More control, less stress, throughout the GI tract.

Evolution®
CONTROLLED-RELEASE STENT

Biliary

Duodenal

Colonic

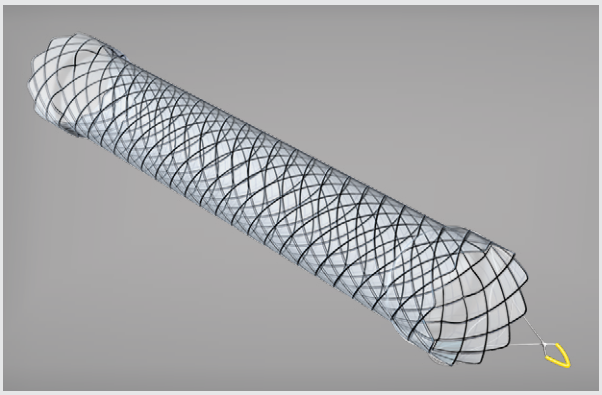
Esophageal

COOK MEDICAL

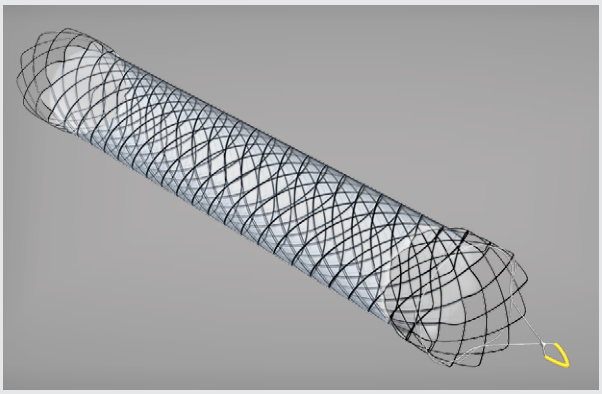
The Evolution Family

Evolution gives you the ability to deliver stents with more control and less stress. Now, no matter where you are stenting in the GI tract, you can focus even more on patient outcomes.

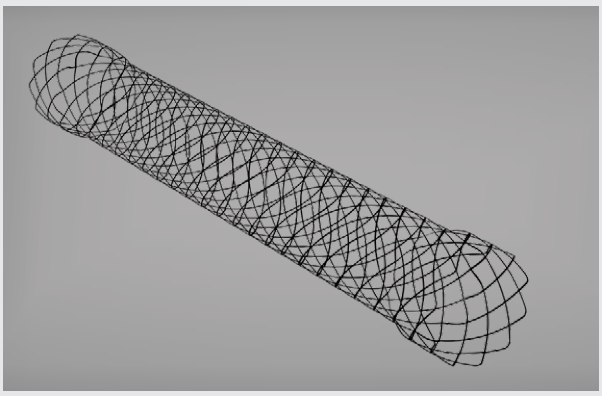
Biliary



Fully Covered

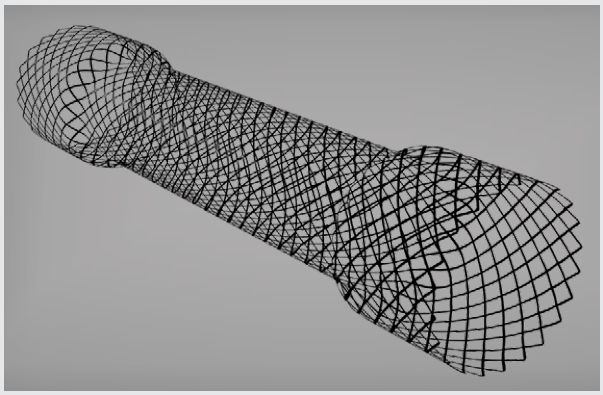


Partially Covered



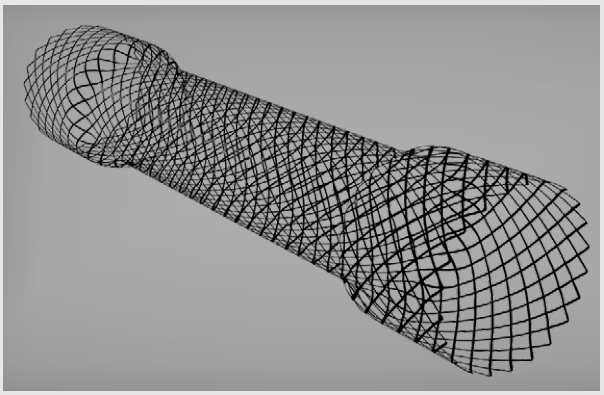
Uncovered

Duodenal



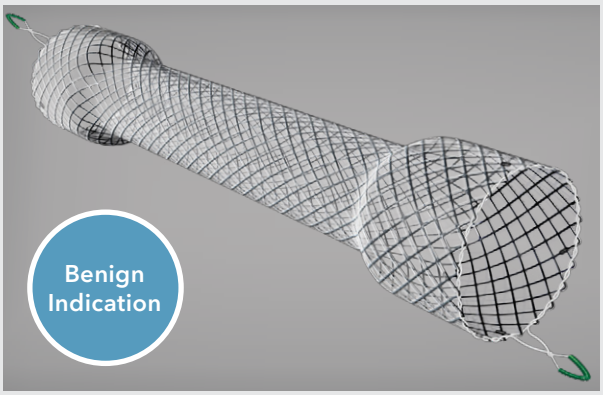
Uncovered

Colonic

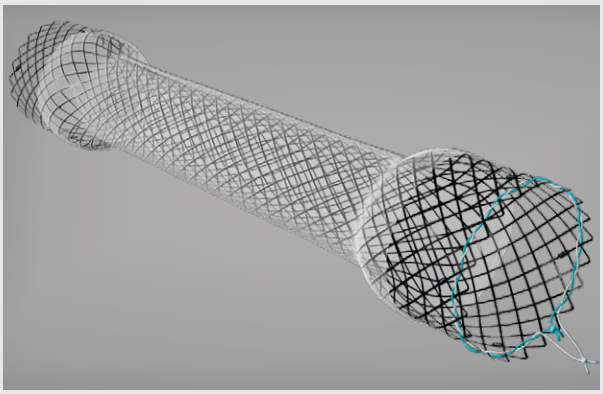


Uncovered

Esophageal



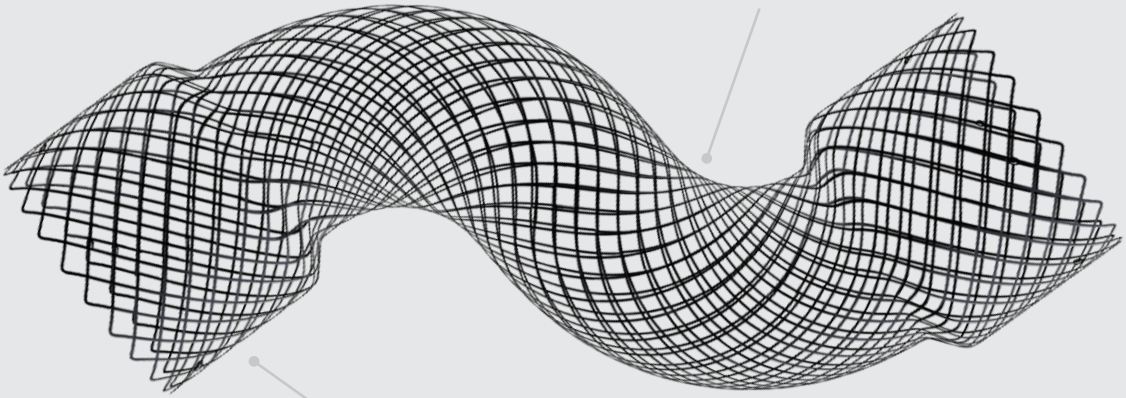
Fully Covered



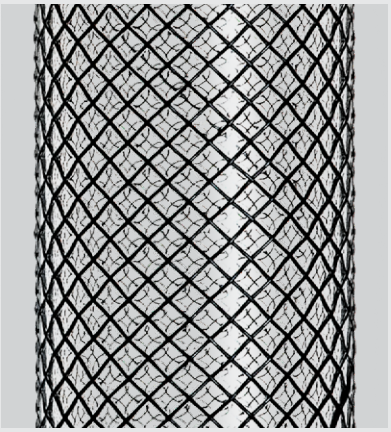
Partially Covered

Evolutionary Stent

The stent, the most important aspect of the procedure, is meant to provide comfort and relief specific to the patient's disease state. That's the guiding concept behind all of our Evolution stents.

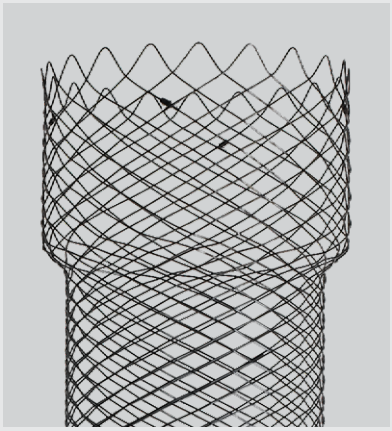


Esophageal



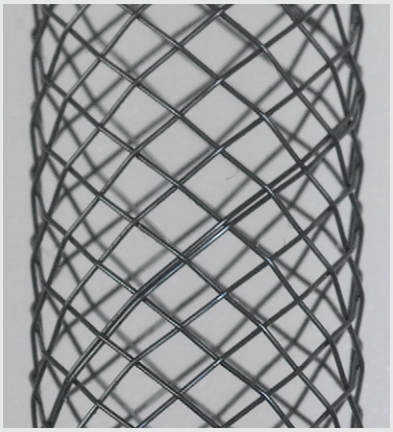
Silicone coating helps minimize the risk of tissue ingrowth and food impaction

Colonic | Duodenal



18 crowns on the Evolution duodenal and 20 crowns on the Evolution Colonic are designed to deliver an even distribution of radial force to reduce pain and the risk of perforation

Biliary

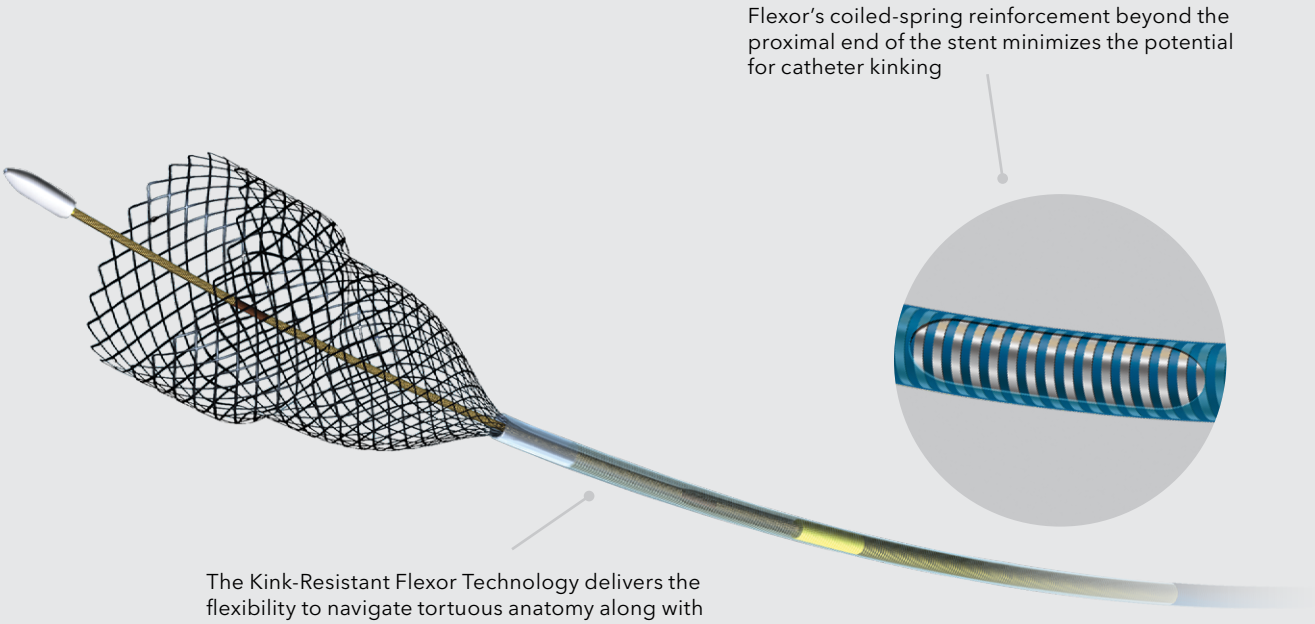


With its small-cell configuration, the uncovered weave design potentially improves patency

*Evolution Biliary has a nitinol wire with a platinum core.

Evolutionary Precision

Precision is gaining access to your stenting position and then maintaining that position throughout the deployment process, even in complex and challenging anatomy.



Esophageal

Radiopaque markers on the inner catheter assist in estimation of stent foreshortening and precise stent placement

Image courtesy of Dr. Inder Mainie, Belfast City Hospital, Northern Ireland.

Biliary

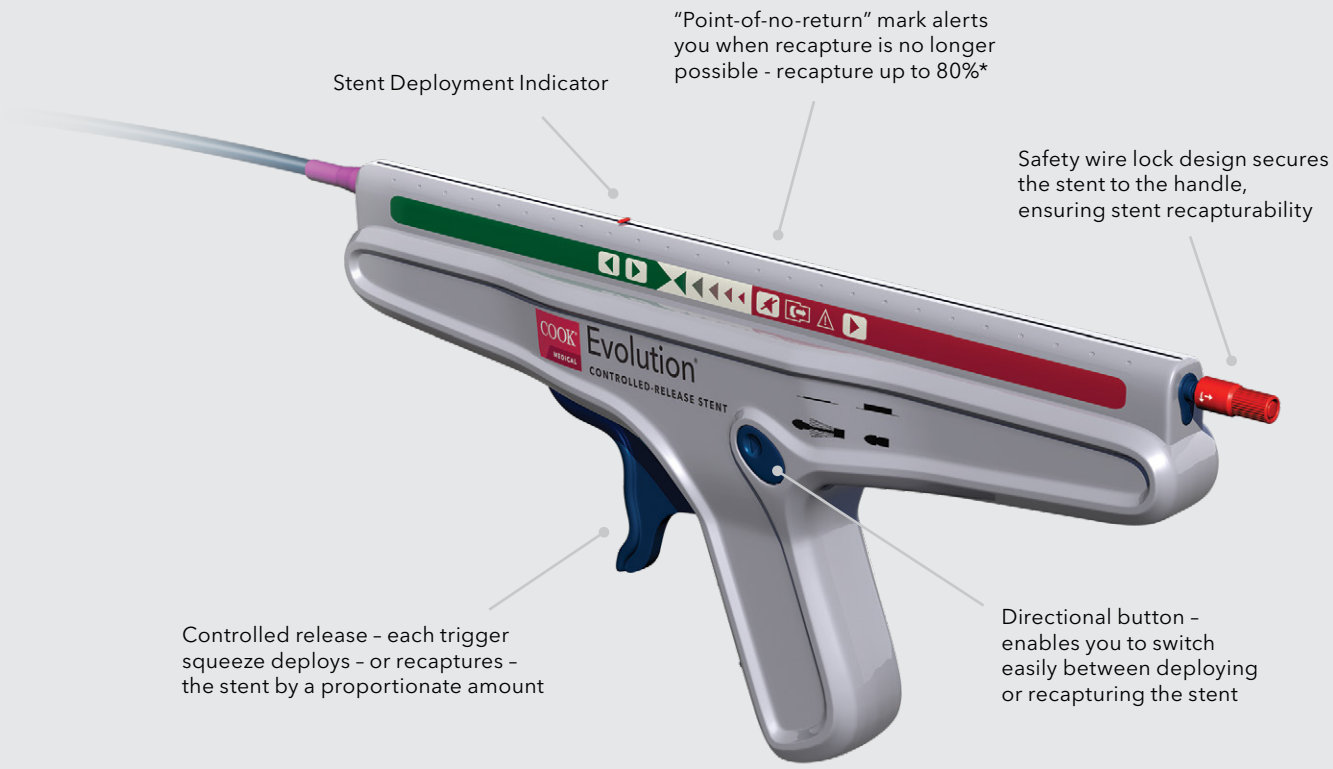
Radiopaque markers indicate precise stent location during introduction and deployment

Image courtesy of Prof. Marco Bruno, Erasmus Medical Centre, Rotterdam, The Netherlands.

Evolutionary Control

An intuitive, controlled-release system with the ability to recapture gives you and your assistant the confidence needed to remain in sync throughout the deployment process.

The Controlled-release mechanism minimizes potential stent jumping allowing for precise stent placement.



"Excellent controlled release and good pushability."

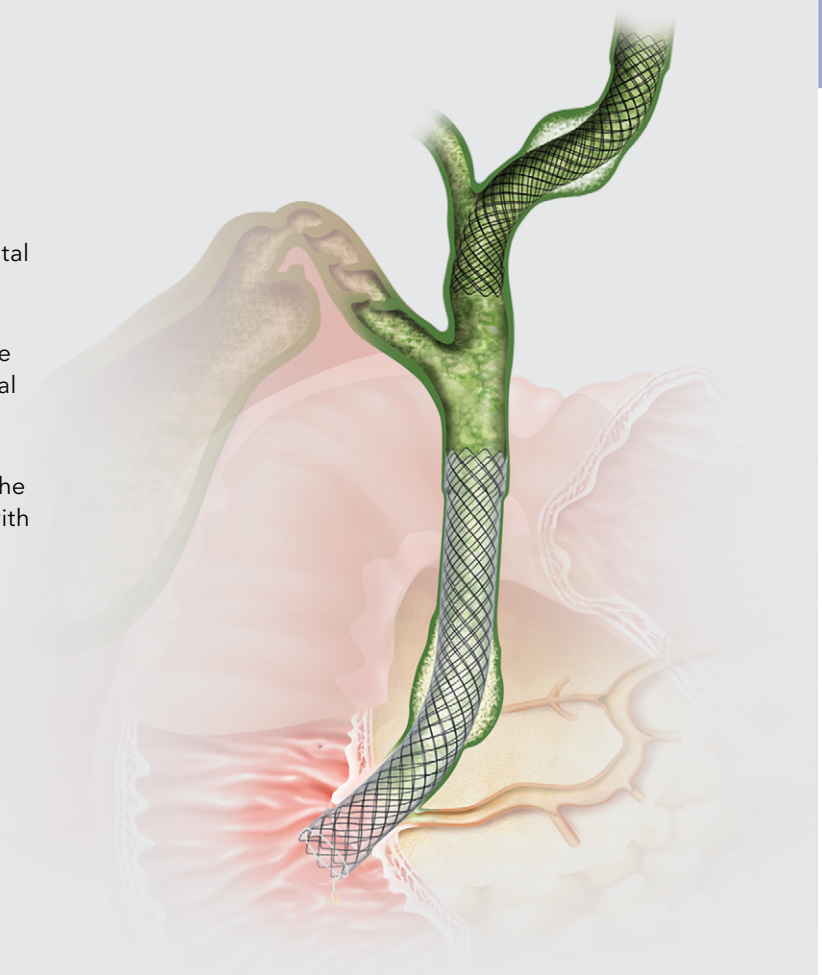
Dr. Martin James
Queen's Medical Centre
Nottingham, United Kingdom.

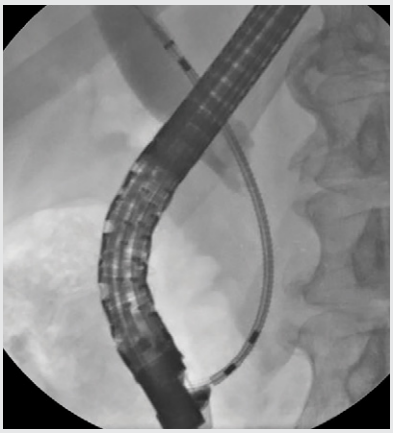
*80% for Evolution Biliary and 50% for Evolution Colonic, Duodenal and Esophageal

Evolution® Biliary

Even when in a completely retroflexed position you are able to effectively deploy a stent designed for prolonged patency.

- Evolution stents are woven with a single nitinol wire, with platinum core, which is designed to provide uniform radial force, optimal flexibility and conformability
- Every Evolution stent has both proximal and distal flanges which help reduce migration
- Flexor's coiled-spring reinforcement beyond the proximal end of the stent minimizes the potential for catheter kinking
- The Kink-Resistant Flexor Technology delivers the flexibility to navigate tortuous anatomy along with the pushability to traverse tight strictures





Radiopaque markers before deployment begins

Image courtesy of Prof. Marco Bruno, Erasmus Medical Centre, Rotterdam, The Netherlands.

Endoscopic yellow marker

Image courtesy of Prof. Horst Neuhaus, Evangelisches Krankenhaus, Düsseldorf, Germany.

Double stenting immediately after placement

Image courtesy of Prof. Guido Costamagna, Policlinico Universitario Agostino Gemelli, Rome, Italy.

Evolution Biliary

This device is used in palliation of malignant neoplasms in the biliary tree.
Supplied sterile and is disposable - for single use only.

Order Number	Reference Part Number	Introducer Size Fr	Body Diameter mm	Stent Flange Diameter mm	Stent Length cm	Wire Guide Diameter inch	Minimum Accessory Channel mm
Fully Covered							
G23131	EVO-FC-8-9-6-B	8.5	8	9	6	.035	3.2
G23132	EVO-FC-8-9-8-B	8.5	8	9	8	.035	3.2
G23133	EVO-FC-10-11-4-B	8.5	10	11	4	.035	3.2
G23134	EVO-FC-10-11-6-B	8.5	10	11	6	.035	3.2
G23135	EVO-FC-10-11-8-B	8.5	10	11	8	.035	3.2
Partially Covered							
G23136	EVO-PC-8-9-6-B	8.5	8	9	6	.035	3.2
G23137	EVO-PC-8-9-8-B	8.5	8	9	8	.035	3.2
G23138	EVO-PC-10-11-4-B	8.5	10	11	4	.035	3.2
G23139	EVO-PC-10-11-6-B	8.5	10	11	6	.035	3.2
G23140	EVO-PC-10-11-8-B	8.5	10	11	8	.035	3.2
Uncovered							
G23123	EVO-8-9-4-B	8.5	8	9	4	.035	3.2
G23124	EVO-8-9-6-B	8.5	8	9	6	.035	3.2
G23125	EVO-8-9-8-B	8.5	8	9	8	.035	3.2
G23126	EVO-8-9-10-B	8.5	8	9	10	.035	3.2
G23127	EVO-10-11-4-B	8.5	10	11	4	.035	3.2
G23128	EVO-10-11-6-B	8.5	10	11	6	.035	3.2
G23129	EVO-10-11-8-B	8.5	10	11	8	.035	3.2
G23130	EVO-10-11-10-B	8.5	10	11	10	.035	3.2

Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Service for details regarding: stock/non-stock status (expect longer lead time if non-stock), pricing and/or availability.

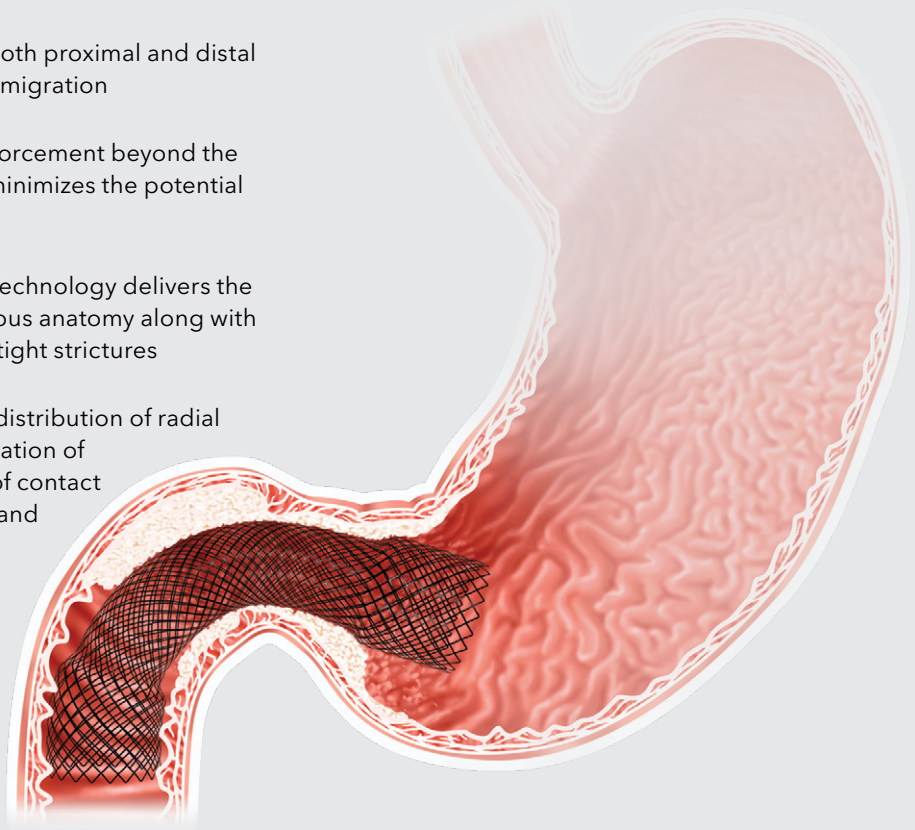
Warning: *The safety and effectiveness of this device for use in the vascular system have not been established.*

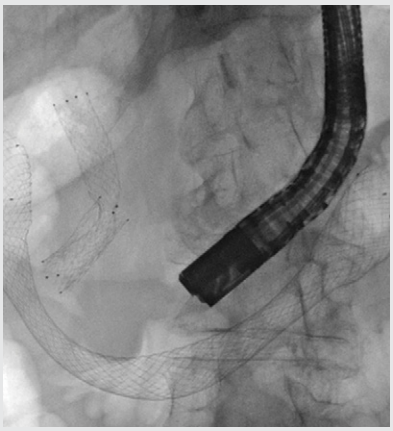
MR **MR Conditional**

Evolution® Duodenal

Maneuver through the duodenum's difficult angulations and deploy a stent that conforms to the anatomy's particular curve, even in the complex third or fourth portions of the duodenum.

- Evolution stents are woven with a single nitinol wire, which is designed to provide uniform radial force, optimal flexibility and conformability
- Every Evolution stent has both proximal and distal flanges which help reduce migration
- Flexor's coiled-spring reinforcement beyond the proximal end of the stent minimizes the potential for catheter kinking
- The Kink-Resistant Flexor Technology delivers the flexibility to navigate tortuous anatomy along with the pushability to traverse tight strictures
- 18 crowns deliver an even distribution of radial force to avoid the concentration of pressure at any one point of contact in an effort to reduce pain and the risk of perforation



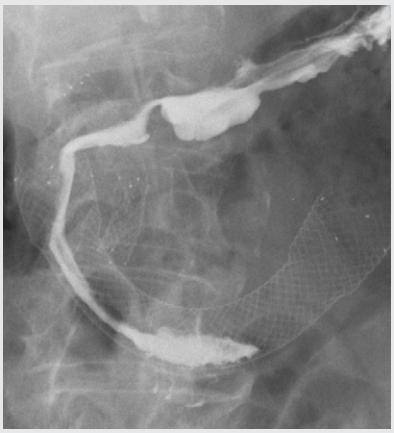


Stent position immediately after deployment

Image courtesy of Dr. Douglas A. Howell, Maine Medical Center, Portland, Maine, USA.

Endoscopic yellow marker

Image courtesy of Dr. Mario Traina, IsMeTT, Palermo, Italy.



Stent position 2 weeks after deployment

Image courtesy of Dr. Douglas A. Howell, Maine Medical Center, Portland, Maine, USA.

Evolution Duodenal

This device is used for palliative treatment of duodenal or gastric outlet obstruction and duodenal strictures caused by malignant neoplasms. Supplied sterile and is disposable - for single use only.

Order Number	Reference Part Number	Stent Body Diameter mm	Stent Flange Diameter mm	Stent Length cm	Delivery System Diameter Fr	Delivery System Length cm	Wire Guide Diameter inch	Minimum Accessory Channel mm
G48025	**EVO-22-27-6-D**	22	27	6	10	230	.035	3.7
G48026	**EVO-22-27-9-D**	22	27	9	10	230	.035	3.7
G48027	**EVO-22-27-12-D**	22	27	12	10	230	.035	3.7

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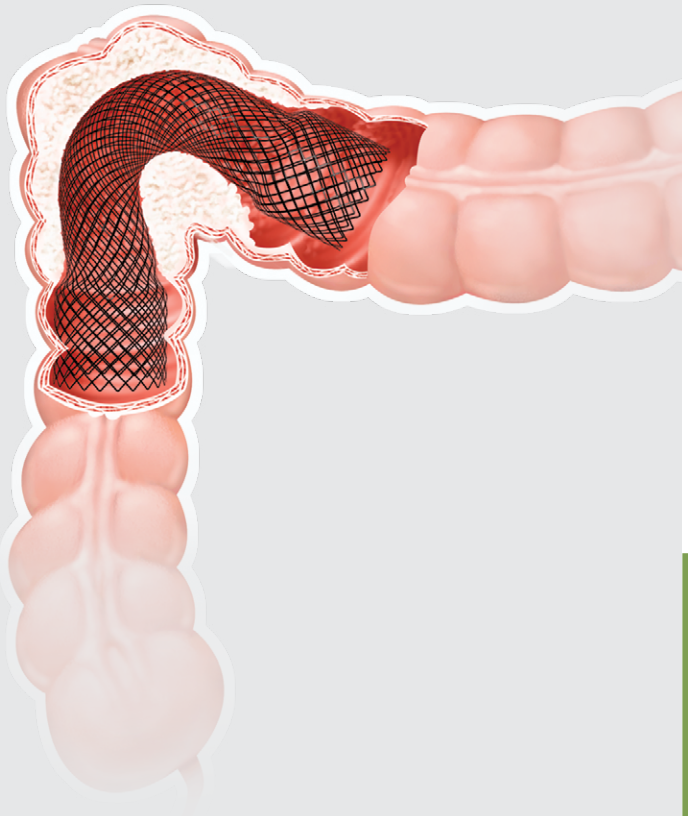
MR Conditional

Evolution® Colonic

Whether you do colonic stenting regularly or rarely, for palliation or as a bridge to surgery, Evolution stents are designed to give your patient relief and comfort and can be delivered confidently even in the most complex and tortuous environments.

- Evolution stents are woven with a single nitinol wire, which is designed to provide uniform radial force, optimal flexibility and conformability
- Every Evolution stent has both proximal and distal flanges which help reduce migration
- Flexor's coiled-spring reinforcement beyond the proximal end of the stent minimizes the potential for catheter kinking
- The Kink-Resistant Flexor Technology delivers the flexibility to navigate tortuous anatomy along with the pushability to traverse tight strictures
- 20 crowns deliver an even distribution of radial force to avoid the concentration of pressure at any one point of contact in an effort to reduce pain and the risk of perforation



Partially deployed stent

Image courtesy of Dr. Julio Faria, McGill University, Jewish General Hospital, Montreal, Quebec, Canada.

Endoscopic yellow marker

Image courtesy of Dr. Mario Traina, IsMeTT, Palermo, Italy.

Stent position immediately after deployment

Image courtesy of Dr. Alessandro Repici, Instituto Clinico Humanitas, Rozzana (Milano), Italy.

Evolution Colonic

This device is used for palliative treatment of colonic obstruction or colonic strictures caused by malignant neoplasms, and to relieve large bowel obstruction prior to colectomy in patients with malignant strictures. Supplied sterile and is disposable - for single use only.

Order Number	**Reference Part Number**	Stent Body Diameter mm	Stent Flange Diameter mm	Stent Length cm	Delivery System Diameter Fr	Delivery System Length cm	Wire Guide Diameter inch	Minimum Accessory Channel mm
G48029	**EVO-25-30-6-C**	25	30	6	10	230	.035	3.7
G48028	**EVO-25-30-8-C**	25	30	8	10	230	.035	3.7
G48038	**EVO-25-30-10-C**	25	30	10	10	230	.035	3.7

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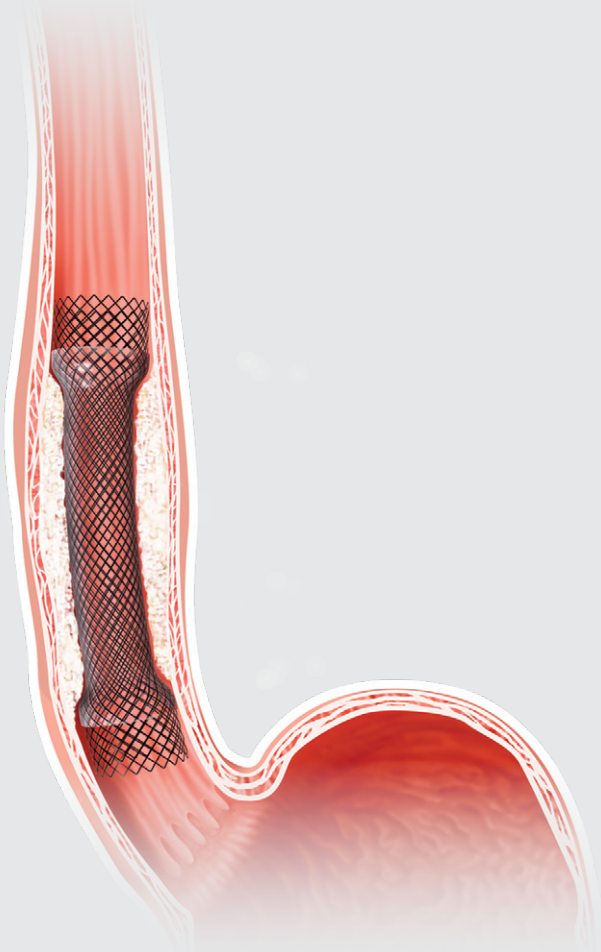
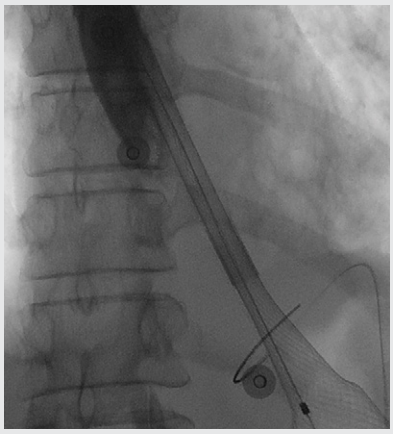
MR Conditional

Evolution® Esophageal

With the right balance of radial force to open the stricture yet minimize pain and discomfort post placement, this stent is also durable enough to withstand the corrosive environment of the esophagus.

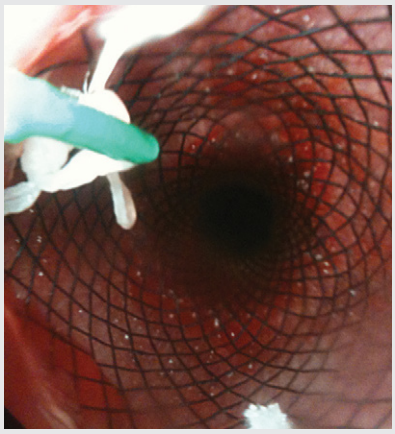
- Evolution stents are woven with a single nitinol wire, which is designed to provide uniform radial force, optimal flexibility and conformability
- Every Evolution stent has both proximal and distal flanges which help reduce migration
- Silicone coating helps minimize the risk of tissue ingrowth and food impaction





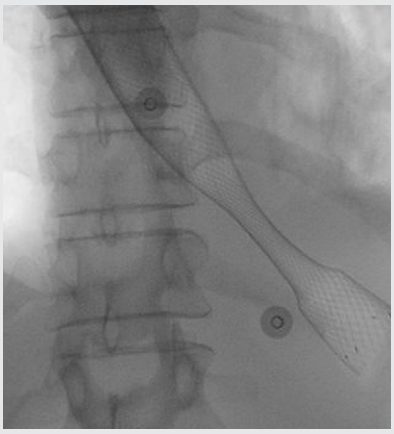
Partially deployed stent

Image courtesy of Dr. Marc Giovannini, Paoli-Calmettes Institute, Marseilles, France.



Highly visible green retrieval loop on the removable fully covered Evolution Esophageal

Image courtesy of Dr. Inder Mainie, Belfast City Hospital, Northern Ireland.



Stent position immediately after deployment

Image courtesy of Dr. Marc Giovannini, Paoli-Calmettes Institute, Marseilles, France.

Evolution Esophageal

Partially Covered – This device is used to maintain patency of malignant esophageal strictures and/or to seal tracheoesophageal fistulas. Supplied sterile and is disposable - for single use only.

Fully Covered – This device is used to maintain luminal patency of the esophagus in cases of: obstruction caused by intrinsic or extrinsic malignancies, refractory benign strictures, or to seal tracheoesophageal fistulas. Supplied sterile and is disposable - for single use only.

Order Number	Reference Part Number	Stent Body Diameter mm	Stent Flange Diameter mm	Stent Length cm	Delivery System Diameter mm	Delivery System Length cm	Wire Guide Diameter inch
Partially Covered							
G48030	**EVO-20-25-8-E**	20	25	8	8	78	.035
G48031	**EVO-20-25-10-E**	20	25	10	8	78	.035
G48032	**EVO-20-25-12.5-E**	20	25	12.5	8	78	.035
G48033	**EVO-20-25-15-E**	20	25	15	8	78	.035
Fully Covered							
G55167	**EVO-FC-R-18-23-8-E**	18	23	8	8	78	.035
G55168	**EVO-FC-R-18-23-10-E**	18	23	10	8	78	.035
G55169	**EVO-FC-R-18-23-12-E**	18	23	12	8	78	.035
G55170	**EVO-FC-R-20-25-8-E**	20	25	8	8	78	.035
G55171	**EVO-FC-R-20-25-10-E**	20	25	10	8	78	.035
G55172	**EVO-FC-R-20-25-12-E**	20	25	12	8	78	.035

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The safety and effectiveness of leaving this stent in place, or removing the Evolution Esophageal Stent - Fully Covered from a benign lesion beyond 8 weeks has not been established.

MR Conditional

Clinical Studies

van Boeckel, P.G.A, et al (2010) "A new metal stent with a controlled-release system for palliation of malignant dysphagia: a prospective, multicenter study" GASTROINTESTINAL ENDOSCOPY 71(3) pp. 455 - 460

van Heel, N. C. M, (20120 "Comparison of 2 expandable stents for malignant esophageal disease: a randomized controlled trial" GASTROINTESTINAL ENDOSCOPY 76(1) pp. 52-58

van den Berg, M. W. et al (2013) " First data on the Evolution duodenal stent for palliation of malignant gastric outlet obstruction (DUOLUTION study): a prospective multicenter study" Endoscopy 45 pp 174-181

Tringali, A., (2014) " Endoscopic treatment of malignant gastric and duodenal strictures: a prospective, multicenter study" GASTROINTESTINAL ENDOSCOPY 79(1) pp 66-75

Collaborative education and training

We are always seeking to provide stimulating and productive educational opportunities for clinicians to enhance their knowledge of new technologies and learn about exciting new procedural techniques. Cook Medical's Vista programs encourage physician and industry collaboration to improve patient care by sharing best practices. Vista programs foster collaboration among the best and the brightest gastroenterologists in the world who all share one common goal: Improving patient care.

vista.cookmedical.com

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