






SPECIFICATIONS

Balloon size					
Volumetric Capacity	40cc	35cc	30cc	25cc	20cc
Guideline Patient Height	165cm or Over	165 ~ 155cm	155 ~ 145cm	145cm or Under	
Total Balloon Length	255mm	225mm	195mm	180mm	170mm
Balloon Outer Diameter	14.5mm			13.5mm	
Catheter Diameter	7Fr				
Compatible Guidewire	0.025 inch (0.635mm)				
Central Lumen Diameter	0.028 inch (0.715mm)				
Effective Length	700mm				
Model Number	IMU7F-40	IMU7F-35	IMU7F-30	IMU7F-25	IMU7F-20

KIT CONTENTS

Main Tray	Balloon catheter with 60cc syringe, one-way valve
Accessories / Fittings	0.025 inch x 150cm guidewire 0.035 inch x 50cm guidewire 18G insertion needle 7Fr sheath and dilator Pressure monitoring tubing: 15cm and 90cm

Compatible with DataScope® and Arrow® Intra Aortic Balloon Pumps*



Main tray



Accessories tray



Adaptor for Arrow pump



Adaptor for DataScope pump

* See instructions for use for full list of compatible pumps. Federal (USA) law restricts the sale by or on the order of a physician.

Inshtra Ultra IAB 7Fr Intra Aortic Balloon Catheter



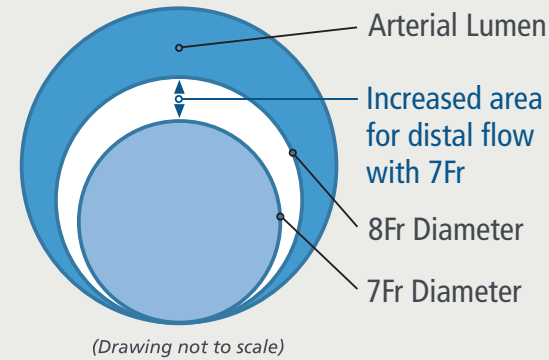
“Give your patients all the benefits of a 7Fr catheter without the need for hardware upgrades”

All the benefits of 7Fr with no need to upgrade your hardware

Through better design, the Inshitra Ultra 7Fr catheter allows common fluid-filled technology in a smaller catheter with no compromise on lumen size.

This 7Fr catheter is a true 7Fr (including the wrapped balloon), so it will pass through all 7Fr sheaths.

7Fr means a 23% reduction on cross-sectional area (vs. an 8Fr), which results in over 20% better distal blood flow in a 4.0mm femoral artery.⁽¹⁾



(Drawing not to scale)

Smaller cross-sectional area compared to an 8Fr allows for better distal flow

Compatible pumps

Datascope	Arrow
System 97, 98, 98XT	ACAT, AutoCat, AutoCat 2,
CS100, CS300	AutoCat 2 Wave, KAAT II

Keeping fluid-filled technology means the Inshitra Ultra 7Fr catheters can be used on most older, as well the latest pumping systems, so there's no need to upgrade your hardware. Hospitals can stock one make of balloon for all their current hardware, reducing inventory.

The most complete range of 7Fr IAB catheters

We believe that all patients deserve the merits of 7Fr technology. To that end, we provide the most complete range of 7Fr catheters.

In small and shorter patients, with reduced vessel size, it becomes even more critical to use the appropriate balloon volume. That's why we offer 30cc, 25cc and 20cc, for when true 7Fr really counts.

Combine a complete range of catheters with the flexibility to use them on most old and new pumping systems, and the benefits of 7Fr therapy now become available to a broader range of patients.



Achieving 8Fr performance in a 7Fr catheter

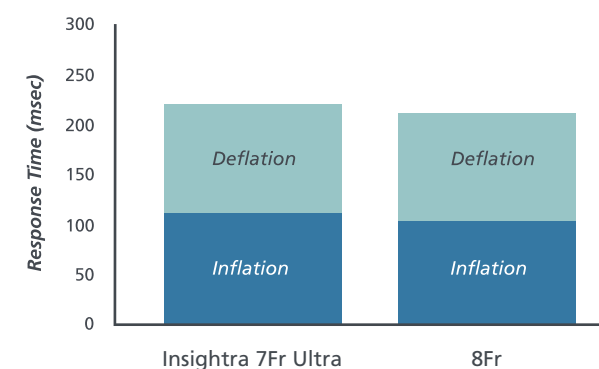
No compromise: The Inshitra Ultra can deliver response times comparable to an 8Fr catheter in a 7Fr diameter – allowing patients to benefit from a smaller profile in the leg and full performance in the aorta.

It's all about the design. The Inshitra IAB was designed from the ground up as a 7Fr device with:

- Strong, thin-walled catheter to maximize gas shuttle area.
- Full-size 0.028" central lumen, which takes a 0.025" guidewire to ensure smooth delivery and better pressure signal transmission.
- Strong yet thin polyurethane balloon, which allows for fast response times.

Proprietary V-Hub technology is designed for improved gas flow rates, allowing faster gas shuttling and excellent clinical performance.

8Fr Response Performance in a 7Fr device⁽²⁾



Quality your patients can depend on

We test every product so your patients don't have to. Each balloon we make undergoes rigorous manufacturing and test procedures.

We put every single balloon through a 50,000-cycle test to ensure every component is up to the job. That means inflation number 1 in the patient is inflation number 50,001 for the balloon.

The Inshitra 7Fr Ultra IAB is based on 8 years of clinical experience in thousands of patients.



Quality at the center of everything

(1) Based on theoretical model by Ohley et. al.; data on file (2) Matsuda et. al.- Jpn J Interv Cardiol: 2006 21: 82-87