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Inflation pressure • Настреке при разтегване • Phinici itak • Inflationstryk • Utdrøhndruk • On no blykooco • Presión de inflado • Täytönpaine • Pressão do gomflage • Tak napruhovia • Fájtosító nyomás • Takusan temponpama • Pressione di gonfiaggio • 重圧力
Tak napruhovia • Fájtosító nyomás • Takusan temponpama • Pressione di gonfiaggio • 重圧力
Phridiply elegis • Uzidispasius siendis • Vudril • Oppblaangsityk •
Císinéria halepinaria • Pezzação de insulfatura • Presume de umifare • „Z“-alleine заполнения • Inflatory itak • Tkak polnjenja • Prisica k nadutavanju • Uppblasningstryck
Şişirme basıncı • Tıktı, rozdayınanı • Apliçen • 手压力
Balloon length • Délká balonu • Balloona laengde • Länge des Ballons
Májhos, uroloton • Longitud del balón • Ballon pilkus • Pallon pitlus • Longueur du ballon • Délká balóna • Ballon mossa • Paranalga baton • Lunghezza del palloncino •
풀기 길이 • Ballon galums • Ballon garums • Ballongleide • Ballongleide • Dilugosc
Dolžina balonu • Comprimento do balão • Lungime balon • Дължина балона • Džika balonika • Dolžina balonu • Džinža balonu • Ballongleide längd • Ballonlängd • Ballonlängd •
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nu vení, wenn die Verpackung beschädigt ist, wird sie nicht mehr verwendet zu sein. Um dies zu verhindern, kann man die Verpackung aufzutrennen und die Teile einzeln aufzubewahren. Wenn die Verpackung beschädigt ist, kann sie nicht mehr verwendet werden. Es ist wichtig, dass man die Verpackung aufzutrennen und die Teile einzeln aufzubewahren, um die Lebensdauer des Produkts zu verlängern.



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 Lämmäs till återvinning / Genbrug / Recyclat / Kan resirkuleres / Recycling / Reciclar /
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Figure 1. Rapid-exchange drug-coated balloon catheter • Фигура 1. Покрит с медикамент балонен катетър



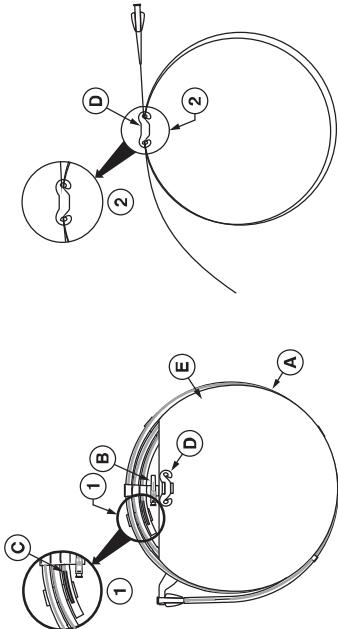
Фигура 2. Catheter in hood with accessories and looper device in use • **Фигура 2.** Катетър в намотка с

acestea corespund instrumentelor de la figura 2. Cateleer este un instrument de atenuare a sunetului, care se poate folosi și ca un instrument de muzică. El este alcătuit dintr-o tubă în formă de U cu două bocaluri. Unul dintre bocaluri este acoperit cu o căciule, iar celălalt este acoperit cu o căciule și este legat de un tub de cauciuc. Când se apăsa căciula, sunetul este emis de către tubă. Cateleerul este folosit în muzica populară și în muzica de stradă. El este folosit și în muzica folclorică și în muzica contemporană. Cateleerul este un instrument foarte ușor și poate fi transportat ușor. El este folosit și în muzica folclorică și în muzica contemporană. Cateleerul este un instrument foarte ușor și poate fi transportat ușor. El este folosit și în muzica folclorică și în muzica contemporană.



Рисунок 2. Катер колы с прицеленностью и устройство для спиралевания катетра в колы с помощью • Образок 2. Катетр в колы с приспособлением для спиралевания катетра в колы с помощью • Схема 2. Катетр в колы с приспособлением для спиралевания катетра в колы с помощью • Фигур 2. Катетер к ring met tilbehør och slingverktøy, under användning • Sekil 2. Cemberin içinde kateter ile aksesuarları ve kullanımda katma cihazı • Malfonon 2. Kateter

В обойми 3 аксессуарами ТА неательним пристроеным у роботу. • **Hình 2.** Ông thông cuộn thanh vòng tròn cung cấp phu kiện và thiết bị khóa khi đang sử dụng. • **圖 2.** 环中的导管和附件以及使用中的 Looper 裝置



1 Device description

The Medtronic Prevail paclitaxel-coated PTCa balloon catheter is a percutaneous transluminal coronary angioplasty (PTCA) rapid exchange system. The drug component, referred to as the FreePac™ drug coating, consists of the drug paclitaxel and the excipient urea. The Prevail DCB is coated with a dose of paclitaxel of approximately 3.5 µg/mm² regardless of the size of the balloon. The total dose administered is always less than 2.2 mg per balloon, based on the largest available balloon size of 4.0 mm x 30 mm. The device component dilates the vessel lumen by PTCA, and the drug is intended to reduce the proliferative response that is associated with restenosis. The drug-coated balloon at the distal end of the catheter can be inflated to a defined diameter at a specific pressure (see product labeling).

The proximal end of the catheter has a female luer for attachment to an inflation device. The catheter provides a lumen that enables the use of a guidewire to position the catheter. Radiopaque balloon markers enable accurate placement. Shaft markers for brachial and femoral techniques are in place.

1.1 Package contents

Each package contains the following items:

- One balloon dilation catheter
- One flushing cannula
- One looper device
- One compliance chart

2 Indications

The Prevail paclitaxel-coated PTCa balloon catheter is intended for percutaneous transluminal coronary angioplasty (PTCA) in the coronary arteries with a vessel diameter from 1.0 mm to 4.0 mm to treat de novo lesions, in-stent restenosis (ISR), and small vessel disease (SVD).

3 Contraindications

The catheter is contraindicated for use in patients with the following conditions:

- Arteries with spasms and no significant stenosis
- Peripheral, renal, and cerebral or splanchnic arteries
- Lesions of the left main coronary artery, internal mammary artery, aortic ostium, and saphenous vein grafts
- Pregnant or breast-feeding women
- Known allergies or hypersensitivities to paclitaxel

4 Warnings

- For single-patient single-procedure use only. The device is sterilized with ethylene oxide. Do NOT resterilize or reuse the device. Re-sterilization or reuse may compromise device performance and increase the risk of inappropriate re-sterilization and cross-contamination.
- Do not use the catheter if its package has been opened or damaged.
- If any information on the outer package or the sterile package is defaced or damaged, notify Medtronic so that the device can be replaced. If any part of this manual is illegible, contact Medtronic to request a replacement manual.
- To reduce the potential for vessel damage, the inflated diameter of the balloon should approximate the diameter of the vessel immediately proximal and distal to the stenosis.

- PTCA in patients who are not acceptable candidates for coronary artery bypass graft surgery requires careful consideration. In these cases, physicians should consider hemodynamic support during PTCA, as treatment of this patient population carries special risk.
- PTCA should only be performed at hospitals where emergency coronary artery by-pass graft surgery can be performed in the event of a potentially injurious or life-threatening complication.
- When the catheter is exposed to the vascular system, manipulate the catheter using high-quality fluoroscopic observation. Do not advance or retract the catheter unless the balloon is fully deflated under vacuum, as doing so can potentially result in damage to the vessel wall. If resistance is met during manipulation, determine the cause of the resistance before proceeding.
- Balloon pressure should not exceed the rated burst pressure indicated on the package label for each balloon. The rated burst pressure is based on the results of *in vitro* testing. Use of a pressure monitoring device is recommended to prevent overpressurization.
- Use only the recommended balloon inflation medium. To prevent the possibility of an air embolus, never use air or any gaseous medium to inflate the balloon.
- Use the catheter before the use-by date specified on the package.
- Drug-eluting stents must not be implanted into the vessel segment that has been treated with a Medtronic Prevail paclitaxel-coated PTCa balloon catheter.
- Do not treat the same lesion segment with more than one Prevail DCB.
- Do not expose the device to organic solvents, such as alcohol.
- Do not use with Lipiodol™ or Ethiodol™ contrast media (or other such contrast media that incorporate components of these agents).

5 Precautions

- Prior to angioplasty, examine the catheter to verify functionality and ensure that its size and shape are suitable for the procedure for which it is to be used.
- Exercise care during handling in order to avoid possible damage to the catheter. Avoid acute bending or kinking of the catheter. Do not use a catheter that has been damaged.
- Only physicians thoroughly trained and educated in the performance of PTCA / PTA should use this device. Physicians should keep themselves updated regarding recent publications about PTCA / PTA techniques.
- Administer appropriate anticoagulation, antiplatelet, and vasodilator therapy to the patient.
- When using two guidewires, use caution when introducing, torquing, and removing one or both guidewires to avoid entanglement. Completely withdraw one guidewire from the patient before removing any additional equipment.
- Physicians should provide to their patients any relevant information about the device, including safety information and expectations of follow-up.
- Do not apply excessive force during preparation or use, as this may damage the device.
- For procedures involving calcified lesions, use the device with care due to the abrasive nature of these lesions.
- Identify allergic reactions to contrast media, antiplatelet therapy, balloon catheters, and FreePac coating before treatment.
- Store at a controlled room temperature in a dry place. Keep away from sunlight.
- To minimize the introduction of air, aspirate and flush the system and keep a tight catheter connection throughout the procedure.
- Take precautions to prevent or reduce clotting when any catheter is used. Flush or rinse all products entering the vascular system with sterile isotonic saline or a similar solution via the guidewire access port prior to use.
- Consider the use of systemic heparinization.
- Never advance the drug-coated balloon without the guidewire extending from the tip.
- If treating a lesion longer than the maximum balloon length available, additional balloons may be utilized. For prevention of local overdosing, do not treat the same segment within a lesion with more than one Prevail DCB.
- After use, this product is a biohazard. Handle and dispose of all such devices in accordance with applicable laws, regulations, and hospital procedures, including those regarding biohazards, microbial hazards, and infectious substances.

6 Adverse effects

Potential adverse effects seen during a PTCA procedure could be associated with this procedure. Possible adverse effects include, but are not limited to, the following: death; acute myocardial infarction; total occlusion of the coronary artery or by pass graft; drug reactions or allergic reaction to contrast medium; hypertension; hypotension; infection; vessel dissection; perforation, rupture, or injury; restenosis of the dilated vessel; hemorrhage; hematoma; unstable angina; arrhythmias, including ventricular fibrillation; coronary artery spasm; arteriovenous fistula; stroke; air embolism; embolization or fragmentation of thrombotic or atherosclerotic material; pain and tenderness, or pseudodaneurysm.

Additional potential adverse events that may be unique to the paclitaxel drug coating include, but are not limited to, the following: allergic or immunologic reaction; hepatic enzyme changes; alopecia; histologic changes in vessel wall, including inflammation, cellular damage, or necrosis; anemia; myalgia or arthralgia; blood product transfusion; myelosuppression; gastrointestinal symptoms; peripheral neuropathy; or hematologic dyscrasias (including leukopenia, neutropenia, and thrombocytopenia).

7 Detailed device description

7.1 Specifications	Feature	Specification
Active pharmaceutical ingredient	Pacitaxel	3.5 µg/mm ² target dose
Excipient type	Urea	
Balloon diameters	2.0 mm to 4.0 mm	
Balloon lengths	10, 15, 20, 25, 30 mm ^a	
Catheter design	Rapid exchange (RX)	
Catheter effective length	142 cm	
Guidewire compatibility	0.36 mm (0.014 in)	
GuideWire balloon length is not available with 2.25 mm or 2.75 mm diameters.	5.0 Fr (0.056 in)	

7.2 Related materials

The following materials are used in combination with the balloon catheter:

- Suitable guidewire (refer to label claim)
 - 20 mL syringe for balloon preparation
 - Suitable guiding catheter (refer to label claim)
 - 10 mL or smaller syringe for manual dye injections
 - Appropriate inflation medium (for example, 50:50 sterile mixture of a contrast medium and saline)
- Caution:** Use of concentrations greater than a 50% solution of contrast medium may result in increased viscosity, which could prolong inflation and deflation times.
- Pressure-indicating inflation device
 - Hemostasis valve

8 Pharmacological Interaction

Due to the low dosage and local administration, pharmacological interactions are not to be expected and have not been reported.

Metabolic degradation of paclitaxel occurs in the liver via cytochrome P450 isoenzymes CYP2C8 and CYP3A4, resulting in the generation of 6-alpha-hydroxypaclitaxel and both 3'-p-hydroxypaclitaxel and 6-alpha, 3'-p-dihydroxypaclitaxel, respectively. Exercise caution when administering paclitaxel concomitantly with known substrates or inhibitors of CYP2C8 and CYP3A4 since no formal study has been conducted with or inhibitory activity of the CYP2C8 and CYP3A4 may increase paclitaxel plasma levels.

Formal drug interaction studies have not been conducted with the Medtronic Preval balloon-coated PTCA balloon catheter. When deciding to use a Medtronic Preval paclitaxel-coated PTCA balloon catheter in a patient who is taking a drug with known interactions to paclitaxel, or when deciding to initiate therapy with such a drug in a patient who has recently been treated with a Medtronic Preval paclitaxel-coated PTCA balloon catheter, give consideration to the potential for both systemic and local drug interactions.

9 Instructions for use

9.1 Preparation

1. Select a nominal balloon size equal to the inner diameter of the artery distal to the lesion.
 2. To facilitate homogeneous drug delivery, optimal preparation of the lesion may be performed with the use of a regular or scoring balloon or other adjunctive device, prior to the use of the Preval paclitaxel-coated PTCA balloon catheter.
 3. Remove the device from the sterile packaging.
 - Note:** Handle the device with extreme caution in order to avoid any damage to the folded balloon. Avoid exposing the balloon's drug coating to excessive handling or contact with liquids prior to preparation and delivery, as the coating may be susceptible to damage or premature drug release.
 4. Remove the device from its hoop (Figure 2, A).
 5. While holding the catheter close to the balloon protector (Figure 2, C), gently slide the stilette and then the protector from the device.
 - Note:** Avoid activation of the distal shaft coating prior to balloon protector and stilette removal.
 6. Fill a 20 mL syringe with 20 mL of a saline solution.
 7. Remove the flushing cannula (Figure 2, B) from the accessory clip and, without removing the cover, attach it directly to the syringe.
 8. Remove the cover of the flushing cannula.
 9. Insert the flushing cannula into the guidewire entry port (exchange joint).
 10. Depress the syringe to flush the guidewire lumen until fluid emerges from the distal tip of the balloon catheter.
 11. Remove the flushing cannula from the guidewire entry port (exchange joint).
- Note:** Do not discard the flushing cannula until the end of the angioplasty procedure, as additional flushing may be required.

9.2 Balloon purging

1. Point the balloon catheter downward. Purge air from the balloon catheter, using a 20 mL syringe filled with between 2 and 3 mL of the inflation medium.
 2. Attach an inflation device to the balloon inflation port. Ensure that a meniscus of contrast medium is evident in both the catheter luer connector and the inflation device.
 3. Apply negative pressure with the inflation device. A flow of bubbles will move from the balloon catheter into the inflation device. Balloon purging is complete when the flow of bubbles stops.
- Caution:** Do not attempt preinflation technique to purge the balloon lumen.

9.3 Insertion technique

1. Place the guiding catheter, with a hemostasis valve attached, in the orifice of the target coronary artery.
 2. Advance a guidewire through the guiding catheter to reach and cross the target lesion. Advance the distal tip of the balloon catheter over the proximal end of the guidewire. Ensure that the guidewire exits the balloon catheter through the guidewire exit port (exchange joint).
 3. The hemostasis valve should be gradually tightened to control backflow. Excessive valve tightening may affect balloon inflation and deflation time as well as movement of the guidewire.
 4. Track the balloon catheter over the guidewire to cross the lesion using the radiopaque marker(s) to locate the balloon across the lesion.
- Precaution:** If resistance is encountered, do not use force to advance the device, as this may damage the balloon catheter.

9.4 Balloon inflation

1. Inflate the balloon to dilate the lesion using standard PTCA techniques.
- Note:** The majority of the drug is released within the first 30 seconds of balloon inflation. Keep the balloon inflated for between 30 seconds and 1 minute or optimal drug release. In order to optimize lesion dilatation, longer inflation times are possible at the discretion of the operator.
2. After each subsequent inflation, assess the distal blood flow.
- Note:** If significant stenosis persists, successive inflations may be required to resolve the stenosis. Do not exceed the rated burst pressure (see compliance chart).
3. Confirm the results with fluoroscopy.

9.5 Catheter removal

1. Apply negative pressure to the inflation device and confirm that the balloon is fully deflated.
2. Withdraw the balloon catheter into the guiding catheter, while preserving the guidewire position and adjusting the hemostasis valve appropriately. Remove the balloon catheter from the system.

9.6 Looper device

- The looper device (Figure 2, D) is an accessory component for use with Medtronic rapid exchange balloon catheters. The device allows the balloon catheter to be fastened in a coiled configuration for ease of handling during use.
1. Remove the looper device from the accessory clip on the hoop (Figure 2, A).
 2. Form the catheter into a single or double loop when required.
 3. Hook the looper around the coiled proximal end of the catheter (Figure 2, D).

10 Compliance chart

The Compliance Chart is based on actual data from in vitro testing at 37°C (99°F), rounded to 2 decimal places. Refer to the product labeling (Figure 2, E) or carton labeling to reference the Compliance Chart.

11 Disclaimer of warranty

The warnings contained in the product labeling provide more detailed information and are considered an integral part of this disclaimer of warranty. Although the product has been manufactured under carefully controlled conditions, Medtronic has no control over the conditions under which this product is used. Medtronic, therefore, disclaims all warranties, both express and implied, with respect to the product, including, but not limited to, any implied warranty of merchantability or fitness for a particular purpose. Medtronic shall not be liable to any person or entity for any medical expenses or any direct, incidental, or consequential damages caused by any use, defect, failure, or malfunction of the product, whether a claim for such damages is based upon warranty, contract, tort, or otherwise. No person has any authority to bind Medtronic to any representation or warranty with respect to the product. The exclusions and limitations set out above are not intended to, and should not be construed so as to, contravene mandatory provisions of applicable law. If any part or term of this disclaimer of warranty is held to be illegal, unenforceable, or in conflict with applicable law, or in conflict with a court of competent jurisdiction, the validity of the remaining portions of this disclaimer of warranty shall not be affected, and all rights and obligations shall be construed and enforced as if this disclaimer of warranty did not contain the particular part or term held to be invalid.