Lunderquist Extra Stiff Wire Guides

COMPANY	Cook Medical
PHONE	(800) 468-1379
WEB	www.cookmedical.com

KEY FEATURES

- New gold radiopaque tip design
- Stainless steel mandril
- New double-curved tip design
- Now available in 300-cm length

Cook Medical (Bloomington, IN) announced the launch of their new Lunderquist Extra Stiff Wire Guides. According to the company, the Lunderquist and Lunderquist DC wire guides now feature a new radiopaque tip that enhances visibility under fluoroscopy to further facilitate precise wire guide placement. The new wire guides continue to enable dependable tracking through vasculature with a stiff, stainless steel mandril while the flexible tip construction allows for atraumatic vessel engagement during wire guide manipulation. The new Lunderquists are offered in a straight exchange, curved exchange with a new J-tip configuration, and a unique double-curved exchange. All wire guides are available in 260-cm or 300-cm lengths, the company says.

SpiderFX Embolic Protection Device

COMPANY	ev3 Inc.
PHONE	(800) 716-6700
WEB	www.ev3.net

KEY FEATURES

- Allows atraumatic lesion crossing with any .014- or .018-inch guidewire
- Enhanced trackability
- Broad filter range from 3 mm to 7 mm
- Direct mouth indicator provides enhanced visualization of filter opening
- Braided nitinol design and independent wire movement provide filter stability

ev3 Inc. (Plymouth, MN) announced FDA clearance and the release of the SpiderFX Embolic Protection Device for carotid and saphenous vein graft interventions. The SpiderFX Device is designed to contain and remove embolic material during endovascular procedures. It is the only available distal filter that permits physicians to use their guidewire of choice to access and cross the target lesion. Its braided nitinol design, broad range of filter sizes, and independent longitudinal and rotational wire movement provide excellent stability to the filter. This device has several design enhancements including better filter visibility, flexibility, and trackability with the new Flexible Hypotube Connector. Other changes, like an additional 190-cm wire length, will make this embolic protection device easier for the physicians and lab staff to prepare and use.

The SpiderFX was used for the first time on January 24, 2007, by Chris Metzger, MD, at Wellmont Holston Valley Hospital in Kingsport, Tennessee, during a successful carotid artery stenting procedure. According to Dr. Metzger, "The SpiderFX will become a new standard of care for filter embolic protection devices because of its ease of use, excellent visibility, and ability to cross the lesion with the user's guidewire of choice."

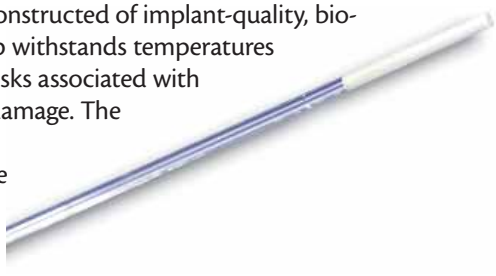
Vari-Lase Bright Tip Endovenous Laser Fiber

COMPANY	Vascular Solutions, Inc.
PHONE	(888) 240-6001
WEB	www.vascularsolutions.com

KEY FEATURES

- Echogenic distal tip for better visibility under ultrasound
- Protection from thermal damage, reducing the risk of fiber degradation during use
- Smooth distal edge glides through the sheath and into the vein, potentially reducing risk of puncture
- Prevents contact between the laser-emitting portion of the fiber and vein wall
- Tip constructed of implant-quality, biocompatible heat-resistant ceramic

Vascular Solutions, Inc. (Minneapolis, MN) has introduced the Vari-Lase Bright Tip endovenous laser fiber. According to the company, the new laser fiber features a protective ceramic tip over the distal 10 mm of a standard 600-µm silica core. Constructed of implant-quality, biocompatible ceramic, this unique tip withstands temperatures in excess of 1,000°C, reducing the risks associated with fiber degradation due to thermal damage. The Bright Tip also enhances the fiber's echogenicity, making it more visible under ultrasound than conventional bare-tip fibers. The tip's innovative design prevents even inadvertent contact between the laser-emitting portion of the fiber and the vein wall, the company says. ■



Endovascular Today Submission Guidelines

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Editorial Policies. All articles published in *Endovascular Today* are reviewed by members of our Editorial Advisory Board and Editor-in-Chief, who have sole discretion to accept, reject, or edit any article submitted for consideration. All articles must be original and must not have been published elsewhere.

Format. We accept manuscripts in Microsoft Word format. Drafts should be e-mailed to the Editor-in-Chief.

Deadlines. All assigned work must be submitted by the first day of the month, 2 months prior to publication, unless otherwise agreed upon.

Length. Unless otherwise agreed to by our Editor-in-Chief, articles shall be at least 1,200 words in length.

Author Information. Please include (1) a complete article title, (2) the author(s) full name(s), academic degree(s), affiliation(s), financial connection to any products mentioned, and (3) full address for correspondence, including complete mailing address, fax number, telephone number, and e-mail address.

Artwork. A minimum of two figures (and related legends) should be supplied with each article. Digital files can be sent in JPG, TIF, or EPS format, and should be approximately 300 dpi at 4 inches wide. If sending via e-mail, JPEG images are preferred. Original slides and photos are also acceptable. Please be sure to indicate numbering and orientation of images.

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Direct queries to Matt Pesotski, Editor-in-Chief, at mpesotski@bmctoday.com or (484) 581-1823.

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