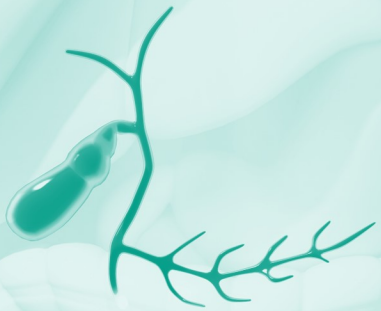
apr medtech

ARCHIMEDES

Biodegradable Biliary and Pancreatic Stent



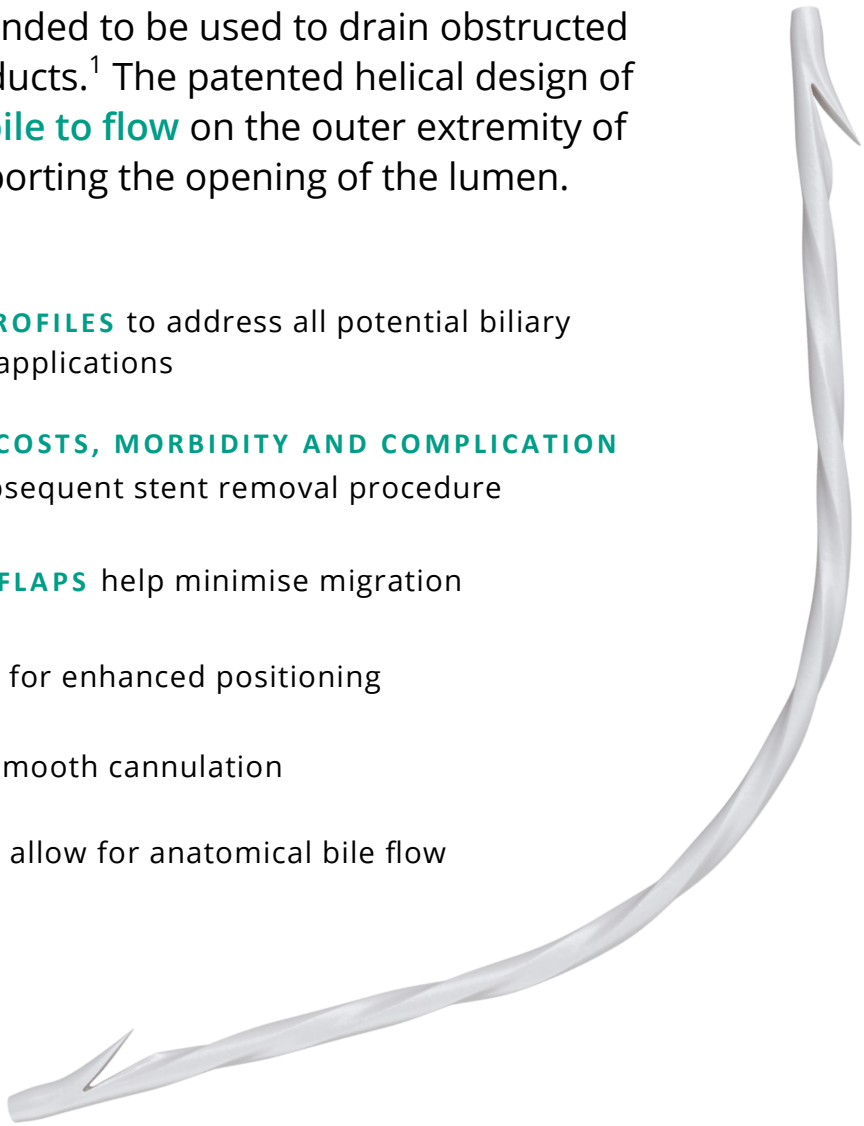
with three degradation profiles

Fast, Medium and Slow

ARCHIMEDES

BIODEGRADABLE BILIARY AND PANCREATIC STENT

The **ARCHIMEDES** Stent is a **Biodegradable Biliary and Pancreatic Stent** intended to be used to drain obstructed biliary or pancreatic ducts.[1] The patented helical design of the stent **allows for bile to flow** on the outer extremity of the device while supporting the opening of the lumen.



THREE DEGRADATION PROFILES to address all potential biliary and pancreatic drainage applications

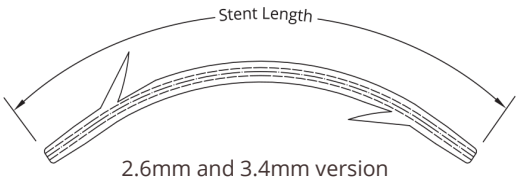
POTENTIAL TO REDUCE COSTS, MORBIDITY AND COMPLICATION RATES by eliminating subsequent stent removal procedure

PROXIMAL AND DISTAL FLAPS help minimise migration

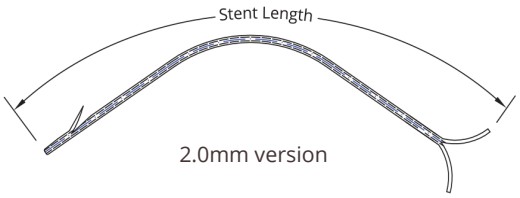
ANATOMICALLY SHAPED for enhanced positioning

TAPERED TIP facilitates smooth cannulation

HELICAL BILE CHANNELS allow for anatomical bile flow



2.6mm and 3.4mm version



2.0mm version

ERCP

DEGRADATION TABLE / INDICATIONS

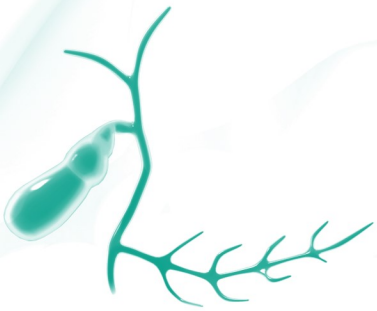
ARCHIMEDES Biodegradable Biliary and Pancreatic Stent		
Stent Degradation Profiles	Minimal Strength Retention*	Indications**
FAST degrading	12 Days	E.g. Acute biliary pancreatitis
MEDIUM degrading	20 Days	E.g. Biliary leaks; Cystic duct leaks; Pancreatic duct disruptions/leaks
SLOW degrading	11 Weeks	E.g. Benign biliary strictures; Malignant hilar strictures; Chronic pancreatitis; Pancreatic duct strictures

*Minimal Strength Retention is defined by the presence of at least 10% of an initial strength parameter. The stent remains intact with no breaks, tested in a simulated degradation model.

** The different degradation profiles are designed for but not limited to the listed potential applications. The suitable degradation profile of the stent must be chosen by a clinical professional, always taking the underlying disease and the condition of the individual patient in to account.

Reduce the cost of procedures by over [2]

40%



"In a 53 patient single arm safety and efficacy study, bilirubin levels were reduced by 25.6% exceeding the 20% clinical success criterion. The quality of life score improved from 3.7 to 7.9. Procedural success was rated at 1.4 (good to excellent) and technical success was achieved in all 53 patients."

INTENDED USE / INDICATION

This device is used to drain obstructed biliary or pancreatic ducts and is indicated for obstructed biliary or pancreatic ducts.

1. Hepatic, Cystic, Common Bile, and Pancreatic resulting from malignancy of the liver, pancreas, duodenum, biliary tree or from various benign disease.
2. Based on global plastic stents procedure estimates placed annually, the Archimedes biodegradable stent has the potential to reduce cost, morbidity and complication rates by eliminating subsequent stent removal procedure.

ORDERING INFORMATION

For additional information, or to order one of our products, please call us on 01844 340 620 or email info@aprmedtech.com

FAST Degrading Stent (12 days)

Diam.	Product code	Length (mm)
2mm (6Fr)	ABS20040F	40
	ABS20060F	60
	ABS20080F	80
	ABS20100F	100
	ABS20125F	125
2.6mm (~8Fr)	ABS26040F	40
	ABS26060F	60
	ABS26080F	80
	ABS26100F	100
	ABS26125F	125
3.4mm (~10Fr)	ABS34040F	40
	ABS34060F	60
	ABS34080F	80
	ABS34100F	100
	ABS34125F	125

MEDIUM Degrading Stent (20 days)

Diam.	Product code	Length (mm)
2mm (6Fr)	ABS20040M	40
	ABS20060M	60
	ABS20080M	80
	ABS20100M	100
	ABS20125M	125
2.6mm (~8Fr)	ABS26040M	40
	ABS26060M	60
	ABS26080M	80
	ABS26100M	100
	ABS26125M	125
3.4mm (~10Fr)	ABS34040M	40
	ABS34060M	60
	ABS34080M	80
	ABS34100M	100
	ABS34125M	125

SLOW Degrading Stent (11 weeks)

Diam.	Product code	Length (mm)
2mm (6Fr)	ABS20040S	40
	ABS20060S	60
	ABS20080S	80
	ABS20100S	100
	ABS20125S	125
2.6mm (~8Fr)	ABS26040S	40
	ABS26060S	60
	ABS26080S	80
	ABS26100S	100
	ABS26125S	125
3.4mm (~10Fr)	ABS34040S	40
	ABS34060S	60
	ABS34080S	80
	ABS34100S	100
	ABS34125S	125

INSTRUCTIONS FOR USE

1. Ensure full extension of anti-migration struts.
2. Load introducer sleeve over one end of stent.
3. Introduce introducer sleeve and stent onto a pre-positioned guidewire.
4. Advance pushing catheter in 1-2 cm increments until the stent is in desired position.
5. Fluoroscopically and endoscopically confirm desired stent position. Inject contrast, if desired, to fluoroscopically visualize stent position.
6. After confirming stent position, gently remove guidewire from endoscope while maintaining position of the stent with pushing catheter.
7. Gently remove pushing catheter from accessory channel.

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