

S.M.A.R.T.® Flex Vascular Stent System Product Description

Type: Fully connected yet flexible stent design

Material: Nitinol, with tantalum markers on stent ends

Maximum Guidewire: 0.035"

Stent Lengths: 30 - 200 mm

Sheath Compatibility: 6F

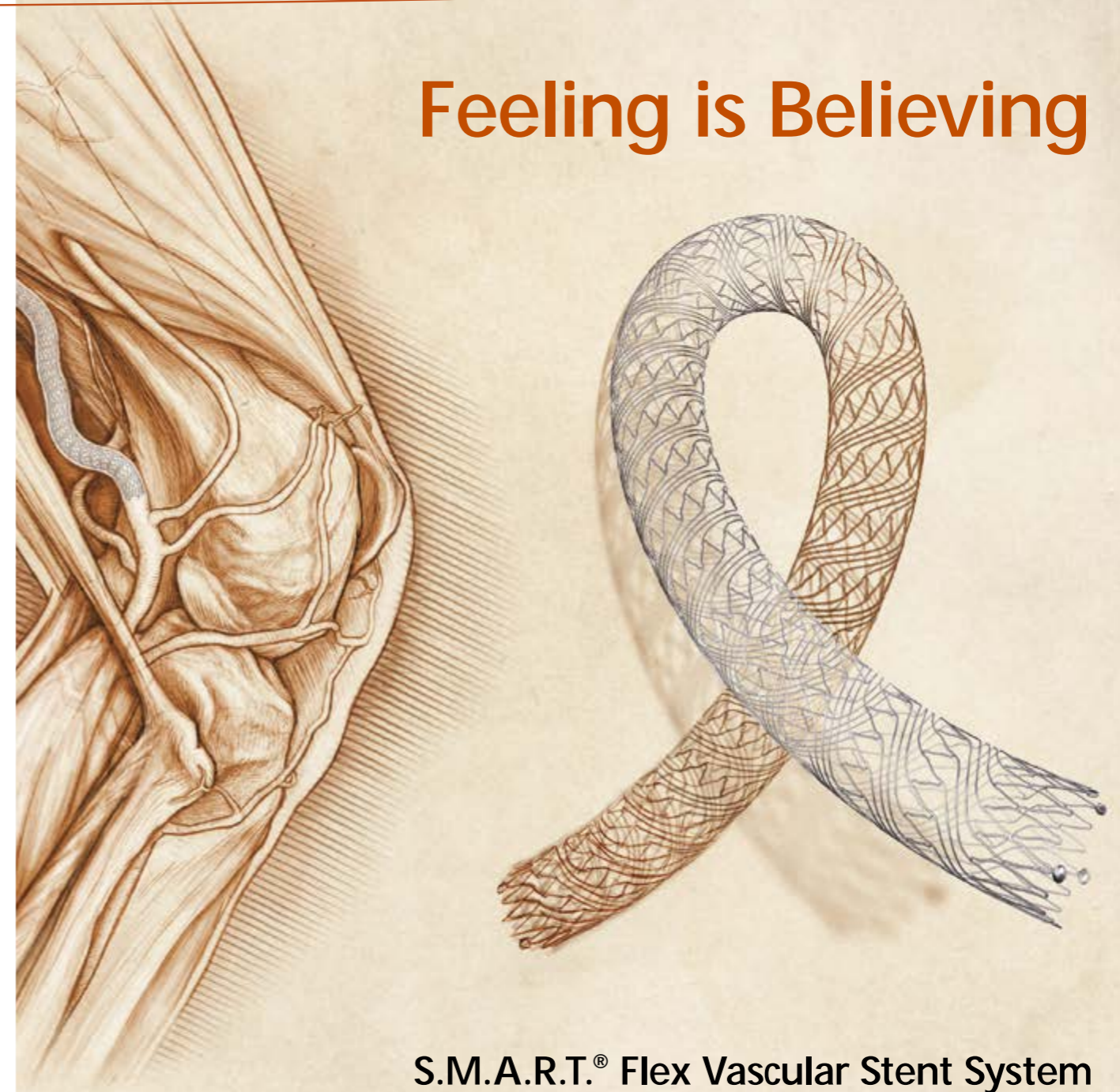
Stent Diameters: 5-8 mm (Stent diameter should be 0.5-1.5 mm greater than vessel diameter)

Stent Delivery System Working Lengths: 80 cm (S suffix) and 120 cm (M suffix)

S.M.A.R.T.® Flex Vascular Stent System

Ordering Information

Product Code		Stent			Delivery System	
80cm Usable Length	120cm Usable Length	Stent Diameter (mm)	Stent Length (mm)	Recommended Lumen Size (mm)	Recommended Sheath Introducer Size	Guidewire Acceptance
SF05030SV	SF05030MV	5	30	3.5-4.5	6	.035"
SF05040SV	SF05040MV	5	40	3.5-4.5	6	.035"
SF05060SV	SF05060MV	5	60	3.5-4.5	6	.035"
SF05080SV	SF05080MV	5	80	3.5-4.5	6	.035"
SF05100SV	SF05100MV	5	100	3.5-4.5	6	.035"
SF05120SV	SF05120MV	5	120	3.5-4.5	6	.035"
SF05150SV	SF05150MV	5	150	3.5-4.5	6	.035"
SF05200SV	SF05200MV	5	200	3.5-4.5	6	.035"
SF06030SV	SF06030MV	6	30	4.5-5.5	6	.035"
SF06040SV	SF06040MV	6	40	4.5-5.5	6	.035"
SF06060SV	SF06060MV	6	60	4.5-5.5	6	.035"
SF06080SV	SF06080MV	6	80	4.5-5.5	6	.035"
SF06100SV	SF06100MV	6	100	4.5-5.5	6	.035"
SF06120SV	SF06120MV	6	120	4.5-5.5	6	.035"
SF06150SV	SF06150MV	6	150	4.5-5.5	6	.035"
SF06200SV	SF06200MV	6	200	4.5-5.5	6	.035"
SF07030SV	SF07030MV	7	30	5.5-6.5	6	.035"
SF07040SV	SF07040MV	7	40	5.5-6.5	6	.035"
SF07060SV	SF07060MV	7	60	5.5-6.5	6	.035"
SF07080SV	SF07080MV	7	80	5.5-6.5	6	.035"
SF07100SV	SF07100MV	7	100	5.5-6.5	6	.035"
SF07120SV	SF07120MV	7	120	5.5-6.5	6	.035"
SF07150SV	SF07150MV	7	150	5.5-6.5	6	.035"
SF07200SV	SF07200MV	7	200	5.5-6.5	6	.035"
SF08030SV	SF08030MV	8	30	6.5-7.5	6	.035"
SF08040SV	SF08040MV	8	40	6.5-7.5	6	.035"
SF08060SV	SF08060MV	8	60	6.5-7.5	6	.035"
SF08080SV	SF08080MV	8	80	6.5-7.5	6	.035"
SF08100SV	SF08100MV	8	100	6.5-7.5	6	.035"
SF08120SV	SF08120MV	8	120	6.5-7.5	6	.035"
SF08150SV	SF08150MV	8	150	6.5-7.5	6	.035"
SF08200SV	SF08200MV	8	200	6.5-7.5	6	.035"



Feeling is Believing

S.M.A.R.T.® Flex Vascular Stent System

The first fully connected, yet highly flexible self-expanding stent - your solution for Superficial Femoral Artery¹



Visit www.cordis.com/emea for more information



Important Information:

Prior to use, refer to the "instructions for use" supplied with these devices for indications, contraindications, side effects, suggested procedure, warnings and precautions. As part of the Cordis policy of continuous product development we reserve the right to change product specifications without prior notification. Third party trademarks used herein are trademarks of their respective owners.

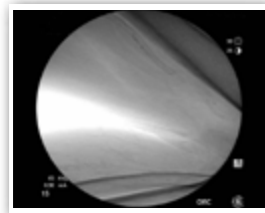
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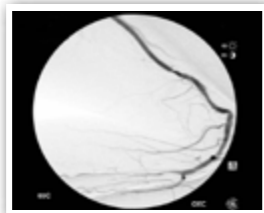
IMPOSSIBLE? FEELING IS BELIEVING

The S.M.A.R.T.® Flex Stent is designed to respond to the natural anatomic forces of the artery as well as address atherosclerotic issues

SMART® Flex Stent – post procedure



Post procedure angiogram

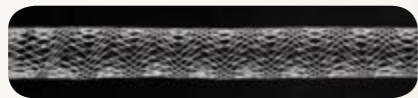


The images provided by Dr. Peter Goverde – ZNA Stuivenberg, Antwerpen, Belgium

FULLY CONNECTED

Greater Longitudinal Stability² and Low COF^{2,4}

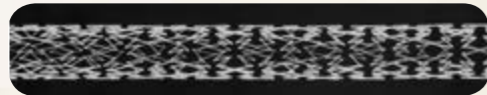
Easy placement. Reduced stent stretching upon deployment



S.M.A.R.T.® FLEX



Competitor A



Competitor B

HELICAL STRUTS

High Radial Force²

Low COF^{2,4}

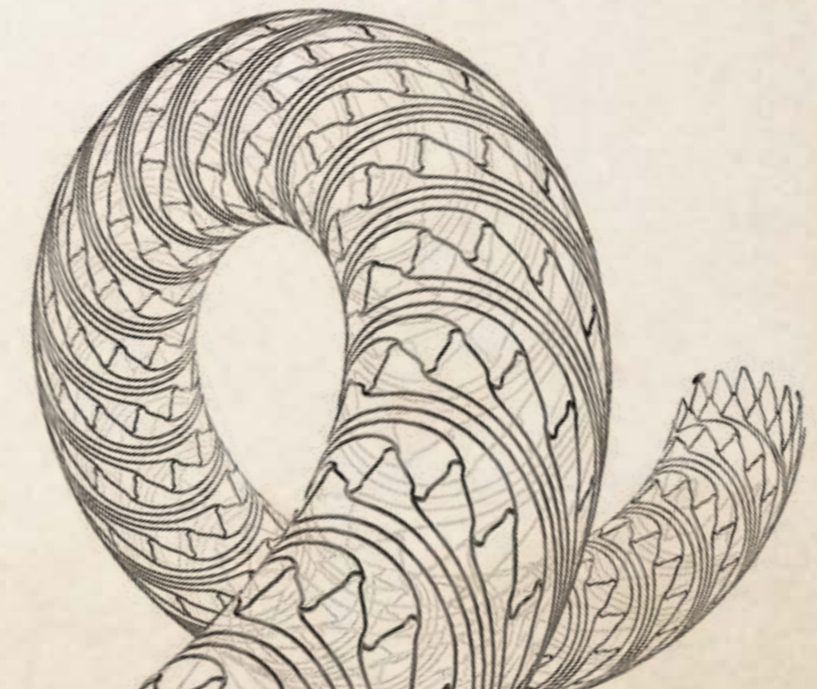
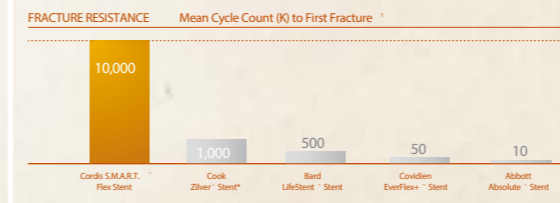
Increased blood flow

Less arterial stress³

HELICAL STRUTS; FULLY CONNECTED

Superior Fracture Resistance²

Durable solution



FLEX BRIDGES; FULLY CONNECTED

Optimal Vessel Coverage and High Flexibility



S.M.A.R.T.® FLEX



Competitor A



Competitor B



Competitor C

¹ The stent is intended as a treatment for atherosclerotic superficial femoral artery and proximal popliteal lesions. ² The data provided in this brochure are based on mechanical and in-vitro testings performed by Cordis Corporation (data on file, Cordis). Those data are intended to provide technical information based on in-vitro testings for which results cannot be transposed to clinical interpretation. ³ Results indicate that the stent design that induced higher stress values on the artery wall may lead to a more significant pathobiologic response as determined by the amount of neointimal hyperplasia⁴. ⁴ Laboratory Investigation (2011) 91, 955-967