URETERAL STENTS

INLAY OPTIMA®

URETERAL STENT



Maximum Efficiency.
Optimum Results.

STONE MANAGEMENT

BARD | MEDICAL

The trusted performance of the InLay® brand...optimized

Take advantage of the exceptional performance characteristics of our solution to ureteral stenting challenges: the InLay Optima® ureteral stent. This next-generation stent offers all the recognized benefits of the Bard® InLay® ureteral stent: smooth, atraumatic insertion and patient comfort, indwelling for up to 365 days, *plus* its ability to help reduce the accumulation of urine calcium salts on the stent surface.[1]*



1 Choong SKS, Wood S, Whitfield HN. "A model to quantify encrustation on ureteric stents, urethral catheters, and polymers intended for urologic use." BJU International (2000), 86. 414-421.

Designed specifically for ease of insertion and navigation



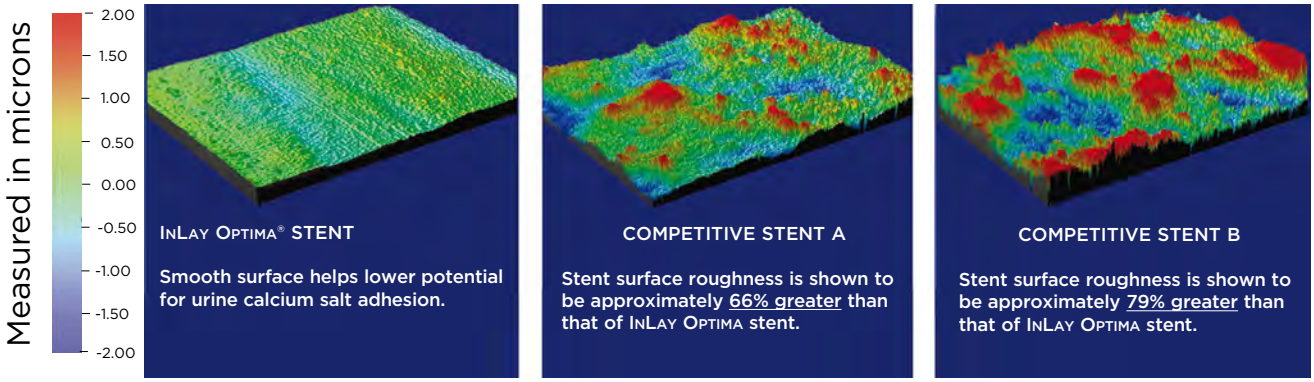
Gradual taper at tip of stent promotes smooth insertion and atraumatic navigation around obstructions.

Pusher with fluoro marker helps achieve accurate placement, and distinctive lime green stent color enhances visibility.

A quantitative comparison of ureteral stents showed **InLay Optima®** stent to be comparable to the InLay® stent in ease of insertion, and *32% easier to place* than a leading competitive stent.*

Now with an exceptional degree of smoothness

A proprietary polymer blend results in a stent that is both biocompatible and ultra-smooth for patient comfort.



InLay Optima®

URETERAL STENT

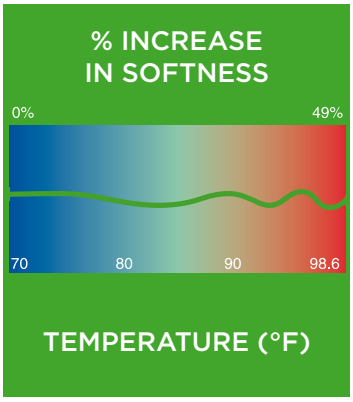


Engineered to achieve optimal patient comfort

Because of less mechanical trauma at stent-tissue interface, a smoother stent surface may reduce ureteral reactions such as ulceration, epithelial hyperplasia, inflammation and edema.*

Depending on stent size, stent softens *from 29% up to 49%* at body temperature to promote greater patient comfort.*

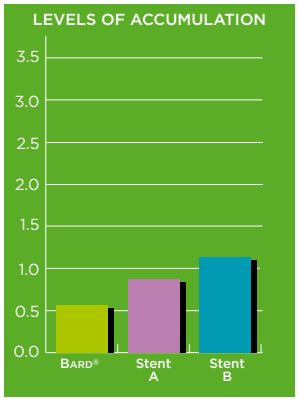
Uniquely formulated "pHreeCOAT" coating stabilizes pH level on stent surface, helping to minimize adhesion of urine calcium salts, which may cause obstruction and impeded urine flow.*



An innovative solution to the problem of urine calcium salt accumulation

In vitro laboratory testing demonstrated the superior resistance to urine calcium salt accumulation of **InLay Optima®** stent vs. two leading competitive stents:*

- Competitive stent A encrusted ***34% more*** than **InLay Optima®** stent
- Competitive stent B encrusted ***80% more*** than **InLay Optima®** stent



*Bench data on file, C. R. Bard, Inc. May not correlate to clinical performace.

Ordering Information

Size	Without Guidewire	HydroGlide® Guidewire	Nitinol Guidewire
4.7 Fr./14cm	788414	787414	786414
4.7 Fr./20cm	788420	787420	786420
4.7 Fr./22cm	788422	787422	786422
4.7 Fr./24cm	788424	787424	786424
4.7 Fr./26cm	788426	787426	786426
4.7 Fr./28cm	788428	787428	786428
4.7 Fr./30cm	788430	787430	786430
6 Fr./14cm	788614	787614	786614
6 Fr./20cm	788620	787620	786620
6 Fr./22cm	788622	787622	786622
6 Fr./24cm	788624	787624	786624
6 Fr./26cm	788626	787626	786626
6 Fr./28cm	788628	787628	786628
6 Fr./30cm	788630	787630	786630
7 Fr./14cm	788714	787714	786714
7 Fr./20cm	788720	787720	786720
7 Fr./22cm	788722	787722	786722
7 Fr./24cm	788724	787724	786724
7 Fr./26cm	788726	787726	786726
7 Fr./28cm	788728	787728	786728
7 Fr./30cm	788730	787730	786730
8 Fr./14cm	788814	787814	786814
8 Fr./20cm	788820	787820	786820
8 Fr./22cm	788822	787822	786822
8 Fr./24cm	788824	787824	786824
8 Fr./26cm	788826	787826	786826
8 Fr./28cm	788828	787828	786828
8 Fr./30cm	788830	787830	786830

Multilength Ureteral Stent	Without Guidewire	HydroGlide® Guidewire	Nitinol Guidewire
4.7 Fr./22-32cm	788400	787400	786400
6 Fr./22-32cm	788600	787600	786600
7 Fr./22-32cm	788700	787700	786700
8 Fr./22-32cm	788800		786800

For additional information contact your local Bard representative or call 1.800.526.4455.

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Covington, GA 30014
www.bardmedical.com

Indications for Use:
The InLay Optima® Ureteral Stent and Multi-Length Ureteral Stent with Suture are indicated to relieve obstruction in a variety of benign, malignant and post-traumatic conditions in the ureter. These conditions include stones and/or stone fragments, or other ureteral obstructions such as those associated with ureteral stricture, malignancy of abdominal organs, retroperitoneal fibrosis or ureteral trauma, or in association with Extracorporeal Shock Wave Lithotripsy (ESWL). The stent may be placed using endoscopic surgical techniques or percutaneously using standard radiographic technique. It is recommended that the indwelling time not exceed 365 days. The stent is not intended as a permanent indwelling device.

Contraindications:
(Refer to the Instructions for Use for the Complete List of Adverse Effects, Precautions, and Warnings.)
There are no known contraindications for use.

Precautions: *(Before use, consult product labels and inserts for any indications, contraindications, hazards, warnings, cautions and instructions for use.)*

- Suture may be cut off prior to stent placement. Remove suture if indwelling time is expected to be longer than 14 days.
- Avoid improper handling of stent such as bending, kinking, tearing, etc. Misuse could damage the overall integrity of the stent.
- Ureteral stents should be checked periodically for signs of encrustation and proper function. Periodic checks of the stent by cystoscopic and/or radiographic procedures are recommended at intervals deemed to be appropriate by the physician in consideration of the individual patient's condition and other patient specific factors. When long-term use is indicted, it is recommended that indwelling time not exceed 365 days. The stent is not intended as a permanent indwelling device.
- With any ureteral stent, migration is a possible complication, which could require medical intervention for removal. Selection of too short a stent may result in migration.
- Care should be exercised when removing the stent from the inner polybag to eliminate tearing or fragmentation.
- The insertion of a ureteral stent should only be done by those individuals who have comprehensive training in the techniques and risks of the procedure.

Potential Complications:
Potential complications associated with retrograde/antegrade positioning of indwelling ureteral stents include the following:

- Edema • Stone formation • Peritonitis
- Extravasation • Ureteral reflux
- •Stent dislodgement, fragmentation, migration, occlusion
- Fistula formation • Loss of renal function • Hemorrhage
- •Pain/Discomfort • Stent encrustation • Hydronephrosis
- Perforation of kidney, renal pelvis, ureter, and/or bladder
- Ureteral erosion • Infection • Urinary symptoms

Warning:
After use this product may be a potential biohazard. Handle and dispose of in accordance with acceptable medical practice and with applicable local, state and federal laws and regulations. For the latest information, always check the "Instructions for Use" that comes packaged with the product. Please consult product labels and inserts for any indications, contraindications, hazards, warnings, cautions and directions for use.

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