Visualization
Expertise in combining stent materials has resulted in a product combining the benefits of Nitinol with the radial force and visibility characteristics of Elgiloy.¹

Access
Constructed as a highly trackable 10F / 3.3mm Through the Scope (TTS)/Over the Wire (OTW) delivery system, enabling access and passage even in anatomical areas of high tortuosity.¹

Migration Resistance
Dedicated flared stent design available in large diameters, is intended to improve obstruction relief and aid in reducing the risk of migration.², ³, ⁴, ⁵, ⁶

Control
TTS/OTW delivery system is designed to gain procedural support and control during access, manipulation and deployment.¹

Stent Placement Accuracy
The delivery system is created to allow physicians to recapture and reposition the stent up to approximately 70% of stent deployment.¹

Treatment
Stents offer an alternative treatment option for both palliation and as bridge to elective surgery, and are associated with low morbidity and mortality rates as compared to colostomy.⁵, ⁶ Moreover, cost-effectiveness of stenting has been reported in several studies.⁶, ⁷, ⁸, ⁹, ¹⁰

The largest diameter stent into a 10F TTS/OTW delivery system*¹

"The WallFlex™ [Colonic] Stent is a tremendous advancement in stent technology...these stents go around strictures very well without kinking...The lumen of the stent is not compressed by the stricture whatsoever and will follow the course of the lumen."¹
Douglas Fleischer, MD
Beth Israel Deaconess Medical Center, Boston, MA

Place Your Trust in Clinical Evidence
"Self-expandable metal stents for relieving malignant colorectal obstruction: short-term safety and efficacy within 30 days of stent procedure in 447 patients". Gastrointest Endosc 2011;74:876-84

Objective: To document performance, safety, and effectiveness of colorectal stents used per local standards of practice in patients with malignant large-bowel obstruction to avoid palliative stoma surgery in incurable patients (PAL) and facilitate bowel decompression as a bridge to surgery for curable patients (BTS).

Main Outcome Measurements: The primary endpoint was clinical success at 30 days, defined as the patient’s ability to maintain bowel function without adverse events related to the procedure or stent. Secondary endpoints were procedural success, defined as successful stent placement in the correct position, symptoms of persistent or recurrent colonic obstruction, and complications.

WallFlex Colonic Stent Registries Conducted:
At 39 centers
In 13 countries
With 447 patients

Procedural success: 94.8% (439/463)
Successful "bridge" to elective surgery: 89.8% (150/182)

Initial post-stent placement⁵
20 hours post-stent placement⁵
Looped ends may reduce risk of tissue trauma⁵

"This largest multi-center prospective study of colonic SEMS placement demonstrates that colonic SEMSs are safe and highly effective for the short-term treatment of malignant colorectal obstruction, allowing most curable patients to have one-step resection without stoma and providing most incurable patients minimally invasive palliation instead of surgery. Risk of complications including perforation was low."¹²

"Place your trust in the WallFlex Colonic Stent, a system designed to offer an exceptional combination of delivery system access and stent construction to expand options available for patient treatment and management."
The WallFlex Colonic Stent is indicated for the palliative treatment of colonic strictures caused by malignant neoplasm and to relieve large bowel obstruction prior to colectomy in patients with malignant strictures.

Ordering Information

WallFlex Colonic Stent

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<th>Order Number</th>
<th>Diameter (mm)</th>
<th>Flare/Body</th>
<th>Stent Length (cm)</th>
<th>Working Length (cm)</th>
<th>System Length (cm)</th>
<th>Catheter Diameter (F/mm)</th>
<th>Guidewire Diameter (Inches/mm)</th>
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Recommended Guidewires

Wallstent™ Super Stiff Guidewire  0.035” (0.89mm) – 500cm
Order Number: H965180010

NOTES
fac. to the current market
1. Data on File Boston Scientific Corporation: Internal Testings and Limited Launch Results
2. "A practical guide for choosing an expandable metal stent for GI malignancies: is a stent by any other name still a stent", T. H. Baron; Gastrointestinal Endoscopy vol.54, no2, 2001
5. "Metal Stents for decompression of acute colorectal obstruction", A. Repici; UEGW 2001
11. Images courtesy of Nuri Ozden, MD, Metro Nashville General Hospital, Nashville, Tennessee and Todd Threadgill, MD, Baptist Memorial Hospital, Oxford, Mississippi