



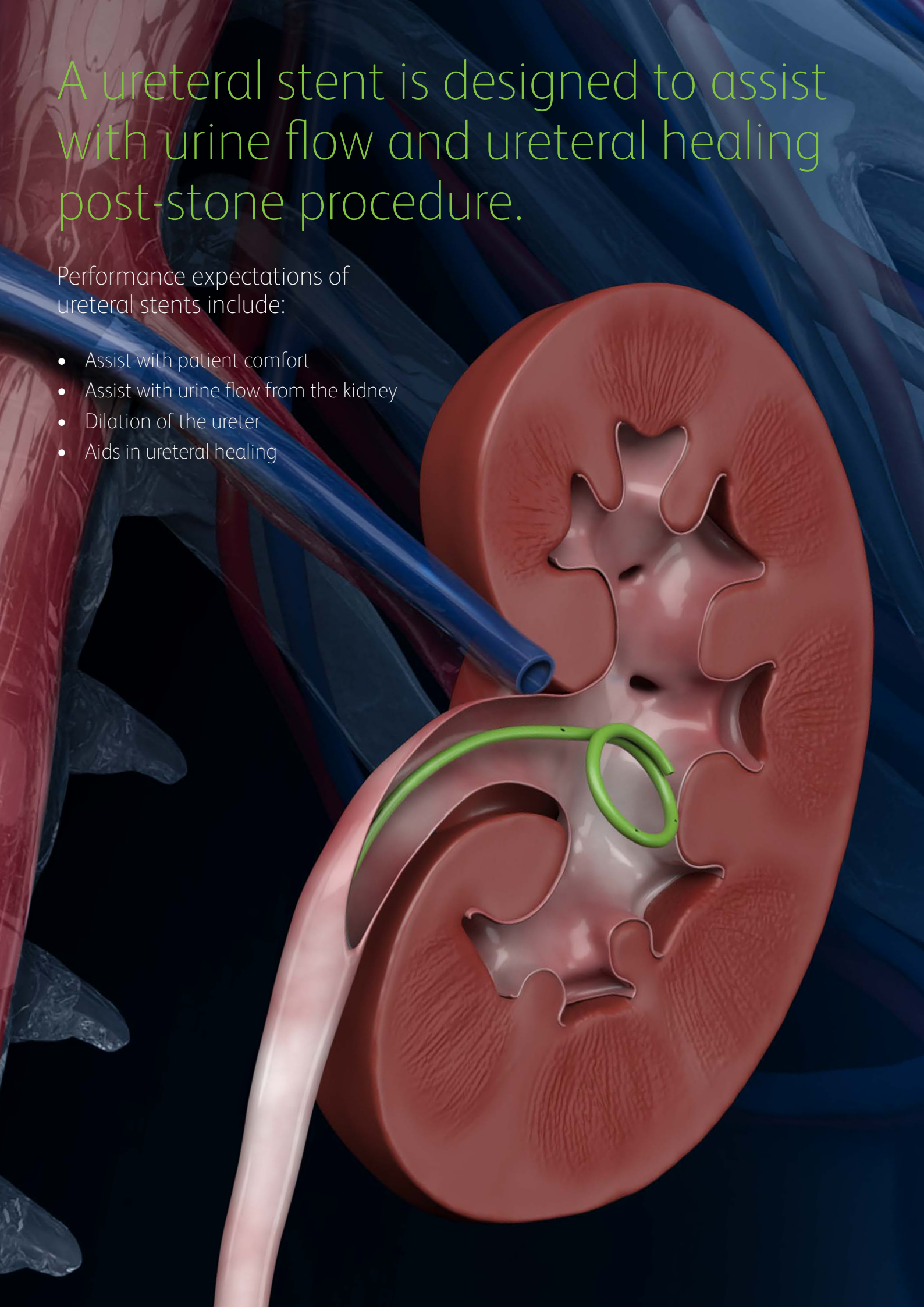
Short term or long term...  
what's the best stent for  
kidney stone patients?



A ureteral stent is designed to assist with urine flow and ureteral healing post-stone procedure.

Performance expectations of ureteral stents include:

- Assist with patient comfort
- Assist with urine flow from the kidney
- Dilation of the ureter
- Aids in ureteral healing



The InLay Optima™ ureteral stent is designed to help with patient comfort and ease of insertion.



Smooth coating reduces ureteral trauma.

49%

“Preclinical testing demonstrates the InLay Optima™ softens up to 49% within 20 minutes at body temperature – easy to insert but softens quickly.\*†



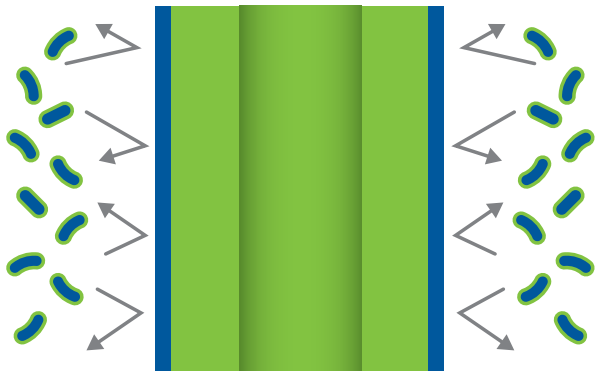
Tight coils designed to minimize migration with no excess material that may cause irritation.



Gradual taper at tip of stent is designed for smooth insertion and navigation around obstructions.

# The InLay Optima™ ureteral stent includes a proprietary pHreecoat hydrophobic coating.

The InLay Optima™ stent is indicated for 365 day indwelling placement.

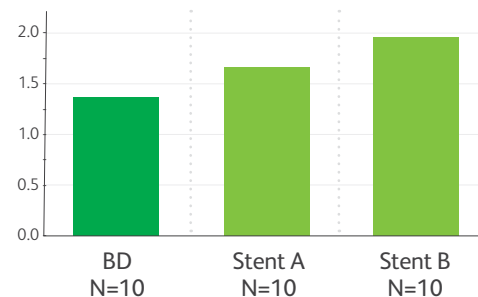


pHreeCoat provides a hydrophobic coating that is designed to stay on longer and provides a pH buffer which is designed to resist encrustation.

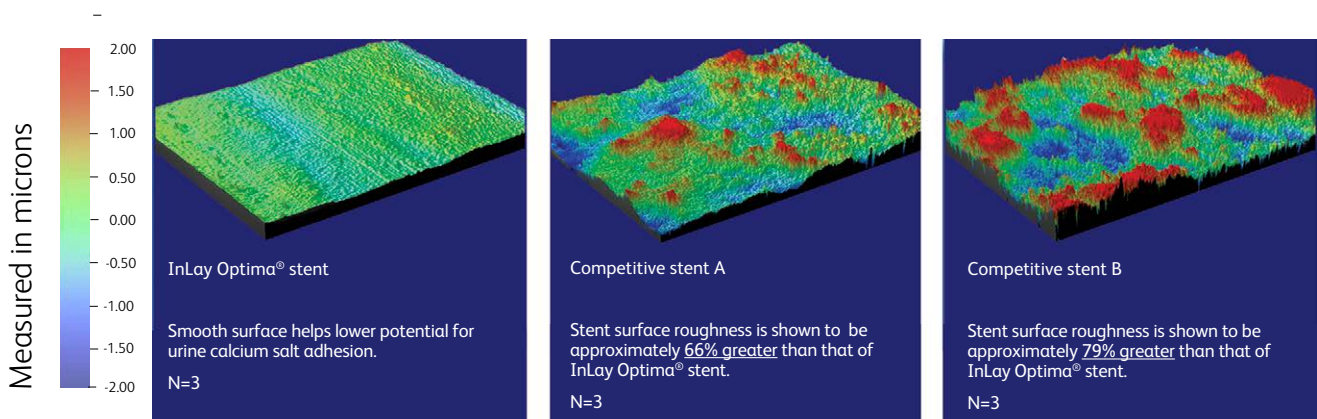
In vitro laboratory testing demonstrated the better resistance to urine calcium salt accumulation of InLay Optima™ stent vs. two leading competitive stents:\*

- Competitive stent A encrusted 34% more than InLay Optima™ stent.
- Competitive stent B encrusted 80% more than InLay Optima™ stent.

## Levels of accumulation



The combination of material and proprietary coating results in a stent that is biocompatible and smooth promoting patient comfort.



\*Preclinical data may not compare to outcomes in humans.

# All ureteral stents are not created equal.

Not all stents are designed the same or get the same results. Stents have different coatings and are made from different materials that may impact urological symptoms differently.



More than 45% of post-ureteroscopy calls are due to patients reporting urinary symptoms related to stent pain.<sup>1</sup>



15% of patients return to the Emergency Department post URS.<sup>2</sup>



13% of your patients will not return for their stent removal and the stent will end up indwelling for 6 months or greater.<sup>3</sup>



76% of forgotten ureteral stents become encrusted. Some of these stents will require several surgical procedures to remove.<sup>3</sup>

1. Du K, et al. Unplanned 30-Day Encounters After Uretero-rensoscopy for Urolithiasis. J Urology. 2017;197(4S):e1004.  
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4586158/>  
3. <https://www.bostonscientific.com/content/dam/bostonscientific/uro-wh/trade-show/ureteral-stent-tracker-compliance-sheet.pdf>

**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:** No known contraindications for use.

**Precautions:**

- 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.

**InlayOptima™ ureteral stent**

Size	Without guidewire	Nitinol guidewire
4.7 F/14 cm	788414	786414
4.7 F/20 cm	788420	786420
4.7 F/24 cm	788424	786424
4.7 F/26 cm	788426	786426
4.7 F/28 cm	788428	786428
6 F/20 cm	788620	786620
6 F/22 cm	788622	786622
6 F/24 cm	788624	786624
6 F/26 cm	788626	786626
6 F/28 cm	788628	786628
7 F/20 cm	788720	786720
7 F/22 cm	788722	786722
7 F/24 cm	788724	786724
7 F/26 cm	788726	786726
7 F/28 cm	788728	786728
8 F/22 cm	788822	786822
8 F/24 cm	788824	786824
8 F/26 cm	788826	786826
8 F/28 cm	788828	786828

- 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 indicated, 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.

Multi-Length Ureteral Stents: Formation of knots in multi-length ureteral stents may occur. This may result in injury to the ureter during removal and/or the need for additional surgical intervention. The presence of a knot should be considered if significant resistance is encountered during attempts at removal.

**Inlay™ ureteral stent**

Size	Without guidewire	Nitinol guidewire
4.7 F/14 cm	778414	776414
4.7 Fr20 cm	778420	776420
4.7 F/22 cm	778422	776422
4.7 F/24 cm	778424	776424
4.7 F/26 cm	778426	776426
4.7 F/28 cm	778428	776428
6 F/14 cm	778614	776614
6 F/20 cm	778620	776620
6 F/22 cm	778622	776622
6 F/24 cm	778624	776624
6 F/26 cm	778626	776626
6 F/28 cm	778628	776628

**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 accepted medical practice and with applicable local, state and federal laws and regulations. This is a single use device. Do not re-sterilize any portion of this device. Reuse and/or repackaging may create a risk of patient or user infection, compromise the structural integrity and/or essential material and design characteristics of the device, which may lead to device failure, and/or lead to injury, illness or death of the patient.

Size	Without guidewire	Nitinol guidewire
7 F/14 cm	778714	776714
7 F/20 cm	778720	776720
7 F/22 cm	778722	776722
7 F/24 cm	778724	776724
7 F/26 cm	778726	776726
7 F/28 cm	778728	776728
8 F/14 cm	778814	776814
8 F/20 cm	778820	776820
8 F/22 cm	778822	776822
8 F/24 cm	778824	776824
8 F/26 cm	778826	776826
8 F/28 cm	778828	776828

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