



Compatible with 0.021" MC

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**p64 MW HPC** Flow Modulation Device

**p48 MW HPC** Flow Modulation Device

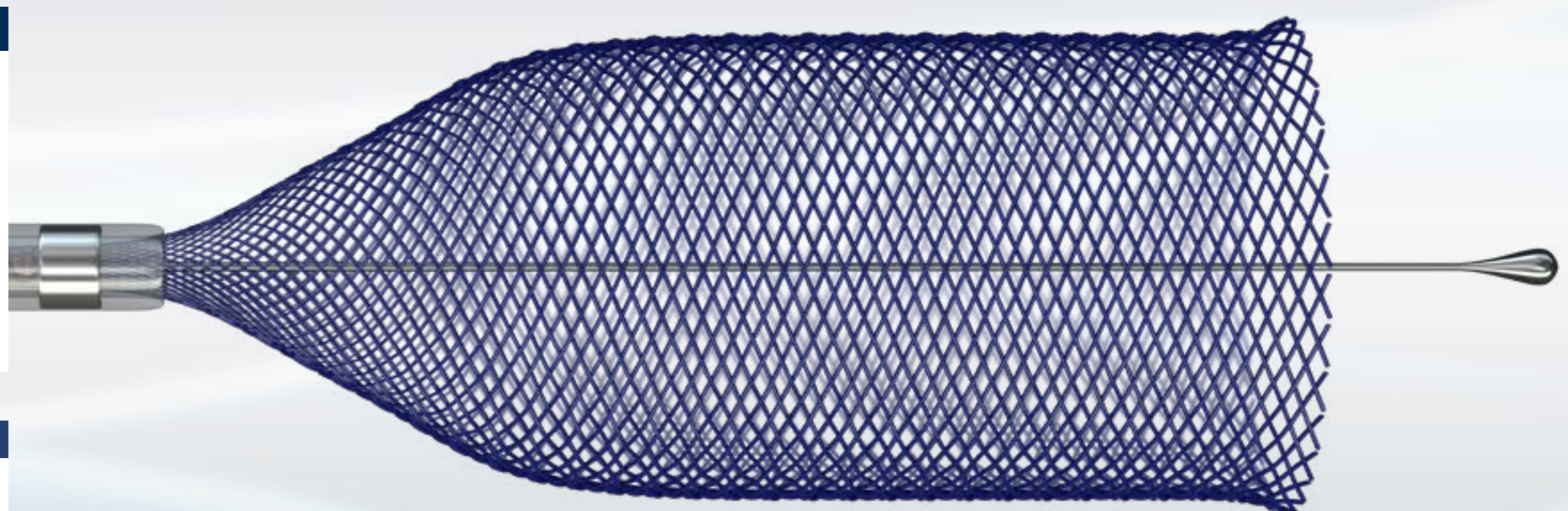
REF	Max. vessel diameter [mm]	Implant length in max. vessel [mm]*	Min. vessel diameter [mm]	Implant length in min. vessel [mm]*	REF	Max. vessel diameter [mm]	Implant length in max. vessel [mm]*	Min. vessel diameter [mm]	Implant length in min. vessel [mm]*
P64-MW-HPC-300-9	3	9	2.5	11	P64-MW-HPC-450-15	4.5	15	4	23
P64-MW-HPC-300-12	3	12	2.5	15	P64-MW-HPC-450-18	4.5	18	4	27
P64-MW-HPC-300-15	3	15	2.5	19	P64-MW-HPC-450-21	4.5	21	4	32
P64-MW-HPC-300-18	3	18	2.5	23	P64-MW-HPC-450-24	4.5	24	4	36
P64-MW-HPC-350-9	3.5	9	3	13	P64-MW-HPC-450-27	4.5	27	4	40
P64-MW-HPC-350-12	3.5	12	3	17	P64-MW-HPC-500-18	5	18	4.5	24
P64-MW-HPC-350-15	3.5	15	3	21	P64-MW-HPC-500-24	5	24	4.5	32
P64-MW-HPC-350-18	3.5	18	3	25	P64-MW-HPC-500-30	5	30	4.5	41
P64-MW-HPC-350-21	3.5	21	3	29					
P64-MW-HPC-400-12	4	12	3.5	17					
P64-MW-HPC-400-15	4	15	3.5	21					
P64-MW-HPC-400-18	4	18	3.5	26					
P64-MW-HPC-400-21	4	21	3.5	30					
P64-MW-HPC-400-24	4	24	3.5	34					

REF	Max. vessel diameter [mm]	Implant length in max. vessel [mm]*	Min. vessel diameter [mm]	Implant length in min. vessel [mm]*
P48-MW-HPC-200-9	2	9	1.75	10
P48-MW-HPC-200-12	2	12	1.75	13
P48-MW-HPC-200-15	2	15	1.75	16
P48-MW-HPC-300-9	3	9	2	13
P48-MW-HPC-300-12	3	12	2	16
P48-MW-HPC-300-15	3	15	2	21
P48-MW-HPC-300-18	3	18	2	25

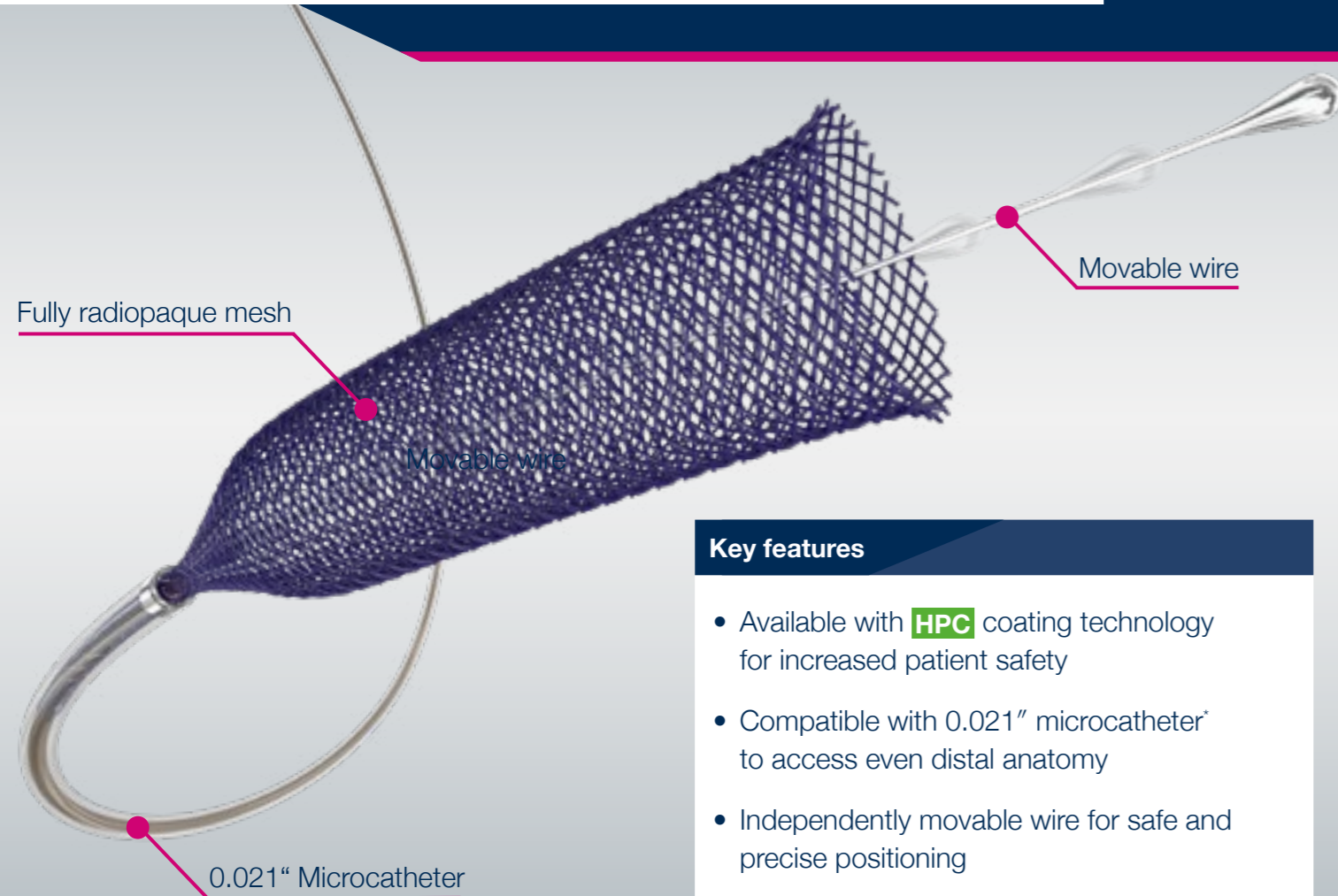
**i** Every p64 MW and p48 MW Device is also available as a non-coated bare version. When ordering, please exclude "HPC" from the REF-Code (e.g. P64-MW-300-9).

See the p48 MW in action

scan the QR-code or visit <http://bit.ly/p48Flow>



Enhanced safety in tortuous anatomy.  
Bringing flow diversion to a new level.



**Key features**

- Available with **HPC** coating technology for increased patient safety
- Compatible with 0.021" microcatheter\* to access even distal anatomy
- Independently movable wire for safe and precise positioning
- Platinum filled DFT wires provide full visibility
- Friction-locking principle for easy detachment

\*Please refer to compatibility table in Instructions For Use

The **p64 MW (HPC)** and **p48 MW (HPC)** Flow Modulation Devices have received the CE Mark (CE 0297). They are not approved for sale nor are they available for sale or use in the United States.

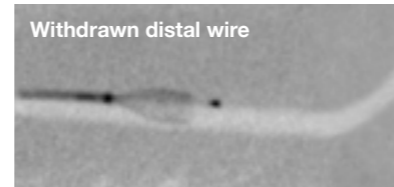
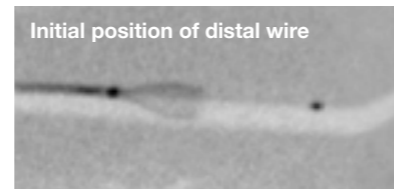
**Precision**

The **p64 MW** and **p48 MW** Flow Modulation Devices comprise the latest technological advances in the field of neurovascular aneurysm treatment.

The compatibility with 0.021" microcatheters and an independently movable distal wire enable enhanced safety when operating in sensitive and tortuous intracranial anatomies.

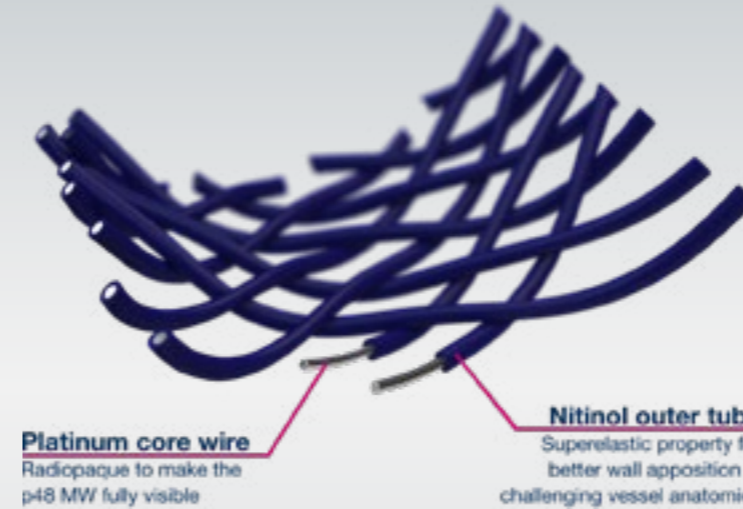
Drawn filled tubing (DFT) wires form a fully visible braided mesh to combine the radiopacity of platinum with the superelastic characteristic of nitinol.

**Movable inner distal wire**

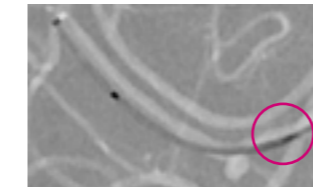
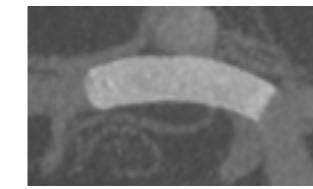


In order to achieve safe positioning in extremely tortuous and fragile vessels the inner distal wire is made of flexible nitinol with an atraumatic tip which can be moved independently from the implant itself.

**Visibility**



**Radiopacity**



Optimal wall apposition can be assessed more easily by the fully visible **p64 MW** and **p48 MW** resulting in more precise positioning.

A radiopaque marker indicates the "point of no return" up to which the **p64 MW** and **p48 MW** can be resheathed into the microcatheter.

**Safety**

**HPC coating technology<sup>1</sup>**

**Bare**

**with HPC**

HPC covalently binds to the surface of the stent. The layer is mechanically stable and firmly adherent. Significantly reduced platelet adhesion can be observed after human blood exposure.

**Ruptured aneurysm treated with 2x P64-MW-HPC-450-24**

**Initial 3D**

**Initial DSA**

**Post Implantation and Coiling**

**Final DSA**

Case images by courtesy of Prof. Riedel, Universitätsmedizin Göttingen, Germany

<sup>1</sup>Lenz-Habijan, T., Bhogal, P., Peters, M. et al. Hydrophilic Stent Coating Inhibits Platelet Adhesion on Stent Surfaces: Initial Results In Vitro. Cardiovasc Intervent Radiol 41, 1779–1785 (2018). <https://doi.org/10.1007/s00270-018-2036-7>

