Trevo XP ProVue
A Monocentric Preliminary Experience
I, Michael Diepers, have the following commercial relationships to disclose:

RAPID Medical
STRYKER Neurovascular

No personal financial relationship

TETEC AG

Clinical Advisor
2013:
>600 stroke pt
65 ia treatment
47 mechanically
TREVO® XP PROVUE RETRIEVER

Take Control. Capture More.

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Trevo ProVue Retriever was the first fully visible Stentriever device, which allows to view placement and strut behavior.

- **Positioning** – visualize deployment and accurate placement of 20mm retrieval area over the clot.

- **Interaction** – visualize expansion of struts to understand clot integration upon deployment.

- **Retrieval** – visualize the clot’s location on the device during retraction.
TREVO PROVUE

Stryker Neurovascular
NEW TREVO XP  TIP OPTION

Trevo® ProVue Retriever

NEW Trevo® XP  ProVue Retriever

TREVO XP :
✓ Same DESIGN of Vertical Strut Orientation and Wide Cell
✓ FULLY VISIBLE

BUT
✓ different TIP option to reduce the landing zone (bifurcations)
✓ Improved DELIVERABILITY and HIGHER VISIBILITY
Reduced Landing Zone

NEW TREVO XP PROVUE

Stryker Neurovascular
2 sizes of TREVO XP:

Trevo® XP ProVue Retriever - 4x20mm

Trevo® XP ProVue Retriever - 3x20mm

Photographs by Stryker Neurovascular
27/12/2013

59yo F, cardioembolic M1-occlusion

pre stroke mRS 0. Last seen well 07:00h, found with left HP 12:00h. NIHSS 11

CT/CTA/CTP: right M1-occlusion, no demarcation, rCBV:TTP-mismatch. Tortuous supraaortic anatomy

No iv lysis. Groin puncture 15:40h.

Concentric 8F BC, Trevo 18 MC, Synchro² .014 GW

1st run 16:00h, 2nd run 16:30h – TICI 2a
3rd run with a different device (ERIC, headway 17) 17:00h – TICI 2a

CT-F/U: partial BG infarction. No bleeding.

Discharge home day 9, NIHSS 0, mRS 1
Patient 1 - 59yo female
Patient 1 - 59yo female
16/01/2014

80yo M, arterioarterial embolic M1-occlusion

pre stroke mRS 1. onset 8:30h, right HP and aphasia, NIHSS 14

CT/CTA/CTP: left CCA occlusion, collateral ICA filling. Distal M1 occlusion. No demarcation, rCBV:TTP-mismatch

iv lysis 9:50h, groin puncture 11:30h. Revascularization, then CAS (Tirofiban iv)

Maxx 8F, 5Max ACE, Velocity MC, Synchro² .014 GW - failed
Maxx 8F, 5Max ACE, Trevo18 MC, Synchro² .014 GW. 1st run 12:55h – TICI 3

CT-F/U: no bleeding. 1/3 MCA infarction

Exitus letalis day 7 (pneumonia)
Patient 2 - 80yo male
68 yo F, cardioembolic incomplete MCA bifurcation occlusion

pre stroke mRS 0. Right HP, aphasia. Onset 12:50h, NIHSS 10

CT/CTA/CTP: partial left distal MCA occlusion, no demarcation. rCBV : TTP mismatch

AF, Xarelto medication: no iv lysis. GP 16:30

Concentric 8F BC, Trevo 18 MC, Synchro² .014 GW. 1st run 17:35 h - TICI 3

CT-FU: no bleeding. MRI day 1: small infarctions insula and caudate nucleus. No bleeding.

D home day 9, NIHSS 0, mRS 0
Patient 3 - 68yo female

MRI day 1

pre

post