

URS Stents Selection Guide

Model logic - URS-R/OR - Dia - Length

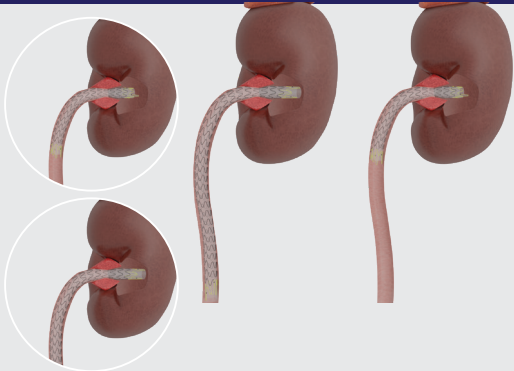
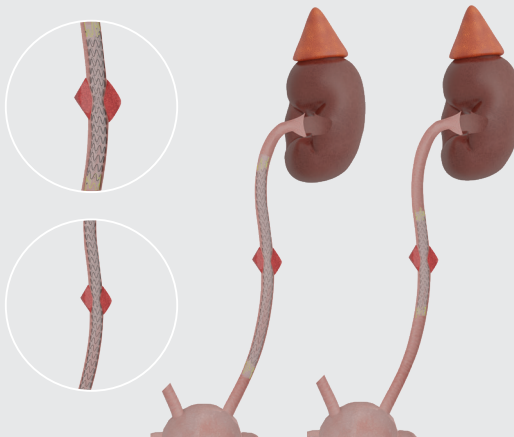
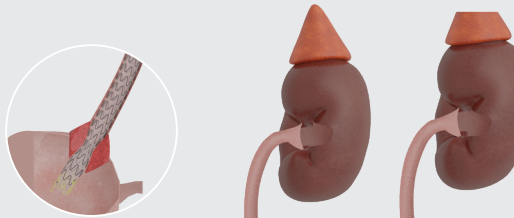
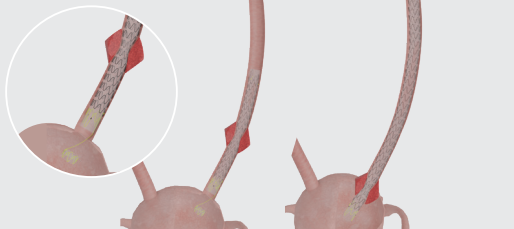
R - stent with an anchor.

O-R - stent without an anchor.

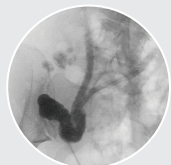

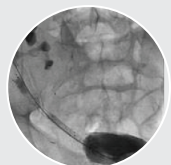
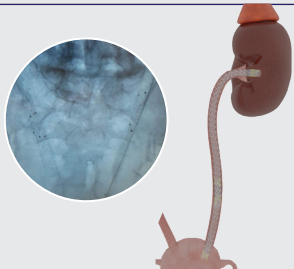
The first number is the diameter of the stent in mm.

The second number is the length of the stent in mm.

- ◆ Wherever a 10mm diameter stent is recommended, an 8mm diameter stent can be use for anatomically small urinary tract.
- ◆ Wherever a 120 mm length stent is recommended, a 100mm one can be used, based on doctor's decision.

Stricture location	Recommended stent	Selection logics	Images/examples
UPJ (Ureteropelvic Junction) stenting	First Choice: URS-O-R-9-200 Second choice: URS-O-R-10-120	Stent should protrude 2 cm into the kidney opening, the longest stent available is recommended.	
Middle ureter	URS-O-R-9-200 URS-O-R-120	Stent length will be defined by the stricture length. For strictures shorter than 5cm - 120mm stent is recommended. For strictures longer than 5cm - 200mm stent is recommended.	
UVJ (Ureterovesic Junction) obstruction	First Choice: URS-O-R-10-120 Second choice: URS-O-R-9-200 for long/multiple strictures	If the stricture is located 1cm or less from the UVJ, the stent should protrude 1cm into the bladder, a longer stent is recommended.	
UVJ (Ureterovesic Junction) obstruction	First Choice: URS-O-R-10-120 Second choice: URS-O-R-10-120/9-200	If the stricture is located 1cm or more from the UVJ.	

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Stricture location	Recommended stent	Selection logics	Images/examples
Ileal conduit one connection point WALLACE ANASTAMOIS	2 X URS-O-R-9-200	Even if the stricture appears in one ureter, both ureters are connected together. In order to prevent obstruction of one of the ureters caused by radial pressure applied by the stent, both ureters should be stented.	
Ileal conduit separate connection point Mainz pouch/Bricker/Ileal neobladder	URS-O-R-9-200	Since ureters are connected to the intestine tissue in different points, only the stenting of the obstructed ureter is required. Use longer stent for a better fixation because of the lack of stent wall opposition in the intestine part.	
Stricture post renal transplant	ORS-O-R-10-80/ URS-O-R-10-100 10-120 optional	The ureter of the transplanted kidney is short. Therefore, it is recommended to choose the stent length which covers the entire ureter, while protruding 2cm into the kidney opening and 1cm into the bladder.	
Inoperable tumors	Consecutive proximal URS-O-R-9-200 and distal URS-R-10-120 /consecutive 2x URS-O-R-9-200	In order to ensure that lumen remains open after tumor expansion/external pressure, stenting of the entire ureter is recommended. The consecutive stent diameter should be equal or bigger than the primary stent diameter, 2cm overlap between the proximal and the distal stent.	

URS Stent Catalog

Item#	Stent Model	Diameter	Length
Ureteral Stents			
URS-O-R-8-60	Retrograde delivery system 80 cm Stent without anchor	8 mm	60 mm
URS-O-R-8-80		8 mm	80 mm
URS-O-R-8-100		8 mm	100 mm
URS-O-R-8-120		8 mm	120 mm
URS-O-R-9-200		9 mm	200 mm
URS-O-R-10-60		10 mm	60 mm
URS-O-R-10-80		10 mm	80 mm
URS-O-R-10-100		10 mm	100 mm
URS-O-R-10-120		10 mm	120 mm
URS-A-8-100	Antegrade delivery system 80 cm Stent with anchor	8 mm	100 mm
URS-A-8-120		8 mm	120 mm
URS-A-10-100		10 mm	100 mm
URS-A-10-120		10 mm	120 mm
URS-R-8-100	Retrograde delivery system 80 cm Stent with anchor	8 mm	100 mm
URS-R-8-120		8 mm	120 mm
URS-R-10-100		10 mm	100 mm
URS-R-10-120		10 mm	120 mm

Additional Recommendations

In case of retroperitoneal fibrosis, stenting of the entire ureter/ureters is required.
For bridging (total rupture of the ureter) or fistula, 9-200/10-120 stent is recommended.