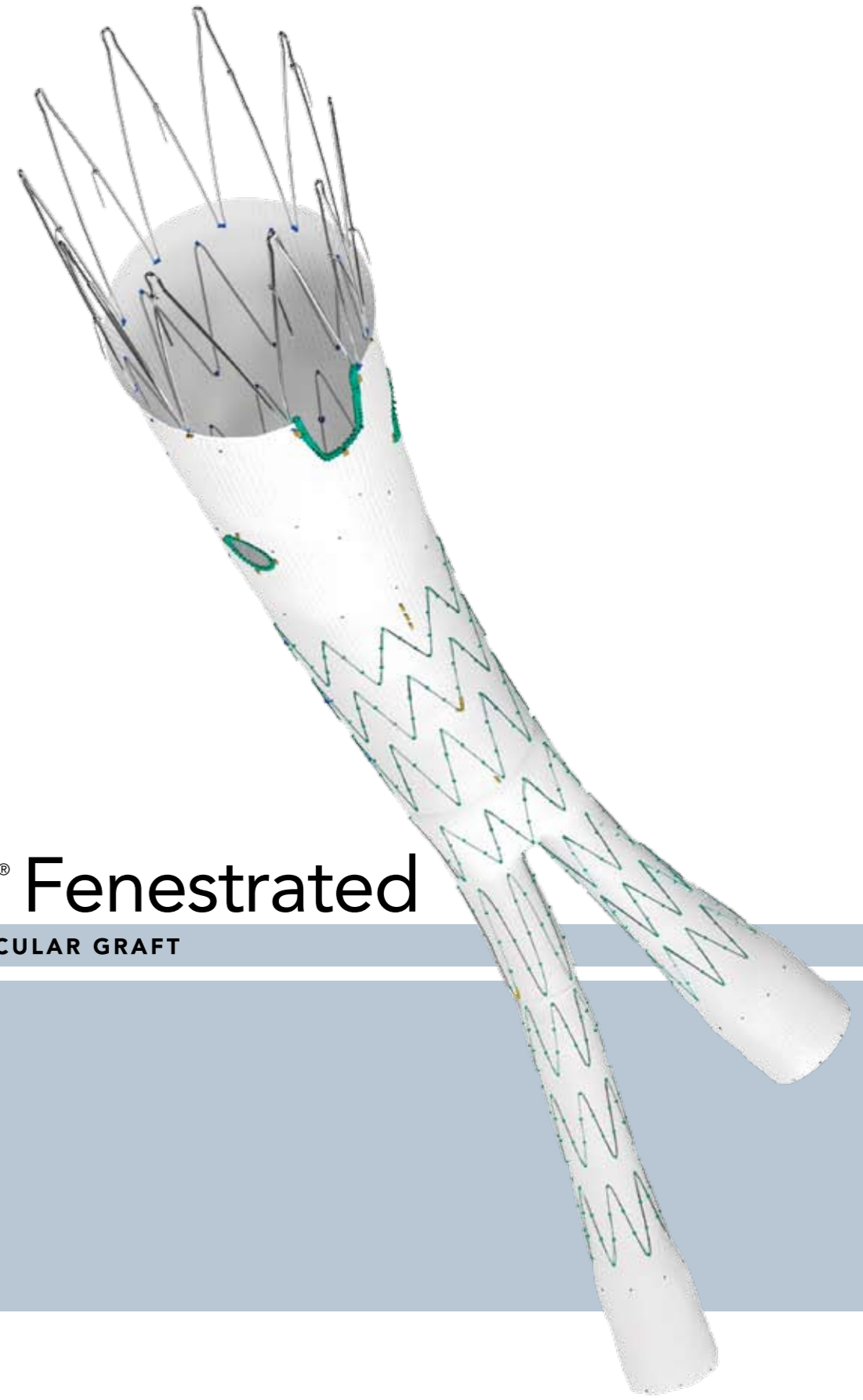




The Zenith® Fenestrated AAA Endovascular Graft is continuing the COOK® tradition of offering superior products for improved patient care. Our commitment to education, research and development will keep you on the cutting edge of endovascular technology.



# Zenith® Fenestrated

AAA ENDOVASCULAR GRAFT



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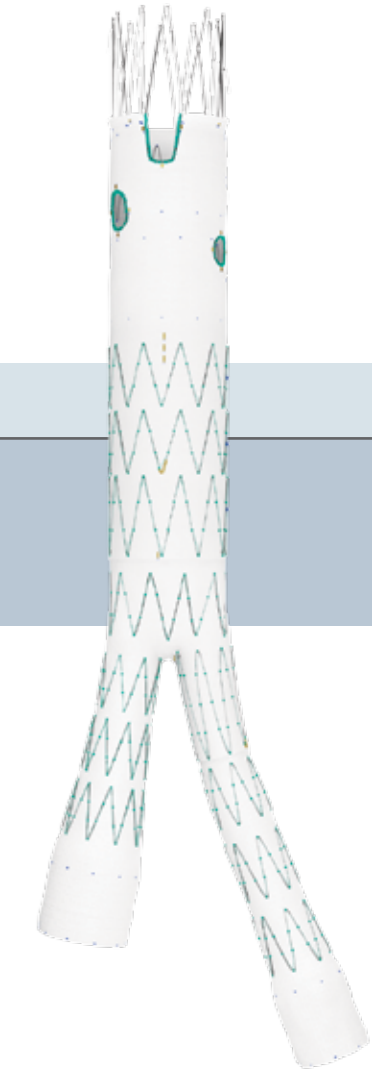
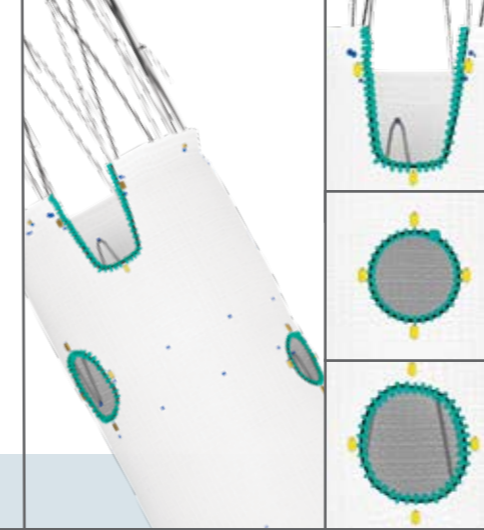
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# TRANSCENDING AORTIC REPAIR

Presenting the Zenith Fenestrated AAA Graft, the first commercial graft specifically designed to be positioned above the renal arteries without interrupting renal blood flow.

Built on proven Zenith technology, it is expanding the possibilities of what a stent graft can do.



## PATIENT RANGE

Zenith Fenestrated AAA Endovascular Graft sits higher in the aorta **without interrupting blood flow** to the aortic branches.

- A solution for patients not previously suited for EVAR.
- Provides treatment options for patients with proximal infra-renal necks ranging from 4 mm to 15 mm in length and from 19 mm to 31 mm in diameter.

## OPTIONS

Zenith Fenestrated AAA Endovascular Graft **accommodates up to 3 fenestrations**, each custom-tailored to fit your patient's unique vasculature.

- Scallops along the graft's proximal edge are 10 mm wide and 6 mm to 12 mm high.
- Small fenestrations are 6 mm wide and 6 mm to 8 mm high.
- Large fenestrations range from 8 mm to 12 mm in diameter.

## PLACEMENT

Zenith Fenestrated AAA Endovascular Graft's unique **diameter-reducing ties** allow you to manipulate the graft in a semi-deployed state.

- H&L-B One-Shot™ Introduction System enables precise placement.
- Each fenestration is equipped with radiopaque markers.
- Placement in necks as short as 4 mm.

### Diameter-Reducing Ties

Decrease graft diameter to facilitate visceral vessel cannulation.

### Custom Fenestrations

Equipped with gold markers for added visibility.

### Trigger-Wire Release Mechanisms

Provide stabilization, control and the ability to adjust graft position during deployment.

### Captor® Hemostatic Valve

Unique design inhibits blood reflux.

Up to 30% of AAA patients present with proximal necks that are too short to allow endovascular treatment with standard devices.\*

\*Data on file