

TAA

DISSECTION

OTHER

Clinician Name:
Hospital:
Delivery/Contact Address:

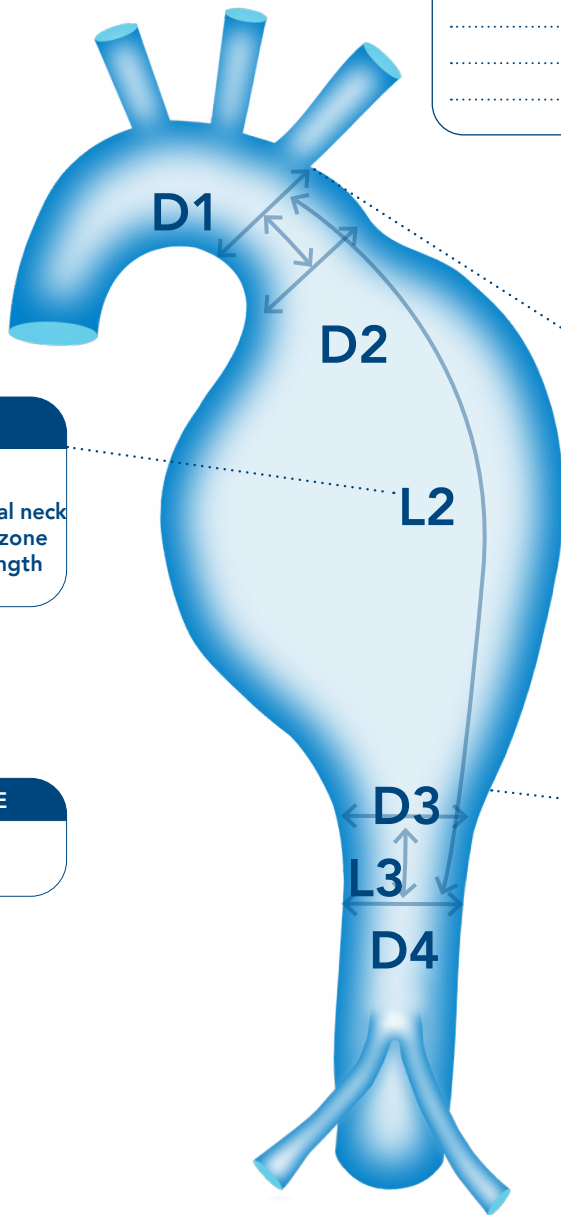
Telephone:
Email:
Lombard Medical/Distributor Representative:

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

CASE NOTES

.....
.....
.....
.....
.....
.....

ANATOMICAL INFORMATION



TOTAL LENGTH

L2 = mm
Total length from proximal neck to end of distal landing zone (consider outer curve length and vessel tortuosity)

PROXIMAL LANDING ZONE

D1 = mm
D2 = mm
L1 = mm
L1 ≥ 15mm proximal landing zone

PROPOSED ENTRY SITE

LEFT
RIGHT

DISTAL LANDING ZONE

D3 = mm
D4 = mm
L3 = mm
L3 ≥ 15mm distal landing zone

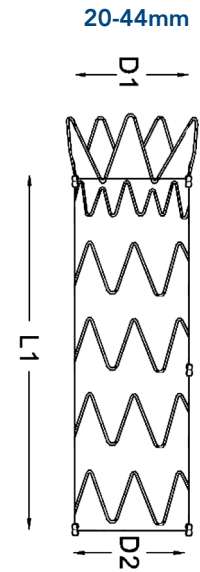
Access vessels should accommodate 18F and 20F delivery system

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 of 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.

PRODUCT CODES FOR ORDERING

Straight Configuration (mm)

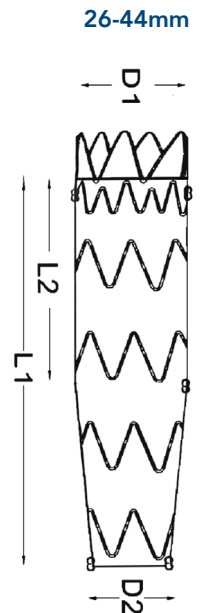
PROXIMAL GRAFT DIAMETER (D1)	DISTAL GRAFT DIAMETER (D2)	GRAFT LENGTH (L1)	BARE STENT LENGTH	PRODUCT CODE	QUANTITY
20	20	100	15	HT2020-100-1500	
22	22	100	15	HT2222-100-1500	
24	24	100	15	HT2424-100-1500	
26	26	100	15	HT2626-100-1500	
28	28	100	15	HT2828-100-1500	
30	30	100	20	HT3030-100-2000	
32	32	100	20	HT3232-100-2000	
34	34	100	20	HT3434-100-2000	
36	36	100	20	HT3636-100-2000	
38	38	100	20	HT3838-100-2000	
40	40	100	20	HT4040-100-2000	
42	42	100	20	HT4242-100-2000	
44	44	100	20	HT4444-100-1500	



Tapered Configuration (mm)

TAPERING	PROXIMAL GRAFT DIAMETER (D1)	DISTAL GRAFT DIAMETER (D2)	GRAFT LENGTH (L1)	STRAIGHT STENT LENGTH (L2)	BARE STENT LENGTH	PRODUCT CODE	QUANTITY	
4	26	22	160	35	15	HT2622-160-1500		
	28	24	160	35	15	HT2824-160-1500		
	30	26	160	35	20	HT3026-160-2000		
	32	28	160	35	20	HT3228-160-2000		
	34	30	160	35	20	HT3430-160-2000		
	36	32	160	35	20	HT3632-160-2000		
	38	34	160	35	20	HT3834-160-2000		
	40	36	160	35	20	HT4036-160-2000		
	42	38	160	35	20	HT4238-160-2000		
	44	40	160	35	20	HT4440-160-2000		
	8	26	22	200	35	15	HT2622-200-1500	
		28	24	200	35	15	HT2824-200-1500	
		30	26	200	35	20	HT3026-200-2000	
		32	28	200	35	20	HT3228-200-2000	
34		30	200	35	20	HT3430-200-2000		
36		32	200	35	20	HT3632-200-2000		
38		34	200	35	20	HT3834-200-2000		
40		36	200	35	20	HT4036-200-2000		
28		20	200	35	15	HT2820-200-1500		
30		22	200	35	20	HT3022-200-2000		
32	24	200	35	20	HT3224-200-2000			
34	26	200	35	20	HT3426-200-2000			
36	28	200	35	20	HT3628-200-2000			
38	30	200	35	20	HT3830-200-2000			
40	32	200	35	20	HT4032-200-2000			

20-44mm
for straight device



26-44mm
for tapered device

ADDITIONAL DEVICE REQUIREMENTS (PROXIMAL TO DISTAL)

--	--	--

A minimum of 55mm of covered stent overlap is recommended for aneurysms;
35mm for dissections when using multiple devices



Lombard Medical Limited
Lombard Medical House
4 Trident Park
Didcot, OX11 7HJ

Tel: +44 (0)1235 750800

Email: globalinfo@lombardmedical.com

Website: www.lombardmedical.com

©2024 Lombard Medical Limited
All rights reserved. MP00010C_ENG