Introducing the Adaptive Thrombectomy Platform

iSWEEP™ by iCHOR Vascular:

One simple mechanism that **adapts** to the clot, the vessel, and the site of care.

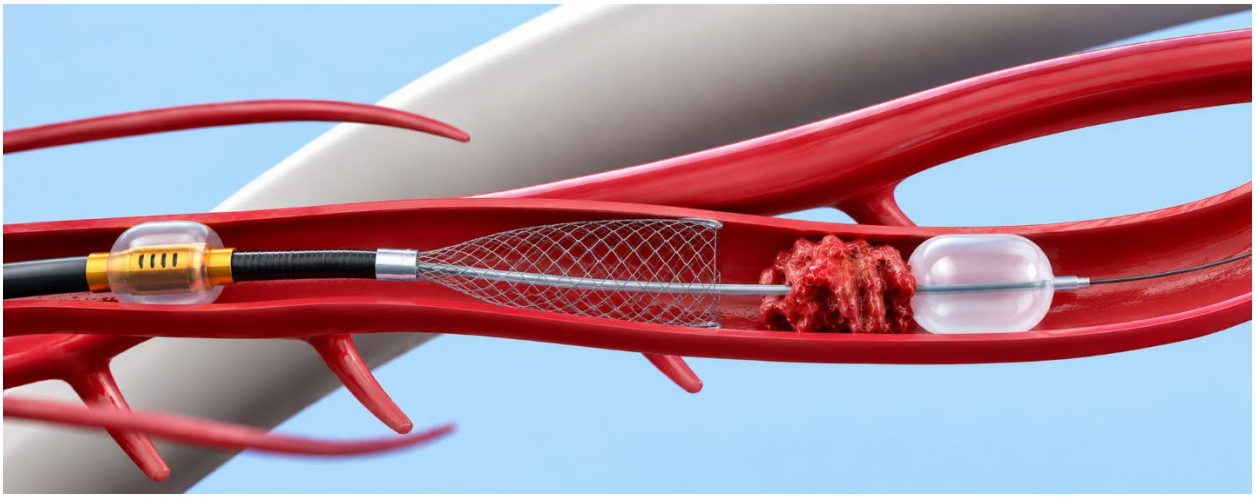
Thrombectomy has outgrown the single-purpose device

Most conventional thrombectomy tools evolved around a single idea and one way of working. Aspiration catheters provide suction. Mechanical devices capture and drag. Lytics dissolve. A combination of these mechanisms hopes to improve the outcome, but nearly always creates more compromise. Each tool works well when the case happens to match its design. When it doesn't, physicians switch devices, add lytics, or move the patient to the OR.

That's why the typical vascular lab ends up with a suite of solutions, each with its own technique, variety of sizes, trade-offs, consoles, adapters, contract, and most are rep dependent.

Unfortunately, clots don’t uniformly follow device categories, even more so in the peripheral vasculature It is not uncommon for a physician to deal with fresh acute thrombus and organized thrombus in the same vessel that changes diameter along the way. Some of these same patients may not qualify for lytics while others are highly compromised to cope with 400 mL of blood loss.

This is common in the real world of peripheral vascular diseased vessels. The real clinical need isn't another specialized tool. It's a platform that adapts to variable clot morphology and anatomy associated with peripheral vascular occlusions.



A new category: the Adaptive Thrombectomy Platform

An Adaptive Thrombectomy Platform has four defining traits:

1. **One proven mechanism, many anatomies.** A single, consistent method of clot removal that scales across a wide range of vessel types and sizes. Physicians don't need a new tool and a new technique for every case.
2. **Adapts to the clot, not the other way around.** It works on acute, subacute, and organized thrombus without relying on suction power, surgery, or clot-dissolving drugs.
3. **Protects the vessel.** Gentle, circumferential wall to wall contact and built-in embolic protection, so clearing the clot doesn't come at the cost of inflammation, non-compressibility, and vessel scarring.
4. **Adapts to the site of care.** No capital equipment, no console, no blood buckets, and no adapters, no drug complications; so the same platform works in the hospital, the ambulatory surgery center (ASC), and the office-based lab (OBL).

iSWEEP was designed from the ground up to meet all four.

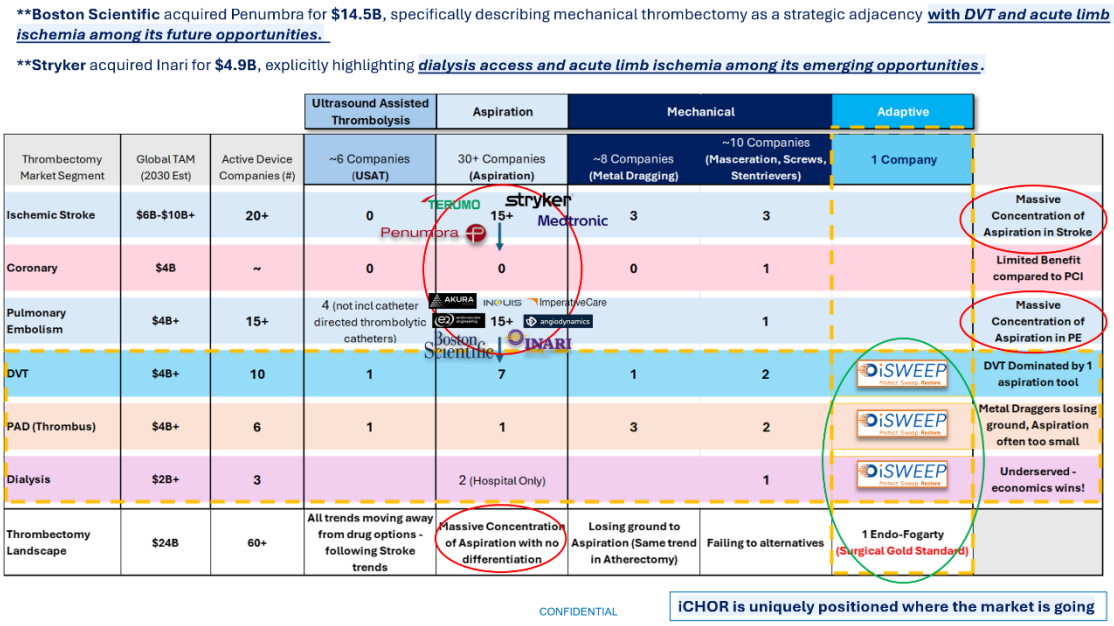
How iSWEEP adapts

iSWEEP builds on a technique surgeons have trusted for more than 60 years, the Fogarty balloon sweep, and simply makes it endovascular. There is common architecture across the iSWEEP core technology which provides repeatable training, education, and muscle memory:

Component	Role on the platform
Introducer sheath with occlusion balloon	Arrests flow, provides on-demand embolic protection, and keeps sheath and guidewire access in place throughout the case
Basket catheter with expandable nitinol funnel	Captures the clot and removes it in a controlled manner while maintaining gentle wall to wall contact
Compliant balloon catheter	Conforms to the vessel wall to sweep clots of any consistency into the compliant funnel

Protect. Sweep. Capture. Remove. The method stays the same. The steps are the same. The platform adapts in size and configuration to fit the anatomy, so physicians, labs and hospitals can leverage processes and investments in a single system across multiple peripheral thrombectomy issues with a single platform built on 60 years of proof.

Instead of trying to use complex aspiration and metal dragging solutions designed for stroke or pulmonary embolism to address very different peripheral venous and arterial requirements, they can choose a single adaptive platform as shown in the segmentation below. iCHOR iSweep is purposefully built for peripheral vascular challenges and not the other way around.



Proof of adaptability: one platform, one kit

The key advantages of the Adaptive Thrombectomy Platform come from how it performs across very different vascular environments.

Arterial: iART 7F

Lower-extremity arterial occlusions are among the most varied cases in peripheral work, ranging from acute limb ischemia to organized and embolic clot, above and below the knee. In a 25-patient limited market release, iART was used in acute limb ischemia, occluded SFA stents and bypass grafts, organized thrombus, embolic occlusions, and post-atherectomy debris. The release reported 100% technical success with no device-related adverse events. Because access stays in place, physicians can clear the path, restore flow, and move quickly to treat the underlying lesions with angioplasty or stenting.

What it proves: the platform adapts to mixed clot types across 10mm to small 3mm distal vessels with the same system

Venous: iDVT 14F

DVT in the iliac, common femoral, and popliteal veins involves lengthy organized clot segments, short acute segments, large diameters, small diameters, and vulnerable valves. In early data from a 80-patient multicenter evaluation (veins from 9–20 mm with mean thrombus length ~21 cm), iCHOR's iDVT achieved 90% clot removal, no significant blood loss, 94% clinical success, and about 31 minutes from access to final treatment. All patients were treated without systemic lytics and many were treated in an OBL and went home in the same day.

What it proves: the same mechanism scales to fit large and small veins and acute to organized, adherent clot burdens while protecting the vein and avoiding distal embolization.

Dialysis: Q1 2027

Thrombosed AV fistulae and grafts are a high-volume, underserved need. Patients need their access cleared quickly and with as little damage as possible, often in outpatient access centers where simplicity and per-case cost matter. iCHOR is developing an 8F iSWEEP configuration for dialysis access, built on the same sweep-and-capture method.

What it proves: the platform can extend to new anatomies with the same mechanism of action while addressing the skyrocketing economic issues.

How the Adaptive Thrombectomy Platform Improves Outcomes

For physicians: one technique to learn and trust built around a 60 year trusted and proven mechanism of action. Confidence carries over from case to case and anatomy to anatomy, adding a wall-to-wall adaptive option that works well in the toolbox alongside aspiration, or as a bailout.

For patients: clot removal that protects the vessel and limits blood loss, without the bleeding risk of lytics or the recovery time of open surgery.

For administrators and sites of care: one kit per case and no capital investment. A single platform replaces several if not a dozen device SKUs, contracts, and shelf space. It also works without a rep in the room, making it practical for ASCs and OBLs.

The bottom line

Conventional thrombectomy solutions addressed the challenges with broadly borrowed, inflexible approaches that drive up cost, complexity, and risks.

In contrast, the iSWEEP Adaptive Thrombectomy Platform solves them with one proven and predictable mechanism that fits the variable requirements of peripheral vascular occlusions, vessel variability, and the site of care.

iSWEEP is the first of its kind in a category of its own

iCHOR Vascular. Clearing the Path