

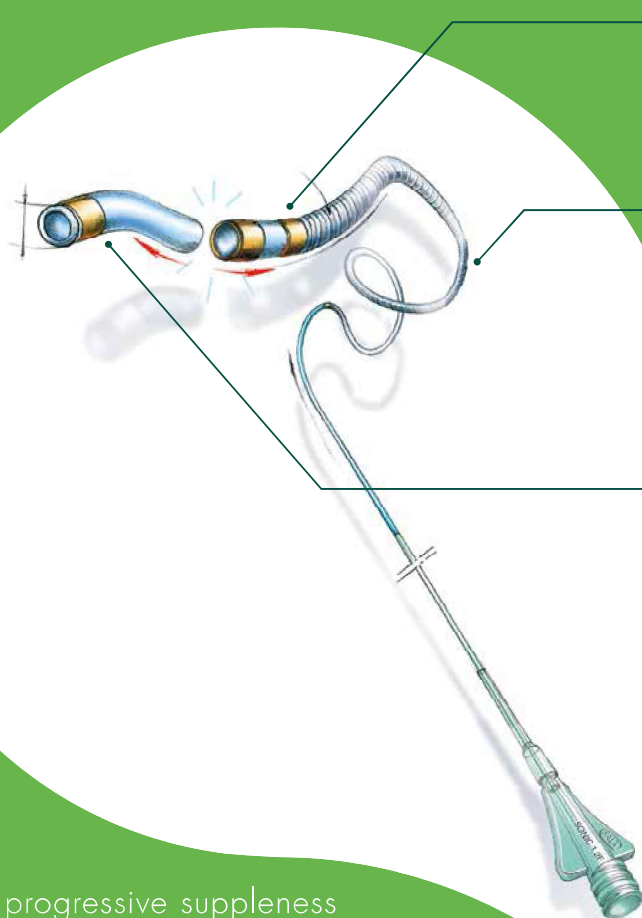
sonic

Designed for prolonged liquid embolic injection

Intended for selective and hyper selective vascular catheterization for diagnostic or therapeutic purposes.

dmso^{**}
compatible

avm^{*} treatment



- Visibility for optimum injections

3 distal radiopaque markers
distal tip
detachment point
maximum reflux

- Navigability skills

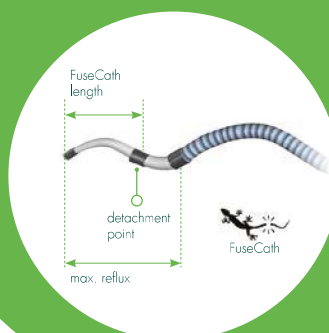
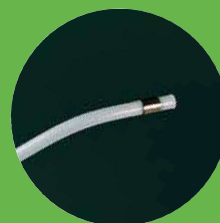
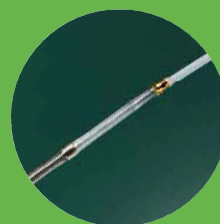
Progressive suppleness down to 1,2F
(Balt exclusivity) of the distal part for liquid
embolic injection of small diameter and
sinuous distal vessels

Rigid proximal part
allowing control and navigability
in the vasculature

- FuseCath detachable tip

Mechanical & Chemical Detachment
of the patented catheter tip to reduce
excessive traction on the neurovasculature

Increased safety
of prolonged injection of liquid embolic



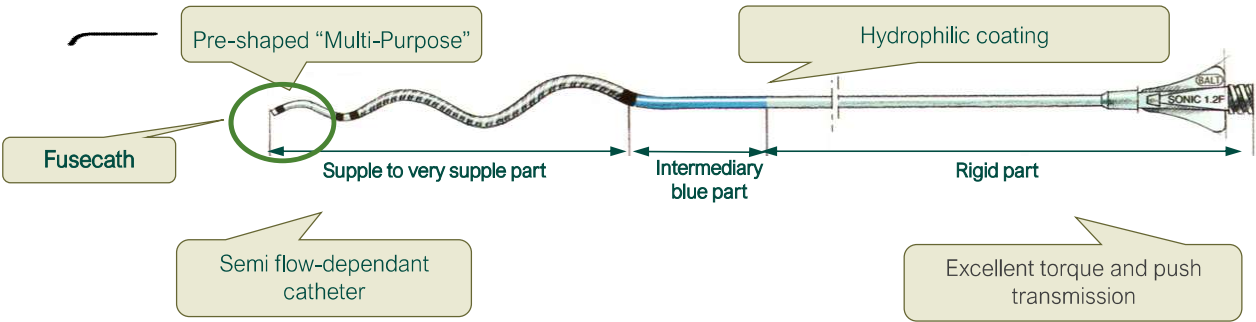
progressive suppleness
down to 1,2F

exclusive
to Balt

* Arteriovenous Malformation
** Dimethyl sulfoxide

Sonic structure

Technical features



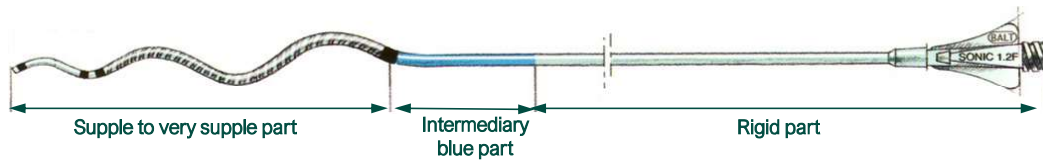
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Sonic navigation features

Technical features



Semi flow dependant microcatheter :

- Can be used with or without a GW
- Without GW, the risk of vessel perforation is reduced

Progressive suppleness:

- High distal flexibility
- Proximal support (excellent torque and push transmission)

Disgressive Ø

- From 1,5F up to 1,2F to reach more distal locations

High performance hydrophilic coating

Pre-shaped "Multi-purpose " tip



OPTIMAL
NAVIGATION

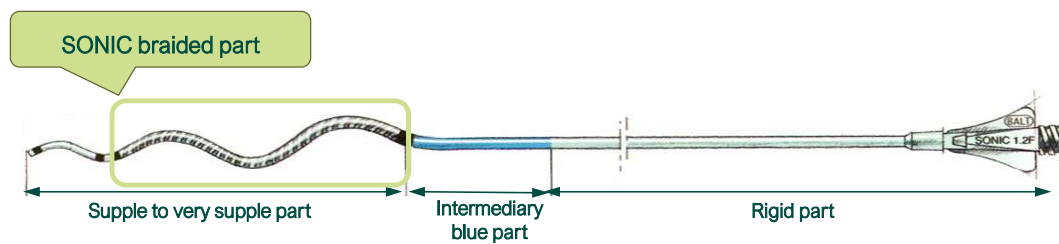
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Resistance to pressure

Technical features



→ Resist to high pressure injection of liquid embolic

→ Keep high flexibility

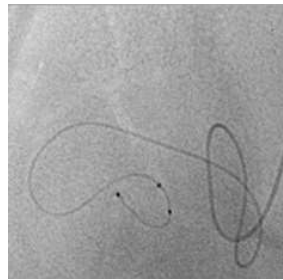
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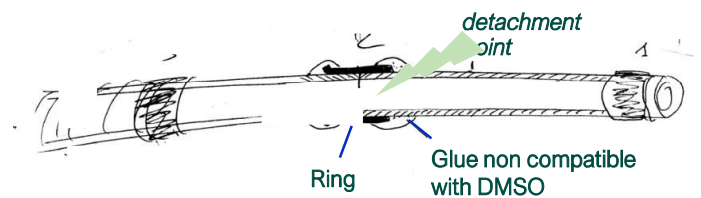
SONIC tip detachment system

Technical features



GLUE MAXIMUM reflux → if GLUE passes the 2nd marker, the non-detachable part of the SONIC will be trapped, making detachment very difficult

SQUID/ONYX MAXIMUM reflux → if SQUID/ONYX passes the 3rd marker, the outer braiding of the SONIC will give a mechanical hold to the SQUID/ONYX, making detachment very difficult



SONIC's distal tip is attached to the rest of the catheter by 2 strong mechanisms:

1. A **ring which holds the 2 parts** of the structure tight together,
2. A **non-compatible DMSO glue** to complete the detachment system

Once in contact with the embolisation product reflux, the Fusecath detachment is due to both:

- A **mechanical effect** through a gentle and slow traction,
- A **chemical effect** through dissolution of the non compatible DMSO glue.

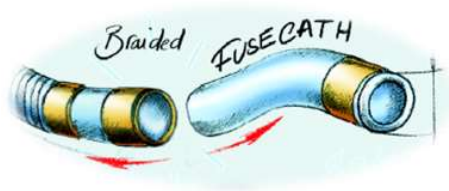
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Detachable tip features

Technical features



Give **time** during the procedure

Allow **building a hard & good plug**

Allow to realize **better penetration** & status evaluation

Allow to reach a **higher rate of complete nidus occlusion**

FUSECATH length up to 4,5 cm (SONIC1,5F45)



LONGER
injection times



HIGHER injection
volumes



LONGER
REFLUX

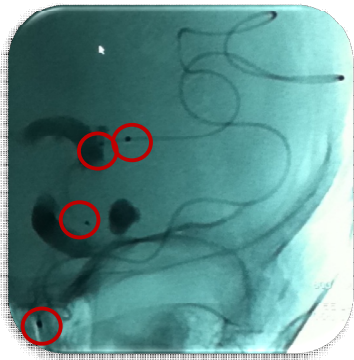
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Radiopacity features

Technical features



The micro-catheter is radiopaque

4 RX markers (from distal to proximal):

- 1 distal ring to visualize the **end**
- 1 ring on the **detachment point**
- 1 ring to delimitate the **maximum reflux distance**
- 1 proximal ring at the **junction between flexible & rigid part**

Allow to know the **reflux distance**



HIGH
VISIBILITY
FOR
ENFORCED
CONTROL

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Range details

Technical features

	REFERENCE	Total length (cm)	Ø O.D. distal tip (F)	Ø I.D. distal tip (mm)	Fusecath length (cm)	Dead space (mL)	Max reflux (cm)	Included GW
SONIC1,2F	SONIC1,2F15	165	1,2	0,23	1,5	0,28	2	.007"
	SONIC1,2F25	165			2,5	0,29	3	
	SONIC1,2F25.190	190			2,5	0,32	3	
	SONIC1,2F35	165			3,5	0,29	4	
SONIC1,5F	SONIC1,5F15	165	1,5	0,30	1,5	0,30	2	.008"
	SONIC1,5F25				2,5	0,30	3	
	SONIC1,5F35				3,5	0,29	4	
	SONIC1,5F45				4,5	0,30	5	

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