WallFlex[™] Esophageal Stents

Fully and Partially Covered Self Expanding Metal Stents





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Place your trust in over 20 years of research and development. Boston Scientific is a leading developer of advanced stent technologies, and remains committed to high quality standards and collaboration with physicians.

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"The Esophageal WallFlex is of interest in my practice as the flexibility of the stent allows it to conform to the anatomy and enables placement in different types of malignant strictures with or without fistulas. In my experience, the 23mm diameter stent option offers an optimal balance of esophageal adherence and patency."

Peter D. Siersema, MD, PhD

Professor of Gastroenterology, Director, Dept. of Gastroenterology and Hepatology, UMC Utrecht, The Netherlands

"The flared ends design of the WallFlex Fully Covered Esophageal Stent helps anchor the stent and may reduce the risk of migration in benign strictures while the full Permalume covering has helped prevent tumor in-growth and reduce food impaction."

Alessandro Repici, MD

Director of Digestive Endoscopy, Istituto Clinico Humanitas, Milan, Italy

"In our practice we place stents for my resectable esophageal cancer patients with dysphagia in order to improve their nutritional status and quality of life while they undergo neoadjuvant therapy. In my experience, the WallFlex Fully Covered Esophageal Stent has been an appropriate choice due to its low migration and tissue ingrowth and is a good alternative to feeding tubes."

Rafael S. Andrade, MD

Assistant Professor of Surgery, Division of General Thoracic and Foregut Surgery, Department of Surgery, University of Minnesota, Minneapolis, MN, USA

"I like the 18.5F (6.17mm) low profile delivery system because it facilitates placement through difficult strictures without the need of pre-dilation. Additionally, the high radiopacity of the stent allows full control and ultimately confidence during deployment."

Richard P. Sturgess, MD

Consultant Gastroenterologist, Clinical Director Digestive Diseases Directorate, University Hospital Aintree, Liverpool, UK

"Our study is the first prospective case series to report the outcomes of treatment with a fully covered WallFlex stent. This stent is easy to implant and can be safely removed."[†]

Jorge M.T. Canena, MD, PhD

Professor of Gastroenterology, University Center of Gastroenterology-Faculty of Medical Sciences, Cuf Infante Santo Hospital, Lisbon, Portugal

† Canena et al. BMC Gastroenterology 2012, 12:70



1-3mm malignant esophageal stricture



Pre-dilation was not required

Boston Scientific stent technology is built on science and innovation to expand options available for patient treatment and management.



Migration Resistance

The progressive step flared ends may assist in anchoring the stent within the esophageal lumen.

Stricture Resolution

The multiple wire braided construction is engineered to allow the stent to adjust to forces from the esophageal anatomy such as strictures and peristalsis. The design allows for gradual stent expansion, which is typically complete after 24-72 hours.

Tissue In-growth Prevention

The Permalume[™] silicone covering extends the entire length of the stent in the fully covered version and is designed to prevent tumor in-growth as well as seal concurrent esophageal fistulas and help reduce food impaction.

Fluoroscopic Visualization

The Nitinol construction allows for clear visualization during fluoroscopy, ensuring accurate stent placement.

Removability

The Teflon[™] coated polyester removal suture facilitates removal during the initial stent placement procedure and from benign strictures for up to 8 weeks.



delivery system

Pre-dilation Avoidance

The 18.5 French (6.17mm), low profile delivery system is designed to traverse tight strictures.*

Endoscopic Placement

The endoscopic transition zone is designed to aid in stent placement accuracy when deployed using endoscopic visualization.

Stent Placement Accuracy

The coaxial delivery system is designed to result in 1:1 stent deployment.

The fully covered stent may be reconstrained up to 75% of deployment and 2 times during the initial stent placement procedure.**

* Pre-dilation may not be required, depending on stricture lumen diameter.
* A stent can not be reconstrained after the reconstrainment limit has been exceeded.

Endoscopic Transition Zone

4 Radiopaque Markers

Proximal Reposition Marker

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Ordering Information

WallFlex Fully Covered Esophageal Stent*

NOW APPROVED FOR BENITATION	Order Numbe
COVERED ST	M00516210
	M00516220
	M00516230
	M00516240
	M005 1625 0
	M005 1626 0

rder Number	Stent O.D. (mm)	Proximal / Distal Flares O.D. (mm)	Stent Length (cm)	Catheter Diameter (F) / (mm)	System Length (cm)
/1005 1621 0	18	25 / 23	10	18.5 / 6.17	120
/1005 1622 0	18	25 / 23	12	18.5 / 6.17	120
/1005 1623 0	18	25 / 23	15	18.5 / 6.17	120
/1005 1624 0	23	28 / 28	10	18.5 / 6.17	120
/1005 1625 0	23	28 / 28	12	18.5 / 6.17	120
/1005 1626 0	23	28 / 28	15	18.5 / 6.17	120

WallFlex Partially Covered Esophageal Stent

	Order Number	Stent O.D. (mm)	Proximal / Distal Flares O.D. (mm)	Stent Length (cm)	Covered Length (cm)	Catheter Diameter (F) / (mm)	System Length (cm)
	M005 1690 0	18	23 / 23	10	7	18.5 / 6.17	120
	M005 1691 0	18	23 / 23	12	9	18.5 / 6.17	120
MARCHAR HALLS	M005 1692 0	18	23 / 23	15	12	18.5 / 6.17	120
	M005 1693 0	23	28 / 28	10	7	18.5 / 6.17	120
and the second	M005 1694 0	23	28 / 28	12	9	18.5 / 6.17	120
	M00516950	23	28 / 28	15	12	18.5 / 6.17	120

*Please check availability of the product with your local sales representative or your local customer service



MR Conditional – Non-clinical testing has demonstrated that the WallFlex Esophageal Stent System is MR Conditional. It can be scanned safely under the conditions outlined in the Directions For Use.



Advancing science for life™

Boston Scientific International SA Parc Val Saint Quentin - Bâtiment H 78960 Voisins-le-Bretonneux – France +33 1 39 30 97 00

www.bostonscientific-international.com

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