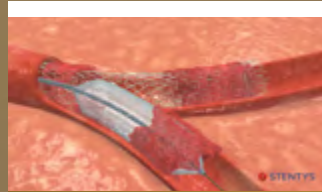


### Side Branch Access



**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.

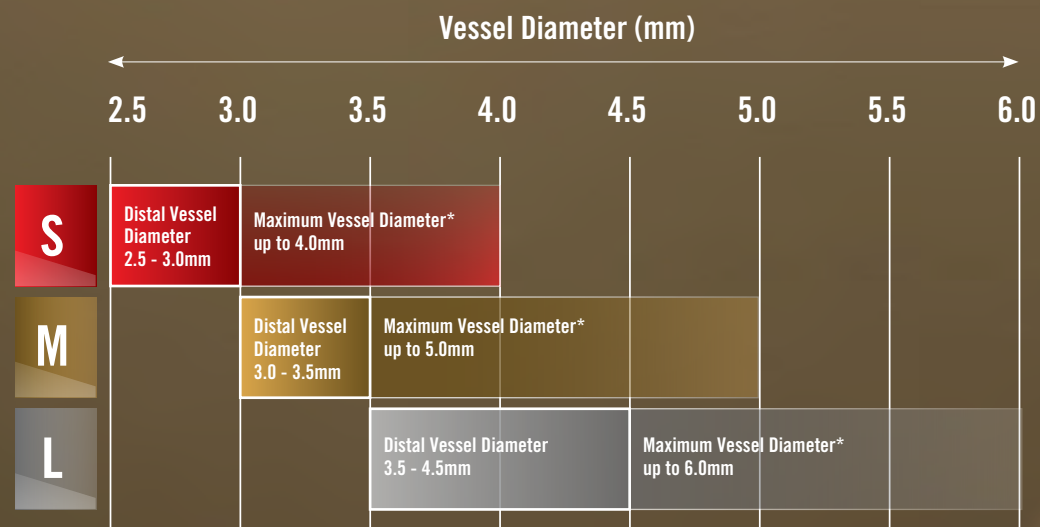
### The Xposition Platform Includes

	Indicated Reference Vessel Diameter (mm)	Xposition S Sirolimus-Eluting Self-Apposing® Coronary Stent System				Xposition Bare-Metal Self-Apposing® Coronary Stent System				Side-branch diameter (mm) <sup>1</sup>
		Stent nominal length								
		17mm	22mm	27mm	37mm	17mm	22mm	27mm	37mm	
S	2.5 - 3.0mm	BDS02-2530-17	BDS02-2530-22	BDS02-2530-27	BDS02-2530-37	BDS00-2530-17	BDS00-2530-22	BDS00-2530-27	BDS00-2530-37	>2.20
M	3.0 - 3.5mm	BDS02-3035-17	BDS02-3035-22	BDS02-3035-27	BDS02-3035-37	BDS00-3035-17	BDS00-3035-22	BDS00-3035-27	BDS00-3035-37	>2.25
L	3.5 - 4.5mm	BDS02-3545-17	BDS02-3545-22	BDS02-3545-27	BDS02-3545-37	BDS00-3545-17	BDS00-3545-22	BDS00-3545-27	BDS00-3545-37	>2.50

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

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

### Selecting Self-Apposing® Stent Size



\*Maximum Vessel Diameter for vessels with diameter variations (e.g. tapered, ectatic). 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.

**ONLY WITH A STENTYS SELF-APPOSING STENT IS APPOSITION GUARANTEED**



# Redefining Apposition

The Xposition Platform is designed to optimise the treatment of challenging cases by ensuring complete and continuous apposition for improved patient outcome.

Developed for vessels 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).



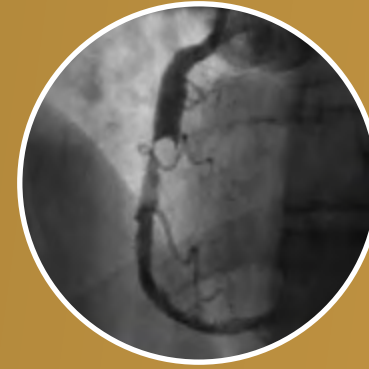
ACS/Thrombotic Lesions



Bifurcations



Tapering Vessels



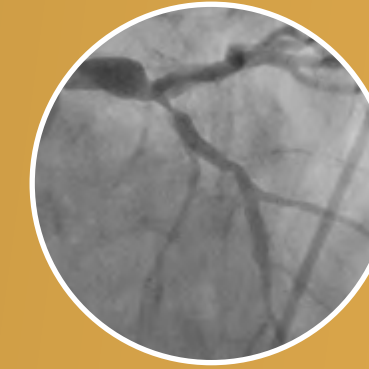
Large Vessels



Ectatic Vessels



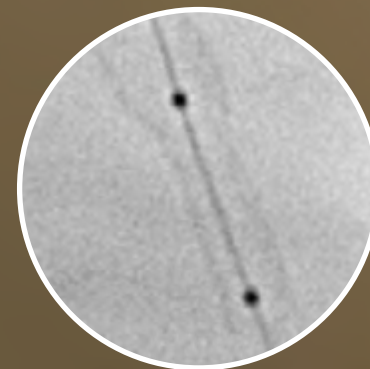
Saphenous Vein Grafts



Left Main\*

\* for Xposition S only

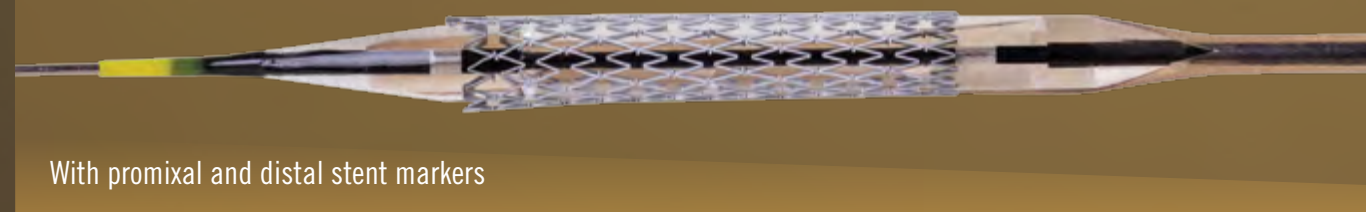
## Complete and continuous apposition



Significantly fewer malapposed stent struts than a conventional stent post procedure<sup>3</sup>, at 3 days<sup>3</sup> and at 4 months<sup>1</sup>

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

With an easy and familiar procedure

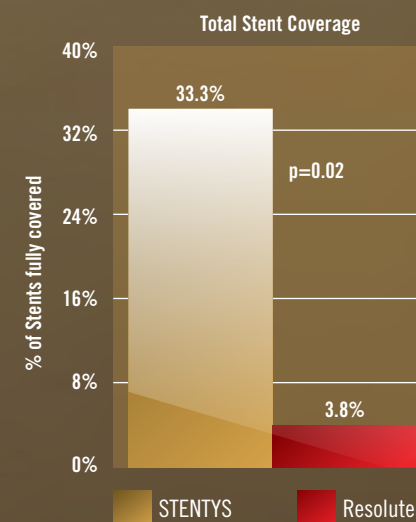


With promixal and distal stent markers

## Over 2,500 patients in clinical trials have demonstrated<sup>4</sup>

### Rapid Healing

Faster healing than Resolute™ – 33.8 % STENTYS sirolimus-eluting stents fully covered vs 3.8% Resolute at 4 months<sup>1</sup>



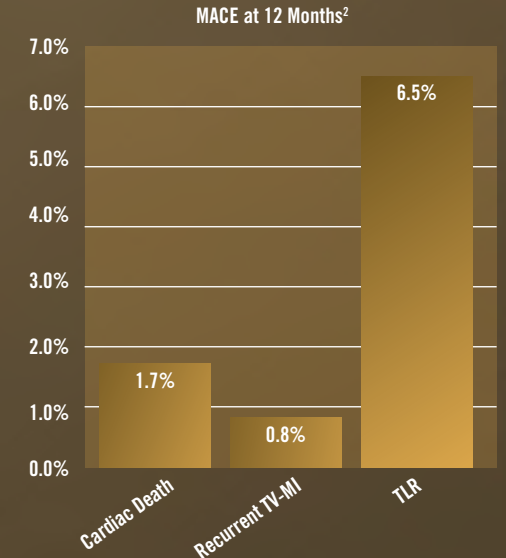
### Low Late Lumen Loss

0.00mm late lumen loss at 9 months with STENTYS sirolimus-eluting stent<sup>1</sup>



### Excellent Clinical Outcomes

MACE of 8.4% at 12 Months in 685 STEMI patients after post dilation<sup>2</sup> (mixed cohort of bare-metal and paclitaxel-eluting STENTYS-stents)



1 van Geuns R-J; et al., STENTYS Self-Apposing® sirolimus-eluting stent in ST-segment elevation myocardial infarction: results from the randomised APPOSITION IV trial. *EuroIntervention* 2016;11:e1267-e1274

2 Koch et al, One-year clinical outcomes of the STENTYS Self-Apposing® coronary stent in patients presenting with ST-segment elevation myocardial infarction: results from the APPOSITION III registry, *EuroIntervention*. 2015 Feb 19;10(11). pii: 20140518-01. doi: 10.4244/EIJY15M02\_08

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.

3 van Geuns et al. Self-Expanding Versus Balloon-Expandable Stents in AMI, *JACC* : I, Vol 5, 1 2 , 2012 Dec:1209-19. 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.