



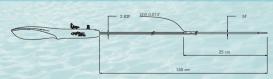
Technical Specifications Stent platform

Material	Nitinol
Construction	Slotted tube, laser cut
Design	Multisegment design
Wall thickness	0.16 mm

Delivery system			
Usable catheter length	135 cm		
Recommended introducer sheath	5 F		
Rapid exchange section length	25 cm		
Recommended guidewire	0.014"		

1 French (F) = 0.333 mm - 1 inch (") = 25.4 mm

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	Ref. N°	Nominal Stent Diameter (mm)	Nominal Stent Length (mm)	Target Vessel Diameter (mm)
	CRI C07 020 000	7.00	20	5.0 - 6.5
	CRI C07 030 000	7.00	30	5.0 - 6.5
	CRI C09 030 000	9.00	30	6.5 - 8.0
	CRI C09 040 000	9.00	40	6.5 - 8.0
11134211111111	CRI C11 030 000	11.00	30	8.0 - 10.0
	CRI C11 040 000	11.00	40	8.0 - 10.0
000000	CRI T69 030 000	6.0/9.0	30	4.5 - 8.0
200000000000000000000000000000000000000	CRI T69 040 000	6.0/9.0	40	4.5 - 8.0
00000000000000000000000000000000000000	CRI T71 030 000	7.0/10.0	30	5.0 - 9.0
111111111111111111111111111111111111111	CRI T71 040 000	7.0/10.0	40	5.0 - 9.0





Under continuous product development program, Invatec reserves the right to modify specifications without prior notice. ISO 9001:2000 & EN ISO 13485:2003 Certified GRISTALLO



Carotid Self-Expanding Hybrid Stent System

The HYBRID Stent









Carotid Self-Expanding
Hybrid Stent System

5F RX

Ideal deliverability

5F introducer sheath compatibility for all sizes and Rapid eXchange (RX) design facilitates the procedure

What is best: open or closed cell design? Both!

Open cell design in the distal and proximal sections enhance conformability and reduce radial force in healthy vessel segments

Closed cell design in the central part secures the appropriate scaffolding and prevents plaque prolapse



Picture has been included courtesy of and with permission of Dr. Alberto Cremonesi, Cotianola (RA), Italy

Treating challenging anatomies becomes smoother due to high flexibility combined with excellent trackability

Ergonomic handle enables easy and accurate one-handed deployment

> One radiopaque marker inside each end of the stent enhances visibility and avoids entrapment of interventional tools when recrossing the stent