Solo™ Plus
HYBRID GUIDEWIRE WITH HYDROPHILIC TIP

The Next Generation Hybrid Wire
The Solo™ Plus guidewire has **superior tip radiopacity** compared to the Boston Scientific Sensor™ guidewire.*

Hydrophilic tip designed for **safe access** to the ureter and maneuvering around stones

### Tip Perforation Force*

Proprietary kink-resistant Triton™ alloy has increased stiffness compared to Nitinol to facilitate device passage in tortuous anatomy.

The 0.035” Solo™ Plus guidewire shaft is up to 41% Stiffer than the 0.035” Boston Scientific Sensor™*

Average Shaft Bending Force*

Hydrophilic tip designed for smooth access and navigation through difficult anatomy

Flexible proximal end designed to minimize damage to flexible ureteroscopes

PTFE coated shaft designed to maintain ureteral access

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Core Material</th>
<th>Diameter</th>
<th>Tip Configuration</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW35SS</td>
<td>TRITON™</td>
<td>0.035”</td>
<td>Straight</td>
</tr>
<tr>
<td>HW35SA</td>
<td>TRITON™</td>
<td>0.035”</td>
<td>Angled</td>
</tr>
<tr>
<td>HW38SS</td>
<td>TRITON™</td>
<td>0.038”</td>
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</tbody>
</table>

Indications for Use:
The Bard® Solo™ Plus Hybrid Guidewires are intended for use in facilitating the placement of endourological instruments during diagnostic or interventional procedures. This guidewire is not intended for coronary artery, vascular, or neurological use.

Warnings:
- Do not withdraw the guidewire through a metal cannula or needle. Withdrawal through a metal device may result in disposition of these materials in the urinary system and destruction and/or separation of the outer polymer jacket requiring retrieval. Extreme caution should be observed when used with one-wall puncture style needle.
- Use extreme caution when using a laser or electrocautery, making sure to avoid contact with guidewire. Direct contact may cause damage to the wire and/or sever the wire.
- Do not reshape the guidewire in any way. Attempting to reshape the wire may cause damage, resulting in the release of wire fragments to the urinary system.
- When exchanging or withdrawing a catheter over the guidewire, secure and maintain the guidewire in place under fluoroscopy to avoid unexpected guidewire advancement. Otherwise damage to the urinary channel by the wire’s tip may occur.
- Manipulate the guidewire slowly and carefully in the urinary system while confirming the behavior and location of the wire’s tip under fluoroscopy. Excessive manipulation of the guidewire without fluoroscopic confirmation may result in perforation or trauma of the linings or associated tissues, channels or ducts. If any resistance is felt or if the tip’s behavior and/or location seems improper, STOP manipulating the guidewire and/or the catheter and determine the cause by fluoroscopy. Failure to exercise proper caution may resulting in bending, kinking, separation of the guidewire’s tip, damage to the catheter, or damage to the urinary system. If necessary, remove the guidewire and ancillary device or scope as a complete unit to avoid complications.
- Do not attempt to use the guidewire if it has been bent, kinked, or damaged. Use of a damaged wire may result in damage to the linings and associated tissue, channels or ducts or release of wire fragments into the urinary system.

Adverse Events
Complications which can result from the use of guidewires in urological applications include:
- Perforation of the urinary tract
- Acute bleeding
- Hemorrhage
- Tissue Trauma
- Edema
- Foreign object in body
- Infection
- Hemoglobinuria
- Peritonitis
- Ureter Avulsion

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