ONLY WITH A STENTYS SELF-APPOSING STENT IS APPPOSITION GUARANTEED
Developed for vessels at high risk of malapposition with conventional stents, such as those at high risk of malapposition with conventional stents, such as those with a diameter mismatch or diameter that may change over time (thrombus laden or vasoconstricted vessels).

Complete and continuous apposition

Significantly fewer malapposed stent struts than a conventional stent post procedure\(^1\), at 3 days\(^1\) and at 4 months\(^1\).

With an easy and familiar procedure

Stents Boost images courtesy of Professor P. Motreff, CHU Clermont-Ferrand, France

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Xposition, Bare-Metal Self-Apposing® Coronary Stent System, is intended for improving coronary luminal diameter in the treatment of Acute coronary syndrome (ACS), de novo lesions in vessels involving a side branch (bifurcation), de novo lesions in vessels with diameter variations (e.g. tapered, ectatic), in native coronary arteries and coronary bypass grafts.
Over 2,500 patients in clinical trials have demonstrated

**Rapid Healing**
Faster healing than Resolute™ — 33.8% STENTYS sirolimus-eluting stents fully covered vs. 3.8% Resolute at 4 months

**Low Late Lumen Loss**
0.00mm late lumen loss at 9 months with STENTYS sirolimus-eluting stent

**Excellent Clinical Outcomes**
MACE of 8.4% at 12 Months in 685 STEMI patients after post dilation (mixed cohort of bare-metal and paclitaxel-eluting STENTYS-stents)

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Resolute™ is a trademark of and the property of Medtronic, Inc.

4 Over 2,500 patients in STENTYS clinical trials with STENTYS-Stent platform including bare-metal, Paclitaxel-eluting and Sirolimus-eluting stents with 2 different delivery systems.

Xposition S, Sirolimus-eluting Self-Apposing® Coronary Stent System, is intended for improving coronary luminal diameter in the treatment of Acute Coronary Syndrome (ACS), unprotected left main disease, de novo lesions in vessels involving a side branch (bifurcation), de novo lesions in vessels with diameter variations (e.g. tapered, ectatic), in native coronary arteries and coronary bypass grafts.
## Side Branch Access

1. Position the guidewire into the side-branch through the stent cell closest to the carina.
2. Inflate a regular PTCA balloon at low pressure (8atm) at the side-branch opening to disconnect the struts.
3. Stent interconnectors separate due to the combined effect of flexion and torsion created by the balloon.
4. Deflate and withdraw the balloon allowing the stent to expand fully. This creates an opening to the side-branch. Final kissing balloon is not required.

## The Xposition Platform Includes

### Selecting Self-Apposing® Stent Size

<table>
<thead>
<tr>
<th>Vessel Diameter (mm)</th>
<th>2.5</th>
<th>3.0</th>
<th>3.5</th>
<th>4.0</th>
<th>4.5</th>
<th>5.0</th>
<th>5.5</th>
<th>6.0</th>
</tr>
</thead>
</table>

### Indicated Reference Vessel Diameter (mm)

- **S** 2.5 - 3.0mm
- **M** 3.0 - 3.5mm
- **L** 3.5 - 4.5mm

### Stent nominal length

<table>
<thead>
<tr>
<th>Stent nominal length</th>
<th>17mm</th>
<th>22mm</th>
<th>27mm</th>
<th>37mm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Xposition</strong> Sirolimus-Eluting Self-Apposing® Coronary Stent System</td>
<td>BDS02-2530-17</td>
<td>BDS02-2530-22</td>
<td>BDS02-2530-27</td>
<td>BDS02-2530-37</td>
</tr>
<tr>
<td><strong>Xposition</strong> Bare-Metal Self-Apposing® Coronary Stent System</td>
<td>BDS02-3035-17</td>
<td>BDS02-3035-22</td>
<td>BDS02-3035-27</td>
<td>BDS02-3035-37</td>
</tr>
<tr>
<td><strong>Xposition</strong> Sirolimus-eluting Self-Apposing® Coronary Stent System</td>
<td>BDS02-3545-17</td>
<td>BDS02-3545-22</td>
<td>BDS02-3545-27</td>
<td>BDS02-3545-37</td>
</tr>
</tbody>
</table>

### Side-branch diameter (mm)

- **S** > 2.20
- **M** > 2.25
- **L** > 2.50

### Guidewire compatibility: 0.014” (0.35mm). Compatible with guiding catheters: 6F (2.0mm). Useable catheter length 139cm

1 For lesions in vessels involving a Side Branch (bifurcation); Side Branch & Main Branch having a 30-70° Angle

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*Maximum Vessel Diameter for vessels with diameter variations (e.g. tapered, ectactic). Foreshortening can be over 10% outside the recommended reference vessel diameter range. At the stent size boundaries (3.0 & 3.5mm diameter), use the smaller size. As the vessel normally tapers, stent size should be selected according to the distal reference vessel diameter.*

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