



**VENOUS
PRODUCT CATALOG**

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For more information about
our other therapeutic areas:

Arterial Products Catalog,
Venous Products Catalog,
Cardiac Products Catalog,
Neurovascular Products Catalog,
General Surgery Catalog,
Oncology Products Catalog.

Contact Sales & Medical Department.

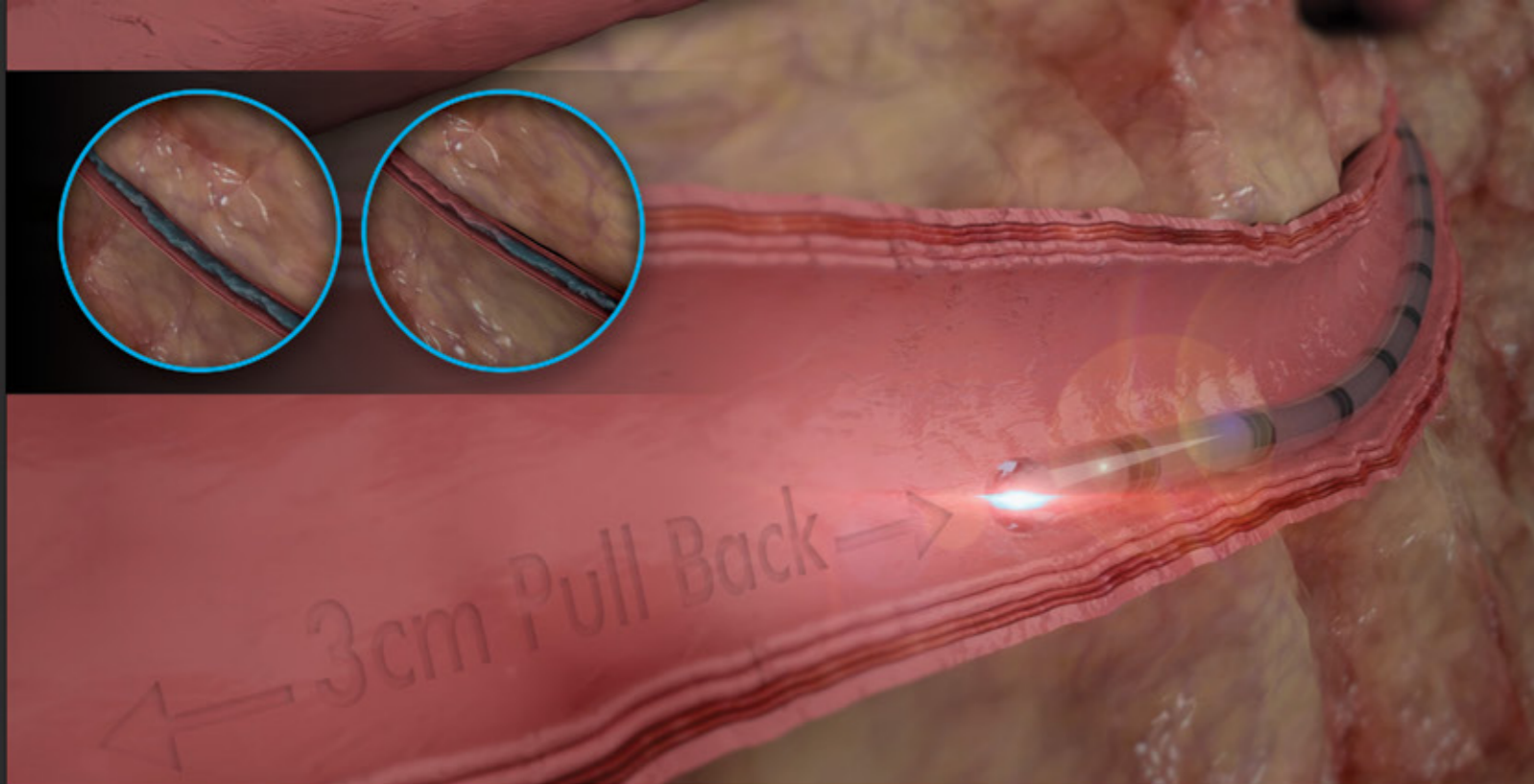
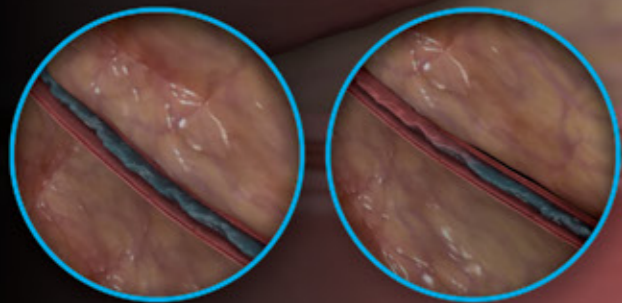
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Venous Product Catalog INDEX

- **VenaBLOCK** Varicose Vein Device
- **VeinOFF** Small Varicose Vein Sealing
- **ThermoBLOCK** Varicose Vein Device 5-10 cm
- **Horizon** Small Vessel Radio Frequency
- **ICT** Internal Compression Therapy Vein Restoring Modality
- **InvaCUT** Valvulotomy
- **AngioHAND** Thrombus Removal System
- **WaterJET** Thrombus Management
- **Viper** Ultrasonic Infusion Therapy
- **Viper** Infusion Therapy
- **Inca** IVC Filter Emboli Protection Lysis
- **Dovi** Aspiration Thrombectomy Device
- **Dolphin^{XS}** Support Catheter
- **Dolphin^{XC}** Support Catheter
- **Dolphin^{XR}** Support Catheter
- **Mantis** Leaf Tip Rotational Directional Thrombectomy
- **Mantis Curve** OTW Directional Thrombectomy
- **Mantis^{XP}** Small Vessel Directional Thrombectomy
- **Atlas** Stent Venous
- **Extender** Peripheral
- **Extender** Coronary
- **AngioCATH** Guiding Catheter
- **SteerCATH** Catheter
- **Pars** Peripheral Embolization Catheter
- **InWIRE** Hydrophilic Guidewire
- **InWIRE** PTFE Coated Guidewire
- **InWIRE** Guidewire CTO
- **Invaducer** Introducer Sheath



VenaBLOCK

EMBOLIZATION

Treatment is simply delivering cyanoacrylate inside of disfunctioning vein segment (VSM, VSP or perforator veins) continuously while applying pressure over target vein segments.

6F
100cm

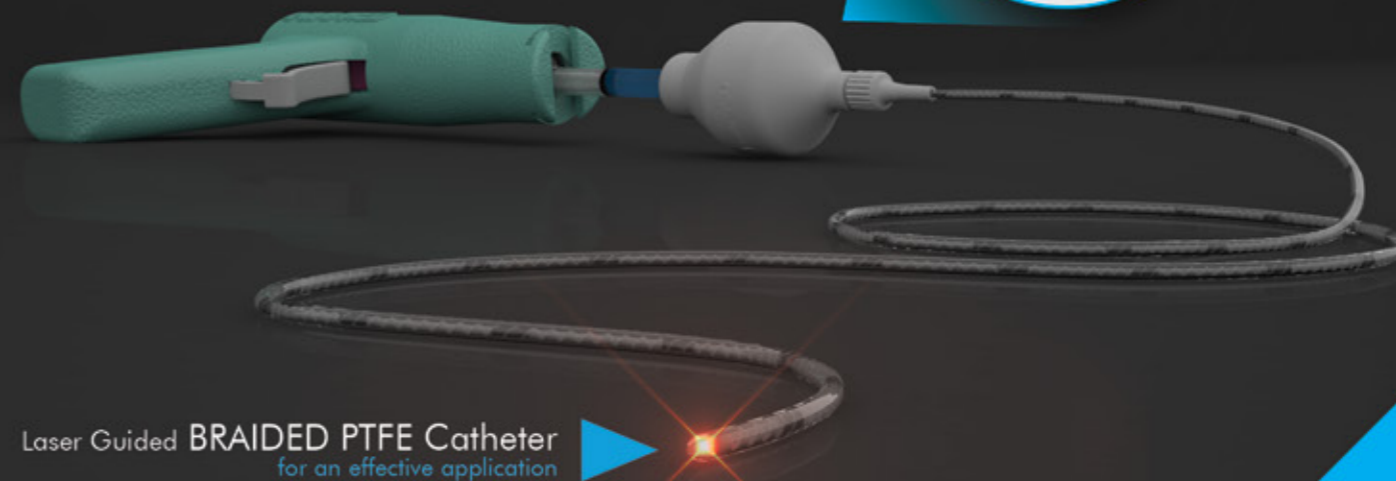
VenaBLOCK MicroCatheter

- ✓ Braided PTFE Catheter
- ✓ Laser guided
- ✓ High echogenity and better visibility under USG
- ✓ Excellent pushability
- ✓ Marked on every 2 cm



Single Handed
Easy procedure
Control

Laser
Source



Laser Guided **BRAIDED PTFE Catheter**
for an effective application

Advantages

- ✓ Can be perform in outpatient conditions.
- ✓ Non-tumescent procedure.
- ✓ Short procedure time.
- ✓ Closure of the target vessel can be obtained in seconds.
- ✓ No burn marks, skin pigmentation or lessions, numbness.
- ✓ No need to use compression stocking after the procedure.
- ✓ Patients can return daily routines and activities immediately.

A Unique Treatment for Venous Insufficiency CAN BE PERFORMED IN MINUTES

VenaBLOCK offers a unique treatment for venous insufficiency. Treatment is simply delivering cyanoacrylate inside of disfunctioning vein segment (VSM, VSP or perforator veins) continuously while applying pressure over target vein segments.

Physician only needs USG guidance to perform the procedure in outpatient conditions within several minutes.

VenaBLOCK brings advantages such as eliminating tumescent anesthesia, ease of use, shortening of the procedure time and prevention from complications such as burn marks, bruising, hematoma, numbness and pigmentation in thermal ablation methods.

VeinOFF

NON-THERMAL

CAN BE PERFORMED
IN MINUTES

Solvent	DMSO
Use with	Dextrose %5 (1:1)
Viscosity	High Viscosity
Adhesivity	Non-Adhesive
Indication	Embolization of lesions in the peripheral and neurovasculature, including arteriovenous malformations and hypervascular tumors.
Applicable Catheter	Coil design and sinusoidal wave shape

- ✓ Can be performed in outpatient conditions.
- ✓ Short procedure time.
- ✓ Closure of the target vessel can be obtained in seconds.
- ✓ No burn marks, skin pigmentation or lesions, numbness.
- ✓ No need to use compression stocking after the procedure.
- ✓ Patients can return daily routines and activities immediately.

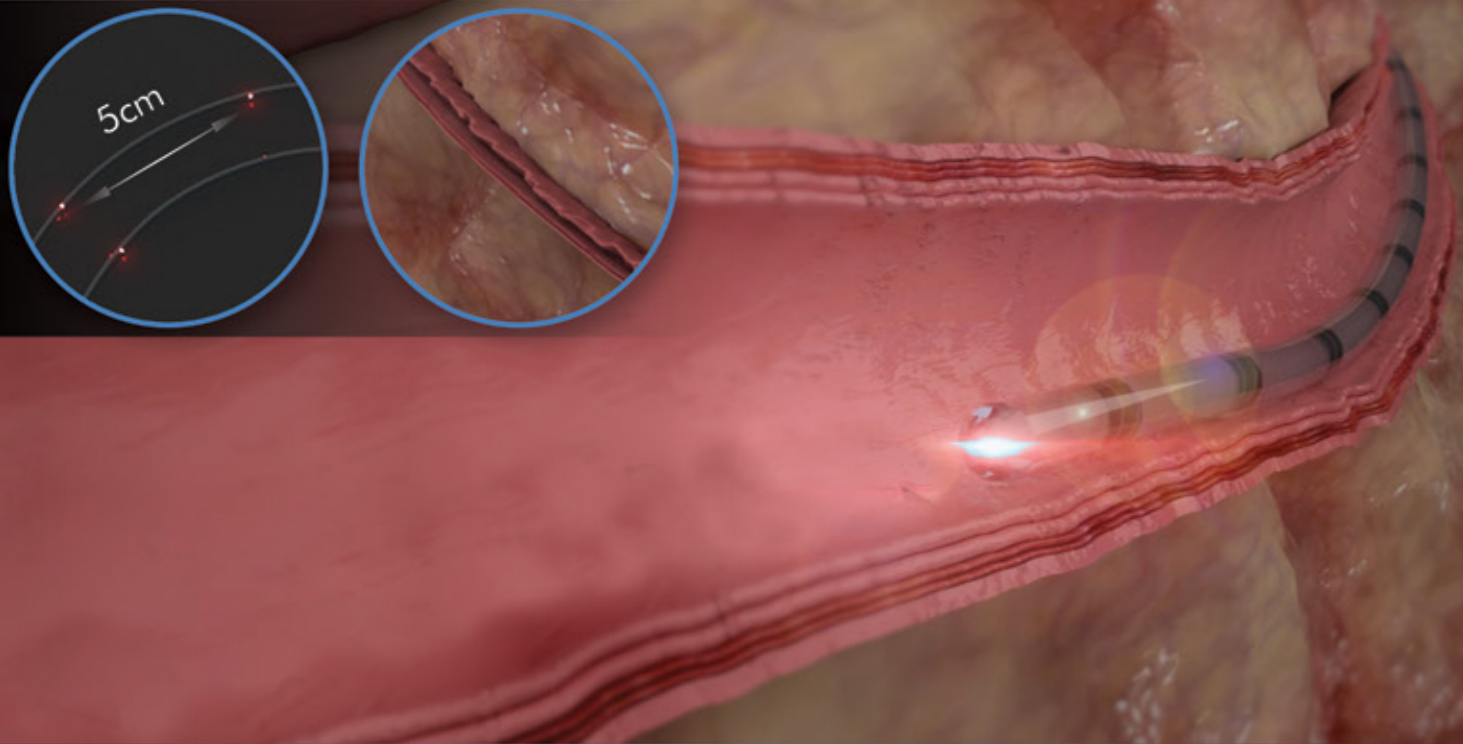
VeinOFF works by causing inflammatory reaction over the endothelium of the target vein upon the injection of the polymer and simultaneous pressure application.

VeinOFF developed for treatment of peripheral and neurovasculature, including arteriovenous malformations and hypervascular tumors by a simple polymerization method.

Small amounts of polymer delivered endovenously and pressure up to 2-3 minutes applied for total closure.



FAST
EFFECTIVE
&
EASY



ThermoBLOCK

RF ABLATION

CAN BE PERFORMED
IN MINUTES

Fully Disposable
Single Use
RF Ablation System
Rapid and uniform
closure of the vein

- ✓ Adjustable temperature and time interval selections available
- ✓ Intravascular heat parameters are monitored in real time
- ✓ High catheter echogenity and better visibility under USG
- ✓ Easy repositioning between segments
- ✓ Fully disposable Single use RF Ablation System
- ✓ Segmental procedure
- ✓ Tumescant anesthesia
- ✓ Less pain and bruising than laser energy treatment
- ✓ Post-procedure compression stockings required

SEGMENTAL ABLATION TECHNOLOGY with Laser Light Guidance

ThermoBLOCK Endovenous RF Ablation intended for endovascular coagulation of blood vessels in patients with superficial vein reflux. The catheter is provided sterile, and is a single-use, disposable device.

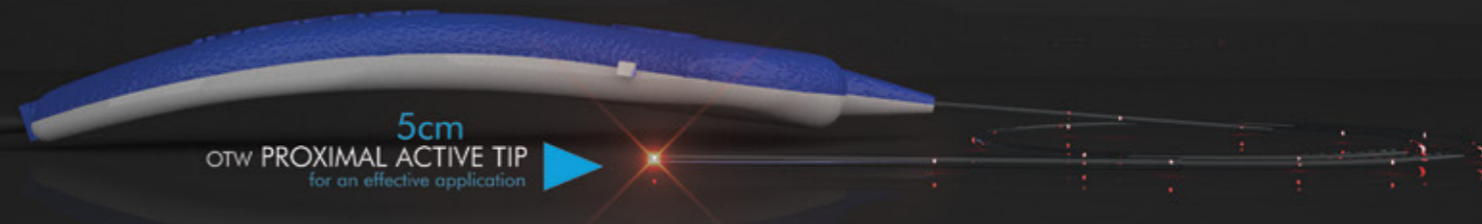
Catheter Model	Thermoblock Plus
Introducer Sheath (Minimum ID size)	6F (2.0 mm)
Insertable Length	60 cm
Heating Element Diameter	2.0 mm
Heating Element Length	5 - 10 cm
Maximum Power Setting	40 W
Default Target Temperature Setting	120-130

Advantages

- ✓ 6F -100 cm
- ✓ 5 cm active tip
- ✓ Rapid and uniform closure of the vein
- ✓ Laser guide guidance
- ✓ Temperature 80-130 degree
- ✓ Operation time 20 seconds
- ✓ Easy set up, RF generator
- ✓ Consistent & effective temperature controlled energy delivery

6F
100cm

EFFICIENT **TREATMENT** of
VENOUS INSUFFICIENCY



ThermoBLOCK is a system that uses thermal energy to destroy both the endothelium and the collagen within the walls of veins. Thermoblock catheter heats the vein wall to 120°C. This temperature has been shown to be sufficient to cause proteins in the wall of the vein to denature. Thermal injury results in changes in the collagen of the vein wall and contraction of the vessel such that no blood can flow through it. Over time, the vein is gradually reabsorbed by the body's natural mechanisms so that there is little, if any risk of recanalization.



Horizon

TELANGIECASIA RF SYSTEM

Telangiectasia is a condition in which broken or widened small blood vessels that sit near the surface of the skin or mucous membranes create visible patterns of lines.

Recognizing the Symptoms of Telangiectasia

Telangiectases generally not life-threatening, but some people may not like how they look. They develop gradually, but can be worsened by health and beauty products that cause skin irritation, such as abrasive soaps and sponges.

Symptoms Include:

- Pain (related to pressure on venules)
- Itching
- Threadlike red marks or patterns on the skin

The Symptoms of HHT Include:

- Frequent nose bleeds
- Red or dark black blood in stools
- Shortness of breath
- Seizures
- Small strokes
- Port-wine stain birthmark

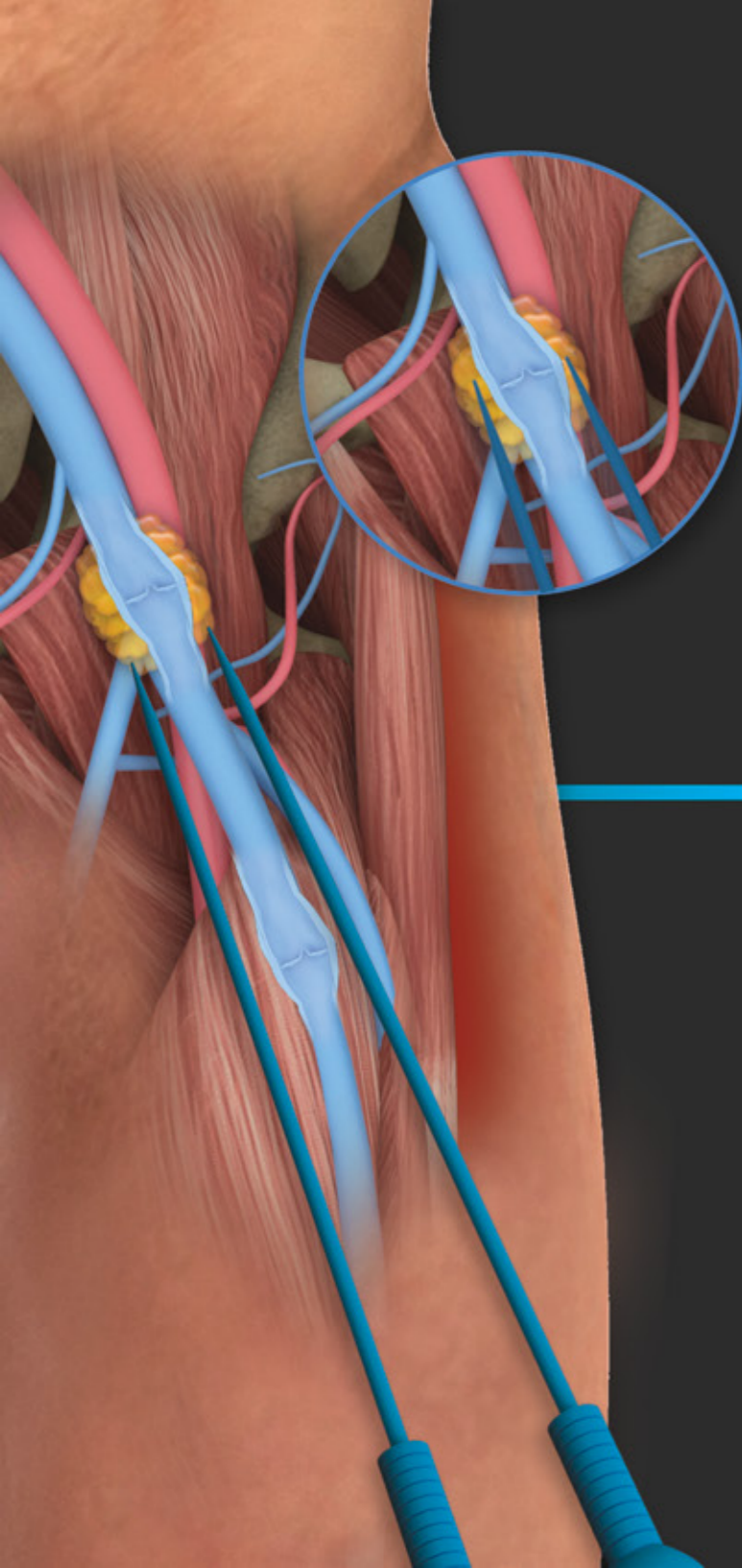
Advantages

- ✓ Easy set up, RF generator
- ✓ Hand, Arm, Leg, Wrist, Face
- ✓ 0.3 mm to 0.9 mm vessel
- ✓ SS needle 0.075 mm-0.15 mm
- ✓ Operating voltage 220 VAC 50/60 Hz
- ✓ Power ratings 110VA
- ✓ Adjustable Pulse Width
- ✓ Adjustable Power Rating (% power unit display)
- ✓ Frequency value 4 Mhz
- ✓ Operation Time Tracking
- ✓ Showing the number of shots
- ✓ MonoPolar Needle
- ✓ Audible and Light Pulse Warning System

EASY SET UP RF GENERATOR



Telangiectasia is a condition in which widened venules (tiny blood vessels) cause threadlike red lines or patterns on the skin. These patterns, or telangiectases, form gradually and often in clusters. They're sometimes known as "spider veins" because of their fine and weblike appearance.



Increased Vein Diameter is the Real Problem!

Superficial venous insufficiency (VI) can be treated with multiple methods. But all treatment methods for VI are cancelling the problematic vein works by heat ablation, embolization or surgically removal. These treatment options are not applicable for deep venous insufficiency (DVI). DVI is generally an untreated syndrome that effect quality of life dramatically in the long run. However, it is claimed that there is a surgical treatment option, success rate is dramatically low.

Repair & Restore the Function of the Valves

ICT works as an exo-skeleton for the dilated vein and helps vein to restore original diameter. With the help of exo-skeleton, distance between vein valves get closer and valves start functioning again.

How It Works?

ICT works as an exo-skeleton for vein valves. Procedure is fast, safe and easy. It can be done in outpatient conditions in minutes. Procedure steps are consistant of:

- Mapping and detecting problematic vein valves to be treated with Doppler-Ultrasound (DUS).
- Placing a 6F introducer sheath between vein and muscle fascia a few cm before the target valve.
- Sending the specially braided 6F application catheter to the treatment zone between vein and muscular fascia through the introducer sheath.
- Injection of necessary amount of biopolymer around the vein valve.



ICT®
Internal Compression
THERAPY
**THE NEW
VEIN RESTORING
MODALITY**

Advantages

- ICT is the first real treatment option for VI.
- ICT fixes the problematic vein by preserving it.
- It is the only solution for deep venous insufficiency so far.
- It is fast, safe and effective.
- Can be performed under outpatient conditions.
- Patient can return their daily routines immediately.



INDICATIONS:

- Deep venous insufficiency.
- Superficial venous insufficiency accompanying deep venous insufficiency.
- Chronic venous insufficiency.



OVER-THE-WIRE DESIGN FOR ENHANCED TRACKABILITY

Advantages

- ✓ Self-sizing, self-centering hoops support optimal valve cutting.
- ✓ PTFE sheath keeps blades closed during atraumatic insertion, facilitating a smooth advancement to the proximal anastomosis.
- ✓ Irrigation port enables saline injection to ease device passage.
- ✓ The Over-the-Wire Invacut Valvulotome is an innovative device that uses unique self-sizing, self-centering hoops for well-positioned clean valve cutting, decreased wound necrosis, and faster patient recovery.
- ✓ Special design blades offers valve cutting in smaller diameter veins while retaining its ability to cut valves in larger diameter vessels.
- ✓ Hydrophilic Coating Decreases Resistance Forces
- ✓ No damage to the endothelium and intima
- ✓ Excellent handling and manoeuvrability
- ✓ Fits over a standard .014" guidewire for enhanced trackability over traditional valvulotomes.
- ✓ Offers more effective cutting in small vessels.
- ✓ Side port enables saline injection to ease device passage.
- ✓ No memory effect, therefore no pressure against the wall of the vessel
- ✓ Minimal space is required on the instrument table
- ✓ InvaCUT can be introduced directly from the dispenser into the vessel
- ✓ Highest possible security for surgeons and patients

Benefits of the Expandable Invacut Valvulotome:

Wide blade range: a smaller diameter of 1.5 mm and a blade range of 1.5 to 6.0 mm allows for effective valve cutting without changing blades or instruments.

Vein valve cutter is used for the atraumatic incision of vein valves as a preparatory step in in-situ bypass surgery.

The wide range of 1.5 mm - 6.0 mm diameter provides valve cutting in smaller diameter veins while retaining its ability to cut valves in larger diameter vessels.

This is striking device uses unique self-sizing, self-centering hoops for well positioned, clean valve cutting, decreased wound necrosis, and faster patient recovery.

InvaCUT

VALVULOTOME

THE TREATMENT OF VASCULAR DISORDERS AND MORE PARTICULARLY FOR EXCISING OR DISRUPTING VENOUS VALVES

The InvaCUT Valvulotome is a device that cuts venous valves during vascular procedures such as:

- In Situ Peripheral Bypass
- Non-Reversed Translocated Bypass
- Coronary Artery Bypass
- Arterio-venous Fistula Creation

The Expandable InvaCUT Valvulotome is designed to be used with a less invasive in situ bypass technique. It is the only self-sizing, self-centering valvulotome available. It cuts valves in the saphenous vein, a vein that runs from the groin to the knee.

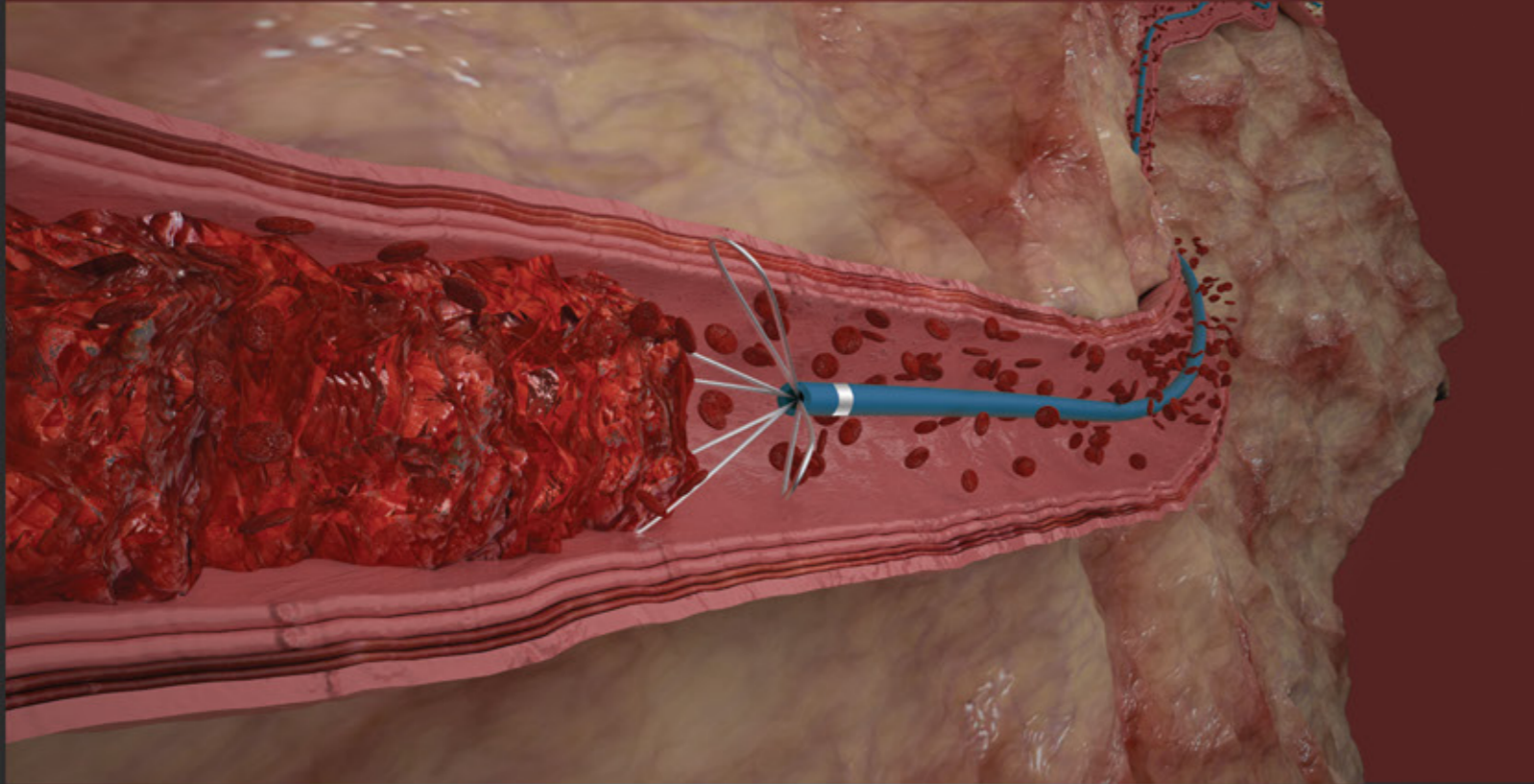
When used with a semi-closed technique, it helps to prevent wound complications. Valvulotomy can be performed without the need for angiography and without changing cutting heads during valve lysis.



Max Hoop Diameter	9.0 mm
Max Blade Housing	6.0 mm
Blade Housing Outer Diameter	1.5 mm
Catheter Outer Diameter	1.3 mm
Safety Stripe Distance (from blades)	23 mm
Depth Markings	10 cm increments
Useable Length of the Catheter	100 cm

- Blade range of 1.5-6.0 mm in a single instrument
- Four recessed blades for cutting valve cusps
- Hoop design helps keep device centered in the vein
- Adjusts to vein diameter automatically
- PTFE sheath for smooth advancement
- Saline injections via built-in irrigation port





AngioHAND

THROMBUS REMOVAL SYSTEM

The catheter is designed for and proven to resolve small, fresh thrombus in arterial and peripheral veins.

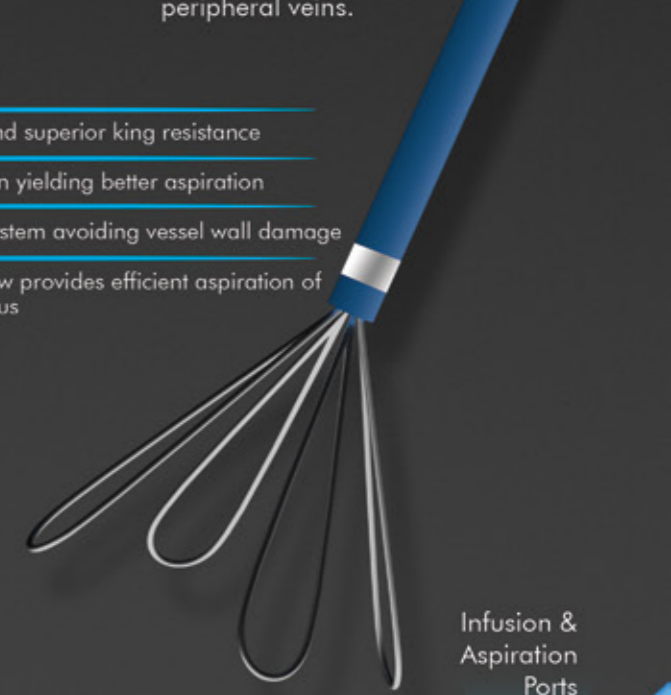
Advantages

- ✓ Optimized tip design
- ✓ Powerful aspiration and superior kink resistance
- ✓ Large extraction lumen yielding better aspiration
- ✓ Over the guidewire system avoiding vessel wall damage
- ✓ Side aspiration window provides efficient aspiration of wall adherent thrombus

Thanks to nitinol's special material properties, the flexible handles loop re-assumes its original shape after exiting the catheter. The **AngioHAND** has a different diameter with a variable snare cross section dependent on its position when it is pushed out of the introducer.

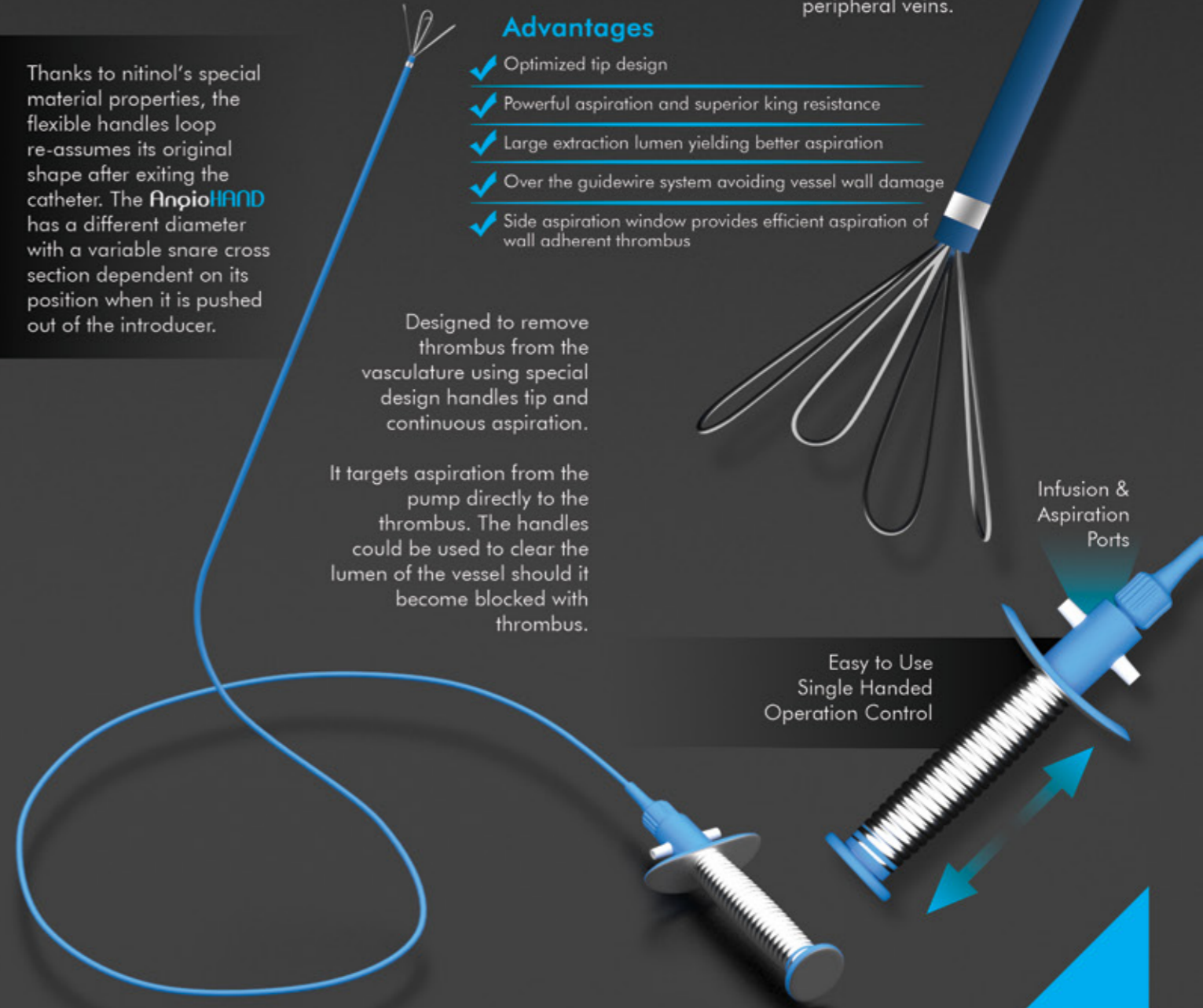
Designed to remove thrombus from the vasculature using special design handles tip and continuous aspiration.

It targets aspiration from the pump directly to the thrombus. The handles could be used to clear the lumen of the vessel should it become blocked with thrombus.



Infusion & Aspiration Ports

Easy to Use
Single Handed
Operation Control



Advantages

- ✓ For the removal of fresh, soft emboli and thrombus from vessels in the coronary and peripheral vasculature.
- ✓ **AngioHAND** is a fully-integrated system designed specifically for mechanical thrombectomy by aspiration.
- ✓ Includes special four loop handles design catch system for thrombus with aspiration catheter and delivers high vacuum with Invamed Aspiration Pump.
- ✓ **AngioHAND** System is engineered to maximise aspiration power for clot removal.

DESIGNED AND PROVEN TO RESOLVE SMALL, FRESH THROMBUS IN ARTERIAL AND PERIPHERAL VEINS

Catheter diameter	3F, 4F, 5F, 6F, 7F, 8F, 9F, 10F
Catheter Length	90 cm, 120 cm, 150 cm
Useable Introducer Sheath	3F, 4F, 5F, 6F, 7F, 8F, 9F, 10F
Diameter of effect area:	3mm- 30 mm
Side Port	Infusion/Aspiration

AngioHAND System is a Mechanical Thrombectomy catheter that is intended for use with our Continuous Aspiration Machine. The **AngioHAND** System is indicated to aid in the removal of clot from the body.

AngioHAND System is indicated for use in the revascularization of patients with pulmonary embolism and deep vein thrombosis.

4-9F
WIDE
ASPIRATION
LUMEN

WaterJET

THROMBUS MANAGEMENT

- Allows easy penetration and smooth transition.
- Provides lesion access: Exceptional trackability, even in the most challenging anatomy
- Shapes and sizes to meet your peripheral challenges

WaterJET can move towards to thrombus with precise jet directed to the front of the aspiration lumen. Continuous aspiration retrieves fractured lesions into a collection bag. Precise Jet effects hard lesions while preserving soft vessel tissue

Move Beyond Standart Thrombus Management Treatments

WaterJET Thrombectomy System is designed for fragmentation and removal of thrombus from peripheral blood vessels.

It includes a high-pressure jet of sterile saline solution directed in front of a powerful aspiration.

OTW 0.014"
RAPID EXCHANGE
LUMEN

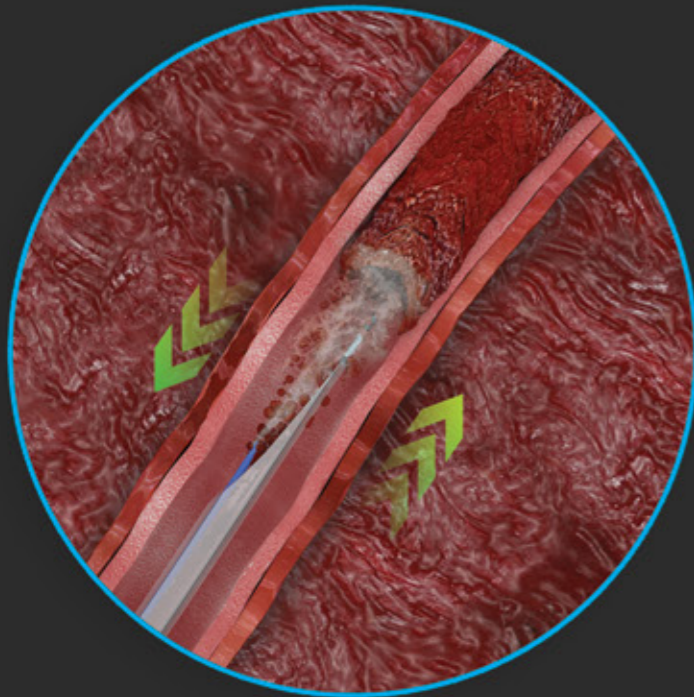
Advantages

- ✓ Vessels < 1.8 mm in diameter as for ELT6FGC,
- ✓ < 2.05 mm in diameter as for ELT7FGC, and
- ✓ < 2.2 mm in diameter as for ELT8FGC
- ✓ Innovative Design
- ✓ No securement Hooks
- ✓ Minimized risk of fracture
- ✓ No risk Migration

ADJUSTABLE
ASPIRATION
&
JET SPEED

Dominate Thrombus Management

Design	RX Design
Sheath Length	135 cm, 150 cm
Catheter Profile	5F- 6F -7F
Hydrophilic Aspiration Part	5 cm
Radiopacity	Ring marker from distal tip to 3mm
Guidewire Compatible	0,014"
Catheter Inner Layer	PTFE
Structure of the Catheter	PE/PEBAX



Viper^{Ultra}sonic

INFUSION THERAPY

ALLOWS SAFE ACCESS

Viper Thrombolysis Catheter is designed for controlled ultrasonic infusion therapy of tPA along with mechanical US vibrations.

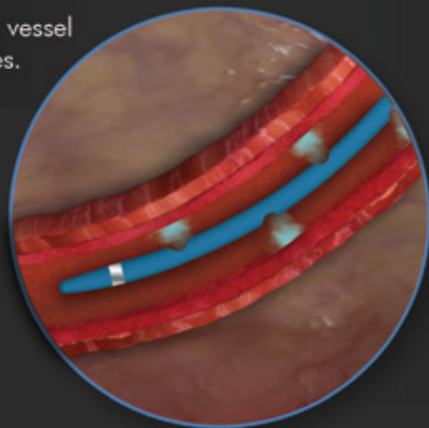
It increases the effects of tPA by thinning the fibrin and increasing porosity.

tPA can be pushed deeper inside the thrombus, increasing the drugs effectivity.

Over the guide wire system and 90, 135, 150 and 200 cm catheter lenght.

Allows safe acces to the clotted target vessel including pulmonary artery in PE cases.

- ✓ Peripheral Veins
- ✓ Pulmonary Artery
- ✓ IVC



- The lumen is used to facilitate passage of a guide wire which is allow 0,035" (0,36 mm) in diameter.
- Viper Ultrasonic Infusion Therapy, also can be use Vein / Pulmonary Artery.
- During the application of tPa , pharmacomechanical thrombolytic therapy is performed with the help of these micropores in the contents of the catheters.
- Totally includes 30 micropores (10 micron) both side at the distal tip of 20 cm.

4F-10F

90-150cm

Model Diameter	5F	6F	7F
Vessel Diameter (mm)	2.0-4.0	3.0-7.0	3.5-7.0
Pores (Pcs)	20, 30, 40	20, 30, 40	20, 30, 40
Sheath Compatibility (Fr)	5	6	7
Crossing Profile (mm)	90,135,150	90,135,	150 90,110,135,150
Guidewire Compatibility	0,014"	0,014"	0,014"-0,018"
Catheter Inner Layer	PTFE	PTFE	PTFE
Structure of the Catheter	PE/PEBAX	PE/PEBAX	PE/PEBAX

Viper

INFUSION THERAPY

ALLOWS SAFE ACCESS

Viper Thrombolysis Catheter is designed for controlled infusion therapy of tPA along with mechanical vibrations.

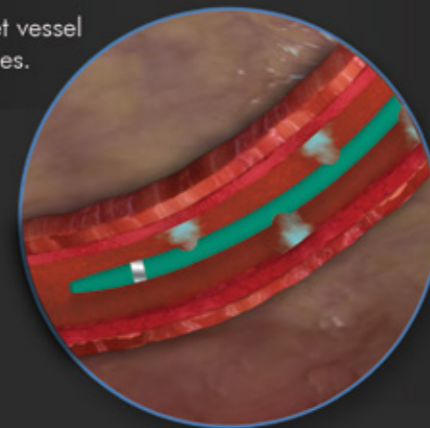
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4F-10F

90-150cm

Model Diameter	5F	6F	7F
Vessel Diameter (mm)	2.0-4.0	3.0-7.0	3.5-7.0
Pores (Pcs)	20, 30, 40	20, 30, 40	20, 30, 40
Sheath Compatibility (Fr)	5	6	7
Crossing Profile (mm)	90,135,150	90,135,	150 90,110,135,150
Guidewire Compatibility	0,014"	0,014"	0,014"-0,018"
Catheter Inner Layer	PTFE	PTFE	PTFE
Structure of the Catheter	PE/PEBAX	PE/PEBAX	PE/PEBAX

INCA PROTECTION SYSTEM

DEVELOPED FOR ACUTE APPLICATION OF IVC FILTER AND SYSTEMIC THROMBOLYSIS.



**SELF
CENTERING**

INCA IVC FILTER is designed to perform as Thrombolysis Protection System.

It reduce the risks of traditional IVC Filters. INCA's easy placement system is suitable for acute PE, VTE, ICU, thrombectomy patients and prophylaxis.

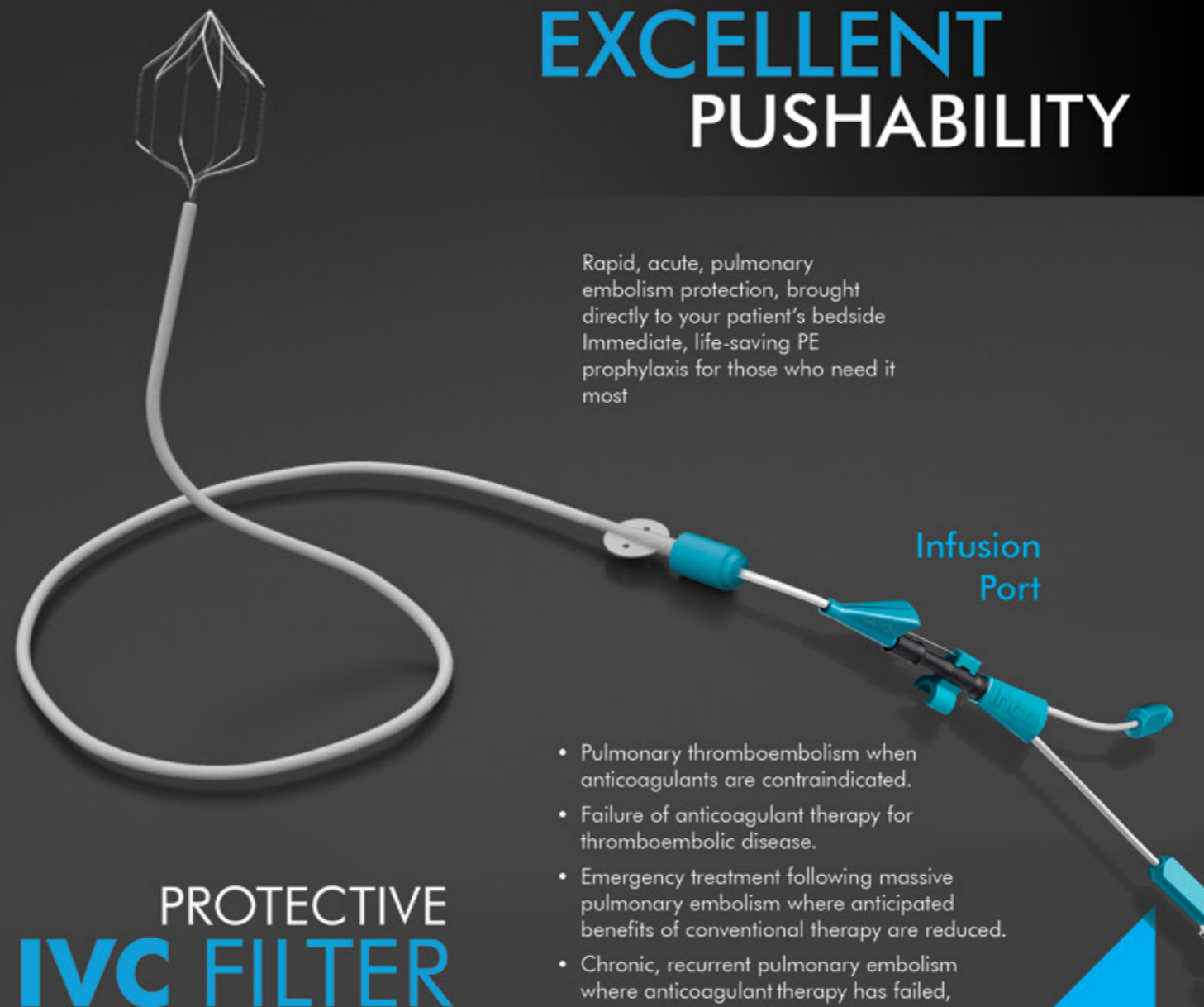
THROMBOLYSIS PROTECTION SYSTEM

Design	Nitinol Innovative Design
Sheath Length	30 cm, 45 cm, 50cm
Catheter Profile	8F-9F
Radiopacity	Coil Shaft is visible from the distal tip to proximal shaft
Introducer Sheath	9F
Catheter Inner Layer	PTFE
Structure of the Catheter	PA/PEBAX

Advantages

- ✓ Immediate PE protection
- ✓ 100% Retrievable
- ✓ Self – Centering
- ✓ Innovative Design
- ✓ No securement Hooks
- ✓ Minimized risk of fracture
- ✓ No risk Migration
- ✓ Maintains shape and positioning: Outstanding durability, even in the longest procedures
- ✓ Stainless steel coil structure for consistent reliability
- ✓ Allows easy penetration and smooth transition.
- ✓ Smooth transitions: dilator-to sheath to Filter shaft
- ✓ Provides lesion access: Exceptional trackability, even in the most challenging anatomy
- ✓ Enhances visualization for precise positioning
- ✓ Provides smooth movement: Coil reinforced tubing and PTFE inner layer that minimizes friction
- ✓ Shapes and sizes to meet your peripheral challenges

Inca
IVC FILTER



EXCELLENT PUSHABILITY

Rapid, acute, pulmonary embolism protection, brought directly to your patient's bedside
Immediate, life-saving PE prophylaxis for those who need it most

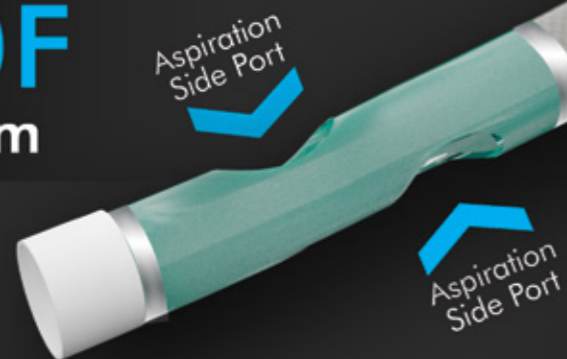
- Pulmonary thromboembolism when anticoagulants are contraindicated.
- Failure of anticoagulant therapy for thromboembolic disease.
- Emergency treatment following massive pulmonary embolism where anticipated benefits of conventional therapy are reduced.
- Chronic, recurrent pulmonary embolism where anticoagulant therapy has failed, or is contraindicated.

Dovi

ASPIRATION SYSTEM

ASPIRATION THROMBECTOMY SYSTEM

4F-10F
90-150cm



Radioopaque

Indicated Vessels

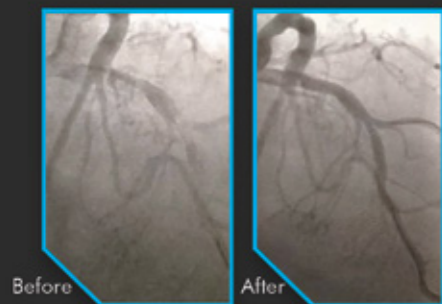
Peripheral Veins
Pulmonary Artery
Inferior Vena Cava
Subclavian Vein
Hepatic Vein

Advantages

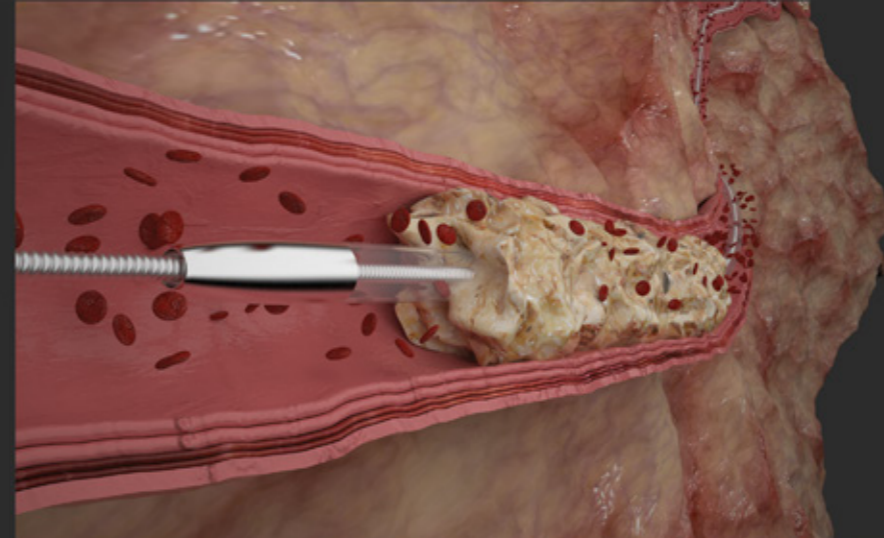
- ✓ Optimized tip design.
- ✓ Powerful aspiration and superior kink resistance.
- ✓ Large extraction lumen yielding better aspiration.
- ✓ Over the guidewire system avoiding vessel wall damage.
- ✓ Side aspiration window provides efficient aspiration of wall adherent thrombus.
- ✓ Hydrophilic coating.
- ✓ Excellent kink resistance and pushability.
- ✓ Easy navigation through tortuous anatomies.
- ✓ Dedicated tip design with radiopaque marker.
- ✓ Excellent crossability while providing atraumatic and effective aspiration.
- ✓ Ensures reliable fluoroscopic visibility.
- ✓ Large Extraction Area.
- ✓ Constant, high-performance aspiration throughout the procedure.
- ✓ Choice of different catheter sizes (5Fr, 6Fr, 7Fr and 8Fr guide catheter compatibility) for different coronary and peripheral applications

The catheter is designed for and proven to resolve small, fresh thrombus in peripheral veins.

Dovi is an innovative aspiration catheter designed to offer a balance between crossing performance, kink resistance and thrombus-aspiration capability.



Usable length	90 cm, 120 cm, 135 cm
Distal tip hole length	4 mm for 2,3,4 and 5 Fr, 7 mm for 6,7 and 8 Fr
Catheter Profile	2F, 3F, 4F, 5F, 6F, 7F, 8F
Radioopaque marker	1 mm located at 3 mm from the tip
Guidewire compatibility	Maximum diameter 0.035" (0.87 mm)
Coating	Hydrophilic
Structure of the Catheter	PE/PEBAX



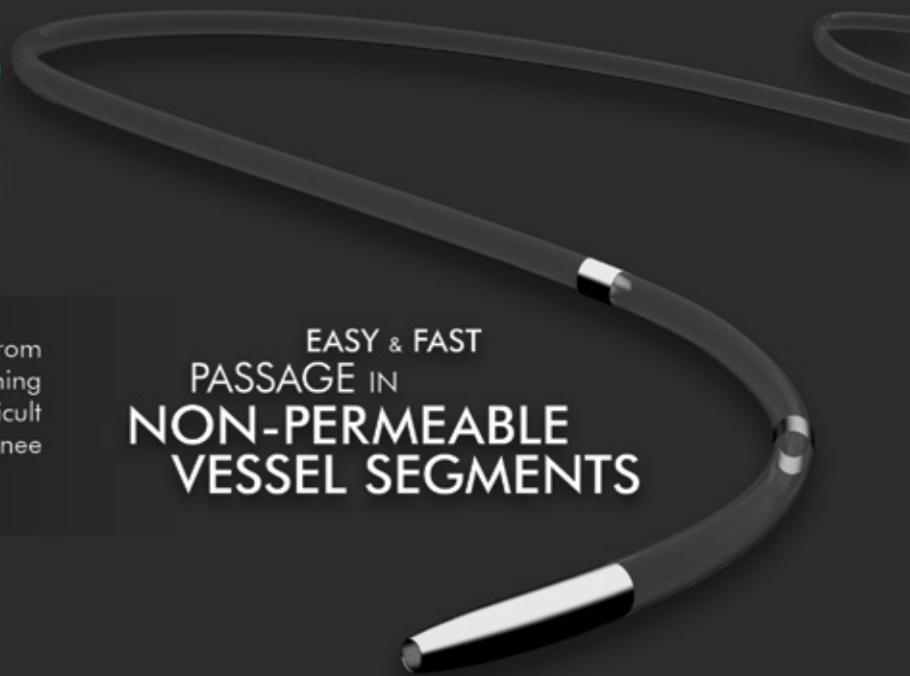
- ✓ High bending resistance with excellent torque control
- ✓ Optimum push through from proximal shaft to distal end
- ✓ Small Pass Profile and Tapered Tip
- ✓ Provides continuous guide wire-catheter passage for high support and successful lesion passage.
- ✓ Powerful next-generation distal tip for superior thrust, with an ultra-low lesion entry profile,
- ✓ Three radiopaque markers, it is designed for perfect crossover, giving you every advantage in combating challenging lesions.

Dolphin^{XS}

DIRECTIONAL SUPPORT CATHETER

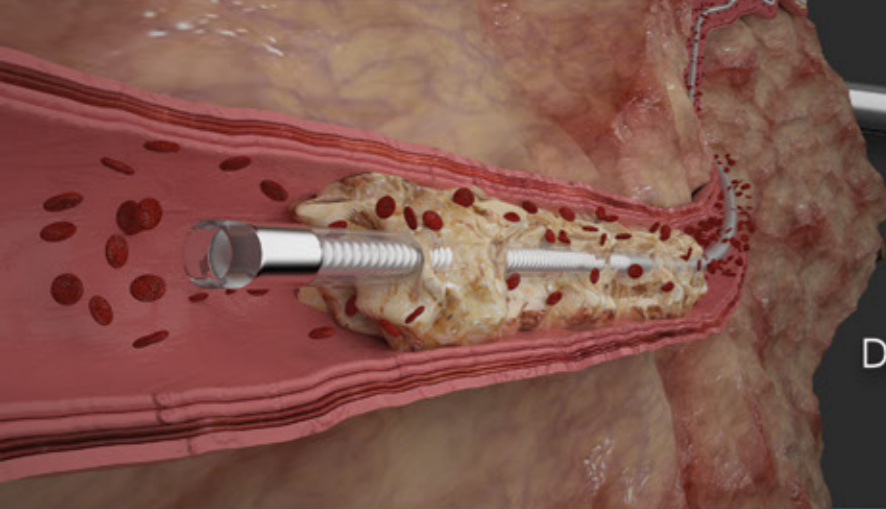
Dolphin^{XS} Support Catheter is used to switch from Occlusion to true lumen. It is dedicated to reaching and overcoming complex lesions of the difficult anatomy during femoro-popliteal and below-knee interventions.

EASY & FAST
PASSAGE IN
NON-PERMEABLE
VESSEL SEGMENTS



- Ultra low 0.018" lesion entry profile
- Increases lesion access and entry
- Delivered and replaced with 0.014" guide wires
- Hydrophilic M Coat™ 40 cm Distally
- Ensures best-in-class trackability in challenging anatomy and provides best-in-class traceability and excellent crossability of complex lesions in challenging anatomy.
- Provides improved delivery and access to distal lesions and complex and small vessels.

Guidewire Compatibility	0.014", 0.018", 0.035"
Radioopaque Marker	Silver special tip design and 2 Radiopaque marker at 40 mm from the distal tip of the sheath
Catheter Inner Layer	PTFE polytetrafluoroethylene
Catheter Length	90-135cm
Structure of the Catheter	PE/PEBAX
Catheter Diameter	4F, 5F, 6F, 7F, 8F, 9F



RAPID INTRAVENOUS INFUSION of
DIAGNOSIS, EMBOLISM
and THERAPEUTIC
AGENTS

Dolphin^{XC}

CROSS OVER SUPPORT CATHETER

Dolphin^{XC} Crossing Catheter is used with steerable guidewires to access veins and arteries not in the chest or abdomen. It may be used to assist with the placement and exchange of guidewires and other interventional devices and administer drugs or fluids into blood vessels.

- Polymer Jacket
- Polymeric Liner
- Marker
- Tip Tube Micro-coil

EXCEPTIONAL PUSHABILITY

- Stainless steel design provides additional strength for exceptional pushability
- Spiral micro-coil design with smooth flexible transition allows for optimal force transfer and trackability
- Proprietary hydrophilic coating on distal 40 cm allows for smooth tracking through challenging vasculature.

Dolphin^{XC} is intended for use in small vessel or superselective anatomy for diagnostic and interventional procedures, including peripheral use.

Dolphin^{XC} with hydrophilic coating is a braided, kink-resistant catheter designed to facilitate wire guide exchange, infusion, and wire guide support.

Design	SS Spiral Micro-Coil Design
Guidewire Compatibility	0,014"
Catheter Length	65 cm, 90 cm, 135 cm, 150 cm
Catheter Profile	2F, 3F, 4F, 5F, 6F
Radiopaque Markers	PT-IR
Coating Zone	40 cm
Crossing Profile	0,66mm 2F

Dolphin^{XR}

SUB INTIMAL SUPPORT CATHETER

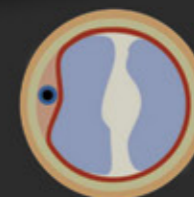
EASY & FAST
PASSAGE IN
NON-PERMEABLE
VESSEL SEGMENTS

Pivot^{XR} Re-entry Catheter System, designed for intuitive true lumen re-entry from subintimal space of the artery, is the best graceful dual-component solution for challenging lesions that creating a path for the Micro-Catheter to re-enter the vessel with precision and ease.

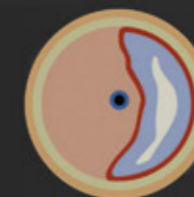
Dolphin^{XR} Re-entry Catheter enter true lumen from subintimal space when combined with a guidewire in chronic total occlusions. The integrated re-entry system can be used to access and bypass lesions above or below the knee.

Re-entry Catheter System provides an operating channel for angioplasty and stent placement within the sub intimal space of the vessel wall

Radiopaque Marker	Radiopaque marker (at 5 mm from the distal tip of the sheath)
Catheter Inner Layer	PTFE polytetrafluoroethylene
Structure of the Catheter	PE/PEBAX
Catheter Diameter	3F, 4F, 5F, 6F
Length	90 cm, 150 cm
Sheath Compatibility	5F, 6F
Guidewire	<0,018"
Average Usage Time (min)	8
Average Total Fluoroscopy Time (min)	17
Device Technical Success Defined as Placement of a Guidewire in the True Lumen Distal to a CTO as Confirmed by the Angiography Core Lab	Technical success: 95%



Before Dilatation



After Dilatation

- True Precision
- True Control
- True Lumen

- Braided catheter shaft provides effective torque control it provides easy and quick positioning to the target re-entry area.
- OTW 0.014 "and 0.018" guide wire compatibility Minimizes guide wire exchange with flexibility structure
- Ergonomic construction for perfect control
- Fluoroscopy adjustment of traditional guidewire techniques helps reduce the time of adjustment

Indications

- Deep Vein Thrombosis
- Pulmonary Embolism

THROMBOLYSIS CATHETER WITH EXCELLENT STEERABILITY

Advantages

- ✓ Leaf shaped tip design
- ✓ Contacts whole vessel lumen and effects wall adherent thrombus
- ✓ Creates vortex effect and macerates thrombus with TPA while preventing distal embolism
- ✓ Hydrophilic active tip
- ✓ Preserves vessel wall
- ✓ Excellent steerability
- ✓ Built-in infusion port allows infusion of TPA and contrast media
- ✓ Tip diameter adjustment adjustable tip diameter size ranging from 5 to 20 mm
- ✓ Allows physician to perform treatment depending on application area and vessel size
- ✓ Decreases thrombolytic treatment dose significantly
- ✓ Prevents post-thrombolytic syndrome significantly
- ✓ Decreases length of stay in hospital
- ✓ No capital equipment
- ✓ Quick Setup

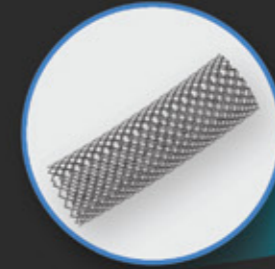
LEAF TIP ROTATIONAL DIRECTIONAL PHARMACHOMECHANICAL THROMBECTOMY CATHETER

Design	Leaf Tip shape
Infusion Zone	Distal tip between leaf tip and end of the catheter
Catheter Length	90cm, 110cm, 135 cm
Catheter Profile	7.0 F
Radiopacity	Nitinol wire shape is visible from the distal tip to proximal shaft
Active Zone	5 mm - 60 mm
Catheter Inner Layer	PTFE
Structure of the Catheter	Nitinol shaft PA/PEBAX

Mantis

THROMBECTOMY

7F
90cm / 135cm



Braided Radiopaque Support Catheter with Guidewire

- ✓ Powerful rotating action of the single leaf tip design effectively macerates wall-adherent thrombus while reducing the risk of endothelial damage.
- ✓ Enables infusion of thrombolytics and contrast media through the built-in 3-way side-port and distal side.
- ✓ Guidewire-like design enables steerability through tortuous anatomy
- ✓ Choose low profile working area with adjustable leaf tip design

Leaf TIP Design

Indicated Vessels

- Peripheral Veins
- Pulmonary Artery
- Inferior Vena Cava
- Subclavian Vein
- Hepatic Vein



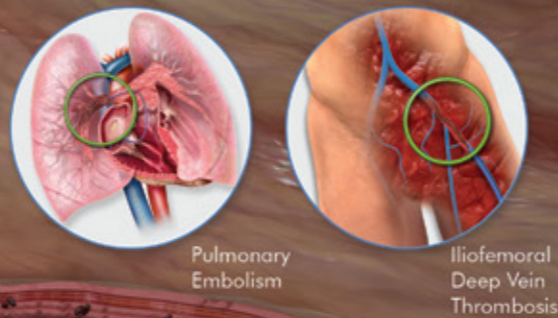
CONTACTS
WHOLE VESSEL LUMEN
&
EFFECTS
WALL ADHERENT
THROMBUS



Allows Infusion of TPA and Contrast Media

Indicated Vessels

Peripheral Veins
Pulmonary Artery
Inferior Vena Cava
Subclavian Vein
Hepatic Vein



THROMBOLYSIS CATHETER WITH EXCELLENT STEERABILITY

Advantages

- ✓ Sinusoidal wave shaped tip design
- ✓ Contacts whole vessel lumen and effects wall adherent thrombus
- ✓ Allows movement over 0.035" guidewire
- ✓ Creates vortex effect and macerates thrombus with TPA while preventing distal embolism
- ✓ Active tip
- ✓ Preserves vessel wall
- ✓ Excellent steerability
- ✓ Built-in infusion port allows infusion of TPA and contrast media
- ✓ Tip diameter size ranging from 150 mm
- ✓ Allows physician to perform treatment depending on application area and vessel size
- ✓ Decreases thrombolytic treatment dose significantly
- ✓ Prevents post-thrombolytic syndrome significantly
- ✓ Decreases length of stay in hospital
- ✓ Quick Setup

OTW ROTATIONAL, DIRECTIONAL PHARMACOMECHANICAL THROMBECTOMY CATHETER

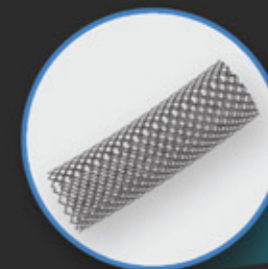
This over-the-wire rheolytic thrombectomy device uses the Venturi effect to create a hydrodynamic vortex that draws in and fragments the surrounding thrombus. The system requires use of a specialized system that creates rotational vortex effect prevents embolism and macerates thrombus with TPA while preventing distal embolism.

Design	Coil design and Sinusoidal wave shape
Guidewire Compatibility	0,014"/0,035"
Catheter Length	90 cm, 110 cm, 120cm, 135cm, 150 cm
Catheter Profile	5.0F - 6.0F - 7.0F - 8.0F
Radiopacity	Coil design and Sinusoidal wave shape is visible from the distal tip to proximal shaft
Active Zone	15 cm
Catheter Inner Layer	PTFE
Structure of the Catheter	Stainless steel coil, PA/PEBAX

Mantis CURVE

THROMBECTOMY

5F-8F
90cm / 150cm



- ✓ Atraumatic rotational distal tip allows reliable operation
- ✓ Allows movement over 0.035" guidewire
- ✓ Mantis Curve transfers torque in the ratio of 1:1 (distal/proximal) by the help of its flexible helical internal structure.
- ✓ Treat severely thrombus up to 2 times more effectively.
- ✓ 15000 RPM
- ✓ The device is available in multiple sizes, including 5, 6, 7 and 8 Fr.

Braided Radiopaque Support Catheter with Guidewire

Sinusoidal TIP Design

Optional Rotation Direction (R/L)

PASS THROUGH THE LESSIONS EASILY

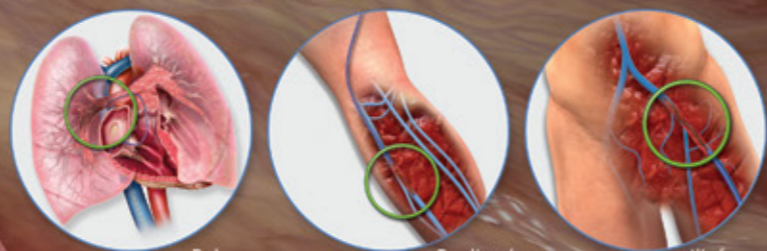
FIRST OVER THE WIRE MECHANICAL THROMBECTOMY CATHETER

Indications
Deep Vein Thrombosis
Pulmonary Embolism

Infusion & Aspiration Port

Indicated Vessels

Peripheral Veins
Pulmonary Artery
Inferior Vena Cava
Subclavian Vein
Hepatic Vein



Pulmonary Embolism

Popliteal Deep Vein Thrombosis

Iliofemoral Deep Vein Thrombosis

THROMBOLYSIS CATHETER WITH EXCELLENT STEERABILITY

Advantages

- ✓ Powerful rotating action of the single sinusoidal catheter effectively macerates wall-adherent thrombus while reducing the risk of endothelial damage
- ✓ Enables infusion of thrombolytics and contrast media through the built-in 3-way side-port and distal side (10 cm) hole.
- ✓ Catheter design enables steerability through tortuous anatomy
- ✓ Ergonomic, One-Piece Design
- ✓ Choose between low profile (5F) system or more robust (6F) system for larger vessels
- ✓ Single-piece system, with no capital equipment to purchase
- ✓ Ready to use immediately, with no assembly required
- ✓ Indicated for use in both the peripheral vasculature and in AV dialysis fistulae/grfts
- ✓ Available in 30 cm length for AV dialysis fistulae
- ✓ Available in 45 cm length for upper extremity or short-reach needs
- ✓ Available in 110 cm length for popliteal/femoral access or other long-reach needs.

SMALL VESSEL ROTATIONAL, DIRECTIONAL PHARMACOMECHANICAL THROMBECTOMY CATHETER

Pharmacomechanical thrombectomy technology available for dialysis native AV fistulae. To achieve fast, easy removal of thrombus from both dialysis native AV fistulae and synthetic graft walls, depend on the Mantis^{XP} Device from INVAMED.

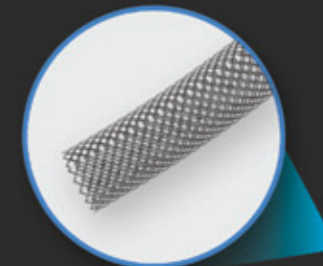
Design	Sinusoidal wave shape
Infusion Zone	10 cm from distal tip
Catheter Length	30 cm, 45 cm, 90cm, 110 cm, 135cm
Catheter Profile	4.0F, 5.0F, 6.0F, 7.0F
Radiopacity	Braided Catheter is visible from the distal tip to proximal shaft
Active Zone	15 cm
Catheter Inner Layer	PTFE
Structure of the Catheter	Nitinol shape PA/PEBAX

Mantis^{XP}

THROMBECTOMY

4F-7F
30cm / 135cm

- ✓ New generation vibro-rotational tip fragments to thrombosis into microparticles.
- ✓ Cover all vessel lumen and act on wall adherent thrombus.
- ✓ OTW Support Catheter allows safe access for thrombolytic infusion.
- ✓ Special shaft design provides comfortable steerability.
- ✓ Rotational vortex effect prevents embolism
- ✓ Decreases thrombolytic treatment dose significantly
- ✓ Prevents post-thrombolytic syndrome incidences significantly
- ✓ Decreases length of stay in hospital
- ✓ No capital equipment or installation is needed.
- ✓ Recommended to be used with support catheter.



Braided Radiopaque Support Catheter with Guidewire

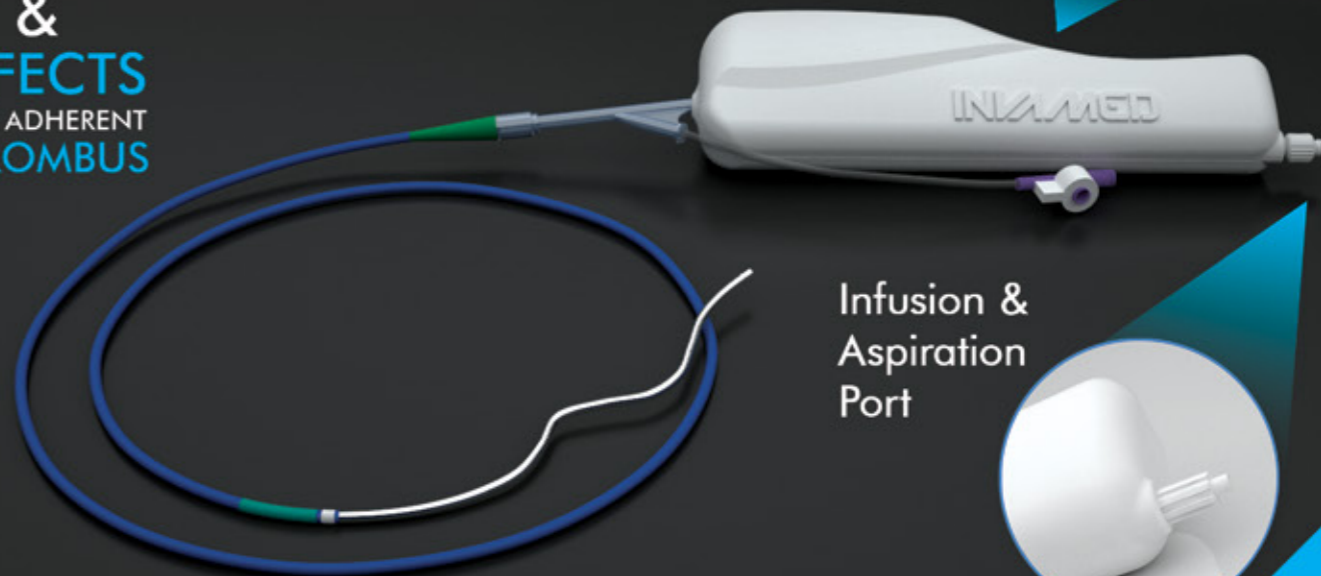
Atraumatic TIP Design

Single Handed Easy procedure Control

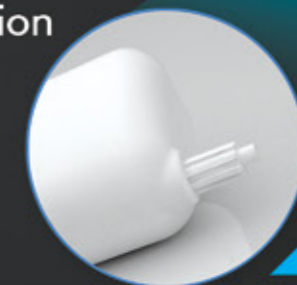
CONTACTS WHOLE VESSEL LUMEN & EFFECTS WALL ADHERENT THROMBUS

&

EFFECTS WALL ADHERENT THROMBUS

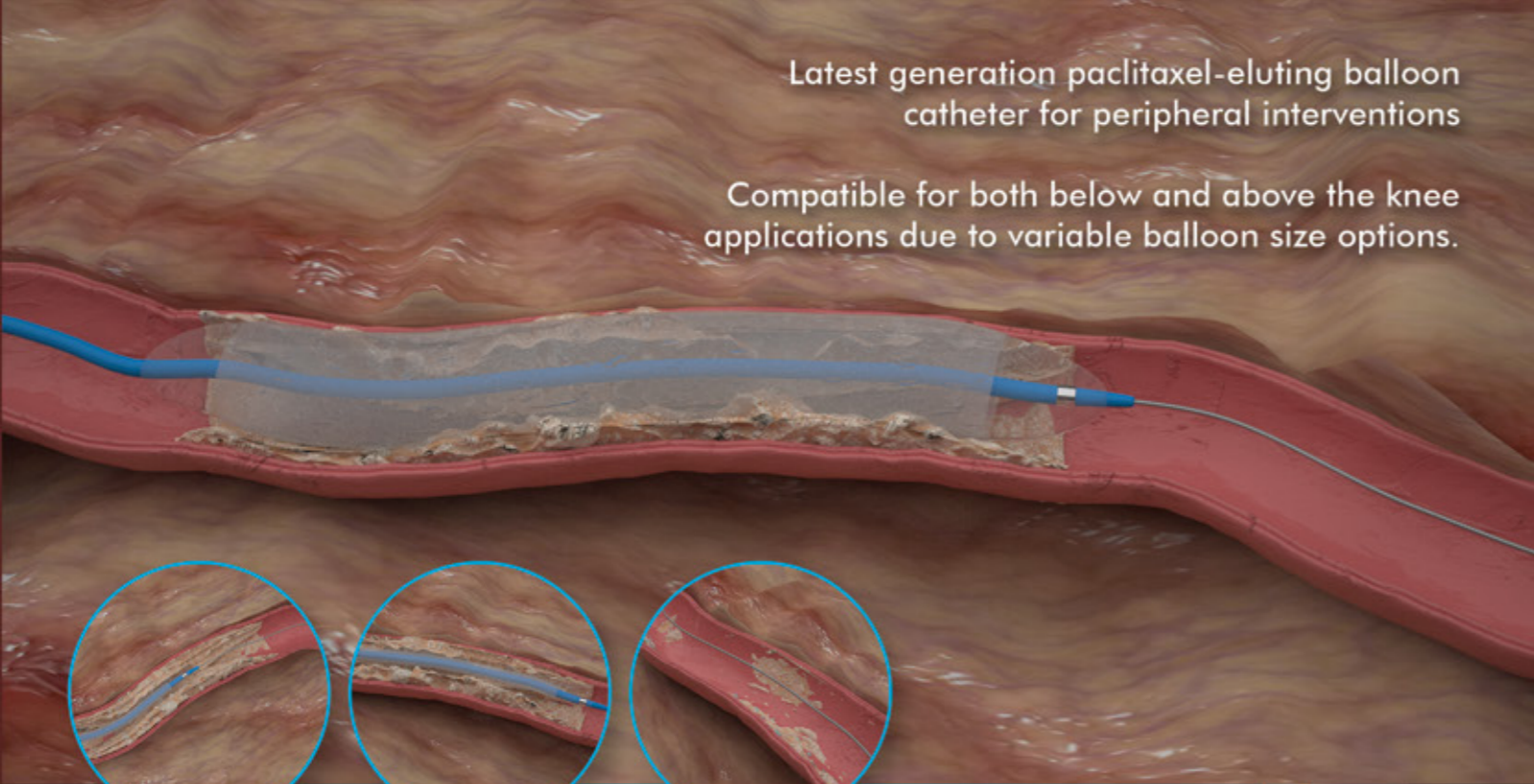


Infusion & Aspiration Port



Latest generation paclitaxel-eluting balloon catheter for peripheral interventions

Compatible for both below and above the knee applications due to variable balloon size options.



OUTSTANDING CLINICAL PERFORMANCE and EXCELLENT LONG-TERM PATIENT RESULTS.

Mode of Action

With balloon dilatation, the injuries to the arterial wall initiate an inflammatory reaction with an excretion of growth factors which trigger the onset of cell division and smooth muscle cell migration.

Advantages

- ✓ Excellent pushability
- ✓ Targeted drug delivery into the vascular wall
- ✓ Single shot, short-term Paclitaxel delivery for long-term vessel patency
- ✓ Homogeneous and complete polymer-free drug release
- ✓ Low profile tip and balloon design for reduced friction and advanced crossing performance
- ✓ Homogeneous drug delivery
- ✓ Effectively inhibiting proliferation

Indicated for:

- De-novo lesions
- Restenosis after realisation of balloon and /or stent PTA
- Pre-and post-dilatation in case of peripheral stent implantation



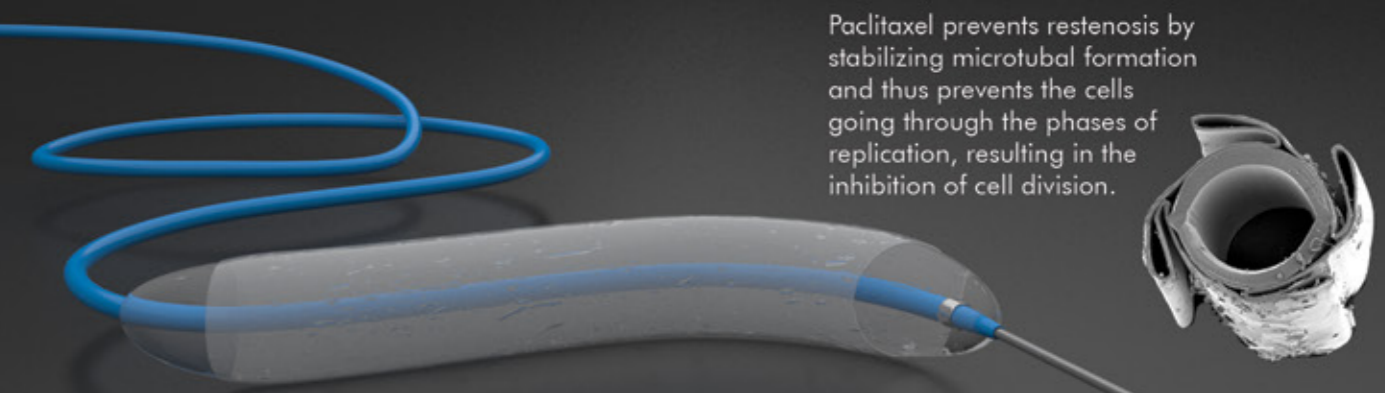
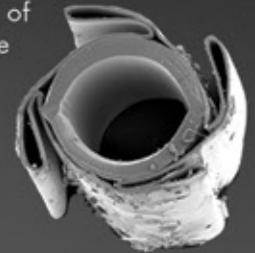
Extender
DRUG ELUTING BALLOON

- ✓ 3µg / mm² drug dosage
- ✓ <2µm particles
- ✓ Contrast Medis as a drug carrier
- ✓ Minimum drug loose during delivery
- ✓ <90% drug transfer to the target lesion

CONSISTENT TREATMENT OF PERIPHERAL ARTERIAL & VENOUS DISEASES

Paclitaxel Drug Dose	3.0-3.5 µg/mm ²
Excipient	Iopromid
Balloon Diameter	2.0 mm to 10 mm
Guiding Catheter Profile	5F, 6F, 7F
Balloon Length	15, 20, 40, 60, 80, 100, 120, 150, 220 mm
Balloon Fold Configuration	2.0 to 4.0 mm: 3 folds; 4.0 to 10 mm: 6 folds
Radiopacity	Pt-Ir Ring marker
Guidewire Compatible	0,014", 0,018", 0,025"
Catheter Design	Over the wire (OTW)
Catheter Length	80cm, 90cm, 120cm, 135 cm, 150 cm
Structure of the Catheter	PA/PEBAX

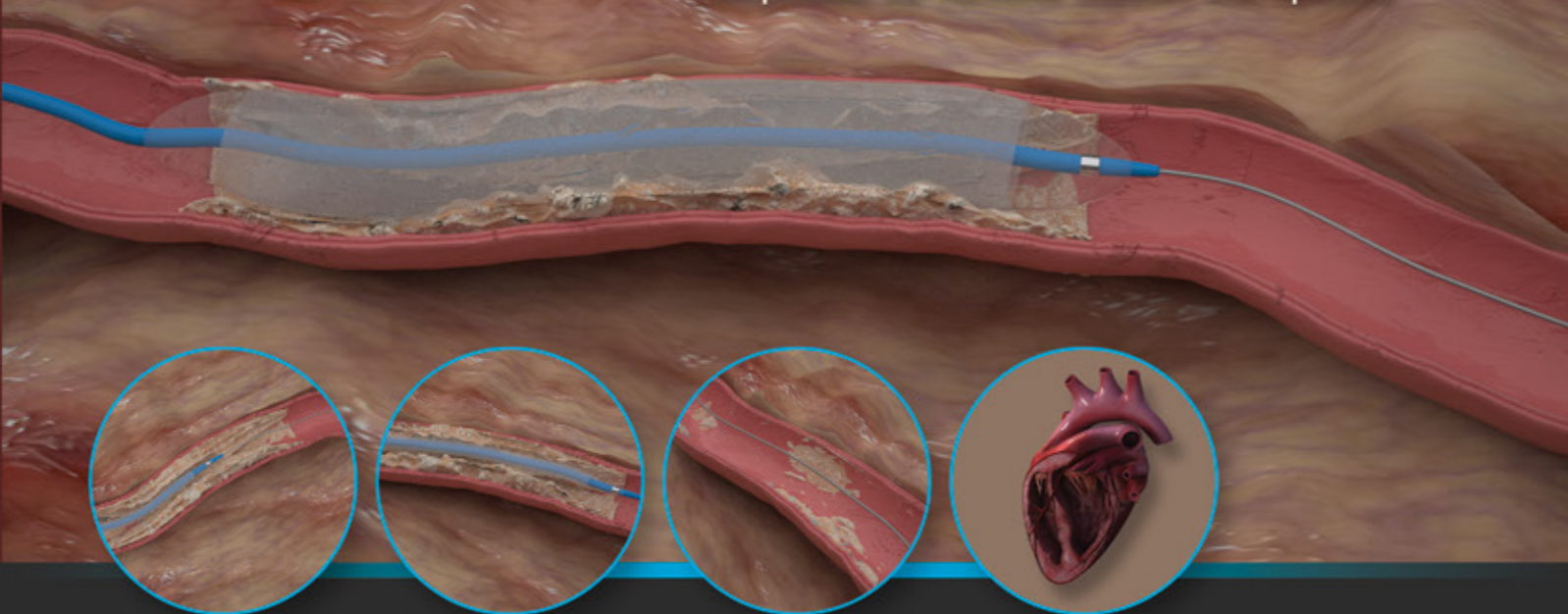
Paclitaxel prevents restenosis by stabilizing microtubul formation and thus prevents the cells going through the phases of replication, resulting in the inhibition of cell division.



PRESSURE	BALLOON DIAMETERS										NP
	2.00mm	2.50mm	3.00mm	3.50mm	4.00mm	5.00mm	6.00mm	7.00mm	8.00mm	9.00mm	10.00mm
6atm	1.84	2.09	2.41	3.03	3.78		5.84	6.74	7.63	8.74	9.94
7atm	1.92	2.16	2.54	3.14	3.89	4.84	6.00	7.00	8.00	9.00	10.00
8atm	1.98	2.25	2.78	3.30	4.00	5.00	6.22	7.14	8.24	9.22	10.24
10atm	2.00	2.50	3.00	3.50	4.11	5.11	6.29	7.26	8.38	9.38	10.38
											RBP
22atm	2.14	2.54	3.14	3.57	4.26	5.26	6.35	7.38	8.52	9.57	10.50
23atm	2.20	2.58	3.28	3.64	4.35	5.34	6.48	7.50	8.60	9.80	
24atm	2.26	2.62	2.33	3.71	4.48	5.41	6.60				
25atm	2.32	2.80	3.41	3.78	4.56						
27atm	2.40	3.01	3.47	3.82	4.40						

Latest generation paclitaxel-eluting balloon catheter for coronary interventions

Compatible for variable balloon size options.



Advantages

- ✓ Excellent pushability
- ✓ Targeted drug delivery into the vascular wall
- ✓ Single shot, short-term Paclitaxel delivery for long-term vessel patency
- ✓ Homogeneous and complete drug release
- ✓ Low profile tip and balloon design for reduced friction and advanced crossing performance
- ✓ Homogeneous drug delivery
- ✓ Effectively inhibiting proliferation
- ✓ No airborne particles at any time and no premature release of Paclitaxel
- ✓ Hydrophilic coating delivers Paclitaxel homogeneous to the vessel wall instantaneously upon contact
- ✓ Hydrophilic coating delivers Paclitaxel without any negative side effects or inflammation
- ✓ Load secured to achieve the therapeutic window within 30 seconds inflation time

Extender is a drug-eluting balloon dilatation catheter designed for percutaneous transluminal coronary angioplasty (PTCA) and has been optimized for the treatment of patients with coronary arterial disease.

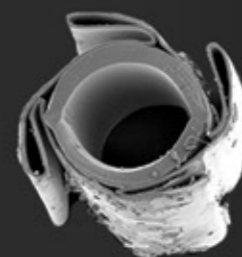
Extender PTCA catheter is indicated for the dilatation of the affected segments of a coronary artery or a coronary bypass in order to enhance myocardial perfusion. This paclitaxel-eluting balloon feature a proper coating technology which consistently delivers paclitaxel, an anti restenotic drug during very brief inflation times, while also minimizing washout of the drug during delivery and placement of the drug-eluting balloon.

Balloon catheter offer excellent pushability, trackability and crossability due to a low balloon profile, low tip entry profile and hydrophilic coating on the distal shaft of the catheter.

Paclitaxel eluting coronary balloon catheter is especially indicated for the treatment of coronary in-stent restenosis.

Extender

CORONARY



**OUTSTANDING
CLINICAL
PERFORMANCE
and EXCELLENT
LONG-TERM
PATIENT RESULTS.**

CONSISTENT TREATMENT OF CORONARY ARTERIAL DISEASES

Mode of Action

With balloon dilatation, the injuries to the arterial wall initiate an inflammatory reaction with an excretion of growth factors which trigger the onset of cell division and smooth muscle cell migration.

- ✓✓ 3µg / mm² drug dosage
- ✓✓ <2µm particles
- ✓✓ Contrast Medis as a drug carrier
- ✓✓ Minimum drug loose during delivery
- ✓✓ Available in Non-Compliant version
- ✓✓ <90% drug transfer to the target lesion

Paclitaxel Drug Dose	3.0-3.5 µg/mm ²
Excipient	Iopromid
Balloon Diameter	1.5 mm to 4 mm
Guiding Catheter Profile	4F (1.5- 6mm), 5F (7- 10 mm), 6F (12- 14mm)
Balloon Length	10- 250 mm
NP / RBP	6 atm / 14 atm
Balloon Fold Configuration	1.5 to 4.0 mm: 3 folds; 4.0 to 14 mm: 6 folds
Radiopacity	Pt-Ir Ring marker
Guidewire Compatible	0,014", 0,018", 0,025"
Catheter Design	Over the wire (OTW)
Catheter Length	120cm, 135 cm, 150 cm
Structure of the Catheter	PA/PEBAX

BALLOON DIAMETERS

	2.00mm	2.25mm	2.50mm	2.75mm	3.00mm	3.25mm	3.50mm	3.75mm	4.00mm	4.50mm		
PRESSURE	4atm	1.84	2.09	2.31	2.56	2.78	3.02	3.25	3.51	3.74	4.51	Nominal Pressure
	5atm	1.92	2.16	2.41	2.67	2.89	3.13	3.38	3.62	3.87	4.91	
	6atm	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75	4.00	5.00	
	10atm	2.07	2.32	2.59	2.86	3.11	3.36	3.61	3.89	4.14	5.22	
	12atm	2.14	2.41	2.66	2.93	3.21	3.46	3.73	4.02	4.29	5.41	
	14atm	2.20	2.48	2.75	3.03	3.30	3.58	3.85	4.13	4.40	5.50	Rated Burst Pressure

AngioCATH

GUIDING CATHETER

Advantages

- ✓ Workhorse construction suitable for various anatomies
- ✓ Flexible distal segment enables you to engage for backup support
- ✓ Supportive secondary curve for backup support and curve retention
- ✓ Thinner walls without compromising support
- ✓ Larger lumens to maximize contrast flow for enhanced visualization
- ✓ Radiopaque marker and PTFE-nylon shaft

AngioCATH is intended for use for intravascular introduction of interventional/diagnostic devices into the coronary or peripheral vascular systems

High flexibility, support and visualization, the capability you need to respond to your challenging cases.

Catheter Material	PEBAX/PA
Catheter Outer Diameter	4F, 5F, 6F, 7F, 8F, 9F, 10F
Catheter Inner Diameter	0,043", 0,058", 0,071", 0,081", 0,090", 0,108", 0,117"
Catheter Length	90 cm
Tip Style	Straight, Left, Right
Coating	PTFE

THINNER WALLS
without
COMPROMISING
SUPPORT

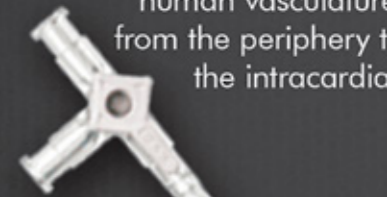
SteerCATH

CORONARY & PERIPHERAL

Accurately Mentor
Your Next Treatment

Quickly Access
Indicated Anatomy
with the Steerable
Catheter

SteerCATH improves
access to
hard-to-reach sites
with wide variety of
applications within the
human vasculature,
from the periphery to
the intracardiac

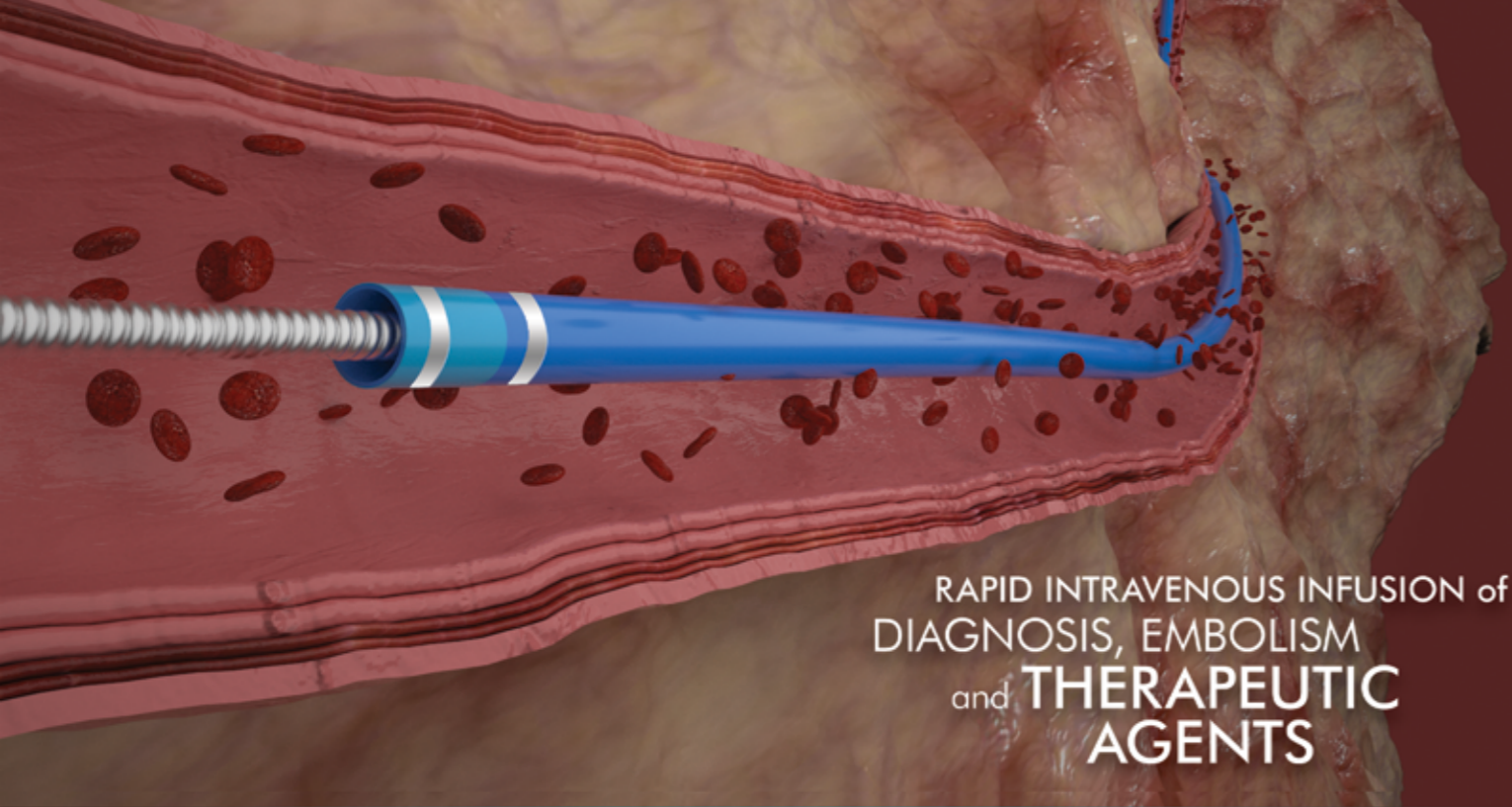


Use with aortic and peripheral
interventional devices



- Eliminates need to change directive to reach desired position
- Conformability
- Curve retention
- Radiopaque tip
- Hydrophobic coated
- Up to 180 degree Control
- Precise deflection using the self-locking rotating knob allows you to maintain control of the full procedure
- Adjustable Tip Deflection
- Make certain kink resistance
- Torque control

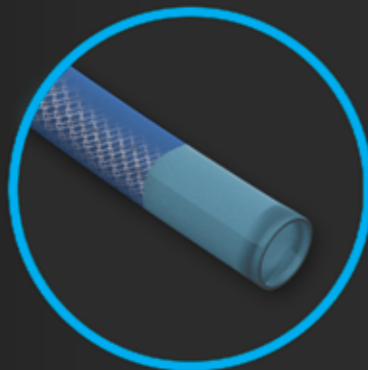
Inner Diameter	6.5F / 7F / 8.5F
Usable Length	45, 55, 90cm
Deflection Length	9, 17, 22mm



RAPID INTRAVENOUS INFUSION of
DIAGNOSIS, EMBOLISM
and THERAPEUTIC
AGENTS

Advantages

- ✓ Excellent kink resistance and Proximal pushability with Stainless steel coil design shaft
- ✓ Dedicated tip design with radiopaque marker
- ✓ Excellent crossability
- ✓ Ensures reliable fluoroscopic visibility
- ✓ Optimized tip design
- ✓ High compressive strength
- ✓ Low profile
- ✓ DMSO compatibility
- ✓ Embolizing agent compliance
- ✓ Over the guidewire (0.014") system avoiding vessel w



Pars offers the user the lowest available tip profile while providing unmatched burst and tensile strength, making it the ideal catheter for the treatment of AVMs.

Pars Embolization Catheter is the peripheral intervention that use for the controlled selective infusion of physician-specified therapeutic agents such as embolization materials and of diagnostic materials such as contrast media to treat vascular diseases of the brain.

Pars Embolisation Catheter is a single-lumen, endhole catheter designed for the subselective infusion of physician-specified therapeutic agents such as embolization materials and diagnostic materials such as contrast media in tortuous, distal vessels.

Pars PERIPHERAL EMBOLIZATION CATHETER

PERIPHERAL INTERVENTION
THAT USE FOR THE CONTROLLED
SELECTIVE INFUSION

The catheter has a semi-rigid proximal shaft and a highly flexible distal shaft to facilitate the advancement of the catheter in the anatomy.

The proximal end of the catheter incorporates a standard luer adapter which is compatible with **DMSO** to facilitate the attachment of accessories.

The catheter has a radiopaque marker at the distal end to facilitate fluoroscopic visualization.

The outer surfaces of the catheter are coated to increase lubricity.

Compatible Embolizing Agents

- NBCA
- Ethanol
- Lipiodol
- Microspheres
- PVA Particles
- Chemoembolization Agents
- Contrast media

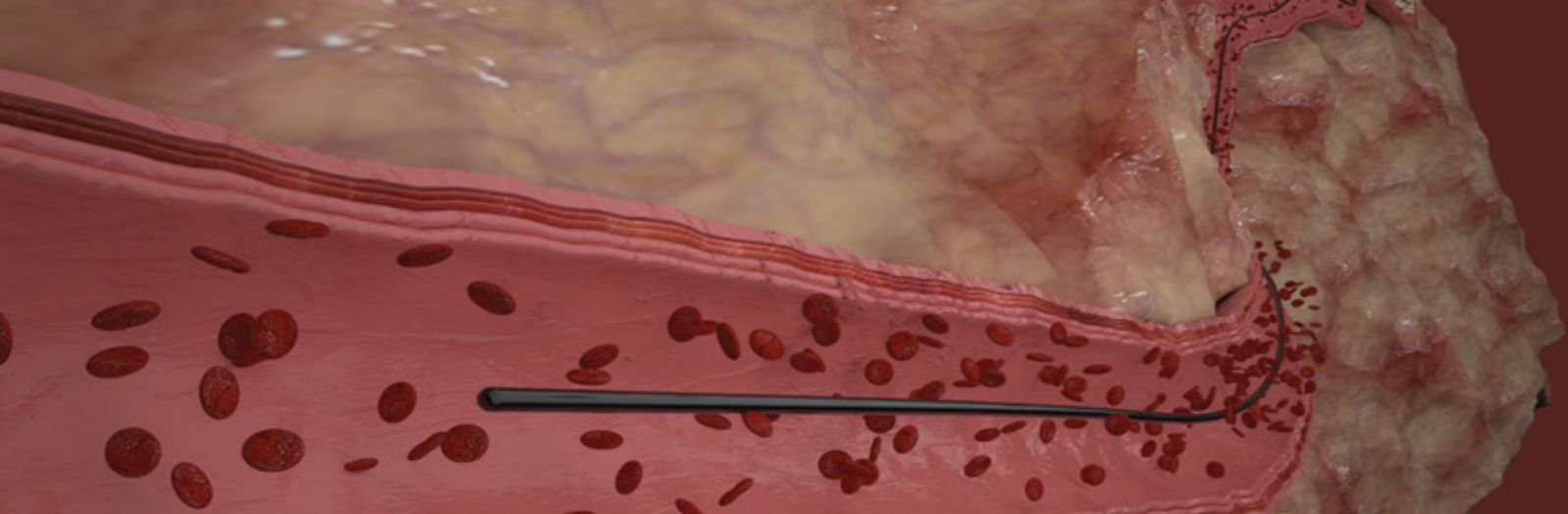
PERIPHERAL EMBOLIZATION

Usable length	90 cm, 150 cm
Tip Shape	Straight tip
Catheter Profile Proximal	2.5F, 2.7F, 3.0F
Catheter Profile Distal	1.3F, 1.5F, 1.8F
Radiopaque Marker	1 mm located at 2 mm from the tip
Guidewire Compatibility	Maximum diameter 0.014"
Coating	Hydrophilic
Structure of the Catheter	PE/PEBAX

The catheter is used to increase the rigidity of the distal section during introduction into the guiding catheter.

Pars is the micro catheter with a strong resistance to pressure and total DMSO compatibility.

The catheters are the only real flow dependant catheters, meaning that their progression through the system is facilitated by the blood flow. This characteristic is achieved thanks to an extreme suppleness of the tubes which allows a fast and non traumatic progression of the catheter inside the blood vessels.



**PROVIDES
EASY NAVIGATION AND
RELIABLE SUPPORT FOR
DISTAL ACCESS CASES**

InWIRE^{Guide} WIRE

HYDROPHILIC

Guidewire Material	Nitinol
Guidewire Diameter	0.018", 0.032", 0.035", 0.038"
Guidewire Length	150 cm, 180 cm, 260cm, 290 cm
Core Material	Super Elastic Nitinol Core
Covers	Polymer Cover
Coating	Full Hydrophilic
Tip Style	Straight, Angled, Long Taper
Shaft	Standart, Stiff

Designed to direct a catheter to the desired anatomical location during diagnostic or interventional procedures.

Excellent Torque Control

Nitinol wire and elastic hydrophilic polymer coating, integrated design allow a 1:1 torque response to deliver the guidewire into the target vessel quickly.

Durable and Lubricant Performance

Hydrophilic coating offers a durable and smooth approach in tortuous vessels. Extra visualization

Small Pass Profile and Tapered Tip

Provides continuous guide wire-catheter passage for high support and successful lesion passage.



**EXCELLENT
STEERING
AND
TRACKING**

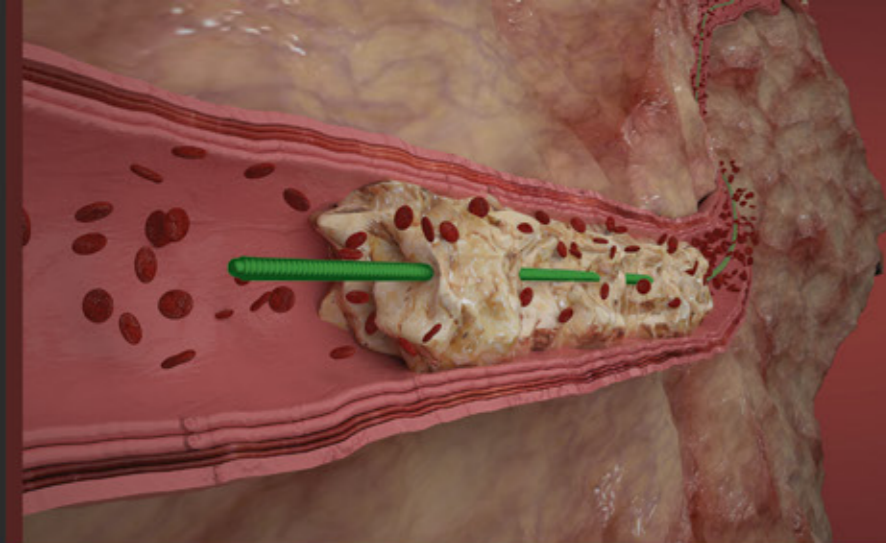
High bending resistance with excellent torque control and optimum push through from proximal shaft to distal end

- Good flexibility
- Excellent steering and tracking
- Easy steerability
- Straight, configurable tip structure
- Hydrophilic polymer coating provide lubricity
- Radio-opaque tip
- Torque capability
- Straight - angled and tapered tip

Hydrophilic Coating

Elastic Radioopaque Tip

PTFE Coated Nitinol Core Structure



**PROVIDES
EASY NAVIGATION AND
RELIABLE SUPPORT FOR
DISTAL ACCESS CASES**

InWIRE^{Guide} WIRE PTFE COATED

Provides extra strength and stability during catheter placement and exchange during contralateral access and in carotid procedures.

Facilitates catheter placement and exchange during diagnostic or interventional procedures.

Tip Design: flat wire construction with spring coil

Benefits: Soft, atraumatic tip, multiple tip style options.

Guidewire Material	Stainless Steel
Guidewire Diameter	0.032", 0.035", 0.038"
Guidewire Length	150 cm, 180 cm, 260cm, 290 cm
Core Material	Stainless Steel
Covers	PTFE Coated
Tip Style	Straight, Angled
Shaft	Standart, Stiff

**PROVIDES
EXTRA STRENGTH
AND STABILITY**

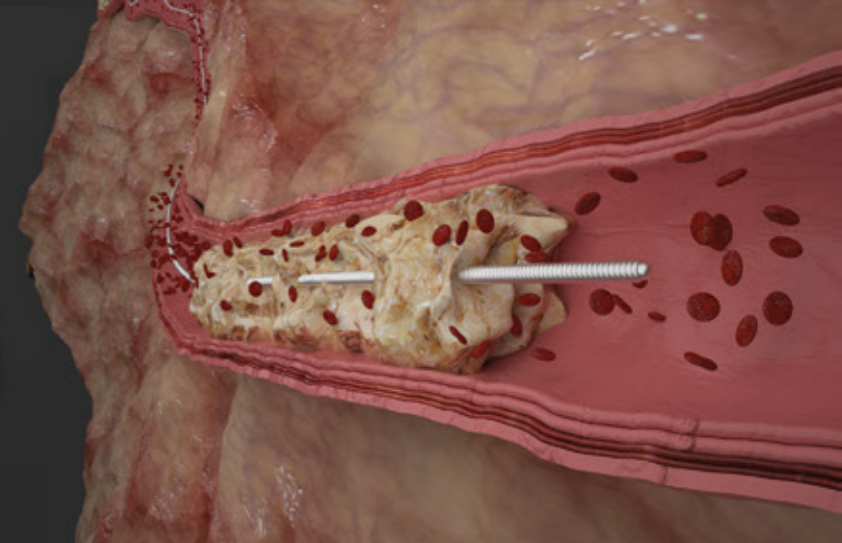


- Tip load
- Tip radiopacity
- Polymer jacket length

InWIRE^{Guide} WIRE CRONIC TORAL OCLUSION

- More durable than regular stainless steel
- Retains shape
- Good flexibility
- Excellent steering and tracking
- Easy steerability
- Straight, configurable tip structure
- Hydrophilic polymer coating provide lubricity
- Radio-opaque tip
- Torque capability
- Recanalization

**HIGH TENSILE STRENGTH
STAINLESS STEEL
CORE MATERIAL**



InWire is use for PTCA and PTA and consists of an elastic stainless steel core wire. InWire platinum / iridium alloy coil provides radiopacity under high-resolution fluoroscopy at the distal end. The distal surface has a hydrophilic polymer coating that forms a high lubricity. It has a non-damaging flexible tip and slippery body structure. The distal tip is radiopaque.

Fine control over challenging tortuous vessels and highly stenosed lesions. Polymer jacket provides advanced slip performance with superior torque and support. Can be used to enter and insert a diagnostic or interference device in the coronary vessels and is used to access and pass the lesion in a target lesion.

3cm Radioopaque Tip Stainless Steel Core

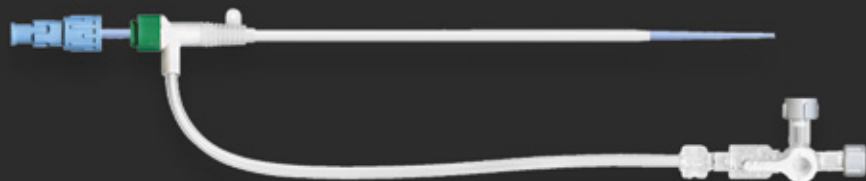


Super Elastic Platinum/Iridium Coil Structure

Guidewire Material	Stainless Steel
Guidewire Diameter	0,010", 0,012", 0,014", 0,018"
Guidewire Length	150 cm, 180 cm, 260cm, 300 cm
Core Material	Stainless Steel
Core Taper	Longer
Tip Sytle	Stiff / Intermediate / Floppy
Tip Length	1.5 cm- 10 cm
Spring Coils	Pt-Ir Coil Shape
Covers	Polymer Cover
Coating	Hydrophilic
Tip Load (g)	1-2, 3-6

Invaducer

INTRADUCER SET



0.035" KIT
0.035"
J-tip guidewire

The **Invaducer** is intended to be inserted percutaneously into a vessel to facilitate the insertion of angiographic, electrode, balloon, or similar catheters.

Designed for Easy Insertion and for Patient Comfort

A percutaneous introducer is used to facilitate placing a catheter through the skin into a vein or artery. Percutaneous introducers are recommended for initial percutaneous introduction or the exchange of intravascular devices.

Diameter (F=French)	Excluded Lengths (cm)
4	11, 16
5	11, 16
6	11, 16
7	11, 16, 45, 64
8	11, 16, 45, 64
9	11, 16, 45, 64
10	11, 16, 45
11	11, 16, 45

