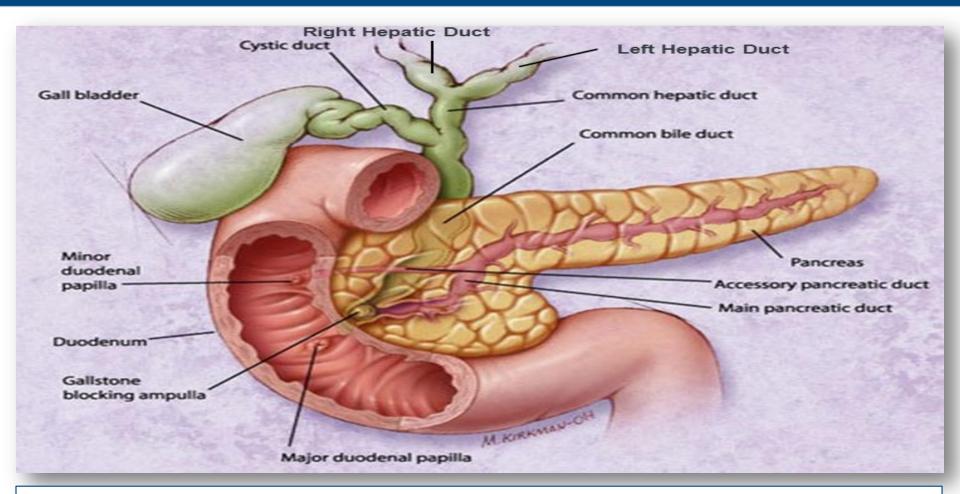


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Pancreatic-Biliary Anatomy





Biliary strictures are an abnormal narrowing of the common bile duct which might obstruct the drainage of bile from the liver to the small intestine or duodenum.

Disease states



Obstructive diseases:

■ Malignant strictutres:

- Pancreatic cancer #1 cause of biliary strictures
- Cholangiocarcinoma (cancer of the bile duct)
- Gallbladder cancer
- Liver cancer

Benign strictures:

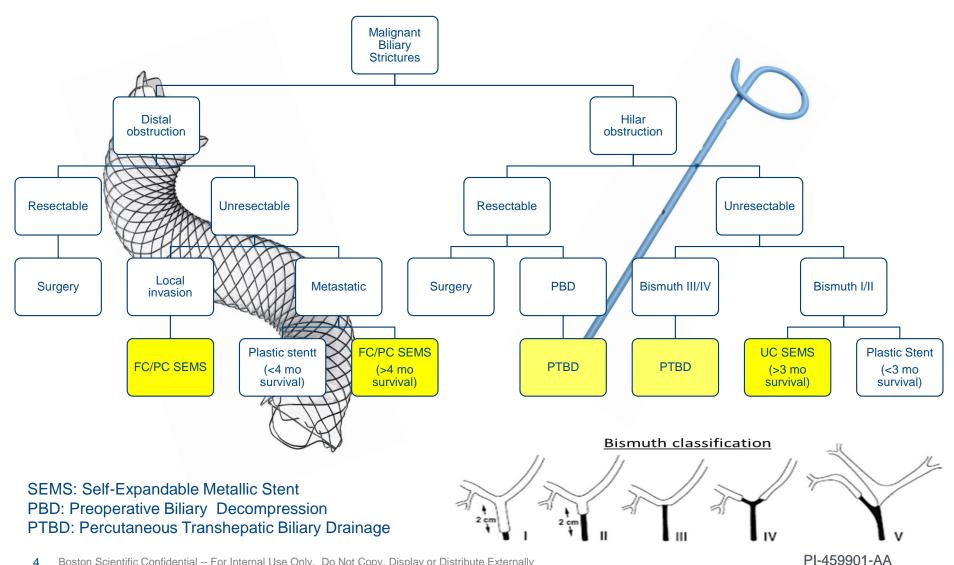
- Chronic pancreatitis
- Post-operative effects
- Liver transplant

Treatment Prognosis:

- Palliative care typically 3 15 months for malignant disease
- Patient comfort and quality of life are the primary objectives

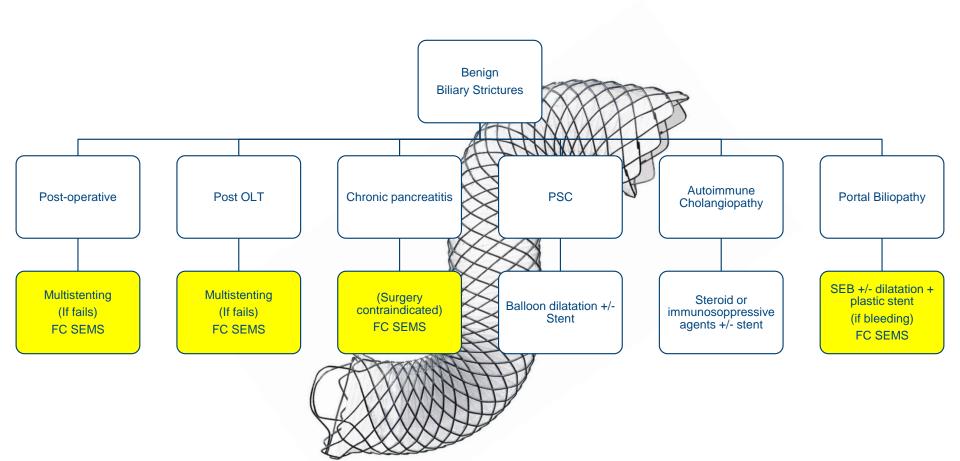
Malignant Biliary Strictures Treatment Algorithm → **BSC IO opportunity**





Benign Biliary Strictures Treatment Algorithm → BSC IO opportunity





FC SEMS: Fully Covered Self-Expandable Metallic Stent

POST OLT: Post Liver Transplantation Obstruction

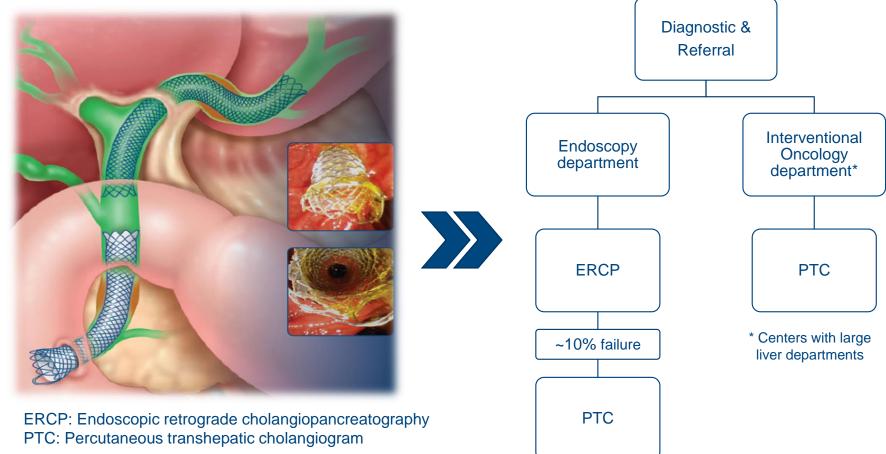
PSC: Primary Sclerosing Cholangitis

SEB: Self-Expandable Balloon

Biliary stenting



Biliary stenting is necessary when tumors or strictures compress the biliary ducts and obstruct bile drainage. The main purpose is: Restart bile flow.



IR treatment preferences



1. Prefer drains

- Continually use drainage catheters, replacing every 4-6 weeks.
- Bad experience with uncovered stents that could not be removed.
- Because drains are in their comfort zone.

2. Drain prior to stent

- Drain first to decompress, then stent 1-3 days later.
- Use of plastic, non-covered, vascular or covered stents.
- Biliary drainage catheters & stents are complementary products.

3. Primary stenter

- Use of plastic, non-covered, vascular or covered stents.
- Rarely use of drainage catheters. Uncomfortable for the patient.

Wallflex Transhepatic Biliary Stent System



Indicated for use in the palliative treatment of biliary strictures produced by malignant neoplasms and, in case of fully covered version, approved for the treatment of benign strictures



Pioneering designs – Practical benefits



Flexibility

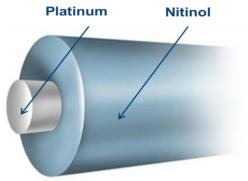
Aids in placement in tortuous anatomy

Full-length radiopacity

Platinum core aids visibility during stent placement



Designed to resist compression and maintain stent patency





Closed-cell construction and Permalume™ Covering

Help resist tissue ingrowth

Looped and flared stent ends

Designed to reduce the risk of stent migration and tissue trauma



Pioneering designs – Practical benefits



Integrated retrieval loop

- Fully and partially covered stents only
- Located at distal stent end (in duodenum)
- FC version → Approved for Benig Indication



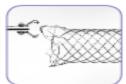
The WallFlex™ Biliary TH Fully Covered Stent

Removable up to



months post-deployment in benign biliary-strictures







Successful Management of Benign Biliary Strictures With Fully Covered Self-Expanding Metal Stents – Devière et al.

Largest prospective study and 5 year follow-up for Self-Expandable Metal Stents for management of benign biliary strictures, identify patients at high-risk and low-risk migration of these stents after placement, and understand the risks and benefits of Fully Covered Self-Expandable Metal Stents versus plastic stents for management of chronic pancreatitis. Clearly shows removability at 12 months is excellent. The stricture resolution rates for Chronic Pancreatitis is much higher than for plastic stents and completed in one procedure. Gastroenterology 2014;147:385-395

Matrix & Ordering Info



Order Number	Diameter Nominal (mm)	Length Nominal (mm)	Covered Length (mm) Partially Covered Only	Catheter Diameter (F)	Guidewire Diameter
Fully Covered S	tents with Permalu	ne™ Covering			
M005 7480 0	8	60	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
M00574810	8	80	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7694 0	8	100	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7695 0	8	120	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7482 0	10	40	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7483 0	10	60	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7484 0	10	80	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7696 0	10	100	_	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7697 0	10	120	-	8.5 F (2.83 mm)	0.035" (0.89 mm)
Partially Covere	ed Stents with Perm	alume Covering	1		
M005 7470 0	8	60	48	8.5 F (2.83 mm)	0.035" (0.89 mm)
M00574710	8	80	68	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7688 0	8	100	88	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7689 0	8	120	108	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7472 0	10	40	28	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7473 0	10	60	48	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7474 0	10	80	68	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7690 0	10	100	88	8.5 F (2.83 mm)	0.035" (0.89 mm)
M005 7691 0	10	120	108	8.5 F (2.83 mm)	0.035" (0.89 mm)
Uncovered Sten	ıts				
M005 7462 0	8	40	_	8.0 F (2.67 mm)	0.035" (0.89 mm)
M00574630	8	60	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M005 7464 0	8	80	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M005 7465 0	8	100	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M00576920	8	120	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M00574660	10	40	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M005 7467 0	10	60	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M005 7468 0	10	80	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M005 7469 0	10	100	-	8.0 F (2.67 mm)	0.035" (0.89 mm)
M00576930	10	120	_	8.0 F (2.67 mm)	0.035" (0.89 mm)

100 and 120mm lenghts are manufactured and available on demand only

Abbreviated Statement



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