DyeVert™
Contrast Reduction System PLUS EZ

Preventing AKI In Your Cath Lab Patients

be kind to KIDNEYS™

> The reduction of CM* volume by the DyeVert™ System was associated with a significant reduction in AKI rate.

– Briguori, et al. C&CI 2020

*Contrast Media

Contrast Induced Acute Kidney Injury (AKI) is a rising problem in cath lab patients with Chronic Kidney Disease (CKD). AKI is associated with increased length of stay, increased 30-day readmissions, and poor clinical and economic outcomes for patients and hospitals.[1]

The DyeVert PLUS EZ Contrast Reduction System is a simple, easy-to-use solution.

- Effective in preventing AKI in patients with CKD, high-risk patients and complex cases[2-9]
- Consistently reduces contrast delivered to patients on average 40%[10,11]
- Integrates seamlessly into coronary and peripheral angiography procedures

Proven Reduction of AKI

In real-world and clinical environments, the DyeVert PLUS EZ System has been shown to improve clinical outcomes by reducing AKI rates in high-risk patients.[2-9]

Real-world results: 55% mean relative AKI reduction

Cath lab quality improvement (QI) programs to reduce AKI demonstrated a 55% mean relative AKI reduction with the DyeVert System.[2-5]

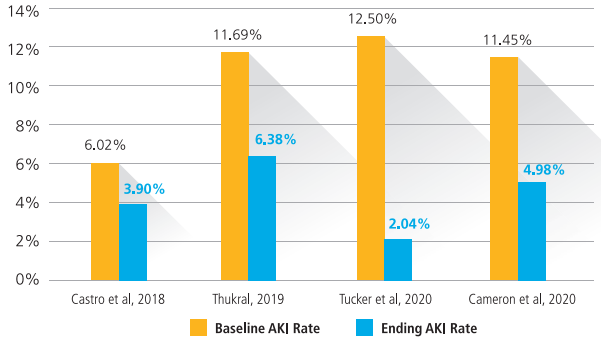
Kidney care pathways for at-risk patients included screening, hydration per physician order, and use of the DyeVert System to reduce contrast delivered to patients and manage max contrast threshold levels.

Comparative results: 51% mean relative AKI reduction

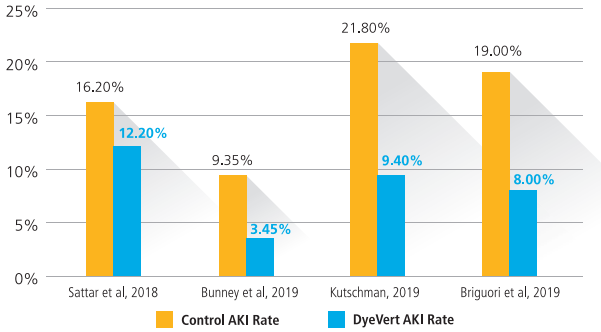
Studies comparing AKI rates in patients treated with and without the DyeVert System demonstrated a 51% mean relative AKI reduction in patients treated with DyeVert.[6-9]

Briguori, et al. demonstrated a 58% relative AKI reduction in the DyeVert cohort, with hydration levels being similar in both groups.[9]

QI Programs AKI Reduction



Control vs. DyeVert System AKI Reduction



Lower Economic Risk

Preventing AKI due to cath lab procedures has been shown to provide strong economic, as well as clinical outcomes.

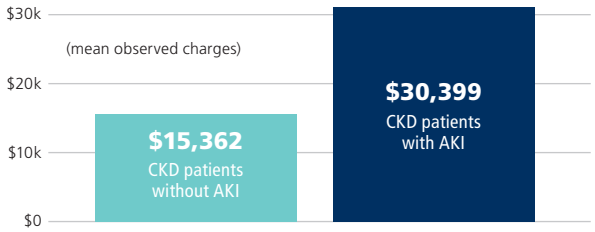
AKI dramatically increases costs for hospitals—upwards of $15,000 per AKI event—due to increased length of stay, as well as increased rates of 30-day readmissions.

By preventing AKI with the DyeVert System in high-risk patients, hospitals have realized cost savings of up to $2,000 per patient.*

*Data on file.

AKI increases hospital costs

Average hospital cost increase of $15,000 per CKD patient with AKI due to increased length of stay.



AKI Burden of Illness Study - Premier Healthcare Database

A study of 749 hospitals with 2.8M coronary angiography patients[1]

Uncompromised Imaging

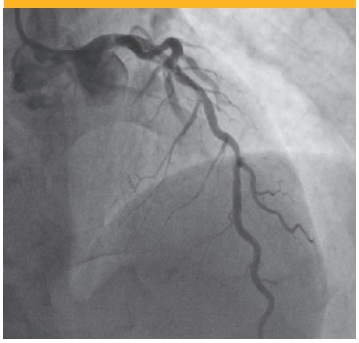
Injections into coronary arteries may result in excess reflux into the aorta that is not needed for image quality.

The DyeVert System reduces contrast delivered to patients without compromising image quality, as seen by minimization of excess reflux.

With Contrast Reduction

Reduced contrast volume leads to decreased reflux

Without Contrast Reduction



Unnecessary contrast volume leads to excess reflux

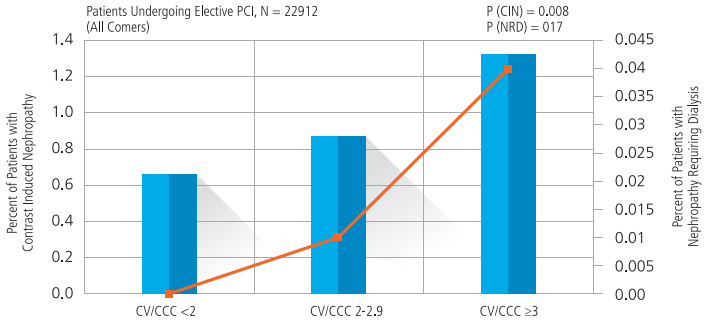
Customize Contrast Delivery and Threshold Management

The prevention of AKI is impacted by establishing contrast dose levels based on each patient's kidney function.

Studies have shown AKI prevention when contrast volume thresholds remain below 3x eGFR.[12]

**Contrast volume/calculated creatine clearance*

Contrast Threshold levels below 3x CV/CCC* reduces AKI



Incidence of AKI and AKI requiring dialysis by CV/CCC

Real-Time Monitoring with Shot-by-Shot Threshold Management

The DyeVert System's Bluetooth Technology enables accurate digital recording of all contrast delivered to a patient during procedure.

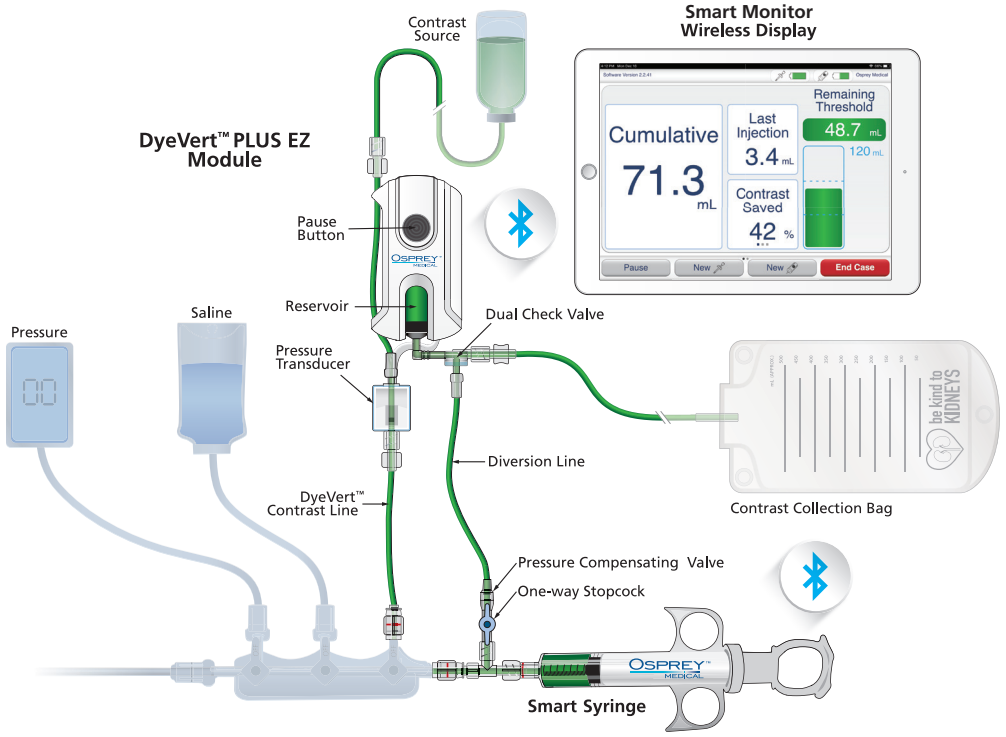
- **A** Cumulative contrast volume delivered
- **B** Contrast volume per injection
- **C** Percent contrast saved per injection*
- **D** Contrast level remaining until threshold max achieved
- **E** Physician-specified threshold volume max

**Triple toggle for Average % saved per case and % of contrast in syringe*

> Thus far, the only strategies clearly shown to reduce the risk of contrast-induced AKI are hydration and minimizing the amount of contrast media.[13]
>
> – Levine, et al. ACC/AHA/SCAI guidelines JACC 2011

DyeVert™ Contrast Reduction System PLUS EZ

- Simple, one-step prep
- Interfaces with standard manifold systems
- Easy-to-use and incorporate into workflow
- Diverts contrast on each injection, including puffs
- Proprietary Pressure Compensating Valve system automatically self adjusts for different catheter configurations, contrast types and injection rates



Disposable, STERILE (Single-Use) components

Model No.	Description	Used With	UOM	Qty
HV-EZ-RRS-10	**DyeVert™ PLUS EZ Disposable Kit** Contents: Module with Smart Syringe (Ring Plunger-Ring grip, Swivel Luer)	High-Viscosity agents: • Visipaque™ 320 (Iodixanol 320 mgI/mL) • Omnipaque™ 350 (Iohexol 350 mgI/mL) • Isovue™ 370 (Iopamidol 370 mgI/mL)	BOX	10
LV-EZ-RRS-10	**DyeVert™ PLUS EZ Disposable Kit** Contents: Module with Smart Syringe (Ring Plunger-Ring grip, Swivel Luer)	Low-Viscosity agents: • Visipaque™ 270 (Iodixanol 270 mgI/mL) • Omnipaque™ 300 (Iohexol 300 mgI/mL)	BOX	10

Re-usable, provided NON-STERILE

Model No	Description
SMART-US	Wireless Display

References

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Indications, contraindications, warnings, and instructions for use can be found in the product labeling supplied with each device. Risks may include air emboli and infection.
CAUTION: Federal (USA) law restricts these devices to sale by or on the order of a physician.

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