

## FRAME™ MODELS

Vein Graft External Diameter	20cm	60cm	90cm
ØA 3.5 - 4.5mm	FG030	FG034	FG037
ØB 4.6 - 5.5mm	FG039	FG043	FG046
ØC 5.6 - 6.5mm	FG048	FG052	FG055
ØD 6.6 - 8.0mm	FG057	FG061	FG064

FRAME™ Can be cut to perfectly fit the graft length

FRAME Selection Tool	FG073
VGS Olive Cannula	FG013

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Tel Aviv, Israel  
6971921

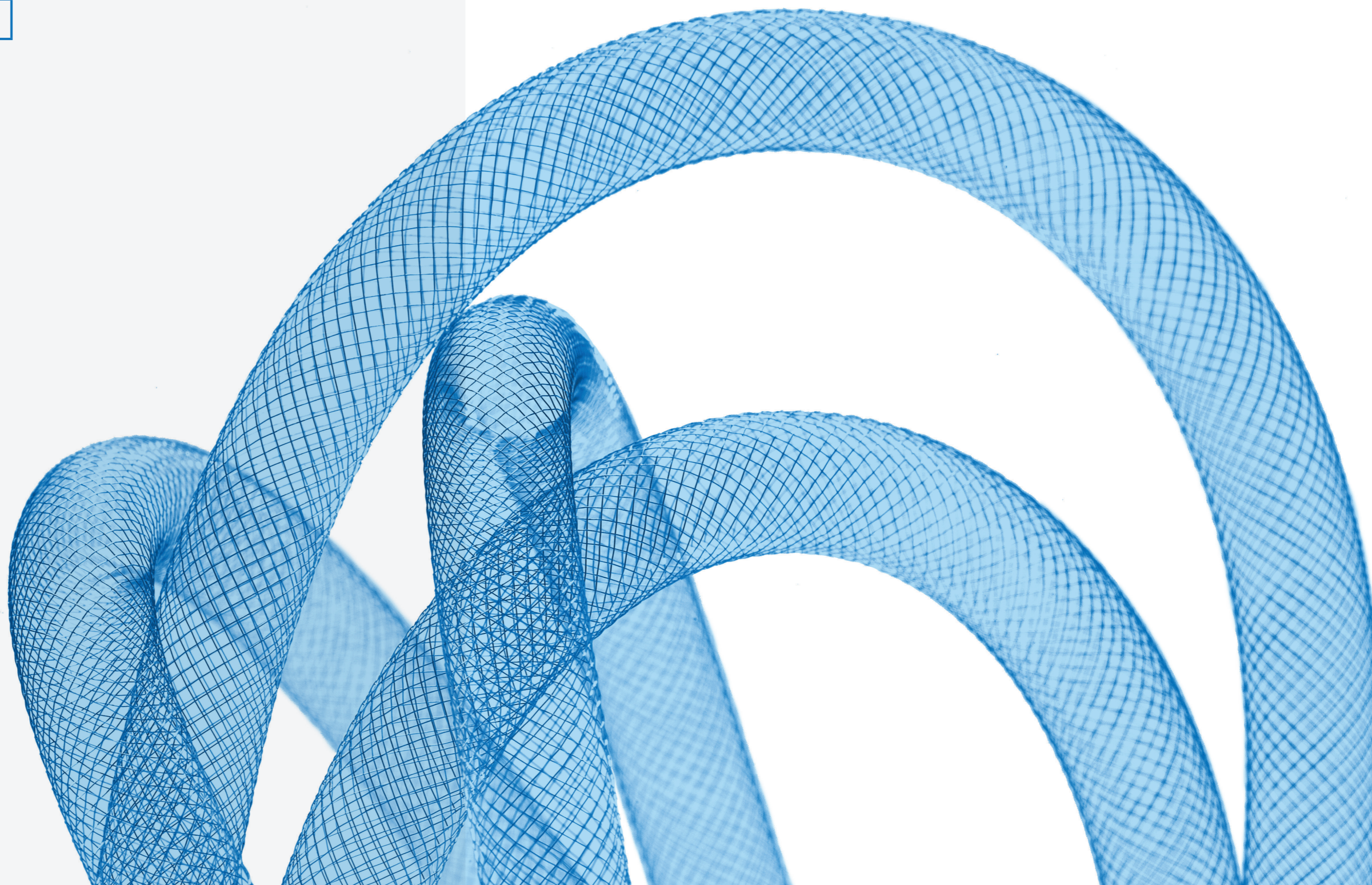
[www.graftsolutions.com](http://www.graftsolutions.com)



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# FRAME™ EXTERNAL SUPPORT FOR PERIPHERAL VASCULAR RECONSTRUCTION



LB318 Rev 04



# THE MECHANICAL & BIOLOGICAL LIMITATIONS OF VEIN GRAFTS RESULT IN HIGH PROCEDURAL FAILURE

Failure at 1 year

20%<sup>1</sup>

Failure within 3-5 years

30% - 50%<sup>2</sup>

## FRAME™

A KINK RESISTANT, EXTERNAL SUPPORT FOR VEIN GRAFTS IN PERIPHERAL BYPASS AND RECONSTRUCTION PROCEDURES, WHICH MITIGATES THE PATHOLOGICAL REMODELING OF VEIN GRAFTS



Reduction in Intimal Hyperplasia



Perfect Lumen Uniformity



Minimal Graft Dilatation

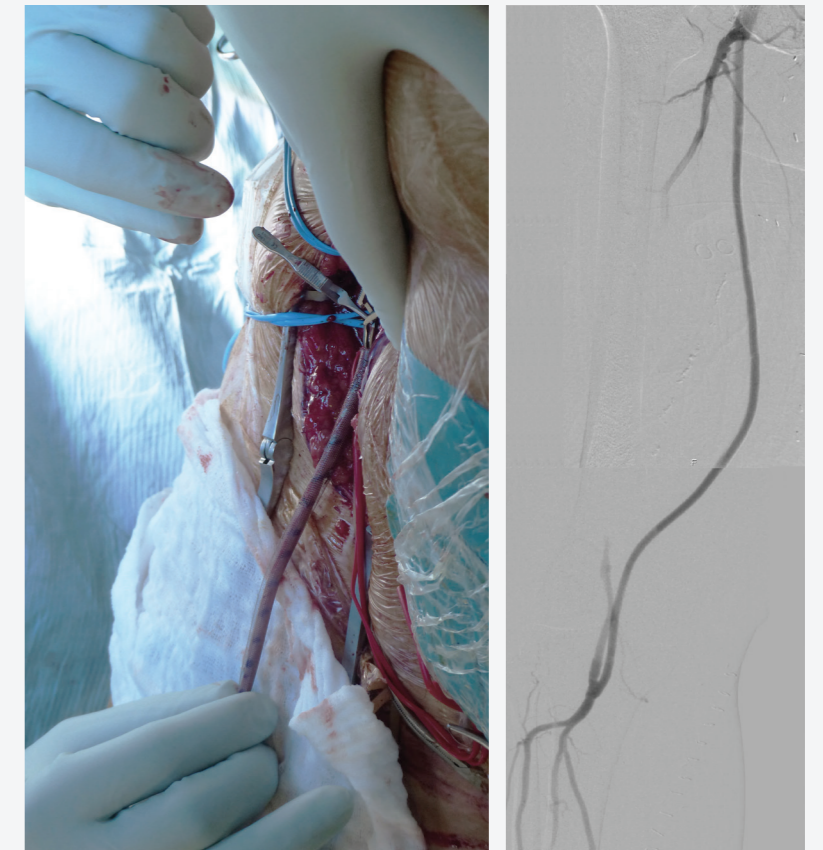
(1) Conte MS et al. Impact of increasing comorbidity on infrainguinal reconstruction: a 20-year perspective. Ann Surg 2001 Mar; 233(3):445-452.

(2) Conte MS et al. Results of PREVENT III: a multicenter, randomized trial of edifoligide for the prevention of vein graft failure in lower extremity bypass surgery. J vasc surg 2006; 43:742-51; discussion: 751.

## FRAME™

### FOR MULTIPLE VASCULAR RECONSTRUCTION PROCEDURES

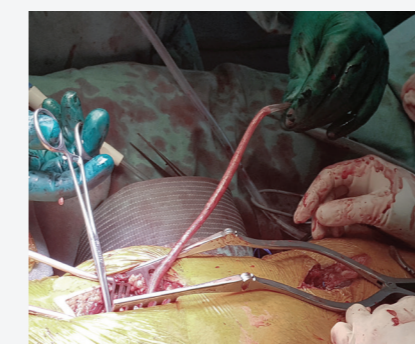
- ✓ Simple to apply without affecting standard practice
- ✓ Does not require fixation
- ✓ Can be adjusted to perfectly fit the graft length
- ✓ Optimal dimensional match



#### FEMORO-POPLITEAL BYPASS

Femoro-popliteal bypass with FRAME supported vein graft

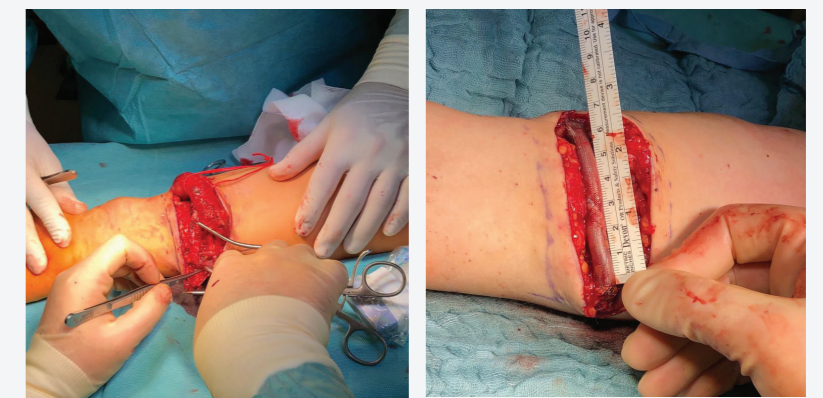
Bern University Hospital, Switzerland | Dr. Matthias Widmer



#### POPLITEAL ANEURYSM REPAIR

Vein graft before (top) and after (bottom) application of FRAME

Hietzing Hospital, Austria | Dr. Michael Gorlitzer



#### VENOUS ANEURYSM REPAIR IN ARTERIOVENOUS FISTULA

Aneurysmal segment pre (Left) and post reconstruction using FRAME (Right)

University Hospital of Cologne, Germany | Dr. Vladimir Matoussevitch