

Advancing Pancreaticobiliary Disease Management

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FEATURES & BENEFITS

EXPANDING NNOVATION

Whether cases are simple or complex, the standard of care should be anything but standard.

The Hot AXIOS Stent and Electrocautery Enhanced Delivery System provides a simpler and faster treatment option for patients, we can now provide an endoscopic solution that provides relief for these patients using one device in a single setting.

Kenneth Binmoeller, M.D.

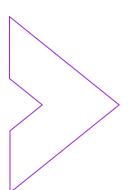
California Pacific Medical Center, San Francisco, CA and the inventor of the AXIOS System.



ORDERING IFORMATIO & **RESOURCES**







Features & Benefits

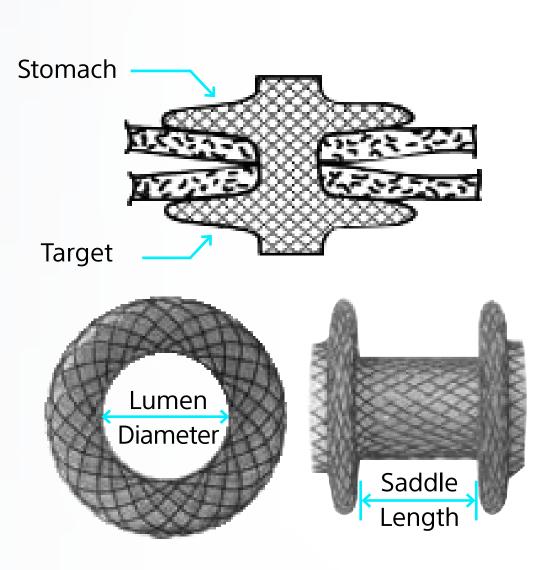
Enabling an Endoscopic Solution

The Hot AXIOS[™] Stent and Electrocautery Enhanced Delivery System

was the first stent indicated for indicated to facilitate transgastric or transduodenal endoscopic drainage of:

> a pancreatic pseudocyst or a walled-off necrosis with \geq 70% fluid content > gallbladder in patients with acute cholecystitis who are at high risk or unsuitable for surgery the bile duct after failed ERCP in patients with biliary obstruction due to a malignant stricture

The cautery-enhanced access and delivery catheter is advanced through the tissue creating a translumenal conduit between the stomach or duodenal wall and the pancreatic pseudocyst where the pre-loaded stent is deployed to provide drainage.



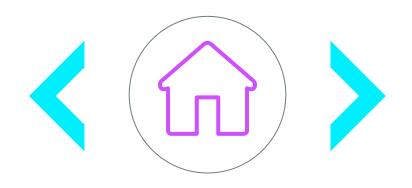
Hot AXIOS Stent (front and side views)

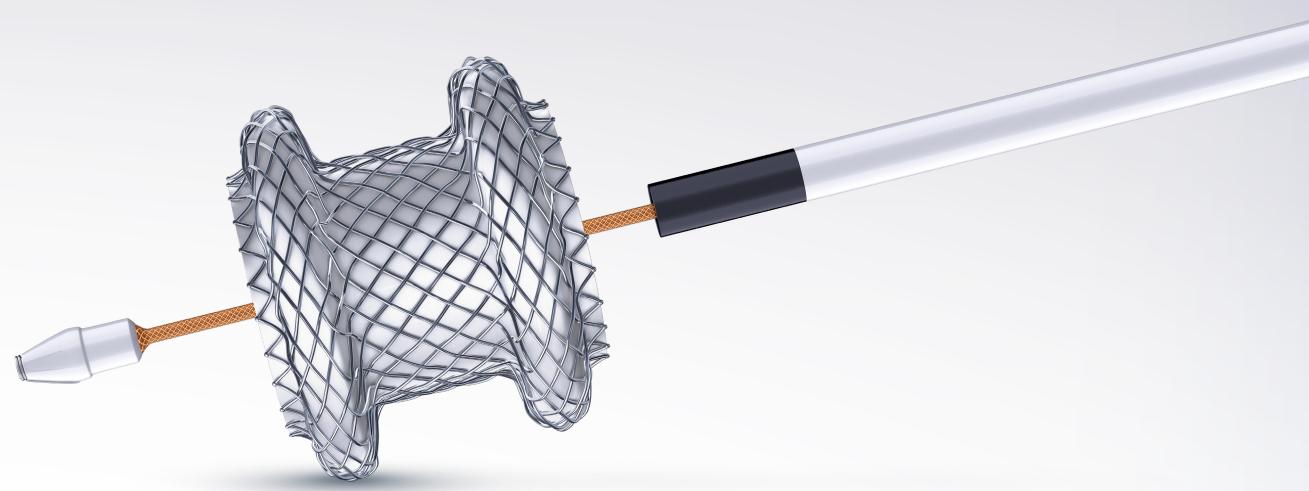
Stent Design

- provides access into target tissue
- pre-loaded in the delivery catheter
- drainage

Potential Clinical Benefits

Previous available technologies for endoscopic management of pancreatic pseudocysts were not originally designed or intended for this type of treatment.





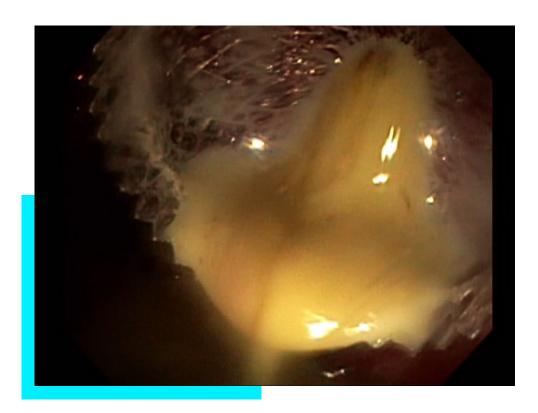
Proprietary one-step combined diathermic ring and cut-wire

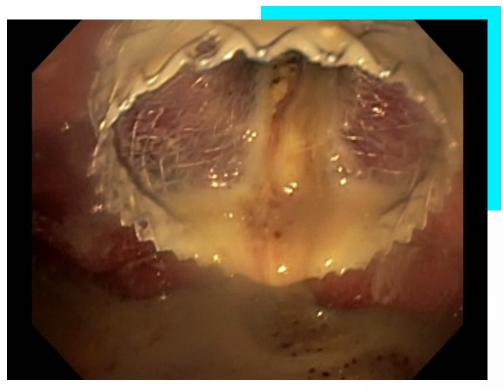
MRI conditional, fully covered self-expanding metal stent

Perpendicular flanges secure tissue layers and help prevent migration

Five sizes available, with the largest featuring a 20 mm lumen for

Large diameter lumen apposition stent enables drainage allowing passage of the endoscope through the stent for additional therapeutic procedures including cystoscopy, irrigation and debridement





Images provided by Dr. Adler.

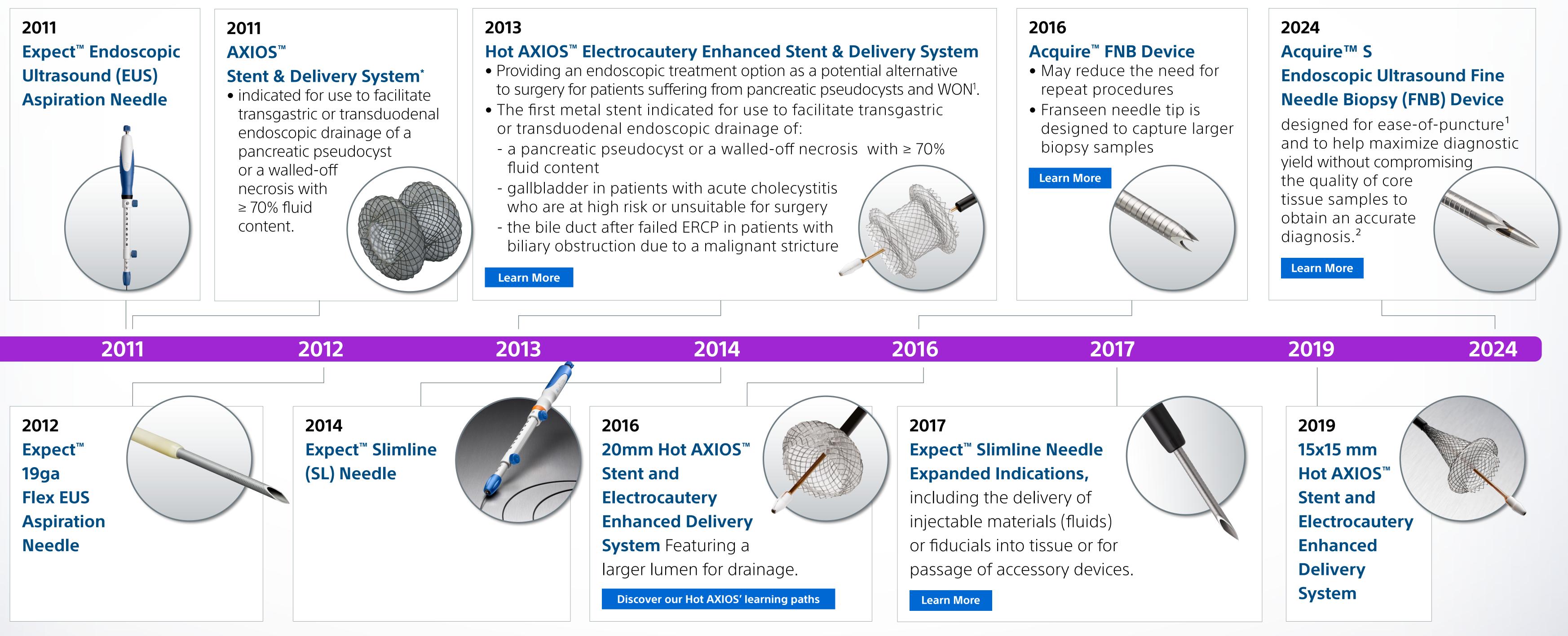
The 20 mm Hot AXIOS Stent size was ideal for my patient with a large PFC/WON as it allowed rapid drainage of solid and liquid contents and will greatly facilitate endoscopic necrosectomy going forward.

Douglas G Adler MD, FACG, AGAF, FASGE

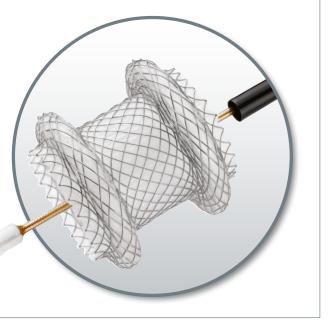
University of Utah School of Medicine, Huntsman Cancer Center, Salt Lake City, Utah, U.S.A.

Expanding Innovation in EUS

Click / Tap on a milestone below to learn more (Internet Required)









Hot AXIOS[™] Stent and Electrocautery Enhanced Delivery System

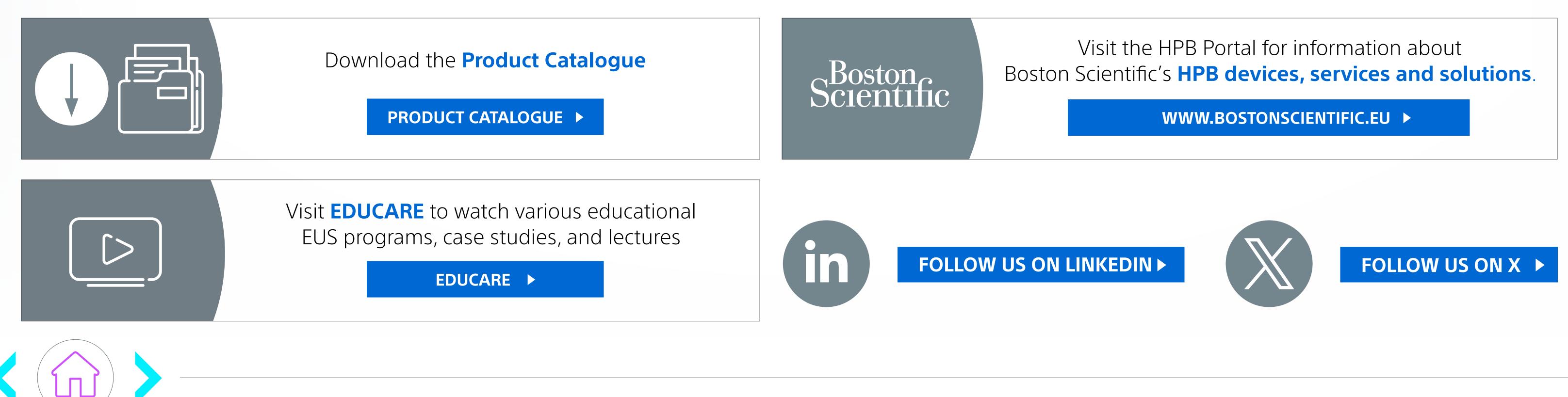
Ordering Information & Resources Hot AXIOS[™] Stent System

The Hot AXIOS Stent and Electrocautery Enhanced Delivery System is available in the following stent configurations. Each Hot AXIOS Stent comes pre-loaded into the Hot AXIOS Delivery System.

Product Code	Description	Flange Diameter (mm)	Lumen Diameter (mm)	Saddle Length (mm)	Catheter OD (Fr)	Catheter Working Length (cm)	Catheter Total Length (cm)
M005 5352 0	1 Hot AXIOS System with 6 x 8 Stent	14	6	8	9	138	144
M005 5353 0	1 Hot AXIOS System with 8 x 8 Stent	17	8	8	9	138	144
M005 5354 0	1 Hot AXIOS System with 10 x 10 Stent	21	10	10	10.8	138	144
M005 5355 0	1 Hot AXIOS System with 15 x 10 Stent	24	15	10	10.8	138	144
M005 5357 0*	1 Hot AXIOS System with 15 x 15 Stent	24	15	15	10.8	138	144
M005 5356 0	1 Hot AXIOS System with 20 x 10 Stent	29	20	10	10.8	138	144

*The 15 x 15 Hot AXIOS Stent and Electrocautery-Enhanced Delivery System is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of a pancreatic pseudocyst or a walled-off necrosis with ≥ 70% fluid content.

Additional Resources







- Scientific Corporation, Marlborough, MA). Bench testing results may not necessarily be indicative of clinical performance.
- needle biopsy using 22-G Franseen needle. Endosc Ultrasound. 2020;9(6):385-391.

The Hot AXIOS Stent and Delivery System is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of a pancreatic pseudocyst or a walled-off necrosis with \geq 70% fluid content.

* The Hot AXIOS Stent and Electrocautery-Enhanced Delivery System is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of: • a pancreatic pseudocyst or a walled-off necrosis with \geq 70% fluid content

- gallbladder in patients with acute cholecystitis who are at high risk or unsuitable for surgery
- the bile duct after failed ERCP in patients with biliary obstruction due to a malignant stricture

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CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device. Information for use only in countries with applicable health authority registrations. Material not intended for use in France. Product available in the European Economic Area (EEA) only. Please check availability with your local sales representative or customer service.

1. Data on File. Windchill document #92959483 Bench Test Data. Acquire S Puncture Force Claims Technical Report A. The testing was performed by BSC. Data on file. Test Method Summary: P<.001, 15 unit sample size for each needle type and performed three consecutive punctures with each needle in a synthetic gel block material to assess puncture force required after three punctures. The Acquire 22ga EUS FNB Needle was tested with the stylet retracted for puncture with the needle tip. The Acquire S 22ga EUS FNB Needle was tested using the stylet in the forward position for puncture with the stylet. Needles tested are the Acquire 22ga EUS FNB Needle (Boston Scientific Corporation, Marlborough, MA) and Acquire S 22ga EUS FNB Needle (Boston

2. Kaneko J, Ishiwatari H, Sasaki K, et al. Macroscopic on-site evaluation of biopsy specimens for accurate pathological diagnosis during EUS-guided fine



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