Advancing Pancreaticobiliary Disease Management

Hot AXIOS™
Stent and Electrocautery Enhanced Delivery System

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Whether cases are simple or complex, the standard of care should be anything but standard.

The Hot AXIOS Stent and Electrocautery Enhanced Delivery System provides a simpler and faster treatment option for patients, we can now provide an endoscopic solution that provides relief for these patients using one device in a single setting.

— Kenneth Binmoeller, M.D.
California Pacific Medical Center, San Francisco, CA
and the inventor of the AXIOS System.

Because today’s barriers are tomorrow’s breakthroughs.
Enabling an Endoscopic Solution

The Hot AXIOS™ Stent and Electrocautery Enhanced Delivery System was the first stent indicated for transgastric or transduodenal endoscopic drainage of symptomatic pancreatic pseudocyst and walled off necrosis or the biliary tract under EUS imaging guidance. The cautery-enhanced access and delivery catheter is advanced through the tissue creating a translumenal conduit between the stomach or duodenal wall and the pancreatic pseudocyst where the pre-loaded stent is deployed to provide drainage.

Stent Design

- Proprietary one-step combined diathermic ring and cut-wire provides access into target tissue
- MRI conditional, fully covered self-expanding metal stent pre-loaded in the delivery catheter
- Perpendicular flanges secure tissue layers and help prevent migration
- Three sizes available, with the largest featuring a 20 mm lumen for drainage
- Large diameter lumen apposition stent enables drainage allowing passage of the endoscope through the stent for additional therapeutic procedures including cystoscopy, irrigation and debridement

Potential Clinical Benefits

Previous available technologies for endoscopic management of pancreatic pseudocysts were not originally designed or intended for this type of treatment.

The 20 mm AXIOS Stent size was ideal for my patient with a large PFC/WON as it allowed rapid drainage of solid and liquid contents and will greatly facilitate endoscopic necrosectomy going forward.

— Douglas G Adler MD, FACC, AGAF, FASGE
University of Utah School of Medicine, Huntsman Cancer Center, Salt Lake City, Utah, U.S.A.
Expanding Innovation in EUS

Click / Tap on a milestone below to learn more (Internet Required)

2011
Expect™ Endoscopic Ultrasound (EUS) Aspiration Needle

2014
Expect Slimline (SL) Needle

2015
HOT AXIOS™ Stent & Delivery System
- Providing an endoscopic treatment option as a potential alternative to surgery for patients suffering from pancreatic pseudocysts and WON.
- The first metal stent indicated for facilitate transgastric or transduodenal endoscopic drainage of a pancreatic pseudocyst and walled-off necrosis ($\geq 70\%$ fluid content) or the biliary tract.

2016
Acquire™ FNB Device
- May reduce the need for repeat procedures
- Franseen needle tip is designed to capture larger biopsy samples

2016
Hot AXIOS Electrocautery Enhanced Stent & Delivery System
- Proprietary one-step combined diathermic ring and cut-wire for easy access into target tissue.

2012
Expect 19ga Flex EUS Aspiration Needle

2017
Expect Slimline Needle Expanded Indications, including the delivery of injectable materials (fluids) or fiducials into tissue or for passage of accessory devices.

2018
20mm AXIOS Stent and Electrocautery Enhanced Delivery System Featuring a larger lumen for drainage.

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FUTURE INNOVATION
The AXIOS Stent and Electrocautery Enhanced Delivery System is available in the following stent configurations. Each AXIOS Stent comes pre-loaded into the AXIOS Delivery System.

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Description</th>
<th>Flange Diameter (mm)</th>
<th>Lumen Diameter (mm)</th>
<th>Saddle Length (mm)</th>
<th>Catheter OD (Fr)</th>
<th>Catheter Working Length (cm)</th>
<th>Catheter Total Length (cm)</th>
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Additional Resources

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* The HOT AXIOS Stent and Electrocautery-Enhanced Delivery System is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of a pancreatic pseudocyst or a walled-off necrosis with ≥ 70% fluid content or the biliary tract.

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