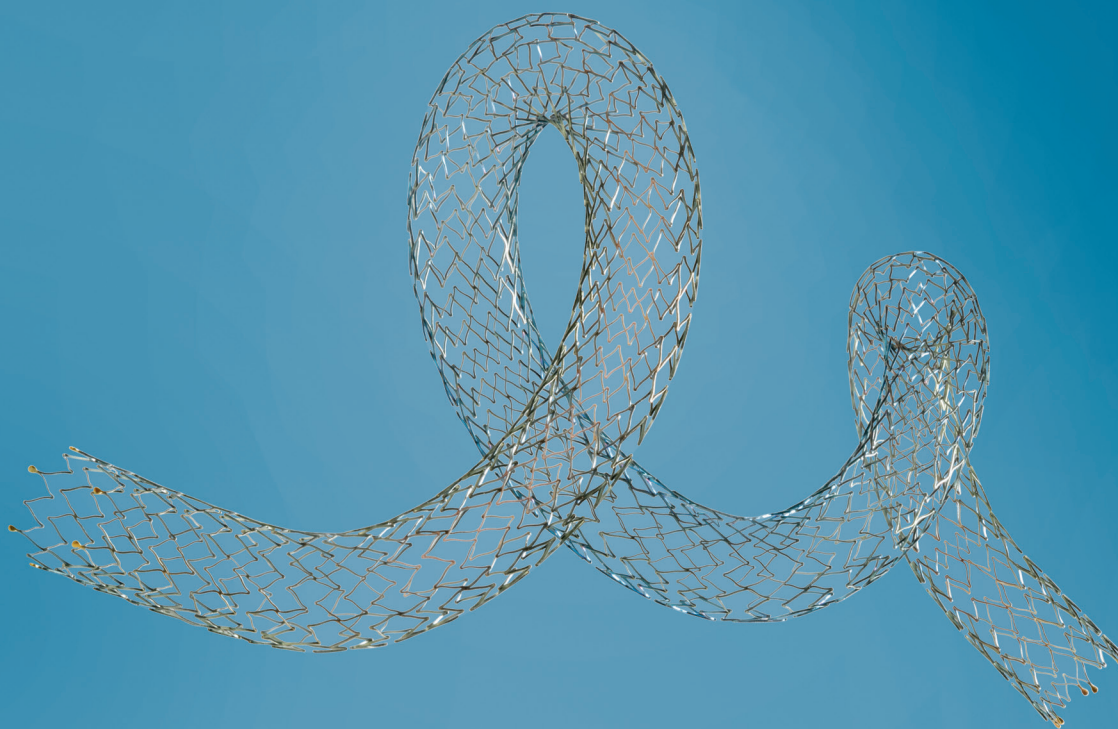
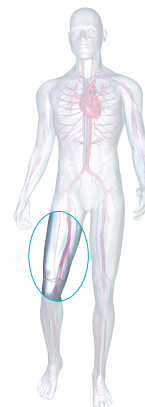


# Pulsar-35

Self-expanding stent/0.035"/OTW

Indicated for femoral and proximal popliteal arteries



- One-handed stent release for accurate stent deployment
- Tri-axial shaft for a stable delivery system during stent deployment
- S-articulating connecting bars and peak-to-valley design for multi-directional flexibility
- Segmented stent design with thin struts for lower restenosis rates

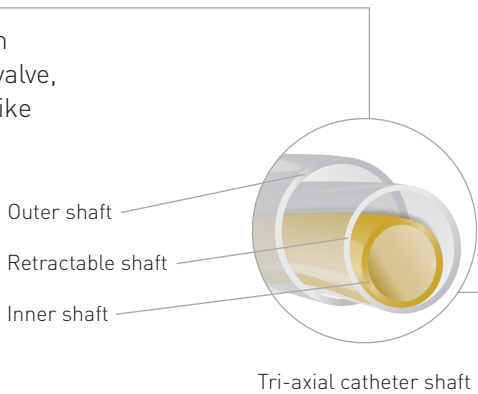
# Pulsar-35

## Deliverability where it matters

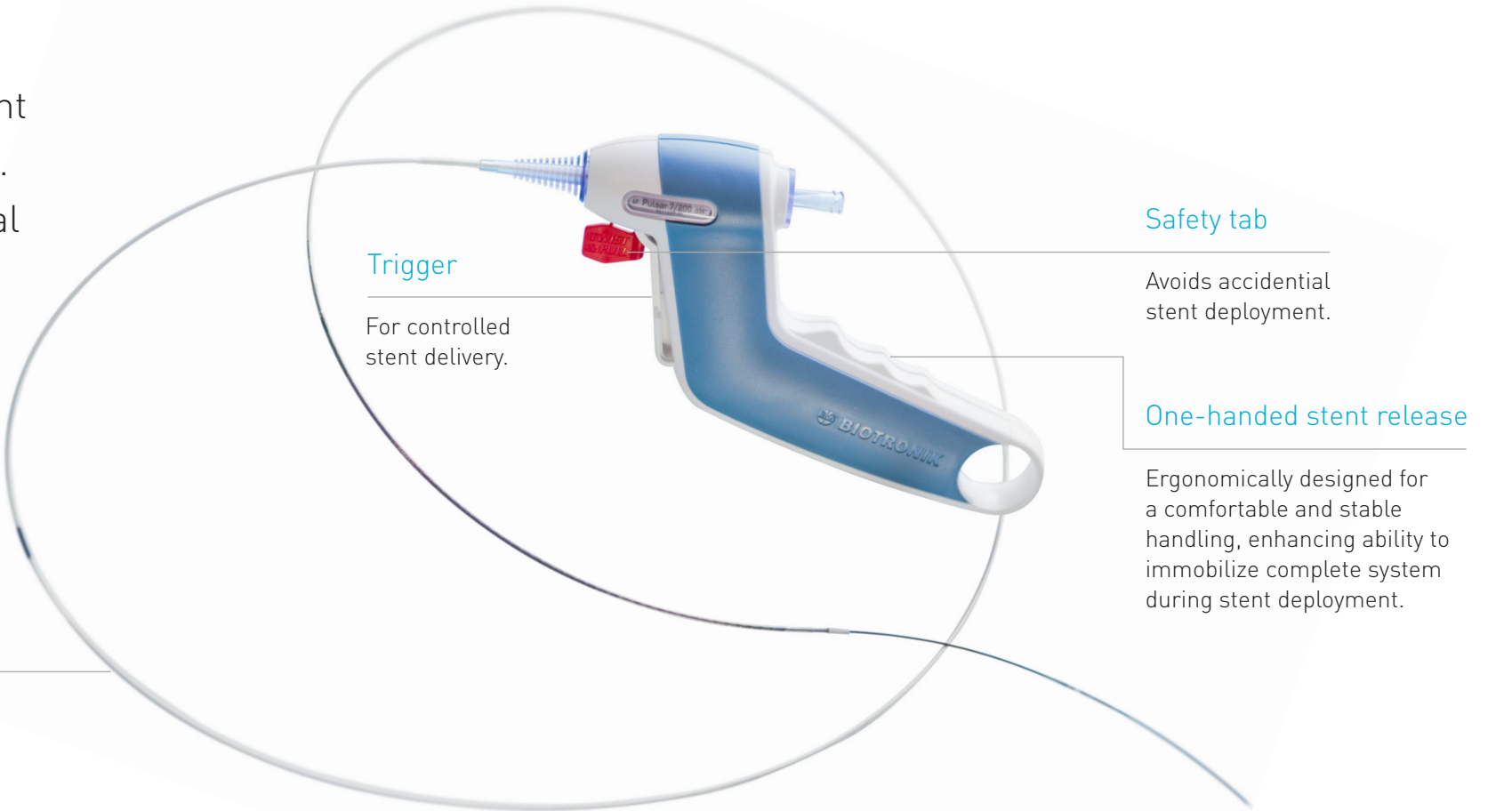
Being a relatively mobile artery, the SFA requires a stent that conforms to the natural vessel movement and provides sufficient support in complex, long lesions that are often difficult to cross. Pulsar-35 is a stent designed for SFA with high multi-directional flexibility on a tri-axial delivery system.

### Tri-axial outer shaft

Isolates retractable shaft from friction caused by introducer valve, aimed at ensuring precision-like implantation accuracy.

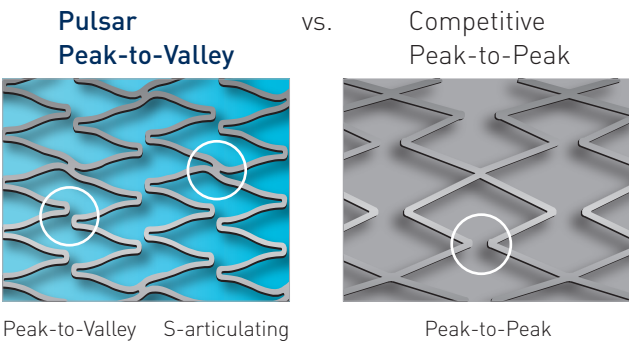


# Stent designed to achieve radial force and flexibility required by SFA



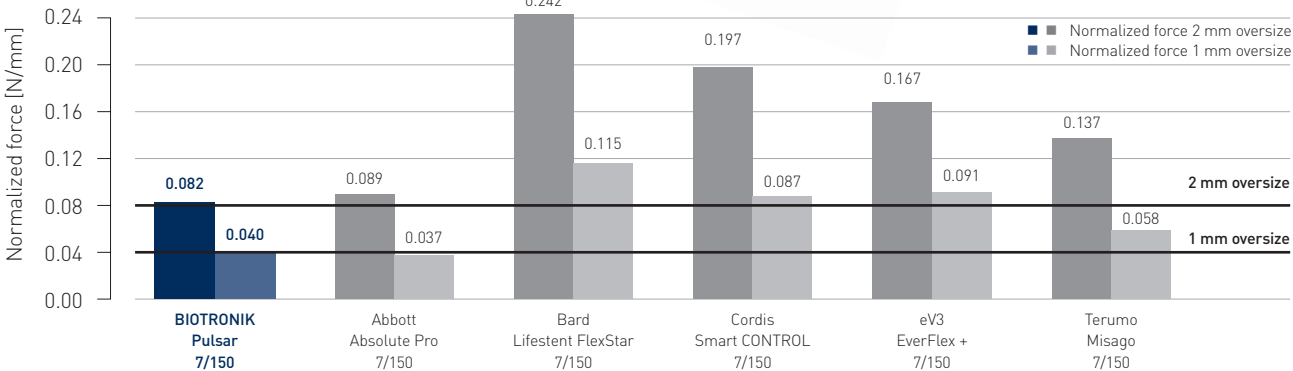
### Stent designed for SFA

- Peak-to-valley design and S-articulating connecting bars provide multi-directional flexibility and avoid fish-scaling in mobile vessel architecture.
- A segmented design with thin struts provides low Chronic Outward Force (COF)<sup>1</sup> sufficient to maintain vessel scaffolding even in calcified lesions (4EVER study<sup>2</sup>). High COF has been shown to result in higher rates of neointimal hyperplasia<sup>3</sup>.
- Stent lengths up to 170 mm for covering long lesions with a single stent.



### Low chronic outward force

Low Chronic Outward Force (COF)<sup>1</sup> sufficient to maintain vessel scaffolding even in calcified lesions (4EVER study<sup>2</sup>). As shown below, COF of Pulsar stents increases less than many competitor stents when oversized, thus potentially reducing inflammatory response and restenosis<sup>3</sup>.



<sup>1</sup> BIOTRONIK data on file [IIB report (P) 71/2011-1]

<sup>2</sup> 4EVER study. Bosiers. M. 24m results presented CIRSE 2013; Deloose K. 24m results presented LINC 2014

<sup>3</sup> Ballyk PD. Intramural stress increases exponentially with stent diameter: a stress threshold for neointimal hyperplasia. J Vasc Interv Radiol. 2006 Jul; 17(7): 1139-45.

Freeman JW, Snowhill PB, Noshier JL. A link between stent radial forces and vascular wall remodeling: the discovery of an optimal stent radial force for minimal vessel restenosis. Connect Tissue Res. 2010 Aug; 51(4): 314-26.

Zhao HQ, Nikanorov A, Virmani R, Jones R, Pacheco E, Schwartz LB. Late stent expansion and neointimal proliferation of oversized Nitinol stents in peripheral arteries. Cardiovasc Intervent Radiol. 2009 Jul; 32(4): 720-6.

# Pulsar-35

## Self-expanding stent/0.035"/OTW

### Technical Data

Stent	
Catheter type	OTW
Recommended guide wire	0.035"
Stent material	Nitinol
Strut thickness	140 µm
Strut width	85 µm
Stent coating	proBIO (Amorphous Silicon Carbide)
Stent markers	6 gold markers each end
Sizes	ø 5.0 - 7.0 mm; L: 30 - 170 mm
Proximal shaft	6F, hydrophobic coating
Usable length	90 and 135 cm

### Ordering Information

	Stent ø (mm)	Catheter length 90 cm Stent length (mm)							
		30	40	60	80	100	120	150	170
6F	5.0	379878	379879	379880	379881	379917	379918	379919	379920
	6.0	379883	379884	379885	379886	379922	379923	379924	379925
	7.0	379888	379889	379890	379891	379927	379928	379929	379930

	Stent ø (mm)	Catheter length 135 cm Stent length (mm)							
		30	40	60	80	100	120	150	170
6F	5.0	379898	379899	379900	379901	379937	379938	379939	379940
	6.0	379903	379904	379905	379906	379942	379943	379944	379945
	7.0	379908	379909	379910	379911	379947	379948	379949	379950

Pulsar-35 is part of the BIOTRONIK **6F** Solutions portfolio, including:

■ Introducer Sheath: **Fortress** ■ Balloons: **Passeo-35, Passeo-35 HP, AngioSculpt** ■ Stents: **Dynamic, Astron**

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