

Clinician Name:
 Hospital:
 Delivery/Contact Address:
 Telephone:
 Email:
 Lombard Medical/Distributor Representative:

Patient ID:
 Date Of Birth: M/F:
 Procedure Date:
 CT Scan Date:

NOTES

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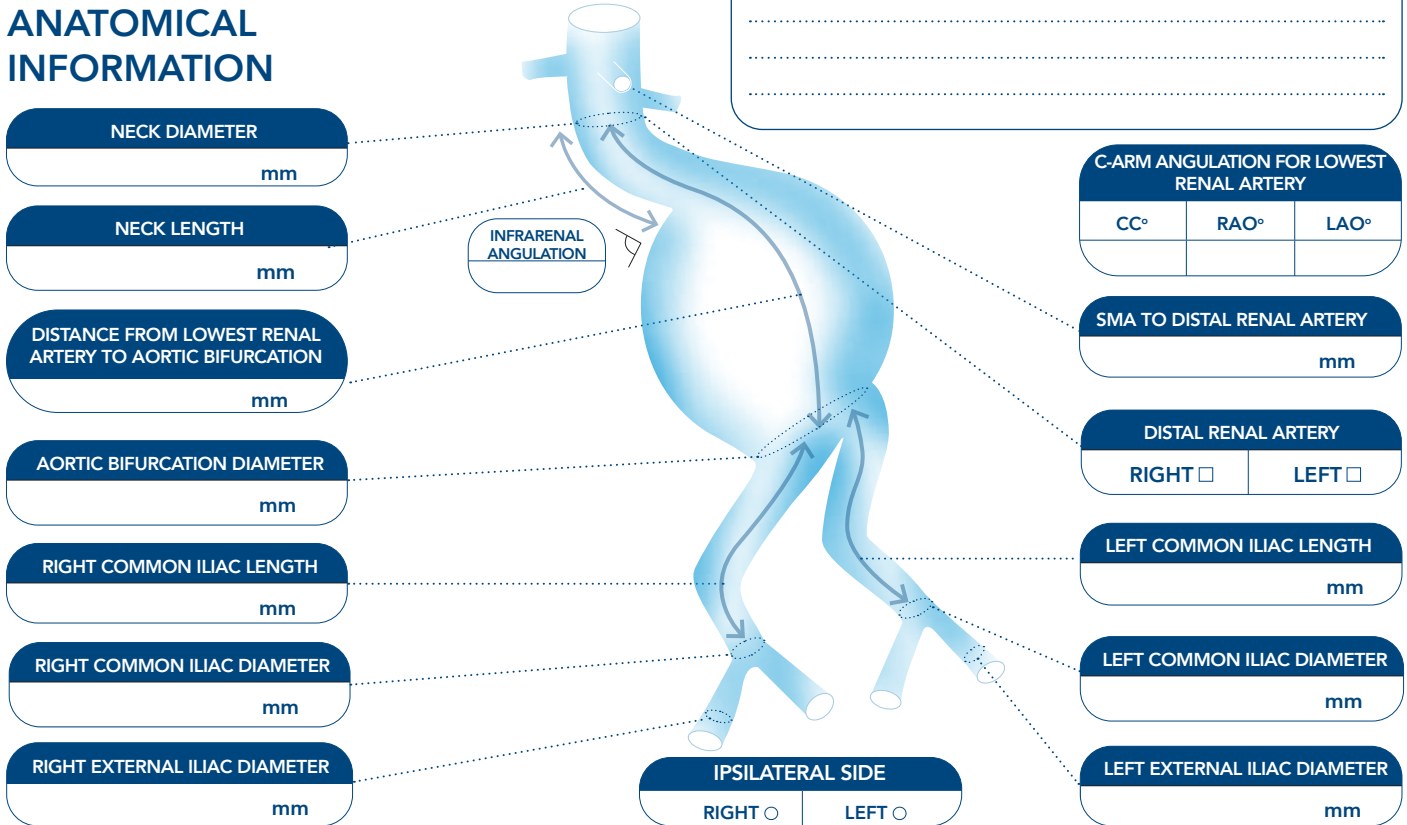
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ANATOMICAL INFORMATION



IMPLANT SIZES (please tick required graft size as appropriate)

MAIN BODY (MB)		CONTRALATERAL LEG (CL)	
PROXIMAL DIAMETER (mm)	GRAFT BODY LENGTH (mm)	CONTRALATERAL LEG WORKING LENGTH (mm)	
D1 24 <input type="checkbox"/> 27 <input type="checkbox"/> 31 <input type="checkbox"/>	L1 81* <input type="checkbox"/> 96 <input type="checkbox"/> 111 <input type="checkbox"/> 126 <input type="checkbox"/>	L1 ≥ 81	56 <input type="checkbox"/> 73 <input type="checkbox"/> 90 <input type="checkbox"/> 106 <input type="checkbox"/>
IPSILATERAL LEG LENGTH (mm)	DISTAL IPSILATERAL LEG DIAMETER (mm)	L1 = 81*	71 <input type="checkbox"/> 88 <input type="checkbox"/> 105 <input type="checkbox"/> 121 <input type="checkbox"/>
L2 63 <input type="checkbox"/>	D2 12 <input type="checkbox"/>	* When L1 equals 81mm the L3 working length increases by 15mm	
IPSILATERAL EXTENSION (IE)		DISTAL CONTRALATERAL LEG DIAMETER (mm)	
IPSILATERAL LEG LENGTH (mm)		D3 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/>	
L4 56 <input type="checkbox"/> 73 <input type="checkbox"/> 90 <input type="checkbox"/> 106 <input type="checkbox"/>		DISTAL EXTENDER (DE)	
IPSILATERAL LEG DIAMETER (mm)		DIAMETER	
D4 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/>		51 LENGTH 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/>	
		82 LENGTH 12 <input type="checkbox"/>	

BODY AND LEG PRODUCT CODES FOR ORDERING

MAIN BODY	D1	L1	L2	D2	IPSILATERAL EXTENSION	L4	D4	CONTRALATERAL LEG	L3	D3	DISTAL EXTENDER	51 LENGTH	82 LENGTH
			63	12									

It is the responsibility of the clinician who completes this form to assess the suitability of this device for the intended patient. If this product is used outside the indications for use, this is regarded as off label use and Lombard Medical cannot be held accountable for a decision to use it under these circumstances.

ANATOMICAL MEASUREMENTS

D1 - NECK DIAMETER
19-29mm
10-30% oversizing on neck diameter

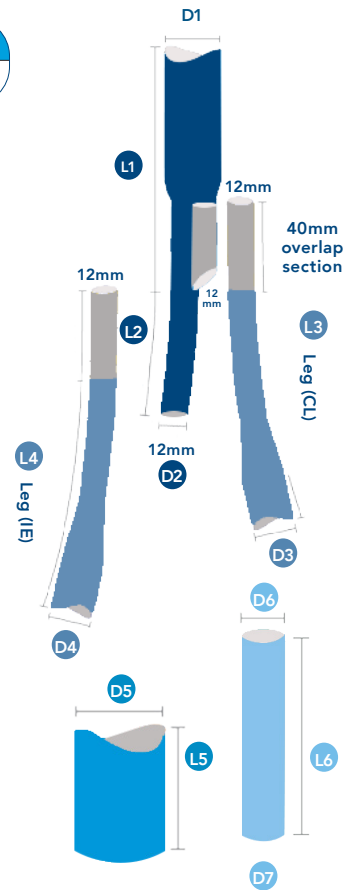
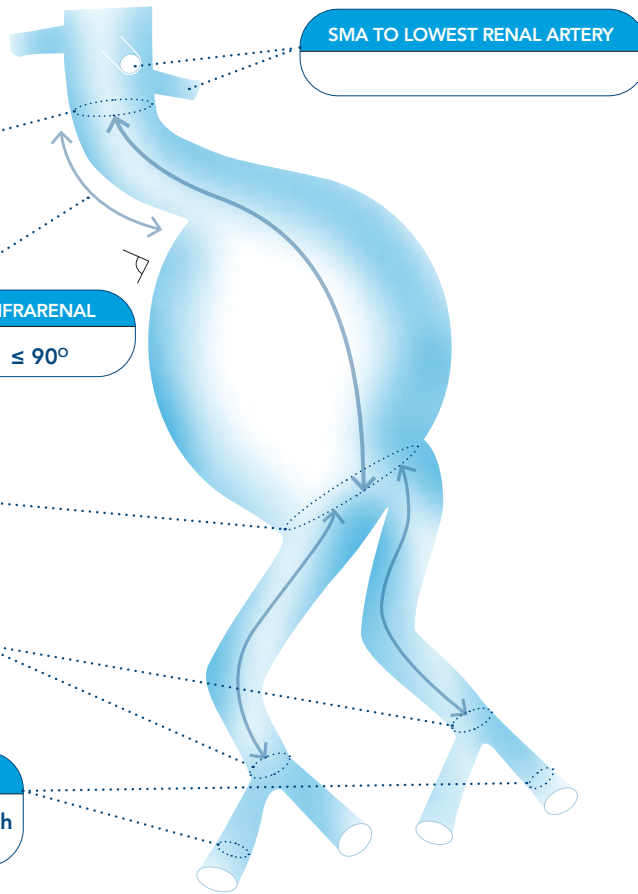
CENTRELINE NECK LENGTH
≥ 15mm

INFARENAL
≤ 90°

BIFURCATION
≥ 18mm

D3/D4- CIA DIAMETER
8-19mm

ACCESS VESSELS
To accommodate 16F or 18F sheath (as required)



Main Body Stent Graft (MB)

D1	Proximal Diameter (mm)		
	24	27	31
L1	Graft Body Length (mm)		
	81*		
	96		
	111		
L2 <th colspan="3">Ipsilateral Leg Length (mm)</th>	Ipsilateral Leg Length (mm)		
	63		
D2	Distal Ipsilateral Leg Length (mm)		
	12		

Ipsilateral Extension (IE)

L4	Leg Length (mm)				
	56	73	90	106	
D4	10	12	14	16	18
	20				

Contralateral Leg (CL)

L3	Leg Length (mm)					
		L3 > 81mm			L3 = 81mm*	
	56	73	90	106	121	
D3	Distal Leg Diameter (mm)					
	10	12	14	16	18	20

Proximal Extender (PE)

D5	Proximal Extender Diameter (mm)		
	24	27	31
L5	Total Length (mm)		
	38		

Distal Extender (DE)

D6 / D7	Distal Extender Diameter (mm)					
		12	14	16	18	20
L6	Total Length (mm)					
	51					82

* When L1 equals 81mm the L3 working length increases by 15mm



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