



ArchSinus is designed to preserve surgically corrected nasal geometry, during and post-recovery.

INDICATION

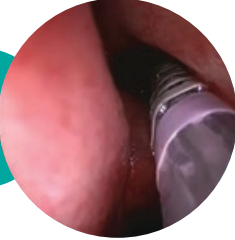
The ArchSinus is indicated for post-FESS implantation into the ethmoid sinus in patients ≥ 18 , in order to reduce the post surgical complications.

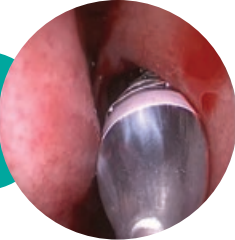
The Composite Removable Sinus Stent is intended for use in adult patients following sinus surgery, to provide steady support of nasal walls against swelling mucosa, stabilize middle turbinate and prevent obstruction by adhesions. The composite stent is intended to be left inside the ethmoid sinus cavity for up to 28 days.


The stent can be removed at any time within 28 days by cooling and self-crimping. Contradictions include known allergy to device materials (nickel or polyurethane induced dermatitis) and history of immune deficiency. The device should not be used adjacent to the skull base. Safety and effectiveness of the implants on pregnant or nursing females has not been studied.

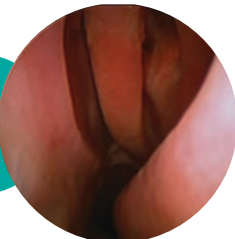
For more information on the risks and benefits of ArchSinus please talk to your doctor. The FDA approved labeling can be found at www.ststnet.com. ArchSinus™ is registered trademark of the STS Medical Ltd. in the United States.

How does it work?

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1 Stent positioning
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2 Balloon inflation
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3 ArchSinus implanted into ethmoid sinus
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4 After ArchSinus removal



Improve your FESS success with

ArchSinus™

What Do Patients Say?

“**Easier to breath** straight after the ArchSinus placement.”

“**Comfortable** with the ArchSinus inside.”

“**No itching or irritation** while the ArchSinus was inside.”

“**No bad smell**, while the ArchSinus was inside.”

“**No nose bleed** while the ArchSinus was inside.”

“ArchSinus stent was removed in the office and it took **no longer than 1 minute.**”



What Do Doctors Say?

“ArchSinus stent is **easy to deploy and position correctly** within the middle meatus.”

Robert C. Kern, MD. Northwestern
Keith E. Matheny, MD, FARS. Baylor Scott & White Medical Center Frisco

“ArchSinus could be used both after **traditional FESS** or after **balloon sinuplasty.**”

Dan Charous MD. Arizona Desert ENT Specialists
Ashley Sikand MD. FACS. Ear Nose and Throat Consultants of Nevada

“Excellent in **preventing** post surgical middle turbinate **lateralization and adhesions.**”

Yosef P. Krespi, MD. Lenox Hill Hospital
Dan Charous MD. Arizona Desert ENT Specialists

“ArchSinus removal after two weeks is **quick and comfortable** to the patient. Patients tolerate the 4-6cc cold saline irrigations well. It’s easy to remove the softened stent.”

Gady Har-El, MD, FACS. Lenox Hill Hospital

“I saw less inflammatory reaction, **without using the steroids.**”

Eitan Yaniv, MD. Tel Aviv University

“Stent size is optimized to provide natural sinus opening after healing is complete. **No stent migration was observed.**”

Robert C. Kern, MD. Northwestern

Promotes aeration, drainage and access to medication



About 60% of all patients experience symptoms reoccurrence within 1 year after FESS.

One in four patients returns for revision surgery.

Why ArchSinus™?

The safety of the ArchSinus was established in a clinical study in Israel and a multicenter post-marketing data analysis in the US.

	ArchSinus	Control
MT lateralization	3.8%	43.5%
Inflammation	0.2	4.2
Adhesions	7.7%	47.8%
SNOT-20	75 point reduction	53 point reduction

* Yaniv D Et Al., American J. Of Rhinology & Allergy. 2018

- ✓ Comfortable
- ✓ Prevents middle turbinate lateralization
- ✓ Promotes better healing process with no need for drug
- ✓ Easy removal