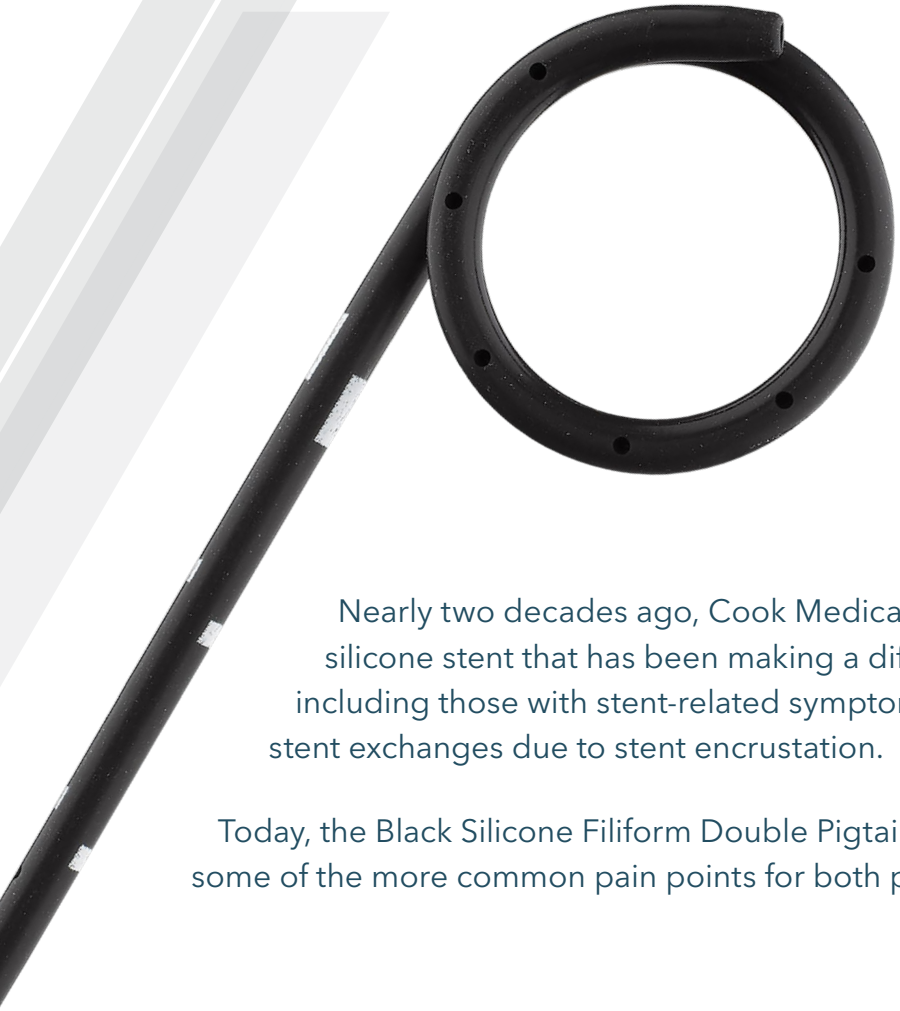
Feel the difference.

Stent with silicone to reduce pain and encrustation.[1,2]

Black Silicone Filiform Double Pigtail Ureteral Stent

COOK® MEDICAL



Nearly two decades ago, Cook Medical introduced a game-changing silicone stent that has been making a difference for countless patients—including those with stent-related symptoms and those who need frequent stent exchanges due to stent encrustation.

Today, the Black Silicone Filiform Double Pigtail Ureteral Stent continues to address some of the more common pain points for both patients and physicians.

> "In my practice, **reducing the frequency of stent exchanges** has created more OR time for treating stones and has **had a significant impact on annual care costs.**"
>
> –Dr. Noah Canvasser

Scan the code

to access the product page for the Black Silicone Filiform Double Pigtail Ureteral Stent that includes a case study by Dr. Canvasser.

GET THE PDF

Explore the benefits of stenting with silicone.

Reduced pain

When compared to traditional polyurethane stents, silicone stents have been associated with less pain.[1]

Reduced encrustation

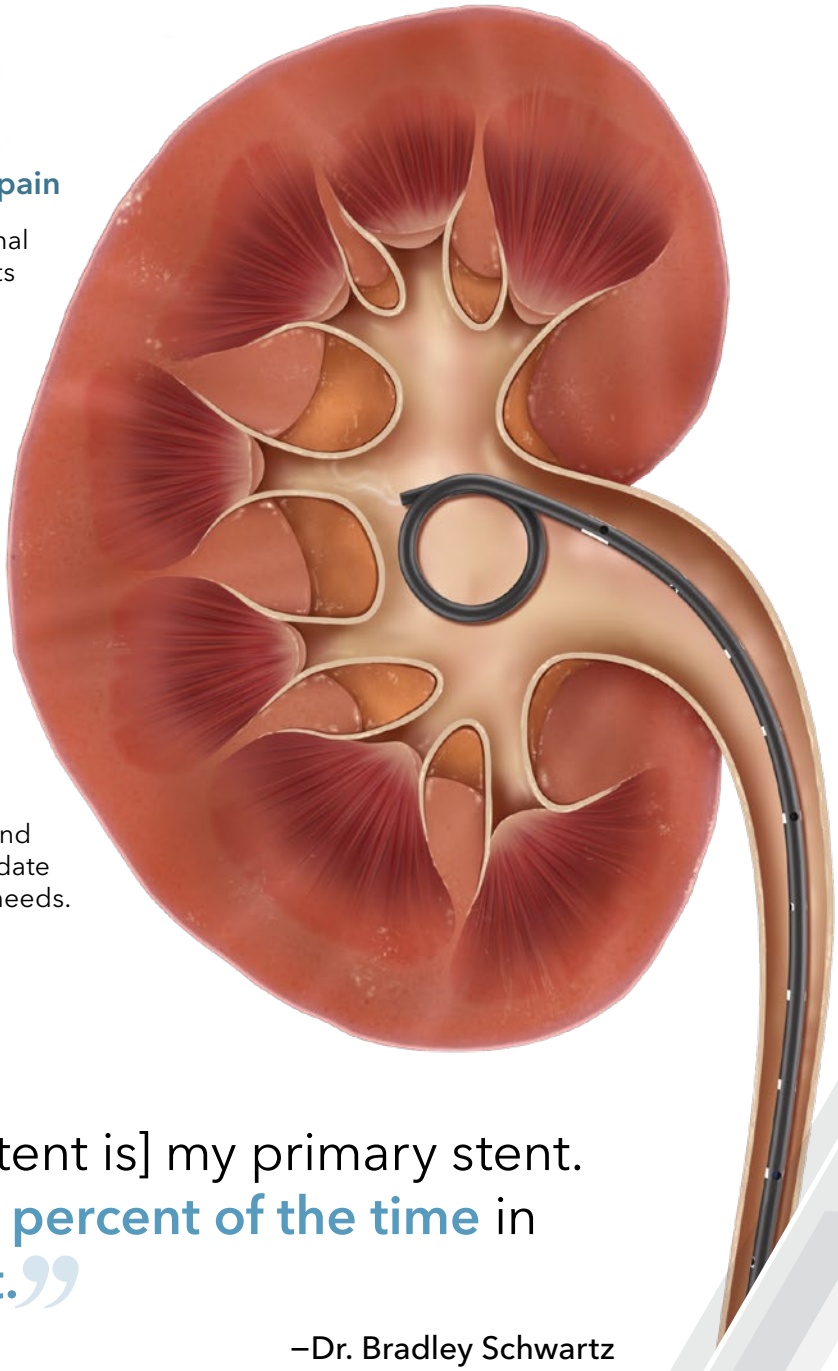
Silicone stents may offer long-term benefits for patients with a history of encrustation.[2]

Few procedures

The stent's 12-month indwell time reduces the need for frequent stent exchange procedures—saving time and money.

Multiple placement techniques

The traditional endoscopic placement and one-pass placement options accommodate your preference to fit your case needs.



"[The Black Silicone stent is] my primary stent. I use [it] virtually **100 percent of the time** in almost **every patient.**"

—Dr. Bradley Schwartz

Become a silicone pro!

Contact your local Cook Medical representative to make a switch to the Black Silicone stent.

Dr. Canvasser and Dr. Schwartz are paid consultants of Cook Medical. The physician opinions expressed are based on their own clinical experience in their practice. This information is not meant or intended to serve as a substitute for a healthcare professional's clinical training, experience, or judgment. Always refer to a product's Instructions for Use (IFU) for complete prescribing information, including indications for use, warnings, precautions, adverse events, and deployment/use instruction.

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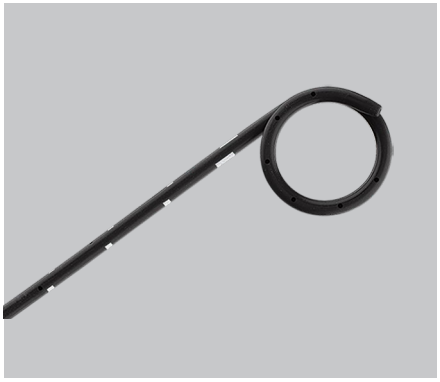

Black Silicone Filiform Double Pigtail Ureteral Stent

The Black Silicone Filiform Double Pigtail Ureteral Stent is used for temporary internal drainage from the ureteropelvic junction to the bladder. This device is not intended to remain indwelling more than 12 months.

Order Number	Reference Part Number	Stent Fr	Length cm
G46443	133620-01	6.0	20
G46438	133622-01	6.0	22
G46439	133624-01	6.0	24
G46440	133626-01	6.0	26
G46441	133628-01	6.0	28
G46442	133630-01	6.0	30
G46430	133722-01	7.0	22

Order Number	Reference Part Number	Stent Fr	Length cm
G46429	133724-01	7.0	24
G46431	133726-01	7.0	26
G46432	133728-01	7.0	28
G46434	133822-01	8.5	22
G46435	133824-01	8.5	24
G46437	133826-01	8.5	26
G46436	133828-01	8.5	28

Black Silicone Filiform Double Pigtail Ureteral Stent

CAUTION: U.S. federal law restricts this device to sale by or on the order of a physician (or a properly licensed practitioner).

INTENDED USE: This product is used for temporary internal drainage from the ureteropelvic junction to the bladder. The device is not intended to remain indwelling more than twelve months.

CONTRAINDICATIONS: This device is contraindicated in the presence of conditions which create unacceptable risk during catheterization.

WARNINGS: Sterilized by Ethylene Oxide gas. Do not use if sterile barrier is damaged. The device is intended for one-time use.

PRECAUTIONS: Complications of ureteral stent placement are documented. Use of this device should be based upon consideration of risk-benefit factors as they apply to your patient. Informed consent should be obtained to maximize patient compliance with follow-up procedures. • Do not force set components during placement, replacement, or removal. Carefully remove the set components if any resistance is encountered. • The tether should be removed if the stent is to remain indwelling longer than 14 days. • The stent must not remain indwelling more than twelve months. If the patient's status permits, the stent may be replaced with a new stent. • The included stent is not intended as a permanent indwelling device. • A pregnant patient must be more closely monitored for possible stent encrustation due to calcium supplements. • Improper handling can seriously weaken the stent. Acute bending or overstressing during placement may result in subsequent separation of the stent at the point of stress after a prolonged indwelling period. Angulation of the stent should be avoided. • Individual variations of interaction between stents and the urinary system are unpredictable. • Periodic evaluation via cystoscopic, radiographic, or ultrasonic means is suggested. The stent must be replaced if encrustation hampers drainage. • The potential effects of phthalates on pregnant/nursing women or children have not been fully characterized and there may be concern for reproductive and developmental effects. • If problems occur using this device, please call your Cook Urological sales representative or contact our Customer Service department at the address/phone listed at www.cookmedical.com.

POTENTIAL ADVERSE EVENTS: Migration and dislodgement • Pain and discomfort • Urinary frequency and urgency • Perforation and fistula formation • Stent obstruction by stone or tissue • Stent fragmentation

See Instructions for Use for full product information.

AB_T_BSFDP_REV1

1. Gadzhiev N, Gorelov D, Malkhasyan V, et al. Comparison of silicone versus polyurethane ureteral stents: a prospective controlled study. *BMC Urol*. 2020:20(1):10.
2. Watterson JD, Cadieux PA, Stickler D, et al. Swarming of *Proteus mirabilis* over ureteral stents: a comparative assessment. *J Endourol*. 2003;17(7):523-527.

Dr. Schwartz and Dr. Canvasser are paid consultants of Cook Medical.

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