

*The Pediatric Combination
that lasts*

Now with
PROPATEN
Bioactive Surface
for
**Pediatric
Shunt**

PERFORMANCE through experience



PROPATEN®

VASCULAR GRAFT



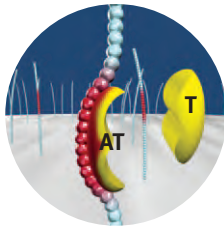
A New Category *in Pediatric Shunts*

- ▶ Gore builds on proven elements you can trust — a combination of innovation and a history of clinical success.
- ▶ **More than 50,000** successful GORE® PROPATEN® Vascular Graft implants and more than three decades of experience with GORE-TEX® Vascular Graft configured for Pediatric Shunts worldwide.
- ▶ **More than 200** scientific papers including numerous clinical studies have demonstrated the performance of the end-point covalent heparin bonding technology.
- ▶ **More than 25 million** Gore clinical ePTFE implants worldwide.
- ▶ **More than 30 years** of experience in medical device implants.

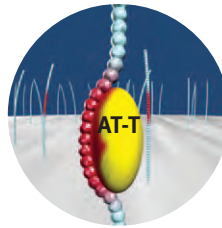
PROPRIETARY END-POINT COVALENT BONDING

- Only the end of the heparin molecule is bonded to the graft surface

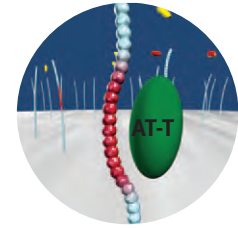
The heparin bioactive site remains free to interact with the blood



- Heparin molecules are bonded to the graft's luminal surface
- Bioactive site of the heparin molecule binds to antithrombin (AT)



- Antithrombin binds to thrombin (T) – a neutral AT-T complex is formed
- Thrombin loses its ability to catalyze the conversion of fibrinogen to fibrin



- Neutral AT-T complex detaches from the heparin molecule
- Heparin bioactive site becomes available to again bind antithrombin

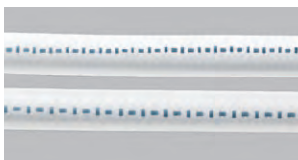
- End-point covalent bonding keeps heparin anchored to the graft surface over time
- Proprietary Gore technology

HEPARIN

- A proven anticoagulant
- Derived from heparin sourced in North America
- Reduced molecular weight heparin of porcine origin

ePTFE

- Unchanged GORE-TEX® Vascular Graft handling properties



Stretch Technology



Thin-walled



Longitudinal extensibility – allowing easier tailoring and sizing



Kink resistance – improved handling, soft and supple while enhancing kink resistance

CATALOGUE NUMBER*	INTERNAL DIAMETER (mm)	GRAFT LENGTH (cm)
HPT030005A	3	5
HPT030010A	3	10
HPT030015A	3	15
HPT350005A	3.5	5
HPT350010A	3.5	10
HPT350015A	3.5	15
HPT040005A	4	5
HPT040010A	4	10
HPT040015A	4	15
HPT050005A	5	5
HPT050010A	5	10
HPT050015A	5	15
HPT060015A	6	15

* European catalogue numbers do not include the 'A'.

For additional sizes and catalogue numbers, please call your local Gore Sales Representative.



Relaxed State



Moderate Tension for Implantation



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Examples of Applications in Pediatric Cardiac Surgery:

- Complex Tetralogy of Fallot¹⁻⁴
- Pulmonary atresia with VSD²⁻⁴
- Pulmonary atresia with intact septum²⁻⁴
- Double outlet right ventricle with pulmonary stenosis^{2,4}
- Complete transposition with pulmonary stenosis²⁻⁴
- HLHS and other single ventricle equivalents^{2,4,5}

1. Alkhalafi AM, Lacour-Gayet F, Serraf A, Belli E, Planché C. Systemic pulmonary shunts in neonates: early clinical outcome and choice of surgical approach. *Annals of Thoracic Surgery* 2000;69(5):1499-1504.
2. Ishino K, Stümper O, De Giovanni JJ, *et al.* The modified Norwood Procedure for hypoplastic left heart syndrome: early to intermediate results of 120 patients with particular reference to aortic arch repair. *Journal of Thoracic & Cardiovascular Surgery* 1999;117(5):920-930.
3. Gladman G, McCrindle BW, Williams WG, Freedom RM, Benson LN. The modified Blalock-Taussig shunt: clinical impact and morbidity in Fallot's tetralogy in the current era. *Journal of Thoracic & Cardiovascular Surgery* 1997;114(1):25-30.
4. Tsai KT, Chang CH, Lin PJ. Modified Blalock-Taussig shunt: statistical analysis of potential factors influencing shunt outcome. *Journal of Cardiovascular Surgery* 1996;37(2):149-152.
5. Al Jubair KA, Al Fagih MR, Al Jarallah AS, *et al.* Results of 546 Blalock-Taussig shunts performed in 478 patients. *Cardiology in the Young* 1998;8(4):486-490.