PHILIPS

Rotational atherectomy system

Phoenix

The safe, simple **and effective choice**

The Phoenix rotational atherectomy system was designed with the intention of reducing the risk of distal embolization and negative vessel interaction, of obviating the need for removal of the device from the body during the procedure to purge collected debris, and of avoiding adverse effects (such as excessive blood removal and vessel suck-down) related to the use of aspiration.[1]

Safe

Clinical concern	Phoenix solution	Safety data[1]
Vessel injury	The front cutter is housed in a stainless steel casing and rotates at 10,000 to 12,000 rpm. When engaging the lesion, plaque debris is continuously cut, captured and cleared using the Archimedes screw principle.	~1% perforation[2] 0.9% dissection[1]
Distal embolization requiring intervention		2% asymptomatic embolization with no filter device used[2] 0% use of distal protection[1]

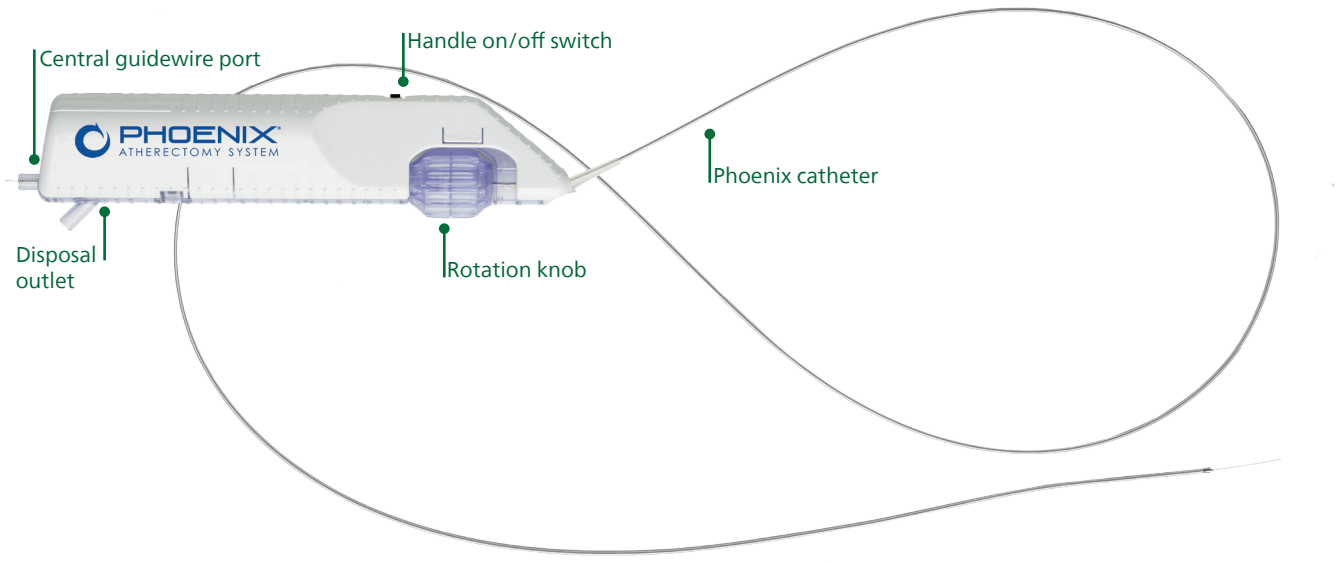
Simple

- Single insertion: no need to remove and clean out debulked material.
- The 2.2 and 2.4-mm devices include a deflecting mechanism, which allows directional control and debulking of arterial diameters that are larger than the catheter's diameter and target eccentric lesions.
- Low profile, front cutting design allows for direct lesion access.

Effective

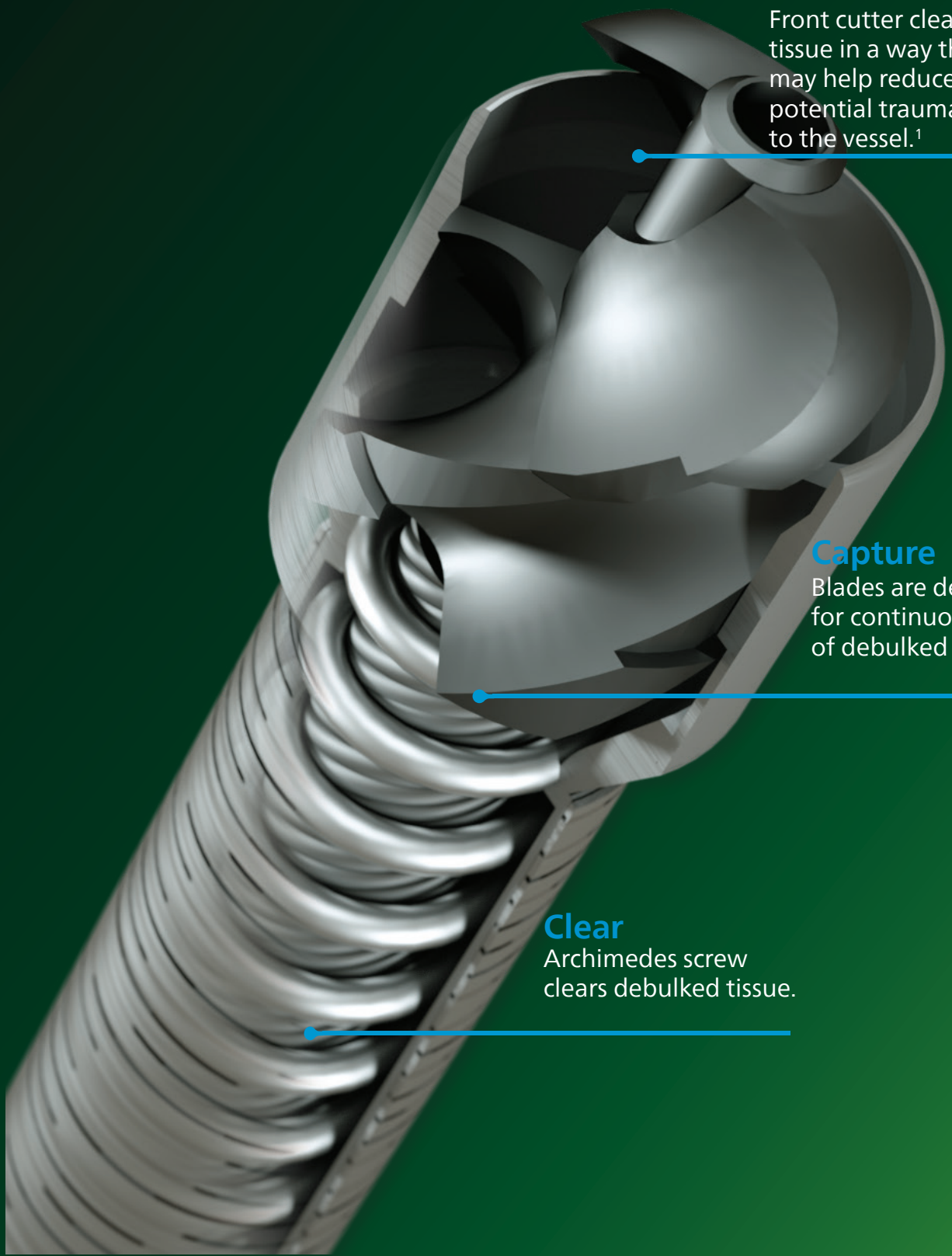
- In a prospective, all-comers, 402 patient single-center trial, Phoenix atherectomy was found to effectively treat complex lesions - > 80% TASC C/D with moderate to severe calcification PACSS score >2 with rates of procedural success comparable in CLI patients (98.2%) and non-CLI patients (97.3%). In addition, the clinical success rates were high with sustained clinical improvements during follow-up and a low rate of clinical driven TLR (87.5% claudication, 82.3% CLTI).[3]
- The effectiveness endpoint set in the EASE trial was exceeded, with residual stenosis <30% in 99.2% of lesions, and a 88% freedom from clinically driven target lesion revascularization (TLR).[1]

A simple and easy to use system



The Phoenix atherectomy system, shown with the catheter inserted into the handle drive unit. No external, off-table components are required.

Phoenix has a cut, capture, and clear mechanism of action



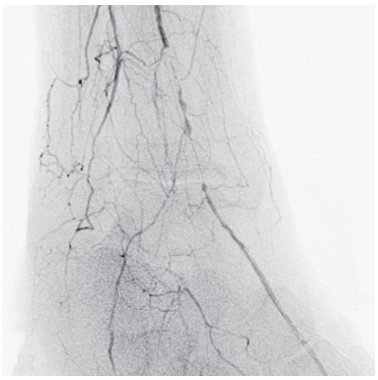
Cut
Front cutter clears tissue in a way that may help reduce potential trauma to the vessel.[1]

Capture
Blades are designed for continuous capture of debulked material.

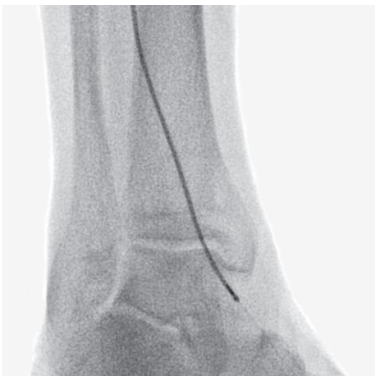
Clear
Archimedes screw clears debulked tissue.

Low profile system
for distal lesion access[2,4]

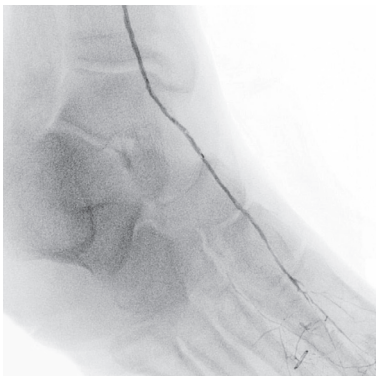
Case performed by Dr. Christopher LeSar at the Vascular Institute of Chattanooga.



Lesion identified in the dorsalis pedis.[2]



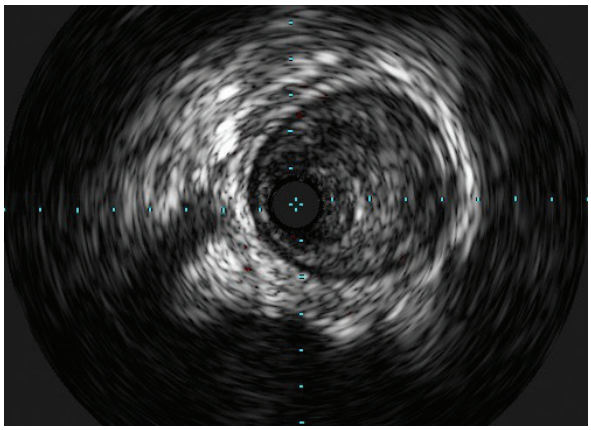
Low profile (5F, 1.8 mm), front cutting device allowed for direct access to very distal lesion location.[2]



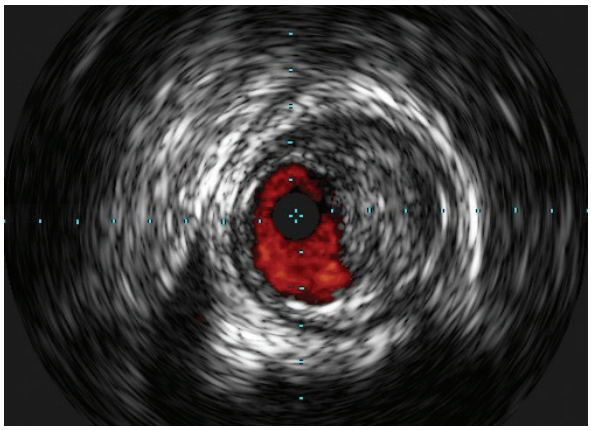
Flow is restored post treatment with Phoenix.

Phoenix created 67% luminal gain
without vessel injury[4]

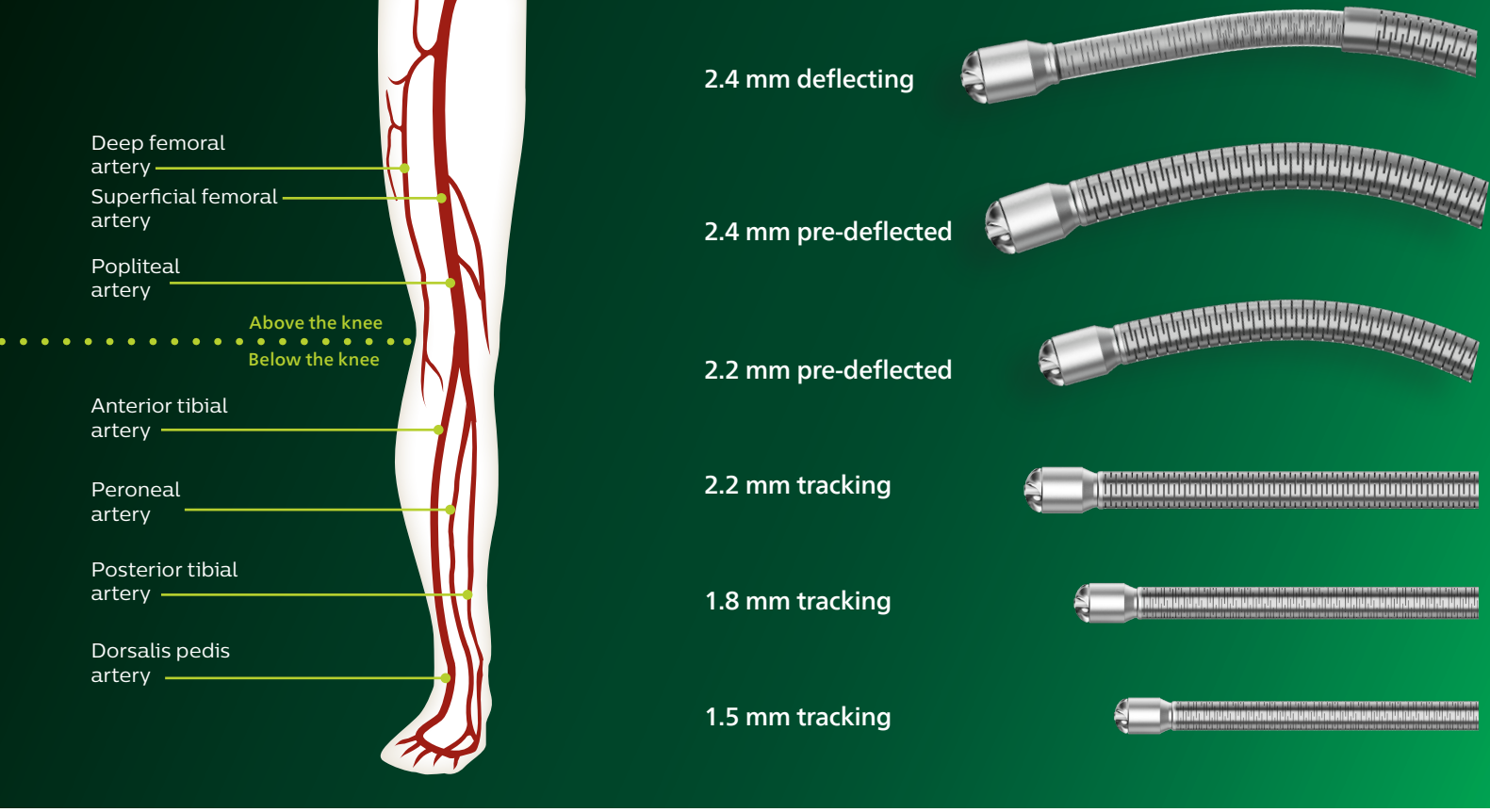
Case performed by Dr. Joseph Griffin at Baton Rouge General Hospital.



IVUS pre-vessel preparation
IVUS confirms intraluminal wire position, provides media to media (true) vessel size, demonstrates an eccentric plaque geometry and a fibrotic lesion morphology.



IVUS post-Phoenix
A 2.4mm deflecting catheter was chosen based on vessel size, plaque geometry and morphology. Phoenix increased the lumen by more than 67%, avoiding adventitial injury and dissection.



Phoenix atherectomy system

Part number	Catheter tip diameter	Minimum introducer size	Crossing profile	Working length	Maximum guide wire diameter	Minimum vessel diameter[5]
Tracking catheters						
P15149K	1.5 mm	4Fr (> 1.5 mm)	1.5 mm	149 cm	0.14"	2.0 mm
P18130K	1.8 mm	5Fr (> 1.8 mm)	1.8 mm	130 cm	0.14"	2.5 mm
P18149K	1.8 mm	5Fr (> 1.8 mm)	1.8 mm	149 cm	0.14"	2.5 mm
P22130K	2.2 mm	6Fr (> 2.2 mm)	2.2 mm	130 cm	0.14"	3.0 mm
P22149K	2.2 mm	6Fr (> 2.2 mm)	2.2 mm	149 cm	0.14"	3.0 mm
Pre-deflected catheters						
PD22130K	2.2 mm	6Fr (> 2.2 mm)	2.2 mm	130 cm	0.14"	3.0 mm
PD24130K	2.4 mm	7Fr (> 2.4 mm)	2.4 mm	130 cm	0.14"	3.0 mm
Deflecting catheters						
PD24127K	2.4 mm	7Fr (> 2.4 mm)	2.4 mm	125cm deflected 127cm straight	0.14"	3.0 mm

Phoenix guidewire

Part number	Type	Diameter	Length	Tip	Style
PG14300LF	Silicone coated nitinol core	.014"	300 cm	Floppy	Light support

1. Davis T, Ramaiah V, Niazi K, Martin Gissler H, Crabtree T. Safety and e° ectiveness of the Phoenix Atherectomy System in lower extremity arteries: Early and midterm outcomes from the prospective multicenter EASE study. Vascular. 2017 Dec;25(6):563-575
2. The Phoenix atherectomy 1.5 mm tracking catheter is indicated for vessels of 2.0 mm in diameter or above, the 1.8 mm tracking catheter is indicated for vessels 2.5 mm in diameter or above. The Phoenix 2.2 mm tracking and deflected as well as the 2.4 mm deflecting catheters are indicated for vessels of 3.0 mm in diameter or above. While the 1.5mm and 1.8 tracking as well as the 2.2 mm tracking and deflecting catheters are indicated for femoral, popliteal, or distal arteries located below the knee, the Phoenix 2.4 mm deflecting catheter is indicated for femoral and popliteal only.
3. Giusca S, Hagstotz S, Lichtenberg M, Heinrich U, Eisenbach C, Andrassy M, Korosoglou G. Phoenix atherectomy for patients with peripheral artery disease. EuroIntervention. 2022 Apr 7:EIJ-D-21-01070. doi: 10.4244/EIJ-D-21-01070. Epub ahead of print. PMID: 35389346.
4. Case study results are not predictive. Results in other cases may vary.
5. Warning: Do not use the Phoenix atherectomy catheter in vessels smaller than the indicated size or harm to patient (vessel perforation, dissection or injury) could occur.

Product subject to country availability. Please contact your local sales representative.

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