

ACUTE TYPE B DISSECTION MEASUREMENT / DEVICE SELECTION FORM



Gore / Patient Confidential Information

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

Patient ID:	<input type="text"/>	Institution:	<input type="text"/>
Physician:	<input type="text"/>	Imaging Date:	<input type="text"/>

Case Planning

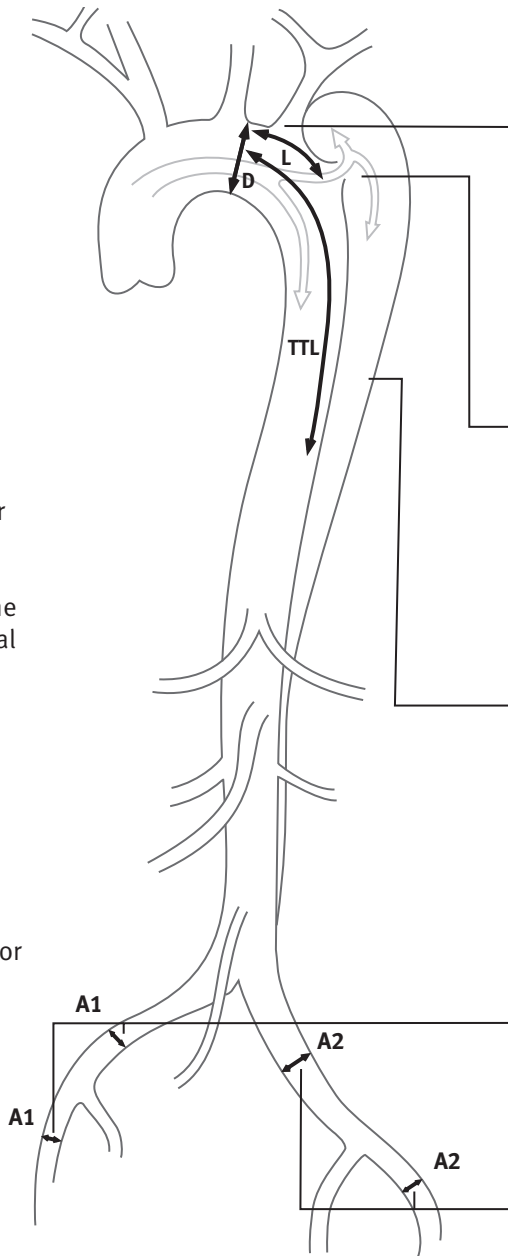
Device Selection

(Refer to "Device Selection Form" on reverse side)

1. Determine device diameter by identifying the aortic diameter at the proximal extent of the proximal landing zone (D). Distal diameter is not used for device selection.

2. Determine device length by selecting the device length closest to, yet longer than, the Total Treatment Length (TTL) for the selected device diameter. If two or more devices are needed, the proximal end of the distal device must be the same diameter as the distal end of the proximal device. The proximal device must be deployed first.

3. Select the introducer sheath that corresponds to the endoprosthesis diameter. If the outer diameter of the sheath exceeds the minimum right access diameter (A1) or the minimum left access diameter (A2), or there is excessive calcium, thrombus, tortuosity or dissection, a conduit should be used.



Diameter

(D) mm table position

Diameter at proximal extent of proximal landing zone

Proximal extent of device must be in non-dissected aorta

Length

(L) mm table position

Proximal neck length from proximal end of primary entry tear to LSA or LCCA along outer curve

- L must be ≥ 2 cm
- May include dissected and non-dissected aorta

(TTL) mm table position

Total treatment length from LSA or LCCA along outer curve

- Device must extend at least 10 cm distal to the primary entry tear
- Device must terminate in straight segment of descending thoracic aorta
- Consider long segment coverage in patients with false lumen rupture

(A1) mm table position

Minimum right access diameter (femoral, external, and common iliac)

Dissection, tortuosity, calcium and thrombus?

(A2) mm table position

Minimum left access diameter (femoral, external, and common iliac)

Dissection, tortuosity, calcium and thrombus?

Notes:

Gore / Patient Confidential Information

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

Patient ID: Institution:
 Physician: Imaging Date:

Intended Device Introduction Site: Right Left Iliac Femoral Infra-renal Aorta Conduit

TREATMENT OPTION 1

Devices listed as implanted (proximal to distal)	Order of implantation (#1, #2, etc.)

Intended Aortic Diameters (mm)	Recommended Prosthesis Diameter (mm)	Prosthesis Lengths (cm)
16 – 19.5	21	10
19.5 – 24	26	10
22 – 26	28	10, 15
24 – 29	31	10, 15
27 – 32	34	10, 15, 20
29 – 34	37	10, 15, 20
31 – 37	40	10, 15, 20
34 – 42	45	10, 15, 20
19.5 – 24 / 16 – 19.5	26 x 21	10
24 – 29 / 19.5 – 24	31 x 26	10

TREATMENT OPTION 2

Devices listed as implanted (proximal to distal)	Order of implantation (#1, #2, etc.)

Intended GORE® TAG® Thoracic Endoprosthesis Size: (Check all device sizes and indicate number of each size to be ordered)

Device Size (mm x cm)	QTY	Catalogue Number	Device Size (mm x cm)	QTY	Catalogue Number	Device Size (mm x cm)	QTY	Catalogue Number
<input type="checkbox"/> 21 x 10		TGE212110						
<input type="checkbox"/> 26 (proximal), 21 (distal) x 10		TGE262110						
<input type="checkbox"/> 26 x 10		TGE262610						
<input type="checkbox"/> 31 (proximal), 26 (distal) x 10		TGE312610						
<input type="checkbox"/> 28 x 10		TGE282810	<input type="checkbox"/> 28 x 15		TGE282815			
<input type="checkbox"/> 31 x 10		TGE313110	<input type="checkbox"/> 31 x 15		TGE313115			
<input type="checkbox"/> 34 x 10		TGE343410	<input type="checkbox"/> 34 x 15		TGE343415	<input type="checkbox"/> 34 x 20		TGE343420
<input type="checkbox"/> 37 x 10		TGE373710	<input type="checkbox"/> 37 x 15		TGE373715	<input type="checkbox"/> 37 x 20		TGE373720
<input type="checkbox"/> 40 x 10		TGE404010	<input type="checkbox"/> 40 x 15		TGE404015	<input type="checkbox"/> 40 x 20		TGE404020
<input type="checkbox"/> 45 x 10		TGE454510	<input type="checkbox"/> 45 x 15		TGE454515	<input type="checkbox"/> 45 x 20		TGE454520

GORE® Introducer Sheath with Silicone Pinch Valve: (outer diameter)

Sheath Size	QTY	Catalogue Number
<input type="checkbox"/> 18 Fr (6.8 mm) proximal prosthesis size 21		TS1830
<input type="checkbox"/> 20 Fr (7.6 mm) proximal prosthesis size 26 – 28		TS2030
<input type="checkbox"/> 22 Fr (8.3 mm) proximal prosthesis size 31 – 34		TS2230
<input type="checkbox"/> 24 Fr (9.2 mm) proximal prosthesis size 37 – 45		TS2430

GORE® Tri-Lobe Balloon Catheter:

Device Size	QTY	Catalogue Number
<input type="checkbox"/> Aortic diameters 16 – 34 mm		BCM1634
<input type="checkbox"/> Aortic diameters 26 – 42 mm		BCL2645

GORE® DrySeal Sheath: (outer diameter)

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

Sheath Size	Proximal Prosthesis	QTY	GORE® DrySeal Sheath Catalogue Number	GORE® DrySeal Sheath with Hydrophilic Coating Catalogue Number
18 Fr (6.8 mm)	21		<input type="checkbox"/> SDV1828	<input type="checkbox"/> DSL1828
20 Fr (7.5 mm)	26–28		<input type="checkbox"/> SDV2028	<input type="checkbox"/> DSL2028
22 Fr (8.3 mm)	31–34		<input type="checkbox"/> SDV2228	<input type="checkbox"/> DSL2228
24 Fr (9.1 mm)	37–45		<input type="checkbox"/> SDV2428	<input type="checkbox"/> DSL2428
26 Fr (9.8 mm)			<input type="checkbox"/> SDV2628	<input type="checkbox"/> DSL2628



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.

