

Angiodyn

High pressure tubing with / without rotating adaptor



Angiodyn high pressure tubing

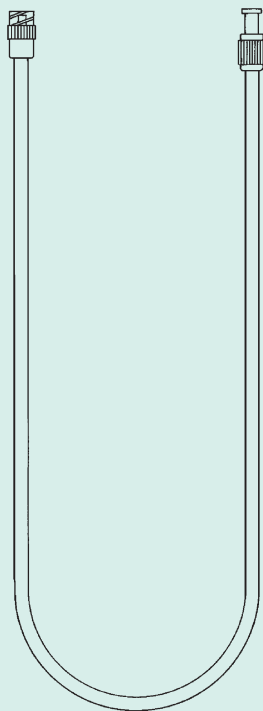
- transparent for visual control
- tubing lengths for all needs
- luer lock-fitting male / female

Angiodyn high pressure tubing up to 84 bar (1200 psi)

- braided PUR, very flexible

male / female with rotating adaptor

length cm	inner ø (mm)	outer ø (mm)		
50	1.7	3.6	5011507	25
75	1.7	3.6	5011515	25
100	1.7	3.6	5011523	25
120	1.7	3.6	5011531	25
200	1.7	3.6	5016002	25



Angiodyn high pressure tubing up to 70 bar (1000 psi)

- PVC, flexible

male / female with rotating adaptor

length cm	inner ø (mm)	outer ø (mm)		
50	2.15	4.75	5011957	20
75	2.15	4.75	5011965	20
100	2.15	4.75	5011973	20
120	2.15	4.75	5011938	20
150	2.15	4.75	5018580	25

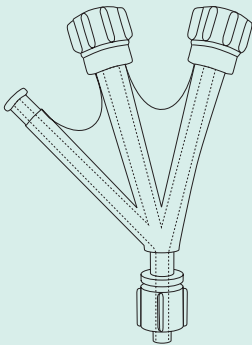
male / female without rotating adaptor

length cm	inner ø (mm)	outer ø (mm)		
50	2.15	4.75	5018196	20
75	2.15	4.75	5018200	20
100	2.15	4.75	5018218	20
120	2.15	4.75	5018233	20
150	2.15	4.75	5014875	20

Accessories for PTCA

Y-Connector, PTCA-Set, Fluid Collection System

Code-
Number Sales
unit-
pcs.



Y-Connector

For all interventional techniques

- with rotational adaptor and Touhy-Borst-valve
- 9.5F lumen

Y-connector with plastic insertion tool

5021693

10

Double Y-connector with plastic insertion tool

5020743

5

Unique Kissing BiBalloon adaptor

For simultaneous and/or sequential dilatation of bifurcation lesions

- innovative approach for multiple dilatation techniques
- final kissing balloon inflation

Kissing BiBalloon adaptor

5014760

25

PTCA-Kit 1

- Y-connector with metal insertion tool
- Torquer, luminescent wire grip for all diameters up to 0.022"
- Inflation Device for PTCA (622510)

PTCA-Kit 1

622511

1

PTCA-Kit 2

- Y-connector with metal insertion tool
- Torquer, luminescent wire grip for all diameters up to 0.022"

PTCA-Kit 2

5028550

10

Bifurcation Kit

- Inflation device
- Double Y-Connector
- Kissing Balloon adaptor
- Insertion tool and torquer

Bifurcation Kit

5028904

1

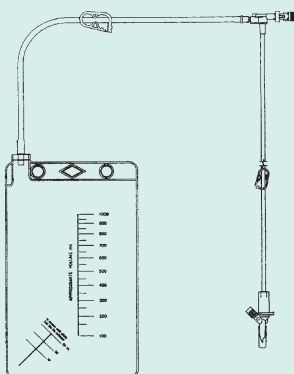
Fluid Collection System

- aspiration of liquids (saline solution, contrast media)
- secure disposal of aspiration liquid in a closed container (bag)
- tubing length to dual check valve: 190 cm
- tubing length to container: 180 cm
- container volume: 1000 ml

Fluid Collection System

5010555

50

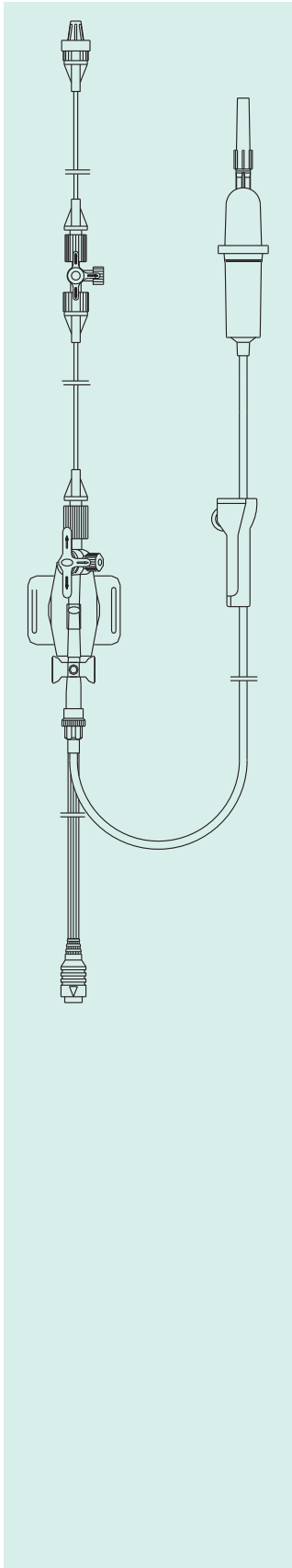


Customized kits on request. Please ask your B. Braun clinical specialist.

Combitrans

Monitoring kits with disposable transducer Basic kits

Code-
Number Sales
unit-
pcs.



Combitrans

Monitoring kit with disposable transducer for physiological pressure measurement

Complete system

- for optimal transmission of pressure signal
- saves time and makes work easier due to practical configurations
- avoids contamination at connections and during blood sampling

Combitrans Monitoring kit

• Intrafix M

- special administration kit for pressure measurement

• Combitrans flush device

- quick flush rate ≥ 1 ml/s
- continuous flush rate 3 ml/h at 300 mmHg

• Combitrans disposable transducer

- compact and 100 % tested unit with excellent pressure transmission
- can be used in combination with all CF-class monitors
- adapts to interface cable with plug connection
- modern chip technology for an accurate registration of values
- precalibrated sensor with constant electrical parameters (sensitivity, linearity, zero stability)
- straight fluid channel for an easy air-bubble free filling

• Discofix-3

- 2 three-way stopcocks red (arterial), blue (venous) or yellow (pulmonal arterial)

• Combidyn pressure tubing 125 cm

- $\varnothing 1.5 \times \varnothing 2.7$ mm
- with red (arterial), blue (venous) or yellow (pulmonal arterial) stripe

• Combidyn pressure tubing 20 cm

- $\varnothing 1.5 \times \varnothing 2.7$ mm
- with red (arterial) stripe, blue (venous) or yellow (pulmonal arterial) stripe

Combitrans Monitoring kit

red (arterial)	5202620	20
blue (venous)	5202604	20
yellow (pulmonal arterial)	5202617	20

Combidyn pressure tubing with three-way stopcock

- pressure tubing, red, $\varnothing 1.5$ mm x $\varnothing 2.7$ mm, 20 cm
- connected three-way stopcock, red

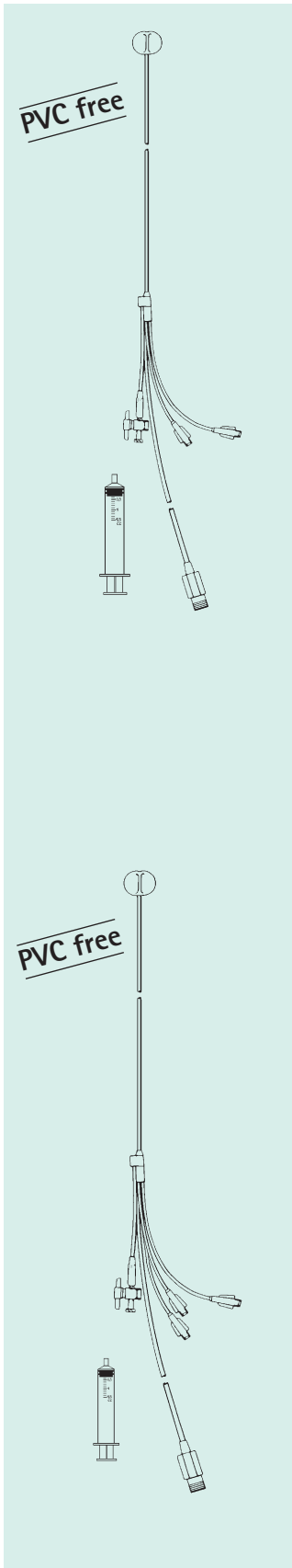
Combidyn pressure tubing with three-way stopcock	5208599	50
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Corodyn TD / TD-I

Thermodilution catheters with balloon (Swan-Ganz type)
made of Polyurethane (PUR)

Code-
Number

Sales
unit-
pcs.



Corodyn TD

Thermodilution catheter with balloon (Swan-Ganz type) for measurement of haemodynamic pressure and cardiac output

- catheter (4 lumina) with lumen for injection of a cold bolus and distal lumen for pressure measurement
- catheter length 110 cm
- thermistor, 35 mm from catheter tip
- catheter marking every 100 mm from the catheter tip as an indicator of depth of introduction and position of catheter
- easy handling
- safe introduction
- radio-opaque
- excellent pressure transmission
- thermistor resistance at 37°C 14,000 Ω ± 15 %, sensitivity 520 Ω/°C
- special three-pin plug connector for all standard computers and patient monitors
- made of PUR
- antithrombogenic material
- free of toxic plasticizers

Corodyn TD

F5	5041406	5
F6	5041414	5
F7	5041422	5
F7, S-Tip	5041945	5

Corodyn TD-I

Thermodilution catheter with 5 lumina

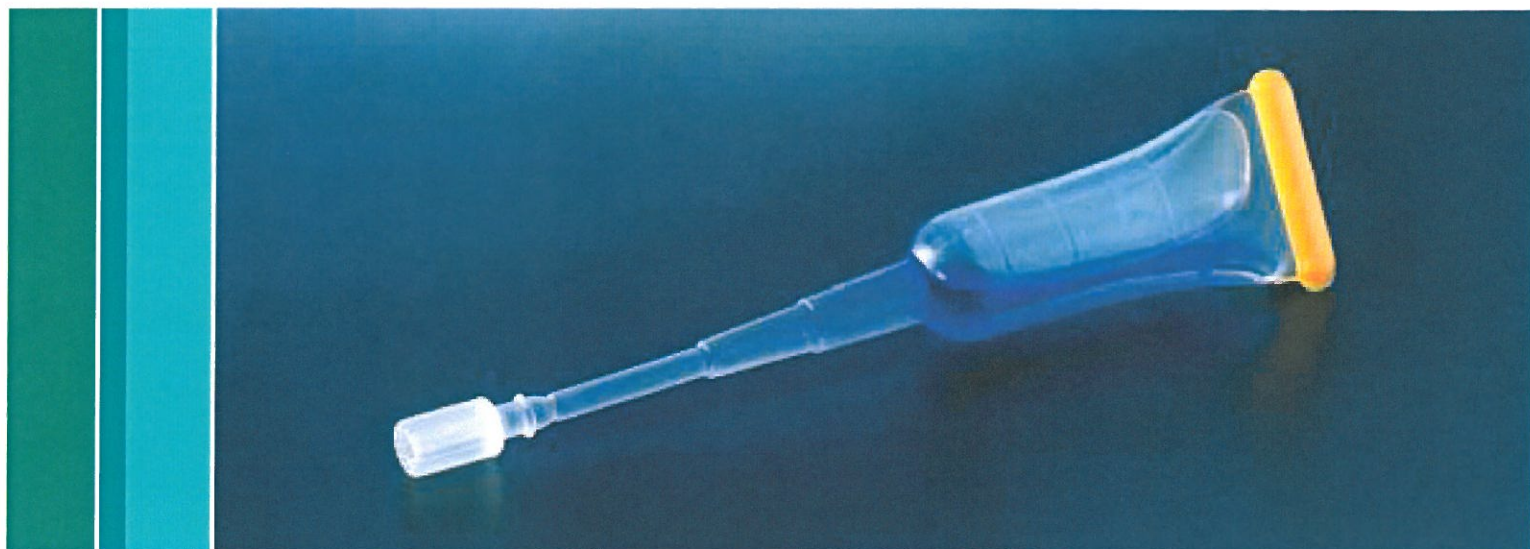
- same catheters as Corodyn TD but with additional lumen for simultaneous pressure measurement resp. for the application of infusions or medications

Corodyn TD-I

PUR, F 7,5	5041856	5
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Histoacryl[®]

The real thing
Tissue adhesive



Biosurgicals

Histoacryl®

The real thing – now even simpler and faster

For decades medical professionals around the world have put their trust in Histoacryl®, the first surgical tissue adhesive based on cyanoacrylate. The successful application of Histoacryl® is described in more than 1,200 publications.

Now the classic product for the closure of skin wounds is available

- in a new ampoule with a twist-off tip.
- with increased content of n-butyl-2-cyanoacrylate.
- with the indication for closure of skin wounds and for sclerosation therapy of esophageal and fundal varices.

New twist-off tip

Histoacryl®

now even simpler and faster

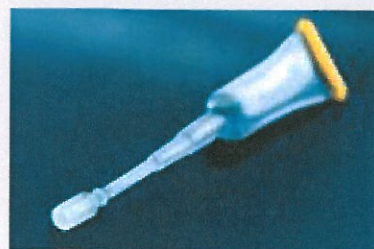
- Simply twist off the ribbed tip of the ampoule
- Then, as usual, Histoacryl® can be applied precisely with the slim cannula



Translucent Histoacryl® L

for facial applications

To be on the safe side, it is recommended to use Histoacryl® L, a version which does not contain dye, for facial applications.



Classic advantages

Well-known advantages of Histoacryl®:

- fast wound closure
- superior strength
- simple and precise dosage due to slim cannula and blue dye
- applying just one layer is enough
- choice between blue and translucent version
- showering possible



Why tissue adhesive?

- no suturing – no pain
- saves time and costs (no local anaesthetics, no suture removal, no second consultation)
- antibacterial film protects the wound
- no wound dressing necessary



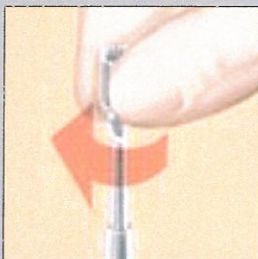
Product Range

Ordering Information

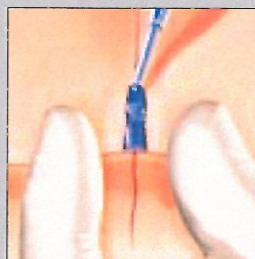
Description	Color	Article No.
5 x 0.5 ml Histoacryl®	blue	105 0052
10 x 0.5 ml Histoacryl®	blue	105 0044
5 x 0.2 ml Histoacryl®	blue	105 0036
10 x 0.2 ml Histoacryl®	blue	105 0028
5 x 0.5 ml Histoacryl® L	translucent	105 0060

■ Literature is available upon request.

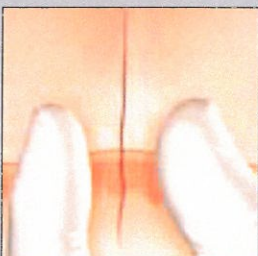
Wound closure in a minute:



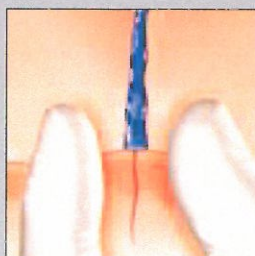
Clean the wound and turn open the ampoule



Apply Histoacryl® sparingly, do not allow tissue adhesive to flow into the wound



Adapt wound edges (wounds under tension and wounds longer than 3 cm require additional suturing)



Keep wound edges aligned for about one minute – that's all!

Histoacryl®

Histoacryl®

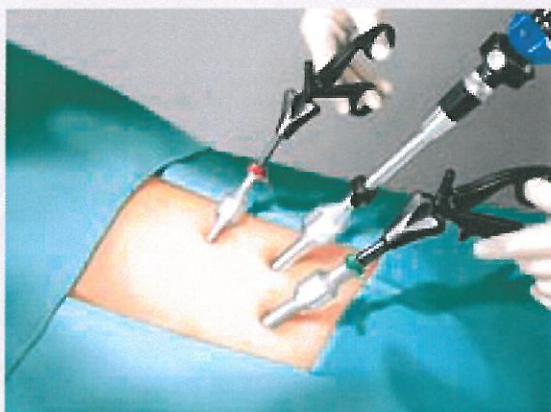
The real thing – now even simpler and faster

Histoacryl® for closure of endoscopic incisions

The Histoacryl® ampoule is supplied in sterile condition; therefore, Histoacryl® is the ideal tissue adhesive for use in the OR.

For example, it may be used for the closure of endoscopic incisions, as described in:

Rosin D et al. Closure of laparoscopic trocar site wounds with cyanoacrylate tissue glue: a simple technical solution. J Laparoendosc Adv Surg Tech 2001; 11(3):157-9.

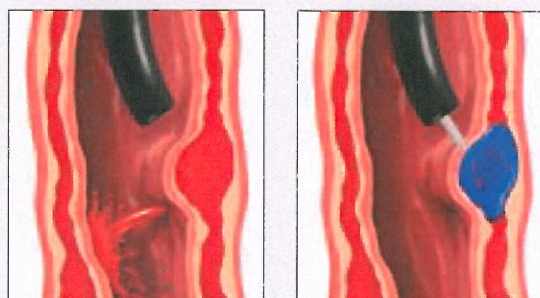


Sclerosation of esophageal and fundal varices with Histoacryl®

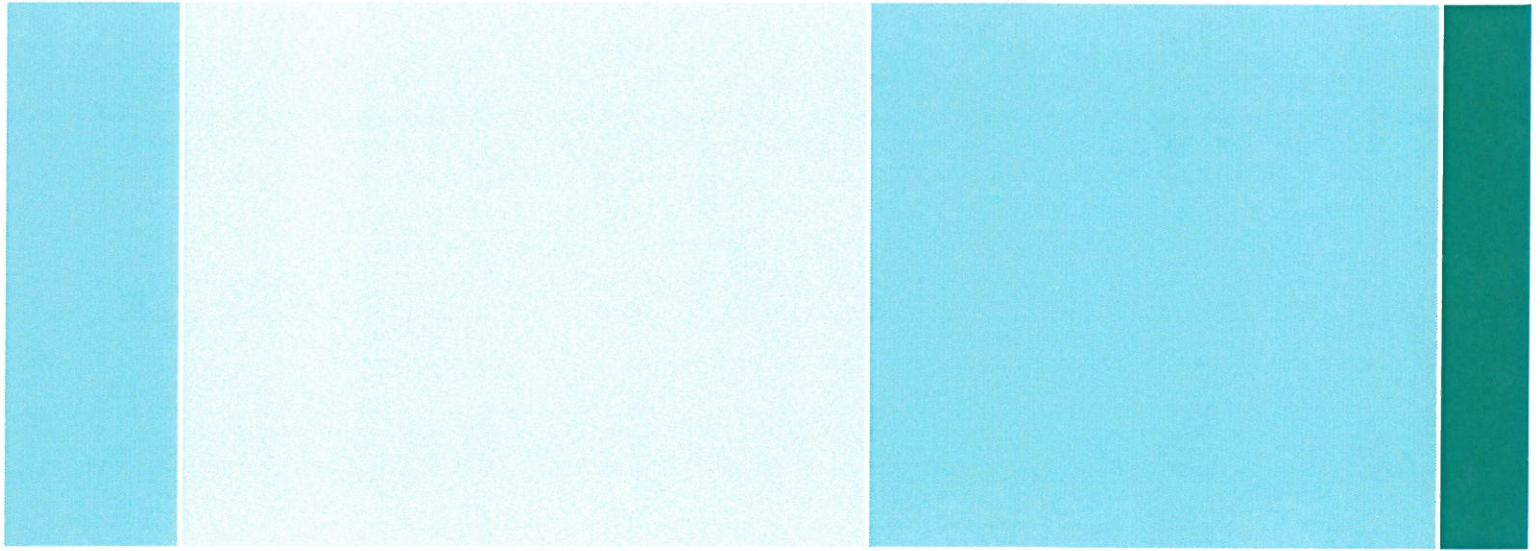
The formation of esophageal and fundal varices is a common and dangerous consequence of portal hypertension. Effective sclerosation of these varices is possible with Histoacryl®.

Varically injected Histoacryl® polymerizes intravasally to form a plastic cylinder and effects immediate obturation or thrombosing of the vessel. The procedure is described in detail in the relevant literature, for instance in the following article:

Caldwell SH et al. Enbucrilate for gastric varices: extended experience in 92 patients. Aliment Pharmacol Ther 2007; 26:49-59.



Histoacryl®



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INTERVENTIONAL
VASCULAR
DIAGNOSTICS
AND THERAPY

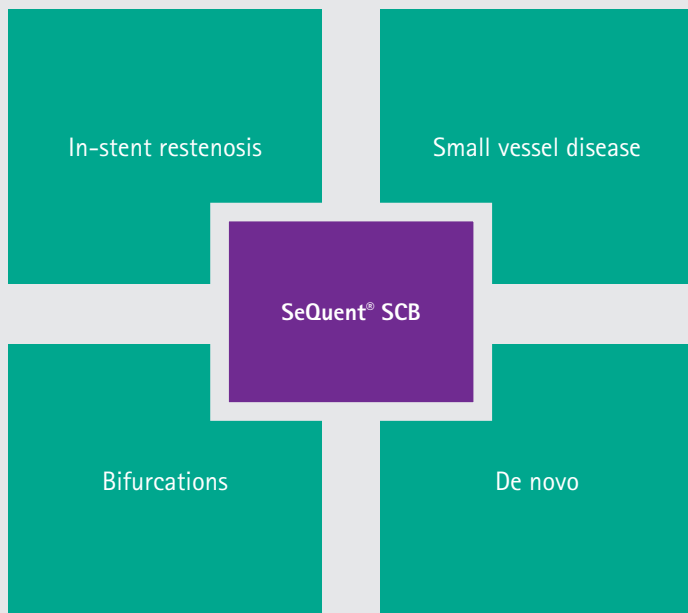
SeQuent[®] SCB

B. BRAUN'S SIROLIMUS COATED BALLOON CATHETER FOR PTCA

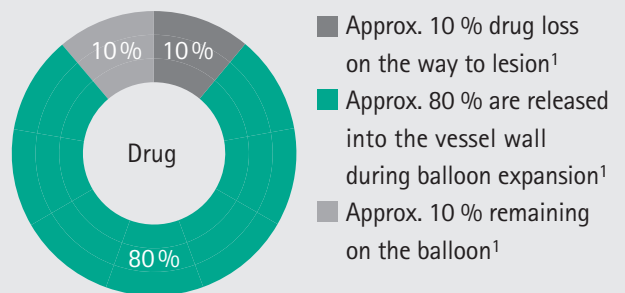
SeQuent[®] SCB

B. BRAUN'S SIROLIMUS COATED BALLOON CATHETER FOR PTCA

INDICATION



DRUG MATRIX



DRUG TRANSFER (TISSUE CONCENTRATION)

- Immediately: Approx. 14 % will be transferred into the arterial wall¹
- After 28 days: 40 to 50 % of the initial transferred Sirolimus dose are still within the arterial wall¹

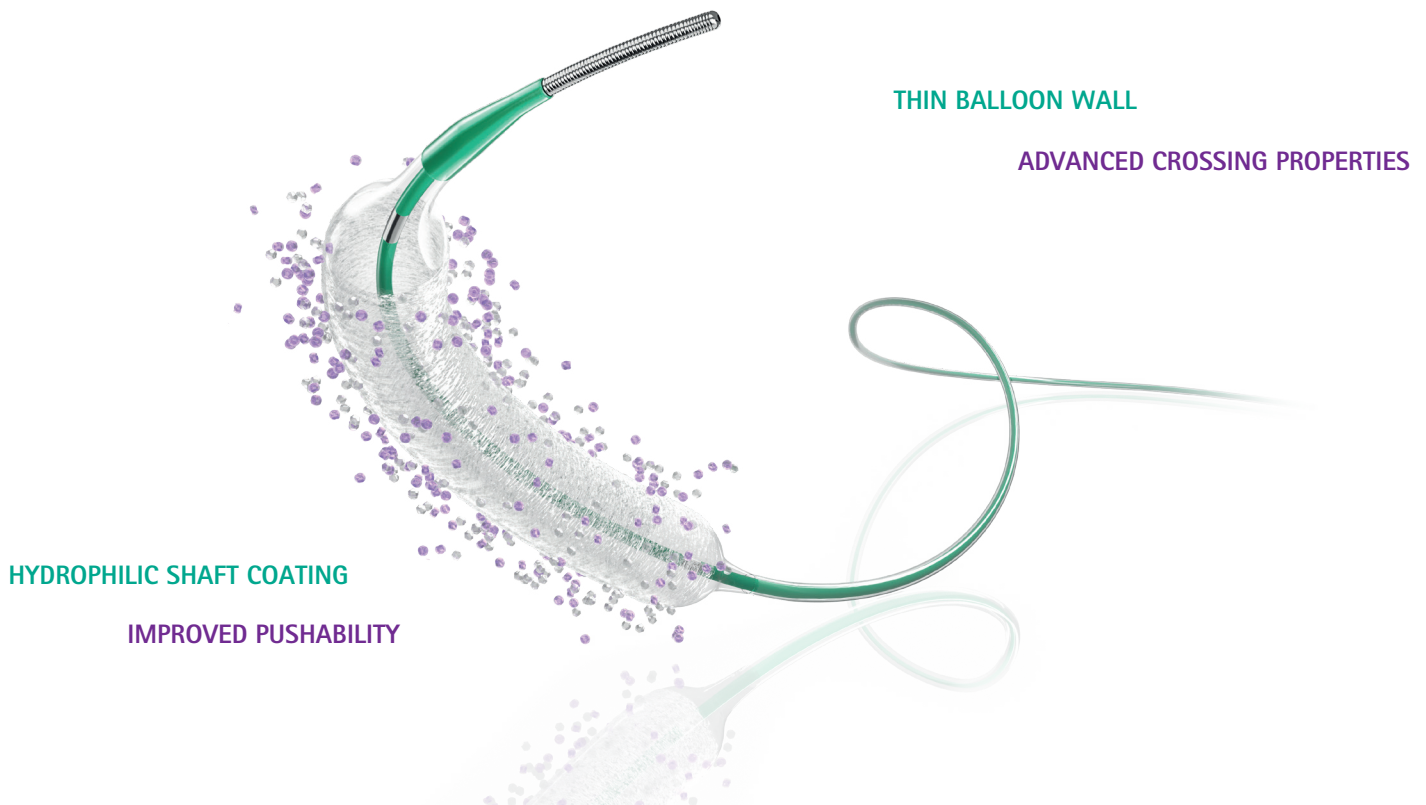
DRUG RELEASE



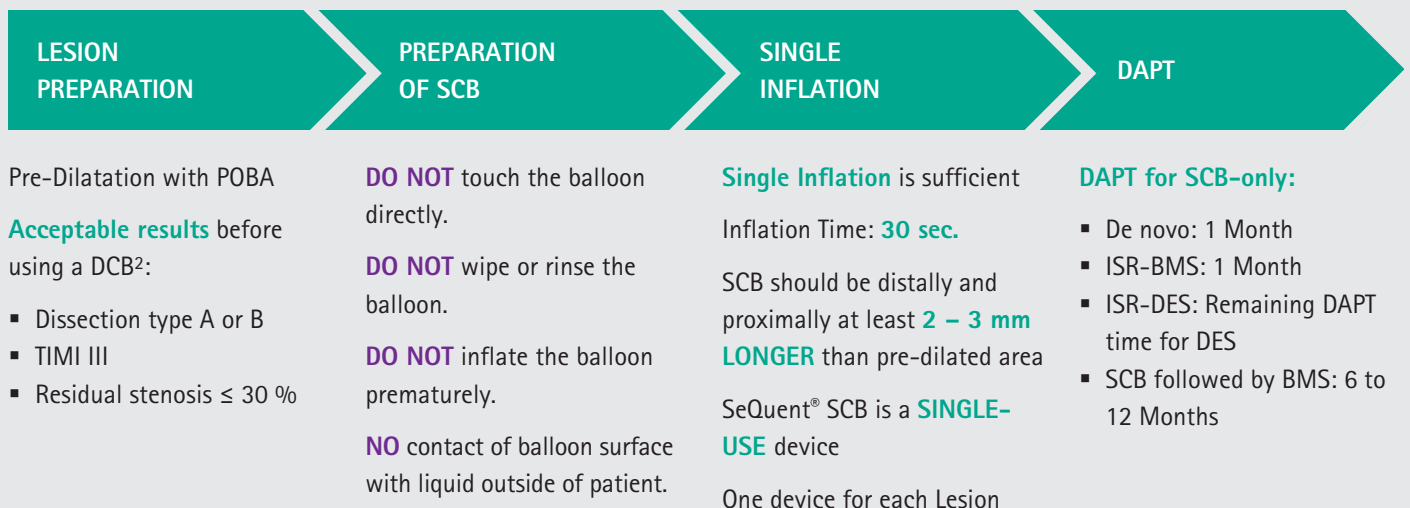
SeQuent[®] SCB

B. BRAUN'S SIROLIMUS COATED BALLOON CATHETER FOR PTCA

SIROLIMUS MEETS OUTSTANDING CATHETER PERFORMANCE



TREATMENT PROCESS



SeQuent[®] SCB

B. BRAUN'S SIROLIMUS COATED BALLOON CATHETER FOR PTCA

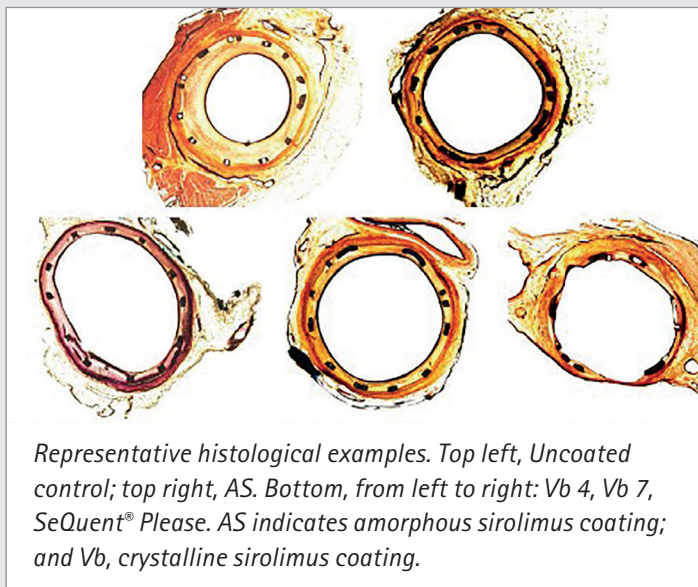
RANDOMIZED CONTROLLED TRIAL: CLINICAL FOLLOW-UP @ 1 YEAR³

	PCB (n=25)	SCB (n=25)	p Value
TLR	4	3	> 0.99
Stent thrombosis	1	0	
Death	0	0	
Unscheduled angiography	0	2	
MACE	4	3	> 0.99

Major adverse cardiovascular events included cardiac death, target vessel myocardial infarction, or clinically driven target lesion revascularization (TLR).

PRECLINICAL DATA

- Porcine overstretch model
- Similar efficacy to reduce intimal hyperplasia as compared to the paclitaxel-coated balloon⁴



³ Ali et al. JACC Cardiovasc Interv. 2019;12(6):558-66

⁴ Clever et al. Circ Cardiovasc Interv. 2016;9:e00354

SeQuent[®] SCB

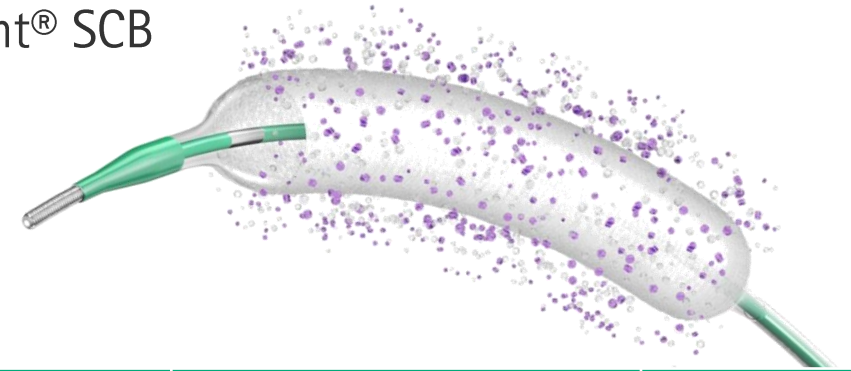
B. BRAUN'S SIROLIMUS COATED BALLOON CATHETER FOR PTCA











BALLOON DIAMETER (mm)	BALLOON LENGTH (mm)						
	10	15	20	25	30	35	40
2.0	5024250D	5024257D	5024264D	5024271D	5024278D	5024285D	5024292D
2.25	5024251D	5024258D	5024265D	5024272D	5024279D	5024286D	5024293D
2.5	5024252D	5024259D	5024266D	5024273D	5024280D	5024287D	5024294D
2.75	5024253D	5024260D	5024267D	5024274D	5024281D	5024288D	5024295D
3.0	5024254D	5024261D	5024268D	5024275D	5024282D	5024289D	5024296D
3.5	5024255D	5024262D	5024269D	5024276D	5024283D	5024290D	5024297D
4.0	5024256D	5024263D	5024270D	5024277D	5024284D	5024291D	5024298D

TECHNICAL DATA

Delivery system	Rapid Exchange
Proximal shaft	1.9 F
Distal shaft	2.5 F
Usable length	145 cm
Brachial & femoral marker	100 cm & 110 cm
Guiding catheter compatibility	5 F
Guide wire compatibility	0.014"
Tip profile	0.016"
Balloon compliance	Semi-compliant standard balloons
Crossing profile	0.033" - 0.037"
Nominal pressure (NP)	6 atm
Rated Burst Pressure (RBP)	14 atm

Extract of clinical trials – Sirolimus Coated Balloons: SeQuent® SCB



Study	Study aim	Subjects	Primary Endpoint	Outcome	PubMed Link
FIM RCT ISR Malaysia & Germany (+ Switzerland) Scheller B et al.	RCT, In-Stent Restenosis: SeQuent SCB vs. SeQuent Please NEO	 101	 SCB 0.26 ± 0.60 mm PCB 0.25 ± 0.57 mm	similar angiographic and clinical outcomes in the treatment of coronary DES-IST compared with PCB 0 % stent thrombosis, 0 % MI	https://pubmed.ncbi.nlm.nih.gov/30898253/
FIM RCT ISR Malaysia Ali RM et al.	RCT, In-Stent Restenosis: SeQuent SCB vs. SeQuent Please NEO	 50	 SCB 0.17 ± 0.55 mm PCB 0.21 ± 0.54 mm	similar angiographic and clinical outcomes in the treatment of coronary DES-IST compared with PCB 0 % stent thrombosis, 0 % death	https://pubmed.ncbi.nlm.nih.gov/30898253/
RCT DES-ISR China	RCT, DES-ISR: SeQuent SCB vs. SeQuent Please NEO	 260	 SCB 0.35 ± 0.47 mm PCB 0.31 ± 0.36 mm	<i>non inferior</i> to a clinically proven PCB in terms of late lumen loss at 9 month follow up for patients with DES ISR	Oral Presentation @TCT 2023
FIM RCT De Novo Malaysia Ahmad, et al.	RCT, De Novo: SeQuent SCB vs. SeQuent Please NEO	 70	 In-segment LLL SCB 0.10 ± 0.32 mm PCB 0.01 ± 0.33 mm	similar angiographic and clinical outcomes 0 % TLR, 0 % thrombosis, 0 % MI, 0 % death	https://pubmed.ncbi.nlm.nih.gov/35305906/
FIM RCT De Novo Germany (+ Switzerland) Scheller B et al.	RCT, De Novo: SeQuent SCB vs. SeQuent Please NEO	 70	 In-segment LLL SCB 0.11 mm PCB 0.04 mm	SeQuent SCB has shown to be <i>non-inferior in de-novo lesions in both, angiographic and clinical endpoint</i> , to best investigated paclitaxel coated balloon SeQuent Please NEO	Oral Presentation @TCT 2023