Fold, Load, Deploy – Simply practical

Stent Loading System
Loading and Deploying Silicone Stents – Under Optical Control
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**Loading and Deploying Silicone Stents — Under Optical Control**

Together with the new, innovative Stent Loading System, Richard Wolf expands its offering in Interventional Tracheo-Bronchoscopy. It has never been simpler to fold and load stents into a rigid bronchoscope.

Do not waste your time! Interventional Bronchoscopy has one name — Richard Wolf.

**Load**

Within a few, easy steps, tracheal, bronchial and bifurcation stents can be folded and loaded distally into the optical TEXAS Bronchoscope. Combined with the TEXAS Bronchoscope and Tracheoscope tubes, users can deploy, manipulate and remove stents under optical control.

Stents can be deployed using a standard bronchoscopy forceps, which is easier than used to immediately reposition the stent if necessary.

Two loader sizes are available that can load silicone cylindrical and Y-stents with a diameter of up to 20 mm and a length of 160 mm. The blue color-coded stent loader is best suited for the deployment of silicone tracheal or bronchial stents with or without studs. Small Y-stents may also be placed with the smaller loader, together with the 14 mm TEXAS Tracheoscope tube.

The green color-coded stent loader is designed for large Y-stents, as well as thick-walled tracheal stents, which can be placed using the larger 16 mm TEXAS Tracheoscope tube.

The stent loader with the folded and well-lubricated stent should be inserted into the distal end of the tube. With a press of the plunger, the stent will be loaded into the tube.

The stent should be positioned right behind the optics channel to maintain an unobstructed view during intubation.

**Deploy**

Loading into the Tube

The stent loader with the folded and well-lubricated stent should be inserted into the distal end of the tube. With a press of the plunger, the stent will be loaded into the tube.

**Stent position in the Tube**

The stent should be positioned right behind the optics channel to maintain an unobstructed view during intubation.

**Deployment of Tracheal or Bronchial Stents**

Once the desired location for the stent has been reached, it can be deployed with the open jaw of a standard bronchoscopy forceps.

Ideal for this step is the TipControl Grasping Forceps which features an articulating jaw. For example, with this forceps, a Y-stent’s branches can be immediately repositioned under endoscopic vision.

**Deployment of Y-Stents**

Deploying Y-stents is made much easier by allowing the branches of the Y-stent to be easily guided into the bronchi and rest properly on the carina.

**Main Control: TipControl**

Placing stents has just become better with the new TipControl grasping forceps. Distally articulating jaws combined with a 360° rotating shaft make for easier manipulation and positioning of stents.

**Stent position in the Tube**

The stent should be positioned right behind the optics channel to maintain an unobstructed view during intubation.

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**Stent Loading System**

**Loading and Deploying Silicone Stents – Under Optical Control**

**Specifications**
- **Stent Loading System, Size 1**
  - for silicone stents up to size 15, blue color coding
  - 825511030
- **Stent Loading System, Size 2**
  - for silicone stents from size 15, green color coding
  - 825511230

**Texas Tracheoscopes**
- **Tracheoscope Tube, Size 10**
  - ID = 10 mm, OD = 14 mm, WL = 300 mm
  - 825211030
- **Tracheoscope Tube, Size 12**
  - ID = 12 mm, OD = 16 mm, WL = 300 mm
  - 825211230
- **Tracheoscope Tube, Size 14**
  - ID = 14 mm, OD = 18 mm, WL = 300 mm
  - 825211430

**Semirigid Endoscope, “TEXAS”**
- Direction of view 17°, with integrated lumen irrigation and protective sheath
- 15208.289
- 82510.1400

**Accessories**
- **Nozzle for Jet-Ventilation**
  - with lumen connector
  - (15401.071)
  - 8238.502
- **Universal Cap**
  - 8020.15

**Foreign Body Forceps**
- alligator jaws, WL = 465 mm
  - 8280.41
- **Rotation Forceps**
  - for hard foreign bodies, WL = 465 mm
  - 8280.46
- **Grasping Forceps**
  - for soft foreign bodies, WL = 465 mm
  - 8280.47

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  - 825511230

**Forceps**
- **TipControl Grasping Forceps**
  - for grasping silicone and metal stents, as well as hard foreign bodies, adjustable jaw section
  - OD = 5.2 mm, WL = 465 mm, with irrigation connector
  - 823400002
- **Jet-Control Grasping Forceps**
  - for grasping silicone and metal stents
  - 8280.41
  - 8280.47

**Placing the stent into the loader**

**Folding the stent**

The color-coded stent pusher should be pushed toward the stent and sit flush against it. This along with pushing down gently on the folding guide helps fold the stent easily into the loading channel.

The positioning guides are placed through the lumen of the stent. With a Y-stent, the positioning guides are placed through the lumen of each branch of the stent.
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Within a few, easy steps, tracheal, bronchial and bifurcation stents can be folded and loaded distally into the optical TEXAS Bronchoscope.

Combined with the TEXAS Bronchoscope and Tracheoscope tubes, users can deploy, manipulate and remove stents under optical control.

Stents can be deployed using a standard bronchoscopy forceps, which is also then used to immediately reposition the stent if necessary.

Two loader sizes are available that can load silicone cylindrical and Y-stents with a diameter of up to 20 mm and a length of 160 mm. The blue color-coded stent loader is best suited for the deployment of silicone tracheal or bronchial stents with or without studs. Small Y-stents may also be placed with the smaller loader, together with the 14 mm TEXAS Tracheoscope tube.

The green color-coded stent loader is designed for large Y-stents, as well as thick-walled bronchial stents, which can be placed using the larger 16 mm TEXAS Tracheoscope tube.

The stent loader with the folded and well-lubricated stent should be inserted into the distal end of the bronchoscope tube. With a press of the plunger, the stent will be loaded into the tube.

Stent position in the Tube

The stent should be positioned right behind the optics channel to maintain an unobstructed view during intubation.

Deployment of Y-Stents

Deploying Y-stents is made much easier by allowing the branches of the Y-stent to be easily guided into the bronchi and rest properly on the carina.

Standard Tracheoscope Tubes

Using the blue color-coded stent loader makes it possible to load a stent proximally into a 14 mm standard tracheoscope tube.

Our tracheoscope tubes are available in capacities of 8 mm to 14 mm and feature a distal tip designed for interventional procedures. Additionally, the tubes also feature a CO2 measuring channel.

In order to choose a proper stent, the length of the obstruction can be measured using the centimeter markings on the outside of the tracheoscope tubes.

Maintain Control: TipControl

Placing stents has just become better with the new TipControl grasping forceps. Distally articulating jaws combined with a 360° rotating shaft make for easier manipulation and positioning of stents.

Deployment of Tracheal or Bronchial Stents

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Deployment of Y-Stents

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In order to choose a proper stent, the length of the stenosis can be measured using the centimeter markings on the side of the tracheoscope tubes.

The stent should be positioned right behind the optics channel to maintain an unobstructed view during intubation.

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Specifications subject to change without notice. G 662.V.17.en.2

www.richard-wolf.com

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incl. cannula connector
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Universal Cap ———— 8220.15

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Foreign Body Forcips
alligator jaws,
WL = 465 mm ———— 8280.41

Rotation Forcips
for hard foreign bodies,
WL = 465 mm ———— 8280.46

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