

**SEE IT.
BELIEVE IT.**



THE
CONFIDENCE
OF CLARITY.

Solitaire™ Platinum
Revascularization Device

Medtronic

THE CONFIDENCE OF CLARITY.

The key features that make the Solitaire™ device effective have been retained – including our unique Parametric™ overlapping stent design – but Solitaire™ Platinum devices are enhanced with **distinctive, evenly spaced platinum markers** to provide improved visualization for accurate alignment and retrieval.¹

Together, this powerful combination of features gives greater confidence during interventional stroke procedures.

INCREASED MARKERS FOR MEANINGFUL VISIBILITY.

ALIGN IT!

Visualize optimal working length of the Solitaire™ Platinum device for accurate stent alignment.¹

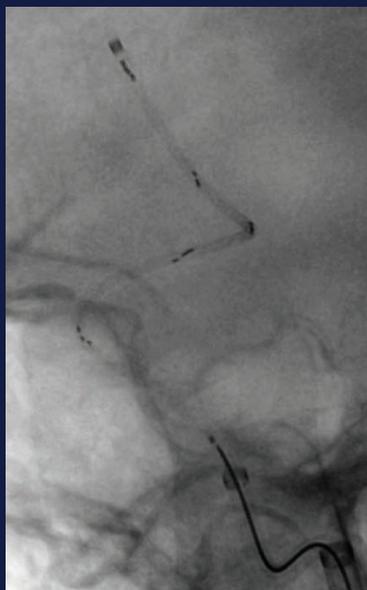


Image property of Medtronic.

VISUALIZE IT!

Visualize both expansion and compression of the Solitaire™ Platinum device upon deployment with unique, evenly spaced Platinum markers for real-time procedural feedback.¹

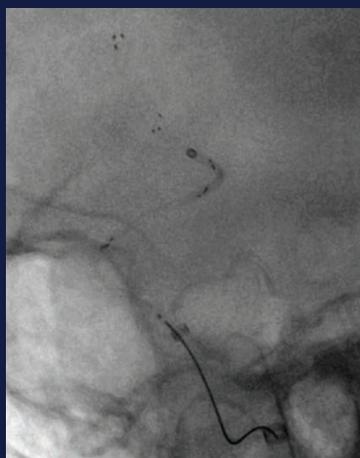
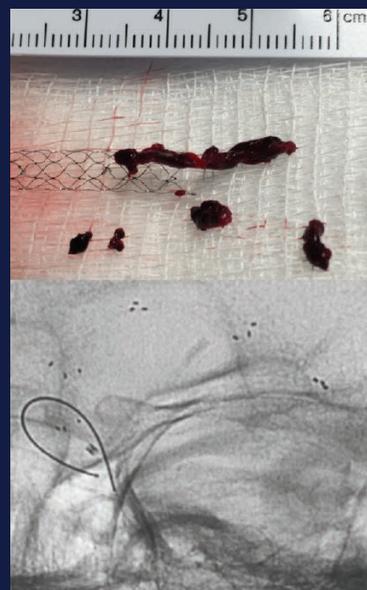


Image property of Medtronic.

RETRIEVE IT!

Visualize stent behavior during retrieval for optimal revascularization and clot capture success.



Images provided by Dr. Italo Linfante, Baptist Miami.

THE SOLITAIRE™ DEVICE IS PROVEN TO REDUCE STROKE RELATED DISABILITY:²

- **70%** relative improvement in functional independence at 90 days (mRS 0-2) vs IV t-PA alone
- **90.2%** revascularization rate (TICI 2b-3)
- **0%** sICH @ 27 hours.



DIFFERENT BY DESIGN.

UNIQUE PARAMETRIC™ DESIGN

The overlapping stent design allows the device to expand in larger vessels and compress in smaller vessels during deployment and retrieval³ as well as:



- Maintaining consistent stent cell size and structure¹⁷
- Differentiated radial outward force^{4,5}
- Providing multiple planes of clot integration contact³

DYNAMIC CLOT INTEGRATION³

Solitaire™
Platinum
Device
6mm



2mm Vessel

3mm Vessel

4mm Vessel

5mm Vessel

5.5mm Vessel

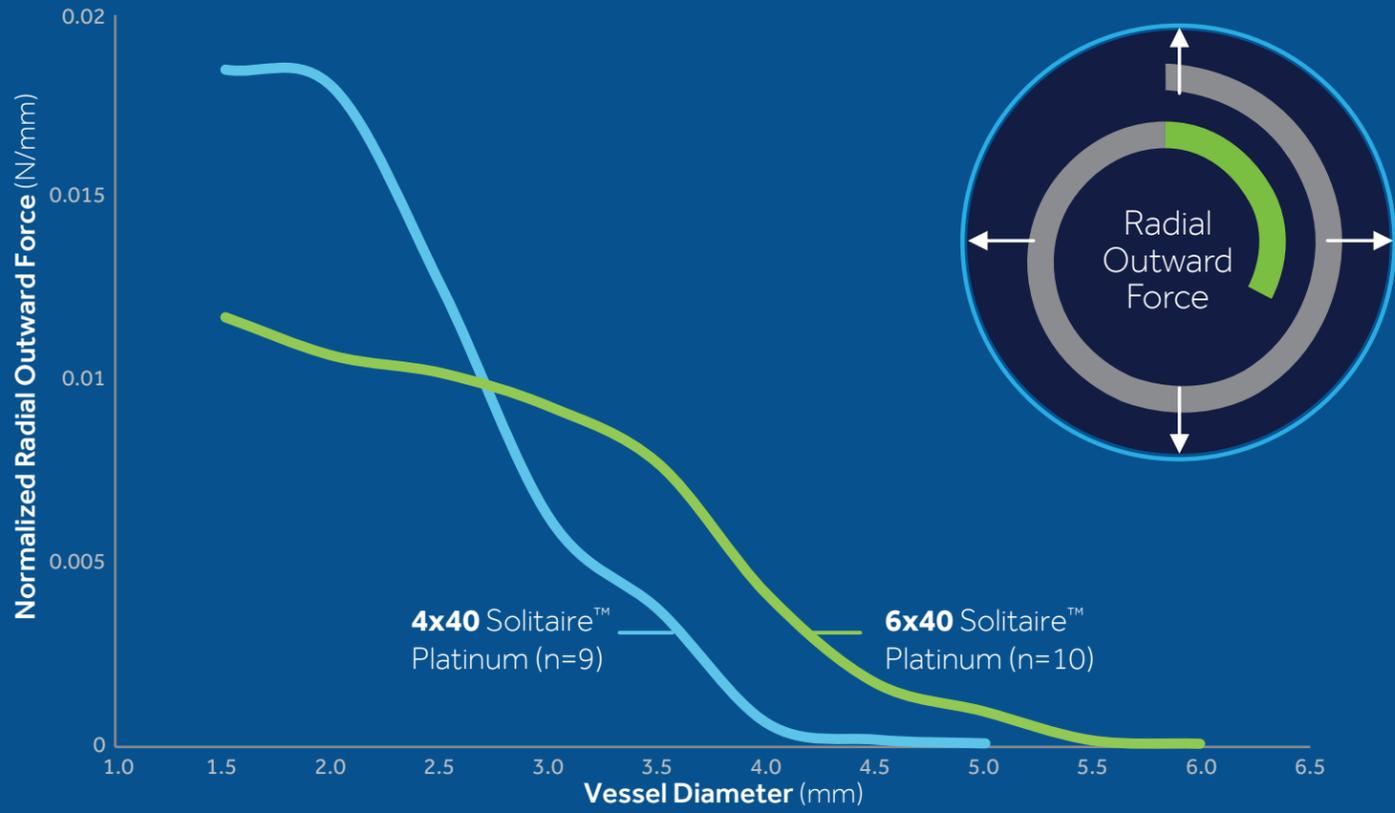
Solitaire™
Platinum
Device
4mm



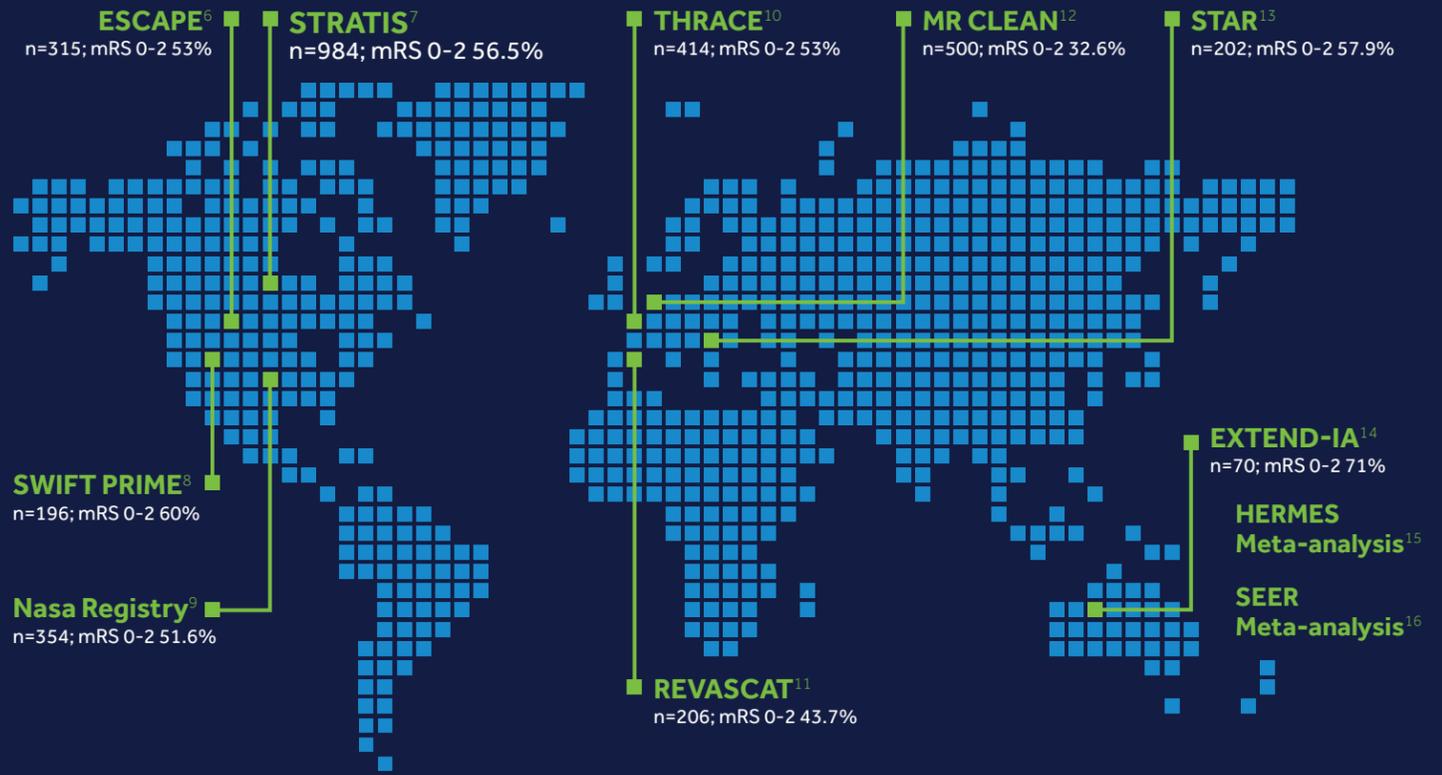
† Simulated measurement (n=1)

6mm devices are recommended for use in vessels with a diameter of 3.0 - 5.5mm. Bench testing has been performed to demonstrate the overlapping design of the device that occurs while constrained in vessels with differing diameters.

DIFFERENTIATED RADIAL OUTWARD FORCE^{4,5}

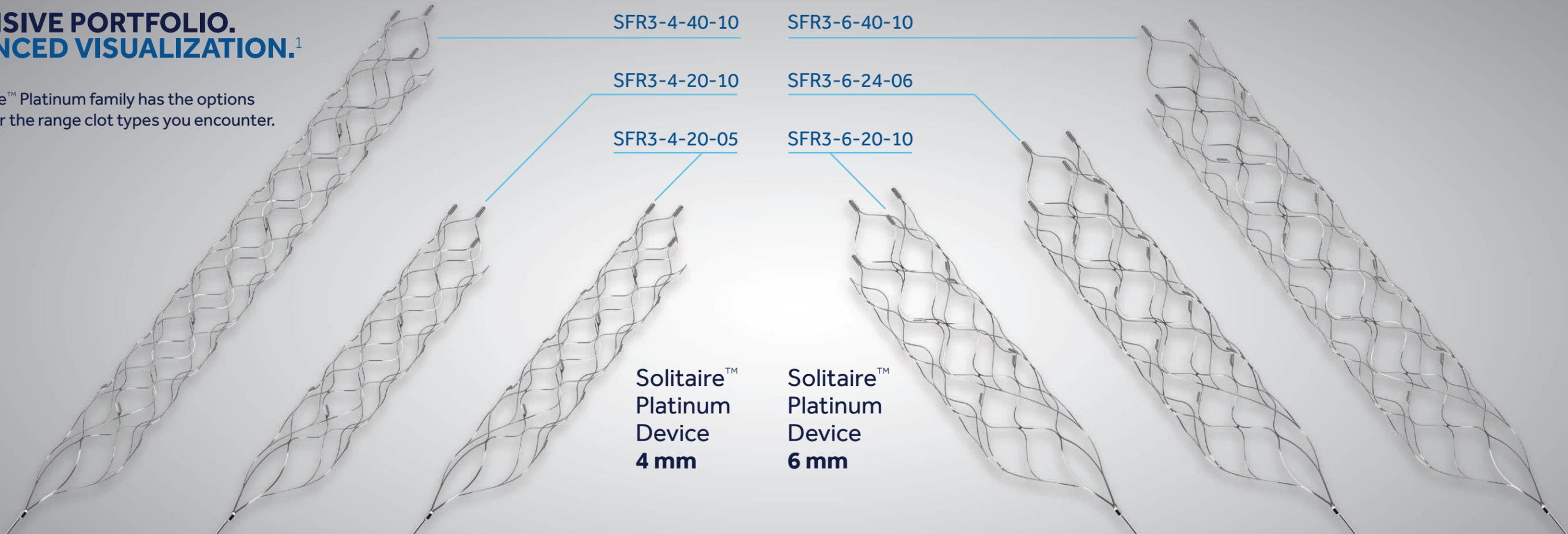


BACKED BY DATA WITH WORLDWIDE CASE STUDIES with the Solitaire™ Revascularization Device



EXPANSIVE PORTFOLIO. ENHANCED VISUALIZATION.¹

The Solitaire™ Platinum family has the options you need for the range clot types you encounter.



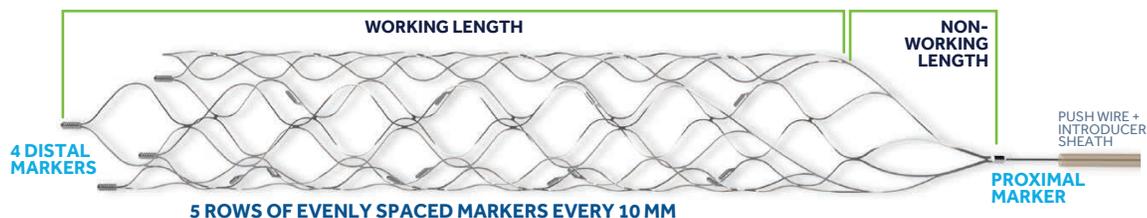
SOLITAIRE™ PLATINUM REVASCULARIZATION DEVICE DETAILS

**Solitaire™
Platinum**
Revascularization
Device – 20 mm



3 distal markers for 4 mm devices.
4 distal markers for 6 mm devices.

**Solitaire™
Platinum**
Revascularization
Device – 40 mm



SOLITAIRE™ PLATINUM REVASCULARIZATION DEVICE ORDERING INFORMATION²

Model	Recommended Vessel Diameter ^A (mm)		Minimum Microcatheter ID		Push Wire Length (cm)	Stent Diameter (mm)	Stent Length ^B (mm)	Proximal Marker to Distal Marker Length (mm)	Length from Distal Tip to Fluoroscope Marker (cm)	Radiopaque Markers		Radiopaque Stent Markers Spacing (mm)
	(min)	(max)	(mm)	(in)						Distal	Prox.	
SFR3-4-20-05	2.0	4.0	0.5	0.021	180	4.0	20.0	31.0	<130	3	1	5
SFR3-4-20-10	2.0	4.0	0.5	0.021	180	4.0	20.0	31.0	<130	3	1	10
SFR3-4-40-10	2.0	4.0	0.5	0.021	180	4.0	40.0	50.0	<130	3	1	10
SFR3-6-20-10	3.0	5.5	0.7	0.027	180	6.0	20.0	31.0	<130	4	1	10
SFR3-6-24-06	3.0	5.5	0.7	0.027	180	6.0	24.0	37.0	<130	4	1	6
SFR3-6-40-10	3.0	5.5	0.7	0.027	180	6.0	40.0	47.0	<130	4	1	10

^A Select a Solitaire™ Platinum Revascularization Device based on the sizing recommendations in Table 1 and based on the smallest vessel diameter at thrombus site.

^B Select a Solitaire™ Platinum Revascularization Device usable length that is at least as long as the length of the thrombus.

1. TR-NV12692 Rev A 2. 710111-001 Rev. 06/17 3. TR-NV13807 Rev A 4. TR-NV12180 Rev A 5. Solitaire™ Platinum 6x40 device compared to Solitaire™ Platinum 4x40 device 6. Goyal M, Demchuk AM, Menon BK, et al. Randomized assessment of rapid endovascular treatment of ischemic stroke. N. Engl. J. Med. Mar 12 2015;372(11):1019-1030. 7. Mueller-Kronast NH, Zaidat OO, Froehler MT, et al. Systematic Evaluation of Patients Treated With Neurothrombectomy Devices for Acute Ischemic Stroke: Primary Results of the STRATIS Registry. Stroke. 2017;48(10):2760-2768. 8. Saver JL, Goyal M, Bonafe A, et al. Stent-retriever thrombectomy after intravenous t-PA vs. t-PA alone in stroke. N. Engl. J. Med. Jun 11 2015;372(24):2285-2295. 9. TN Nguyen & Al. Balloon Guide Catheter Improves Revascularization and Clinical Outcomes With the Solitaire Device. Stroke. 2014;45:141-145. 10. Serge Bracard, Xavier Ducrocq, et al. Mechanical thrombectomy after intravenous alteplase versus alteplase alone after stroke (THRACE): a randomized controlled trial. Lancet Neurol. 2016; 15: 1138-47. 11. Jovin TG, Chamorro A, Cobo E, et al. Thrombectomy within 8 hours after symptom onset in ischemic stroke. N. Engl. J. Med. Jun 11 2015;372(24):2296-2306. 12. Berkhemer OA, Fransen PS, Beumer D, et al. A randomized trial of intraarterial treatment for acute ischemic stroke. N. Engl. J. Med. Jan 1 2015;372(1):11-20. 13. Pereira VM, Gralla J, Davalos A, et al. Prospective, multicenter, single-arm study of mechanical thrombectomy using Solitaire Flow Restoration in acute ischemic stroke. Stroke. Oct 2013;44(10):2802-2807. 14. Campbell BC, Mitchell PJ, Kleinig TJ, et al. Endovascular therapy for ischemic stroke with perfusion-imaging selection. N. Engl. J. Med. Mar 12 2015;372(11):1009-1018. 15. Goyal M, Menon BK, van Zwam WH, et al. Endovascular thrombectomy after large-vessel ischaemic stroke: a meta-analysis of individual patient data from five randomised trials. Lancet. Apr 23 2016;387(10029):1723-1731. 16. Campbell BC, Hill MD, Rubiera M, et al. Safety and Efficacy of Solitaire Stent Thrombectomy: Individual Patient Data Meta-Analysis of Randomized Trials. Stroke; a journal of cerebral circulation. 2016;47(3):798-806. 17. TR-NV12554 Rev A.

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CAUTION: Federal (USA) law restricts this device to sale, distribution and use by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device.

The Solitaire™ Platinum Revascularization Device is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion, and smaller core infarcts who have first received intravenous tissue plasminogen activator (IV t-PA). Endovascular therapy with the device should be started within 6 hours of symptom onset.

The Solitaire™ Platinum Revascularization Device is indicated to restore blood flow by removing thrombus from a large intracranial vessel in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for IV t-PA or who fail IV t-PA therapy are candidates for treatment.

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