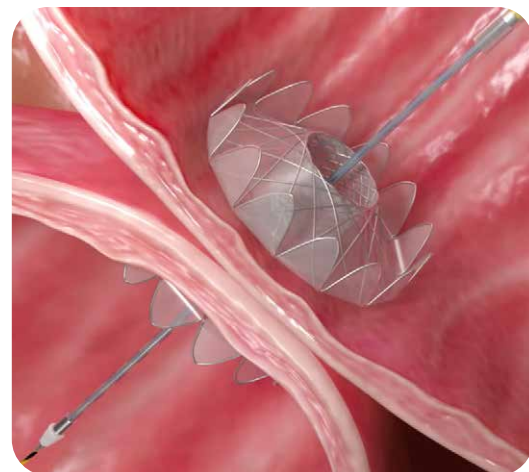
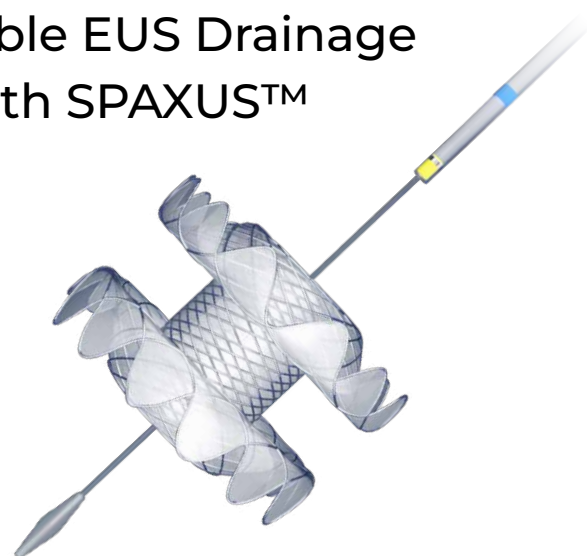


Predictable EUS Drainage Starts with SPAXUS™



Simple, Easy, Intuitive delivery system

SPAXUS™ delivers strong lumen apposition with a simplified deployment approach—helping physicians achieve consistent results without unnecessary complexity.

Features and Benefits

Stable Lumen Apposition

Secure, accommodative anchoring minimizes migration and enhances procedural confidence.

Reliable Drainage Performance

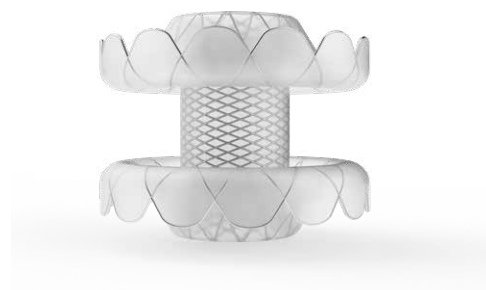
Wide, fully covered lumen design supports rapid and effective drainage

Controlled Deployment

Step-by-step release mechanism enables precise positioning

Simplified Workflow

Intuitive delivery system reduces procedural complexity and time



Ordering Information

Code	Stent			Delivery	
	Body Diameter (mm)	Flange Diameter (mm)	Length (cm)	Delivery Profile (Fr)	Usable Length (cm)
SS0802FW	8	23	2	10	180
SS1002FW	10	25	2	10	180
SS1602FW	16	31	2	10	180

Indications for Use:

8mm×20mm stents:

The Niti-S SPAXUS™ Stent is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of symptomatic pancreatic pseudocysts ≥6 cm in size, that are adherent to the gastric or bowel wall and are free of solid debris. The stent is intended for implantation up to 60 days and should be removed upon confirmation of pseudocyst resolution.

10mm×20mm and 16mm×20mm stents:

The Niti-S SPAXUS™ Stent is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of symptomatic pancreatic pseudocysts ≥ 6 cm in size and walled-off necrosis ≥ 6 cm in size that are adherent to the gastric or bowel wall. Once placed, the Niti-S SPAXUS™ Stent functions as an access port allowing passage of standard and therapeutic endoscopes to facilitate debridement, irrigation and cystoscopy. The stent is intended for implantation up to 60 days and should be removed upon confirmation of pseudocyst or walled-off necrosis resolution. The Niti-S SPAXUS™ Stent is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of the gallbladder in patients with acute cholecystitis who are at high risk for surgery.