

Zenith® Iliac Branch

GUIDELINES FOR PLANNING AND SIZING

Date: _____ Patient ID: _____ Physician phone #: _____

Hospital: _____ Physician email: _____

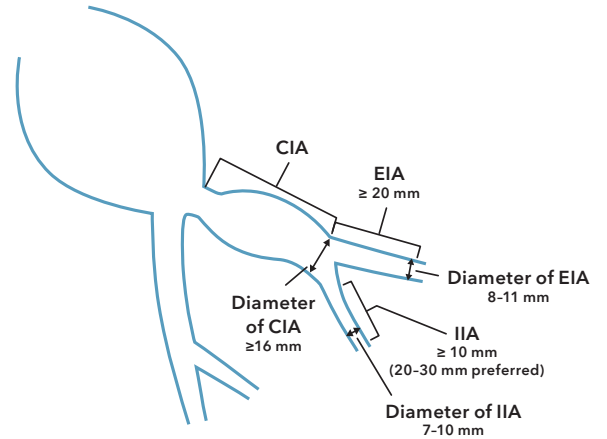
Physician name: _____ Physician signature: _____

Step 1: Anatomical measurements

ZBIS introduction site

- ☐ Right iliac External iliac (EI) measurement _____ mm
- ☐ Left iliac External iliac (EI) measurement _____ mm

	Length mm	Diameter mm
Common Iliac Artery (CIA)	<input type="text"/>	<input type="text"/>
External Iliac Artery (EIA) Fixation Segment	<input type="text"/>	<input type="text"/>
Internal Iliac Artery (IIA)	<input type="text"/>	<input type="text"/>



Step 2: Choose graft Distal Body Diameter (DBD)

Diameter of EIA	DBD mm
8-9	10 <input type="radio"/>
10-11	12 <input type="radio"/>

Step 3: Choose Common Iliac Segment Length (CISL)

Length of CIA	CISL mm
≥ 55 (50 mm minimum)	45 <input type="radio"/>
≥ 71 (66 mm minimum)	61 <input type="radio"/>

Step 4: Choose External Iliac Segment Length (EISL)

Length of EIA	EISL mm
> 20	41 <input type="radio"/>
> 31	58* <input type="radio"/>

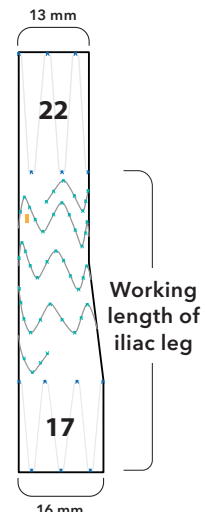
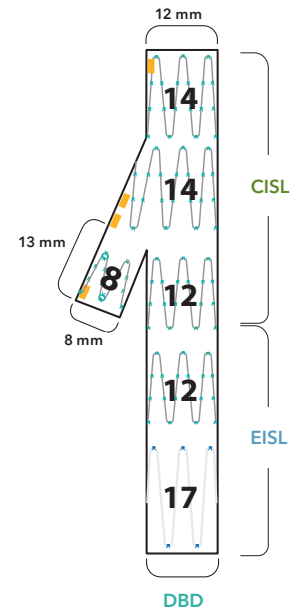
ZBIS - - -
DBD CISL EISL

Step 5: Select ZSLE and covered stent

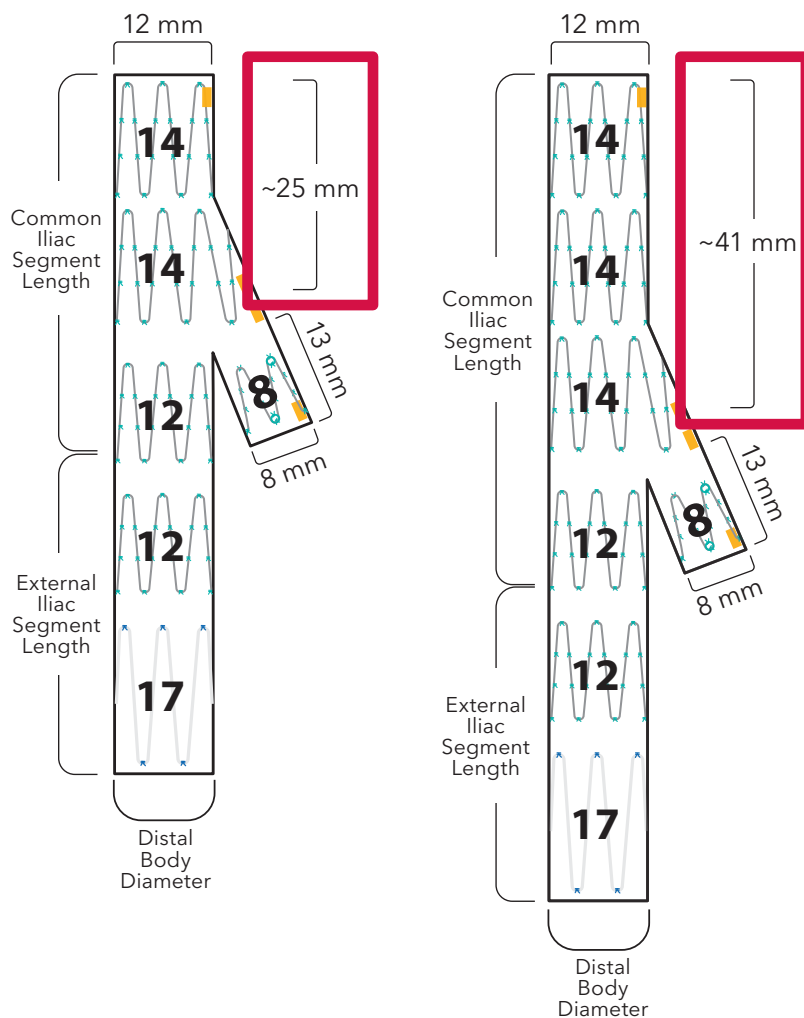
Choose ZSLE length to provide sufficient overlap with Zenith bifurcated graft and Zenith Iliac Branch. Choose appropriate covered stent (e.g., Getinge iCast® covered stent).

ZSLE - - - **ZT**
Graft diameter Working length (39, 56, 74, 90 mm)

Covered stent	<input type="text"/>
---------------	----------------------



*Nonstock items may require longer lead times.



Geringe iCast® covered stent system specifications

Cook Order Number	Cook RPN/ Geringe Iliac Code	Diameter (mm)	Length (mm)	Post Nominal Pressure 8 ATM mm		Post Burst Rate Pressure 12 ATM mm		Introducer Sheath Fr
				OD	Length	OD	Length	
iCast covered stent–80 cm Catheter Length								
G60492	48838	8	38	8.1	34.7	8.5	34.7	7
G60493	48859	8	59	8.0	56.0	8.4	56.5	7
G60494	48938	9	38	8.9	33.7	9.3	32.7	7
G60495	48959	9	59	8.9	54.6	9.3	54.0	7
G60513	48038	10	38	10.0	30.8	10.4	30.9	7*
iCast covered stent–120 cm Catheter Length								
G60509	42838	8	38	8.1	34.7	8.5	34.7	7
G60510	42859	8	59	8.0	56.0	8.4	56.5	7
G60511	42938	9	38	8.9	33.7	9.3	32.7	7
G60512	42959	9	59	8.9	54.6	9.3	54.0	7
G60513	42038	10	38	10.0	30.8	10.4	30.9	7*

*If using a 10 mm device with a Cook introducer sheath, it is recommended to use an 8 Fr sheath to minimize potential for resistance.

Protected by the following international and/or U.S. patent(s): <http://patents.getinge.com>. CAUTION: Federal Law (U.S.A.) restricts this device to sale by or on the order of a physician. Geringe and **GETINGE** are trademarks or registered trademarks of Geringe AB, its subsidiaries or affiliates in the United States or other countries. iCast is a registered trademark of Atrium Medical Corporation. Copyright 2024 Atrium Medical Corporation. All rights reserved. Refer to Geringe's Instructions for Use for current indications, warnings, contraindications, and precautions.