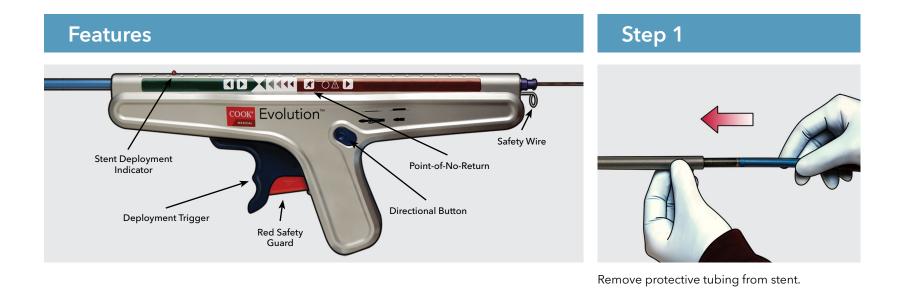
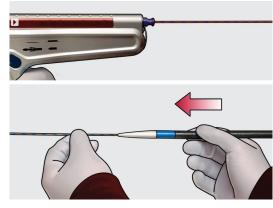
Evolution Esophageal

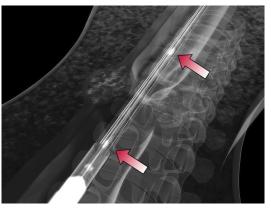


Step 2



Using fluoroscopic guidance, introduce and advance introduction system in short increments over pre-positioned wire guide into esophagus.

Step 3



Fluoroscopically position radiopaque markers on inner catheter beyond extremities of stricture to be crossed.

Step 4



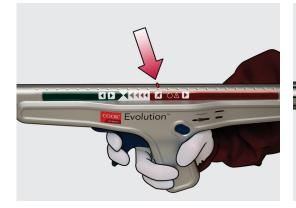
Confirm desired stent position fluoroscopically and deploy stent by removing red safety guard from handle. Continue deploying stent by squeezing trigger.



Step 5a

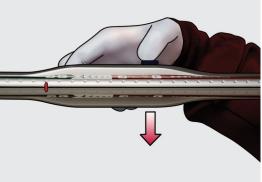
Step 5b

Step 6

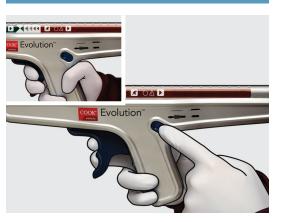


If repositioning is required during deployment, it is possible to recapture stent.

Note: It is not possible to recapture stent after passing point-of-no-return, indicated when the stent deployment indicator on top of introducer has passed point-of-no-return indicator on handle.



To recapture stent, push directional button on side of delivery system to opposite side. **Note:** Hold thumb on button when squeezing trigger for first time to recapture. Continue squeezing trigger as required to recapture stent by desired amount.



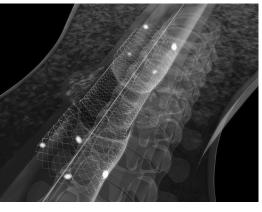
To resume deployment, push directional button to opposite side again and hold button for first stroke while squeezing trigger.

Step 7



When stent point-of-no-return has been passed, pull safety wire out of delivery handle near wire guide port. Continue deploying stent by squeezing trigger.

Step 8



After deployment, fluoroscopically confirm stent expansion. Once expansion is confirmed, introduction system can be safely removed.

Australia:

USA Website: cookmedical.com

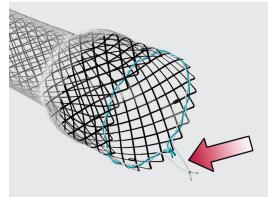
E-mail: customersupport@cookmedical.com

Americas: Phone: +1 812.339.2235, 800.457.4500, Fax: 800.554.8335

Australia Phone: +61 734346000, 1800777222, Fax: +61 734346001, 1800077283 E-mail: cau.custserv@cookmedical.com

EDI: cookmedical.com/edi.do

Step 9



With the white lasso on proximal end of stent you can reposition stent, directly after placement by pulling with forceps on the white lasso and reposition stent to desired area.

Refer to current instructions for detailed system use. Please see product risk information in the IFU at cookmedical.eu

AI, ESC, IR, OHNS, PI, RH, SUR-8.5X11

Customer Service

EU Website: cookmedical.eu

EDI: cookmedical.eu/edi Distributors: +353 61239240, ssc.distributors@cookmedical.com Austria: +43 179567121, oe.orders@cookmedical.com Belgium: +32 27001702, be.orders@cookmedical.com Denmark: +45 38487607, da.orders@cookmedical.com Finland: +358 972519996, fi.orders@cookmedical.com France: +33 171230269, fr.orders@cookmedical.com Germany: +49 6950072804, de.orders@cookmedical.com Hungary: +36 17779199, hu.orders@cookmedical.com Iceland: +354 8007615, IS.orders@cookmedical.com Ireland: +353 61239252, ie.orders@cookmedical.com Italy: +39 0269682853, it.orders@cookmedical.com Netherlands: +31 202013367, nl.orders@cookmedical.com Norway: +47 23162968, no.orders@cookmedical.com Spain: +34 912702691, es.orders@cookmedical.com Sweden: +46 858769468, se.orders@cookmedical.com Switzerland - French: +41 448009609, fr.orders@cookmedical.com Switzerland - Italian: +41 448009609, it.orders@cookmedical.com Switzerland - German: +41 448009609, de.orders@cookmedical.com United Kingdom: +44 2073654183, uk.orders@cookmedical.com



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