

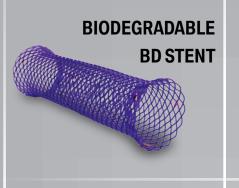


ELLA-CS is the only manufacturer of worldwide unique products, such as: Biodegradable stent, Danis stent - for emergency treatment of acute variceal bleeding, and Extractor - for easy removal of esophageal stents. Esophageal HV Stent Plus, made by ELLA-CS, is valued for wide spectrum of applications and for its low migration.

Unique biodegradable BD STENT is indicated for treatment of benign refractory esophageal strictures. Repeated dilations are avoided, thus reducing the risk of perforation. Usual food intake is restored immediately. Biologic degradation of the stent avoids the extraction procedure. The DANIS STENT assures instant hemostasis in acute or refractory bleeding from esophageal varices. The stent efficiently replaces obsolete techniques, such as balloon tamponade. High safety and easy operation makes it an indispensable tool for gastroenterology and emergency department of every hospital. The esophageal HV Stent Plus is highly valued for its low rate of migration and for its wide spectrum of use, including malignancies, leaks, fistulas or benign strictures where later extraction is expected.

ELLA-CS esophageal stents can be easily and safely extracted, thanks to their metallic retrieval loops, which are breakage resistant. ELLA Extractor allows even safer and smoother way of extraction of ELLA-CS esophageal stents. This makes temporary stenting easier than ever before.

# Gastrointestinal



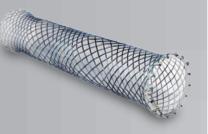
- Braided uncovered stent made of polydioxanone
- Excellent solution for refractory benign esophageal strictures
- No need for extraction because of natural biodegradation
- Radial force is maintained for minimum of 8 weeks, degrades completely in 12 weeks
- Flared ends prevent migration
- Golden radiopaque markers ensure stent visibility





OD=28/18 F; AL=75 cm

## **DANIS STENT**



- Large diameter nitinol stent with anti-migration braiding pattern
- Easy to use emergency device for acute and refractory esophageal variceal bleeding
- Efficient, safe and instant hemostasis without need of additional equipment
- Oral intake is maintained from the time of implantation
- · Patient and staff friendly device. Use of the stent does not necessitate constant ICU care
- Endoscopic examination / treatment is possible through the stent
- Easy removal extracting device available





30/25/30 x 135 OD=28/20 F; AL=60 cm

# **FLEXELLA PLUS**



- Nitinol stent fully covered with silicone
- Special anti-migration shape with tapered flares prevents esophageal trauma
- Useful in a wide range of malignant and benign indications (stricture, fistula, leak)
- Rupture and cut-resistant metal retrieval loop for easy reposition or removal
- Excellent extractability (ELLA Extractor recommended for extraction)
- Delivery system with proximal release available for accurate placement in upper esophagus



MIN: 25/18/25 x 85 MAX: 25/20/24 x 150 OD=28F; 22 F; AL=75 cm

# **BOUBELLA-E**



- · Stainless steel stent covered with polyethylene foil
- Strong segmented body with excellent radial force
- No shortening during deployment
- Proximal partially uncovered segment anchors the stent in the esophagus
- Rupture and cut-resistant metal retrieval loop for easy repositioning
- Excellent X-ray visibility for precise implantation
- Optional anti-reflux valve reducing gastro-esophageal reflux



OTW MIN: 36/20 x 90 MAX: 36/20 x 165 OD=28/18 F; AL=75 cm

### **ELLA EXTRACTOR**



- Unique device for easy extraction of ELLA-CS esophageal stents
- Efficient protection of esophageal mucosa during extraction
- Constriction of a stent into the Extractor allows safe and non-traumatic transport out of the esophagus
- Compatible with the DANIS STENT, DANIS SEAL STENT, FLEXELLA PLUS and
  HV STENT PLUS

   DEVICE

   DEVICE



OD=28 F; AL=100 cm

# ENTERELLA PYLORODUODENAL



- Non-segmented braided stent made of nitinol wire
- Tubular shape and highly flexible design
- Non-traumatic stent ends
- Flexible and kink-resistant braided delivery catheter
- · Through-the-scope delivery system



TTS MIN: 20 x 82 MAX: 25 x 135 OD=10,5 F; AL=210 cm



- Large diameter nitinol stent with anti-migration braiding pattern
- Silicone covering with narrow uncovered rims for better sealing effect
- Dedicated stent for treatment of esophageal leaks and perforations
- Rupture and cut-resistant metal retrieval loops for easy reposition or removal
- Safe and gentle removal of the stent (ELLA Extractor recommended for extraction)
- Clinically confirmed efficiency in anastomotic leaks after ROUX-en-Y gastric bypass\*



OTW MIN: 25/18/25 x 85 MAX: 25/20/24 x 150 OD=28F:22 F: AL=75 cm

- Nitinol stent fully covered with silicone
- Special shape and anti-migration collar ensures an exceptionally low migration rate\*\*
- Useful in wide range of benign and malignant indications (stricture, fistula, leak)
- Rupture and cut-resistant metal retrieval loop for easy reposition or removal
- Excellent extractability (ELLA Extractor recommended for extraction)
- Optional anti-reflux valve for reduction of gastro-esophageal reflux
- Highly flexible delivery system 16 F / 22 F for 18 mm stent body diameter



OTW MIN: 30/20 x 90 MAX: 30/20 x 210 OD=28/18 F: AL=75 cm

- Stainless steel stent covered with polyethylene foil
- Strong segmented body with excellent radial force
- No shortening during deployment
- Proximal anti-migration segment anchors the stent in the esophagus
- Rupture and cut-resistant metal retrieval loops for easy repositioning or removal
- Excellent X-ray visibility for precise implantation
- Optional anti-reflux valve reducing gastro-esophageal reflux



TTS/OTW MIN: 08 x 40 MAX: 10 x 100 OD=7 F; 9 F AL=60; 175 cm

- Nitinol stent in covered, partially covered and uncovered design
- Special design for low migration and instant opening in bile duct
- Multiple and extra large X-ray markers for accurate positioning
- Non-traumatic stent ends
- Highly flexible and kink-resistant braided delivery catheter
- Through-the-scope and transhepatic delivery system available



OTW OD=28/18 F; AL=75 cm OD=22/16 F; AL=75 cm

- Unique delivery system for esophageal stents
- Rocket shape tip with splittable olive segments
- Smooth introduction through a stricture
- Olive tip detachment reduces size of the delivery system
- Easy and safe removal of the shaft of the delivery system after stent deployment
- Compatible with ultra / super stiff guidewire



MIN: 22 x 82 MAX: 30 x 136 OD=15 F; AL=95 (135) cm

- Tubular shape and highly flexible design
- Non-traumatic stent ends

# **NEW** Highly flexible delivery system 16 F / 22 F with compact olive tip\*\*\* **ENTERELLA** Non-segmented braided stent made of nitinol wire COLORECTAL Variety of dimensions with sufficient diameter $FREEDMAN\ J,\ JONAS\ E,\ NASLUND\ E\ et\ al.\ Treatment\ of\ leaking\ gastrojejunostomy\ after\ gastric\ bypass\ surgery\ with\ special\ emphasis\ on\ stenting.\ Surgery\ for\ Obesity\ and\ Related\ Diseases\ 2013;\ 9(4);\ 554-558$ MERCER J. et al. ELLA-HV anti-migration stent demonstrates superior performance for cancers of the gastro-oesophageal junction. Abstract published by The Christie Hospital at BSIR congress, Birmingham, set on 1.-3. November 2017.

- Only for HV Plus and Flexella Plus with 18 mm stent body diameter

# DANIS SEAL



# **HV STENT PLUS**



**BOUBELLA** 



# **NITINELLA PLUS**



**DELIVERY SYSTEM** FOR ESOPHAGEAL STENTS



ELLA-CS is purely domestic company, located in the Czech Republic, with worldwide distribution into more than 70 countries around the globe. The success of ELLA-CS products indicates reliability and exceptional quality of manufacture.

The company works steadily on research and development of original health care devices, to widen therapeutic options for patients and health care specialists. Close cooperation with world leading clinical centers is extremely valuable for the continuous innovation of ELLA-CS products.

The company is mainly focused on the gastrointestinal stents production, offering a complete range of stents for gastroenterology and interventional radiology. ELLA-CS is also an exclusive manufacturer of several worldwide unique products, which soon became a valued treatment option for certain indications.







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