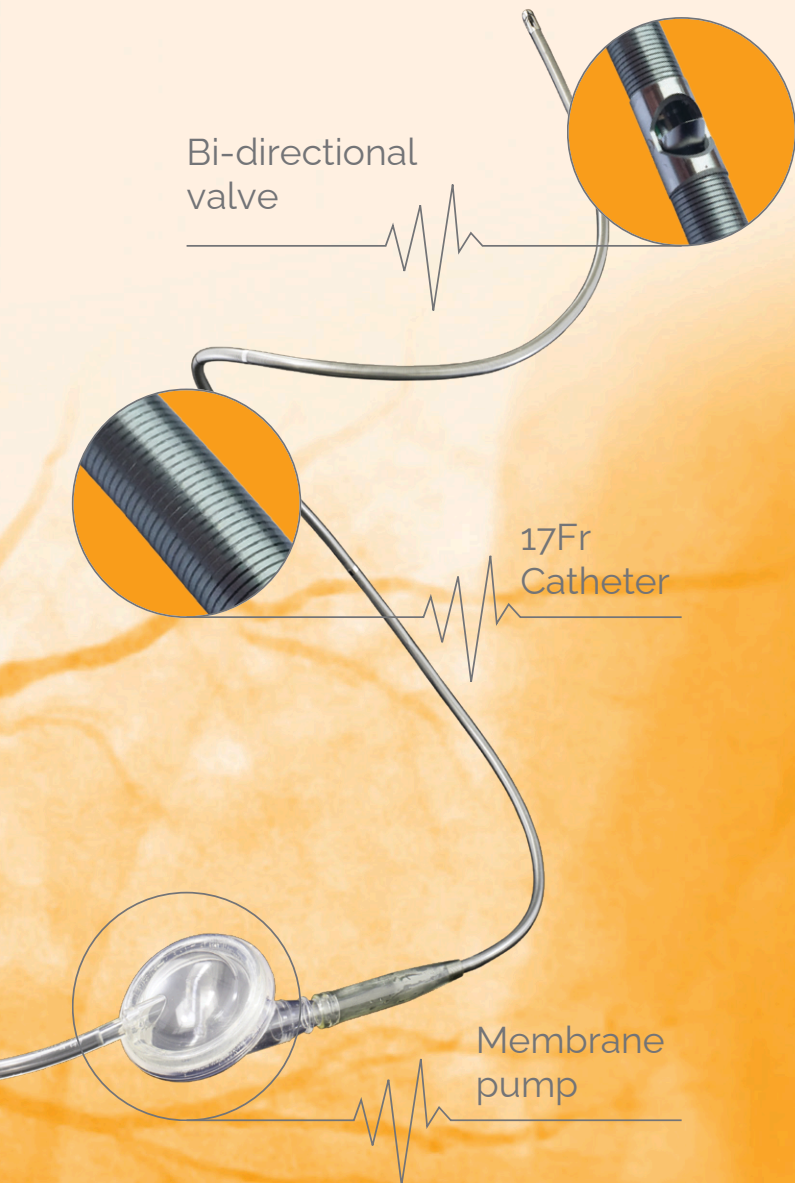


iVAC 2L

PULSATILE | PERCUTANEOUS VENTRICULAR | ASSIST DEVICE



INDICATIONS:

iVAC 2L is intended for use in patients with impaired LV function who require LV MCS for up to 24 hours.

iVAC 2L FEATURES & BENEFITS

- **Easy to use:** Inserted quickly through the femoral artery or other feasible approach
»Saves time in urgent situations
- **Flexible and strong catheter:** Designed for easy handling
»Reliable and simple to position
- **Pulsatile support:** Natural pulsatile support mechanism
»Enhances left ventricular (LV) unloading for improved cardiac recovery
- **Cardiac Output:** Actively ejects LV blood into the ascending aorta at flow rates up to 2.0 L/min
»Augments diastolic aortic pressure, improve systemic and coronary perfusion as well as myocardial oxygen delivery
- **Bi-directional valve:** no impeller – no significant haemolysis
»Less than 10mg/DL of fHb
- **Works with IABP consoles:** Uses existing hospital equipment
»More cost-effective and easier to adopt
- **Proven in real-life experience:** Effective in supra-aortic position
»Backed by clinical experience¹

iVAC 2L GOAL:

- Ensure patient's hemodynamic stability during high-risk PCI
- LV unloading & Increase in systemic pressure
- Reduction in Myocardial Oxygen Consumption
- Optimization of coronary flow and end-organ perfusion

iVAC 2L EXPERIENCE:

- Over 30 articles and trials published
- PULSE Trial & Registry
- Case reports in Real Life Experience
»ECMELLA case report: ECMO & iVAC 2L / iVAC 2L in a supra-aortic position
»MitraClip Implantation with the support of iVAC 2L
»Protected Complex High-Risk PCI & TAVI
»High-Risk PCI with transfemoral sheathless iVAC 2L
»A first in human report of the use of iVAC 2L in VT ablation

Publications



¹1. Secco, G. G. (2024). Percutaneous and sheathless L-VAD support during transcatheter edge-to-edge mitral valve repair. GISE – Italian Society of Interventional Cardiology, Milan. Retrieved from <https://www.pulsecath.com/wp-content/uploads/2025/05/dr.-SECCO-iVAC-in-MitraCLIP-2.pdf>

PULSATILE MECHANICAL CIRCULATORY SUPPORT IN HIGH-RISK PCI: LARGE MULTICENTRIC REGISTRY RESULTS

The real-world experience on the use of pneumatic-pulsatile mechanical circulatory support (MCS) with PulseCath iVAC 2L

367

patients were recorded on a retrospective basis

40

countries

140

sites

RESULTS:

- Low rate in All-causes mortality (1,4%)
- In-hospital MACE (3%)
- A statistically significant improvement in blood pressure was observed with the activation of the device.

CONCLUSIONS:

The findings suggest that the use of iVAC 2L in percutaneous interventions may result in immediate hemodynamic improvements with low rates of hemodynamic instability and MACE

Publication

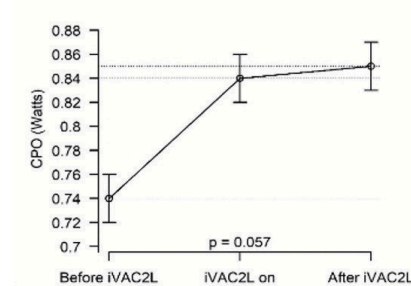
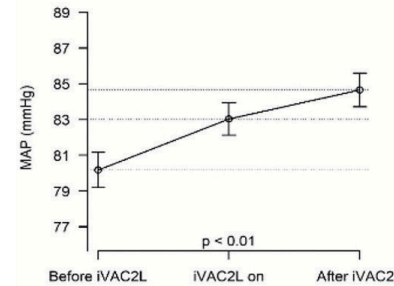
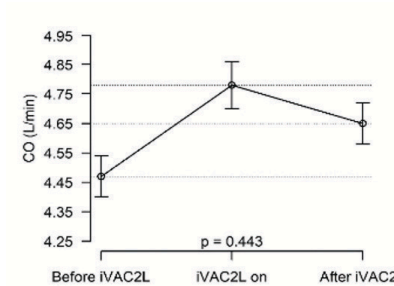
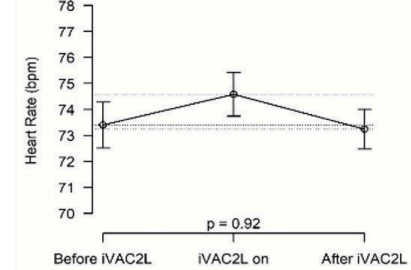
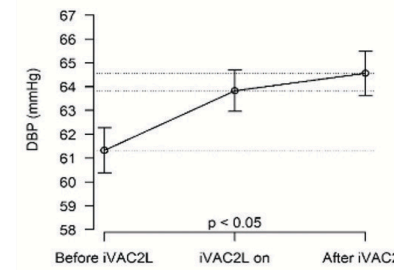
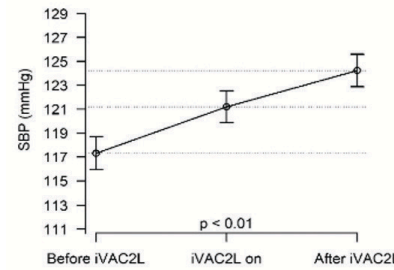
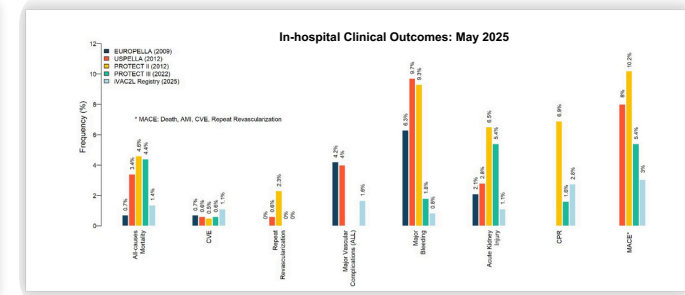
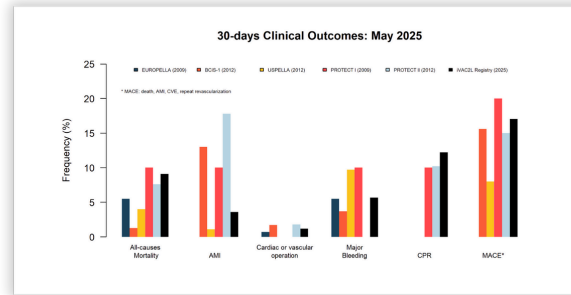


FIGURE 1. (A) Rates of clinical endpoints after 30 days put into perspective with other relevant studies with short-term MCS. **(B)** Intraprocedural rates of clinical outcomes put into perspective with other relevant studies. **(C)** Hemodynamic measures showing significant improvements with the device activated.

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