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Jessica Krack works out four days a week and enjoys outdoor activity – including camping, hiking, walking her dog and working in the yard. But after one of her workouts during the week leading up to Memorial Day 2014, she noticed that she was much more out of breath than usual. She skipped her workout the next day but was still out of breath in the following days. Thinking she might have developed Asthma or a similar condition, she scheduled a doctor appointment for the next week.

Her symptoms got progressively worse over the weekend. By Monday, she was experiencing chest pain and had to catch her breath after taking just two or three steps.

She realized that something was terribly wrong and ultimately ended up in the emergency room.

“I couldn’t have asked for a better treatment outcome”

She was diagnosed with a pulmonary embolism. The treating physician explained that she could follow hospital’s traditional anticoagulant treatment path for PE. In this treatment, she would be

placed on anticoagulants with the hope that her body’s own clot-dissolving ability would dissolve the clot over time. The doctor explained that her other option was to be treated with EKOS® therapy and Thrombolytic drugs. This treatment would actually dissolve the clot much more quickly.

Jessica chose EKOS® therapy. About half way through the treatment, she was taken off oxygen. By the time therapy was complete she could take full, deep breaths – something which simply wasn’t possible in the days leading up to the procedure.

She was discharged from the hospital after six days and was able to take her dog for a walk the following day. She continued to recover and started working out again within six weeks of treatment. By July she was hiking in Tahoe.

“I couldn’t have asked for a better treatment outcome” Jessica explained. “Other PE patients I have spoken with took the traditional treatment path and took two or three months to recover. I recovered and improved much faster than that.”

The EkoSonic® Endovascular System is the only endovascular device cleared by the FDA for the treatment of pulmonary embolism. EKOS® therapy has been shown to yield safe and effective results for acute, massive and submassive PE. It improves right ventricular function and pulmonary artery pressure while minimizing the risk of bleeding.¹

In the Seattle II study of 150 patients with massive or submassive PE using an EKOS® and lytic combination, the mean RV/LV ratio decreased from 1.55 pre-procedure to 1.13 at 48 hours post-procedure (P<0.0001) while PA systolic pressure decreased from 51.4 mm Hg to 36.9 mm Hg (P<0.0001). In contrast to the 2.5–3% rate of intracranial hemorrhaging associated with historical systemic fibrinolysis and full-dose tPA, no patients in this study experienced intracranial bleeding or fatal bleeding events.²

1. Kucher, N., et al., “Randomized, Controlled Trial of Ultrasound-Assisted Catheter-Directed Thrombolysis for Acute Intermediate-Risk Pulmonary Embolism.” *Circulation*, Vol. 129, No. 4, 2014, 479–486.
2. Piazza, G., et al., “A Prospective, Single-Arm, Multicenter Trial of Ultrasound-Facilitated, Low-Dose Fibrinolysis for Acute Massive and Submassive Pulmonary Embolism (Seattle II).” American College of Cardiology 63rd Annual Scientific Session, Washington, D.C., March 30, 2014.

