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**Shawn P. McCarthy Appointed President and Chief Executive Officer of
Tryton Medical, Inc.**

Durham, N.C. – May 19, 2011– Tryton Medical, Inc., the leading developer of stents designed to definitively treat bifurcation lesions, today announced that the company has appointed Shawn P. McCarthy as president and chief executive officer.

Mr. McCarthy joins the company from AngioDynamics, Inc., where he held the role of senior vice president and general manager, leading the company's Vascular and Oncology Surgery business units. Prior to AngioDynamics, Mr. McCarthy served as worldwide vice president of marketing for Cordis Corporation, a Johnson & Johnson Company. At Cordis he held a variety of sales and marketing roles with increasing responsibility over the course of more than a decade.

“Shawn’s strong track record of sales and marketing success and deep understanding of our customers will serve Tryton well as we look ahead to continued expansion in Europe and commercialization of the Tryton Side Branch Stent™ in the U.S.,” said Rick Anderson, board member of Tryton and managing director of PTV Sciences. “We are confident that Shawn’s capabilities and experience will help further cement Tryton as the clear leader in bifurcation stenting.”

“I’m excited to have an opportunity to join such an accomplished team at Tryton, achieving substantial clinical and commercial milestones while remaining capital efficient,” said Mr. McCarthy. “We are creating unique solutions for patients in areas with significant unmet need. The elegant Tryton Stent System has demonstrated excellent clinical results that have won over a number of loyal customers – to date, nearly 3,000 patients have been treated with the device. We are completely focused on continuing rapid enrollment in our U.S. pivotal study, which initiated in December 2010, while delivering the Tryton Stent System to an increasing number of physicians and patients worldwide.”

Clinical results from more than 500 patients with bifurcation lesions treated with the Tryton Side Branch Stent have consistently demonstrated target lesion revascularization (TLR) rates of less than four percent.

Coronary artery disease often results in the buildup of plaque at the site of a bifurcation, where one artery branches from another. Current approaches to treating these lesions

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are time consuming and technically difficult. As a result, the side branch is often left unstented, leaving it vulnerable to higher rates of restenosis, the re-narrowing of the stented vessel following implantation. Bifurcation lesions account for as many as one-third of all coronary lesions.¹

About the Tryton Side Branch Stent

The Tryton Side Branch Stent System is designed to offer a dedicated strategy for treating atherosclerotic lesions in the side branch at the site of a bifurcation. Tryton's cobalt chromium stent is deployed in the side branch artery using a standard single-wire balloon-expandable stent delivery system. A conventional drug-eluting stent is then placed in the main vessel.

The stent system has received CE Mark approval in Europe and is commercially available in 21 countries throughout Europe and the Middle East. It is approved in the United States for investigational use only.

About Tryton Medical, Inc.

Tryton Medical, Inc., located in Durham, N.C., is a leading developer of novel stent systems for the treatment of bifurcation lesions. The company was founded in 2003 by Aaron V. Kaplan, M.D. (professor of medicine at Dartmouth Medical School/Dartmouth-Hitchcock Medical Center) and Dan Cole to develop stents for the definitive treatment of bifurcation lesions. The Tryton Side Branch Stent System, approved for sale in Europe, is designed to offer a dedicated strategy for treating these challenging cases. Privately held, Tryton is backed by Arnerich Massena & Associates, Spray Ventures, PTV Sciences, and RiverVest Ventures. For more information please visit www.trytonmedical.com.

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ⁱ Scot Garg, et al. EuroIntervention 2011;6: 928-935. Available online at http://www.pcronline.com/eurointervention/34th_issue/162/