

Delivering Value: Reducing Patient Risk through Deliberate Design

Patient safety and optimal outcomes are the top priority for any procedure. ACIST | CVi® System has facilitated the diagnosis and treatment of over 30 million coronary procedures¹ while reducing angiographic risks through its robust design.

Contrast

Approximately 30% of patients presenting for coronary angiography procedures are at risk of post-procedure CI-AKI.² The CVi System is able to reduce contrast volume for **all** patients requiring a diagnostic or interventional angiography through:

- Parameter adjustments
- Real-time dose tracking
- Variable rate injection
- Smaller Catheter Use



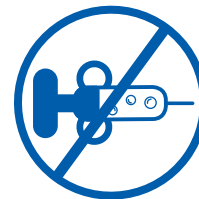
Up to **30%** reduction
in CI-AKI vs. manual injection³

Air Embolism

The CVi System has twelve design elements that mitigate air injection during angiography.

The following are the top features:

- Air column detect (ACD) sensor
- Auto-purge/auto-refill
- Syringe angle facilitates air purge
- Bottom syringe port injection
- Clear components



The CVi System
**has 12 design
elements**
that mitigate air injection⁴

Dissection

Variability in patient anatomy, disease state, procedural tools and treatment goals all contribute to complexity in catheter placement and the potential risk around contrast delivery. However, fewer than 1 in a million patients experience a coronary dissection using the CVi System. Safe patient diagnosis and treatment is in the physician's hands with:

- AngioTouch® hand controller
- In-line pressure transducer
- Proper catheter placement



Fewer than
1 in a million
patients experience a coronary
dissection using the CVi System⁴

References:

1. Procedural data on file.
2. Tsai T, et al., Contemporary Incidence, Predictors, and Outcomes of Acute Kidney Injury in Patients Undergoing Percutaneous Coronary Interventions. JACC, Vol. 7, Jan. 2014
3. Call J, Sacrinty M, Applegate R, Little W, Santos R et al. (2006) Automated contrast injection in contemporary practice during cardiac catheterization and PCI: effects on contrast-induced nephropathy. J Invasive Cardiol 18 (10): 469-474.
4. Global incident reporting through 2018.

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