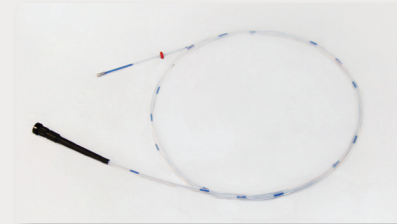


Saphenous veins

Recently, *F care systems* extended its product range with a large catheter for efficient removal of the Saphena Magna. Thermocoagulation of the Saphena Magna is performed with a 0,5 cm long tip which is pulled back slowly so the entire vein closes. This procedure takes about 5 minutes.

Saphena Magna removal with EVRF® is minimally invasive, preventing unpleasant and possibly unsafe side effects such as pigmentation defects, superficial thrombophlebitis or deep venous thrombosis (DVT). Patients experience minimal discomfort and normal activity can typically be resumed within one day.



CR45i Catheter with 0,5 cm tip. Smooth and fast insertion is ensured by the advanced coating material around the flexible core.

4 Step procedure:

1. Insert a 6F introduction needle into the saphena magna vein.
2. Insert a guide wire through the needle into the vein. Open the vein by sliding a dilatator over the guide wire.
3. Replace the guide wire with a CR45i catheter and move the catheter up the vein. Position the catheter correctly with echo Doppler guidance.
4. Press the foot pedal to send a radio frequency signal into the vein. A warning signal and light on the EVRF appear when the catheter needs to be retracted. Repeat the procedure for the whole vein.

D-COM-EVRF-03

Driven by R&D...

Innovation for Patients

EVRF stands for

- **Quick relief of symptoms.** Patients experience minimal discomfort and normal activity can typically be resumed within one day.
- **Excellent aesthetic outcome.** EVRF® causes limited or no swelling or bruising and is highly efficient.

Innovation for Physicians

EVRF stands for

- **Convenience.** The advanced catheter coating material allows a smooth and fast insertion in the vein. Closure of the entire vein is achieved within 5 to 10 minutes.
- **Effectiveness & reliability.** At a 6-months follow-up, full relief of symptoms is usually observed.
- **Safety.** The technique is minimally invasive, minimizing the risk for side effects like pigmentation defects, thrombophlebitis,...

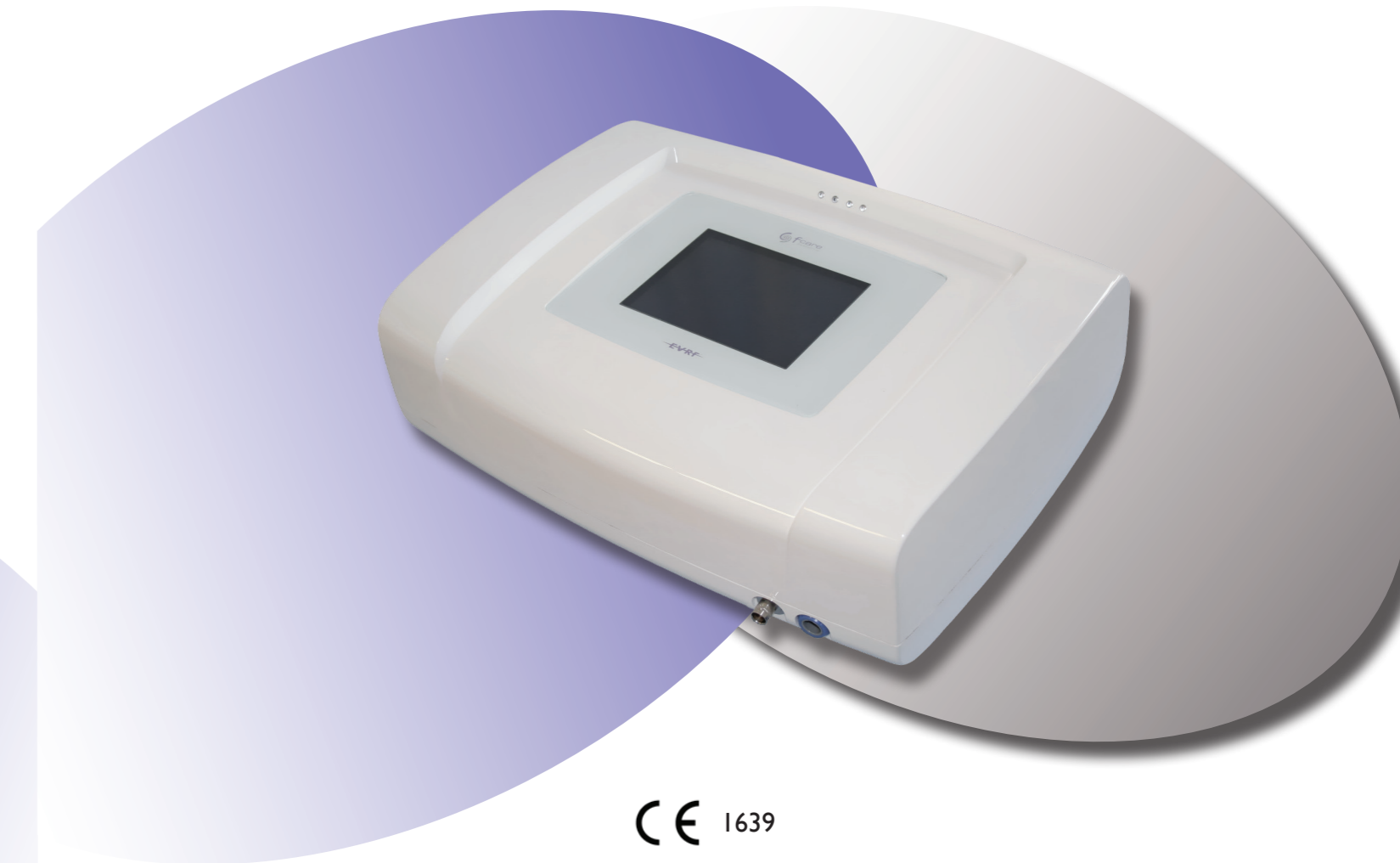
Innovation for Healthcare

EVRF stands for

- **All-in-one.** The central unit is suited for use with different types of catheters and thus for removal of different types of veins.
- **Affordable solution.** Low investment cost for state-of-the-art equipment makes this tool unique in its kind.
- **No post-surgery care.** The endovenous treatment can be performed on an out-patient basis and thus avoids hospitalization and work disability.

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For fast and safe endovenous removal of varicose and spider veins



CE 1639

Where passion and technology meet, innovation arises...

| | EVRF® | Other Endove-nous Techniques | Sclerosis | Stripping |
|---------------|-------|------------------------------|-----------|-----------|
| Efficacy | ● | ● | ● | ● |
| Safety | ● | ● | ● | ● |
| Mildness | ● | ● | ● | ● |
| Affordability | ● | ● | ● | ● |

EVRF® combines efficacy, safety, mildness and affordability

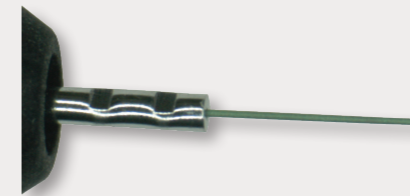
Varicose veins touch the quality of life of millions of people, regardless of age or gender. EVRF® is a convenient technique for removal of varicose veins. All types of varicose veins can be treated, from the saphena magna, to the tiny spider veins, each of them with a specific type of catheter. Varicosity treatment with EVRF® is reliable, causes minimal patient discomfort and has an excellent clinical and aesthetic outcome.

Small spider veins and couperose

F Care Systems designed special needles for removal of spider veins and couperose:

- K3i needle with diameter 0.075mm (mostly used for facial treatment)
- K6i needle with diameter 0.150mm (mostly used for treatment of legs)

With the extremely sharp needle tip, the treatment is almost painless and causes only very light stains that fully disappear within a few days. With the EVRF®, very little to no bruising or swelling has been reported.



K3i or K6i needle

Varicose veins from 1 to 4 mm

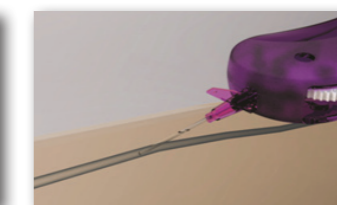
Reticular, collateral, and perforating veins can be treated with F Care Systems' CR12i and CR30i catheters. The catheters are extremely flexible, so that they follow the direction of the vein easily. Smooth insertion is ensured with the advanced coating material around the catheter. The non-insulated tip transmits the high frequency signal to the vein wall. This causes the vein to coagulate and eventually disappear.

The catheter is manipulated with a sterilized handset. Scrolling the handset's wheel will move the catheter in or out of the vein.

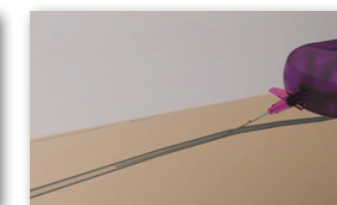
4 Step procedure:



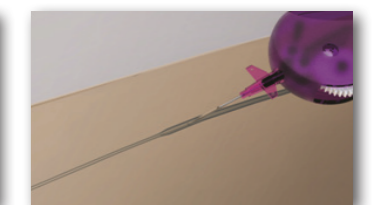
Insert the introduction needle into the vein.



Replace the introduction needle with the catheter using the sterilized handset.



Move the catheter up the vein by scrolling the handset wheel.



Retract the catheter while pushing the treadle to transmit an RF signal in the vein. The vein will coagulate and disappear.



1 Device, 3 solutions

Advanced Radio Frequency (RF) technology:

- A high frequency signal is generated by the central unit.
- The signal is transmitted to the intima of the vein wall by means of a catheter or a needle. The choice of diameter of the needle or catheter is adapted to the size of the vein.
- The RF energy is closely monitored with the central unit, resulting in effective thermocoagulation and removal of the vein. This effect is extremely local, causing minimal damage to the surrounding tissue.



Clinical Studies on Thermocoagulation

Dr. Jean-Luc Richard has published the results of a clinical trial on thermocoagulation, showing that the treatment of teleangiectasies with this technique is reliable and without lasting side effects.

Several studies by Dr. Jean-Marc Chardonneau between '99 and '05, based on over 7000 thermocoagulation sessions, confirmed:

- Effective for all vein problems, especially those with a diameter less than 0.9 mm which cannot be treated with sclerocompression therapy.
- When following the correct protocol, over 80 % of the veins are permanently removed.
- Suitable for all skin types.
- No side effects have been found, only temporary micro scabs.
- No pigmentation alterations, necrosis or burns.

Dr. Jean-Luc Richard
Phlebologist, Hôpital Euro-péen Georges-Pompidou, Paris

Dr. Jean-Marc Chardonneau
Phlebologist, Nantes

"It's smooth and fast, it's cheaper than existing technologies and it simply works really well"

EVRF® has been widely tested and is recommended by reknown experts in the field