

# INITIAL EXPERIENCE WITH THE NOVEL NEVATM STENT RETRIEVER FOR THE TREATMENT OF ACUTE ISCHEMIC STROKE: DO DROP ZONES HELP?

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Single site experience: retrospective analysis of 80 patients with LVOs in the anterior circulation treated with the NeVa<sup>TM</sup> device as first line stent retriever.

### Baseline Information – 80 Patients

Mean Age: 69

Gender (Female/Male): 63%/37%

Mean NIHSS at admission: 16 Range: 3-25

Mean Procedure Time: 29 minutes

Range: 7-126 min

# Recanalization Results:

## First pass results

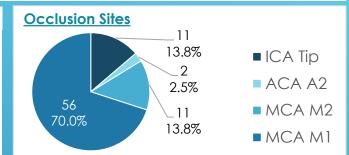
76.3%	57.5%	36.3%
61 / 80	46 / 80	29 / 80
TICI 2B/3	TICI 2C/3	TICI 3

- 34 patients that had ≤ TICI 2B result at 1st pass had a 2nd pass with NeVa.
- Only 7 patients required subsequent passes with additional devices, 4 of which were for distal occlusions.

# Final results

77 / 80	72 / 80	43 / 80
96.3%	90.0%	53.8%

- Average number of passes for final recanalization: 1.6
- 11 ICA occlusions, 8 of which (72%) had total re-perfusion with a single pass.
- There was no statistically in the mean pass number between the patients that had blooming artefact in their imaging and those that didn't.



### Safety Data & Patient Outcomes

Mean NIHSS @ 24 hours:	7
Range:	0-33
30-day mRS ≤ 2	51/80 (65%)
obtained in 64 of 80 patients	
90-day mRS ≤ 2	55/80 (68.7%)
obtained in 66 of 80 patients	

No NeVa related intra-procedural complications:

- Difficulty of navigation via the MC due to significant tortuosity: 3.7%
- Mild asymptomatic SAH at 24hr follow up: 2.5%
- Asymptomatic petechial haemorrhage (HT1):
  15%
- HT-2: 1.2%
- Parenchymal haemorrhage (PH-1): 1.2%

#### Conclusion

The NeVa thrombectomy device has a unique design which aims to capture thrombus inside the stent basket. This offers an alternative to well established first-generation stent-retrievers.

No device related events substantiate the good safety profile. High first pass effect deserves further investigation in a larger patient population.

