



Ordering information:

Order number	Product name	Size	Tip shape
89185	OmniWire pressure guide wire	185 cm	Straight tip
89185J	OmniWire pressure guide wire	185 cm	J-tip

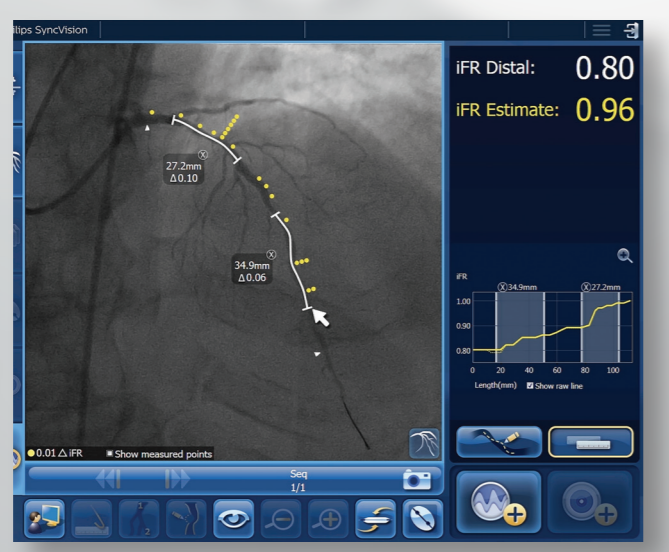
Indications for use:
 The OmniWire pressure guide wire is indicated for use to measure pressure in coronary blood vessels during diagnostic angiography and/or any interventional procedures. It can also be used to facilitate the placement of catheters as well as other interventional devices in coronary vessels.

**Solid core.
 No compromise.**

Advanced physiologic guidance and PCI planning

with OmniWire, iFR Co-registration and IntraSight

OmniWire is fully compatible with Philips IntraSight platform for an outstanding user experience. IntraSight offers a comprehensive suite of clinically proven^{14,15} imaging, physiology and co-registration⁵ tools on a modern, secure platform that will help you simplify complex interventions and improve lab efficiencies.



iFR Co-registration makes it easy for you to see precisely which parts of the vessel are causing ischemia.

www.philips.com/OmniWire

1. Data on file D000410086_A, D000485394_A
2. Davies JE, et al., Use of the Instantaneous Wave-free Ratio or Fractional Flow Reserve in PCI. N Engl J Med. 2017 May 11;376(19):1824-1834.
3. Gotberg M, et al., iFR-SWEDEHEART Investigators. Instantaneous Wave-free Ratio versus Fractional Flow Reserve to Guide PCI. N Engl J Med. 2017 May 11;376(19):1813-1823.
4. Comparisons to Verrata Plus. Data/report internally on file or internal company's data on file. Verification Report, D000410086/A.
5. Co-registration tools available within IntraSight 7 configuration via SyncVision.
6. Proximal cross-sections. Not to scale, for illustration purposes only.
7. Davies JE, et al., DEFINE-FLAIR: A Multi-Centre, Prospective, International, Randomized, Blinded Comparison of Clinical Outcomes and Cost Efficiencies of iFR and FFR Decision-Making for Physiological Guided Coronary Revascularization. New England Journal of Medicine, epub March 18, 2017.
8. Gotberg M, et al., Instantaneous Wave-Free Ratio Versus Fractional Flow Reserve Guided Intervention (iFR-SWEDEHEART): A Multicenter, Prospective, Registry-Based Randomized Clinical Trial. New England Journal of Medicine, epub March 18, 2017.
9. Patel M. "Cost-effectiveness of Instantaneous wave-Free Ratio (iFR) compared with Fractional Flow Reserve (FFR) to guide coronary revascularization decision-making." Late-breaking Clinical Trial presentation at ACC on March 10, 2018.
10. 2018 ESC/EACTS Guidelines on myocardial revascularization: The task force on myocardial revascularization of the European society of cardiology (ESC) and European association for cardio-thoracic surgery (EACTS). Eur Heart J. 2018;00:1-96.
11. Patel M, et al., ACC/AATS/AHA/ASE/ASNC/SCAI/SCCT/STS 2017 Appropriate Use Criteria for Coronary Revascularization in Patients with Stable Ischemic Heart Disease. J Am Coll Cardiol. 2017 May 2;69(17):2212-2241.
12. ACC CathPCI Hospital Registry.
13. Lofti A, et al. Focused update of expert consensus statement: Use of invasive assessments of coronary physiology and structure: A position statement of the society of cardiac angiography and interventions. Catheter Cardiovasc Interv. 2018;1-12.
14. A. Maehara, M. Matsumura, Z.A. Ali, G.S. Mintz, G.W. Stone. IVUS-guided versus OCT-guided coronary stent implantation. J Am Coll Cardiol Img, 10 (2017), pp. 1487- 1503
15. Choi K, et al. Impact of Intravascular Ultrasound-Guided Percutaneous Coronary Intervention on Long-Term Clinical Outcomes in Patients Undergoing Complex Procedures. JACC: Cardiovascular Interventions, Mar 2019, 4281; DOI: 10.1016/j.jcin.2019.01.227



iFR is in a class of its own.

Only iFR has clinically validated outcomes data in more than 4,500 patients

iFR is the leading hyperemia-free physiologic index for measuring pressure in diagnostic and interventional procedures.



10%
Reduction in procedure time^{7,8}



\$896
Cost savings per patient⁹



90%
Reduction in patient discomfort⁷

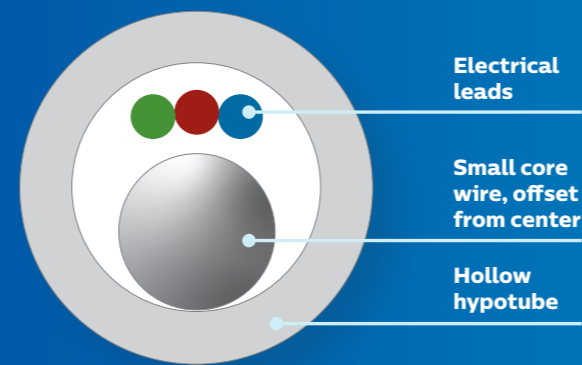
Only offered by Philips, iFR is an evidence-based methodology that improves outcomes, saves time and reduces patient discomfort^{7,8,9}, compared to FFR.

iFR is recognized by guidelines

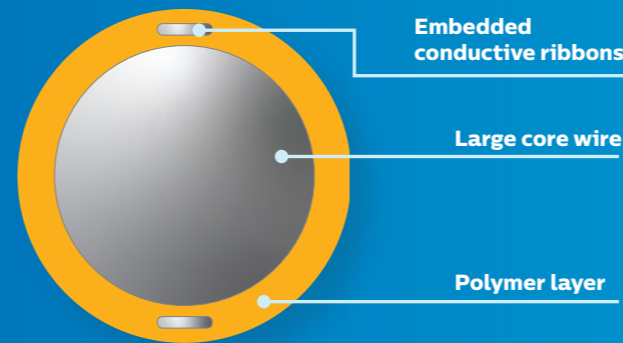
- Only iFR has received a Class 1A designation in the ESC (European Society of Cardiology) guidelines.¹⁰
- Only iFR has been included in both the AUC (ACC Appropriate Use Criteria)¹¹ and NCDR (National Cardiovascular Data Registry).¹²
- Only iFR has been designated as “definitely beneficial” by SCAI (Society of Cardiac Angiography and Interventions).¹³

Built like a contemporary workhorse guide wire

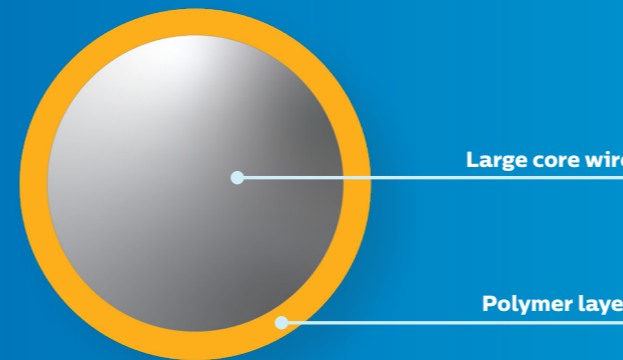
Traditional pressure wire



OmniWire with solid core



Workhorse guide wire⁶



Confidently use a single wire for iFR, device delivery, and post-PCI measurement.

World's first solid core pressure guide wire.¹

A new wire from tip to tail

Only OmniWire combines reliability in wire performance with proven iFR outcomes and iFR Co-registration, making it easy to use physiology throughout the case.^{2,3,4}

- New Nitinol distal core provides increased durability and shape recovery.
- Unique solid proximal core for improved torque, pushability and kink resistance.
- Durable, integrated conductive bands for confidence during device delivery, reconnections and post-measurements.

