





## **ACCESS**

GLIDESHEATH SLENDER® Hydrophilic Coated Introducer Sheath
R2P DESTINATION SLENDER™ Guiding Sheath
R2P SLENGUIDE™ Guiding Catheter

## **TARGET**

**GLIDEWIRE**° Hydrophilic Coated Guidewire **GLIDECATH**° Hydrophilic Coated Catheter **NAVICROSS**° Support Catheters

### **INTERVENE**

R2P METACROSS® RX PTA Balloon Dilatation Catheter R2P CROSSTELLA® RX PTA Balloon Dilatation Catheter R2P MISAGO® RX Self-expanding Peripheral Stent

# **CLOSE**

TR BAND® Radial Compression Device

# MAXIMIZE RADIAL SOLUTIONS TO PERIPHERAL CHALLENGES

Clinical situations may compromise a femoral approach to treat peripheral artery disease

Consider the clinical advantages of choosing **radial to peripheral** intervention<sup>1-3</sup>

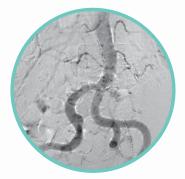
Radial access may help to elevate your value-based healthcare



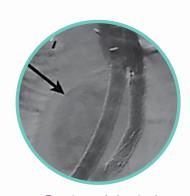
Previous femoral-femoral bypass



Totally occluded left iliac, limited access to right femoral



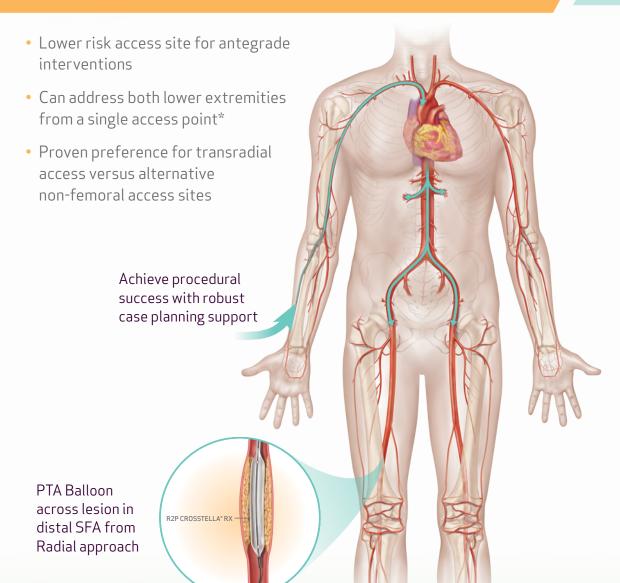
Significant iliac tortuosity



Previous abdominal aortic (AAA) graft



A different approach can support your patient challenges



## Patient Preference47

- Greater procedural satisfaction
- Improved patient comfort
- Opportunity for same-day discharge

# Procedure Advantages4-7

- Easy to manage access site
- Reduction in major bleeding complications
- Expand your clinical capabilities

# Economic Impact<sup>8,9</sup>

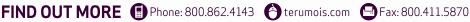
- Potential cost reduction up to \$3,500 per patient
- Perform more procedures with increased patient throughput
- Expedite cath lab and recovery unit turnover

TERUMO. YOUR RADIAL EDGE.





# When you are ready to request more information, contact your TERUMO sales representative.







#### Indications

The R2PTM MISAGO® RX Self-expanding Peripheral Stent is indicated to improve luminal diameter in symptomatic patients with de novo or restenotic native lesions or occlusions of the Superficial Femoral Artery (SFA) and/or proximal popliteal artery with reference vessel diameters ranging from 4 mm to 7 mm and lesion length up to 150 mm.

#### Important Safety Information

Do not use this device in patients who exhibit angiographic evidence of severe thrombus in the target vessel or lesion site before/after undergoing Percutaneous Transluminal Angioplasty (PTA) procedure, patients with contraindication to antiplatelet and/or anticoagulation therapy, patients who are judged to have a lesion that prevents proper placement or deployment of the stent, a lesion that is within an aneurysm or an aneurysm with a proximal or distal segment to the lesion, or a lesion through which a guide wire cannot pass. This device should only be used by a physician who is familiar with, and well trained in, Percutaneous Transluminal Angioplasty (PTA) techniques, stent implantation, and transradial access

RX ONLY. Refer to the product labels and package insert for complete warnings, precautions, potential complications, and instructions for use.

#### References

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- 2. Mehta SR, et al. Effects Of Radial Versus Femoral Artery Access In Patients With Acute Coronary Syndromes With Or Without ST-Segment Elevation. JACC. 2012;60:2490-2499.
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- 4. Valgimigli M, et al. MATRIX Trial. Radial versus femoral access in patients with acute coronary syndromes undergoing invasive management: a randomized multicenter trial. Lancet. 2015;385:2465-76.
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- 9. Patel T, Shah S, Pancholy, S. Utility of Transradial Approach for Peripheral Vascular Interventions. Cath Lab Digest. 2015 Vol 23, Issue 8.

