Duodenal / Pyloric Metal Stents

In a fast paced and maturing market, Diagmed Healthcare’s Hanarostent has managed to continue to innovate and add unique and clinically superior features to its already premium range. These features add real value to clinical outcome and patient management requirements giving the Hanarostent range a place in every GI and Radiology department.
**The Stent...**

**Features and Benefits:**

- **Nitinol Wire:** Hanarostent is hand weaved using nitinol (nickel titanium alloy). The nitinol mesh provides flexibility and excellent radial force. The thermal shape memory characteristics of nitinol cause the released stent to expand into its predetermined dimensions at body temperature. The stent is compressed into a 10.2Fr TTS delivery device.

- **Silicone Covering:** Hanarostent is available fully covered, partially covered or uncovered depending on the indication. Typically fully covered is more suitable for benign diseases for ease of removal and these stents are CE marked for this indication.

- **Lassos:** Lassos are attached to the proximal end (depending on the stent type) enabling the user to accurately reposition or remove with ease.

- **Gold Markings:** A minimum of twelve gold radio-opaque markers are located at key points of the stent to ensure excellent visualisation and precise positioning when using X-ray.
The Delivery Device...

Features and Benefits:

- **Stent Placement Accuracy**: The Hanaro Delivery System enables efficient, accurate and easy stenting. Soft and atraumatic radio-opaque olive tips can easily pass through the stenosis. The flexibility of the delivery catheter can travel through tortuous anatomy.

- **Endoscopic Placement**: The ergonomic handle and TTS delivery system is designed to assist controlled and accurate stent deployment and positioning under direct vision, using a visible yellow endoscopic marker.

- **Fluoroscopic Visualisation**: Clear radio-opaque markers on both stent and delivery system ensures accurate placement under X-Ray conditions. Stents deployed through the scope (TTS) can be fully re-sheathed if required with clear “point-of-no-return” markers on the delivery device for users.
**NDSL Uncovered Duodenal / Pyloric Stent**

**Indication:** For application in palliative treatment of duodenal / pyloric strictures caused by malignant tumours.

**Features:**
- Uncovered mesh to allow tissue ingrowth into stent, reducing the risk of migration
- Larger mesh cell structure enables possible access to bile duct
- Crossed mesh design structure increases radial force reducing the risk of migration
- Nitinol mesh design enables stent to adapt to anatomy of patient whilst maintaining lumen integrity
- Atraumatic ends
- Proximal lasso to aid repositioning
- 12 gold radio-opaque markers provide high visibility under fluoroscopic visualisation - proximal / central / distal
- Reloadable delivery device; up to 70% of the stent can be deployed before re-sheathing

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**Ordering Information**

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**NDCL**

Partially Covered Duodenal / Pyloric Stent

**Indication** - For application in palliative treatment of duodenal / pyloric stricture caused by malignant tumours.

“Excellent management of duodenal strictures with bespoke Hanarostent”

**Features:**
- Covered usable length to resist tissue ingrowth
- Uncovered flared shoulders to reduce risk of migration and allow better drainage of the stomach at the proximal end and reducing risk of covering the papilla at distal end
- Nitinol mesh design enables stent to adapt to the anatomy of the patient whilst maintaining luminal integrity
- Crossed mesh design structure increases radial force to reduce the risk of migration
- Atraumatic ends
- Proximal lasso to aid repositioning
- 16 gold radio-opaque markers provide high visibility under fluoroscopic visualisation to clearly show the margins of covered section
- Reloadable delivery device; up to 70% of the stent can be deployed before re-sheathing

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TLD Partially Covered Duodenal Stent

**Indication:** This dual-layered, partially covered stent is indicated for application in palliative treatment of duodenal or pyloric strictures.

**Features:**
- Dual layered nitinol mesh with low returning force
- Partial silicone covering and ‘closed cell’ mesh to reduce tumour ingrowth
- Designed to conform to the lumen to reduce the risk of migration and micro-perforation
- 12 gold radio-opaque markers on the stent for fluoroscopic visibility
- High quality nitinol ‘closed cell’ metal mesh to enhance stent patency
- 22mm diameter and available in 4 lengths
- 10.2fr TTS (through the scope) delivery system with Point-Of-No-Return markers for accurate stent placement
- Radio-opaque and Endoscopic markers on the delivery system for accurate stent placement
- MRI conditional (up to 3 TESLA)

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DPDL
Partially Covered Duodenal Stent

Indication: For application in palliative treatment of duodenal or pyloric strictures caused by tumours.

Features:
- Distal 40mm uncovered Kims Flare reduces distal migration risk
- Partial covering up to the ‘flared’ proximal end reduces risk of granulation and tissue ingrowth
- Nitinol mesh design enables stent to adapt to the anatomy of patient whilst maintaining luminal integrity
- Crossed mesh design structure increases radial force to reduce the risk of migration
- 22 gold radio-opaque markers clearly show the margins of the covered section under fluoroscopy
- Reloadable delivery device: up to 70% of the stent can be deployed before re-sheathing

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Making a difference to health