

ARCHIMEDES Biodegradable Biliary and Pancreatic Stent

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ARCHIMEDES Biodegradable Biliary and Pancreatic Stent

Fast degrading stent 12 days		Medium degrading stent 25 days		Slow degrading stent 12 weeks	
Product code	Length (mm)	Product code	Length (mm)	Product code	Length (mm)
2 mm					
ABS20040F	40	ABS20040M	40	ABS20040S	40
ABS20060F	60	ABS20060M	60	ABS20060S	60
ABS20080F	80	ABS20080M	80	ABS20080S	80
ABS20100F	100	ABS20100M	100	ABS20100S	100
ABS20125F	125	ABS20125M	125	ABS20125S	125
ABS20150F	150	ABS20150M	150	ABS20150S	150
ABS20175F	175	ABS20175M	175	ABS20175S	175
2.6 mm					
ABS26040F	40	ABS26040M	40	ABS26040S	40
ABS26060F	60	ABS26060M	60	ABS26060S	60
ABS26080F	80	ABS26080M	80	ABS26080S	80
ABS26100F	100	ABS26100M	100	ABS26100S	100
ABS26125F	125	ABS26125M	125	ABS26125S	125
ABS26150F	150	ABS26150M	150	ABS26150S	150
ABS26175F	175	ABS26175M	175	ABS26175S	175
ABS26200F	200	ABS26200M	200	ABS26200S	200
ABS26225F	225	ABS26225M	225	ABS26225S	225
3.4 mm					
ABS34040F	40	ABS34040M	40	ABS34040S	40
ABS34060F	60	ABS34060M	60	ABS34060S	60
ABS34080F	80	ABS34080M	80	ABS34080S	80
ABS34100F	100	ABS34100M	100	ABS34100S	100
ABS34125F	125	ABS34125M	125	ABS34125S	125
ABS34150F	150	ABS34150M	150	ABS34150S	150
ABS34175F	175	ABS34175M	175	ABS34175S	175
ABS34200F	200	ABS34200M	200	ABS34200S	200
ABS34225F	225	ABS34225M	225	ABS34225S	225



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➤ **Intended Use:** This device is used to drain obstructed biliary or pancreatic ducts.

➤ **Instructions For Use:**

1. Ensure full extension of anti-migration struts.
2. Load introducer sleeve over one end of stent.
3. Introduce introducer sleeve and stent onto a pre-positioned guidewire.
4. Advance pushing catheter in 1-2 cm increments until the stent is in desired position.
5. Fluoroscopically and endoscopically confirm desired stent position. Inject contrast, if desired, to fluoroscopically visualize stent position.
6. After confirming stent position, gently remove guidewire from endoscope while maintaining position of the stent with pushing catheter.
7. Gently remove pushing catheter from accessory channel.

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ARCHIMEDES

Biodegradable Biliary and Pancreatic Stent

The **ARCHIMEDES** Stent is a **Biodegradable Biliary** and **Pancreatic** Stent intended to be used to drain obstructed biliary or pancreatic ducts.¹ The patented helical design of the stent **allows for bile to flow** on the outer extremity of the device while supporting the opening of the lumen.

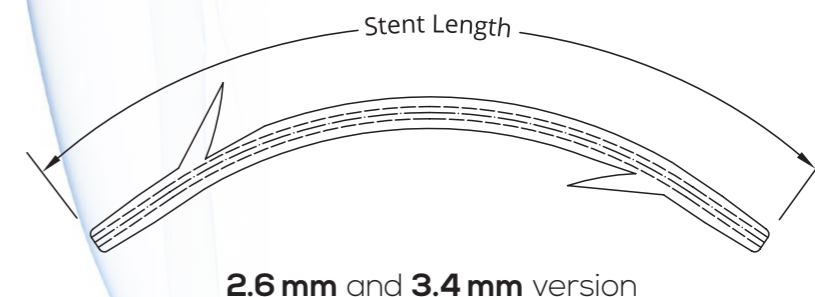
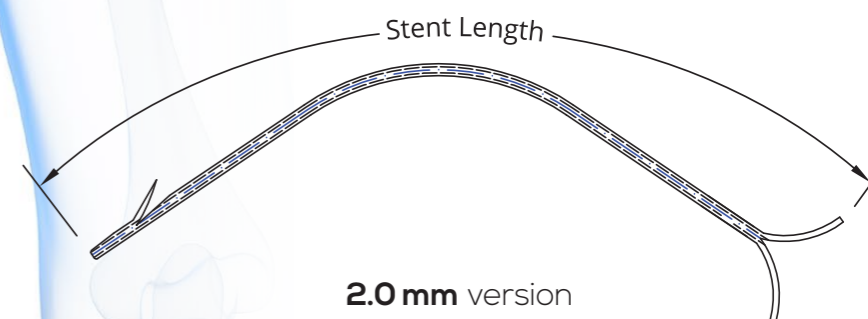
- ↪ **Three degradation profiles** address all biliary and pancreatic drainage indications
- ↪ Potential to **reduces cost, morbidity** and **complication rates** by eliminating subsequent stent removal procedure
- ↪ **Proximal** and **distal flaps** help minimize migration
- ↪ **Anatomical shape** for enhanced positioning
- ↪ **Tapered tip** facilitates smooth cannulation
- ↪ **Helical bile channels** allow for anatomical bile flow

DEGRADATION TABLE / INDICATIONS

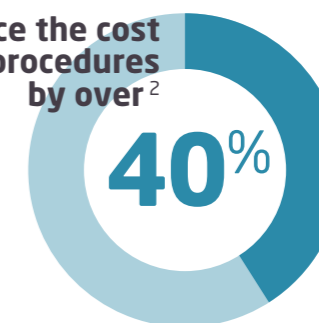
Stent Degradation Profiles	Minimal Strength Retention *	Indications **
Fast degrading stent	12 days	E.g. Acute biliary pancreatitis
Medium degrading stent	25 days	25 days E.g. Biliary leaks; Cystic duct leaks; Pancreatic duct disruptions/leaks
Slow degrading stent	12 weeks	E.g. Benign biliary strictures; Malignant hilar stricture; Chronic pancreatitis; Pancreatic duct strictures

*Minimal Strength Retention is defined by the presence of at least 10% of an initial strength parameter. The Stent remains intact with no breaks, tested in a simulated degradation model.

** The different degradation profiles are designed for but not limited to the listed target Indications. The suitable Degradation Profile of the stent must be chosen by a clinical professional, always taking the condition of the individual patient into account.



Reduce the cost of procedures by over²



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¹ Hepatic, Cystic, Common Bile, and Pancreatic resulting from malignancy of the liver, pancreas, duodenum, biliary tree or from various benign disease.

² Based on global plastic stents procedure estimates placed annually, the Archimedes biodegradable stent has the potential to reduce cost, morbidity and complication rates by eliminating subsequent stent removal procedure.