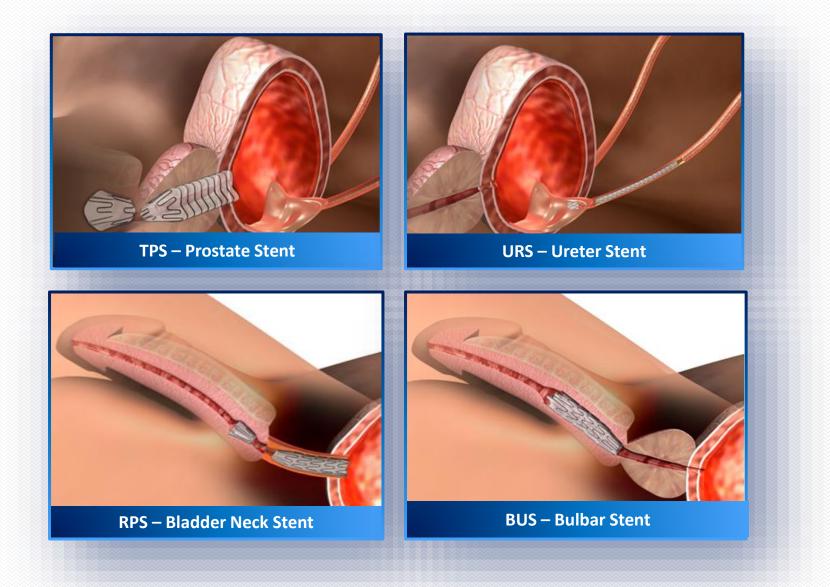
Allium Stents



One stop shop for urinary tract stenosis





Clinical Benefits



Safety

Prevent Ingrowth & reduce encrustation and hyperplasia

- Fully covered embedded nitinol in proprietary polymeric coating
- Designed to prevent tissue in-growth
- Reduced encrustation, stone formation and calcification

Easy & safe Placement & Removal

- Simple placement, self-expandable
- Easy insertion under vision and/or fluoroscopy for accurate positioning.
- Stent usually slides out but or unravels .



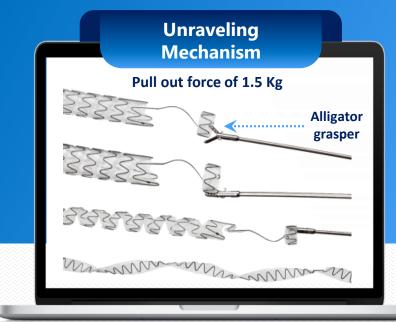
Clinical Superiority

3 Years Indwelling

- Improved quality of life, intended for a long indwelling period
- Cost effective, eliminates the need for recurrent procedures

Patient Comfort

- Extremely flexible to ensure minimal irritation
- Maximum patient comfort







Global Presence and Regulation

- **CE**
- AMAR Israel
- TGA Australia
- Russia
- Argentina
- Mexico
- Taiwan
- Vietnam



- Korea
- China



- INVISA (Brazil)
- PMDA Japan





Sales in more than 40 countries around the globe

Improving quality of life for over a decade





Proven Clinical Results

TPS Study

Allium[™] TPS
A New Prostatic Stent for the Treatment of Patients with BPO

- 51 patients
- No stent migration
- No stent occlusion
- Symptom improvement measured by IPSS (7.7 vs. 26.4)
- All stents were successfully implanted in all patients

URS Study

A New Self-Expanding,
Large-Caliber Ureteral Stent:
Results of a Multicenter
Experience

- 40 patients (47 Ureters)
- Low migration
- · Only one stent occluded.
- Up to 63 months indwelling time
- Stent can be easily removed
- All stents were successfully implanted with low rate of migration and with high longterm efficiency.

BUS Study

Management of recurrent bulbar urethral stricture a 54 patients study with Allium Bulbar Urethral Stent

- 54 patients
- · Low migration rate
- · lack of stent encrustation.
- Ease of removal make it an excellent solution for the treatment of bulbar strictures.

URS Study

Multicenter experience with allium ureteral stent for the treatment of ureteral stricture and fistula

- 92 patients (107 Ureters)
- Low migration rate
- Less than1 % Stent Obstruction
- Mean indwelling time = 27 months
- · Stent can be easily removed
- The use of Allium ureter stents is feasible safe and effective
- Joerg Niemeyer, Retrospective study on Safety and Performance of Allium URS-Study project (fistula) -in process.
- F. De Marco, "The first 100 cases with Allium Ureteral Stent in the management of ureteral disorders", INI Grottaferrata and University La Sapienza Rome-in process.

B. Z, M. G, H. S, N. O and M. B, "Multicenter experience with allium ureteral stent for the treatment of ureteral stricture and fistula," Harefuah, vol. 154, no. 12, pp. 753-756, December 2015



[.] Guner Yildiz, MD,1,* Zaher Bahouth, MD,2,* Sarel Halachmi, MD,2 Gil Meyer, MD,2 Ofer Nativ, MD,2 and Boaz Moskovitz, MD2. AlliumTM TPS—A New Prostatic Stent for the Treatment of Patients with Benign Prostatic Obstruction: The First Report. JOURNAL OF ENDOUROLOGY Volume XX, Number XX, XXXXXX 2015 a Mary Ann Liebert, Inc. Pp. -----DOI: 10.1089/end.2015.0593.

B. Moskovitz, S. Halachmi and O. Nativ, "A New Self-Expanding, Large-Caliber Ureteral Stent: Results of a Multicenter Experience," JOURNAL OF ENDOUROLOGY, vol. 26, no. 11, pp. 1523-1527, November 2012.

³ Melih Culha1*, Unsal Ozkuvanci2*, Seyfettin Ciftci1*, Ali Saribacak3*, Murat Ustuner1*, Ufuk Yavuz1*, Hasan Yilmaz1*, Levend Ozkan1* Management of recurrent bulbar urethral stricture-a 54 patients study with Allium bulbar urethral stent (BUS) Int J Clin Exp Med 2014;7(10):3415-3419 www.ijcem.com /ISSN:1940-5901/IJCEM0001834

Doctors Recommend



66

I have placed hundreds of Allium stents and found them to be the best stents in the market. Allium stents are easy to insert and remove, function effectively even after 3 years.

Dr. Joerg Neymeyer, Chair, Section of Urogynecology, Charite

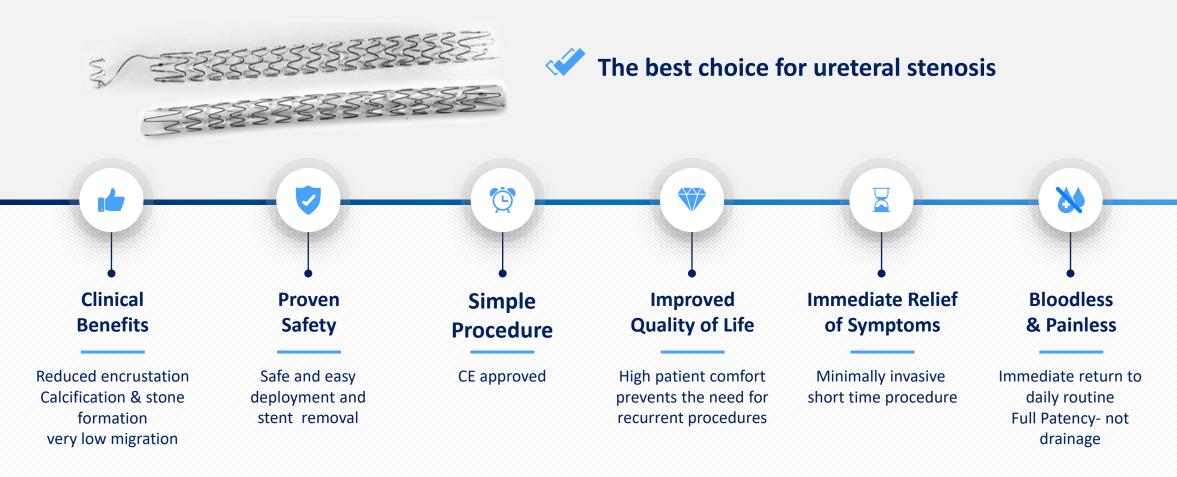
Hospital, Medical University of Berlin



Among Allium Global Users		
Dr. Joerg Neymeyer	Germany	Charite University Clinic
Dr. Joachim Alefelder	Germany	Bad Langesalze
Dr. Roberto Galdini	Italy	Rome+Milan
Dr. Ferdinando De Marco	Italy	Rome INI clinic
Dr. Boaz Moskovitz	Israel	Bnei Zion
Dr. Jean Emile Quazza	France	Bizzet private clinic a Aris
Prof. Paparel	France	Lyon
Dr. Jorge Rioja	Spain	University clinic hospital Zaragoza
Prof. Du Geon Moon	S Korea	Korea University Guro hospital
Prof. Hu Hao Wang	China	First Hospital Beijing
Dr. Enrique Broseta	Spain	La Fe Hospital
Dr. Yoram Dekel	Israel	Carmel Hospital
Dr. Matt Shaw	UK	Newcastel University hospital
Dr. Karl Seitz	Austria	AKH hospital Viena
Dr. Bernardo Norberto	Argentina	José de San Martín



URS Stent



Indications:

Intrinsic and extrinsic Ureteral Stenosis (Inc. UPJ & UVJ), chronical strictures in Ureter (chronical Double-J), lleal conduit and ileal neobladder strictures, ureteral fistula and bridging - in process



BUS Stent





Uniquely designed anatomical stent for Bulbar Urethra Strictures



Smart alternative to Bulbarplasty



Clinical Benefits

Easy insertion and removal
High patency
The only stent with
3 Years CE approved
indwelling time



Proven Safety

Safe and easy deployment and Stent removal



Simple Procedure

Short time procedure hospital and outpatient clinic settings



Improved Quality of Life

Preserves sexual functionality, Enables Functionality of sphincter



Immediate Relief of Symptoms

Immediate return to daily life Comfortable for Patient



Bloodless & Painless

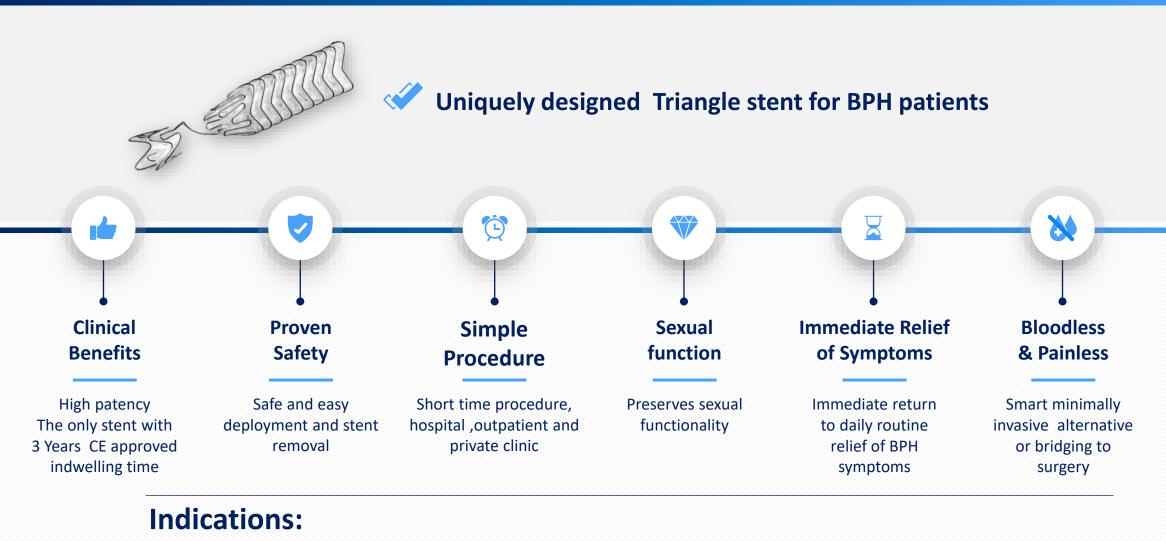
Smart minimally invasive alternative or bridging to urethroplasty/bulbar

Indications:

Bulbar urethra stenosis, alternative or bridging to urethroplasty, prevents recurrent urethrotomies



TPS Stent

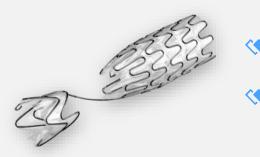




BPH, bridge to surgery instead of catheter, for patients in high risk for surgery, tool for intra-operative consideration*

Α

RPS Stent





One of a kind Bladder Neck stent



Post Radical Prostatectomy or TURP



Clinical Benefits

Easy insertion and removal
High patency
The only stent with
3 Years CE approved
indwelling time



Proven Safety

Easy insertion and removal



Simple Procedure

Procedure performed in minutes hospital and outpatient clinic settings



Improved Quality of Life

Allows proper functionality of sphincter ,preserves Sexual function



Immediate Relief of Symptoms

Immediate return to daily routine



Bloodless & Painless

Optimal solution after radical prostatectomy, TURP or laser surgery

Indications:



Post TURP, laser or radical prostatectomy, Bridging for Artificial-Sphincter surgery

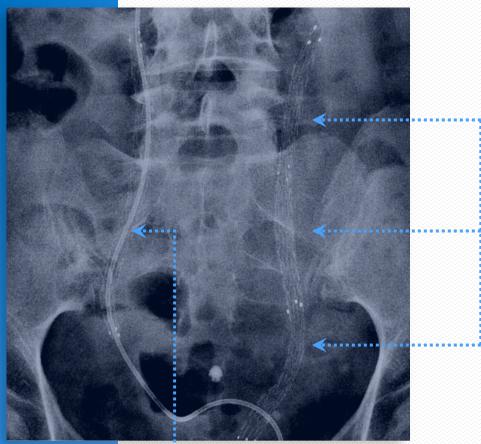


Both-sided URS with anchors





Consecutive stents vs. long one

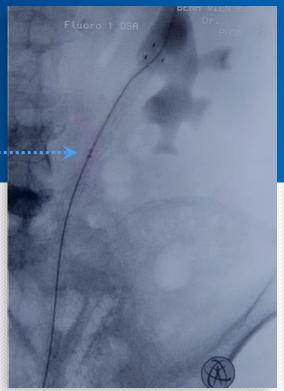


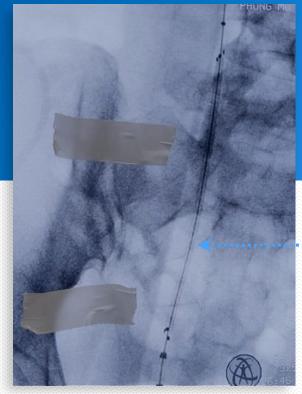
3 consecutive Allium ureteral stents



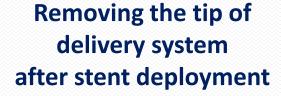


200 mm URS stent for long ureteric strictures



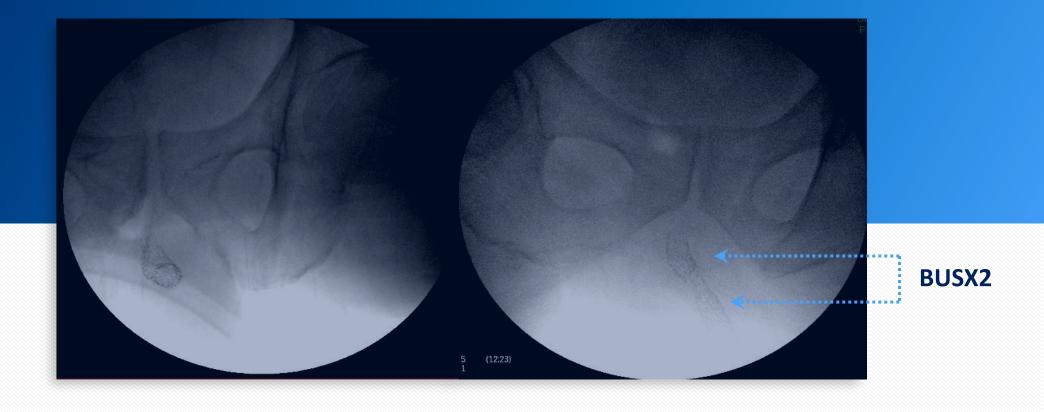


Stent crimped on delivery system



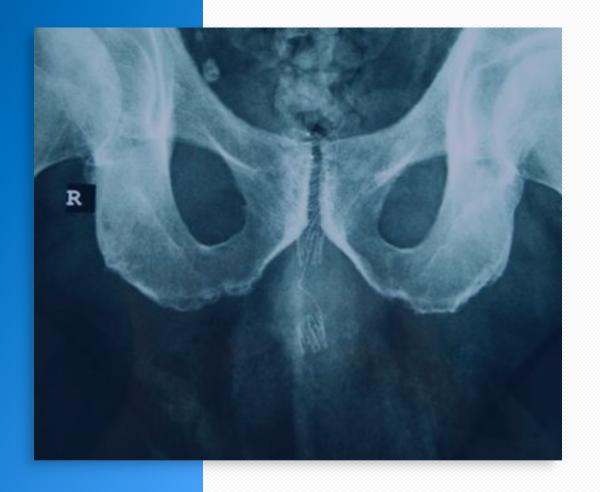


Consecutive Allium BUS stents



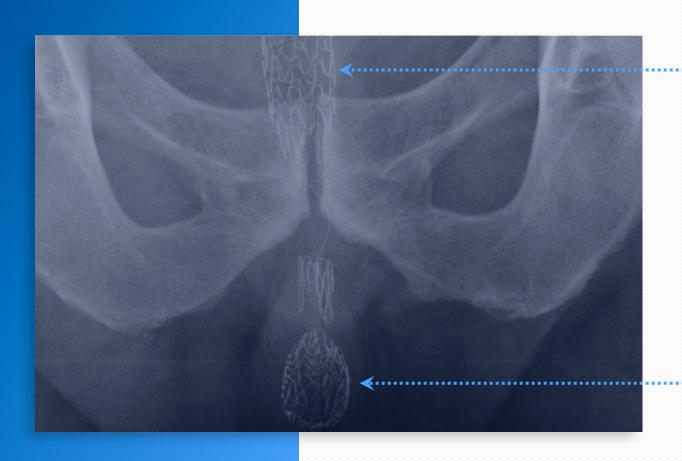


TPS Allium stent





RPS & BUS stents



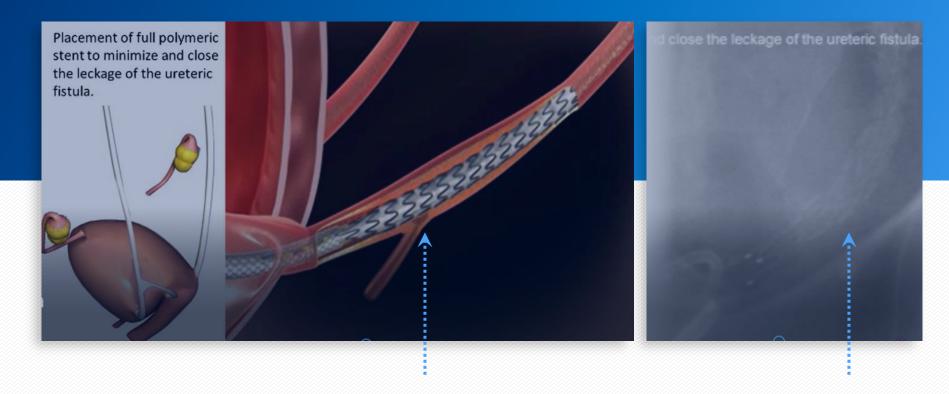
RPS (Round Posterior Urethral stent)

BUS (Bulbar urethral stent)



Fistula closure with URS stent

Dr. Joerg Neymeyer use of Allium's ureteral stent in a fistula case





Radical Cystectomy/ Ilium Conduit/ Hydronephrosis both sides













