

Specifications

Product Code	Catheter size		Balloon shape & size			Compatible		
	Outer diameter (F / mm)	Effective length (cm)	Shape	Expansion diameter (mm)	Volume (mL)	channel inner diameter (mm)	Injection hole & Other	Number per package
EXP71820F(E)	7-6.5 / 2.4-2.1	200	P type (Offset)	11 - 15 - 18	5	≥ 3.7	Proximal High Flow	1 pce
EXP71820P(E)	- 7-5.5 / 2.4-1.85					≥3.2	Proximal	1 pce
EXP71820D(E)							Distal	1 pce
EXT71820P(E)			Ttype				Proximal	1 pce
EXT71820D(E)							Distal	1 pce

Applicable guide wire diameter is 0.88 mm (0.035 inch)

Overview



> Proximal part



Balloon size







S:11mm

- Ensure that this product is used by medical doctors or healthcare professionals who are taken suitable training for clinical endoscopic procedures.
- Be sure to always read the attached IFU when using this product.
- \bullet The specification and appearance of this product may change without prior notice.

Manufactured by:

ZEON MEDICAL INC.

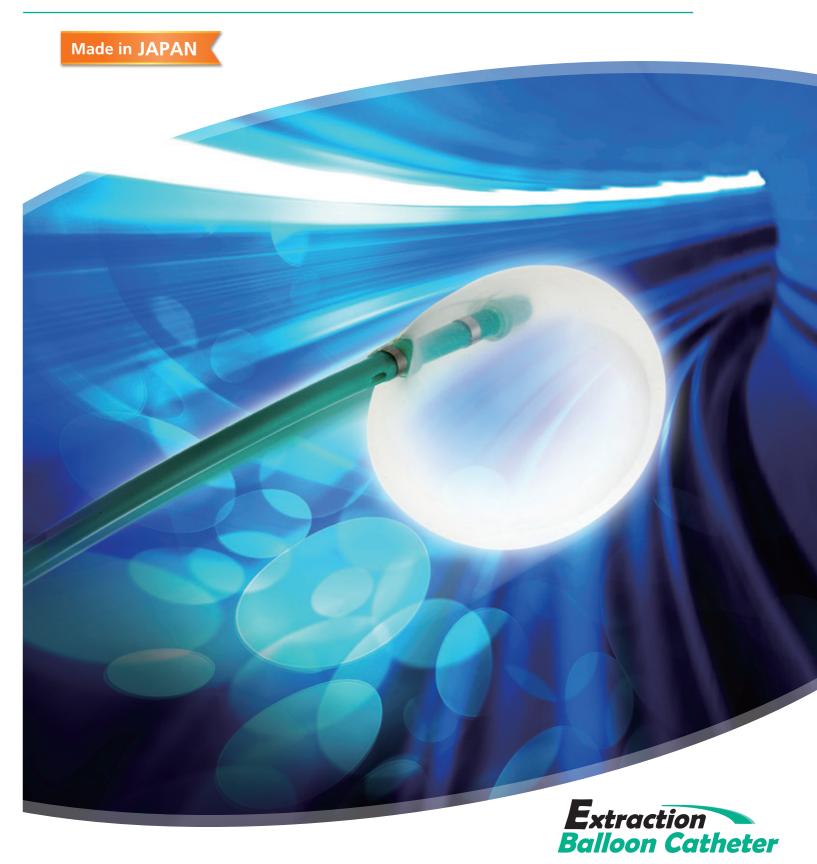
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Ver. Sep.2021(E)EX-013 0921000(OC04)

Agent:

Extraction Balloon Catheter 发

XEM



The Next-Generation Technology

"Extraction Balloon Catheter"



The P type balloon prevents the deformation of its shape even when it is subjected to external pressure from bile stones and the bile duct. For higher performance removing biliary stones, sludge, and sand, the P type balloon stays in close contact with the bile duct wall and it can enter dead spaces in the lower part of the bile duct.

P type balloon durability

The P type balloon is durable and applicable to a variety of cases, despite its unique balloon shape.

> Image of stone removal



P type (offset)



T type (conventional)

P type balloon usage example



Fluoroscopy image





Endoscopic image







T type balloons can be supplied if a conventional balloon shape is preferable.

High Flow P type balloon performance

High Flow Injection aims to completely remove residual bile sludge and sand via saline flow.

The complete removal of stones is effective for the prevention of the recurrence of the bile duct stone.

(When using high flow injection in the bile duct, confirm the location of the cystic duct in advance and use the high flow injection in the proximal part of the bile duct from the cystic duct. There is a possibility of the biliary sludge and sand entering the cystic duct and that obstruction of the cystic duct will occur.)

Image of High Flow Injection

