

Shockwave Intravascular Lithotripsy (IVL) System with the Shockwave L⁶ Peripheral Intravascular Lithotripsy (IVL) Catheter

Instructions for Use (IFU)

For use with the Shockwave Medical, Inc. IVL Generator and Connector Cable



Indication for Use

The Shockwave Medical Intravascular Lithotripsy (IVL) System is intended for lithotripsy-enhanced balloon dilatation of lesions, including calcified lesions, in the peripheral vasculature, including the iliac, femoral, ilio-femoral, popliteal, infra-popliteal, and renal arteries. Not for use in the coronary or cerebral vasculature.

Contents: Shockwave L⁶ Peripheral IVL Catheter:

- o The following balloon diameters are available: 8.0mm, 9.0mm, 10.0mm, and 12.0mm
- o Folded balloon diameters are: 0.091" max. for 8.0mm to 9.0mm and 0.104" max. for 10.0mm and 12.0mm
- o 30mm balloon length
- o 110cm catheter working length
- o 8.0 to 9.0mm balloon is 7 F introducer sheath compatible; 10.0 and 12.0mm balloon is 8 F introducer sheath compatible.
- o 0.018" (0.46mm) guidewire compatible (OTW - 300cm wire)
- o 5"x96" Cable Sleeve

How Supplied

The IVL Catheter is supplied sterile via e-beam sterilization. The IVL Catheter is intended for single use only and is not intended for reuse or re-sterilization. Carefully inspect all packaging for damage or defects prior to use. Do not use the device if any sign of damage or breach of the sterile barrier is observed as this could lead to malfunction of the device and/or injury to the patient. Store the IVL Catheter in a cool, dark, dry place. Storage of the device in extreme conditions may affect device performance and lead to patient injury.

Device Description

The IVL Catheter is a proprietary lithotripsy device delivered through the peripheral arterial system of the lower extremities to the site of an otherwise difficult to treat calcified stenosis. Energizing the lithotripsy device will generate pulsatile mechanical energy within the target treatment site, disrupting calcium within the lesion and allowing subsequent dilation of a peripheral artery stenosis using low balloon pressure. The IVL Catheter is comprised of an integrated balloon with an array of lithotripsy emitters for the localized delivery of pulsatile mechanical energy. The system consists of an IVL Catheter, an IVL Connector Cable and an IVL Generator. The IVL Catheter is available in four (4) sizes: 8.0 x 30mm, 9.0 x 30mm, 10.0 x 30mm, and 12.0 x 30mm. The L⁶ Peripheral IVL Catheter is compatible with a 7 or 8F sheath and has a working length of 110cm. Refer to Figure 1 below for IVL Catheter components.

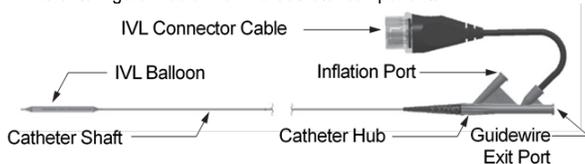


Figure 1: Shockwave L⁶ Peripheral IVL Catheter

The Shockwave L⁶ Peripheral IVL Catheter shaft contains an inflation lumen, a guidewire lumen, and the lithotripsy emitters. The inflation lumen is used for inflation and deflation of the balloon with 50/50 saline/contrast medium. The guidewire lumen enables the use of a 0.018" guidewire to facilitate advancement of the catheter to and through the target stenosis. The system is designed as 'Over-the-wire' (OTW) with 110cm shaft working length, so an exchange length (300cm) guidewire is indicated. The emitters are positioned along the length of the balloon working length for delivery of pulsatile mechanical energy. The balloon is located near the distal tip of the catheter. Two radiopaque marker bands within the balloon denote the length of the balloon to aid in positioning of the balloon during treatment. The balloon is designed to provide an expandable segment of known length and diameter at a specific pressure. The proximal hub has three ports: one for inflation/deflation of the balloon, one for guidewire lumen, and one for connection to the IVL Connector Cable.

Required Devices for the IVL Procedure

The IVL Catheter is to be used exclusively with the IVL Generator and its accessories. Refer to the Shockwave Medical, Inc. *IVL Generator and Connector Cable Operator's Manual* for preparation, operation, warnings and precautions, and maintenance of the IVL Generator and IVL Connector Cable.

Devices Required But Not Supplied By Shockwave Medical, Inc.

- 7F or 8F introducer sheath
- 0.018" (0.46mm) Guide Wire (300cm Length)

Shockwave L⁶ Peripheral IVL Catheter Balloon Compliance Chart

Pressure	8.0 x 30mm	9.0 x 30mm	10.0 x 30mm	12.0 x 30mm
atm - kPa	Ø (mm)*	Ø (mm)*	Ø (mm)*	Ø (mm)*
2 - 203	7.79	8.49	9.63	11.52
3 - 304	7.93	8.67	9.85	11.76
4 - 405	8.09	8.88	10.08	12.04
5 - 507	8.23	9.04	10.27	12.23
6 - 608	8.40	9.20	10.49	12.44

Note: 2 to 4 ATM is lithotripsy treatment balloon pressure, 4 ATM is nominal balloon pressure and post-treatment angioplasty pressure and 6 ATM is RBP (Rated Burst Pressure) of the balloon.

Shockwave L⁶ Peripheral IVL System Sequence Chart

The following Shockwave L⁶ Peripheral IVL System pulsing sequence must be followed during treatment. Do not utilize a pulsing sequence other than those outlined in the IVL System Sequence Chart below. Insertion of any size L⁶ IVL Catheter will automatically program the IVL Generator with the following treatment sequence:

Treatment Frequency	1 Hz (1 Pulse per Second)
Maximum Number of Continuous Pulses (1 cycle)	30 Pulses
Minimum Pause Time	10 Seconds
Maximum Total Pulses Per Catheter	300 Pulses

In the event the user attempts to deliver more than the maximum number of continuous pulses allowed, the IVL Generator is designed to stop automatically. To resume pulsing, wait at least the minimum pause time before resuming therapy. The therapy button must be released and pressed again to resume therapy. For more information, refer to the *IVL Generator and Connector Cable Operator's Manual*.

The IVL Catheter will deliver a maximum of 300 pulses or 10 cycles noted above. If this count is reached, the catheter shall not be used any further. If further therapy is needed, discard this catheter and obtain a new one. **Caution: Do not exceed 180 pulses in the same treatment segment.**

Contraindications for Use

The IVL System is contraindicated for the following:

1. Unable to pass 0.018" guidewire across the lesion.
2. This device is not intended for treatment of in-stent restenosis.
3. This device is not intended for use in coronary, carotid, or cerebrovascular arteries.

Warnings

1. This device is intended for single (one) time use only. DO NOT re-sterilize and/or reuse.
2. Do not use a device past the expiration date on the label. Use of expired product may result in patient injury.
3. Always insert the IVL Connector Cable into a sterile sleeve prior to use.
4. Use only an appropriately sized balloon for the vessel to be treated.
5. Inflate the balloon according to the balloon compliance chart. Balloon pressure should not exceed the rated burst pressure (RBP).
6. Do not advance or retract the catheter unless the balloon is fully deflated under vacuum. If resistance is met during manipulation, determine the cause of the resistance before proceeding.
7. Use the IVL Generator in accordance with recommended settings as stated in the Operator's Manual. Do not attempt to override the lifetime pulse limits per device as defined in the IVL System Sequence Chart.
8. This device should only be used by physicians who are familiar with interventional vascular procedures.
9. Physicians must read and understand these instructions prior to use of the device.
10. Do not use excessive force/torque when using this device as this could result in damage to the device components and patient injury.
11. Inspect all product components and packaging prior to use. Do not use the device if it or the packaging has been damaged or if sterility has been compromised. Damaged product could result in patient injury.
12. For preparation, operation, warnings and precautions, and maintenance of the IVL Generator and its accessories refer to the *IVL Generator and Connector Cable Operator's Manual*.

Precautions

1. Perform all device manipulations under adequate fluoroscopic guidance.
2. Use only the recommended balloon inflation medium.
3. Appropriate anticoagulant therapy should be administered by the physician.
4. Decision regarding use of distal protection should be made based on physician assessment of treatment lesion morphology.
5. Care should be taken not to kink the catheter. If kinking occurs, remove device and prepare a new device.
6. If an inability to inflate or maintain pressure occurs, remove the catheter and use a new device.
7. If the catheter appears not to deliver lithotripsy pulsatile mechanical energy, remove and replace it with another catheter.
8. Precaution should be taken when handling device after exposure to patient e.g. contact with blood. Used product is considered biohazardous material and should be disposed of properly as per hospital protocol.

Adverse Effects

Possible adverse effects are consistent with standard angioplasty and include:

- Access site pain
- Allergic reaction to contrast medium, anticoagulant and/or antithrombotic therapy
- Arterial dissection
- Arterial perforation or rupture
- Arterial spasm
- Arteriovenous fistula
- Bleeding complications
- Death
- Emboli (air, tissue, thrombus or atherosclerotic emboli)
- Emergency or non-emergency arterial bypass surgery
- Entry site complications
- Fracture of the guide wire or any component of the device that may or may not lead to device embolism, serious injury or surgical intervention
- Hematoma at the vascular access site(s)
- Hemorrhage
- Hypertension/Hypotension
- Infection/sepsis
- Ischemia
- Placement of a stent
- Pseudoaneurysm
- Renal failure
- Restenosis of the treated segment
- Shock/pulmonary edema
- Total occlusion of the peripheral artery
- Vascular complications which may prolong procedure and/or which may require surgical repair (conversion to open surgery)

Risks identified as unique to the device and its use:

- Allergic/immunologic reaction to the catheter material(s)
- Device malfunction or failure

Summary of Clinical Studies

To evaluate the safety and performance of the IVL System, Shockwave Medical, Inc. conducted a two-phased, non-randomized, multi-center study for the treatment of peripheral stenotic lesions (PAD I and PAD II, combined referred to as the DISRUPT PAD Program). Patients with peripheral arterial disease of Rutherford Category 2, 3, and 4 who were candidates for percutaneous therapy and met the study criteria were enrolled and treated. Thirty-four (34) investigators participated at seven (7) sites in Austria, New Zealand, and Germany. A total of 95 subjects were enrolled. This clinical study summary presents outcomes from all 95 subjects at 30 days and at 6 months.

A total of 95 subjects were enrolled in the study. Baseline characteristics were consistent with a complex, calcified patient population. Calcium burden was significant with severe calcification involving both sides of the arterial wall observed by the Core Lab in 54.7% of the subjects, and an average length of calcium of 93.4 mm. Ninety-four (94) of the 95 subjects received treatment with the IVL System. The procedures were completed with a low use of adjunctive therapies including pre and post-dilatation balloons and embolic protection filters, along with a low use of stents in this difficult to treat population.

The study met its primary safety endpoint. The lower bound of the 95% confidence interval for freedom from Major Adverse Events (MAE) at 30 days of 97.0% was above the performance goal of 91.3%. The freedom from MAE at 30 days was 100%.

The study also met its primary effectiveness endpoint. The lower bound of the 95% confidence interval for procedural success of 97.0% was above the performance goal of 89.3%. Procedural success was defined as <50% with or without adjunctive therapy was 100%.

The secondary safety endpoint, freedom from MAE at 6 months, continued to be favorable as shown in the table below. Freedom from MAE at 6 months was 96.8%. There

were no cardiovascular deaths, target limb major amputations, perforations, symptomatic thrombus or distal embolization events.

Freedom from Major Adverse Events at 6 Months

	N=95	
	30 days n=94 ¹	6 months n=93 ²
Major adverse events (MAE)	0 (0.0%)	3 (3.2%)
Death (cardiovascular)	0 (0.0%)	0 (0.0%)
TLR	0 (0.0%)	3 (3.2%)
Unplanned target limb amputation (above the ankle)	0 (0.0%)	0 (0.0%)
Freedom from Major adverse events (MAE)	94 (100%)	90 (96.8%)
Exact Binomial one-sided lower 95% CI[1]	97%	92%
Death (cardiovascular)	94 (100%)	93 (100%)
TLR	94 (100%)	90 (96.8%)
Unplanned target limb amputation (above the ankle)	94 (100%)	93 (100%)

¹One subject withdrew consent and was not available for analysis

²Two subjects withdrew consent and were not available for analysis

Secondary effectiveness endpoints were also favorable. Procedural success defined as <50% without adjunctive therapy was achieved in 91.6% of subjects. In addition, procedural success defined as ≤30% with or without adjunctive therapy was achieved in 89.5%.

Target lesion patency assessed by duplex ultrasound at 30 days and 6 months was 100% and 76.7% respectively as shown in the table below. Freedom from target lesion revascularizations (TLR) at 6 months was 96.8% for a true rate of 3.2%.

Patency at 6 Months

	N=95
Patency	
Target lesion patency at 30 days	91/91 ¹ (100%)
Exact Binomial Two-sided 95% CI[1]	96%, 100%
Target lesion patency at 6 months	69/90 ² (76.7%)
Exact Binomial Two-sided 95% CI[1]	67%, 85%
Freedom from TLR at 6 months	90/93 ³ (96.8%)
Exact Binomial Two-sided 95% CI[1]	91%, 99%

¹Two subjects withdrew consent and data for an additional 2 subjects was not available at 30 days

²Two subjects withdrew consent and data for an additional 3 subjects was not available at 6 months

³Two subjects withdrew consent and data was not available for analysis

Functional outcomes including change in ankle-brachial index (ABI), Rutherford Category and walking impairment showed a sustained and statistically significant improvement from baseline and data available at 30 days and 6 months.

In conclusion, the DISRUPT PAD program met the study success criteria. The IVL System demonstrated compelling safety with minimal vessel injury, and minimal use of stenting. Acute effectiveness results showed high procedural success and a large acute gain in vessel diameter post procedure. Patency, TLR and functional outcomes were durable through 6 months in available patients. These results demonstrate the safety and performance of the IVL System for the treatment of subjects with calcified, stenotic lesions.

Procedural Steps

Caution: Refer to the IVL Generator and Connector Cable Operator's Manual for preparation, operation, warnings and precautions, and maintenance of the IVL Generator and IVL Connector Cable.

Preparation

1. Prepare the insertion site using standard sterile technique.
2. Achieve vascular access using physician's preferred methodology and location. Place an appropriately sized and length introducer sheath.
 - a. *NOTE: The system may be used in the iliac prior to the insertion of devices greater than or equal to 10F.*
3. Select a balloon catheter size that is 1.1:1 based on Balloon Compliance Chart (above) and reference vessel diameter. The largest balloon diameter should be used if 1.1:1 sizing is not available.
4. Remove the IVL Catheter from the package.

5. Prepare the balloon using standard technique. Fill a 20cc syringe with 5cc of 50/50 saline/contrast medium. Attach syringe to inflation port on catheter hub. Pull vacuum at least 3 times, releasing vacuum to allow the fluid to replace the air in the catheter.
6. Fill deflator device with 10cc of 50/50 saline/contrast medium. Disconnect syringe and connect deflator to inflation port of catheter hub ensuring no air is introduced to the system.
7. Flush the guidewire port with saline.
8. Remove the protection sheath from the catheter.
9. Wet the balloon with sterile saline.
10. Insert the IVL Connector Cable into a sterile sleeve or probe cover.
11. Remove the cap from the proximal end and attach the IVL Catheter's connector (see Fig 1) to the IVL Connector Cable.
12. Attach the other side of same IVL Connector Cable to the IVL Generator.

Caution: Do not press the therapy button unless the balloon is filled with 50% saline/ 50% contrast medium because this may damage the balloon.

Delivering the IVL Catheter to the Treatment Site

1. Advance the 0.018" guidewire across the treatment site.
2. Load the IVL Catheter over the exchange length (300cm) 0.018" guidewire and through the sheath and advance balloon to the treatment site.
3. Position the balloon at the treatment site using the marker bands to aid in positioning.

Treating the Site with Lithotripsy

1. Once the IVL Catheter is in place, record position using fluoroscopy.
2. If position is incorrect, adjust the IVL balloon to the correct position.
3. Inflate IVL Balloon to 2.0 atm - 4.0 atm to ensure there is full apposition to the vessel wall.
NOTE: Lithotripsy should not be delivered if the balloon is inflated to >4atm as there is no increase in sonic output, and higher pressure during treatment can increase the risk that the balloon loses pressure.
4. Deliver IVL System treatment (up to 30 pulses) per the IVL System Sequence Chart by pressing the therapy button on the IVL Connector Cable.
5. Inflate balloon to nominal pressure per Balloon Compliance Chart (above) and record lesion response on fluoroscopy.
6. Deflate balloon and wait at least 10 seconds to re-establish blood flow.
NOTE: The IVL Generator is programmed to force a minimum pause time of 10 seconds following every 30 pulses delivered.
7. Repeat steps 3, 4, 5, and 6 for additional treatment cycles until the lesion has been sufficiently dilated or if the catheter is re-positioned.
8. Additional treatments can be performed if deemed necessary. If multiple inflations are required due to a lesion length greater than the IVL balloon length, the recommended balloon overlap is at least 1 cm to prevent geographic miss.
Caution: Care must be taken not to exceed 180 pulses in the same segment.
9. Perform a completion arteriogram to assess post-IVL treatment result.
10. Confirm that the balloon is fully deflated prior to removing the IVL Catheter.
11. Remove the IVL Catheter. If there is difficulty in removing the device through the hemostatic valve due to the lubricity, gently grasp the catheter with sterile gauze.
12. Inspect all components to ensure that the catheter is intact. If a device malfunction occurs or any defects are noted on the inspection, flush the guide wire lumen and clean the outer surface of the catheter with saline, store the catheter in a sealed plastic bag, and contact Shockwave Medical, Inc. for further instructions.

Caution: IVL Catheter once pulled out of the body should not be reinserted for additional inflation or lithotripsy treatments. Balloon can be damaged in the process.

Patient Information

Physicians should instruct patients to seek medical attention immediately for signs and symptoms of decreased peripheral blood flow. There are no known limitations to normal daily activities. Patients should be instructed to comply with the medical regimen as prescribed by their physician.

Return of Devices

If any portion of the Shockwave Medical IVL System fails prior to or during a procedure, discontinue use and contact local representative and/or email complaints@shockwavemedical.com.

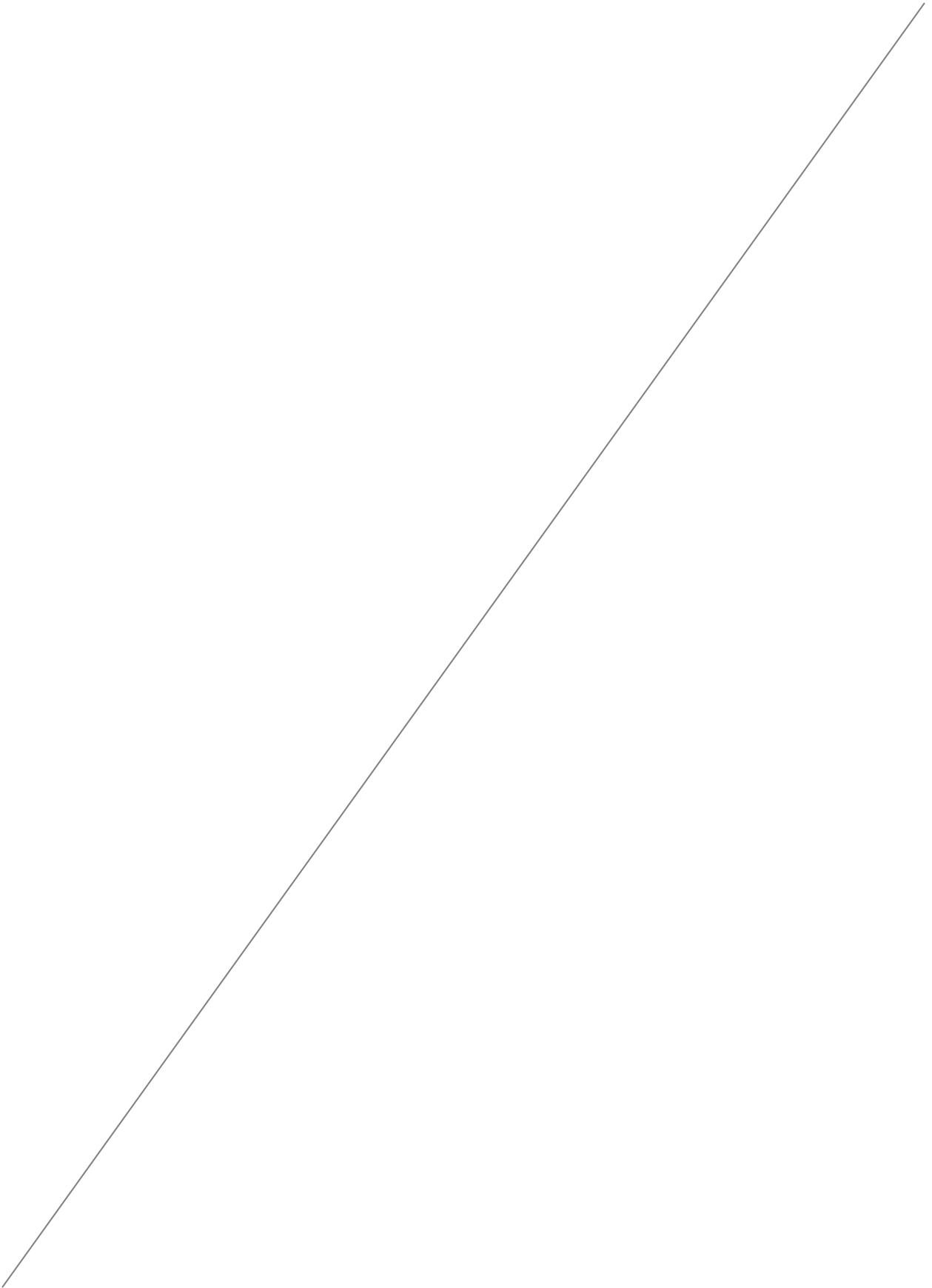
Patents: www.shockwavemedical.com/patents



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Symbol	Definition
	Do not re-use
	Use by date
	Sterilized using irradiation; Single sterile barrier with protective packaging outside
	Sterilized using ethylene oxide
	Caution
	Manufacturer
	Do not use if package is damaged; If sterile barrier is damaged, consult instructions for use
	Keep dry
	Keep away from heat
	Batch code
	Catalogue number
	Do not re-sterilize
	Crossing profile
	Non-pyrogenic
	Consult instructions for use
	Contains 1 unit (Contents: 1)
	Quantity
	Does not contain latex
	Recommended Guidewire
	Recommended Introducer Sheath
	Over-the-wire
	Balloon Diameter
	Balloon Working Length

Symbol	Definition
UL	Catheter Working Length (Usable Length, UL)
R	Caution: Federal (USA) Law restricts this device to sale by or on the order of a physician.
PAT	Patents. Refer to www.shockwavemedical.com/patents
IVL	Intravascular Lithotripsy
UDI	Indicates a carrier that contains Unique Device Identifier information.





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