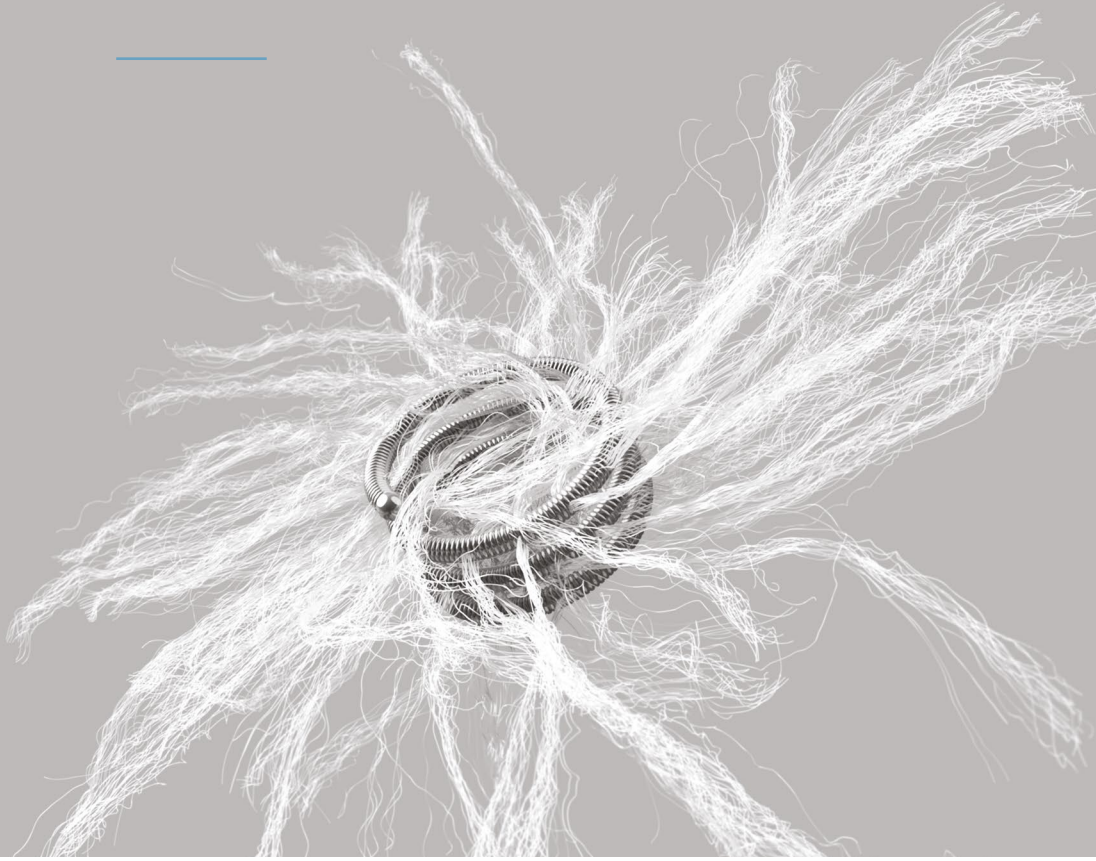


Use the unique MReye® embolization coil to create a scaffold in large and high-flow vessels.



**0.035
& 0.038
inch diameter
platforms**

MReye® EMBOLIZATION COIL

Ensure stability with a high radial force coil

The Inconel® coil, which is the only non-platinum embolization coil option on the market, is stiffer than platinum devices. The high radial force of the MReye coil provides strong purchase and stability in large or high-flow vessels.

Boost thrombogenicity with extra-long fibre

Get the clinical outcome you want by increasing occlusive capacity with highly fibred pushable coils. The MReye coils have extra-long synthetic fibres to promote clot formation, and they have the most fibre of all Cook fibred coils. Fewer coils are needed if they are fibred.¹

Contain costs by using fibred pushable coils

Less-expensive, fibred pushable coils may help you meet both clinical and cost goals at the same time in the same procedure. As detachable coils, on average, are more expensive than pushable coils, costs can be lowered by using more fibred pushable coils.



MReye®

EMBOLIZATION COIL

Device description

MReye Embolization Coils are made of Inconel, an MR conditional superalloy, with spaced synthetic fibres, and they are supplied preloaded in a loading cartridge. They are designed to be delivered to the target vessel using a soft, straight wire guide through a standard angiographic catheter.

Intended use

MReye Embolization Coils are intended for use in peripheral arterial and venous vessel embolization procedures.

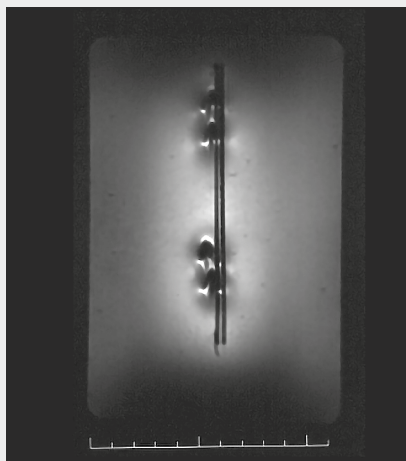
- MReye coils are MR conditional at 3 T and 1.5 T
- The coils come in lengths of 2-20 cm and diameters of 3-45 mm.
- The approximate number of loops on the coils range from 1.0 to 6.3.

Leverage MReye's distinguishing characteristics

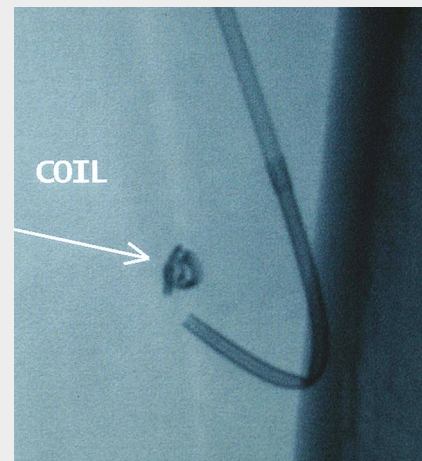
The enhanced radiopacity of Inconel results in greater visibility under fluoroscopic imaging and offers improved diagnostic accuracy by producing less artefact compared to stainless steel. The MReye coil line carries the largest diameters, longest lengths, most fibre, and highest radial force of any Cook embolization coils.



The MReye coil's extra-long fibres.



Reduced artefact of MReye coils.



MReye coil under fluoroscopy.

Increase occlusive capacity with fibre

A published animal study,¹ which was randomised, blinded and utilised a single operator to eliminate experimental bias, is among the first to provide strong evidence supporting what clinicians have long observed: that fibres enhance thrombogenicity. The study provides strong evidence that the incorporation of nylon fibres in metallic embolization coils significantly reduces the number of coils required to occlude peripheral arteries compared to bare metal coils.



This image shows a fibred platinum coil on the left and three bare metal platinum coils on the right.

The role of the MReye coil and scaffold technique in cross-sectional occlusion

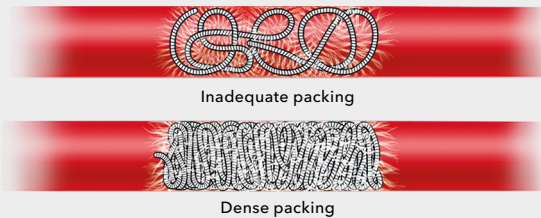
Achieving a complete, effective, long-term occlusion is a process that requires combining the correct device with the correct anatomy and deploying it with an appropriate technique. One technique is to combine higher radial force coils with softer platinum coils to create a complete cross-sectional occlusion. MReye Embolization Coils are ideal for initial coil placement to provide a scaffold into which softer platinum coils, like Cook's Nester® or Tornado® coils, can be packed.

Use soft platinum coils in combination with MReye coils.

This combination approach is useful in procedures where control is important and a high level of thrombogenicity is desired. Besides aiding the clinical goal of cross-sectional occlusion, using a combination of stiffer fibred MReye coils and softer fibred platinum embolization coils may help to contain costs.

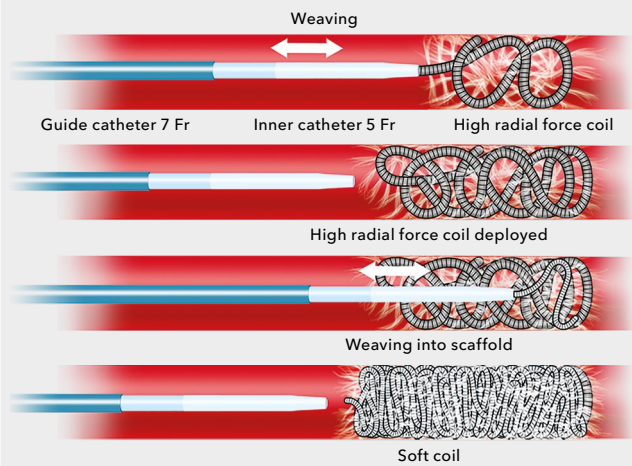
Appropriate coiling techniques can help you achieve dense cross-sectional occlusion

Cross-sectional occlusion



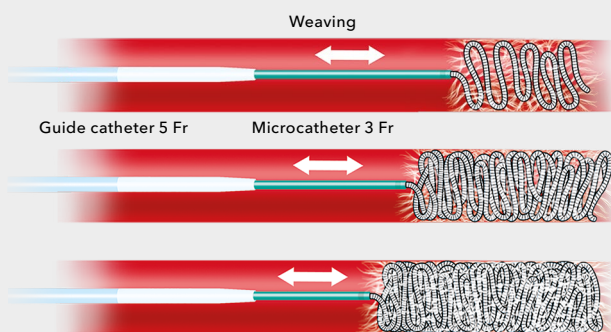
Long-term occlusion depends on achieving cross-sectional occlusion of the blood vessel, and coaxial catheters provide the ability to control placement of coils and permanent occlusion. The combination of the coaxial technique and either the anchor or scaffold technique significantly enhances stability of coil deployment.

Scaffold technique



The scaffold technique is used for high-flow vessels when there is concern about migration of a softer coil. A high radial force coil is placed initially. Then, several high radial force coils or soft coils may be packed within the scaffold.

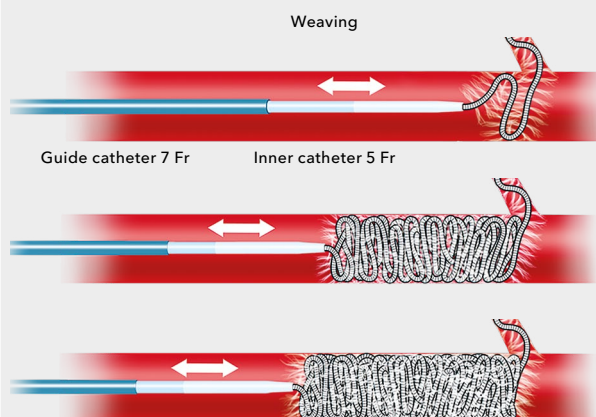
Coaxial technique to prevent coil elongation



Guide catheter provides support or purchase for delivery of the coil into a densely packed coil mass.

The use of outer guiding sheath/catheter is the most important step in preventing coil elongation and uncertain long-term occlusion. The outer guiding sheath/catheter provides support, and the inner catheter provides finer selective manoeuvres.

Anchor technique



The anchor technique provides safe and distal occlusion when there is a question about instability of coils. At least 2 cm of a coil is advanced into the side branch, which is normally sacrificed. The rest of the coil is then deployed just proximal to that side branch, and additional coils are packed.

Order Number	Reference Part Number	Recommended Catheter ID/ End Hole Diameter inch	Extended Embolus Length cm	Coiled Embolus Diameter mm	Approximate Number of Loops
0.035 inch Diameter					
G42406	IMWCE-35-2-3	0.035	2	3	2.1
G42408	IMWCE-35-3-3	0.035	3	3	3.1
G42409	IMWCE-35-3-4	0.035	3	4	2.4
G42410	IMWCE-35-3-5	0.035	3	5	1.9
G42414	IMWCE-35-4-3	0.035	4	3	4.2
G20098	IMWCE-35-4-4	0.035	4	4	3.2
G42419	IMWCE-35-5-3	0.035	5	3	5.3
G20322	IMWCE-35-5-4	0.035	5	4	3.9
G36405	IMWCE-35-5-5	0.035	5	5	3.1
G20291	IMWCE-35-5-6	0.035	5	6	2.7
G19907	IMWCE-35-5-7	0.035	5	7	2.3
G42423	IMWCE-35-5-8	0.035	5	8	2.0
G19908	IMWCE-35-5-10	0.035	5	10	1.6
G20096	IMWCE-35-5-12	0.035	5	12	1.3
G20149	IMWCE-35-5-15	0.035	5	15	1.0
G19957	IMWCE-35-8-5	0.035	8	5	5.1
G20948	IMWCE-35-8-8	0.035	8	8	3.2
G20207	IMWCE-35-8-10	0.035	8	10	2.5
G19956	IMWCE-35-10-5	0.035	10	5	6.3
G20452	IMWCE-35-10-8	0.035	10	8	4.0
G20035	IMWCE-35-10-10	0.035	10	10	3.2
G20825	IMWCE-35-10-12	0.035	10	12	2.6
G19942	IMWCE-35-10-15	0.035	10	15	2.1
G19929	IMWCE-35-15-10	0.035	15	10	4.8
G20055	IMWCE-35-15-15	0.035	15	15	3.2
G19949	IMWCE-35-15-20	0.035	15	20	2.4
G20151	IMWCE-35-20-20	0.035	20	20	3.1

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

Order Number	Reference Part Number	Recommended Catheter ID/ End Hole Diameter inch	Extended Embolus Length cm	Coiled Embolus Diameter mm	Approximate Number of Loops
0.038 inch Diameter					
G42454	IMWCE-38-4-3	0.038	4	3	4.2
G20013	IMWCE-38-4-4	0.038	4	4	3.2
G42458	IMWCE-38-5-3	0.038	5	3	5.3
G42460	IMWCE-38-5-5	0.038	5	5	3.2
G42463	IMWCE-38-5-8	0.038	5	8	2.0
G42475	IMWCE-38-8-10	0.038	8	10	2.5
G52983	IMWCE-38-15-30	0.038	15	30	1.6
G52984	IMWCE-38-16-45	0.038	16	45	1.1

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