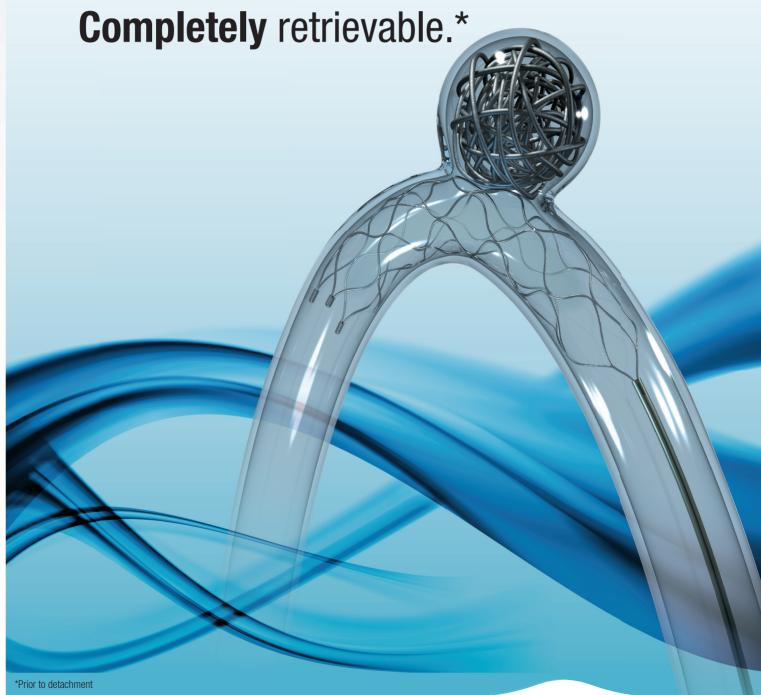
Solitaire[™] **AB**

Neurovascular Remodeling Device new 3 & availables non and

Fully deployable.





Solitaire™ AB Neurovascular Remodeling Device is the only self-expanding stent designed for bridging the neck of aneurysms that can be completely retrieved, even when fully deployed for unmatched procedural control.







Ease in delivery

- · Designed for single-operator delivery and deployment
- Delivery through a standard 0.021" or 0.027" micro catheter on a 0.016" pushwire means
 Solitaire AB delivers just like a coil

Accuracy and deployment control

- Only Solitaire AB allows for multiple retrievals, even after full deployment for adjustment and superior placement
- Features electrolytic detachment for control of detachment after deployment. Solitaire AB can be detached before or after coil embolization
- When not detached, Solitaire AB can be safely held or placed without risk of migration of the stent during coil placement or balloon use

Optimal coil mass support

- Designed for optimal vessel conformability. Due to its unique self-expanding Nitinol design,
 Solitaire AB easily adopts to the tortuous path of vessels
- Its open slit, closed cell design gives Solitaire AB excellent radial force with good kink resistance

Clinical successes

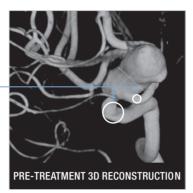
- Both distal and proximal sections comply with vessel wall and show nice opening
- Despite acute angle, Solitaire AB shows minimal narrowing

LINNC, 2008

- Lack of kinking
- Good conformability
- Coverage at the neck

Note the difference in terms of vessel diameter that does not favor the stent opening

Case pictures courtesy of Pr. Moret – Rothschild Foundation, Paris, France





J Neurosurg 107, 2007

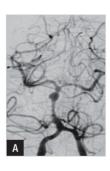
Immediate and midterm follow-up results of using an electrodetachable, fully retrievable (SOLO*) stent system in the endovascular coil occlusion of wide-necked cerebral aneurysms

Kivilcim Yavuz, M.D., Serdar Geyik, M.D., Almila Gulsum Pamuk, M.D., Osman Koc, M.D., Isil Saatchi, M.D., and H. Saruhan Cekirge, M.D. A: Initial diagnostic left VA angiogram, demonstrating a ruptured mid-BA wide-necked aneurysm and vasospasm of the BA.

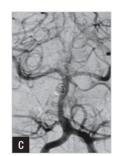
B: Nonsubtracted view showing deployed but not detached SOLO* stent in the BA across the aneurysm neck. Three distal radiopaque markers are indicated by arrows. A 4x7 mm HyperFormTM Balloon (arrowheads) was positioned within the stent from the contralateral VA. The aneurysm was then embolized with stent- and balloon-assisted coil insertion, and detachment of the stent was accomplished after endosaccular coil placement.

C: Immediate post-treatment angiogram exhibiting complete occlusion of the aneurysm.

D: Six-month follow-up angiogram, revealing stable complete occlusion.





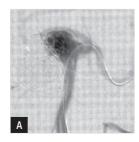


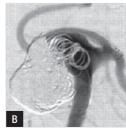


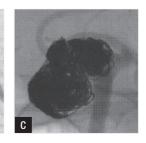
Neuroradiology, 2006

A Novel Self-Expanding Fully Retrievable Intracranial Stent (SOLO*): Experience in Nine Procedures of Stent-Assisted Aneurysm Coil Occlusion

Thomas Liebig, Hans Henkes, Jörg Reinartz, Elina Miloslavski, and Dietmar Kühne Progress of the treatment in patient 1 **A, B** and pretreatment T2-W transverse MRI scan **D.**Initially, the aneurysm was selected with a micro catheter for coil delivery **A**, followed by the deployment of the first of two SOLO* stents and a number of loosely fitting coils **B.** Finally, another SOLO* stent was placed almost entirely overlapping the first, and the aneurysm was roughly 90% occluded with a total of nine coils **C.**









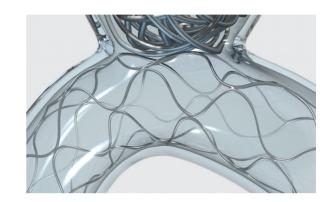
* SOLO is now Solitaire AB.

The difference is in the design

The unique overlap design of Solitaire AB gives flexibility and allows for conformance to the vessel while minimizing straightening of the vessel

Solitaire AB has a radial force that allows for flexibility and optimal coil mass support due to:

- · Closed cell design
- High cell deformation resistance



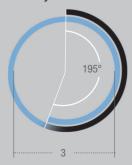
Due to its unique overlap design, Solitaire AB provides excellent wall apposition for stability in the vessel and radial strength to support the coil mass





Cell overlap

The Solitaire AB closed cell design provides optimum scaffolding to prevent coil herniation into the parent artery

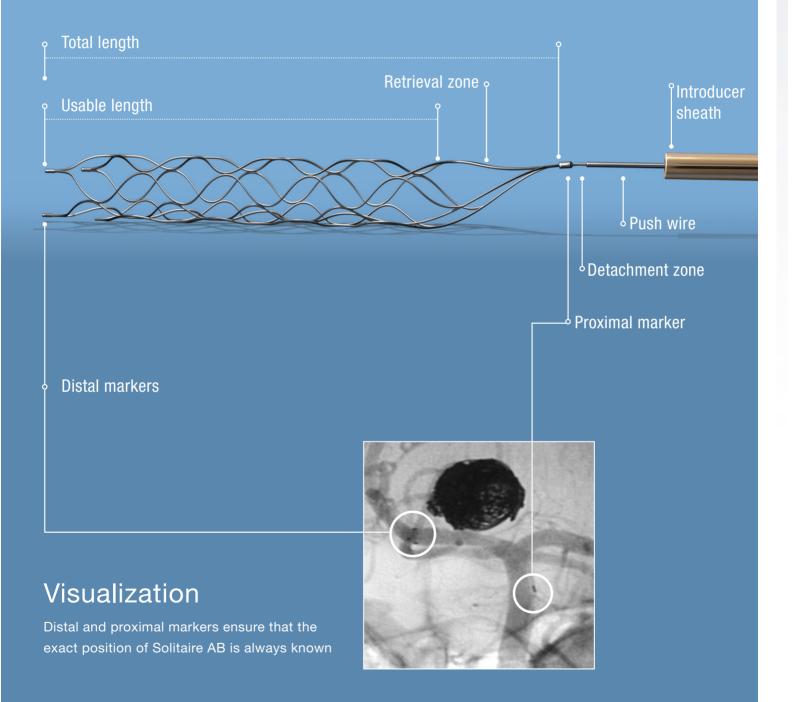






Solitaire AB cell overlap for various vessel diameters for 4 mm device

Optimal Delivery and Coil Mass Support



Solitaire™ AB - Device Selection											
Reference Number	Recommended Vessel Diameter (mm)	Diameter (mm)	Minimum Microcatheter ID (in.)	Distal Marker(s)	Proximal Marker(s)	Working Length (min)	Total Length (min)				
SAB-3-20*	2.2 - 3.0	3	0.021	3	1	24.2	32.2				
SAB-3-30*	2.2 - 3.0	3	0.021	3	1	36.6	44.8				
SAB-4-15	3.0 - 4.0	4	0.021	3	1	15.6	27.3				
SAB-4-20	3.0 - 4.0	4	0.021	3	1	20.6	32.1				
SAB-4-30*	3.0 - 4.0	4	0.021	3	1	31.1	42.3				
SAB-4-40*	3.0 - 4.0	4	0.021	3	1	40.2	51.6				
SAB-5-20*	4.0 - 5.0	5	0.027	4	1	20.1	32.6				
SAB-5-30*	4.0 - 5.0	5	0.027	4	1	29.1	41.8				
SAB-5-40*	4.0 - 5.0	5	0.027	4	1	38.3	50.9				
SAB-6-20	5.0 - 6.0	6	0.027	4	1	17.9	32.3				
SAB-6-30	5.0 - 6.0	6	0.027	4	1	28.3	42.8				

Select a Solitaire AB usable length to maintain a minimum of 4 mm on each side of the aneurysm neck along the parent vessel.

^{*} Coming soon. Pleas contact your ev3 representative for availability.

Solitaire AB [™] - Detachment System					
Reference Number	Description				
NDS-2	Solitaire AB Detachment Box				

Note: It is recommended to use the ev3 Rebar™ Microcatheter for the delivery of Solitaire™ AB.

Rebar [™] - Device Selection											
Reference Number	Catheter Class	Usable Length (mm)	ID (in.)	Max Guidewire (in.)	Proximal OD	Distal OD					
105-5081-153*	18	153	0.021	0.018	2.7F	2.4F					
105-5083-153	18	153	0.021	0.018	2.7F	2.4F					
105-5082-130	27	130	0.027	0.018	2.8F	2.8F					
105-5082-145	27	145	0.027	0.018	2.8F	2.8F					

^{*} Dual Marker Band

Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Solitaire AB Neurovascular Remodeling Device is designed for use as an adjunctive device in the treatment of intracranial aneurysms.

Solitaire, Rebar and HyperForm are trademarks of ev3 Inc.

Other names appearing in this document are the property of their respective owners.

NEUROVASCULAR | PERIPHERAL VASCULAR Access · Balloons · Carotid · **Embolic Coils** · Embolic Protection · Liquid Embolics · Plaque Excision · Procedural Support · Retrieval Devices · Stents

ev3 Europe International Headquarters 106-108 rue La Boétie 75008 Paris France PH +33 156 88 59 10 FX +33 156 88 59 11

PH +1 763 398 7000 FX +1 763 398 7001 Cust Srvc. +1 800 716 6700

ev3 Neurovascular 9775 Toledo Way Irvine, CA 92618 USA PH +1 949 837 3700 FX +1 949 837 2044

ev3 International
Distribution Centre
Europalaan 25
6199 AB Maastricht-Airport
The Netherlands
PH +31 (0) 433 659 220
FX +31 (0) 43 364 6395

ev3 SAS France PH +33 (0) 156 88 31 10 FX +33 (0) 156 88 31 11

ev3 B.V. Benelux PH +31 (0) 433 659 223 FX +31 (0) 433 650 283

ev3 Technologies Iberica, S.L. Spain PH +34 91 656 7154 FX +34 91 656 7214

ev3 S.r.l. Italy PH +39 0267 977 61 FX +39 0266 711 637

ev3 Nordic AB PH +46 859 000 950 FX +46 859 000 959

ev3 Sp z o.o. Poland PH +48 32 747 01 44 FX +48 32 747 01 45

ev3 GmbH Germany, Austria PH +49 228 528 830 **FX** +49 228 528 8360

ev3 Ltd. United Kingdom PH +44 1279 659 900 **FX** +44 1279 654 900



