Results And Benefits Of the CELT ACD Closure Device In The Office-Based Laboratory And The Hospital

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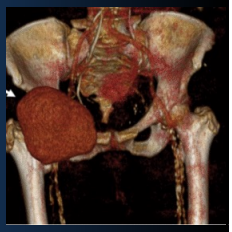
DISCLOSURES

- Nothing to Disclose

Manual Compression/Arterial Closure Devices

- Manual Compression remains the gold standard for achieving hemostasis
- It requires prolonged bed rest (4-6hrs) and 20-30 minutes or more of compression to achieve hemostasis
- Current arterial closure devices still require prolonged bed rest (2hrs) and are associated with significant access complications
  - Hematoma
  - Pseudoaneurysm
  - RP Bleeding
  - Blood Transfusion Requirement
  - AV Fistula
  - Arterial Thrombosis

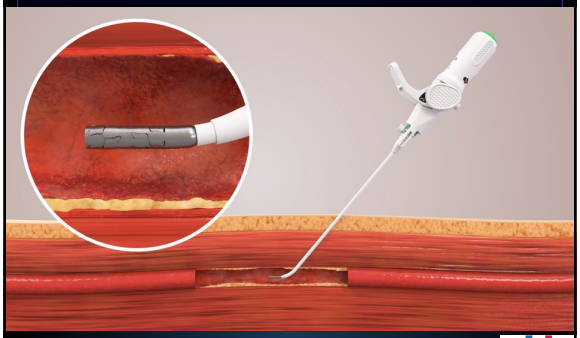


THERE HAS TO BE A BETTER WAY….

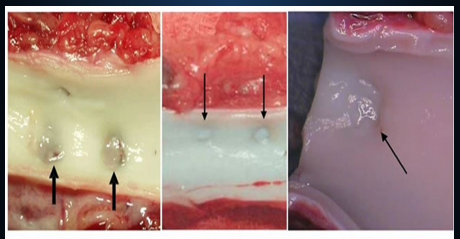
The CELT ACD is a novel femoral access closure device that has been shown to:

- reduce complication rates
- allow rapid hemostasis
- reduce time to ambulation and discharge

CELT ACD CLOSURE DEVICE



Celt ACD® in Arterial Wall NOT in Circulation

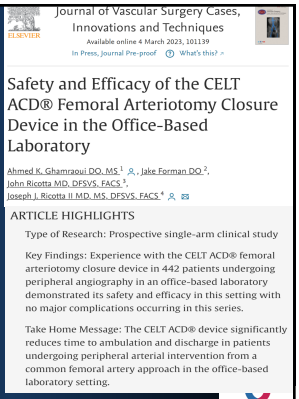


CELT Clinical Experience

- Prospective single arm study
- N = 442 patients
- Antegrade & Retrograde - 5 – 7F
- Mean CFA diameter 7.7mm ± 1.2mm
- 100% Heparin, NO PROTAMINE REVERSAL
- 100% Ultrasound guidance of deployments
- 100% Technical success

TTH	12.1 seconds (± 13.2)
TTA	17.1 minutes (± 5.2)
TTD	31.7 minutes (± 8.9)

- 0% major, 2.3% minor complications



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In Press, Journal Pre-proof What's this?

Safety and Efficacy of the CELT ACD® Femoral Arteriotomy Closure Device in the Office-Based Laboratory

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ARTICLE HIGHLIGHTS

Type of Research: Prospective single-arm clinical study

Key Findings: Experience with the CELT ACD® femoral arteriotomy closure device in 442 patients undergoing peripheral angiography in an office-based laboratory demonstrated its safety and efficacy in this setting with no major complications occurring in this series.

Take Home Message: The CELT ACD® device significantly reduces time to ambulation and discharge in patients undergoing peripheral arterial intervention from a common femoral artery approach in the office-based laboratory setting.

OUR CELT ACD EXPERIENCE

- 11/2021-11/2024- 3,649 CELT implants in both OBL and Hospital Setting 5Fr-7Fr
- 100% Technical Success-No Failed implants
- Full heparinization (80u/kg). NO Protamine reversal at case completion
- Avg Time to hemostasis = 11.8 sec
- Avg Time to Ambulation = 15 min
- Avg Time to Discharge = 27.8 min
- NO Major complications
- 0.6% Minor complications (Tract bleeding)

OUR CELT ACD EXPERIENCE COMPARED TO OTHER CLOSURE DEVICES IN HOSPITAL SETTING

- Major Complication Rate
  Celt- 0% vs. Non-CELT- 6.8%
- Average PACU TIME
  Celt- 29.8 Min vs. Non-CELT- 167 min
- Average PACU COST
  CELT- $563 vs. Non-CELT- $3.156

CELT ACD® System: Industry leading complication rates

	CELT	MANUAL	ANGIO SEAL	PERCLOSE PROGLIDE	STARCLOSE	MYNX	VASCADE
MAJOR BLEEDING	0.0%	1%	0.6%	0.6%	0.8%	0.7%	0.2%
HEMATOMA	0.6%	6.9%	5.5%	1.7%	3.0%	3.2%	0.9%
AVF	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%
PSA	0.0%	0.6%	0.2%	0.1%	0.1%	0.4%	0.9%
RETROPERITONEAL HEMORRHAGE	0.0%	0. 3%	0.4%	0.2%	0.4%	0.4%	0.0%
LIMB ISCHEMIA / DVT	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.7%
INFECTION	0.0%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%
VASCULAR / SURGICAL REPAIR	0.0%	0.0%	0.2%	0.2%	0.1%	0.1%	0.0%

CELT delivers consistent results across all metrics – spanning minor to major complications

CONCLUSIONS-CELT ACD

- Significantly reduces time to hemostasis (12 sec) following percutaneous femoral artery intervention
- Significantly reduces time to ambulation (15 min) and discharge (<30min)
- Very low complication rate (tract bleeding)
- Reduces Overall Cost in Hospital Setting