InLay®
URETERAL STENT

Turn to the one with the dual advantage
When a ureteral stent is indicated...turn to the one with a dual advantage

The InLay® Ureteral Stent has a lubricious coating and tapered tip to promote smooth insertion and effective negotiation around obstructions. The design includes double pigtails that help prevent stent migration while indwelling. The stent softens up to 50% at body temperature and is up to twice as lubricious as Bard® LUBRISTENT™ ureteral stent. A Pusher with fluoro markings helps assure accurate placement of stent.

Goes In Easily.

Lubricious coating promotes ease of insertion

Ultra-smooth stent surface allows virtually frictionless passage through delicate ureter.

Tapered stent tip for navigation around obstructions

Gradual taper at tip of stent promotes easier negotiation around ureteral obstructions.

Pusher with fluoro marker helps assure accurate placement

Impregnated fluoro band on pusher catheter confirms positioning of stent in situ.
Stays In Comfortably.

Up to twice as lubricious as Bard® LUBRIStent™ ureteral stent*

When fluid-activated, stent surface becomes hydrophilic, forming a “cushion” between stent and tissue for smooth, frictionless insertion.

Softens up to 50% at body temperature*

As stent reaches body temperature, it has been shown to soften by as much as 50%, promoting enhanced comfort and minimal friction.

Double pigtails help resist migration

High retention coils at each end of stent help prevent migration while indwelling.

*Data on file, C. R. Bard, Inc.
Indications for Use:
The BARD® INLAY™ and BARD® INLAY™ VERSAFIT™ Ureteral Stent with Suture are indicated to relieve obstruction in a variety of benign, malignant and post-traumatic conditions in the ureter such as presence of stones and/or stone fragments, or other ureteral obstructions such as those associated with ureteral stricture, carcinoma of abdominal organs, retroperitoneal fibrosis or ureteral trauma, or in association with Extracorporeal Shock Wave Lithotripsy (ESWL). The stent may be placed using endoscopic surgical techniques or percutaneously using standard radiographic technique.

Contraindications:
There are no known contraindications to use.

Precautions:
1. For single use only. Do not resterilize. Do not use if the package or product is damaged.
2. Improper handling technique can seriously weaken the stent. Acute bending or overstressing during placement could result in subsequent separation of the stent at the point of stress after a prolonged indwelling period.
3. Suture may be cut off prior to stent placement. Remove suture prior to placement for pediatric patients.
4. Exercise care. Tearing of the stent can be caused by sharp instruments.
5. Ureteral stents should be checked periodically for signs of encrustation and proper function. Periodic checks of the stent by cystoscopic and/or radiographic procedures are recommended at intervals deemed to be appropriate by the physician in consideration of the individual patient’s condition and other patient specific factors. When long-term use is indicated, it is recommended that indwelling time not exceed 365 days. The stent is not intended as a permanent indwelling device. *
6. Care should be exercised when removing the stent from inner polybag so as not to cause tearing or fragmentation.
7. With any ureteral stent, migration is a possible complication which could require medical intervention for removal. Selection of too short a stent may result in migration.
8. The insertion of a ureteral stent should only be done by those individuals who have comprehensive training in the techniques and risks of the procedure.

* (Data on file at C. R. Bard, Inc.)

Potential Complications:
Potential complications associated with retrograde/antegrade positioning of indwelling ureteral stents include the following:
• Edema • Stone formation • Peritonitis
• Extravasation • Ureteral reflux • Stent dislodgement, fistula formation • Loss of renal function fragmentation, migration, occlusion
• Hemorrhage • Pain/Discomfort • Stent encrustation
• Hydronephrosis • Perforation of kidney, renal • Ureteral erosion
• Infection pelvis, ureter and/or bladder • Urinary symptoms

Warnings:
• After use, this product may be a potential biohazard. Handle and dispose of in accordance with accepted medical practice and with applicable local, state and federal laws and regulations.

Please consult product labels and inserts for any indications, contraindications, hazards, warnings, cautions and instructions for use.