Device Specifications

**20mm diameter capture area**

**28mm retrieval length**

**Ordering Information**

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>90238</td>
<td>Trevo Pro Microcatheter 4x20mm</td>
</tr>
<tr>
<td>80052</td>
<td>2-part Kit: Trevo XP ProVue Retrievers 4x20mm and Trevo Pro 18 Microcatheter</td>
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</tbody>
</table>

**Trevo** XP ProVue Retrievers

These workhorse accessories offer complete irrigation, complications, warnings, and instructions for use.

**INDICATIONS FOR USE**

The Trevo® ProVue Retrievers are indicated for the selective placement of thrombus in patients presenting with acute ischemic stroke due to large vessel occlusion in the neurovasculature by removing thrombus in patients experiencing neurological deficits including stroke; and death.

**COMPATIBILITY**

4x20 mm retrievers are compatible with Trevo® Pro 18 Microcatheter (90238) and Trevo XP ProVue Retriever 4x20mm and Trevo Pro 18 Microcatheter (80052). Procedures requiring percutaneous catheter introduction should not be attempted by physicians unfamiliar with possible complications, warnings, and instructions for use.

**COMPLICATIONS**

Possible complications include, but are not limited to, the following: air embolism; hematoma or hemorrhage at puncture site; infection; distal embolization; pain/headache; vessel spasm, and/or avulsion/rupture of branch vessels. Assess cause of resistance using fluoroscopy. If cause cannot be assessed by fluoroscopy, remove Retriever back into Microcatheter, and remove Retriever and Microcatheter as a unit. If undue resistance is met when exchanging Microcatheter.

**WARNINGS**

- Do not resterilize and reuse. Structural integrity and/or function may be impaired through reuse or cleaning.
- Contents supplied STERILE, using an ethylene oxide (EO) gas sterilization process. Excess pressure may result in catheter rupture or tip severance.
- Exceeding a maximum recommended infusion pressure of 1034 kPa (150 psi) may result in damage to vessel or catheter.
- Do not attempt to open or repair thrombus in vessel or device. Assess cause of resistance using fluoroscopy. If cause cannot be assessed by fluoroscopy, remove Retriever back into Microcatheter, and remove Retriever and Microcatheter as a unit. If undue resistance is met when exchanging Microcatheter.
- Do not exceed maximum recommended infusion pressure of 1034 kPa (150 psi).
- Do not reattach a torque device to the shaped proximal end of the Retriever device. Doing so may cause catheter to rupture, resulting in vessel trauma. Remove and replace catheter. Gently withdraw the Retriever into the larger diameter catheter (after removing the appropriate Microcatheter). Untie guide catheter from Retriever and exchange for a larger diameter catheter such as a DAC® guidewire extension (REF 22260) so that the Microcatheter can extend the Retriever using the Abbott Vascular DOC exchange technique. If undue resistance is met when exchanging Microcatheter, maintain Retriever position in vessel when removing or advancing Microcatheter. Take care to appropriately size Retriever to vessel diameter at intended site of deployment. Take care to avoid exceeding the maximum recommended infusion pressure of 1034 kPa (150 psi) which may result in damage to vessel or catheter.
- Do not reattach a torque device to the shaped proximal end of the Retriever device. Assess cause of resistance using fluoroscopy. If cause cannot be assessed by fluoroscopy, remove Retriever back into Microcatheter, and remove Retriever and Microcatheter as a unit. If undue resistance is met when exchanging Microcatheter.
- Do not exceed maximum recommended infusion pressure of 1034 kPa (150 psi).
- Exceeding a maximum recommended infusion pressure of 1034 kPa (150 psi) may result in damage to vessel or catheter.
- Do not attempt to open or repair thrombus in vessel or device. Assess cause of resistance using fluoroscopy. If cause cannot be assessed by fluoroscopy, remove Retriever back into Microcatheter, and remove Retriever and Microcatheter as a unit. If undue resistance is met when exchanging Microcatheter.
- Do not exceed maximum recommended infusion pressure of 1034 kPa (150 psi).

**References**

- Stryker Corporation or its affiliates offer complete information and resources to help you improve outcomes. Call to learn more. Copyright © 2014 Stryker Neurovascular LLC. EX_EN_US
Take Control. Capture More.

**DESIGNED for Better Clot Integration**
Penetrate Clot – Vertical Struts

- Implantable Stent Design
- Trevo® Retriever Design

**Take Control. Capture More.**

**EASY to Deliver**

- Trevo® XP ProVue Retriever 4x20mm
- Solitaire FR 4x20mm
- Average Maximum Delivery Force (g)

**43% Less Delivery Force**

**EASY to Place**

- FlexCell Tip Design
  - 40% softer than the distal segment of Solitaire FR for easy placement
  - Shorter landing zone
  - Bright radiopaque markers

- Precise Placement
  - strut compression upon deployment allows for optimal positioning in the clot capture area

- Interactive Retrieval
  - Migration of the waist provides visual feedback on clot integration progress

- Visible Integration
  - strut compression provides visual feedback on clot integration progress

**EASY to See**

Image courtesy of Dr. Joey English, CPMC, San Francisco, CA.

- Engineered with less metal, designed for atraumatic placement
- All photographs taken by and on file at Stryker Neurovascular. Bench test results may not necessarily be indicative of clinical performance. Testing completed by Stryker Neurovascular. Data on file and available upon request.

**HIGH Revascularization**

Built on a platform with consistently proven results

- 92% Revascularization With Trevo Retrievers

**Larger Clot Capture Area**

- Trevo® XP ProVue Retriever 4x20mm

- Trevo® Retriever Design

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- Trevo®: vessel-adjusted, post-procedure
- Solitaire FR: core-lab adjudicated, post-procedure

* Data on file and available upon request.

**TICI 2/3, core-lab adjudicated, post-procedure**

**TIMI 2/3 at the site of primary occlusion only, core-lab adjudicated, post-procedure**

- Image courtesy of Dr. Joey English, CPMC, San Francisco, CA.
- All photographs taken by and on file at Stryker Neurovascular. Bench test results may not necessarily be indicative of clinical performance. Testing completed by Stryker Neurovascular.
- Data on file and available upon request.

- * 43% less delivery force as demonstrated in bench testing, p=0.026. Bench testing included n=57 for Trevo XP ProVue Retriever through a Trevo Pro 18 Microcatheter and n=5 for Solitaire FR 4x20mm through a Rebar 18 Microcatheter. Bars indicate standard deviation.
- † Softer defined as requiring less force to flex the distal 3mm tip of the Retriever 45 degrees. Bench testing included Trevo XP ProVue Retriever 4x20mm, n=57 and Solitaire FR 4x20mm, n=8; p=0.018.
- ‡ Compared to Trevo® ProVue Retriever. 1