Please refer to IFU provided with the product for details on implantation.

For more information visit: www.vascutek.com/thoraflex-hybrid
The Thoraflex™ Hybrid device is intended for the open surgical repair or replacement of damaged or diseased vessels of the aortic arch and descending aorta with or without involvement of the ascending aorta in cases of aneurysm and/or dissection.
Figure 3: Thoraflex™ Hybrid delivery system (Plexus 4 version).
Figure 4: The product has been pre-soaked in sterile saline for 1–5 minutes. The delivery system sheath is shaped to match the aortic anatomy.

Notes:
1. The delivery system and device must not be allowed to dry out after soaking.
2. Do not bend the stented section within 10mm of the splitter or while holding the system handle.
Figure 5: If any major sheath kinking is evident after shaping the delivery system then local pressure should be applied to the kinks to reduce sheath folding and remove any sharp points.
Figure 6: It is recommended that the delivery system is used with a guidewire. The guidewire is introduced into the aorta in a retrograde direction.
Figure 7: The tip contains a choice of two guidewire access ports. The guidewire can be fed through either port and then along the outside of the sheath. The delivery system can then be moved along it into position.
Figure 8: The delivery system must be placed through the opened aortic arch into the descending aorta. This should be done over a guidewire in order to ensure that the correct lumen is being treated. When positioning the delivery system ensure that the splitter release clip is accessible and the collar is positioned correctly in relation to the anastomotic site.

Note: For the Plexus design, the delivery system should be orientated so that the device branches and aortic arch vessels are aligned.
Figure 9: In order to unsheath the device, firmly stabilise the handle with one hand and with the other hand pull back the strap in-line with the handle. This will simultaneously retract and split the sheath allowing it to be completely removed from the delivery system.
Figure 10: Once the sheath has been removed, the splitter is detached from the delivery system by cutting the suture. Ensure the graft fabric under the splitter is opened up to facilitate the removal of the handle.
Figure 11: IF A GUIDEWIRE WAS USED DURING THE DEPLOYMENT OF THE DEVICE IT MUST BE REMOVED FROM THE SYSTEM BEFORE THE RELEASE WIRE IS REMOVED. This step enables the guidewire to be removed while the device remains held in position by the system, preventing movement of the stented section.
Figure 12: In order to fully release the device from the delivery system pull the red release clip and attached wire out of the delivery system handle. The release wire should be pulled out proximally in line with the delivery system handle. The distal end of the stent graft will now be released from the delivery system.
Device Deployment

Figure 13: The handle assembly is removed by gently pulling the handle proximally. Ensure that the device is sufficiently loose around the shaft to allow its removal without disturbing the graft. If the delivery system was introduced around a curve, it must be removed following the identical path in order to avoid moving the device or causing trauma to the vessel.
After delivery system removal the distal collar is sutured to the native aortic vessel to provide device fixation and stability.

Figure 14: Plexus
The proximal graft and arch branch anastomoses are completed and the perfusion side branch is tied off.

Figure 15: Ante-Flo™
The proximal graft and “island” anastomoses are completed and the perfusion side branch is tied off.
Our unique design reduces operating times\(^1\)

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Reference:
1. Frozen Elephant Trunk with Thoraflex™ Hybrid prosthesis: early results of the Prospective THORA-FET Registry. D Maselli MD et al. AATS Aortic Symposium 12-13 May, 2016, New York, USA