ELLA Extractor

Extractor for SX-ELLA Esophageal Stents







Simple and reliable removal system

Atraumatic stent retrieval

Allows removal of migrated stents from stomach

Radiopaque markers



Extractor for SX-ELLA Esophageal Stents - ELLA Extractor

- ELLA Extractor is designed for extraction of SX-ELLA esophageal stents:
- SX-ELLA Stent Esophageal Flexella
- SX-ELLA Stent Esophageal Flexella Plus
- SX-ELLA Stent Esophageal HV HV Stent
- ☑ SX-ELLA Stent Esophageal HV HV Stent Plus
- SX-ELLA Stent Danis Danis Stent
- Seal Stent Danis Seal

Removal recommendations:

- ☑ Danis Stent should be removed within maximum of 7 days following implantation. Esophageal Stent Danis Seal should be removed within maximum of 14 days following implantation - after that period using extractor is not recommended.
- ☑ Removal of fully covered stents placed in benign strictures should be performed within 4 weeks after stent implantation.
- ☑ In addition ELLA Extractor may be used for retrieval of both fully and partially covered stents that migrated into stomach.

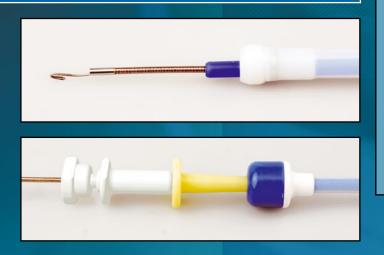
Features and Benefits

- Atraumatic stent capture stent is completely retrieved into overtube prior to removal; no shearing forces on esophageal wall.
- Excellent radiopacity- stainless steel cable and radiopaque markers on overtube - precise fluoroscopic control.
- ☑ Unique design safe removal of stents from their original position or stents migrated into stomach.
- Through-the-scope application extraction cable is designed for use through working channel of standard endoscope (2.8 mm); retrieval loop of stent is captured with arresting hook under direct vision.

Additional description

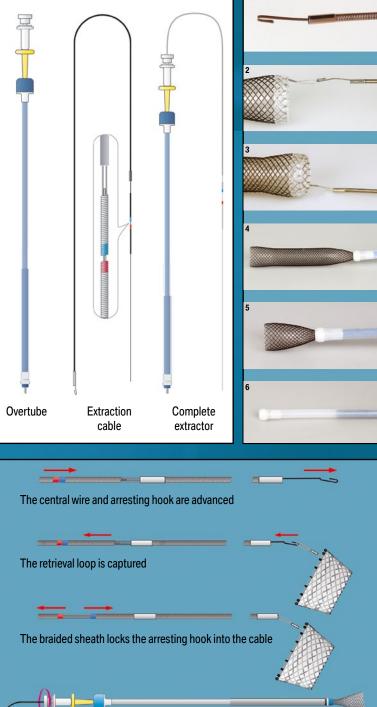
9.4 mm (28 F) / 100 cm overtube with distal radiopaque marker.

2.6 mm / 150 cm stainless steel extraction cable consisting of central wire with arresting hook and braided sheath.



Available sizes

REF No.	Extraction cable		Overtube	
	Outer diameter [mm]	Length[cm]	Length [cm]	Outer diameter [F]
015-01-28-1000	2.6	150	100	28



The overtube is locked onto the extraction cable

Stent capture by advancement of overtube

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