Boston Scientific
Advancing science for life™

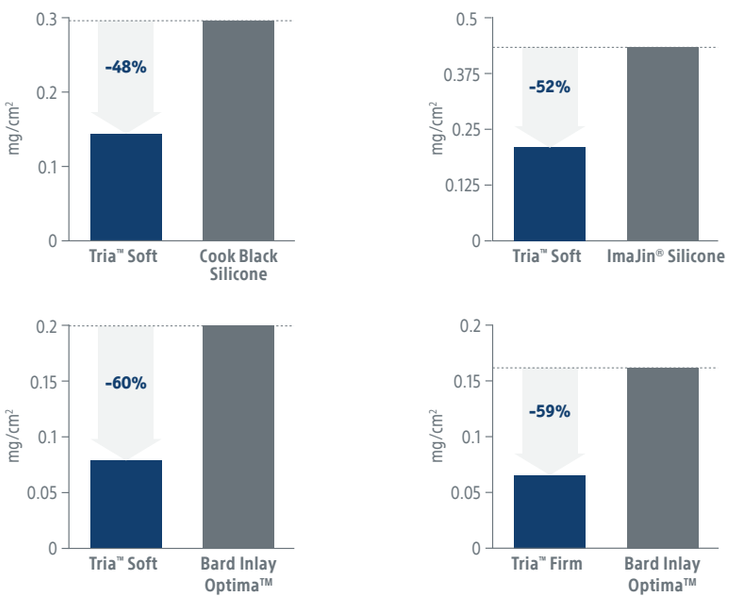
Tria™ Ureteral Stent

Unlike any other

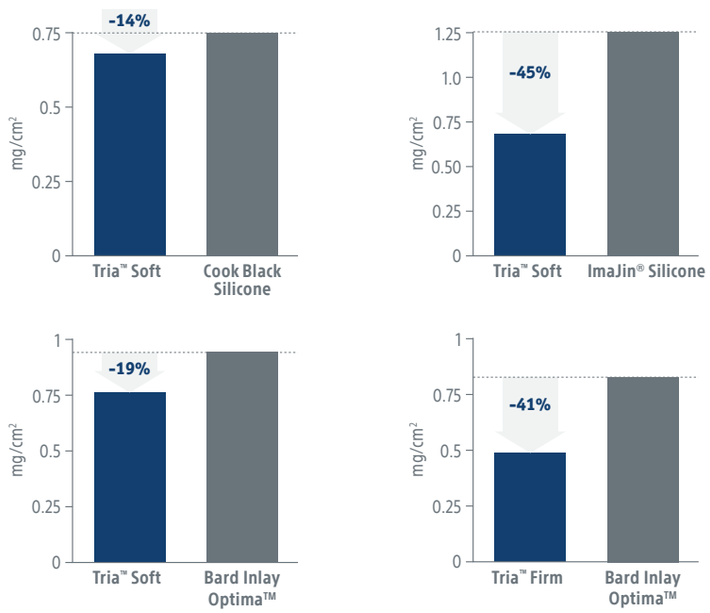
- Urine calcium and magnesium salt deposits are contributing factors to stent complications such as encrustation.[1,2]
- ~10 of 13 (76%) of long term in-dwell stents may become encrusted within 6 months.[3] Stent encrustation can lead to increased risk of infection and obstruction.[4,5]
- 13 out of 100 ureteral stents may be forgotten.[6]

In vitro studies of Tria™ Ureteral Stent demonstrate a reduction in the combined urine calcium and magnesium salt deposits, both in the presence and absence of bacteria.[7,8]

Sterile artifical urine studies

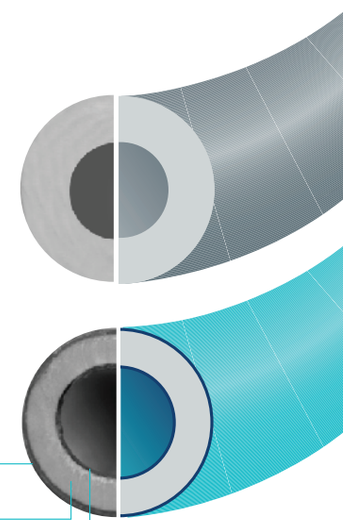


Proteus spiked artificial urine studies



Traditional stent design

Tria™ stent design



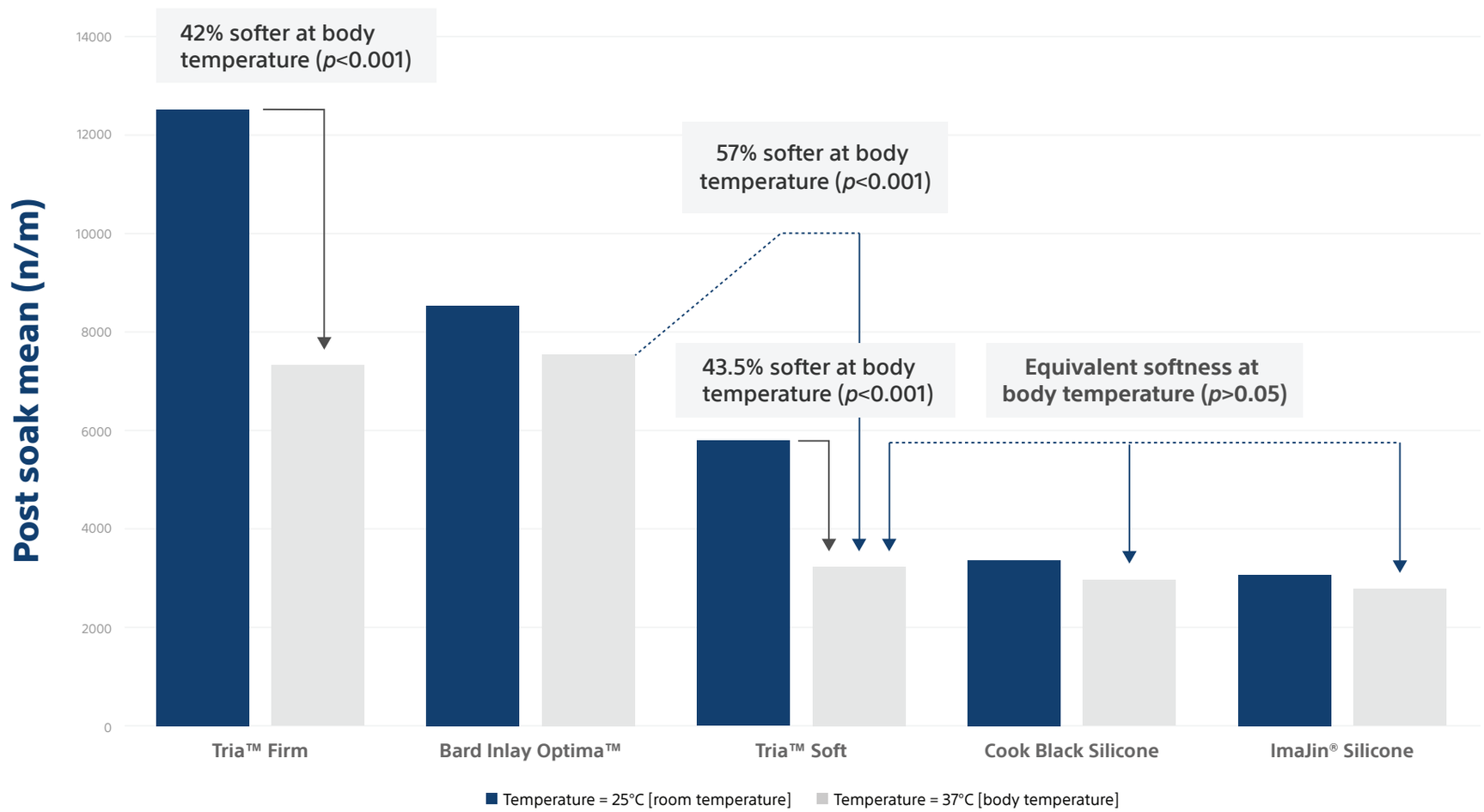
In both sterile and bacterial infection urine bench test models, Tria Firm Stent and Tria Soft Stent reduced the combined Ca and Mg urine salt accumulation as compared to competitive stents.[6,7] The mean difference of salt crystal material was a statistically significant reduction in each model.*

The material difference

The Tria™ Ureteral Stent's quality-driven manufacturing process, combined with the unique PercuShield™ design, produces consistent inner and outer surfaces, minimizing irregularities of the stent and reducing the likelihood of salt adhesion.

- **Significant durometer changes –** Designed to be stiffer during placement to navigate patient anatomy while softening by over 40% at body temperature, which may promote greater patient tolerability.[7,9,10]
- **Optimal coverage –** Unlike an applied coating, the PercuShield technology is embedded into the stent to provide protection throughout the entire indwell.
- **No contraindications –** Potentially treat more patients.

Durometer changes by product



To learn more about the features and benefits of the Tria™ Ureteral Stent, **watch this video**.

Everything else that matters

Up to 365-day indwell time.**
Biocompatible material designed for up to a 365-day indwelling time.

Optimal drainage.
A large inner lumen and thin outer wall design promotes drainage

Slim packaging.
WorldStar Packaging Award winning design to meet inventory management needs.[11]

Range of sizes.
Available in an expansive range of diameters and lengths to accommodate a variety of patient types.

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

To stay up to date on stone management best practices, efficiencies and innovations that have the potential to transform your practice, visit StoneSmart.com

**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. Bruce AW, Sira SS, Clark AF, et al. The problem of catheter encrustation. *Can Med Assoc J.* 1974 Aug 3;111(3):238-41.

2. Vanderbrink BA, Rastinehad AR, Ost MC, et al. Encrusted urinary stents: evaluation and endourologic management. *J Endourol.* 2008 May;22(5):905-12.

3. Bultitude MF, Tiptaft RC, Glass JM, et al. Management of encrusted ureteral stents impacted in upper tract. *Urology.* 2003 Oct;62(4):622-6.

4. El-Faqih SR, Shamsuddin AB, Chakrabarti A, et al. Polyurethane Internal Ureteral stents in treatment of stone patients: Morbidity related to Indwelling Times. *Urology.* 1991;146(6):1487-1491.

5. Arenas JL, Shen JK, Keheila M, et al. Kidney, ureter, and bladder (KUB): a novel grading system for encrusted ureteral stents. *Urology.* 2016 Nov;97:51-5.

6. Ather MH, Talati J, Biyabani R. Physician responsibility for removal of implants: the case for a computerized program for tracking overdue double-J stents. *Tech Urol.* 2000 Sep;6(3):189-92

7. The testing was performed by or on behalf of BSC. Data on file. Bench test or pre-clinical study results may not necessarily be indicative of clinical performance.

8. Study methodology: Testing was performed by an independent third-party using the in-vitro BEST™ method to evaluate salt adhesion of the ureteral stents. A total of 30 samples from each ureteral stent family were tested in both a sterile Artificial Urine Model and a Bacterial Infection Model (n=15 in each 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.

9. Reduction in stent durometer represents the average percent drop in stent durometer from 25°C to 37°C in air.

10. Park HK, Paick SH, Kim HG, et al. The impact of ureteral stent type on patient symptoms as determined by the ureteral stent symptom questionnaire: A prospective, randomized, controlled study. *J Endourol.* 2015 Mar;29(3):367-71.

11. Ureteral Stent Packaging Redesign. WorldStar Packaging Awards. http://www.worldstar.org/winner/2018/ureteral-stent-packaging-redesign-boston-scientific. Accessed October 17, 2019.

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