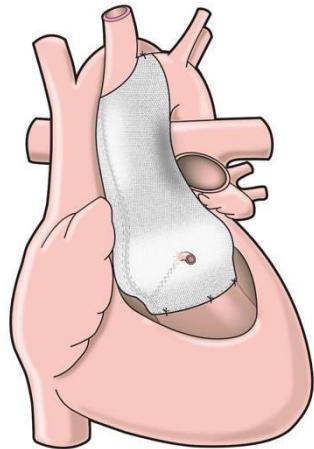


# ExoVasc® Personalised External Aortic Root Support (PEARS)

**The new approach to surgical management of the dilated aorta**



## **The condition: aortic dilation and dissection**

One of the features of Marfan syndrome and other related genetic conditions is enlargement or dilatation of the aorta – the main vessel carrying blood from the heart to the body. People affected by this are at risk of aortic dissection, which can be fatal.

## **The conventional approach: replacement of the aorta**

The current standard surgical means of preventing aortic dissection is to replace the ascending aorta, with or without replacement of the aortic valve. During surgery, the ascending aorta and aortic valve are removed and replaced by an artificial graft. To prevent blood clots forming on the artificial valve, the patient must take anticoagulant drugs for the rest of his or her life. Alternatively, a valve sparing procedure can be done in which the patient's aortic valve is retained and fixed within the textile of an artificial tubular graft that replaces the weakened aorta. An advantage of this approach is that anticoagulant therapy is not required, but the drawback is that further surgery may be required in the future. Both approaches require the use of a heart-lung machine.

## **The new approach: the ExoVasc® Personalised External Aortic Root Support – retaining the aorta and valve**

The ExoVasc® Personalised External Aortic Root Support provides an alternative to aortic root replacement. A custom-made external support is manufactured to exactly match the shape of the patient's aorta. This support is placed around the ascending aorta, which remains in place. Since the vessel and the valve remain intact, the surgery takes less time and there is no need for the patient to take anticoagulant drugs.

## **Patient benefits**

By leaving the patient's own aorta and valve intact, fitting the ExoVasc® Personalised External Aortic Root Support is a less invasive procedure. Although open chest surgery is required, the benefits to the patient are significant and include:

- a shorter operation (typically a couple of hours rather than 5-6 hours)
- usually no requirement for cardiopulmonary bypass (heart-lung machine) during surgery
- there is no requirement for lifetime anticoagulant therapy
- the reinforced aorta reverts to a structure similar to normal, the patient's own valve is retained, and further surgery is unlikely to be necessary



This picture shows the soft textile of the ExoVasc® Personalised External Aortic Root Support fitted on a patient-specific former used to give it shape during manufacture.

The former is produced by 3-D printing from a computer model generated from the data on each individual patient's aorta taken from a CT scan.

By following this approach, the ExoVasc® support is personalised to match the exact shape of the patient's own aorta, thus providing close support to the ascending aorta including the aortic valve.

During surgery, the textile support is placed around the patient's own aorta and valve; both of which remain intact.

## What is the experience to date?

Over 1,000 patients have now received this external support to their aorta. The first patient received their ExoVasc® support in May 2004, the total patient experience has exceeded 3,000 patient years, and the ExoVasc® support has proven successful in every case in which it has been implanted.

## Where is the surgery available?

If you believe that you or a family member may be a candidate for this procedure, you can be referred by your GP to one of the 40+ centres that can perform the PEARS operation. This surgery has been performed at hospitals in the UK, Ireland, Belgium, the Netherlands, Czechia, Slovakia, Austria, Italy, Greece, New Zealand and Australia. You can find the contact details for current centres on the Extent website at [www.extent.com](http://www.extent.com).

ExoVasc® is not available for sale in the USA.

## How can I learn more about the ExoVasc® approach?

You can find more information on the ExoVasc® Personalised External Aortic Root Support by visiting the Extent website at [www.extent.com](http://www.extent.com). On [www.extent.com](http://www.extent.com) you will find reports from patients on their experience, and copies of the published clinical papers describing this approach. Alternatively, you can get in touch with us directly using the contact page on the Extent website or using the information at the foot of this page.

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