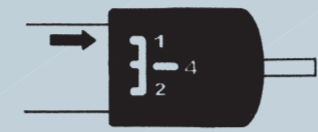


# RELAY<sup>TM</sup> plus THORACIC STENT-GRAFT

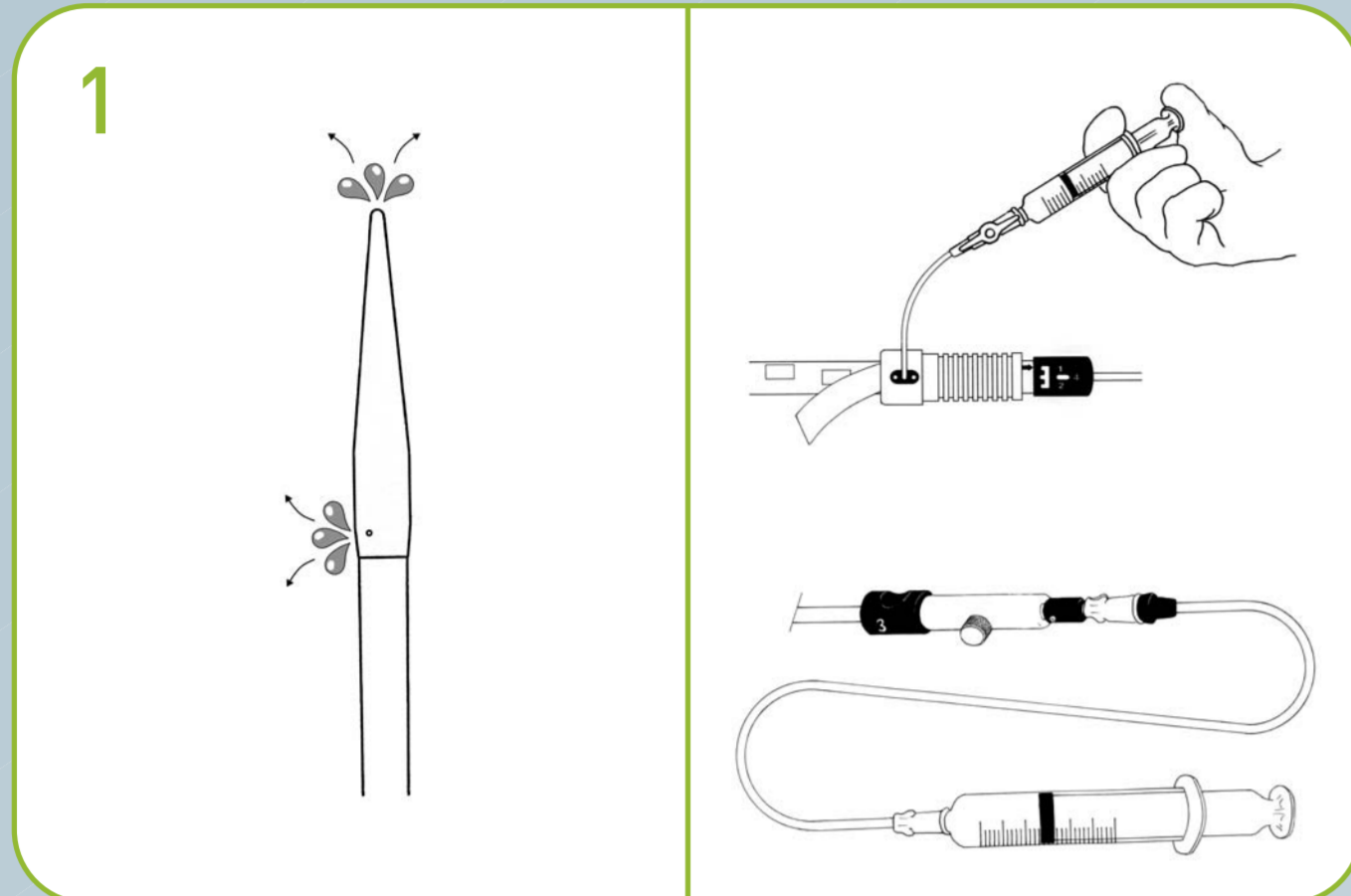
NEW

## Deployment technique

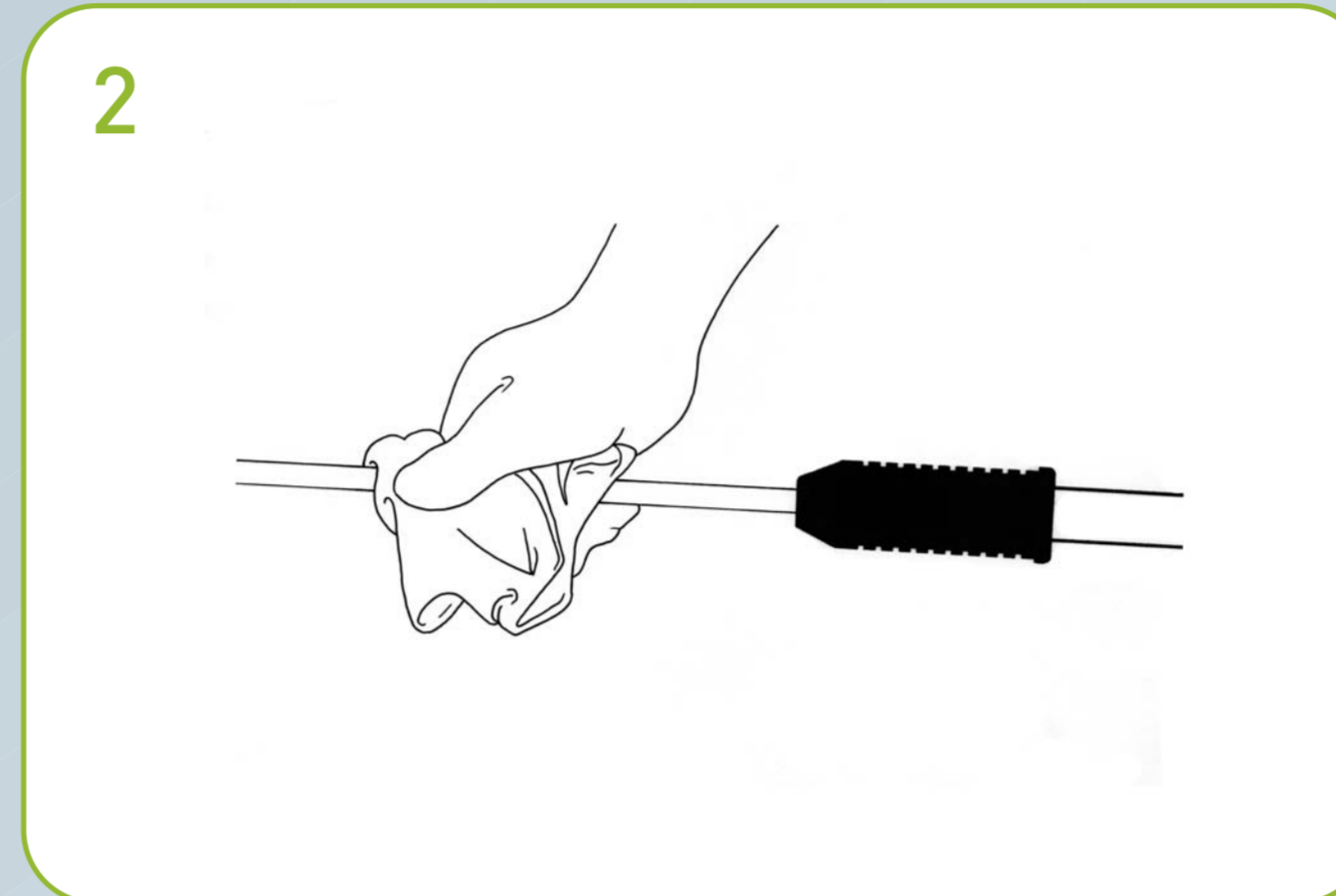
### Preparation



Position 1

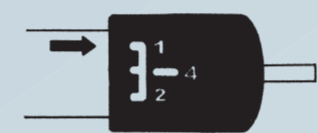


Flush the delivery system with heparinized saline through the Flush Ports. The flush port valve must be closed under pressure to prevent air from re-entering the system. Remove extension tubing after flushing.

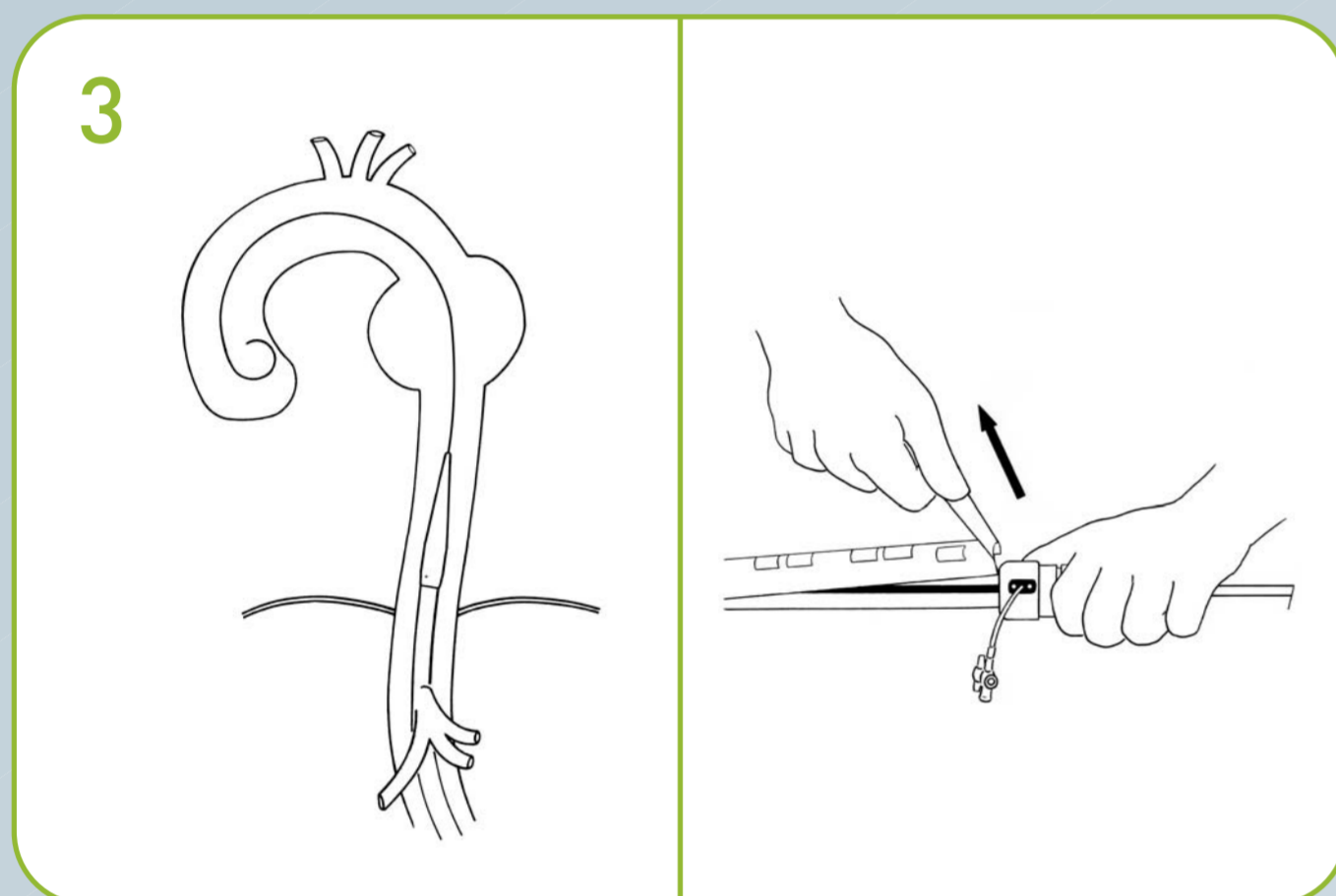


Activate the Hydrophilic coating by wetting the Tip and Introducer Sheath with heparinized saline.

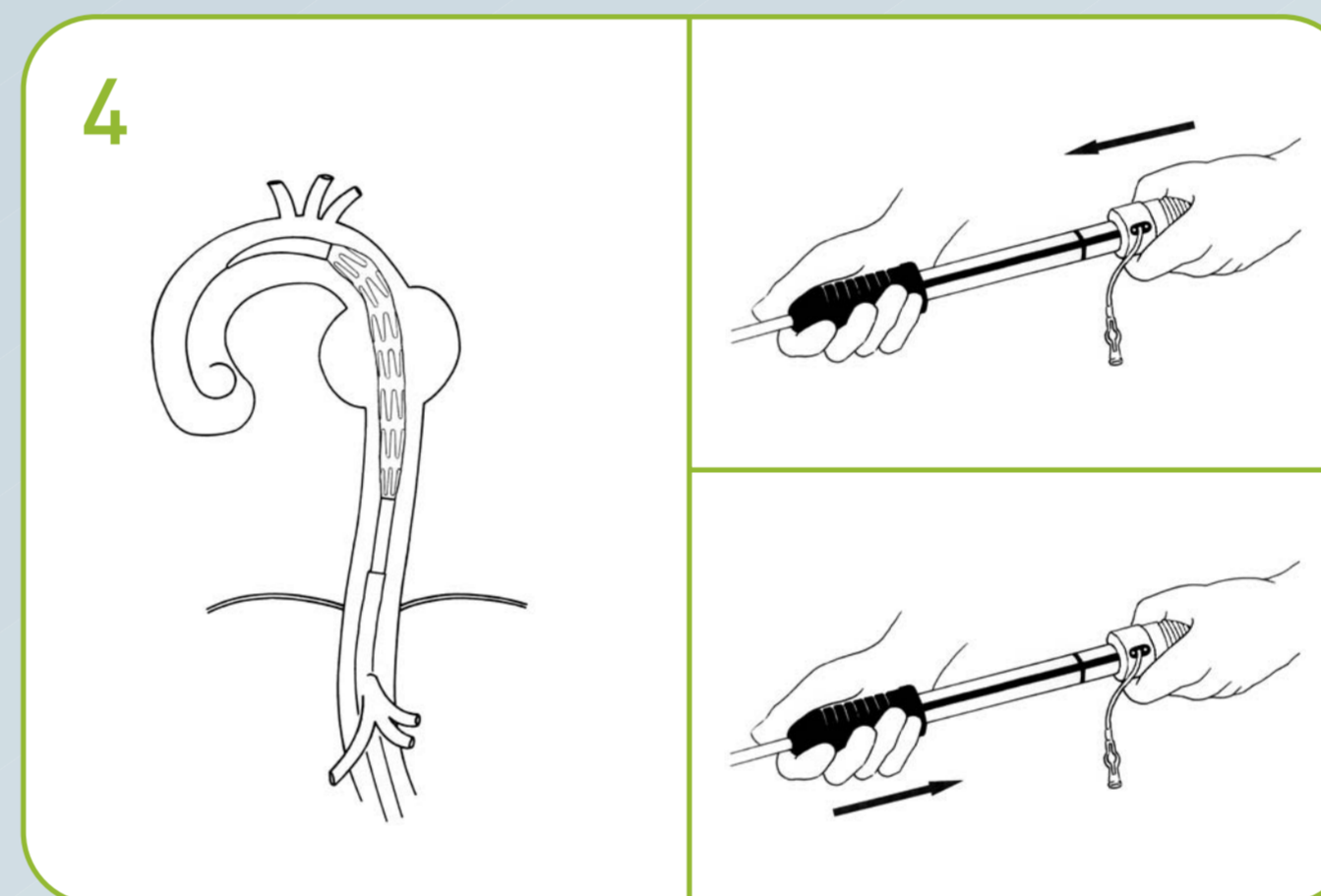
### Advancement



Position 1



Place a guide wire into the Thoracic Aorta and advance the outer sheath until the Delivery System Tip is just below the intended distal landing zone. Remove the orange Shipping Retainer from the main body.



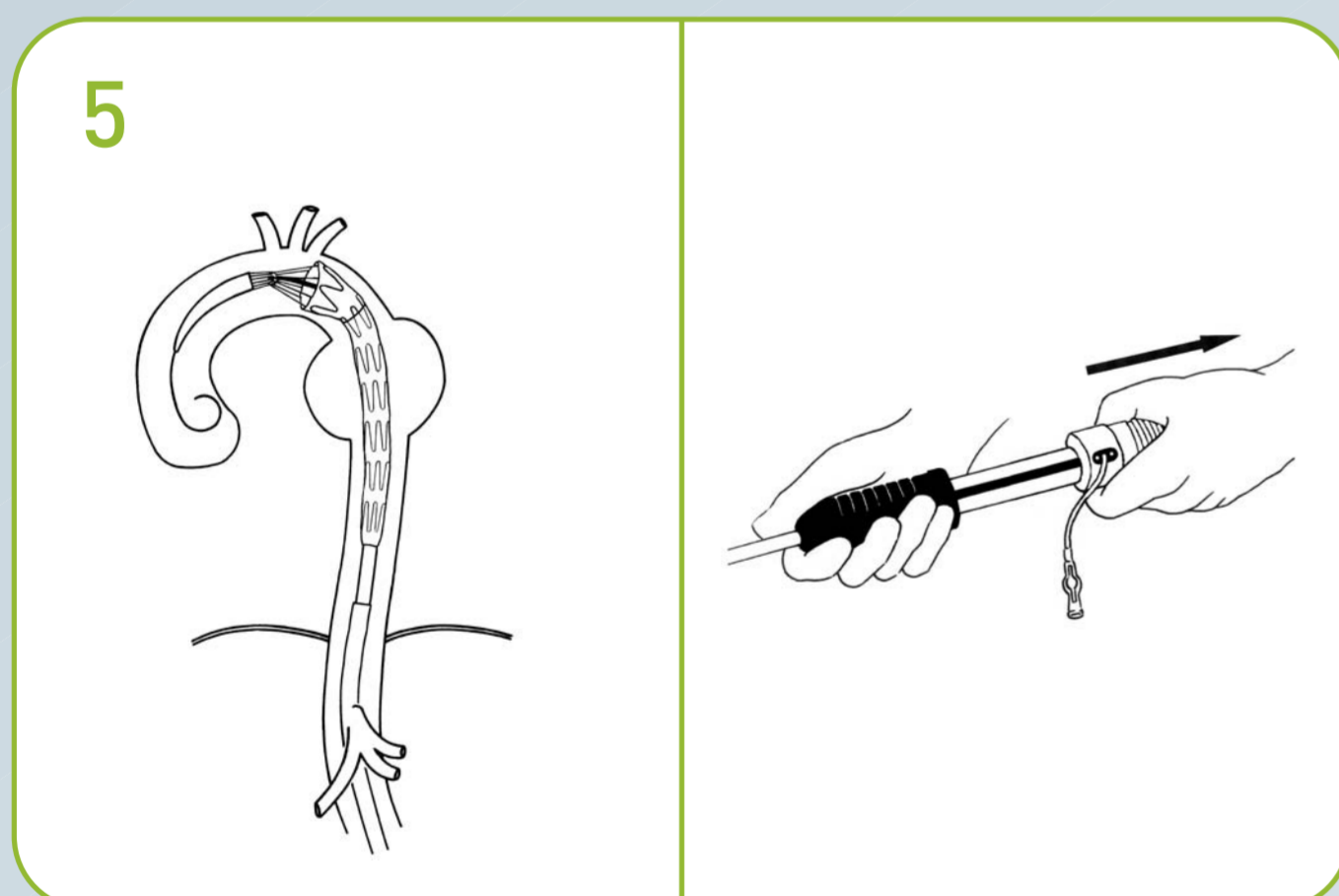
Push the gray Deployment Grip forward until the stent-graft's proximal markers reach the proximal landing zone.

**IMPORTANT** Verify that the gray Deployment Grip has reached or passed the black **Handle Body mark** to ensure that the Stent-Graft **has completely exited the Outer Primary Sheath**. If it has not reached or passed, but you have reached the intended landing zone, the black Handle Body mark, hold the gray Grip stationary while pulling the black Grip distally until it reaches or passes the black Handle Body mark.

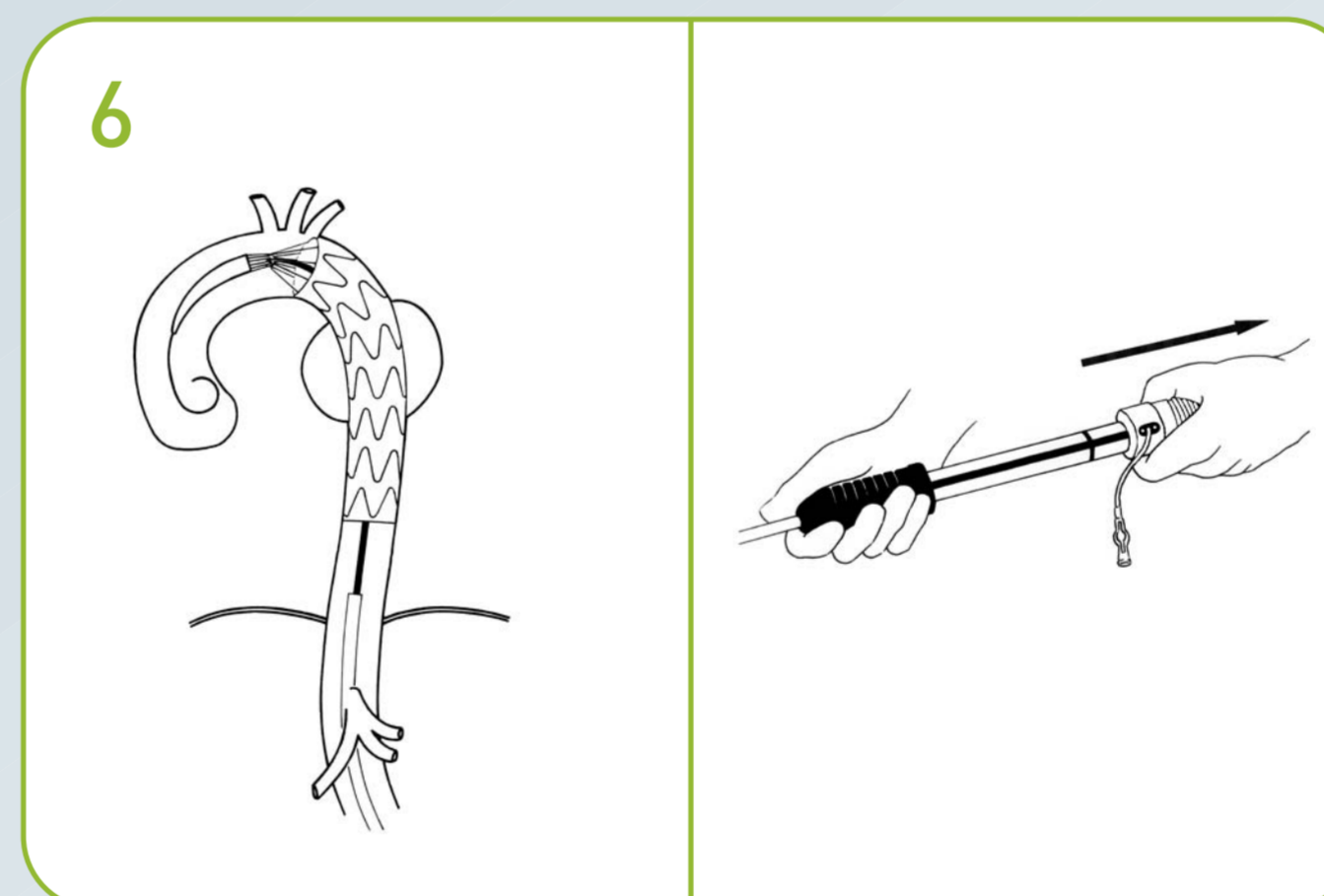
### Deployment



Position 2

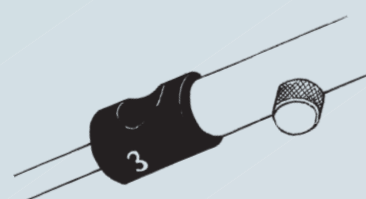


Slowly retract the gray Deployment Grip by pulling down the Inner Secondary Sheath and exposing the bare stent and the **first covered stent**.

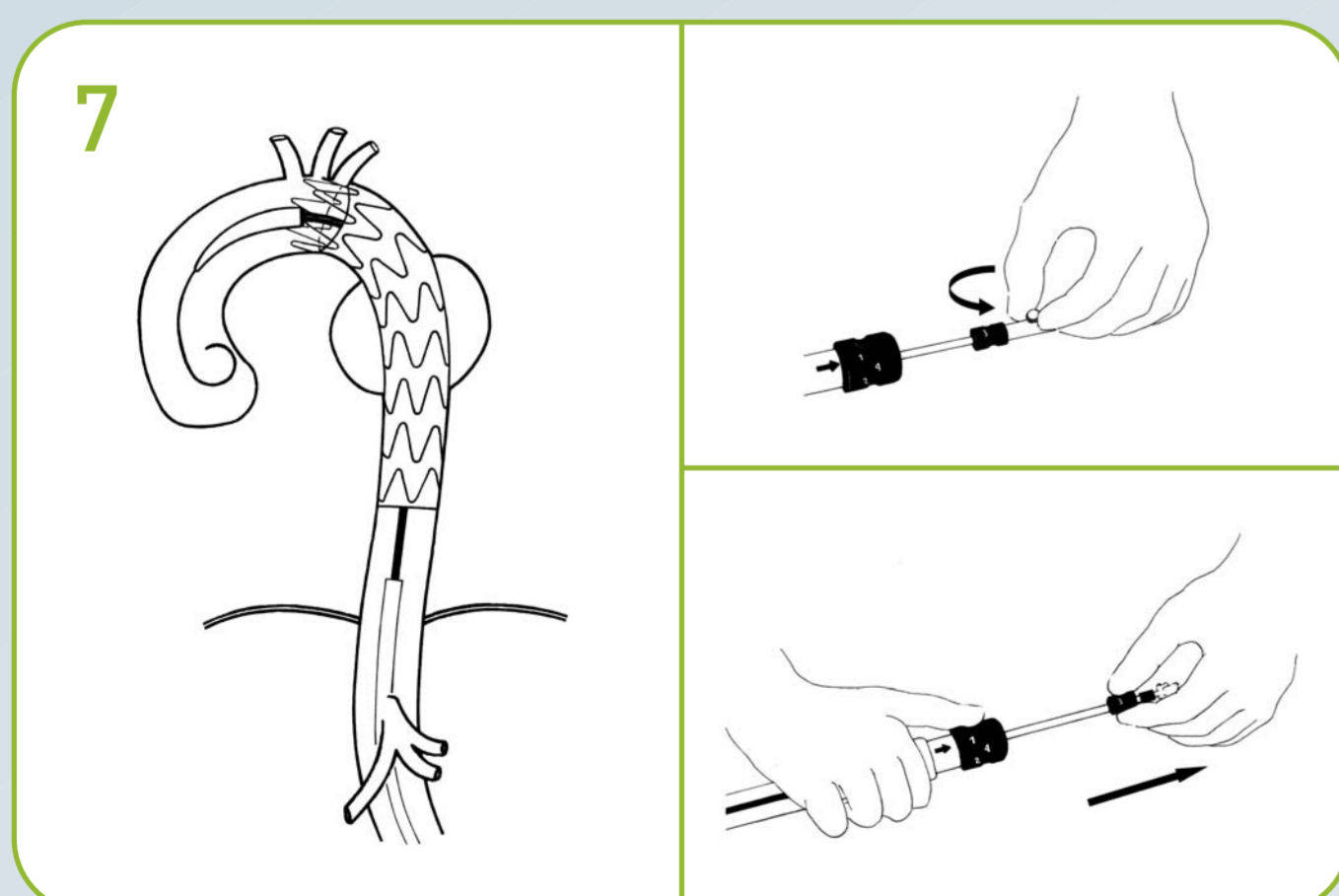


Completely retract the Inner Sheath by **retracting the gray Grip with one continuous motion** without stopping until the Stent-Graft is fully deployed.

### Release

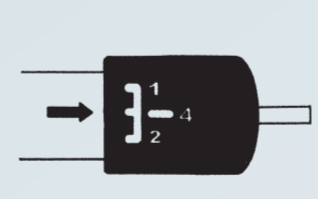


Position 3

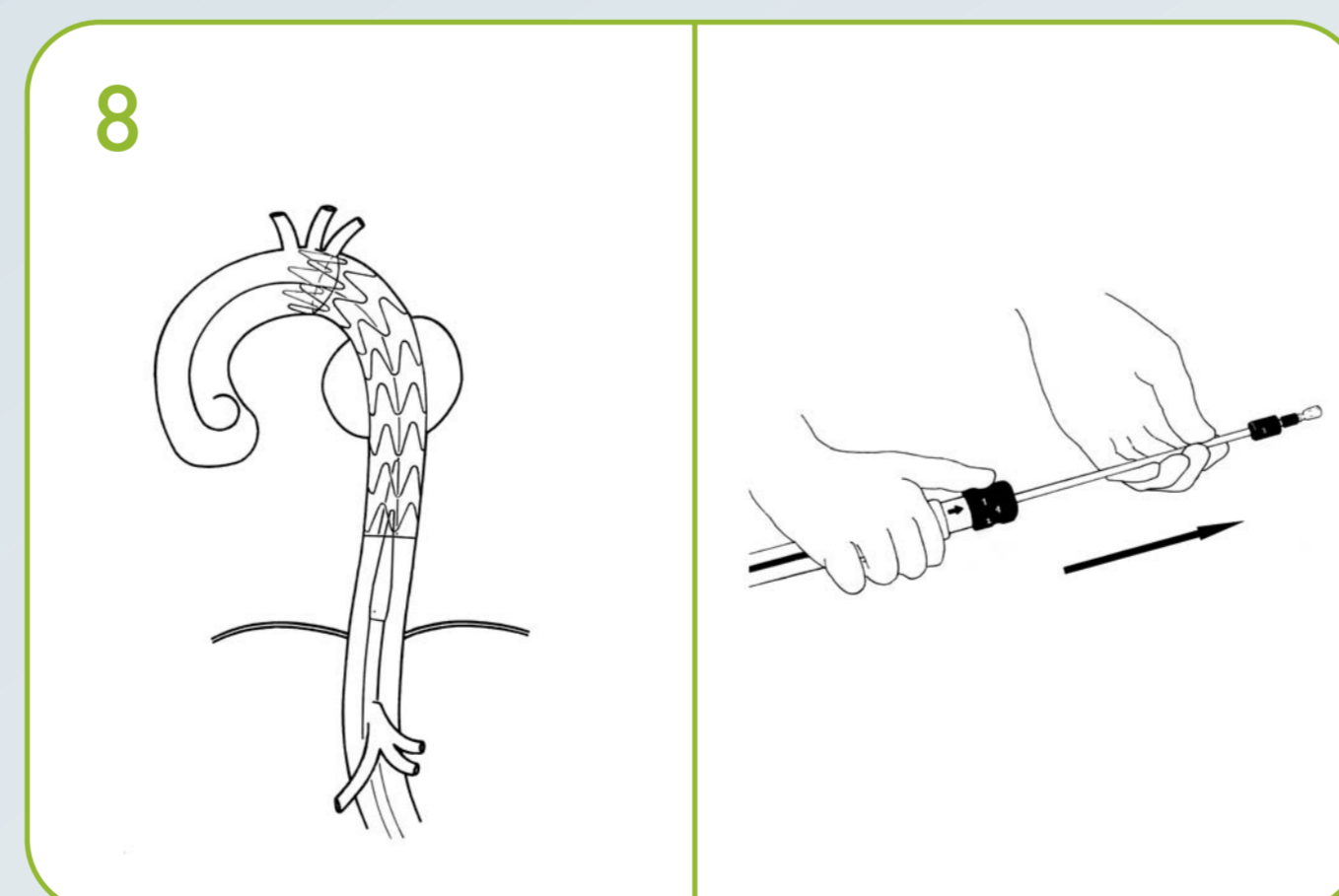


Loosen the thumbscrew on the Apex Release Retainer by rotating counterclockwise 2-3 turns. Release the bare spring apices by pulling the Apex Release Grip towards the Guidewire Luer.

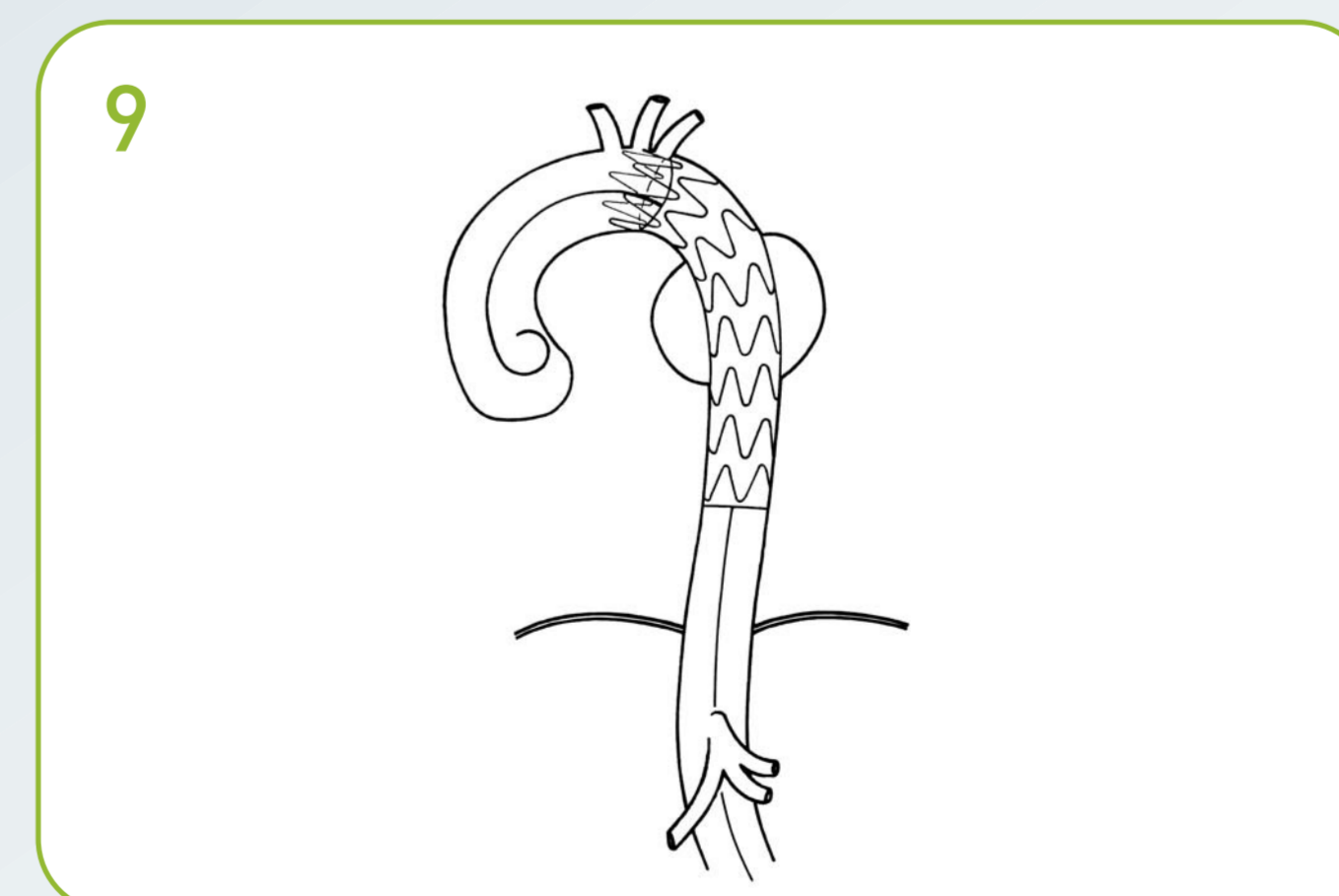
### Removal



Position 4



Retract the Stainless Steel Rod by pulling it completely distal.



Perform a final angiogram to confirm successful lesion exclusion.