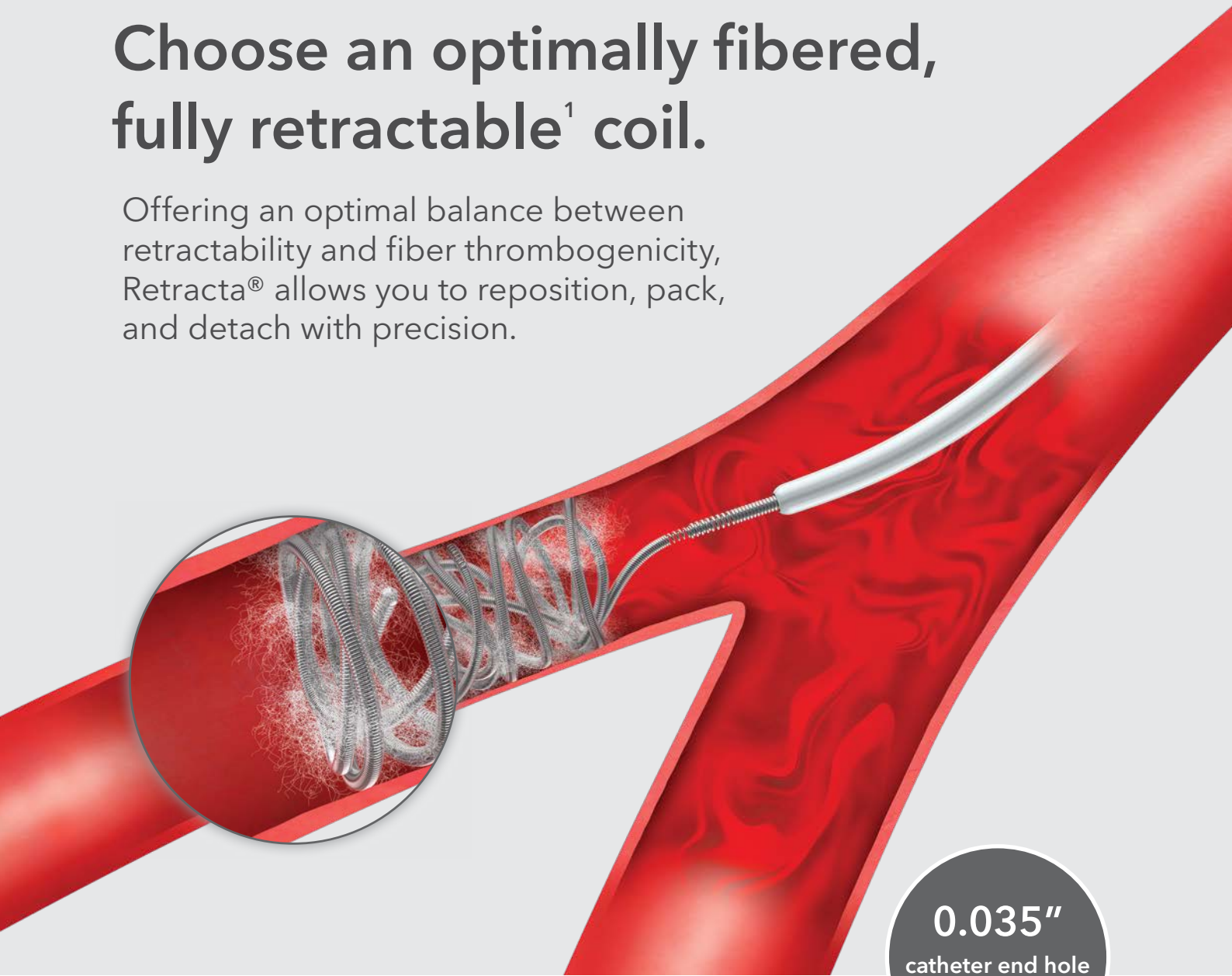


Choose an optimally fibered, fully retractable¹ coil.

Offering an optimal balance between retractability and fiber thrombogenicity, Retracta® allows you to reposition, pack, and detach with precision.



0.035"
catheter end hole
compatibility

Retracta® DETACHABLE EMBOLIZATION COIL

Easy to use from package to placement.

Retracta coils are used right out of the package, with minimal effort and preparation. You don't have to attach extra devices to make our embolization products work or spend extra time getting them ready to work. The Retracta wire conforms to the catheter shape to make navigation easy. The detachment zone is easy to visualize under fluoroscopy, and the coil can be detached when you are ready.

Reposition, pack, and detach with precision.

Retracta is designed to give you greater control over the placement of the coil. The fully retractable feature allows you to reposition the coil if necessary. The soft platinum allows you to pack the coil into a tight occluding mass while the fiber increases thrombogenicity.

Choose an 0.035" catheter compatible detachable coil.

In addition to the 0.035" end hole compatibility of the device, the flexible 20 cm tapered section of the delivery wire allows Retracta to take the shape of the catheter enabling smooth navigation even around tight curves.



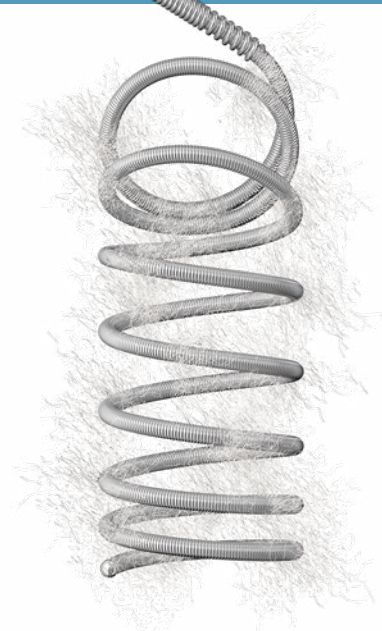
1. The Retracta coil is fully retractable only until it is detached from the delivery wire.

Retracta[®]

DETACHABLE EMBOLIZATION COIL

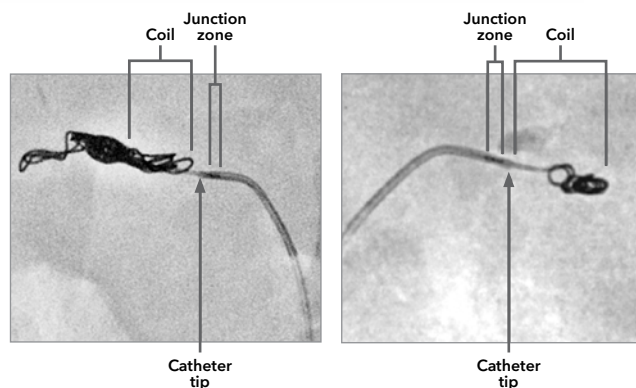
Features

- The Retracta Detachable Embolization Coil is intended for arterial and venous embolization in the peripheral vasculature.
- Retracta is a platinum coil with spaced synthetic fibers and is attached to a delivery wire.
- The Retracta system allows the coil to be fully advanced and completely repositioned before the coil is finally deployed.
- The coil delivery system provides safe delivery of embolization coils when correct positioning is especially critical.
- Fibered to promote thrombogenicity.
- Soft platinum for tight packing.
- Helical shape for continuous wall apposition.
- Enhanced radiopaque junction for accurate deployment.
- Optional contrast test injection for confirming placement and occlusion.
- MR conditional at 3 T.
- Diameters: 4-20 mm (even numbers); Lengths: 7, 14 cm; Platform 0.035"



Verify fluoroscopic visualization of the detachment zone.

The 8 mm detachment or junction zone, where the Inconel^{®2} covered nitinol delivery wire and platinum coil are screwed together, is visible under fluoroscopy and acts as a marker for accurate deployment. The radiopaque junction zone is located where the color transitions between the darker platinum coil and the lighter Inconel covered Nitinol mandril. Since the junction should be positioned just inside the catheter tip prior to deployment, the catheter tip also acts as a marker.



Use a detachable coil whose delivery wire conforms to the catheter shape.

Retracta's delivery wire has a flexible 20 cm distal tapered length (Fig. 1) to allow the catheter to retain its shape (Fig. 2). Delivery friction and retraction friction are minimized without compromising pushability.³ The flexible taper helps to keep the catheter tip in its desired position to avoid tip deflection.

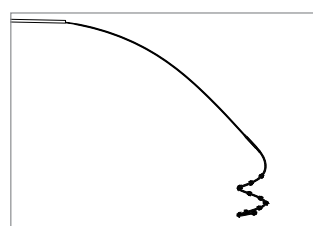


Fig. 1

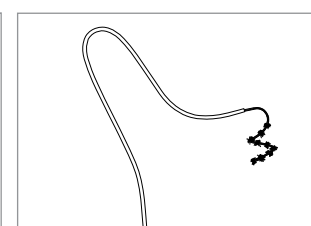
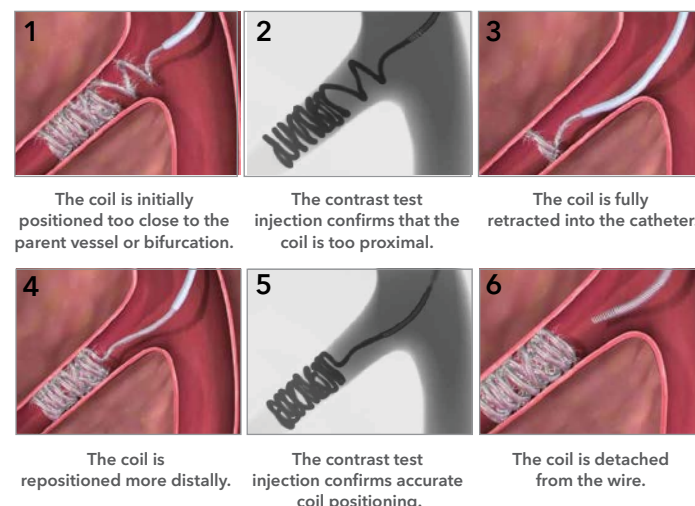


Fig. 2

Perform an optional contrast test injection to confirm coil placement.

A unique feature of Retracta is its ability to allow the physician to check that coil placement is satisfactory. Once the coil has been placed, contrast medium can be injected through a Tuohy-Borst Sidearm Adaptor to confirm placement. If the coil placement is not satisfactory, the coil can be fully retracted and repositioned. Contrast can be injected again to confirm placement. The coil can then be detached from the wire.



2. Inconel is a registered trademark of Inco Alloys.

3. Data on file based on delivery friction, retraction friction, tensile, and torque testing compliant with applicable Good Laboratory Practices (GLP) requirements.

Increase occlusive capacity with fiber.

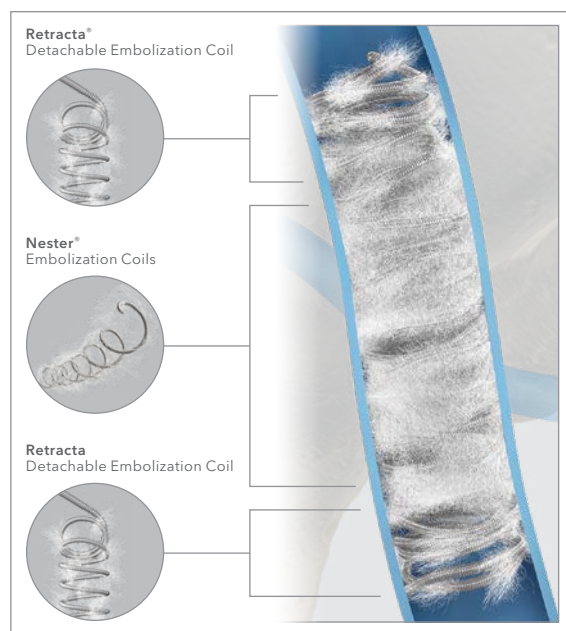
A published animal study,⁴ which was randomized, blinded and utilized a single operator to eliminate experimental bias, is among the first to provide strong evidence supporting what clinicians have long observed: that fibers enhance thrombogenicity. The study provides strong evidence that the incorporation of nylon fibers in metallic embolization coils significantly reduces the number of coils required to occlude peripheral arteries compared to bare metal coils.

Use Retracta in combination with highly fibered pushable coils.

Using pushable and detachable coils in combination helps you meet both the clinical goal of occlusion and the economic goal of containing costs. This combination approach is useful in procedures where precise control and a high level of thrombogenicity are desired. For safe and precise placement, use the Retracta for the first and last coils and pack tightly in between with highly fibered pushable coils to increase thrombogenicity. Fewer coils are needed to achieve occlusion if the coils are fibered⁴.

Fibered pushable coils that may be used in conjunction with Retracta include:

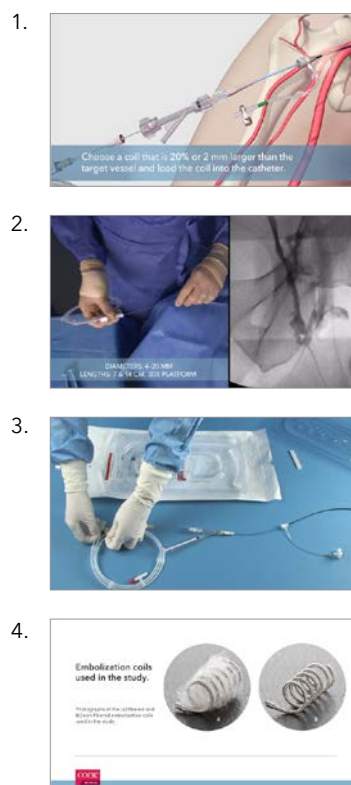
- Nester Embolization Coils
- Tornado Embolization Coils



See Retracta Detachable Embolization Coil in action.

Visit the Retracta product page on the cookmedical.eu website to see more detailed information on Retracta.

1. Watch the [Retracta animation](#) to learn how to use the Retracta Detachable Embolization Coil.
2. In this [Retracta live case video](#), a physician effortlessly deploys multiple Retracta coils in a live venous embolization case. Watch his hands and live fluoroscopic images while listening to his commentary.
3. The [Retracta Deployment Tips video](#) provides helpful notes on the preparation and use of Retracta.
4. Fiber on the Retracta coil helps achieve occlusion. Listen to the [Fiber Study video](#) where a physician is interviewed about an animal study where the impact of fiber was tested.



4. Terrotola SO, Pressler GA, Premanandan C. Nylon Fibered versus Non-Fibered Embolization Coils: Comparison in a Swine Model. *Journal of Vascular and Interventional Radiology*. 2019;30(6):949-955.

Order Number	Reference Part Number	Recommended Catheter ID/End Hole Diameter inch	Extended Embolus Length cm	Coiled Embolus Diameter mm	Approximate Number of Loops
.035 inch Detachable Coils					
G34187	MWCER-35-7-4	.035	7	4	5.6
G34188	MWCER-35-7-6	.035	7	6	3.7
G34189	MWCER-35-7-8	.035	7	8	2.8
G34190	MWCER-35-7-10	.035	7	10	2.2
G34191	MWCER-35-7-12	.035	7	12	1.9
G34197	MWCER-35-14-6	.035	14	6	7.4
G34198	MWCER-35-14-8	.035	14	8	5.6
G34199	MWCER-35-14-10	.035	14	10	4.5
G34200	MWCER-35-14-12	.035	14	12	3.7
G34201	MWCER-35-14-14	.035	14	14	3.2
G34202	MWCER-35-14-16	.035	14	16	2.8
G34203	MWCER-35-14-18	.035	14	18	2.5
G34204	MWCER-35-14-20	.035	14	20	2.2

Order Number	Reference Part Number	Accepts Catheter Fr	Accepts Instrumentation Diameter inch
Tuohy-Borst Sidearm Adapter (Optional Accessory for Contrast Injection)			
G06299	PTBYC-RA	≤ 9	.014 - .118

Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Service for details. Please see product risk information in the IFU at cookmedical.eu

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AI, ESC, IR, OHNS, PI, RH, SUR-A4