

Savion Guidewires

Boston Scientific Corporation
www.bostonscientific.com
(888) 272-1001

KEY FEATURES

SAVION FLX

- Nitinol tip provides superior durability and resilience
- Stainless steel shaping ribbon enables tip shape retention
- ICE hydrophilic coating facilitates lesion crossing
- 1:1 torque response for control

SAVION DLVR

- Maximum rail support with gradual distal transitions
- Uncoated 3-cm atraumatic distal tip designed for precise tactile feedback
- ICE hydrophilic coating for excellent lubricity and smooth device tracking

Boston Scientific Corporation has announced FDA clearance of the Savion Guidewires, adding to their suite of dedicated below-the-knee (BTK) guidewires. Savion Guidewires exhibit attributes ideally matched for BTK interventions to help treat complex lesions successfully and restore blood flow to the leg.

As a frontline 0.014-inch wire, Savion FLX features a resilient nitinol tip, allowing physicians to confidently navigate their preferred path to reach the most distal and complex lesions in challenging BTK cases. As a maximum support 0.014-inch delivery wire, the strength and structure of Savion DLVR provides the confidence physicians need to deliver targeted therapies distally, with easier exchanges.

Both Savion guidewires are available in two lengths (FLX: 185 and 300 cm; DLVR: 182 and 300 cm) and two tip shapes (straight and angled).

Reliable guidewire performance is essential for successful outcomes in complex BTK cases. Boston Scientific's extensive guidewire portfolio is designed to provide a range of options to support any wire escalation strategy.



Covera Vascular Covered Stent

BD Interventional
www.bardpv.com
(800) 321-4254

KEY FEATURES

- Unique, flexible base stent architecture designed to conform to native vessel in challenging AV anatomy
- Thumbwheel delivery facilitates accurate placement control
- Straight and flared configurations for optimized hemodynamic flow at the venous anastomosis

The Covera vascular covered stent platform, specifically engineered for the arteriovenous (AV) access circuit, was designed to balance the flexibility and strength required for tortuous venous outflow anatomy of the venous anastomosis. Flared and straight configurations allow for precise sizing and adaptation to the vessel wall, while an easy-to-use thumbwheel delivery system with two speed options provides placement control. In the AVEVA clinical study, patients who received the Covera stent showed a 71% target lesion primary patency at 6 months. The stent is indicated for use in the treatment of stenoses at the venous anastomosis of expanded polytetrafluoroethylene or other synthetic AV access grafts. ■

