

PHILIPS

Eagle Eye *Platinum*

RX digital IVUS catheter

31 pirkimo dalis

Fast, plug-and-play
simplicity



*Millenium Research Group,
US Markettrack internal sales
data on file

Eagle Eye
Platinum ST
catheter

Eagle Eye
Platinum
catheter

Exceptional deliverability and ease of use

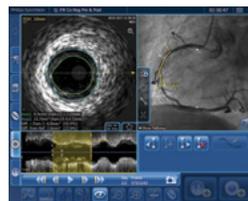
- Soft, tapered tip with lowest available entry profile and choice of two lengths¹
- GlyDx hydrophilic coating
- Long rapid exchange lumen for pushability
- Radial access appropriate; fits through all 5F guides²

Quick, convenient length estimation

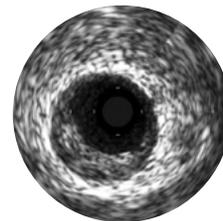
- Three radiopaque markers not offered by other IVUS catheters
- 10 mm spacing facilitates length estimation without a pullback device or marker wire.

Advanced imaging and insights

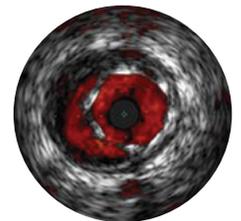
Provides advanced imaging on the IntraSight interventional applications platform with IVUS Co-registration³



IVUS Co-registration



Grayscale IVUS imaging



ChromaFlo imaging

Angiography alone is not enough

IVUS is supported by large randomized and observational studies.^{4,5}

74% of the time, IVUS changed the PCI strategy which improved outcomes and quality metrics.^{4,5,6,7}

46% reduction in TVF compared to angiography alone when IVUS was used.^{8,9}

Technical specifications

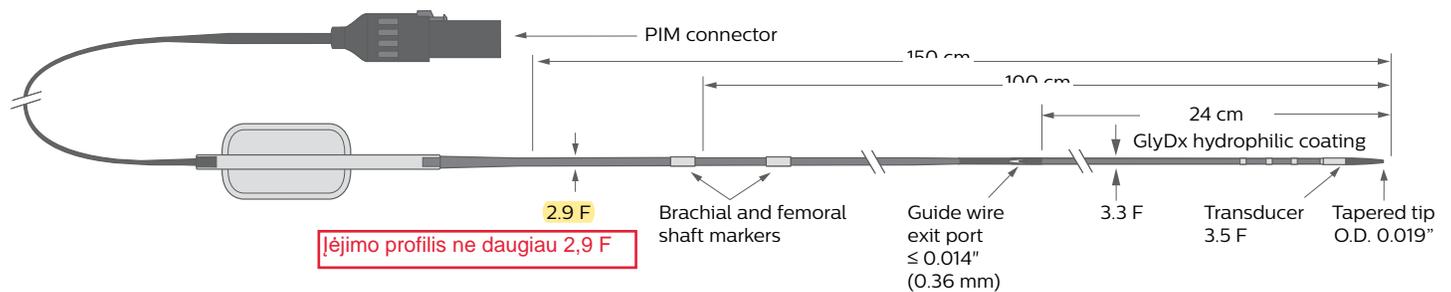
Minimum guide catheter	Maximum guide wire	Maximum field of view	Working length	Frequency	Ordering information
5F (I.D. ≥ .056")	0.014	20 mm	150 cm	20 MHz	85900P Platinum 85900PST Platinum ST

Suderinamas su 5 F kateteriu pravedėju

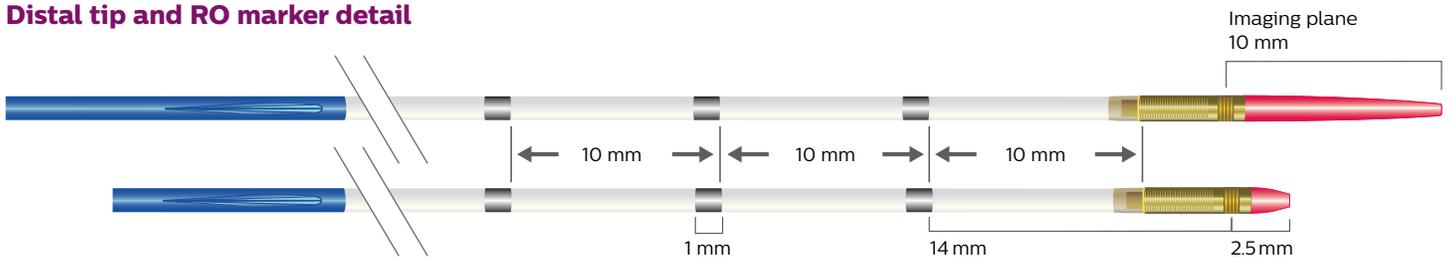
Pritaikytas 0,014 colio vielai

Aukštos skiriamosios gebos 20 MHz transdiuseris su signalo filtravimu

Eagle Eye Platinum / Platinum ST RX digital IVUS catheter



Distal tip and RO marker detail



- 0.019" entry profile, data on file; tip to transducer lengths offered include 2.5 mm and 10 mm
- Fits through guide catheters with inner diameters as low as 0.056"; data on file at Philips
- Co-registration tools available within IntraSight 7 configuration via SyncVision.
- Elgendy IY et al. Outcomes with intravascular ultrasound-guided stent implantation: a meta-analysis of randomized trials in the era of drug eluting stents. *Circ Cardiovasc Interv.* 2016;9:e003700
- Ahn JM, Kang SJ, Yoon SH, et al. Meta-analysis of outcomes after intravascular ultrasound-guided versus angiography-guided drug-eluting stent implantation in 26,503 patients enrolled in three randomized trials and 14 observational studies. *Am J Cardiol.* 2014;113:1338-1347. Hyperlink "[http://www.ajconline.org/article/S0002-9149\(14\)00549-9/abstract](http://www.ajconline.org/article/S0002-9149(14)00549-9/abstract)"
- Witzenbichler B, et al. Relationship between intravascular ultrasound guidance and clinical outcomes after drug-eluting stents: The ADAPT-DES study. *Circulation.* 2014 Jan; 129,4:463-470.
- Singh V, Badheka AO, Arora S, et al. Comparison of in-hospital mortality, length of hospitalization, costs, and vascular complications of percutaneous coronary interventions guided by ultrasound versus guided by angiography. *Am J Cardiol.* Online 18 Feb 2015.
- TVF categorized as cardiac death, target vessel MI, and clinical driven TVR
- Zhang J et al. The ULTIMATE trial. *Journal of the American College of Cardiology* (2018), doi.org/10.1016/j.jacc.2018.09.013, accepted September 13 2018.

