PHILIPS

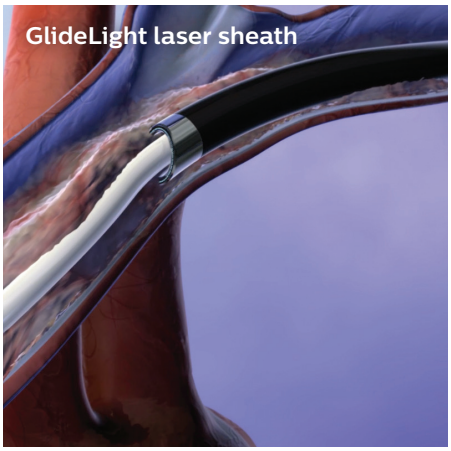
CVX-300

Excimer laser system

Treat more complex conditions

A broad range of applications

The CVX-300 Excimer laser system's clinical versatility, high clinical success, low adverse events and well-established reimbursement[1-6] helps you to safely treat more complex conditions in vascular intervention and lead management procedures.



Coronary atherectomy

- In-Stent Restenosis (ISR)*
- Moderately calcified lesions
- Ostial lesions
- Lesions that previously failed PTCA
- CTO traversable by a guidewire
- Occluded SVG
- Long lesions (>20 mm)

Peripheral atherectomy

- Only device indicated for fem-pop ISR
- No contraindications

Lead extraction

- Removal of chronically implanted pacing and defibrillator leads
- 30 HRS indications[4-6]
- Has an estimated 5% annual incidence rate[4-6]

CVX-300 Excimer laser

System specifications

Power requirements	208–230 VAC single phase power
US wall outlet receptacle	NEMA L6-30R, Hubble Part # HBL2620, 250VAC, 30A, wall mount twist lock
Wavelength	308 nm
Class	Class IV laser system
Length	49 in / 125 cm
Height	35 in / 89 cm plus 6.9 in / 17.5 cm control panel
Width	24 in / 61.3 cm
Weight	650 lb / 295 kg

For additional information, please see the IFU. http://www.spectranetics.com/resources/ifu-library/

Installation and operation safety requirements

CVX-300 Excimer laser must be installed by a Philips Certified Field Service Engineer. The laser must be operated and stored in accordance with the Operator's Manual DAL 7030-0068.

All required and recommended maintenance must be performed on time by Philips Certified Field Service Engineers using authorized parts, components and gases.

The laser must be kept in the proper operating environment and site requirements. When not in use, the laser system should be protected against unauthorized use by removing the key. The laser must be operated by trained personnel according to approved clinical guidelines using authorized disposable device.

Support guarantee

World-class service and support with multiple service packages to best fit your needs. Philips guarantees that all service completed on your system will be performed by factory-trained and certified Field Service Engineers utilizing only authorized and approved components.

* ISR is limited to BMS (316L SS) and prior to administrating brachytherapy.

1. Dippel et al. Randomized Controlled Study of Excimer Laser Atherectomy for Treatment of Femoropopliteal. In-stent Restenosis: Initial EXCITE ISR Results (2015). JACC 8(1): 92-101.
2. Doshi et al. Comparison of Excimer Laser Atherectomy versus Orbital plus Rotational Atherectomy for Revascularization. SCAI 2017.
3. Gajanana et al. Global Revascularization & Evaluation of Excimer Laser in the Coronaries. SCAI 2017.
4. Wilkoff, B.L., Love, C.J., Byrd, C.L., Bongiorni, M.G., Carrillo, R.G., Crossley, G.H.,et al. (2009). Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications, and Patient Management.
5. Philips data on file. D014953-10. June 2017.
6. Wazni, O et. al. Lead Extraction in the Contemporary Setting: The LExICon Study: A Multicenter. Observational Retrospective Study of Consecutive Laser Lead Extractions, J Am Coll Cardiol, 55:579-586.

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