Why Mechanochemical ablation (MOCA)?

- Low profile catheter
- Typically uses only one access point
- Procedure may be performed in an out patient setting
- No after-effects of multiple anesthetic injections
- Reduced pain 1,2,3
- Reduced treatment time ^{1,3}
- · Lack of heat reduces risk of heat related problems
- Faster return to normal activities¹
- Can treat below the knee
- May be used in the treatment of superficial venous reflux under the ulcer bed due to small profile 4.5,6

Indications for Use

Mechanochemical ablation is indicated for infusion of physician – specified agents in the peripheral vasculature including for endovascular occlusion of incompetent veins in patients with superficial venous reflux

Ask your doctor about the difference MOCA can offer compared to other available options

Contraindications

Mechanochemical ablation is not intended for use in the following:

- · Coronary and cerebral vasculature
- Pulmonary vasculature
- · Diseased and atherosclerotic arteries
- Infusion of blood and blood products

Adverse Effects

Potential adverse effects that might be associated with MOCA are similar to those associated with any interventional procedure and include the following:

DVT Deep Vein Thrombosis Pain
Edema Phlebitis
Embolization Pseudoaneurysm

Hematoma, Ecchymosis Superficial thrombophlebitis

Hyperpigmentation Vascular dissection

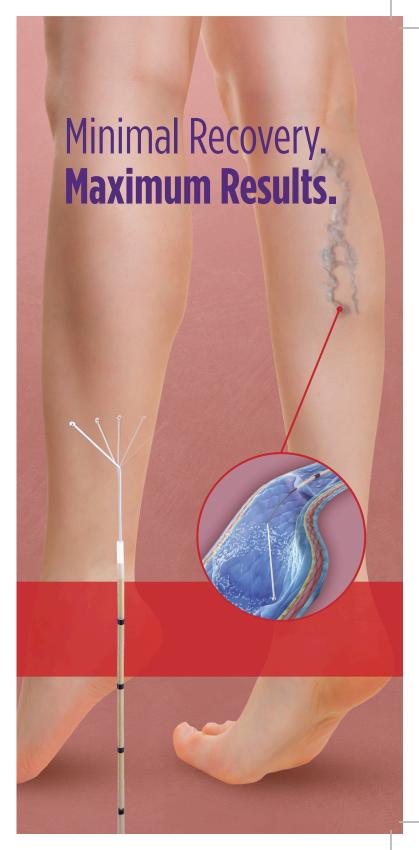
nduration Vascular rupture and perforation

Neurological deficits including

stroke and death

REFERENCES

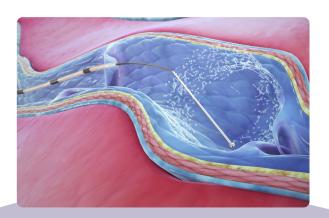
- van Eekeren, R.R., Boersma D., Konijn V., de Vries J.P., & Reijnen M.M., (2013, February). Postoperative Pain and Early Quality of Life After Radiofrequency Ablation and MechanochemicalEndovenous Ablation of Incompetent Great Saphenous Veins. Journal of Vascular Surgery, 57(2) p. 445-450
- 1.Lane, T., Bootun, R., Dharmarajah, B., Lim, CS., Najem, M., Renton, S., Sritharan, K., Davies, AH. A multi-centre RCT comparing radiofrequency & mechanical occlusion chemically assisted ablation of varicose veins - Final results of the Venefit versus ClariVein for varicose veins trial. Phlebology 2017;32 (2):89-98
- Vun, S.V., Rashid, S.T., Blest, N.C., Spark, J.L., (2014, October). Lower pain and faster treatment with mechanico-chemical endovenous ablation using ClariVein*. Phlebology, 3O(10), 688-692
- Kim, SY., Marin, M., Ting, W., Faries, P., Youyouka, A., Yi Png, C., Tadros, R. Mechanochemical Ablation Improves Venous Ulcer Healing Compared With Thermal Ablation. J Vasc Surg: V&LD 2018; 5(1):159
- Sullivan, L., Quach, G., Chapman, T. Retrograde mechanico-chemical endovenous ablation of infrageniculate great saphenous vein for persistent venous stasis ulcers. Phlebology 2013;0(0):1-4
- Moore, H.M., Lane, T.R., Franklin, I.J. & Davies, A.H. (2014, October). Retrograde Mechanochemical Ablation of the Small Saphenous Vein for the Treatment of a Venous Ulcer. Vascular, 22(5), 375-377



Non-thermal, non-tumescent technique, reduces the need for multiple anesthetic injections.

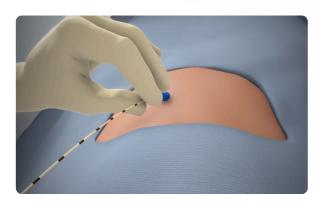
What is MOCA?

Mechanochemical ablation (MOCA) is performed with an ultra-thin, sleek speciality infusion catheter. The unique 360-degree rotating wire of the catheter disperses the physician-specified agent in the vessel. The entire vessel is typically accessed through one small, pin-sized access point.



What Happens During The Procedure?

The procedure takes very little time and may be done in an outpatient setting. You will be asked to lie down comfortably on a patient bed. Once your leg has been prepped and sterilized, the doctor will make a pin-sized prick in the leg and insert the ultra-slim catheter.



The device will administer medication to the targeted vein. Then the catheter is removed and a bandage will be applied.



What Happens After The Procedure?

Follow your doctor's instructions for care after your procedure. Usually, you can return to normal activities immediately. You may need to wear compression stockings for a few days.