Boston Scientific
Advancing science for life™

EKOS™ Control Unit 4.0

BILATERAL PE TREATMENT, SIMPLIFIED.

EKOS™ Control Unit 4.0 offers new functionality and workflow-based intelligence for EKOS™ devices both at the procedure table and in the ICU. It is a critical part of the EKOS™ system that continues to break new ground in PE treatment.

EKOS™ Control Unit 4.0 will support your team's ability to perform at its highest level by making workflow easier and more integrated. And it is the result of extensive collaboration with our clinician partners to improve every step of the experience—from lab to transport to ICU.

1. **Bilateral PE treatment simplified**
   - Manages two EKOS™ devices simultaneously to support bilateral PE cases.
   - The split-screen monitor allows you to easily view and independently interact with two EKOS™ devices simultaneously.
2. **Stress-free integration into hospital workflow**
   - Small, lightweight, and portable, it allows easy integration into hospital workflow.
   - Built-in battery makes it easier to transport patients from the lab without interruption in therapy.
3. **Workflow-based, intelligent user interface and touchscreen**
   - On-screen prompts provide step-by-step guidance for setup and operation and are easily read across the room.
4. **Intuitive troubleshooting**
   - Provides real-time feedback and instructions for immediate corrective action.
5. **Compatibility**
   - Control Unit 4.0 will run all EKOS™ devices currently run by the PT-3B control unit.

SPECIFICATIONS

FEATURES	**Channels**	Two ports or channels labeled A and B
	Display/Touchscreen	Displays clear instructions to guide user through setup, operation, and troubleshooting
	Audible Alert	Alerts user to a problem
	Audio Pause	Silences the audio alert tone for 5 minutes
	Mounting Bracket	Secures Control Unit to infusion stand or custom EKOS™ cart
	Carry Handle	Provides easy maneuverability
	USB Port	Used by qualified personnel to download data and event logs using a USB memory stick
BATTERY	**Type**	Built-in lithium ion
	Charging/Status Indicator	Indicates battery charge status
	Power	~1 hour if two channels are running and ~2 hours if one channel is running
POWER REQUIREMENTS		100–240V, 50/60Hz, 1.6A maximum
SYSTEM OUTPUT POWER		Automatically controlled, 100W pulse power maximum. 70W average device power maximum for both channels (35W average device power maximum per channel).
ENVIRONMENTAL CONDITIONS	**Storage Temperature**	-20°C to +60°C
	Humidity	30% to 75%, non-condensing
	Operating Temperature	+15°C to +40°C
	Operating Atmospheric Pressure	73 kPa – 111 kPa
WEIGHT		8.65 lbs.
PHYSICAL DIMENSIONS		4.0 x 10.5 x 8.3 inches or 10.2 x 26.7 x 21.1 cm (H x W x D)

ORDERING INFORMATION

DESCRIPTION	EKOS™ Control Unit 4.0
UPN/ORDER CODE	600-40500

EKOS Acoustic Pulse Thrombolysis Treatment
CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete "Directions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions. **INDICATIONS FOR USE:** The EkoSonic Endovascular System is indicated for the: Ultrasound facilitated, controlled and selective infusion of physician-specified fluids, including thrombolytics, into the vasculature for the treatment of pulmonary embolism. • Infusion of solutions into the pulmonary arteries. • Controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature. All therapeutic agents utilized with the EkoSonic Endovascular System should be fully prepared and used according to the instruction for use of the specific therapeutic agent. **CONTRAINDICATIONS:** Not designed for peripheral vasculature dilation purposes. • This system is contraindicated when, in the medical judgment of the physician, such a procedure may compromise the patient's condition. **POTENTIAL COMPLICATIONS:** Vessel perforation or rupture • Distal embolization of blood clots • Vessel spasm • Hemorrhage • Hematoma • Pain and tenderness • Sepsis/Infection • Thrombophlebitis • Tricuspid and pulmonic valve damage • Pulmonary infarct due to tip migration and spontaneous wedging, air embolism, and/or thromboembolism • Right bundle branch block and complete heart block • Intimal disruption • Arterial dissection • Vascular thrombosis • Drug reactions • Allergic reaction to contrast medium • Arteriovenous fistula • Thromboembolic episodes • Amputation • Pneumothorax • Perforation of the pulmonary artery. • Cardiac Arrhythmias – most frequently occurring during placement, removal or following displacement into the right ventricle. PI-726201-AA

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