WallFlex™
Esophageal Stents
Fully and Partially Covered
Self Expanding Metal Stents
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Place your trust in over 20 years of research and development. Boston Scientific is a leading developer of advanced stent technologies, and remains committed to high quality standards and collaboration with physicians.

“The Esophageal WallFlex is of interest in my practice as the flexibility of the stent allows it to conform to the anatomy and enables placement in different types of malignant strictures with or without fistulas. In my experience, the 23mm diameter stent option offers an optimal balance of esophageal adherence and patency.”

Peter D. Siersema, MD, PhD
Professor of Gastroenterology, Director, Dept. of Gastroenterology and Hepatology, UMC Utrecht, The Netherlands

“In my opinion, the WallFlex Fully Covered Esophageal Stent has an adequate amount of radial force for resolving strictures without causing patient discomfort as I’ve experienced with other stents. Pulling the proximal suture allows me to reposition or remove the stent acutely.”

Christopher C. Thompson, MD, MHES
Director of Bariatric & Developmental Endoscopy, Brigham & Women’s Hospital; Assistant Professor of Medicine, Harvard Medical School, Boston, Massachusetts, USA

“The flared ends design of the WallFlex Fully Covered Esophageal Stent helps anchor the stent and may reduce the risk of migration while the full Permalume™ covering has helped prevent tumor ingrowth and reduce food impaction.”

Alessandro Repici, MD
Director of Digestive Endoscopy, Istituto Clinico Humanitas, Milan, Italy

“I like the 18.5Fr low profile delivery system because it facilitates placement through difficult strictures without the need of pre-dilation. Additionally, the high radiopacity of the stent allows full control and ultimately confidence during deployment.”

Richard P. Sturgess, MD
Consultant Gastroenterologist, Clinical Director Digestive Diseases Directorate, University Hospital Aintree, Liverpool, UK

IMPORTANT INFORMATION: These materials are intended to describe common clinical considerations and procedural steps for the use of referenced technologies but may not be appropriate for every patient or case. Decisions surrounding patient care depend on the physician’s professional judgment in light of all available information for the case at hand. Boston Scientific does not promote or encourage the use of its devices outside their approved labeling. Case studies are not necessarily representative of clinical outcomes in all cases as individual results may vary.
Building on the best of Boston Scientific’s industry-leading stents, the WallFlex™ Esophageal Stent seeks to deliver luminal patency through a combination of flexibility and control to support your goal of optimized patient care. The stent is available in fully and partially covered options and a variety of lengths and widths.

**Migration Resistance**
The Progressive Step Flared Ends may assist in anchoring the stent within the esophageal lumen.

**Stricture Resolution**
The multiple wire braided construction is engineered to allow the stent to adjust to forces from the esophageal anatomy such as strictures and peristalsis. The design allows for gradual stent expansion, which is typically complete after 24-72 hrs.

**Tissue In-Growth Prevention**
The Permalume™ Silicone Covering extends the entire length of the stent in the fully covered version and is designed to prevent tumor ingrowth as well as stent concurrent esophageal fistulas.

**Adjustability**
The Coated Polyester Removal Suture facilitates removal during the initial stent placement procedure.

**Fluoroscopic Visualization**
The Nitinol construction allows for clear visualization during fluoroscopy, ensuring accurate stent placement.

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**delivery system**

**Pre-dilation Avoidance**
The 18.5 French (6.17mm), low profile delivery system is designed to traverse tight strictures.*

**Endoscopic Placement**
The Endoscopic Transition Zone is designed to aid in stent placement accuracy when deployed using endoscopic visualization.

**Stent Placement Accuracy**
The coaxial delivery system is designed to result in 1:1 stent deployment. The fully covered stent may be reconstrained up to 75% of deployment and 2 times during the initial stent placement procedure.**

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* Pre-dilation may not be required, depending on stricture lumen diameter.
** A stent can not be reconstrained after the reconstrainment limit has been exceeded.
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MR Conditional – Non-clinical testing has demonstrated that the WallFlex Esophageal Stent System is MR Conditional. It can be scanned safely under the conditions outlined in the Directions For Use.

### Ordering Information

#### WallFlex Fully Covered Esophageal Stent

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<th>Order Number</th>
<th>Stent O.D. (mm)</th>
<th>Proximal / Distal Flares O.D. (mm)</th>
<th>Stent Length (cm)</th>
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CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.