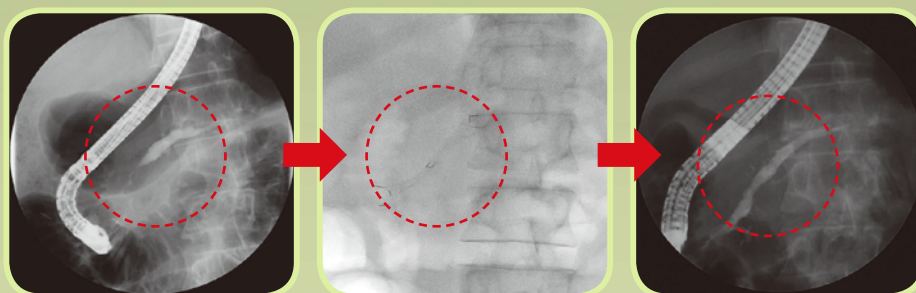


Taewoong Niti-S™ Biliary stent Bumpy

The new treatment modality for benign biliary and pancreatic strictures.



"3 months placement of a FCSEMS(Bumpy stent) was effective in resolving benign pancreatic – duct stricture in advanced chronic pancreatitis, with an acceptable safety profile."

- Myung-Hwan Kim, MD, PhD, Asan Medical Center, Korea

Za zgodność z oryginałem
Piotr Piktel

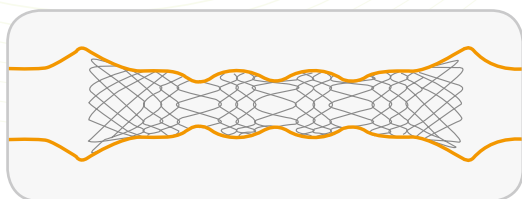
SALES OFFICE

#610, Ilsan Techno Town, Baekseok-dong, Ilsan-gu, Gyeonggi-do, Korea 411-722
TEL : +82.31.904.6153 FAX : +82.31.904.6157 E-MAIL : sales@stent.net www.stent.net

Taewoong Niti-S™ Biliary stent (Bumpy)

● Safety

Irregular cell size showing different magnitudes of the segmental radial force depending on the size of cell does not completely compress the side branches. It prevents the stent related pancreatic sepsis or pancreatitis.



● Easy removal

Fully covered design with PTFE(body portion) and Silicone (both flared ends) membrane, and removal string at the proximal end of the stent.



● Antimigration

Both flared ends and unfixed irregular cell size resulting in different segmental radial force with high conformability can prevent the risk of migration.

Za zgodność z oryginałem
Piotr Piktel

● Ordering Information

Endoscopic Approach				
Code	Stent		Delivery	
	Diameter (mm)	Length (cm)	Profile (Fr)	Usable Length (cm)
BK0604CW	6	4	8.5	180
BK0605CW		5		
BK0606CW		6		
BK0607CW		7		
BK0608CW		8		
BK0609CW		9		
BK0610CW	8	10		
BK0612CW		12		
BK0804CW		4		
BK0805CW		5		
BK0806CW		6		
BK0807CW		7		
BK0808CW	10	8		
BK0809CW		9		
BK0810CW		10		
BK0812CW		12		
BK1004CW	10	4		
BK1005CW		5		
BK1006CW		6		
BK1007CW		7		
BK1008CW		8		
BK1009CW		9		
BK1010CW		10		
BK1012CW		12		

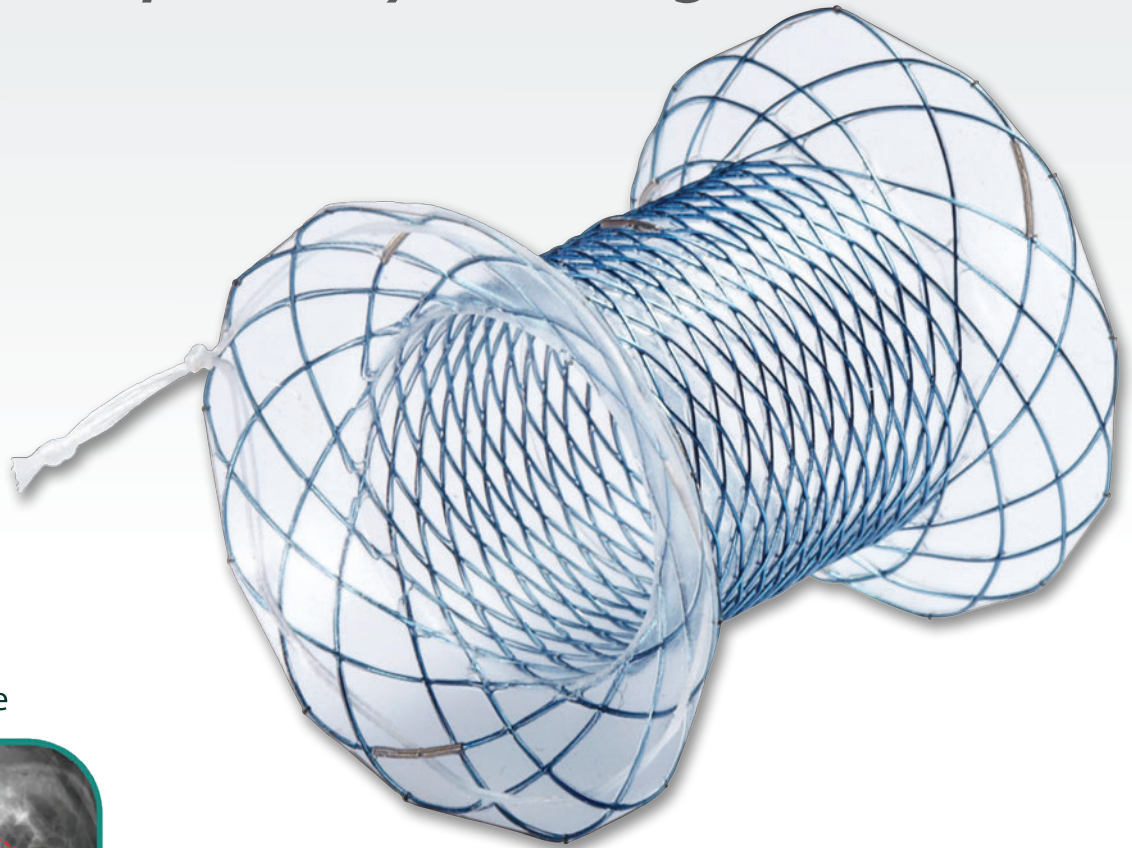
Percutaneous Approach				
Code	Stent		Delivery	
	Diameter (mm)	Length (cm)	Profile (Fr)	Usable Length (cm)
TK0604CW	6	4	8.5	50
TK0605CW		5		
TK0606CW		6		
TK0607CW		7		
TK0608CW		8		
TK0609CW		9		
TK0610CW	8	10		
TK0612CW		12		
TK0804CW		4		
TK0805CW		5		
TK0806CW		6		
TK0807CW		7		
TK0808CW	10	8		
TK0809CW		9		
TK0810CW		10		
TK0812CW		12		
TK1004CW	10	4		
TK1005CW		5		
TK1006CW		6		
TK1007CW		7		
TK1008CW		8		
TK1009CW		9		
TK1010CW		10		
TK1012CW		12		

References

- Do Hyung Park, MD, PhD, Myung-Hwan Kim, MD, PhD, et al.
Feasibility and safety of placement of a newly designed, fully covered self-expandable metal stent for refractory benign pancreatic ductal strictures : a pilot study. Gastrointest Endosc Vol.68, No 6 : 2008
- Sung-Hoon Moon, MD, Myung-Hwan Kim, MD, PhD, et al.
Modified fully covered self-expandable metal stents with antimigration features for benign pancreatic-duct strictures in advanced chronic pancreatitis, with a focus on the safety profile and reducing migration. Gastrointest Enscol Vol.72, No. 1 : 2010

NAGI™ Stent

for pancreatic pseudocyst drainage



■ Fluoroscopic image

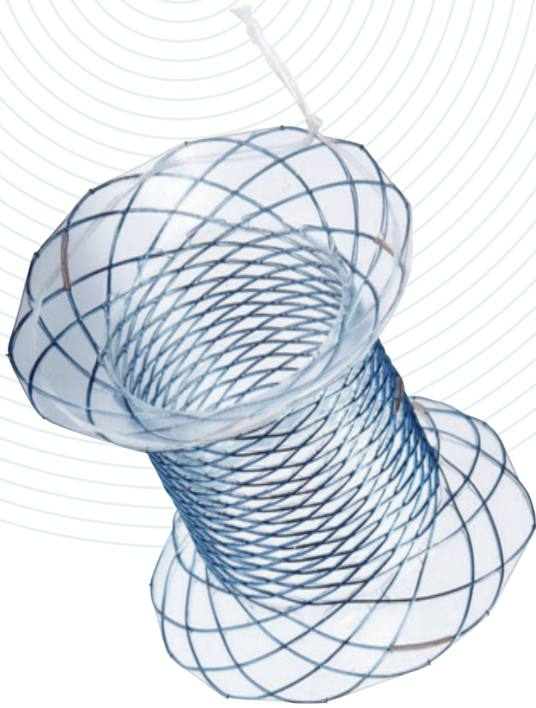


"An endoscopic approach that uses this new FCSEMS(Nagi) is feasible in the treatment of PFCs of both pancreatic pseudocysts and walled-off pancreatic necrosis"

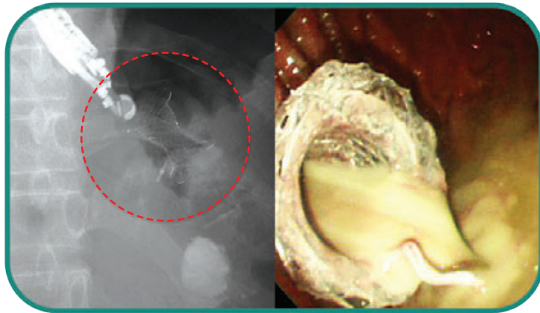
Natsuyo Yamamoto, MD, PhD [Vol.77 No.5 : GIE 2013]

▲ Placement of a transnasal drainage tube for irrigation and direct endoscopic necrosectomy through the stent

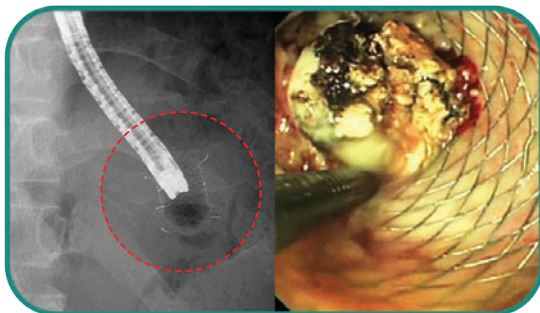
Taewoong Niti-S™ Nagi™ Stent for pancreatic pseudocyst drainage



- **Wide and acute flare ends** prevent the risk of migration. Also, the smooth edges reduce the possibility of stent related luminal damages
- **Large diameter** of the stent(up to 16mm) enough to insert the scope for walled-off pancreatic necrosis
- **Retrieval String** at proximal end helps for repositioning or easy removal
- **Radiopaque markers** on the stent provide clear visualization under the fluoroscopy
[*3(three) at both ends & 2(two) in the middle]



A large amount of pus came out through the stent



Conventional upper GI endoscope advances into the pseudocyst through the stent. Then performing of necrosectomy is using the snare forceps

► J Hepatobiliary Pancreat Sci2012;DOI 10.1007

Ordering Information

Endoscopic Approach				
Code	Stent		Delivery	
	Diameter (mm)	Length (cm)	Profile (Fr)	Usable Length (cm)
BS1001FW	10	1	10.5	180
BS1002FW		2		
BS1003FW		3		
BS1201FW	12	1		
BS1202FW		2		
BS1203FW		3		
BS1401FW	14	1		
BS1402FW		2		
BS1403FW		3		
BS1601FW	16	1		
BS1602FW		2		
BS1603FW		3		

Released Articles

* **Preliminary report on a new, fully covered, metal stent designed for the treatment of pancreatic fluid collections.**

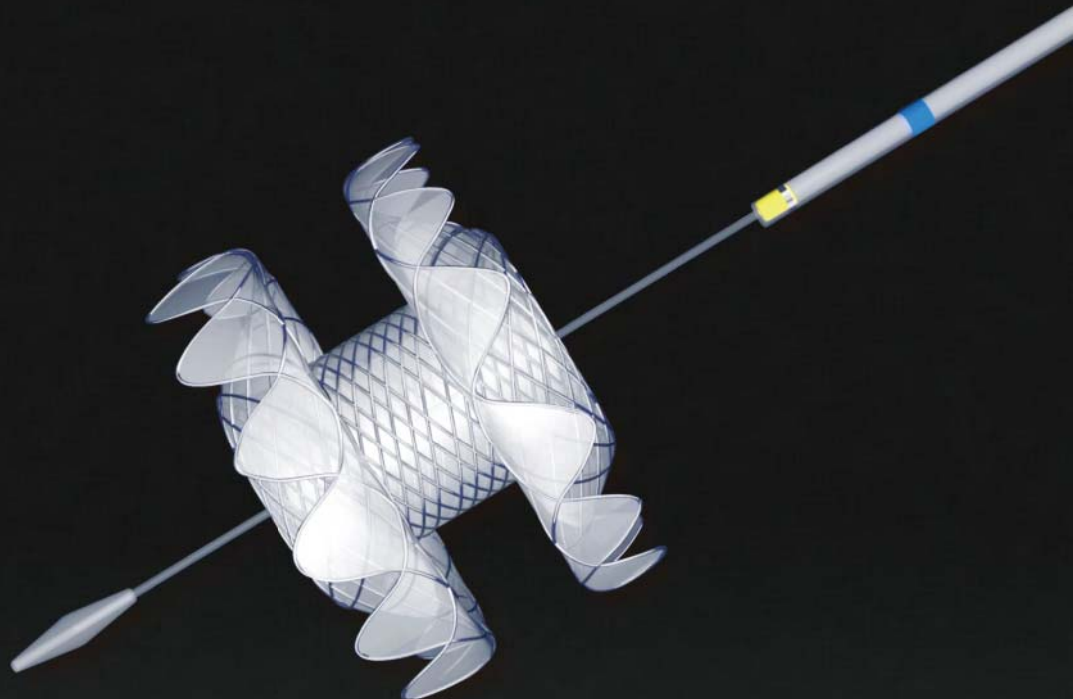
Gastrointestinal Endoscopy 2013 Hiroyuki Isayama, MD, PhD, Natsuyo Yamamoto, MD, PhD, et al.

* **Treatment of infected pancreatic pseudocysts using a novel, dedicated covered self-expandable metal stent (CSEMS) with an effective antimigration system.**

Endoscopy 2012 I.Tarantino, M. Traina, L.Barresi, M.D.Pisa et al.

* **New fully-covered self-expandable metal stent for endoscopic ultrasonography-guided intervention in infectious walled-off pancreatic necrosis.**

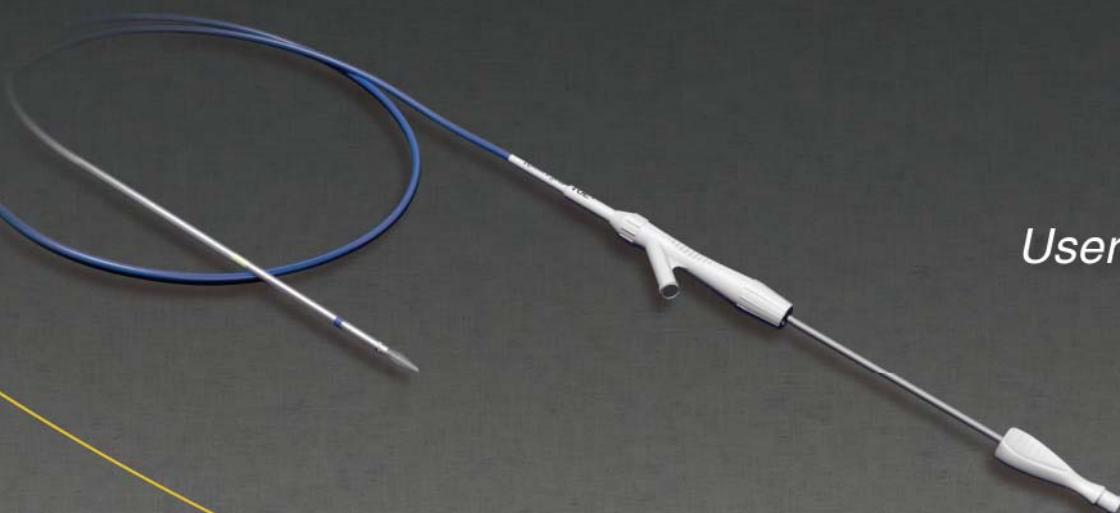
J Hepatobiliary Pancreat Sci.2012 Takao Itoi.D. Nageshwar Reddy. Ichiro Yasuda



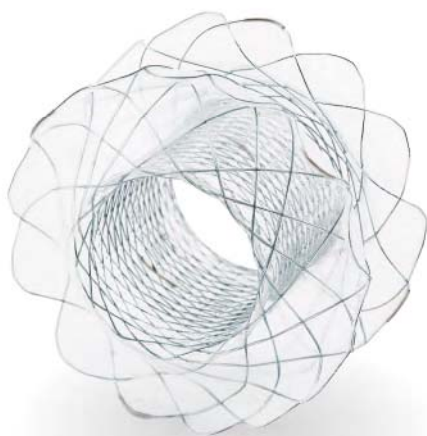
NITI-S™

SPAXUS™

for drainage of a pancreatic pseudocyst
or a gallbladder



*User friendly designed
Delivery system*



Lumen apposing SPAXUS™ stent

- Prevents migration and maintain lumen apposition
- Fully silicone coating prevents leakage and in-growth
- Flexible design helps accommodative apposition regardless of wall thickness
- 8, 10, 16mm diameters enable to apply various indication

Products	Code	Stent			Delivery	
		Body Diameter (mm)	Flare Diameter (mm)	Length (cm)	Profile (Fr)	Usable Length (cm)
	SS0802FW	8	23	2	10	180
	SS1002FW	10	25			
	SS1602FW	16	31			



User friendly designed SPAXUS™ Delivery system

- Step1. When the outer x-ray marker overlaps with the inner x-ray marker
→ **Distal flange is completely opened**
- Step2. When the blue marker is visible under endoscopic view
→ **Start opening proximal flange**

Released Articles

* A Newly designed fully covered metal stent for lumen apposition in EUS-guided drainage and access: a feasibility study
by Jong H.Moon et al [Gastrointest Endosc 2014;79:990-995]

* Novel EUS-guided gastrojejunostomy technique using a new double-balloon enteric tube and lumen-apposing metal stent
by Takao Itoi et al [Gastrointest Endosc 2013;78:934-939]