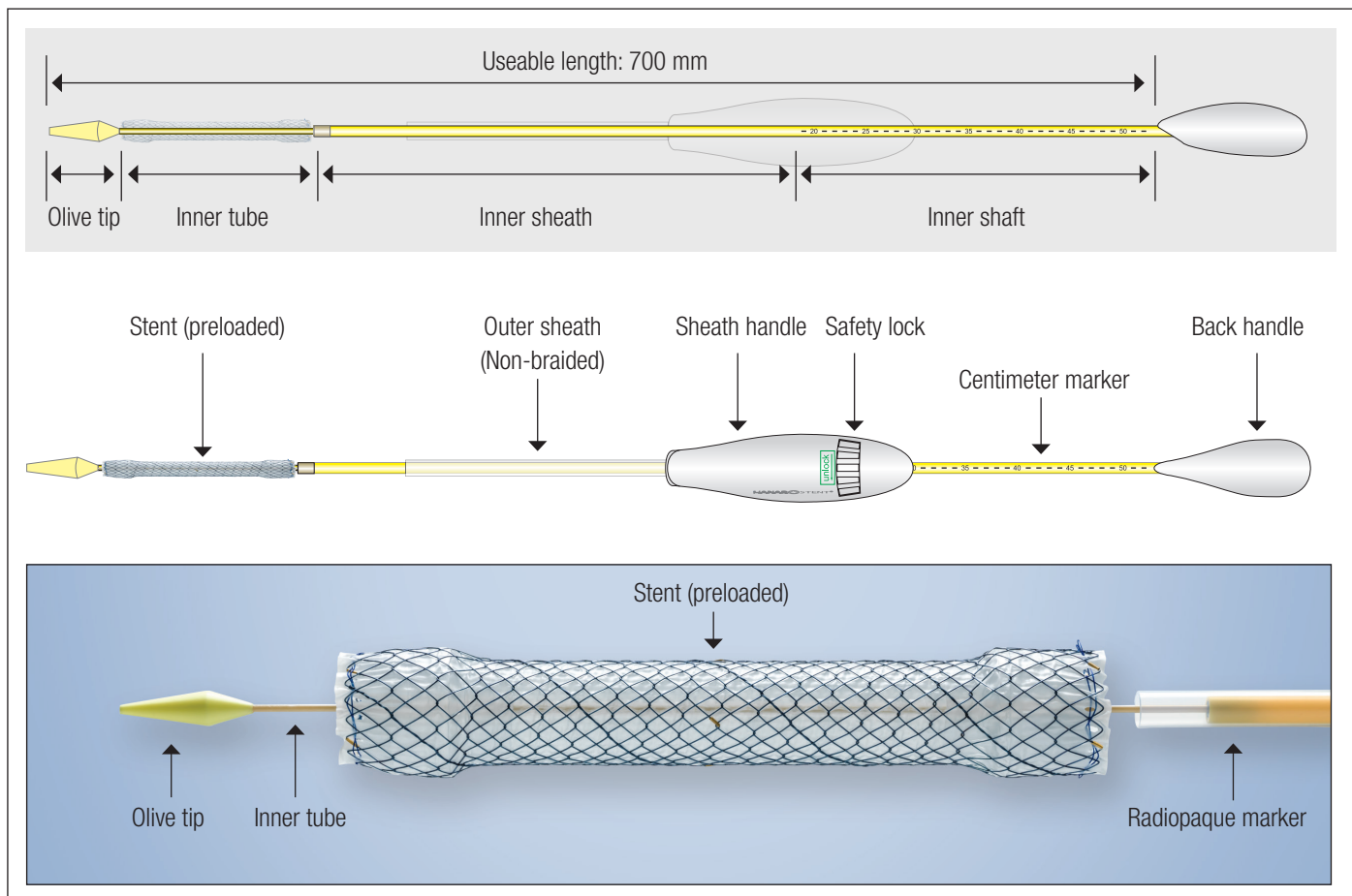


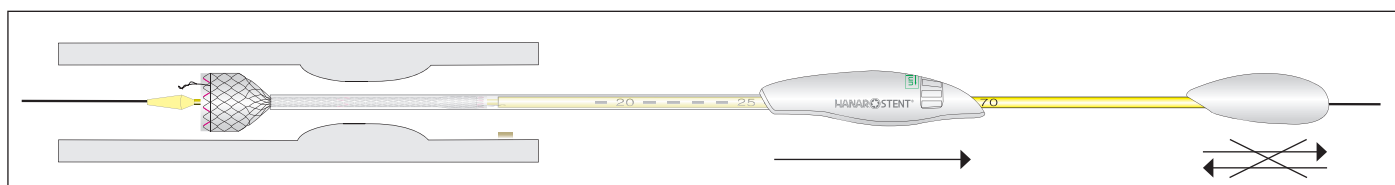
# HANAROSTENT® Esophagus (Fully Covered Stent) Quick Reference Guide

**CAUTION:** This guide is only a summary of the instructions for use of the included device. Be sure to reference the instruction manual included with your product purchase.

## Parts and Description



## Delivery Overview



Stent releases from the distal end.  
The amount stent released corresponds to the distance pulled.

# HANAROSTENT® Esophagus (Fully Covered Stent)

## Quick Reference Guide

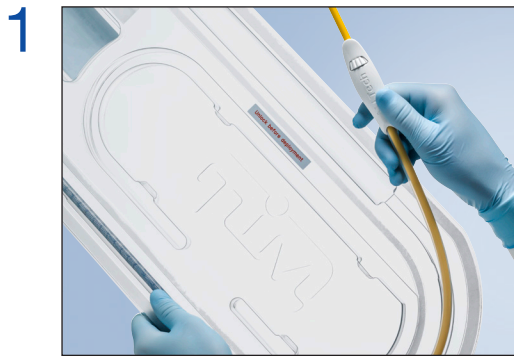
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### Stent Selection and Preparation

- Choose the stent with optimum diameter and length after measuring the length of the stricture using endoscope and/or fluoroscope.
- Choose the stent size which is at least 4cm longer in length than the actual stricture. This will reduce the risk of tumor overgrowth and stent migration.
- Make sure the safety lock is firmly locked.
- Maintain the delivery device as straight as possible outside the body.
- Prepare 0.035" or 0.038" guidewire.

### Procedure



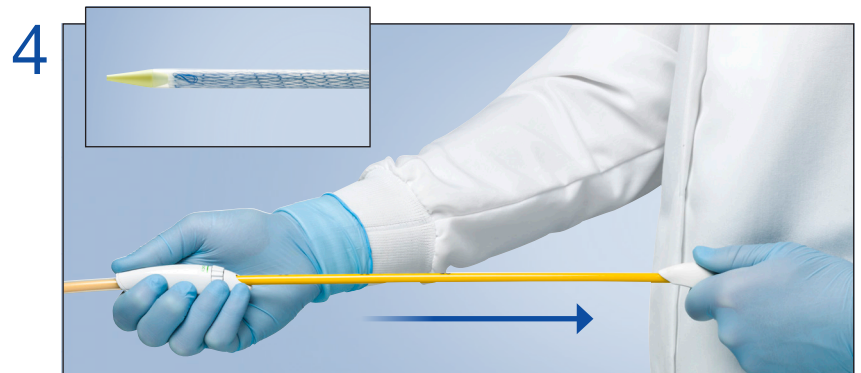
Carefully remove stent from package by the handle portion.



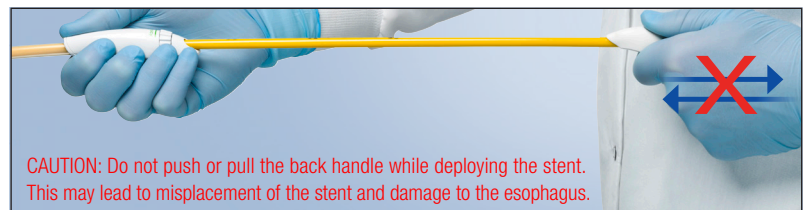
Load delivery device over 0.035" or 0.038" guidewire. For smooth insertion, it is recommended to pre-flush the catheter utilizing the luer lock at the end of the delivery device.



Once the device is inserted and positioned across the target narrowed area (utilize measurements on catheter and check yellow marker), unlock the safety lock by twisting the knob counterclockwise.



Immobilize the inner shaft by firmly holding the back handle with one hand and then slowly pull the front handle (outer sheath) backwards until the stent is extruded.



**CAUTION:** Do not push or pull the back handle while deploying the stent. This may lead to misplacement of the stent and damage to the esophagus.

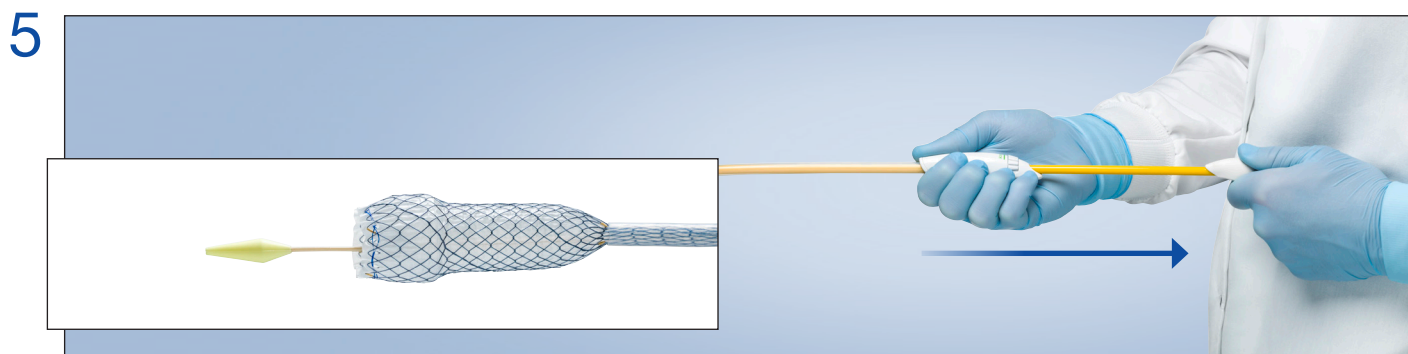
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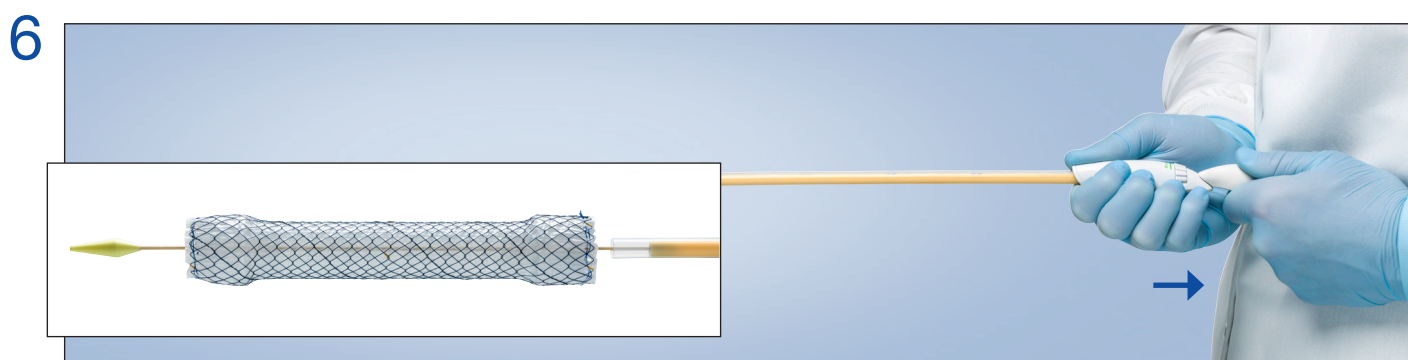
### 3

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### Procedure

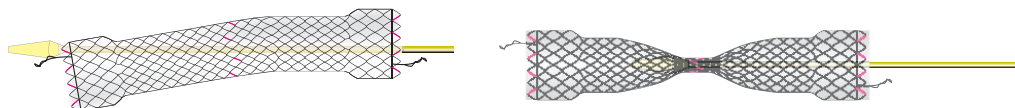


Slowly deploy the stent to ensure desired positioning.



To fully deploy the stent, pull the front handle all the way to where it meets the back handle.

7 Remove the delivery device and the guidewire after the stent is fully deployed.



**CAUTION:** If the olive tip gets caught in the distal part of the stent, or inside the stent lumen due to the tight stricture, wait until the stent expands more and/or gently manipulate the outer delivery catheter to rotate the olive tip and release it from the stent.

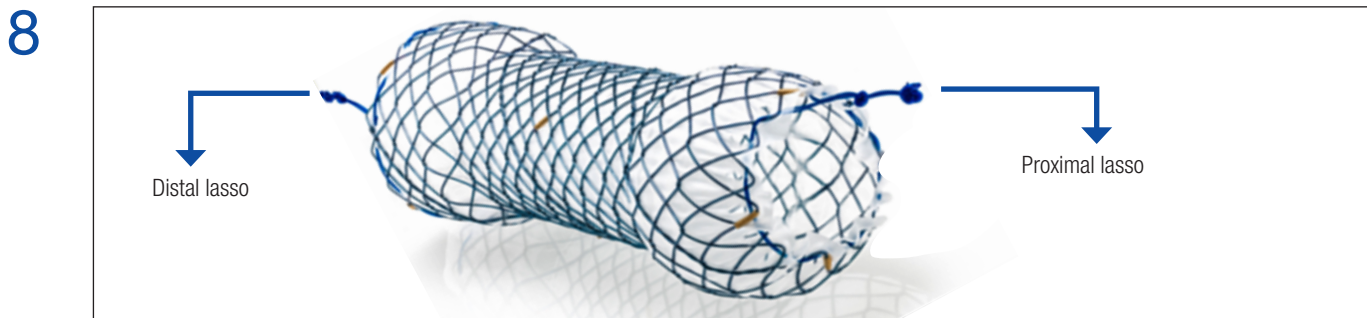
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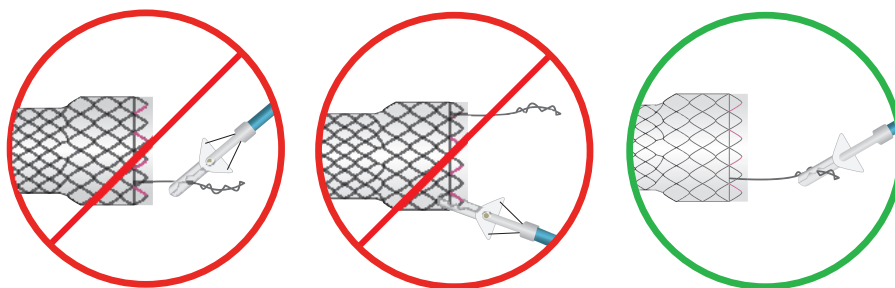
4

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### Repositioning



If the physician has the need to reposition the stent, it is recommended to use alligator-type grasping forceps to grab the tip of the lasso. Grabbing the body of the stent or the body of lasso may lead to breakage.



**NOTE:** Post-deployment, the stent may require 24-48 hours to fully expand.

### Post-Procedure

1. It is not recommended to pass the scope through the stent until it achieves full expansion, which may require 24-48 hours. Fluoroscopic or endoscopic examination is then recommended to check for patency of the lumen.
2. Patients who are treated by stents should have a soft diet to minimize the possibility of stent obstruction.
3. Periodic follow-ups are obtained in symptomatic patients, if necessary, to check for stent migration, perforation, or obstruction.
4. Post-deployment, the stent may require 24-48 hours to fully expand. If balloon dilation is necessary, please proceed with caution that dilating tumors may result in perforation, bleeding or stent migration.
5. Long-term patency of this device has not been established. Subsequent follow-up is required after the stent placement to make sure that the stent maintains the original position and shape. Periodic follow-up depends on the condition and the behavior of the patient, is recommended to be performed 1 week post-procedure, and in 3 month intervals following.
6. If stent rupture or migration are suspected or detected during follow-up, either fluoroscopic or endoscopic examination is required. Depending on the physician's decision, a new stent or stent-in-stent placement may be considered.
7. After stent placement, chemotherapy and radiation are not recommended, as this may increase risk of stent migration due to tumor shrinkage, and/or mucosal bleeding.

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