

Iliac Branch Measurement / Device Selection Form

Patient Confidential Information

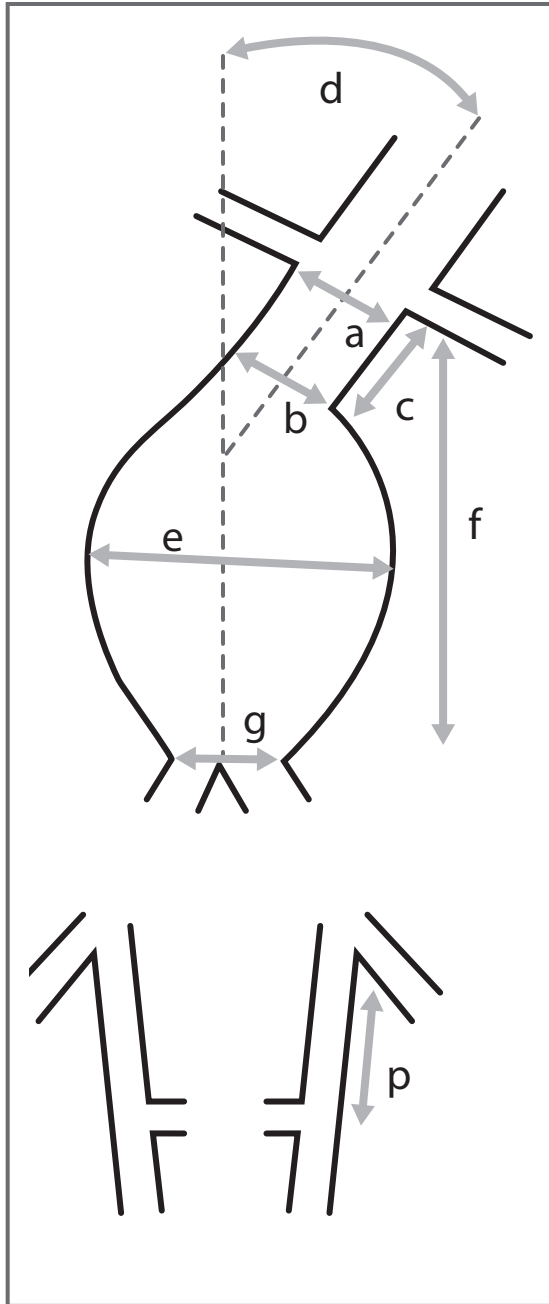
The following information is required to ensure that the appropriate devices and backups are available for the procedure.

Patient ID:

Institution / Physician:

Date of CT / CTA:

Signature (Date):



Trunk-Ipsilateral Leg Endoprosthesis Side: Right Left

ANATOMICAL LOCATION	DIAMETER/LENGTH (MM)	TABLE POSITION
a. Aortic diameter at proximal implantation site		
b. Aortic diameter—15 mm distal to proximal implantation site		
c. Aortic neck length		
d. Aortic neck angulation	°	
e. Maximal aortic diameter		
f. Length from lowest renal to native aortic bifurcation		
g. Distal aortic neck diameter		
h. Length from lowest renal to internal iliac artery		
i. Common iliac artery intended treatment diameter		
j. Common iliac artery seal length ≥ 10 mm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
k. External iliac artery intended treatment diameter		
l. External iliac artery seal length ≥ 10 mm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m. Access vessel diameter		

Iliac Branch Endoprosthesis Side: Right Left

ANATOMICAL LOCATION	DIAMETER/LENGTH (MM)	TABLE POSITION
n. Length from lowest renal to internal iliac artery		
o. Length from the aortic bifurcation to internal iliac artery		
p. Distance from internal iliac artery bifurcation to first internal iliac branch		
q. Minimal vessel diameter within IBE proximal implantation zone*		
r. Common iliac artery diameter at iliac bifurcation*		
s. Maximum common iliac artery diameter		
t. External iliac artery intended treatment diameter		
u. External iliac artery seal length ≥ 10 mm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
v. Internal iliac artery intended treatment diameter		
w. Internal iliac artery seal length ≥ 10 mm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
x. Access vessel diameter		

NOTES:

Lowest renal: Left Right Same

C-arm: ___°RAO ___°LAO ___°Cranio-Caudal

Internal iliac artery C-arm Angle

C-arm: ___°RAO ___°LAO ___°Cranio-Caudal

Are any landing zones dissected, heavily calcified, or heavily thrombosed?

Yes No

Device Selection Patient Confidential Information

The following information is required to ensure that the appropriate devices and backups are available for the procedure.

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Sizing Guide

Trunk-Ipsilateral Leg Endoprosthesis:

INTENDED AORTIC INNER DIAMETER (mm)	DIAMETER—AORTIC END (mm)	LENGTHS (cm)	INTENDED ILIAC VESSEL DIAMETER (mm)	DIAMETER—ILIAC END (mm)
19–21	23	12 / 14 / 16 / 18	10–11 / 12–13.5	12 / 14.5
22–23	26	12 / 14 / 16 / 18	10–11 / 12–13.5	12 / 14.5
24–26	28.5	12 / 14 / 16 / 18	10–11 / 12–13.5	12 / 14.5
27–29	31	13 / 15 / 17	12–13.5	14.5
30–32	35	14 / 16 / 18	12–13.5	14.5

Iliac Branch Component:

INTENDED EXTERNAL ILIAC VESSEL DIAMETER (mm)	DIAMETER—ILIAC END (mm)	ILIAC BRANCH COMPONENT LENGTH (cm)
6.5–9	10	10
10–11	12	10
12–13.5	14.5	10

Contralateral Leg Endoprosthesis*:

INTENDED ILIAC VESSEL DIAMETER (mm)	DIAMETER—ILIAC END (mm)	CONTRALATERAL LEG LENGTHS (cm)	TOTAL ILIAC BRANCH ENDOPROSTHESIS-SIDE LENGTH WHEN INSERTED IN 23, 26, 28.5 MM TRUNKS (cm)	TOTAL ILIAC BRANCH ENDOPROSTHESIS-SIDE LENGTH WHEN INSERTED IN 31 MM TRUNKS (cm)	TOTAL ILIAC BRANCH ENDOPROSTHESIS-SIDE LENGTH WHEN INSERTED IN 35 MM TRUNKS (cm)
17–21.5	23	10 / 12 / 14	16.5 / 18.5 / 20.5	17.5 / 19.5 / 21.5	18.5 / 20.5 / 22.5
> 21.5	27	10 / 12 / 14	16.5 / 18.5 / 20.5	17.5 / 19.5 / 21.5	18.5 / 20.5 / 22.5

Internal Iliac Components:

INTENDED INTERNAL ILIAC VESSEL DIAMETER (mm)	DIAMETER—ILIAC END (mm)	IIC LENGTH (cm)
6.5–9	10	7
10–11	12	7
12–13.5	14.5	7

CONTRA BRIDGE CALCULATION:	Renal to Internal	–	Proximal Trunk Length	–	Iliac Branch Component Gate Length	=	Intended Contra Bridge
	_____ (cm)	–	23, 26, 28.5 mm / 31 mm / 35 mm	–	_____ (cm)	=	_____ (cm)
			4 / 5 / 6 (cm)		2.5 cm		

Order Form

Intended Trunk-Ipsilateral Leg Endoprosthesis:

QTY	GORE® C3® DELIVERY SYSTEM	QTY	GORE® C3® DELIVERY SYSTEM	QTY	GORE® C3® DELIVERY SYSTEM	QTY	GORE® C3® DELIVERY SYSTEM
	RLT231212		RLT261212		RLT281212		RLT311413
	RLT231214		RLT261214		RLT281214		RLT311415
	RLT231216		RLT261216		RLT281216		RLT311417
	RLT231218		RLT261218		RLT281218		RLT351414
	RLT231412		RLT261412		RLT281412		RLT351416
	RLT231414		RLT261414		RLT281414		RLT351418
	RLT231416		RLT261416		RLT281416		
	RLT231418		RLT261418		RLT281418		

Contralateral Leg Endoprosthesis*:

QTY	CATALOGUE NUMBER	QTY	CATALOGUE NUMBER	QTY	CATALOGUE NUMBER
	PXC121000		PLC161400		PLC231200
	PXC121200		PLC181000		PLC231400
	PXC121400		PLC181200		PLC271000
	PXC141000		PLC181400		PLC271200
	PXC141200		PLC201000		PLC271400
	PXC141400		PLC201200		
	PLC161000		PLC201400		
	PLC161200		PLC231000		

Intended Iliac Branch Component:

QTY	CATALOGUE NUMBER
	CEB231010
	CEB231210
	CEB231410

Intended Internal Iliac Component:

QTY	CATALOGUE NUMBER
	HGB161007
	HGB161207
	HGB161407

Intended Contralateral Leg Endoprosthesis (for bridging Trunk-Ipsilateral to Iliac Branch Component)*:

QTY	CATALOGUE NUMBER	QTY	CATALOGUE NUMBER
	PLC231000		PLC271000
	PLC231200		PLC271200
	PLC231400		PLC271400

GORE® DrySeal Sheath with Hydrophilic Coating: (outer diameter)

SHEATH SIZE	QTY	CATALOGUE NUMBER
12 Fr (5 mm)		DSL1228
14 Fr (5.5 mm)		DSL1428
16 Fr (6.2 mm)		DSL1628
18 Fr (6.8 mm)		DSL1828

Aortic Extender**:

QTY	CATALOGUE NUMBER	ENDOPROSTHESIS LENGTH (cm)	PROXIMAL EXTENSION (cm)
	PLA230300	3.3	0–1.6
	PLA260300	3.3	0–1.6
	PLA280300	3.3	0–1.6
	PLA320400	4.5	0–2.2
	PLA360400	4.5	0–2.2

Iliac Extender:

QTY	CATALOGUE NUMBER	INTENDED ILIAC INNER DIAMETER (mm)	ENDOPROSTHESIS DIAMETER (mm)
	PXL161007	8–9	10
	PXL161207	10–11	12
	PXL161407	12–13.5	14.5

Case planning / procedural notes / comments:

* For use of Contralateral Leg Endoprosthesis as an Iliac Extender, please see GORE® EXCLUDER® AAA Endoprosthesis Measurement / Device Selection Form: www.goremedical.com/excluder/caseprep/

** Recommended prosthesis oversizing relative to the aorta is approximately 10–21%. Proximal extension length range: 0–2.2 cm. For use of the Aortic Extender, please see the GORE® EXCLUDER® AAA Endoprosthesis Measurement / Device Selection Form: www.goremedical.com/excluder/caseprep/



Notes

Attachments

For Acrobat® 9 or earlier: Choose **Tools** > **Comment & Markup** > **Attach a File as a Comment** and insert below.

For Acrobat® 10 or higher: Choose **View** > **Comment** > **Annotations** > **Attach File (paper clip icon)** and insert below.

