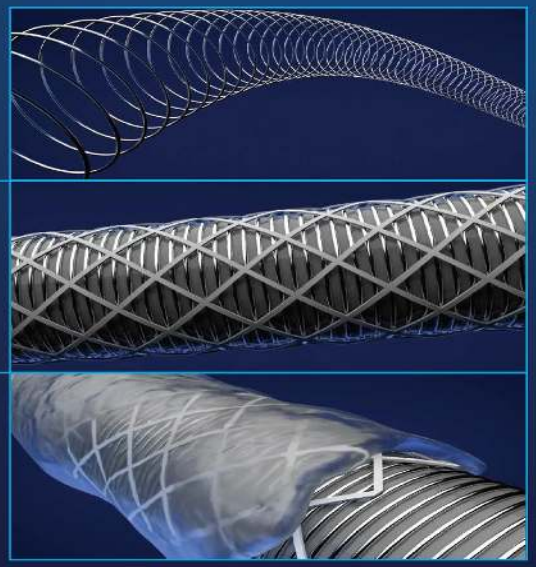
TECNOLOGÍA

Estrutura dupla

NAVEGABILIDADE DE UMA MOLA

CAPACIDADE DE IMPULSO DE UMA MALHA

DURABILIDADE DO NITINOL



Design Differences[1]

	React™ 71	React™ 68
Distal Liner	TPE	PTFE
Braid Construction Spacing	Variable	Consistent
Wires in Braid	16	8

REACT™ 68 CATETER
ESPECIFICAÇÕES DO PRODUTO

React™ 68
Catéter

PONTA BISELADA

DIÂMETRO INTERNO
0.068" (1.73 mm)

DIÂMETRO EXTERNO MÁXIMO
0.083" (6.3 F)

COMPRIMENTO DE TRABALHO
132 cm

COMPRIMENTO TOTAL
141 cm

COMPATIBILIDADES:

- CGB
  - **Cello 9FR** (ID 0.085")
- MICROCATETER
  - **Phenom 21 160cm** (OD 0.034" – 2.6FR)
  - **Phenom 27 160cm** (OD 0.040" -3.1FR – 1.02mm)
  - **Marksman 160cm** (OD 3.2FR – 1-1mm)

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REACT™ 71 CATETER
ESPECIFICAÇÕES DO PRODUTO

React™ 71
Catéter

PONTA BISELADA

DIÂMETRO INTERNO
0.071" (1.80 mm)

COMPRIMENTO DE TRABALHO
132 cm

DIÂMETRO EXTERNO MÁXIMO
0.0855" (6.5 F)

COMPRIMENTO TOTAL
141 cm

Design Differences[1]

	React™ 71	React™ 68
Distal Liner	TPE	PTFE
Braid Construction Spacing	Variable	Consistent
Wires in Braid	16	8

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COMPATIBILIDADE

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COMPATIBILIDADE
COMPRIMENTOS

- Solitaire X = 200cm
- Microcateter = 160cm
- REACT 141+ llave Y= 149cm

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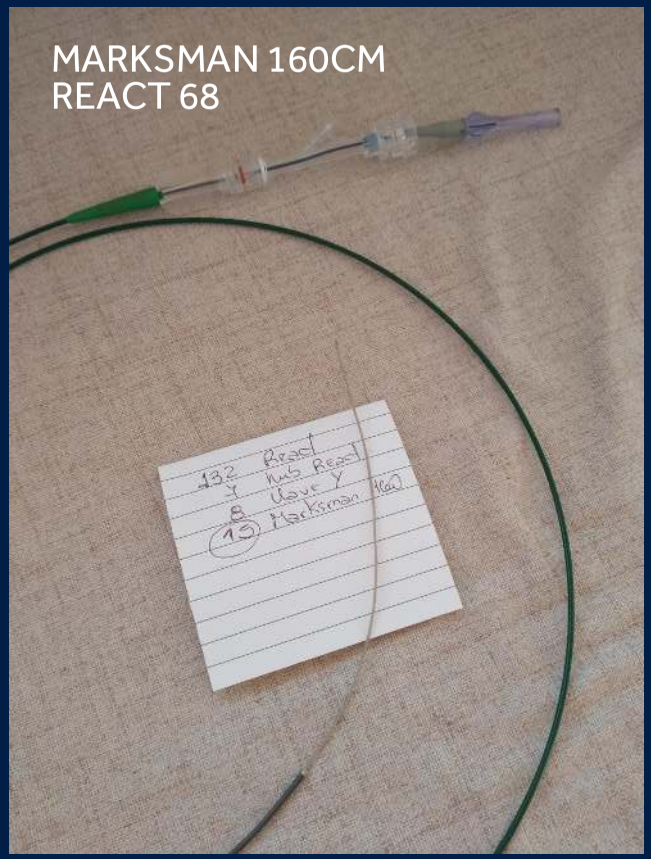
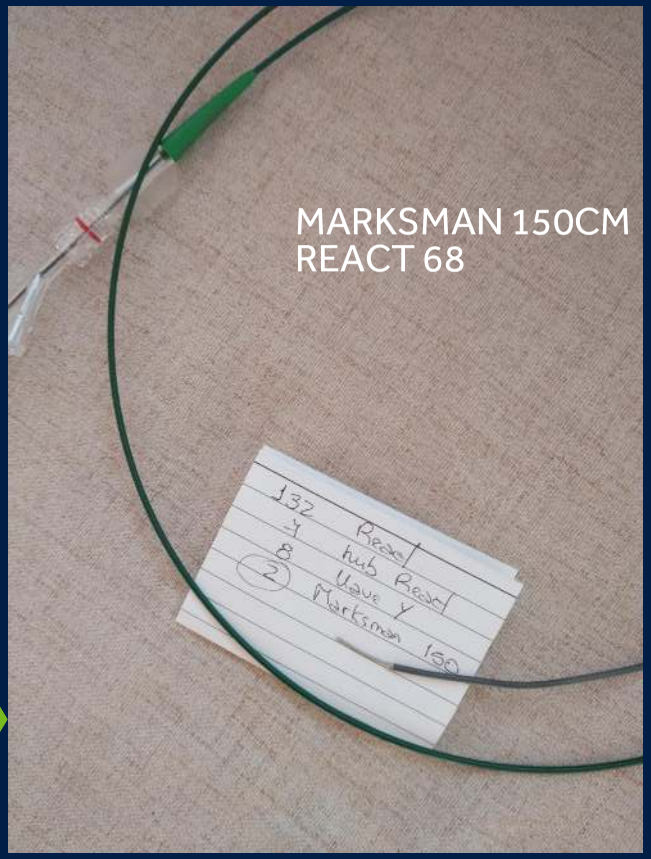
COMPATIBILIDADES
REACT VS MARKSMAN 150/160



132CM	REACT
7CM	HUB REACT
8CM	LLAVE Y
15CM	MARKSMAN 160CM

132CM	REACT
7CM	HUB REACT
8CM	LLAVE Y
2CM	MARKSMAN 150CM



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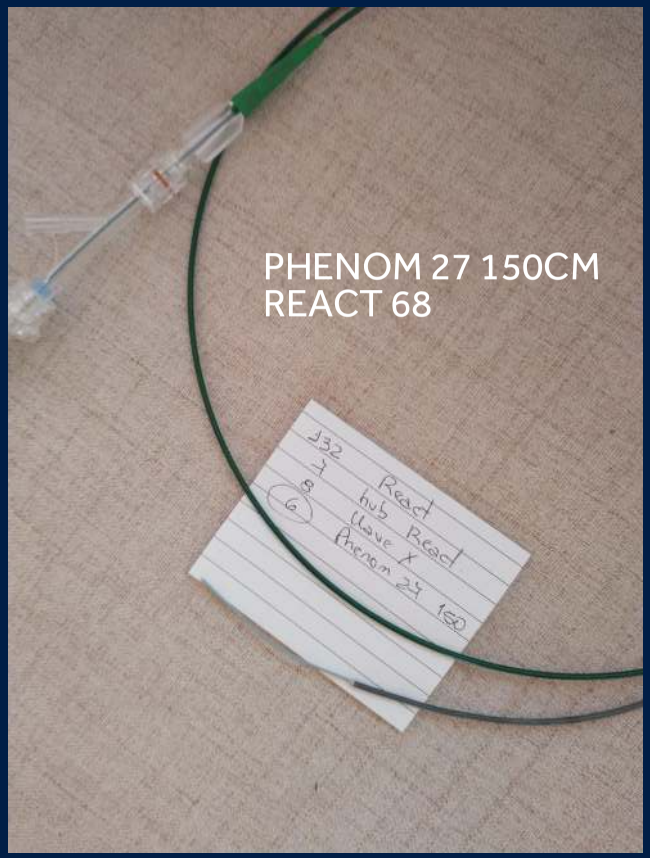
COMPATIBILIDADE
REACT VS PHENOM / REBAR



132CM	REACT
7CM	HUB REACT
8CM	LLAVE Y
6CM	PHENOM 27 150CM

132CM	REACT
7CM	HUB REACT
8CM	LLAVE Y
8CM	REBAR 18 153CM

REBAR 18 153CM
REACT 68

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POR QUE USAR UM CATETER PRÓPRIO PARA ASPIRAÇÃO?
ENTENDENDO A DIFERENCIAÇÃO DO PRODUTO

Cateteres de aspiração precisam de:

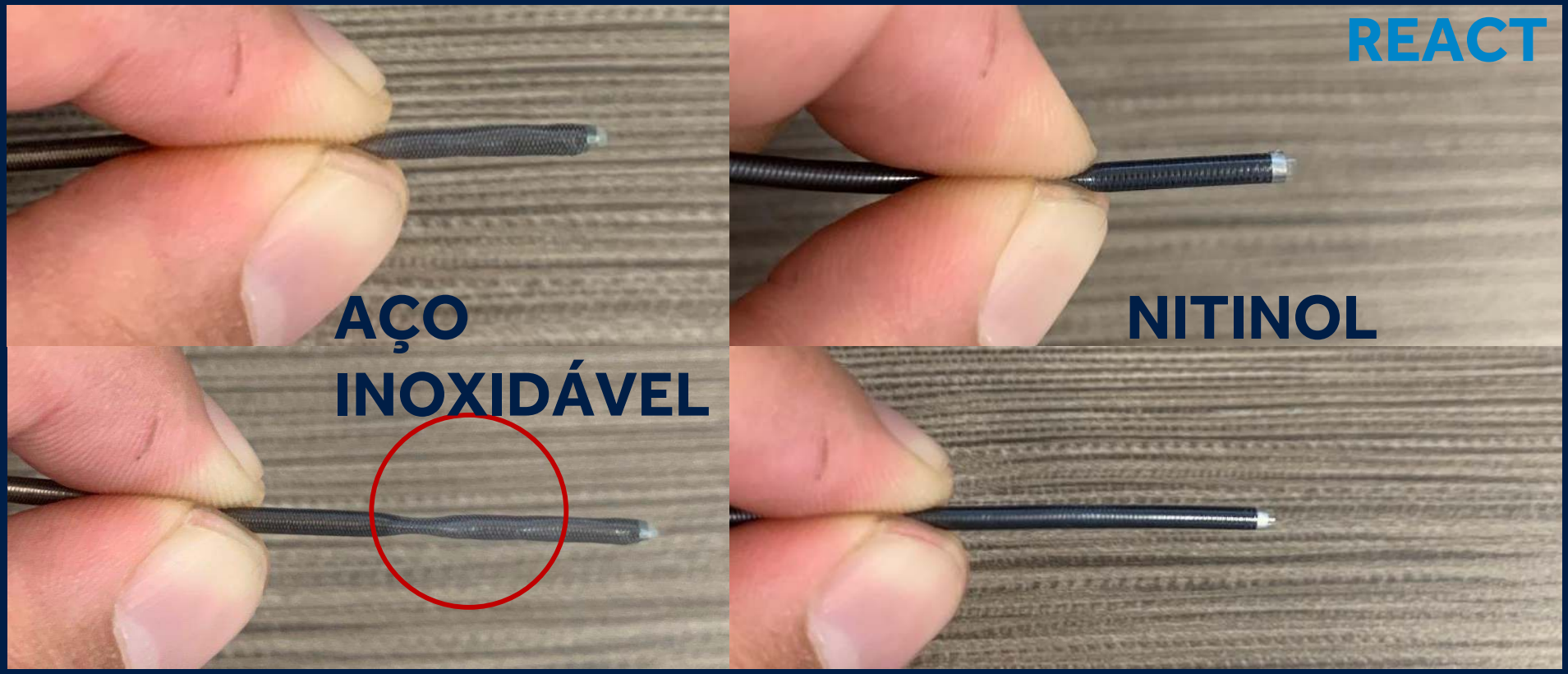
- Navegabilidade
- Ponta atraumática
- Durabilidade

Cateteres de aspiração possuem construção mais robusta e isso é importante porquê:

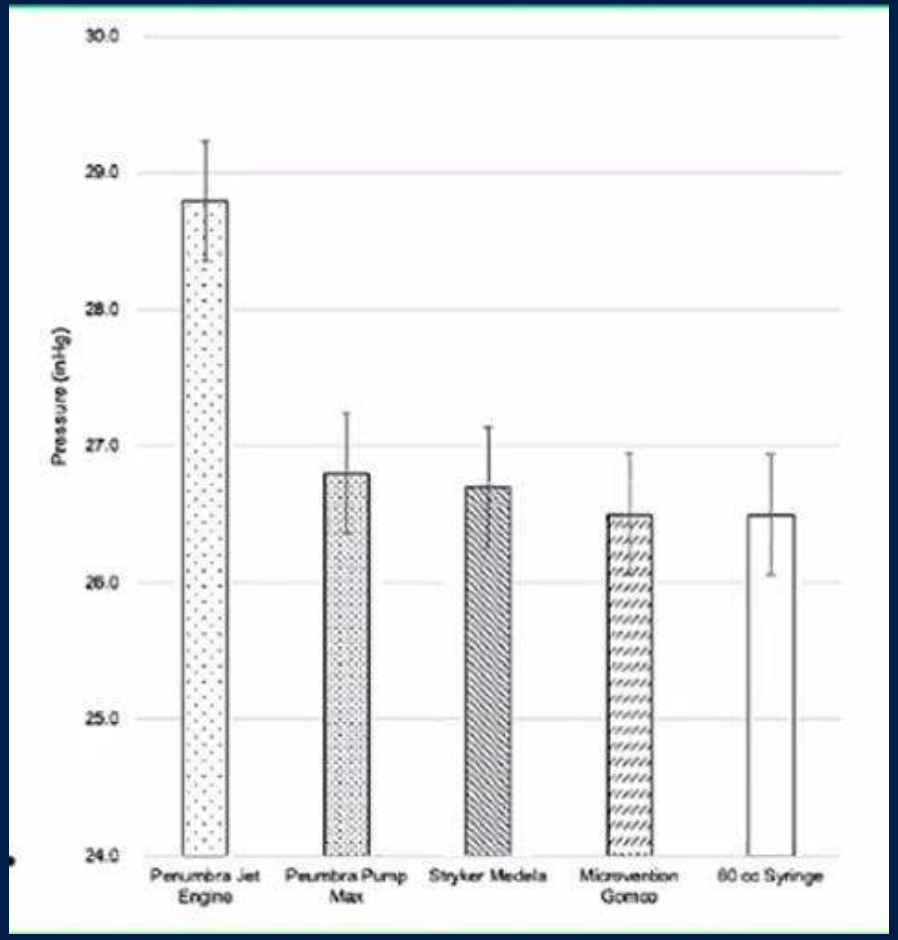
- O tipo de liga metálica utilizada confere durabilidade
  - Aço Inoxidável é mais forte, mas não possui memória de formato
  - Nitinol possui memória de formato, isso reduz as chances de colabamento das paredes

- Construção
  - Espiral (Coil) – confere flexibilidade
  - Malha/trança (Braid) – confere força de empurre

ENTENDENDO A DIFERENÇA
TESTE DE PINÇAMENTO



BOMBA OU SERINGA?
ENTENDENDO A DIFERENÇA



New Devices and Techniques

ORIGINAL RESEARCH

A technical comparison of thrombectomy vacuum aspiration systems

Kurt Yaeger,[1,2] Annabelle Iserson,[1] Paul Singh,[1,3] Jacob Wolf,[2] Ester Vidal,[1] Thomas Oxley,[1,2] Anthony B Costa,[1,2] Johanna T Fifi[1,3]

A pressão exercida em seringas ou bombas são equivalentes, portanto ambas as aspirações são efetivas.

ENTRETANTO...

...Devido a pressão exercida, é necessário ter um cateter adequado em AMBOS OS CENÁRIOS.

CASO CONTRÁRIO:

Seu cateter tenderá a ter as paredes colabadas, ovalização da ponta e estragar mais rapidamente devido à pressão.

E isso acontece na maioria dos casos, independente a experiência do médico...

INDICATIONS

CAUTION: Federal (USA) law restricts these devices to sale distribution and use by or on order of a physician. Indications, contraindications, warnings and instructions for use for Solitaire™ X Revascularization Device can be viewed at www.medtronic.com/manuals. Indications, contraindications, warnings and instructions for use for all other products can be found in the product labeling supplied with each device.

Solitaire™ X Revascularization Device

1. The Solitaire™ X Revascularization Device is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion, and smaller core infarcts who have first received intravenous tissue plasminogen activator (IV t-PA). Endovascular therapy with the device should be started within 6 hours of symptom onset.
2. The Solitaire™ X Revascularization Device is indicated to restore blood flow by removing thrombus from a large intracranial vessel in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for IV t-PA or who fail IV t-PA therapy are candidates for treatment.
3. The Solitaire™ X Revascularization Device is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion of the internal carotid artery (ICA) or middle cerebral artery (MCA)-M1 segments with smaller core infarcts (<70 cc by CTA or MRA, <25 cc by MR-DWI). Endovascular therapy with the device should start within 6-16 hours of time last seen well in patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy.

Phenom™ Catheter

Phenom™ Catheters are intended for the introduction of interventional devices and infusion of diagnostic or therapeutic agents into the neuro, peripheral, and coronary vasculatures.

React™ Catheter

The React™ 68 Catheter and React™ 71 Catheter are indicated for the introduction of interventional devices into the peripheral and neuro vasculature.

Riptide™ Aspiration System

The Riptide™ Aspiration System is intended for use in the revascularization of patients with acute ischemic stroke secondary to intracranial large vessel occlusive disease (within the internal carotid, middle cerebral M1 and M2 segments, basilar, and vertebral arteries) within 8 hours of symptom onset. Patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy are candidates for treatment.

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