**Indication**

PHYCON Tracheobronchial Stent is indicated for use for compression of strictures due to tumors (trachea and main bronchus), stenosis of the central airways, tracheoesophageal fistula, and airway complications such as anastomosis and stenosis.

**Features**

- PHYCON Tracheobronchial Stent has lattice pattern on the surface so that it is unlikely to migrate or perforate the airway as well.
- This Stent is made of silicone (rediopaque).
- This stent is coated and is unlikely to be choked with patient’s blood or secretion.
- Unlike conventional metal stent, this stent can be removed after occlusion is remedied.
- Available in a broad range of widths and lengths to help facilitate placement in various patient anatomy.

**Directions for use**

1. Perform video diagnosis and decide an insertion point and reasonable size.
2. Insert this product under general anesthesia with a rigid bronchoscope.
3. When inner lumen of airway occludes with tumor and granulation tissue, remove the occlusion tissue surgically by laser or forceps and let airway open.
4. Insert this product with a rigid bronchoscope.
   - Insert the stent to be located in the stricture part end to facilitate a positional adjustment after insertion. (Pushing the Stent into the distal side is difficult).
   - Y type Stent should be trimmed and made to the best size for use.
   - Insert Y type Stent so as not to locate the rugged part of stent on the pattern part of airway film side.
   - When right and left bronchus tube of the Y type stent cannot enter into the main bronchus of right and left, pull back the stent by a holding forceps once, open the holding forceps and push the divergent part of the stent to tracheal divergent part through the inner lumen of the stent.
   - Forceps etc. should be used and open the inner lumen of the stent when the inner lumen of the stent cannot be secured enough because of the insertion point or condition of stricture. Or, expand the inner lumen of the stent gradually from the border of the stent using a balloon for expansion after threading the stent with a guide-wire under X-rays.
5. Check the condition of an opening of the stent while suctioning the secretion in the trachea with a fiber optic bronchoscope after the placement.
   - Care must be taken to avoid damage on the stent.
   - Do not irradiate laser on the stent after placement to avoid inflammation.

**Warnings**

- The placement technique of PHYCON Tracheobronchial Stent requires a rigid bronchoscope.
- Follow the instruction of rigid bronchoscope when using it.
- Care must be taken to avoid damage when loading this product in a rigid bronchoscope. The strength of Silicone product degrades remarkably once it is damaged.

**Adverse reactions**

Complications that might occur after the placement.
- Ventilation disorder with the migration of the stent.
- Airway disorder with the pool (occlusion) of secretion of airway.
- Granulation.
- Infection by Pseudomonas aeruginosa.

**Specification**

<table>
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<tr>
<th>Product Name</th>
<th>Product No.</th>
<th>Standard</th>
<th>D.O.D.(mm)</th>
<th>Length(mm)</th>
<th>Packing Unit</th>
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<td>SOFT</td>
<td>10-12</td>
<td>40</td>
<td>1pc/Box</td>
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</tbody>
</table>

(Length of tracheal part 100mm/Length of bronchial part 50mm)
Disposable product (Sterilized)

* The specifications, configuration and other part of this product may be changed for improvement without prior notice.

MANUFACTURED BY

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