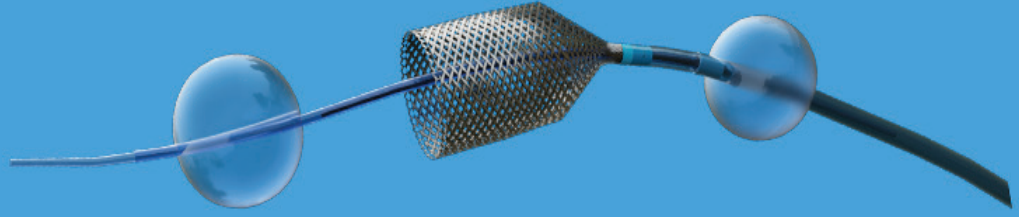


Six Pillars of No Compromise Peripheral Thrombectomy
Why It's Time to Stop Settling for Less!

Executive Summary

For decades we have borrowed Stroke and Pulmonary Embolism thrombectomy solutions expecting everything to work in deep vein thrombosis or peripheral artery thrombosis. As a result, peripheral thrombectomy has been defined by compromise.

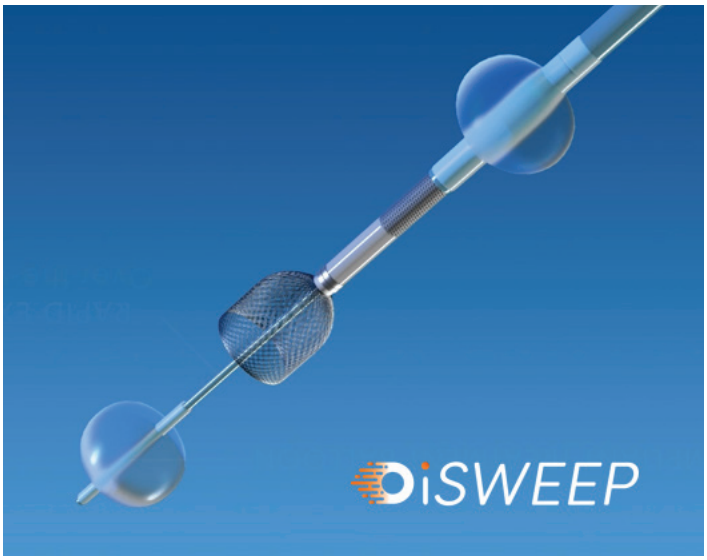
Physicians often must choose between effective clot removal or blood loss and/or vessel and valve integrity, between rapid intervention or the time spent in the ICU and risks associated with thrombolytics, between minimally invasive approaches and complete surgical thrombus extraction.

Many technologies have attempted to improve upon existing treatment paradigms, yet most introduce new trade-offs in the process of solving old ones. Physicians are learning to accept significant compromises.

The question facing vascular specialists today is no longer whether thrombectomy technologies can remove clots.

The real question is whether clot removal can be accomplished without compromising safety, efficiency, blood loss, vessel integrity, economics, or physician autonomy.

At iCHOR, we believe the answer is yes.
By transforming the proven surgical Fogarty sweep into a minimally invasive endovascular platform, iCHOR was founded on a simple premise: peripheral thrombectomy should not require compromise.



Six Pillars of No Compromise Peripheral Thrombectomy

The Compromise Problem in Peripheral Thrombectomy

Mechanical peripheral arterial and venous thrombectomy represents one of the largest and fastest-growing segments of vascular intervention. Yet despite significant innovation, many current approaches continue to force physicians into difficult clinical decisions.

- Some systems achieve clot extraction at the expense of blood loss.
- Others reduce invasiveness while increasing procedure complexity.
- Some rely on thrombolytics with known bleeding risks.
- Others require extensive capital equipment, multiple disposable components, or manufacturer representatives to support routine procedures.

As a result, physicians frequently find themselves balancing competing priorities rather than pursuing optimal outcomes.

The industry is accustomed to asking:
"What compromises are we willing to accept?"
"When can the rep get here?"

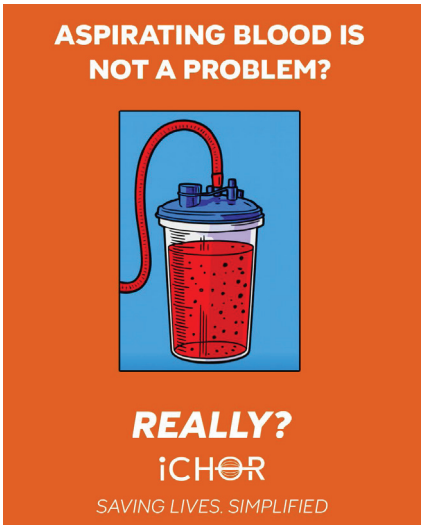
A better question is:
"Why should compromise be necessary at all?"

Pillar One:
Really Effective Clot Removal

The first obligation of any thrombectomy procedure is to safely restore flow.

For more than sixty years, the surgical Fogarty balloon sweep has remained one of the most reliable, and predictable mechanisms for thrombus removal allowing consistent wall-to-wall engagement that physically removes clot rather than fragmenting, mascerating, or dissolving it.

Despite significant technological evolution, few modern approaches have demonstrated superiority over this fundamental mechanical principle. For example, aspiration-based approaches may struggle with organized thrombus or embolic materials while creating concerns regarding blood loss.



Rather than reinventing clot removal, iCHOR has built upon what already works.

The result is a system designed to replicate the effectiveness of surgical thrombectomy while eliminating the need for open surgery.

True innovation is not ignoring proven mechanisms.
It is delivering them in a better way.

Six Pillars of No Compromise Peripheral Thrombectomy

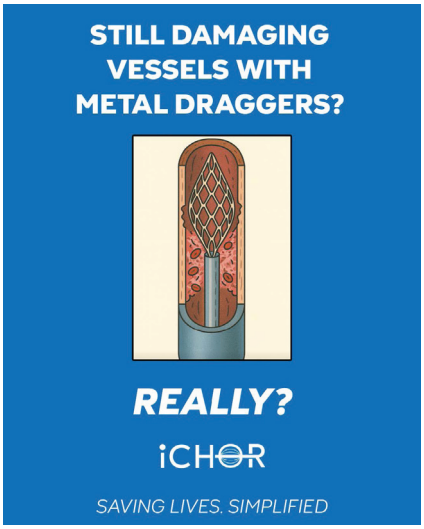
Pillar Two:
Gentle on Vessels

Many thrombectomy technologies depend on aggressive, rigid interaction with the vessel wall.

Dragging metal structures through diseased arteries and veins can create trauma, inflammation, endothelial injury, and downstream complications.

Peripheral thrombectomy should not require physicians to choose between clot removal and vessel integrity.

A compliant balloon; a wall to wall sweep achieves circumferential engagement while minimizing vessel trauma. Always has!



The three objectives are straightforward:

Remove the clot **Preserve vessel integrity** **Avoid distal embolization**

Pillar Three:
Really Simple Procedures

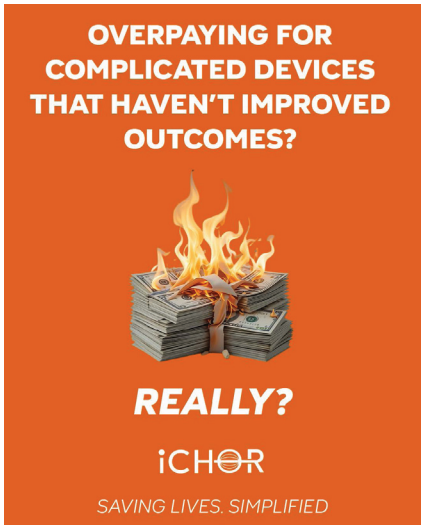
Complexity is too often mistaken for innovation.

Many thrombectomy platforms require multiple devices, external consoles, specialized training pathways, extensive inventory management, and procedural workarounds.

Complex systems increase cost, lengthen procedures, can lead to unnecessary adverse events, and creates barriers to adoption.

Simplicity should not be viewed as a limitation.
It should be viewed as an advantage.

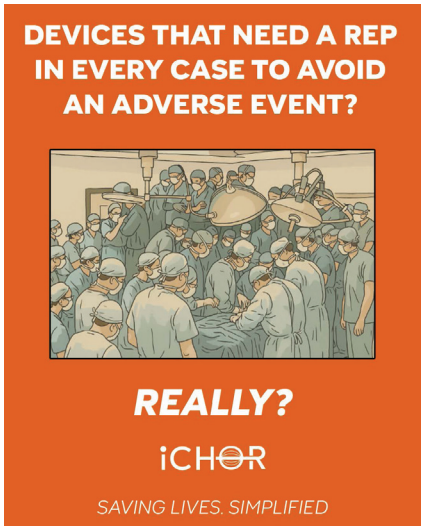
By combining thrombectomy and embolic protection into a single integrated platform, physicians can focus on the procedure rather than managing equipment.



The best technologies disappear smoothly into the workflow.

Six Pillars of No Compromise Peripheral Thrombectomy

Pillar Four:
Really Independent Physicians



A surprising number of procedures today depend heavily on manufacturer support representatives in the operating theater to ensure success.

While industry partnerships are valuable, physicians should not have to rely upon the schedules of external personnel as "service providers" to safely and effectively perform a procedure.

True procedural confidence comes from intuitive technologies that fit naturally into established clinical practice.

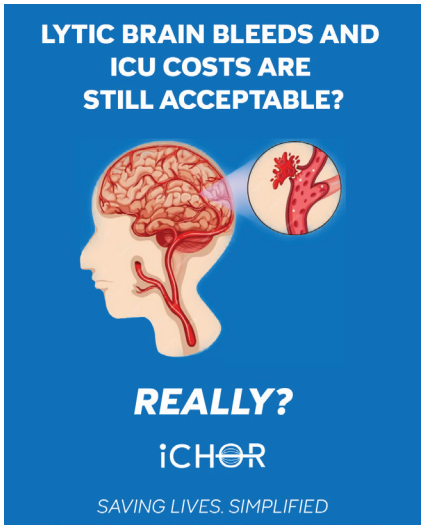
A no-compromise approach means physicians remain in control. Optimal technologies must support the physician—not the other way around.

As healthcare systems continue to face staffing pressures and procedural demands increase, technologies that promote independence will become increasingly important.

Pillar Five:
Really Better Economics

The true cost of thrombectomy extends far beyond device price and really includes:

- Procedure time.
- Length of ICU stays.
- Bleeding complications
- Inventory requirements.
- Capital equipment purchases.
- Manufacturer support costs.



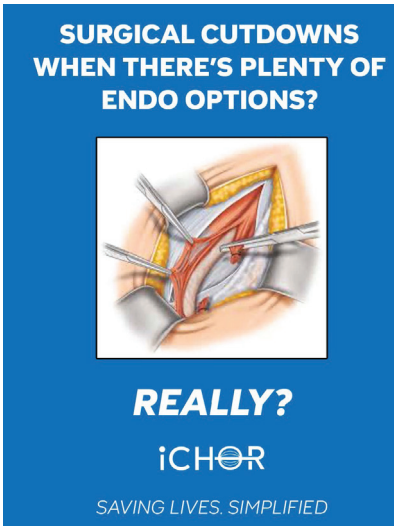
These factors collectively influence a massive economic change, impacting every intervention.

A no-compromise thrombectomy strategy must consider total procedural economics rather than focusing solely on acquisition cost.

Reducing complexity, minimizing adjunctive therapies, shortening procedures, eliminating ICU time, and enabling treatment in lower-cost care settings create benefits for providers, facilities, payers, and patients alike.

Six Pillars of No Compromise Peripheral Thrombectomy

Pillar Six:
Really Built for Peripheral Disease



Many technologies currently used in peripheral thrombectomy originated elsewhere. Metal dragging technologies and aspiration systems were adapted from neurovascular interventions.

Peripheral artery and venous disease present unique anatomical, morphological, and procedural challenges.

- Long treatment segments.
- Large clot burdens.
- Organized thrombus.
- Chronic venous and embolic arterial morphology
- Variable vessel diameters.

The future of thrombectomy requires solutions that are purpose-built for peripheral vascular disease rather than adapted from other specialties.

The most effective technologies are designed around the problem they are intended to solve.

The No Compromise Future

The next era of peripheral thrombectomy will not be defined by incremental improvements to existing compromises.

- It will be defined by eliminating those compromises altogether.
- Physicians should not have to choose between efficacy and safety.
- Physicians should have the right tool for the specific intervention
- Hospitals should not have to choose between outcomes and economics.
- Patients should not have to accept unnecessary procedural risk.

The future belongs to technologies that deliver surgical-level effectiveness through minimally invasive procedures while simplifying workflows, preserving vessel integrity, reducing costs, and improving care.

That is the philosophy behind iCHOR.
Not just a better compromise… No Compromise.

About iCHOR
iCHOR Vascular is creating a new generation of peripheral thrombectomy technology based on one of the most proven mechanisms in vascular medicine, the Fogarty sweep. Through the game-changing iSWEEP platform, iCHOR is transforming a long-trusted surgical technique into a simplified endovascular procedure designed to improve outcomes while eliminating the compromises inherent in traditional thrombectomy approaches.