



Evolution[®] family of stents

Giving clinicians more control throughout the GI tract

Giving clinicians more control—and less stress—has been the driving force behind the Evolution Controlled Release stents since 2008. Now that same control is available for placing stents throughout the entire GI tract. Whether treating strictures in the esophagus, colon, duodenum or biliary tract, Evolution gives clinicians the unique ability to deploy, recapture and/or reposition the stent. That level of precision can make it easier to accurately place stents the very first time, and may reduce the need for repeat procedures.

All Evolution stents combine flexibility and radial force to conform to the patient's particular anatomical landscape. To reduce the risk of migration, the stents have proximal and distal flanges. Most importantly, Evolution stents give clinicians important new options for treating strictures throughout the GI system. In this issue of *The Channel*, you'll see clinical cases that utilize Evolution stents in the biliary tract (page 2) and colon (page 3).

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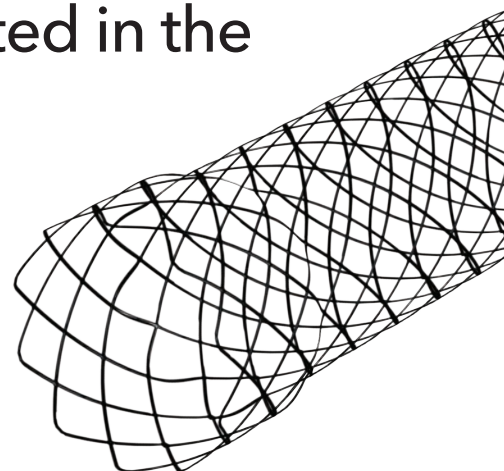
We welcome your comments and suggestions.

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Malignant tumor located in the head of the pancreas

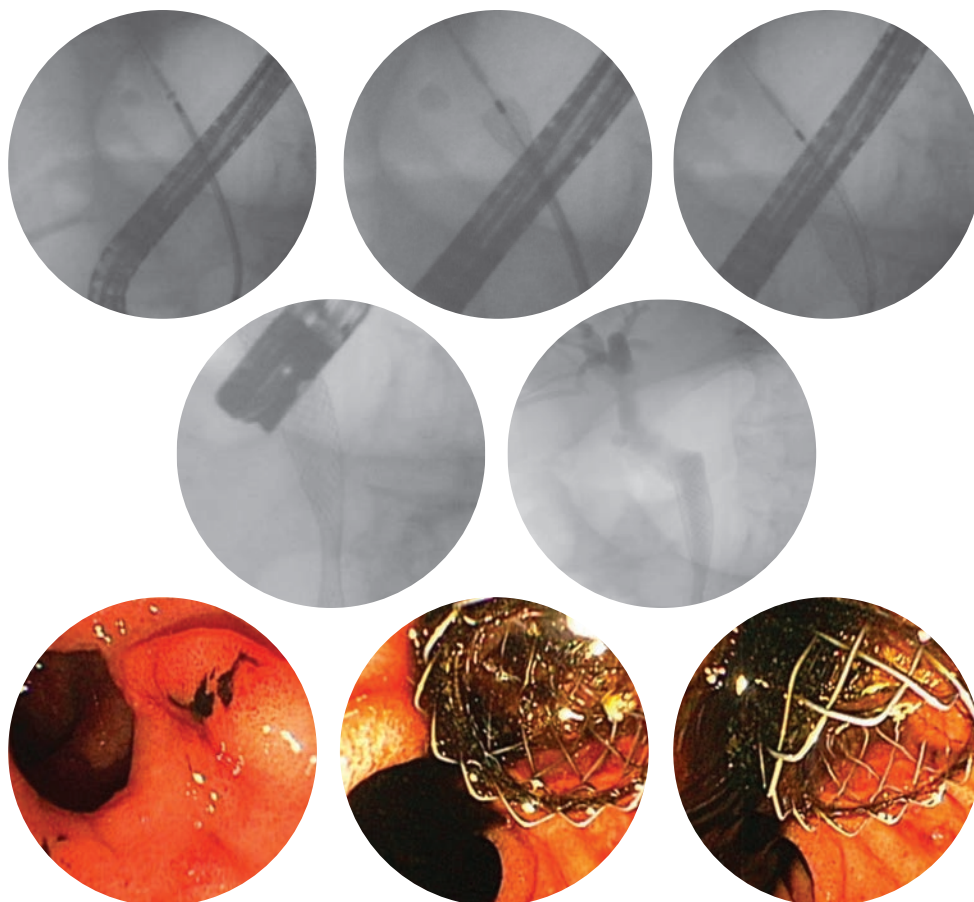


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Background: An 82-year-old patient presented with an inoperable pancreatic cancer and suffering from jaundice.

Case Information: The ampulla, which had no signs of bile, was difficult to cannulate but, after repeated attempts and a double-wire-guide technique, deep biliary cannulation and sphincterotomy was completed. The malignant stricture was located in the distal part of the common bile duct, just above the ampullary region, and the length was about 2-3 cm. A 60 mm Cook Evolution Biliary uncovered stent* was deployed over the wire guide with the distal end extended 5 mm through the ampulla. Black bile began to pour out of the SEMS. The patient was discharged the following day. ■



Images courtesy Fredrik Swahn, MD

*Pending 510k, not for sale in the USA.