

## **SYNERGY** XD Everolimus-Eluting Platinum Chromium

**Coronary Stent System** 

The **SYNERGY XD BP Stent System** is the newest addition to Boston Scientific's SYNERGY™ Coronary Stent System family that combines added trackability and pushability with a low-profile stent platform to make optimal healing even more deliverable particularly in radial PCIs.

Enhanced laser-cut hypotube technology provides extra push for challenging cases

#### **Extended lubricious**

**coating** increases trackability by reducing friction around anatomical curves

#### **Proprietary PtCr alloy**

enhances visibility, provides exceptional radial strength and conformability, and minimizes recoil

#### **Optimized stent design**

has thin, rounded struts paired with a 2-connector design for balanced strength and flexibility

#### Trusted bioabsorbable polymer and drug for optimal healing

Unlike permanent polymer DES, the SYNERGY XD Bioabsorbable Polymer is gone shortly after the drug is eluted

#### Abluminal polymer **application** suppresses neointimal growth while promoting early healing

Fast polymer absorption

The 4-month absorption time is up to 6x faster than other BP stents<sup>1</sup>

#### **Optimized Evrolimus drug** delivery

Synchronous drug elution and polymer absorption<sup>2</sup>

#### Thin, rounded struts

Stents with thinner struts heal faster than thicker stent struts<sup>3</sup>

# BIOABSORBABLE POLYMER <sup>1</sup>Compared to Orsiro BP.

<sup>2</sup>Wilson et al. CCI 2015. <sup>3</sup>Soucy N, Feygin J, et al. EuroIntervention. 2010 Nov;6(5):630-7. **SYNERGY** XD Everolimus-Eluting Platinum Chromium Coronary Stent System

	General Specifications		
Indications for Use	The SYNERGY XD Stent System is intended to improve luminal diameter due to discrete, de novo native coronary artery stenosis in patients with symptomatic ischemic heart disease; including those with acute coronary syndromes (acute myocardial infarction and unstable angina), diabetes mellitus, renal failure or who are at a high risk of bleeding. The SYNERGY XD Stent System is also indicated for use in the following coronary lesion types: Bifurcation   Ostial   Unprotected left main   Total occlusion   In-stent restenosis   Saphenous vein graft   Multi-vessel disease The treated lesion length should be less than the nominal stent length with a reference vessel diameter of 2.25 mm - 5.0 mm.		
Bioabsorbable Polymer and Drug Coating	The coating is applied only on the abluminal side of the stent surface to To provide freedom from long-term polymer exposure, the polymer con- elution ends at three months <sup>1</sup> : • Antiproliferative Drug: Everolimus • Drug Polymer Carrier: PLGA [poly(DL-lactide-co-glycolide)] • Co	minimize the polymer load. npletes absorption shortly after the drug rug Dose Density: ≈ 1 µg/mm² pating Thickness: ≈ 4 µm	
Stent Material	Platinum Chromium (PtCr) Alloy		
Available Stent Lengths (mm)	8, 12, 16, 20, 24, 28, 32, 38, 48		
Available Stent Diameters (mm)	2.25, 2.50, 2.75, 3.00, 3.50 , 4.00, 4.50, 5.00		
Lesion Entry Profile	0.017 inch (0.44 mm)		
Average Stent Profile <sup>2</sup>	0.039 inch (0.98 mm)		
Total Catheter Length	144 cm		
Distal and Midshaft Coating	Bioslide™ hydrophilic coating		
SDS Shaft Outer Diameter	2.0F (0.67 mm) proximally and 2.6F (0.89mm) or 2.7F (0.92mm) distally <sup>3</sup>		
Guide Catheter Compatibility	2.25 mm - 4.0 mm: ≥5 F (0.056″, 1.42 mm) 4.50 mm - 5.0 mm: ≥6F (0.066″, 1.68 mm)		
Delivery System Ports	Single access port to inflation lumen. Guidewire exit port is located approximately 23 cm from tip. Designed for guidewire ≤ 0.36 mm (0.014 inch)		
Stent Delivery Balloon	Dual-layer 5 wing PEBAX Balloon with two radiopaque markers nominally spaced 0.4 mm away from the end of the stent		
Marker Band	Material: Platinum Iridium Length: 1 mm Placement: nominally spaced 0.4 mm away from the end of the stent		
Maximum Balloon	Nominal Inflation Pressure: 11 ATM (1117 kPa) Rated Burst Pressure: 2.25 mm-2.75 mm: 18 ATM (1827 kPa)		

2

3/2

3.6

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### **Ordering Information**





Soucy N, Feygin J, et al. EuroIntervention. 2010 Nov;6(5):630-7.

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