

Tria[™] Ureteral Stent

Unlike any other

Urine calcium and magnesium salt deposits are contributing factors to stent complications such as encrustation.¹ The cause and rate of encrustation is multifactorial and can include factors such as body chemistry and medical condition of the patient, stent in-dwell time, and surface material or properties of the stent.^{1,2}





In vitro studies of the Tria[™] stent demonstrate a reduction in the combined urine calcium and magnesium salt deposits, both in the presence and absence of bacteria.³

The material difference

The Tria[™] Ureteral Stent is the first stent to include a tri-layer design that incorporates PercuShield[™] – a proprietary surface technology engineered onto the outer and inner stent surfaces for optimal coverage against urine calcium (Ca) and magnesium (Mg) salt deposits.³

Optimal coverage – Unlike an applied coating, the PercuShield technology is embedded into the stent to provide protection throughout the entire indwell.

Significant durometer changes – Stiffer during placement to navigate patient anatomy while softening by over 40% at body temperature designed to promote greater patient tolerability.³

No contraindications - Potentially treat more patients.





* Study methodology

- Testing was performed by an independent third party using the in-vitro BEST[™] method to evaluate salt adhesion of the ureteral stent

• A total of 30 samples from each ureteral stent family were tested in both a sterile Artificial Urine Model and a Bacterial Infection Model) for 2 weeks. Proteus mirabilis was used as the microbial challenge in the Bacterial Infection Model due to its known urease production and involvement in struvite formation.⁴

- For each condition, the difference between the Tria Stent and competitor stent on mean amount of salt crystal material was assessed at the 0.05 level of significance using a (one-sided) two-sample t test.

Everything else that matters





Please consult your sales representative for more information and ordering details. To learn more, visit www.bostonscientific.com/Tria

** Biocompatible material designed for up to a 365-day indwelling time. Where long-term use is indicated, it is recommended that indwelling time for stent (with retrieval line removed) not exceed 365 days. This stent should be evaluated by the physician on or before 90 days post-placement.

- 1. Bultitude MF, Tiptaft RC, Glass JM, et al. Management of encrusted ureteral stents impacted in upper tract. Urology. 2003 Oct;62(4):622-6.
- 2. Elwood CN, Lo J, Chou E, et al. Understanding urinary conditioning film components on ureteral stents: profiling protein components and evaluating their role in bacterial colonization. Biofouling. 2013;29(9):1115-22.
- 3. Bench Test results may not necessarily be indicative of clinical performance. Data on file with Boston Scientific.
- 4. Kawahara T, Ito H, Terao H, et al. Ureteral stent encrustation, incrustation, and coloring: morbidity related to indwelling times. Endourology 2012;26(2):178-182.
- 5. Ureteral Stent Packaging Redesign. WorldStar Packaging Awards. http://www.worldstar.org/winner/2018/ureteral-stent-packaging-redesign-boston-scientific. Accessed October 17, 2019.

CAUTION: US Federal law restricts this device to sale by or on the order of a physician.

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings, and instructions for use can be found in the product labeling supplied with each device. Information for use only in countries with applicable health authority registrations. Material not intended for use in France.

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