Preserve your patient's **quality of life.**





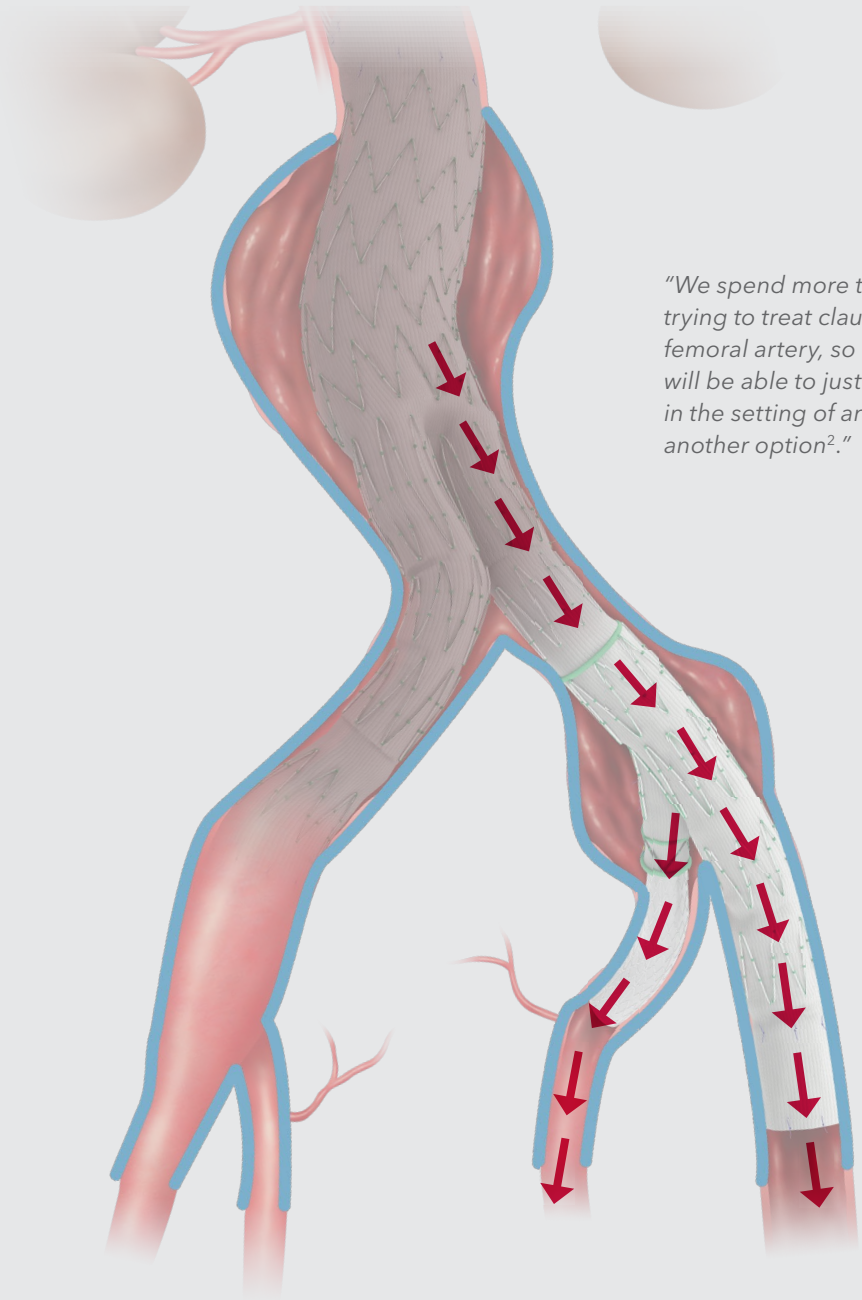
Zenith® Branch

ENDOVASCULAR GRAFT - ILIAC BIFURCATION

COOK® MEDICAL

The Zenith Branch iliac graft helps you preserve your patient's **quality of life.**

Zenith helps maintain natural blood flow to the internal and external iliacs.



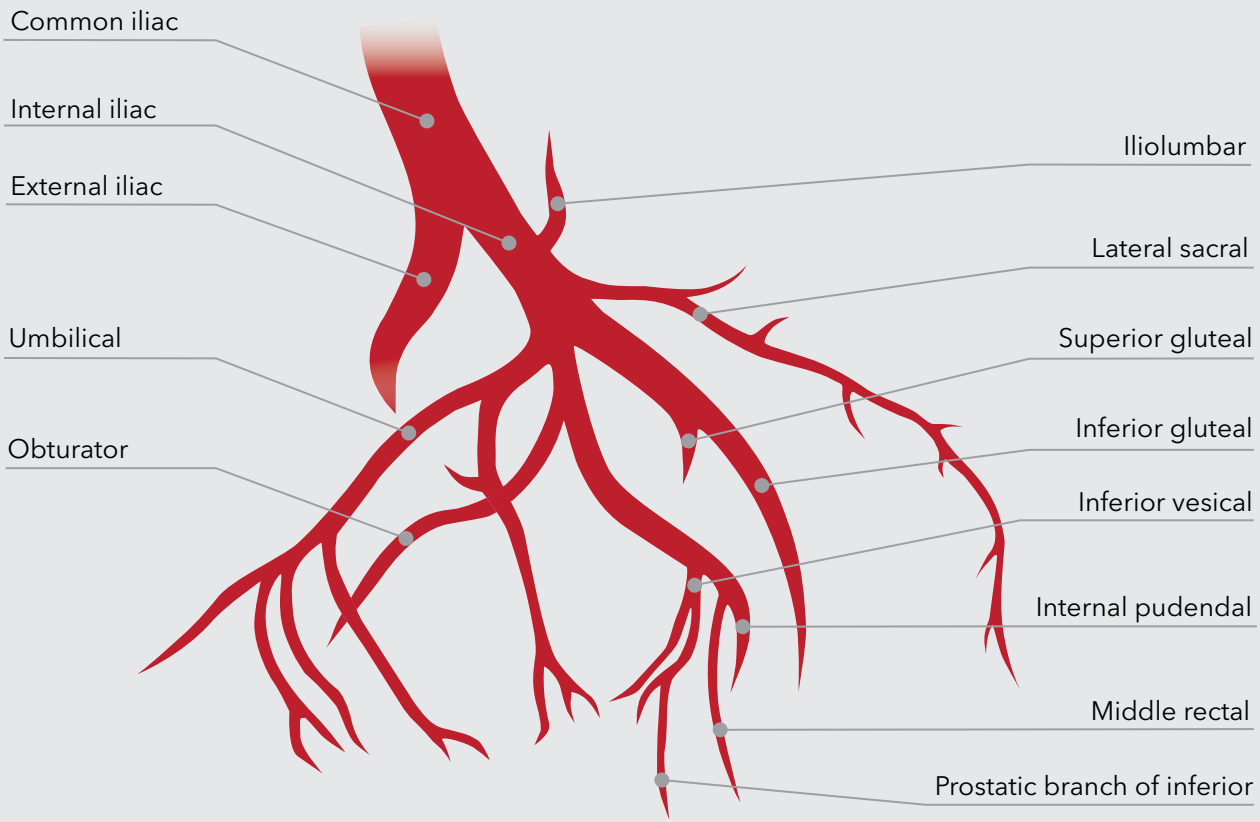
"We spend more than $1 billion each year trying to treat claudication in the superficial femoral artery, so I can't understand how we will be able to justify creating claudication in the setting of an aneurysm when there is another option[2]."

Dr. Roy Greenberg

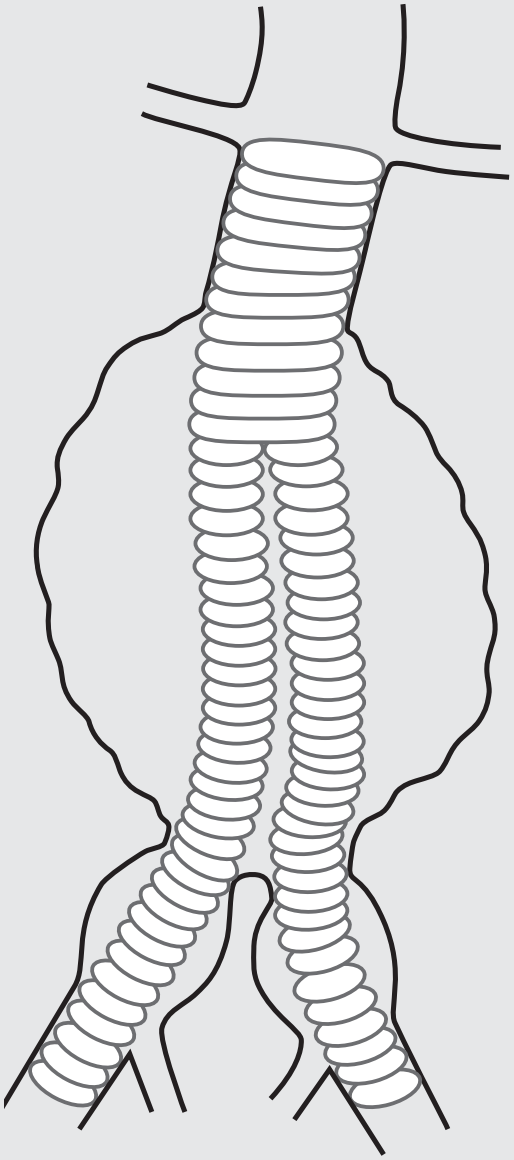
2. Greenberg R. EVAR: Raising the bar. *Endovasc Today*. http://evtoday.com/2010/01/evar-raising-the-bar [2010]. Accessed: February 26, 2020.

Preserving flow to internal iliac means preserving flow to other areas of the patient's anatomy.

The main function of the internal iliacs is to supply blood to the pelvic region, hips, thighs, and the reproductive organs.



Preserving the internal iliac artery helps prevent ischaemic complications.



Bilateral or unilateral coiling of the internal iliac artery does not always preserve pelvic circulation. Lack of circulation puts patients at risk to develop significant ischaemic complications.

Buttock claudication occurs in about 30% of patients after endovascular repair of the common iliac artery (CIA) with embolisation and/or coverage of the internal iliac artery (IIA)[3,4,5,6].

Erectile dysfunction occurs in 20% of patients after endovascular repair of the common iliac artery, with minimal long-term improvement[6].

3. Ghosh J, Murray D, Paravastu S, et al. Contemporary management of aorto-iliac aneurysms in the endovascular era. *Eur J Vasc Endovasc Surg*. 2009;37(2):182-188.
4. Rayt HS, Brown MJ, Lambert KV, et al. Buttock claudication and erectile dysfunction after internal iliac artery embolization in patients prior to endovascular aortic aneurysm repair. *Cardiovasc Intervent Radiol.* 2008;31(4):728-734.
5. Cochennec F, Marzelle J, Allaire E, et al. Open vs endovascular repair of abdominal aortic aneurysm involving the iliac bifurcation. *J Vasc Surg*. 2010;51(6):1360-1366.
6. Farahmand P, Becquemin JP, Desgranges P, et al. Is hypogastric artery embolization during endovascular aortoiliac aneurysm repair (EVAR) innocuous or useful? *Eur J Vasc Endovasc Surg*. 2008;35(4):429-435.

Zenith Branch iliac graft is helping to **prevent ischaemic complications.**

Zenith Branch iliac graft vs. blocking off natural blood flow

Buttock claudication	
Unilateral IIA embolisation	31% of patients[4]
Bilateral IIA embolisation	35% of patients[4]
Zenith Branch	**4%** of patients[1]

Erectile dysfunction	
Unilateral IIA embolisation	17% of patients[4]
Bilateral IIA embolisation	24% of patients[4]
Zenith Branch	**0%** of patients[1]

Other ischaemic complications	
Zenith Branch	**0%** of patients[1]

1. Parlani G, Verzini F, De Rango P, et al. Long-term results of iliac aneurysm repair with iliac branched endograft: 5-year experience on 100 consecutive cases. Eur J Vasc Endovasc Surg. 2012;43(3):287-292.

The Zenith Branch Iliac graft helps you deliver a **durable repair.**

Efficacy: Proven technology and technique

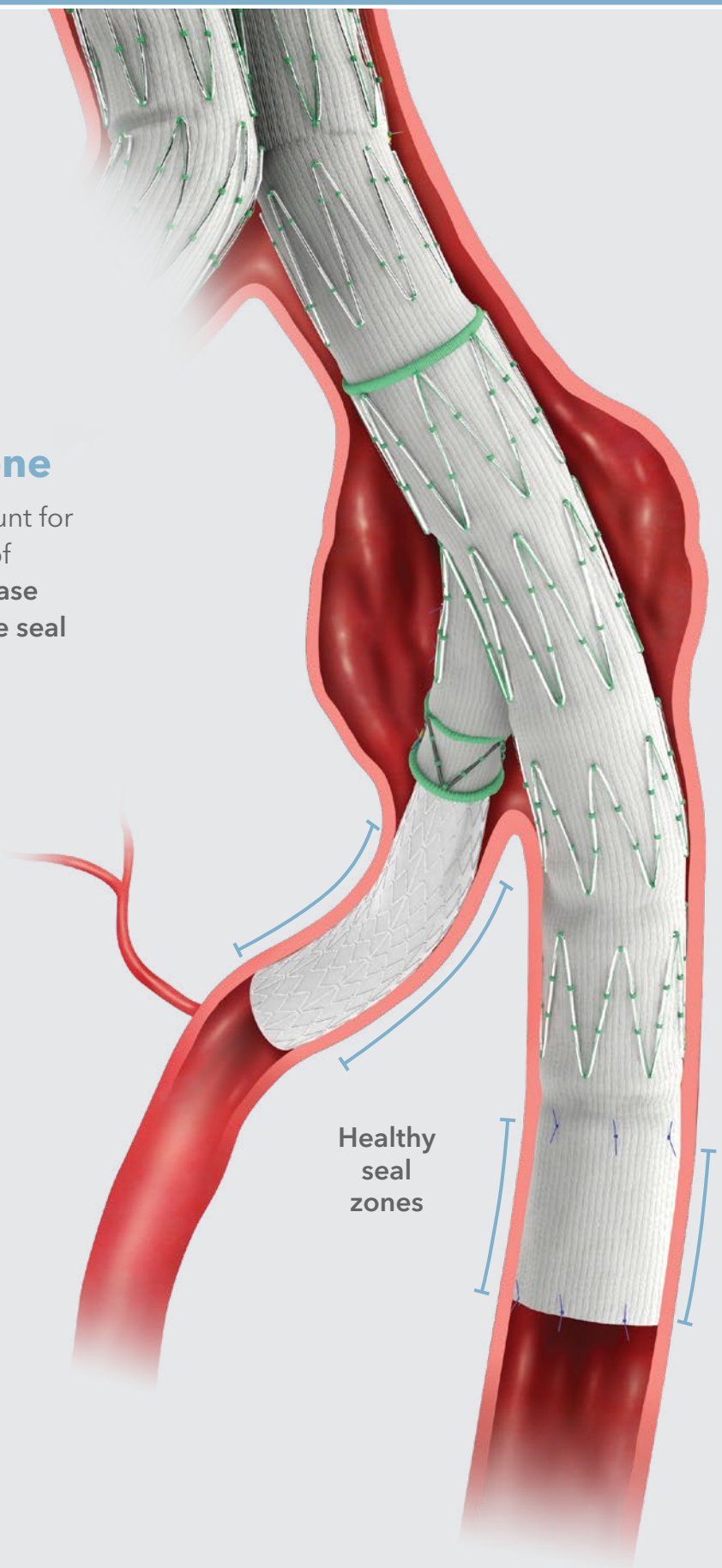
Results[1]

- No perioperative mortality
- No pelvic or colon ischaemia
- 96% freedom from buttock claudication at 5 years
- 91.4% IBD patency and 81.3% freedom from reintervention rates at 5 years
- No persisting endoleaks at 5 years
- Iliac aneurysm growth greater than 3 mm occurred in only four cases (4/96)

1. Parlani G, Verzini F, De Rango P, et al. Long-term results of iliac aneurysm repair with iliac branched endograft: 5-year experience on 100 consecutive cases. *Eur J Vasc Endovasc Surg*. 2012;43(3):287-292.

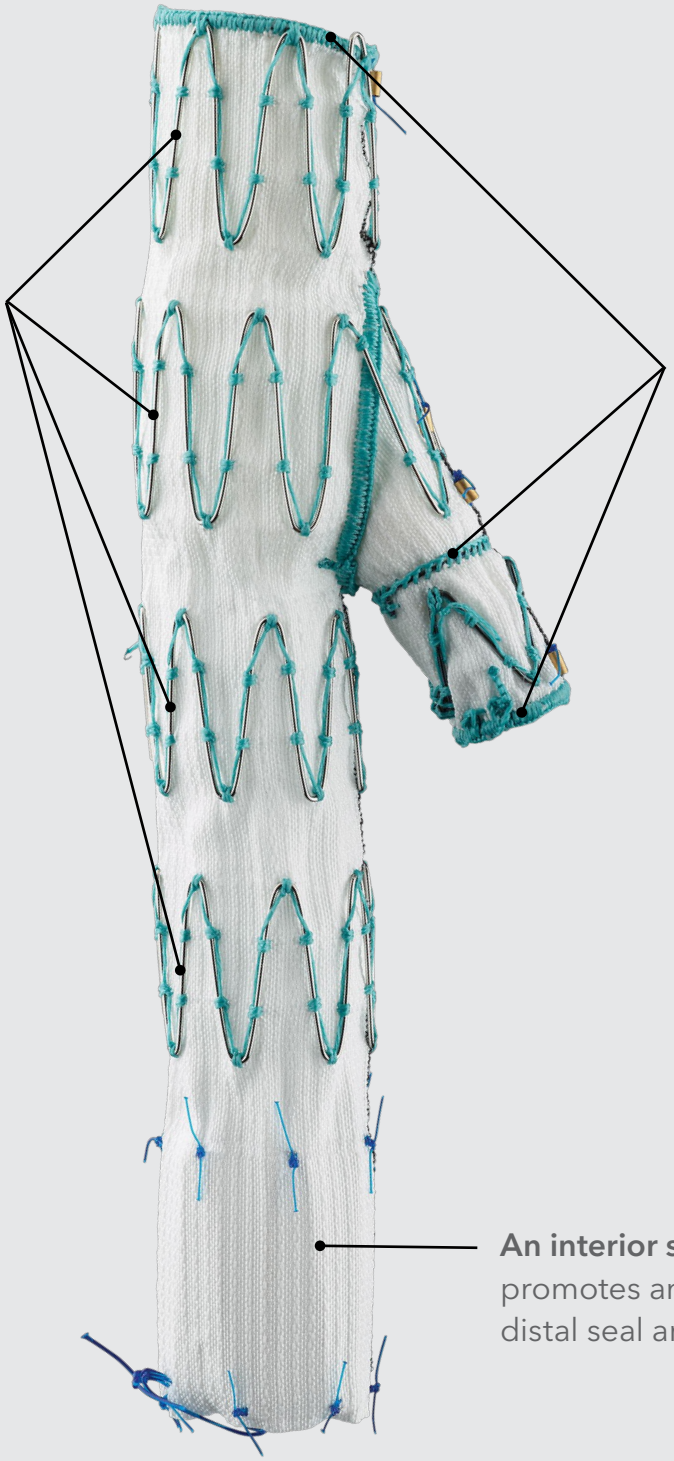
Healthy seal zone

Device indications account for the progressive nature of aortic disease and **increase the chances of a durable seal** in a healthy seal zone.



Designed with intent, crafted with care

Self-expanding z-stents provide radial force.

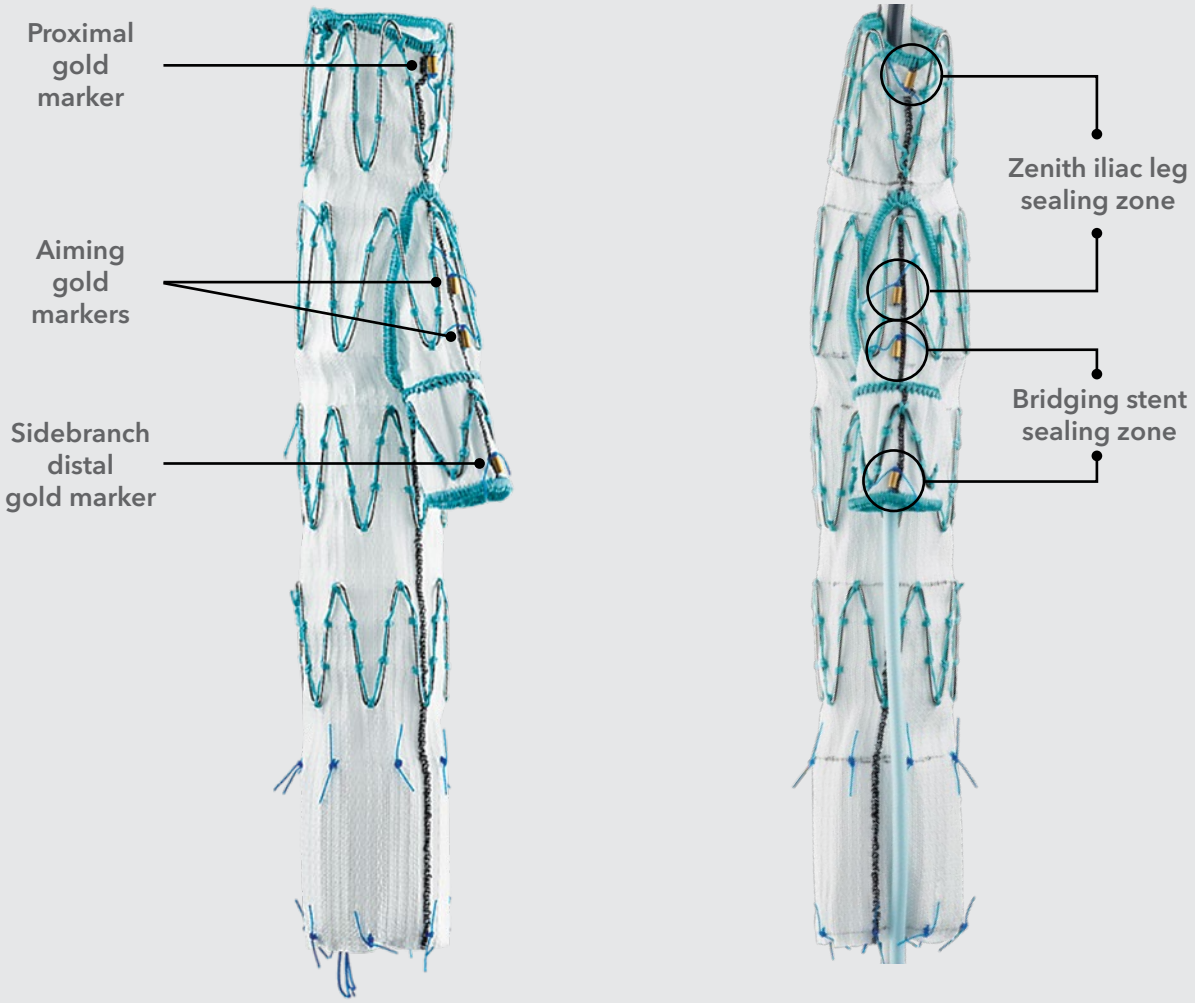


Nitinol rings facilitate seal and provide radial support.

An interior sealing stent promotes and maintains distal seal and patency.

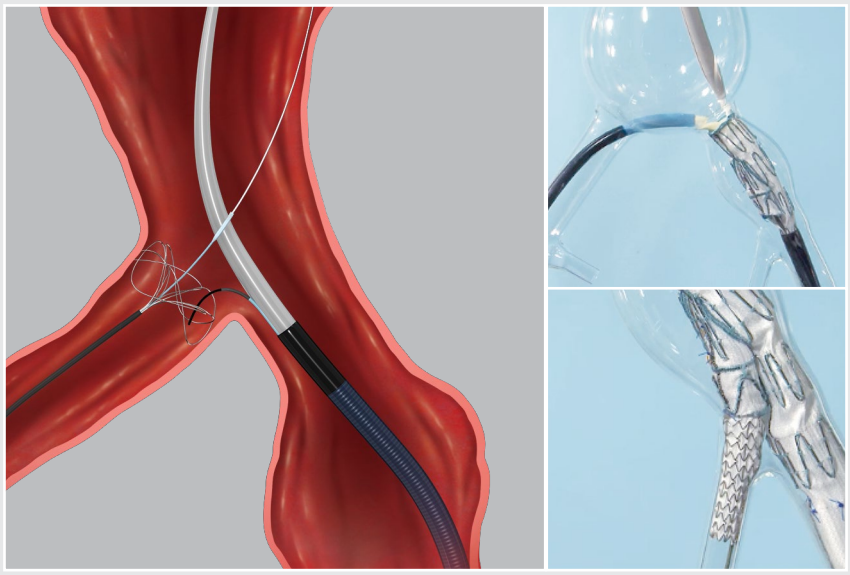
The Zenith Branch iliac graft has been crafted with care to **simplify CIAA repair.**

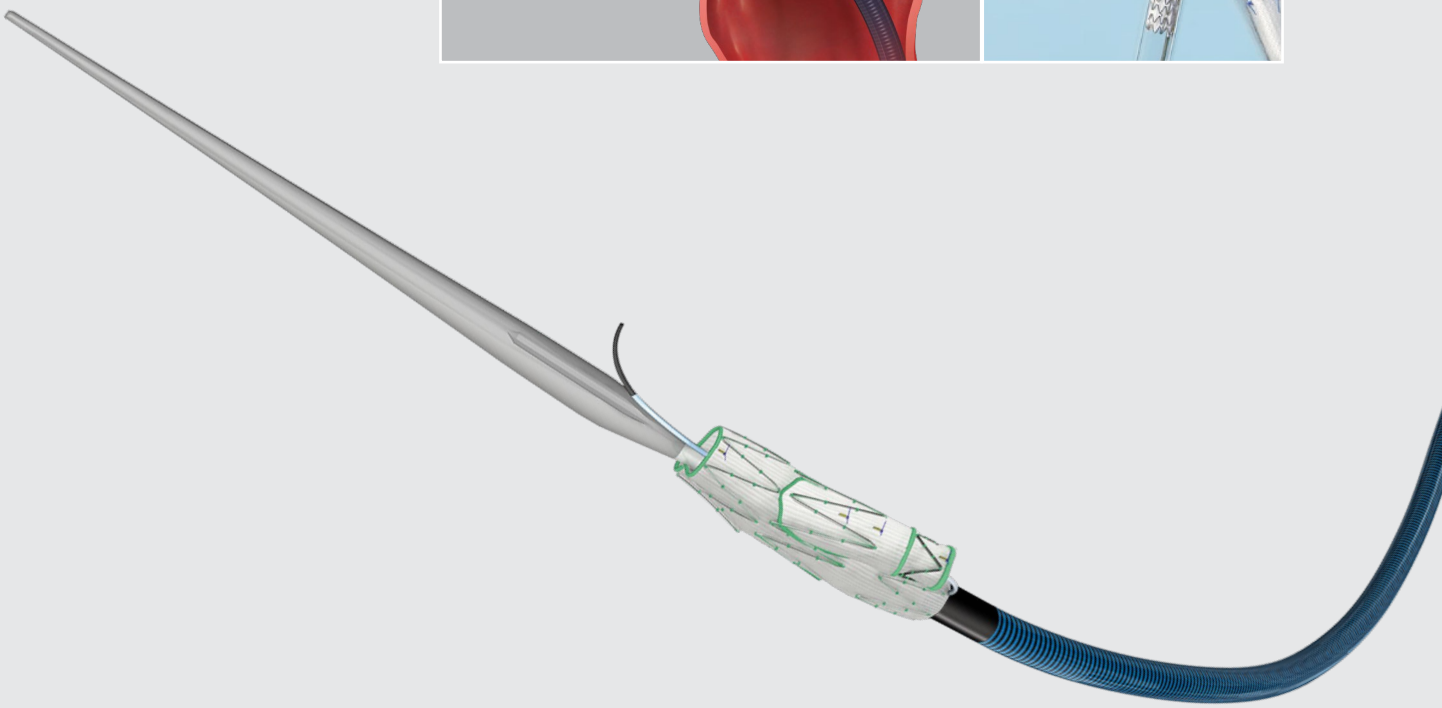
Gold markers at key device segments simplify internal branch stent and bridging limb deployment.

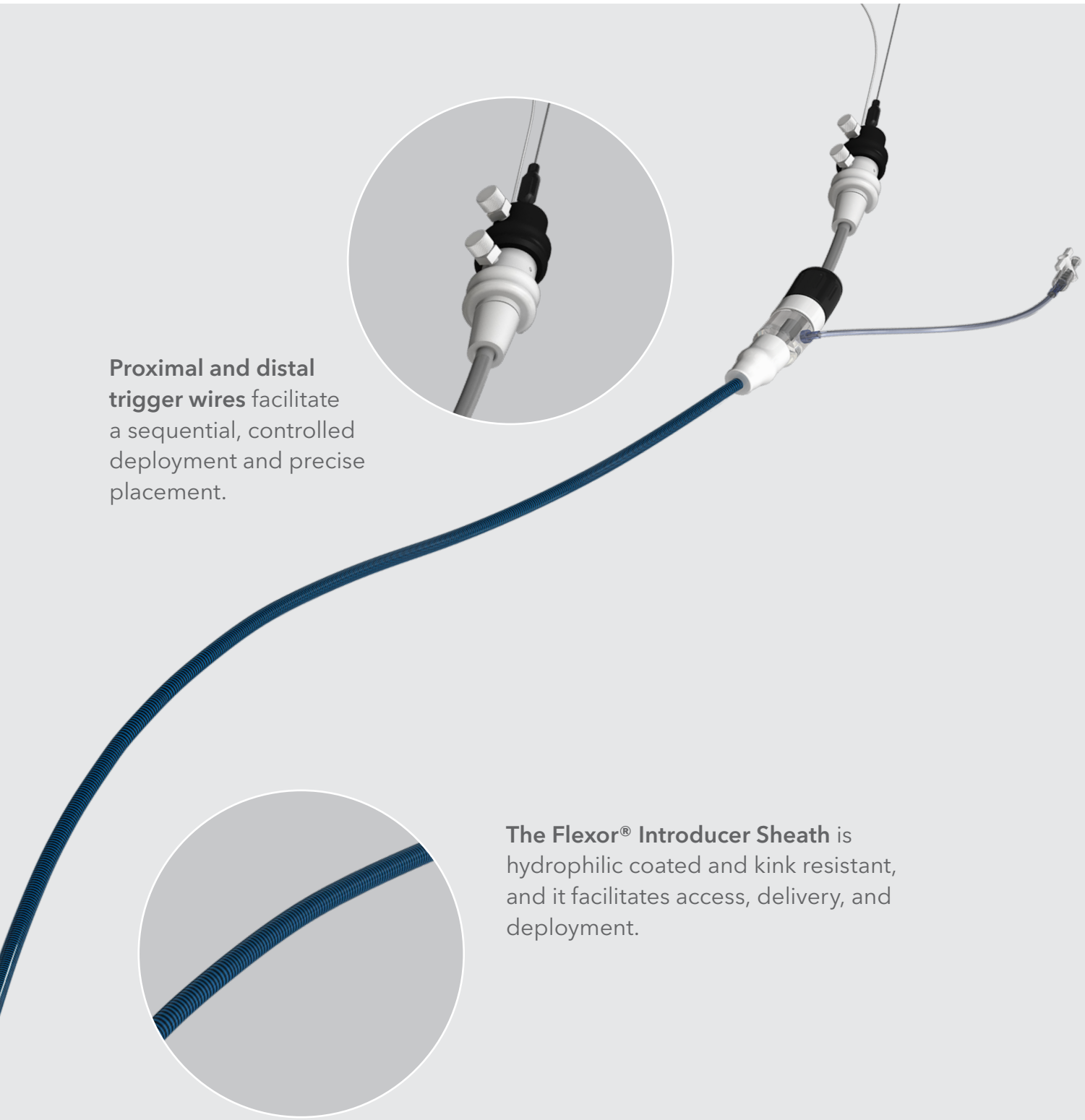


Controlled delivery, **precise** placement

The indwelling curved catheter simplifies branch cannulation and branch stent placement.





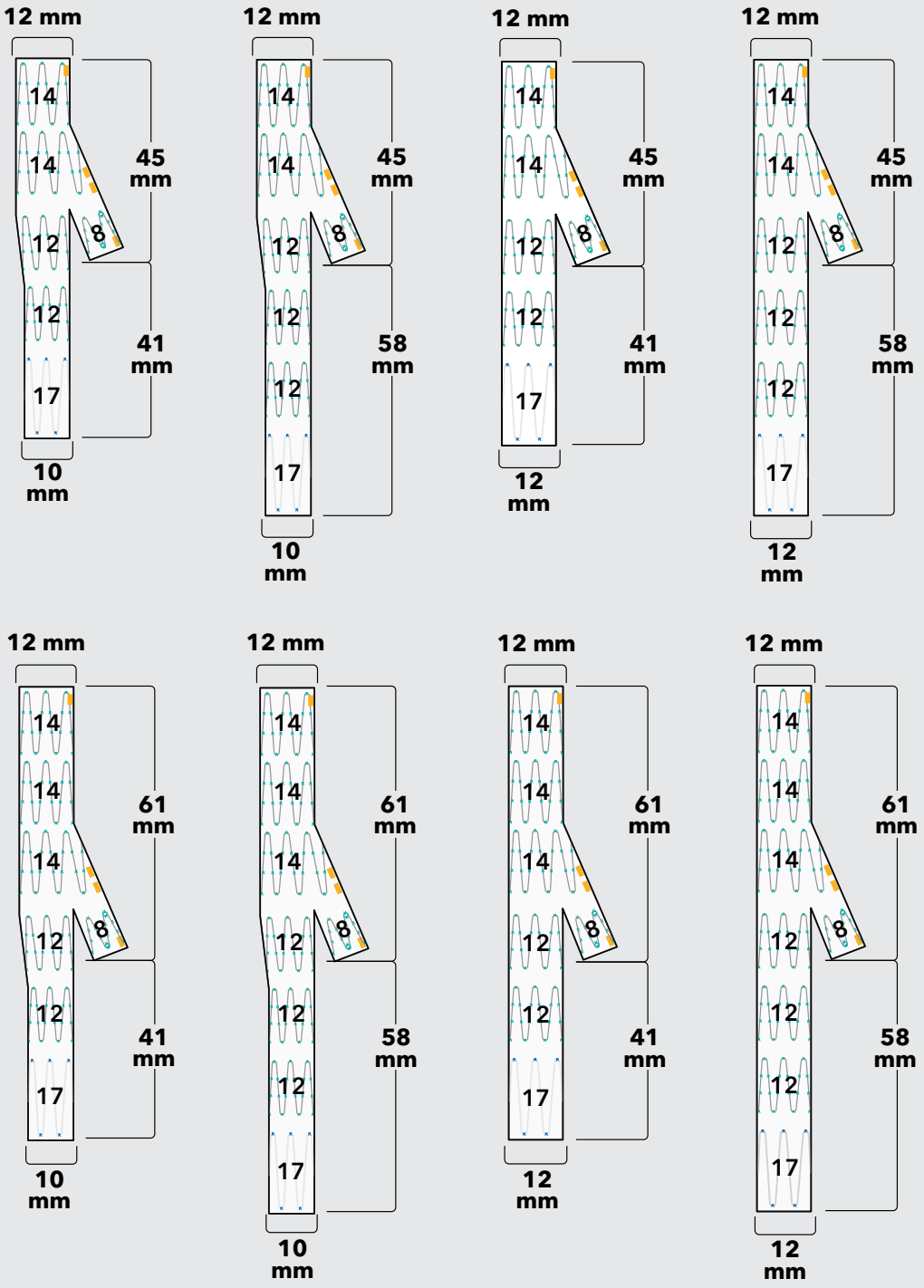


Proximal and distal trigger wires facilitate a sequential, controlled deployment and precise placement.

The Flexor® Introducer Sheath is hydrophilic coated and kink resistant, and it facilitates access, delivery, and deployment.

Personalised solutions

Wide selection: The Zenith Branch Iliac graft is available in eight different configurations, varying lengths, and diameters.



Zenith Branch iliac graft

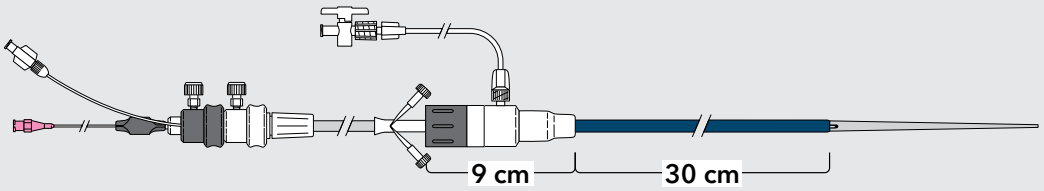
Ordering and size information

Order Number	Reference Part Number	Distal Body Diameter mm	Common Iliac Segment Length mm	External Iliac Segment Length mm	Introducer Sheath ID/OD Fr (mm)/mm
G38612	**ZBIS-10-45-41**	10	45	41	20 (6.7)/7.7
G38613	**ZBIS-10-45-58**	10	45	58	20 (6.7)/7.7
G38616	**ZBIS-12-45-41**	12	45	41	20 (6.7)/7.7
G38617	**ZBIS-12-45-58**	12	45	58	20 (6.7)/7.7
G38614	**ZBIS-10-61-41**	10	61	41	20 (6.7)/7.7
G38615	**ZBIS-10-61-58**	10	61	58	20 (6.7)/7.7
G38618	**ZBIS-12-61-41**	12	61	41	20 (6.7)/7.7
G38344	**ZBIS-12-61-58**	12	61	58	20 (6.7)/7.7

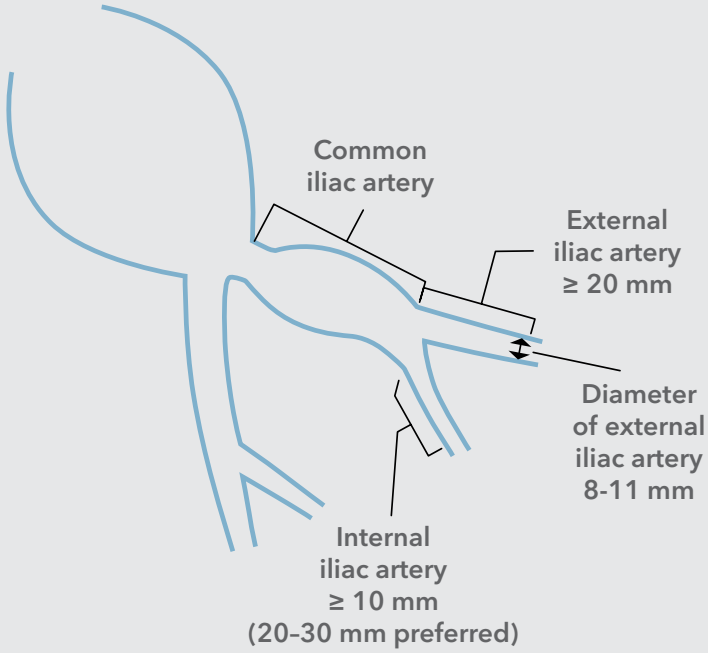
Some products or part numbers may not be available in all markets.
Contact your local Cook representative or Customer Service for details.

Introduction system for iliac bifurcation grafts

20 Fr (6.7 mm) ID/7.7 mm OD



Indications for use



Indications for use	The Zenith Branch Endovascular Graft–Iliac Bifurcation is indicated for the endovascular treatment of adult patients (≥18 years) with an aortoiliac or iliac aneurysm, an insufficient distal sealing site within the common iliac artery, and having morphology suitable for endovascular repair.
Aneurysmal iliac	Nonaneurysmal external iliac artery fixation segment distal to the aneurysm with: • Length ≥ 20 mm • Diameter measured outer wall to outer wall of 8-11 mm Nonaneurysmal internal iliac artery segment distal to the aneurysm with: • Length ≥ 10 mm (20-30 mm preferred) • Diameter acceptable for proper sealing
Access	Adequate femoral/iliac access compatible with the required introduction systems
Introducer diameters	ID 20 Fr (6.7 mm) OD 7.7 mm
Contraindications	• Known allergic reactions to one of the materials in the device should always be considered a contraindication. • Do not use this device on patients who have a systemic infection or a condition that threatens to infect the endovascular graft, as it may result in serious harm. • Patients who cannot tolerate contrast agents necessary for intraoperative and postoperative follow-up imaging. • Patients exceeding weight and/or size limits which compromise or prevent the necessary imaging requirements. • Patients who cannot tolerate radiation (e.g., pregnancy).

Managing aortic disease requires **more than just products.**

- Case and clinical support
- Planning services and design expertise
- Physician-led procedural training
- Patient-specific solutions
- Fulfillment options and business solutions assistance
- One face to the customer

A truly individualized approach



To learn more, contact your Cook representative.

Please follow any step-by-step instructions carefully, including the risk, technical information, Device Name and intended use provided in the IFU at cookmedical.eu. Note that some products or part numbers may not be available in all markets; consult your Cook representative for details.

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