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zephyr®

M | L | XL | XXL | CS

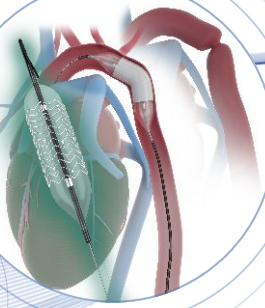


zephyr®

LEADING THE WAY IN STRUCTURAL INTERVENTIONS A STENT THAT TRANSCENDS THE LIMITS

PATENT

2500+
IMPLANTS





GERMAN TECHNOLOGY
INDIAN SCIENCE



CERTIFIED FOR GLOBAL COMPLIANCE AND QUALITY

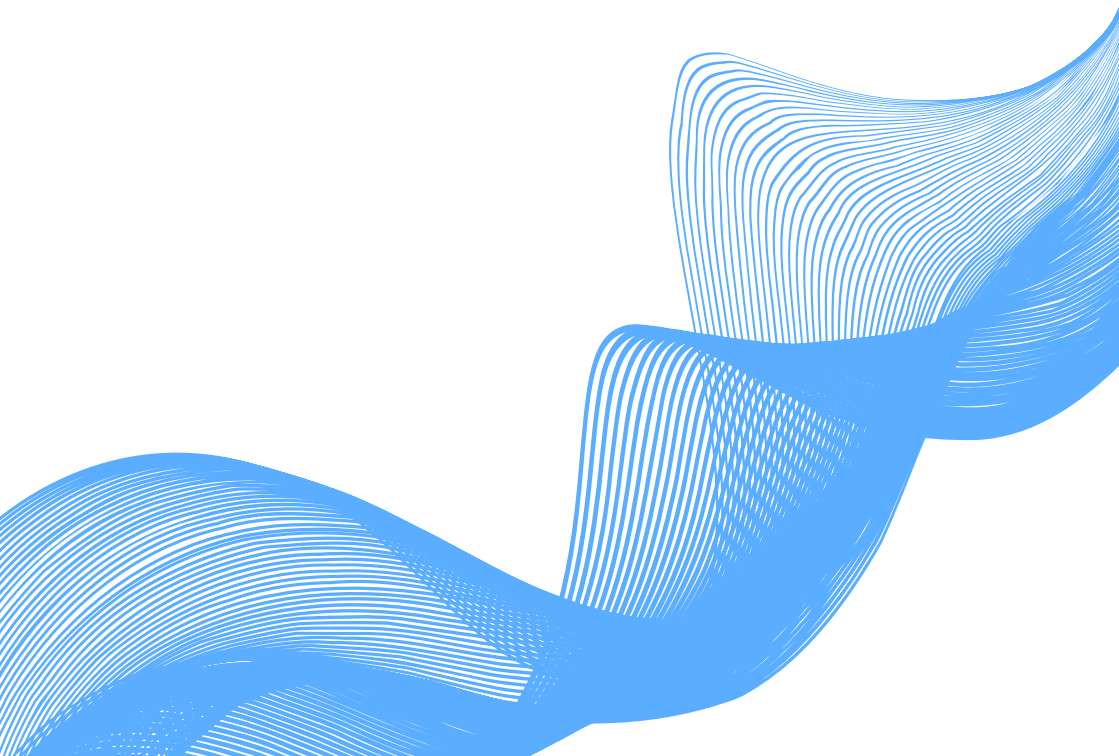
APPROVED

MDSAP
MEDICAL DEVICE SINGLE AUDIT PROGRAM

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zephyr® M

Cobalt Chromium Peripheral Stent System



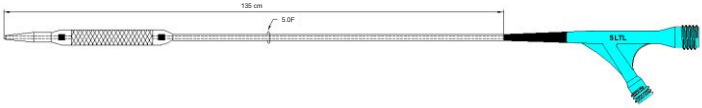
zephyr® M

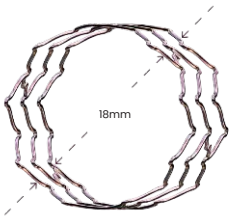
Cobalt Chromium Peripheral Stent System

Featuring an innovative overexpansion stent design,
it ensures optimal vessel fit and reliable post-procedural expansion performance.

FEATURES:

- Unique 14-crown design provides optimal radial strength and scaffolding.
- "S" and "C" shaped polylinks enhance flexibility and conformability.
- Minimizes foreshortening for accurate stent placement.





TECHNICAL SPECIFICATIONS:

Stent Material **CoCr**	Strut Thickness **0.120 mm**	Delivery System **OTW**	Guidewire Compatibility **0.035"**
Foreshortening **<1 %**	Stent Recoil **<6 %**	Usable Device Length **135 cm**	Min. Recommended Sheath **6F / 7F**

Clinical Indications:

- Treatment of de novo or restenotic atherosclerotic lesions in peripheral arteries
- Treatment of native and /or recurrent coarctation of aorta
- Stenosis of main / branch pulmonary artery

ORDERING INFORMATION:

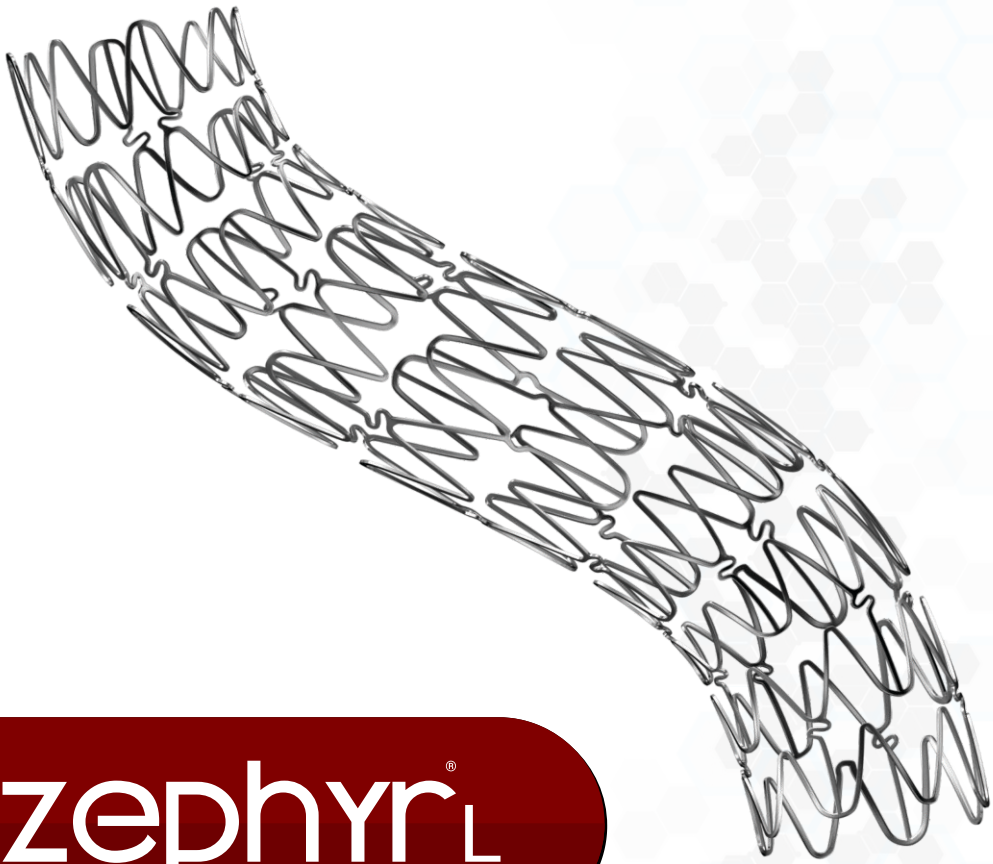
Length	Diameter					
	5	6	7	8	9	10
13	ZPMB0513	ZPMB0613	ZPMB0713	ZPMB0813	ZPMB0913	ZPMB1013
16	ZPMB0516	ZPMB0616	ZPMB0716	ZPMB0816	ZPMB0916	ZPMB1016
20	ZPMB0520	ZPMB0620	ZPMB0720	ZPMB0820	ZPMB0920	ZPMB1020
23	ZPMB0523	ZPMB0623	ZPMB0723	ZPMB0823	ZPMB0923	ZPMB1023
25	ZPMB0525	ZPMB0625	ZPMB0725	ZPMB0825	ZPMB0925	ZPMB1025
30	ZPMB0530	ZPMB0630	ZPMB0730	ZPMB0830	ZPMB0930	ZPMB1030
34	ZPMB0534	ZPMB0634	ZPMB0734	ZPMB0834	ZPMB0934	ZPMB1034
37	ZPMB0537	ZPMB0637	ZPMB0737	ZPMB0837	ZPMB0937	ZPMB1037
40	ZPMB0540	ZPMB0640	ZPMB0740	ZPMB0840	ZPMB0940	ZPMB1040
43	ZPMB0543	ZPMB0643	ZPMB0743	ZPMB0843	ZPMB0943	ZPMB1043
47	ZPMB0547	ZPMB0647	ZPMB0747	ZPMB0847	ZPMB0947	ZPMB1047
50	ZPMB0550	ZPMB0650	ZPMB0750	ZPMB0850	ZPMB0950	ZPMB1050
54	ZPMB0554	ZPMB0654	ZPMB0754	ZPMB0854	ZPMB0954	ZPMB1054
57	ZPMB0557	ZPMB0657	ZPMB0757	ZPMB0857	ZPMB0957	ZPMB1057
60	ZPMB0560	ZPMB0660	ZPMB0760	ZPMB0860	ZPMB0960	ZPMB1060
65	ZPMB0565	ZPMB0665	ZPMB0765	ZPMB0865	ZPMB0965	ZPMB1065
Compliance Chart	NP:10 atm RBP:22 atm	NP:10 atm RBP:22 atm	NP: 10 atm RBP: 20 atm	NP:1 0 atm RBP: 18 atm	NP: 8 atm RBP: 18 atm	NP: 8 atm RBP: 14 atm

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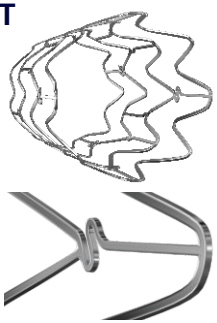
zephyr® L

Cobalt Chromium Peripheral Stent

zephyr L

CoCr STENT DESIGNED FOR LARGE VESSEL SUPPORT

- US patented unique zigzag hybrid stent design combined with “S” & “C” shaped polylink
- Cobalt chromium material imparts low crimping profile, high radial strength and increased radiopacity



Clinical Indications:

- Treatment of de novo or restenotic atherosclerotic lesions in peripheral arteries
- Treatment of native and /or recurrent coarctation of aorta
- Stenosis of main / branch pulmonary artery
- Treatment of conduit stenosis

SPECIFICATIONS:

Stent Material **Cobalt Chromium**	Stent Design **Zigzag Hybrid**	Unexpanded Stent Diameter **Ø 4.5 mm**	Minimum Crimping Profile **7F + 1F**
Stent Recoil **< 3%**	Strut Thickness **0.009”**	Expanded Stent Diameter **Ø 12mm- 18mm**	Over Expansion Range **Up to 20 mm**
Foreshortening **<5%**	Links **'C' & 'S' Flexible Polylinks**	**Recommended Sheath of Balloon + 2F of Stent**	Guide Wire Compatibility **0.035”**

ORDERING INFORMATION: (STENT)

	Length (mm)											
	14	18	23	28	33	38	43	48	53	58	63	68
Product Codes	ZPLG14	ZPLG18	ZPLG23	ZPLG28	ZPLG33	ZPLG38	ZPLG43	ZPLG48	ZPLG53	ZPLG58	ZPLG63	ZPLG68

ORDERING INFORMATION: (WITH DELIVERY SYSTEM)

Diameter (mm)	Length (mm)											
	14	18	23	28	33	38	43	48	53	58	63	68
12	ZPLG1214	ZPLG1218	ZPLG1223	ZPLG1228	ZPLG1233	ZPLG1238	ZPLG1243	ZPLG1248	ZPLG1253	ZPLG1258	ZPLG1263	ZPLG1268
14	ZPLG1414	ZPLG1418	ZPLG1423	ZPLG1428	ZPLG1433	ZPLG1438	ZPLG1443	ZPLG1448	ZPLG1453	ZPLG1458	-	-
16	ZPLG1614	ZPLG1618	ZPLG1623	ZPLG1628	ZPLG1633	ZPLG1638	ZPLG1643	ZPLG1648	ZPLG1653	ZPLG1658	-	-
18	ZPLG1814	ZPLG1818	ZPLG1823	ZPLG1828	ZPLG1833	ZPLG1838	ZPLG1843	ZPLG1848	ZPLG1853	ZPLG1858	ZPLG1863	ZPLG1868

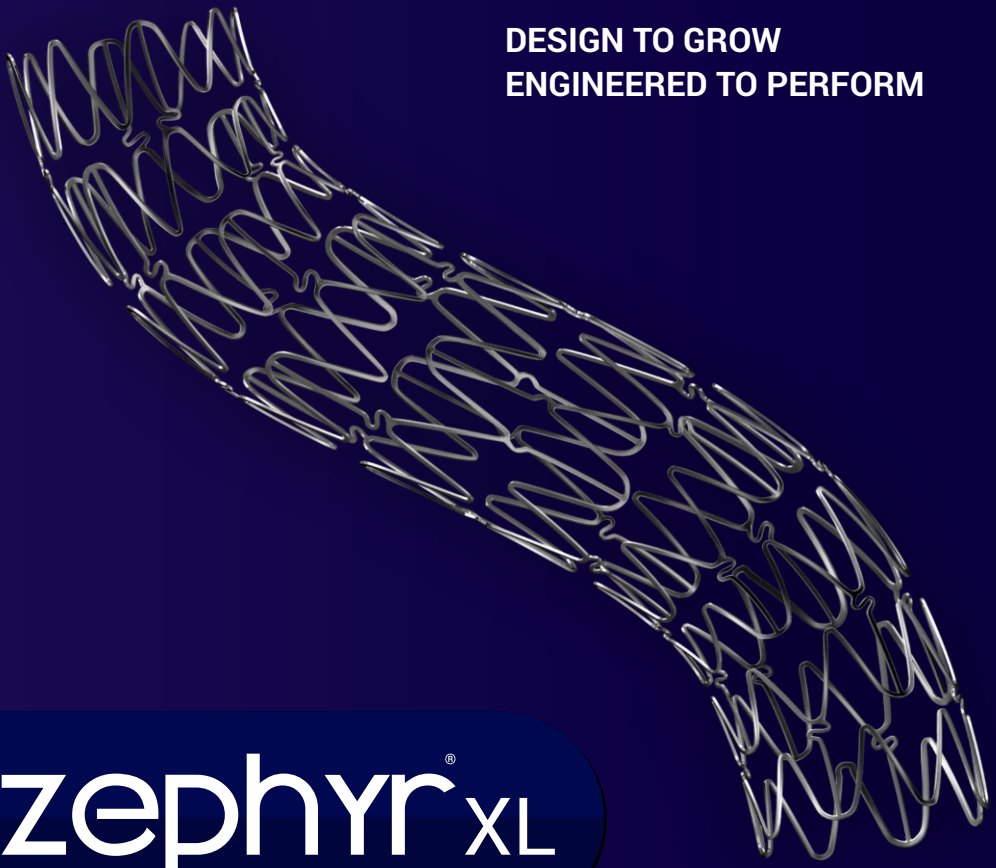
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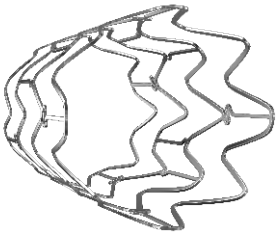
zephyr® XL

Cobalt Chromium Peripheral Stent

zephyr® XL

CoCr STENT DESIGNED FOR LARGE VESSEL SUPPORT

- **Hybrid Zigzag Design**
  S&C links ensure flexibility & conformability
- **Cobalt-Chromium Alloy**
  High strength, low crimp profile, excellent visibility
- **Tailored for Large Vessels**
  Optimal support and long-term vessel patency



Clinical Indications:

- Treatment of de novo or restenotic atherosclerotic lesions in peripheral arteries
- Treatment of native and/or recurrent coarctation of aorta
- Stenosis of main/ branch pulmonary artery
- Treatment of conduit stenosis
- Treatment of right ventricular outflow tract.

SPECIFICATIONS:

Stent Material **Cobalt Chromium**	Stent Design **Zigzag Hybrid**	Unexpanded Stent Diameter **Ø 4.5 mm**	Minimum Crimping Profile **9F + 1F**
Stent Recoil **< 3%**	Strut Thickness **0.009″**	Expanded Stent Diameter **Ø 18mm- 25mm**	Over Expansion Range **Up to 27 mm**
Foreshortening **<5%**	Links **'C' & 'S' Flexible Polylinks**	**Recommended Sheath of Balloon + 2F of Stent**	Guide Wire Compatibility **0.035″**

ORDERING INFORMATION: (STENT)

		Length (mm)										
	24	29	34	39	44	49	59	65	69	79	84	100
Product Codes	ZPXL24	ZPXL29	ZPXL34	ZPXL39	ZPXL44	ZPXL49	ZPXL59	ZPXL65	ZPXL69	ZPXL79	ZPXL84	ZPXL100

ORDERING INFORMATION: (WITH DELIVERY SYSTEM)

Diameter (mm)	Length (mm)									
	24	29	34	39	44	49	59	65	69	79
18	ZPXL1824	ZPXL1829	ZPXL1834	ZPXL1839	ZPXL1844	ZPXL1849	ZPXL1859	ZPXL1865	ZPXL1869	ZPXL1879
20	ZPXL2024	ZPXL2029	ZPXL2034	ZPXL2039	ZPXL2044	ZPXL2049	ZPXL2059	-	-	-
22	ZPXL2224	ZPXL2229	ZPXL2234	ZPXL2239	-	-	-	-	-	-
24	ZPXL2424	ZPXL2429	ZPXL2434	ZPXL2439	-	-	-	ZPXL2465	ZPXL2469	ZPXL2479

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zephyr® XXL

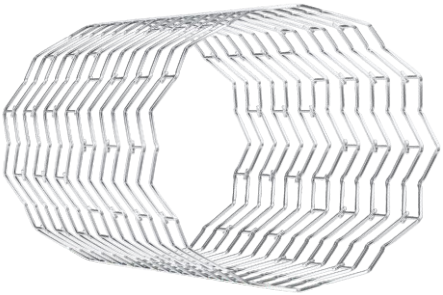
Cobalt Chromium Peripheral Stent



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zephyr XXL Cobalt Chromium Peripheral Stent



CoCr Stent for Extra Large Vessels:

- 12 crown stent design with 'C' & 'S' shaped polylinks
- Precise positioning and stability in complex cases.

Extra-Large Size & Coverage:

- Meticulously crafted to support vessel upto 30mm.
- High Radial Force maintains vessel patency and optimal lumen diameter.

Atraumatic Edges & Flexibility:

- Adapts to vessel contours for smooth deployment and optimal fit, reducing complications.
- Atraumatic edges with C&S connectors for uniform expansion and consistent outcomes.
- Harmonic strut expansion ensures flexible vessel integration.

Clinical Indications:

- Coarctation of Aorta
- Right ventricular Outflow Tract (RVOT)
- Conduit Stenosis

TECHNICAL SPECIFICATIONS:

Stent Material **Cobalt Chromium**	Stent Design **Zigzag Hybrid**	Unexpanded Stent Diameter **Ø 4.5 mm**	Minimum Crimping Profile **10F + 1F**
Stent Recoil **< 3%**	Configuration **12 Crowns**	Expanded Stent Diameter **Ø 25mm- 30mm**	Over Expansion Range **Up to 32 mm**
Foreshortening **<5%**	Strut Thickness **0.009"**	**Recommended Sheath of Balloon + 2F of Stent**	Guide Wire Compatibility **0.035"**

ORDERING INFORMATION:

	Length (mm)									
	36	**42**	**50**	**54**	**60**	**66**	**72**	**80**	**85**	**100**
Product Codes	ZPXXL36	ZPXXL42	ZPXXL50	ZPXXL54	ZPXXL60	ZPXXL66	ZPXXL72	ZPXXL80	ZPXXL85	ZPXXL100

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zephyr® cs

Cobalt Chromium Covered Peripheral Stent

zephyr cs

CoCr STENT DESIGNED FOR LARGE VESSEL SUPPORT

- Cobalt Chromium Stent Platform with ePTFE covering
- Zigzag hybrid stent design for easy navigation
- C & S Shape flexible poly links provides high radial strength and minimizes stent foreshortening
- Lower strut thickness provides minimal crimping profile
- Better Conformity & Stability
- Reduces the chances of Neointimal growth
- Long Term Patency





Clinical Indications:

- Treatment of de novo or restenotic atherosclerotic lesions in peripheral arteries
- Treatment of native and /or recurrent coarctation of aorta (CoA) including aortic aneurysm
- Stenosis of main / branch pulmonary artery
- Treatment of conduit stenosis
- Treatment of right ventricular outflow tract.

SPECIFICATIONS:

Stent Covering Material **ePTFE Tubing**	Stent Material **Cobalt Chromium Alloy**	Strut Thickness **0.009"**	Stent Links **C & S Polylinks**
Expanded Stent Diameter **Ø12 mm – Ø30 mm**	Unexpanded Stent Diameter **5.0 mm**	Stent Foreshortening **<10 %**	
Recommended Sheath of Balloon + 2F of Stent	Minimum Crimping Profile **12F + 1F**	Recommended Guidewire **0.035"**	

ORDERING INFORMATION:

Brand Name	Length (mm)											
Zephyr CS L 12-18 mm	14	18	23	28	33	38	43	48	53	58	63	68
	ZPCSL14	ZPCSL18	ZPCSL23	ZPCSL28	ZPCSL33	ZPCSL38	ZPCSL43	ZPCSL48	ZPCSL53	ZPCSL58	ZPCSL63	ZPCSL68
Zephyr CS XL 18-25 mm	24	29	34	39	44	49	59	65	69	79	84	100
	ZPCSXL24	ZPCSXL29	ZPCSXL34	ZPCSXL39	ZPCSXL44	ZPCSXL49	ZPCSXL59	ZPCSXL65	ZPCSXL69	ZPCSXL79	ZPCSXL84	ZPCSXL100
	-	-	-	-	-	-	ZPCSXL59P	ZPCSXL65P	ZPCSXL69P	ZPCSXL79P	-	-
Zephyr CS XXL 26-30 mm	24	36	42	50	54	60	66	72	80	85	100	
	ZPCSXXL24	ZPCSXXL36	ZPCSXXL42	ZPCSXXL50	ZPCSXXL54	ZPCSXXL60	ZPCSXXL66	ZPCSXXL72	ZPCSXXL80	ZPCSXXL85	ZPCSXXL100	
	-	-	-	-	-	-	-	-	ZPCSXXL80P	ZPCSXXL85P	ZPCSXXL100P	

Note: Ordering Information (Stent with delivery system) shall be available with individual catalogue

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SLTL® Group

VECTOR® LD

PTA Balloon Catheter

The Vector® LD PTA Balloon Catheter offers exceptional precision, durability, and smooth navigation, ensuring faster, safer procedures and superior patient outcomes.



Expand Bigger.
Performs Smarter.

Hydrophilic Coating Shaft Design:
Enhanced Trackability for smooth navigation through complex and tortuous vascular pathways.

Tapered Tip:
Facilitates smooth transition of guidewire and improves the crossing profile.

Optimized Shoulder Design:
Enhances crossability and precise dilation in tortuous vessels and prevents vessel damage.

Radiopaque Marker band:
High Radiopacity Marker Bands provide excellent visibility under fluoroscopy.

SPECIFICATIONS

Balloon Diameter (mm)	12, 14, 16, 18, 20, 22, 24, 25
Balloon Length (mm)	20, 40, 60, 80
Maximum Inflation or Rated Pressure (RBP)	6 / 5 atm
Balloon Material	Thermoplastic Elastomer
Recommended Guide wire	0.035" (0.89 mm)
Catheter Profile	7F
Balloon Compliance	Non- Compliance
Recommended Sheath introducer	Ranging 8F - 12F
Usable Catheter Length	110 cm

COMPLIANCE CHART

Pressure (atm)	Diameters (mm)							
	12.0	**14.0**	**16.0**	**18.0**	**20.0**	**22.0**	**24.0**	**25.0**
2.0	11.3	13.3	15.0	17.0	18.9	20.7	22.7	23.6
3.0	11.6	13.6	15.5	17.5	19.5	21.5	23.6	24.6
3.5	-	-	-	-	-	22.0	24.0	25.0
4.0	12.0	14.0	16.0	18.0	20.0	22.5	24.4	25.5
5.0	12.4	14.4	16.5	18.5	20.6	23.4	25.3	26.5
6.0	12.7	14.8	17.0	18.0	21.2	-	-	-

Nominal Pressure (NP) Rated Burst Pressure (RBP)

PRODUCT CODES

Balloon Diameter (mm)	Usable Catheter Length 110 cm (0.035")			
	Balloon Length (mm)			
	20	**40**	**60**	**80**
12	VLD 1220	VLD 1240	VLD 1260	VLD 1280
14	VLD 1420	VLD 1440	VLD 1460	-
16	VLD 1620	VLD 1640	VLD 1660	-
18	VLD 1820	VLD 1840	VLD 1860	VLD 1880
20	VLD 2020	VLD 2040	VLD 2060	-
22	VLD 2220	VLD 2240	-	-
24	VLD 2420	VLD 2440	-	VLD 2480
25	VLD 2520	VLD 2540	-	-

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ZEPHYR CLINICAL EDGE

Catheterization and Cardiovascular Interventions

WILEY

ORIGINAL ARTICLE - CLINICAL SCIENCE

SCAN & EXPLORE

A Large Retrospective Study to Evaluate Utility of Zephyr Covered Stent in Transcatheter Closure of Sinus Venosus Defects

Pramod Sagar, Puthiyedath Thejaswi, Kothandam Sivakumar, Praveen Ashok Kumar

First published: 02 September 2026 | https://doi.org/10.1002/ccd.70841

ABSTRACT

Background: Transcatheter closure (TCC) of sinus venosus defects (SVD) using balloon-expandable covered stents is an emerging alternative to surgery. ZephyrCS (Sahajanand Laser Technologies, Gandhinagar, India) is available in long lengths to suit SVD closure. A recent hybrid design with a short uncovered end intends to prevent left innominate vein and additional high-draining pulmonary vein occlusion.

Aims: Study the procedural success, serious adverse events, stent performance parameters and need for reintervention after SVD closure.

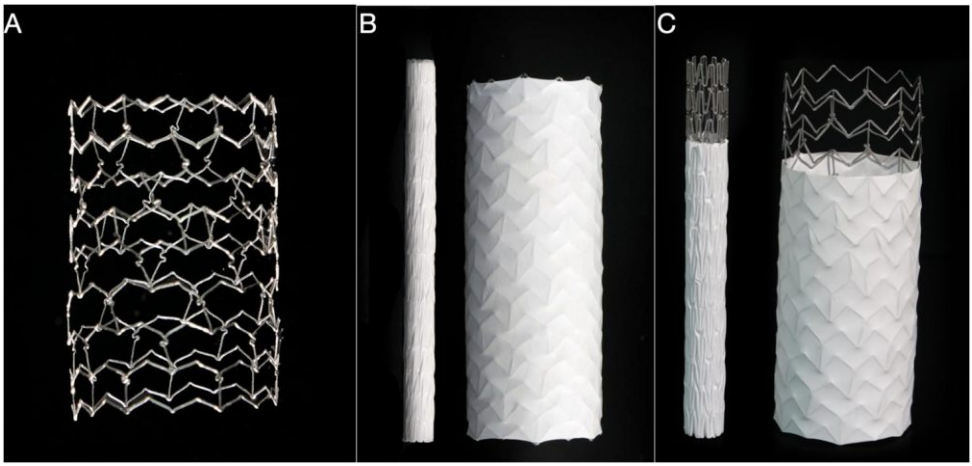


FIGURE 1 | The C and S polylinks in Zephyr uncovered stent (A) reduces stent shortening to 91% on maximal expansion. Fully covered ZephyrCS (B) and hybrid version (C) show minimal shortening on maximal expansion. [Color figure can be viewed at wileyonlinelibrary.com]

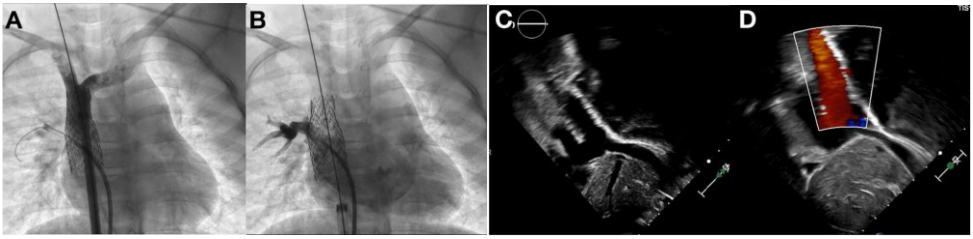
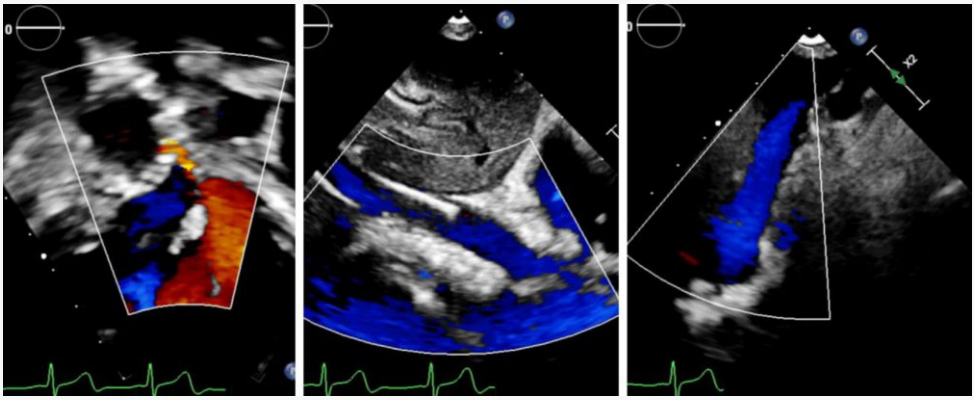


FIGURE 3 | Superior venacaval (A) and right upper pulmonary vein (B) angiogram following the shortest 49 mm ZephyrCS deployment in a 4-year-old child, the smallest patient in this study. Follow-up transthoracic echocardiogram (C) with color Doppler imaging (D) after one year demonstrates lack of residual flow and thrombus formation. [Color figure can be viewed at wileyonlinelibrary.com]

SCAN & EXPLORE

Catheter-Based Fontan Completion Without Prior Surgical Preparation

Muthukumaran Chinnasamy Sivaprakasam, CCST,[a] Rajaguru Ganesan, MD, D_RNB,[a] Ramkishore S, DNB, D_RNB,[a] Saranya A, MD,[a] Haritha Girija, MD,[a] Arun V, MD,[a] Mahitha V, DNB,[a] Neville Solomon, MS, MCHb



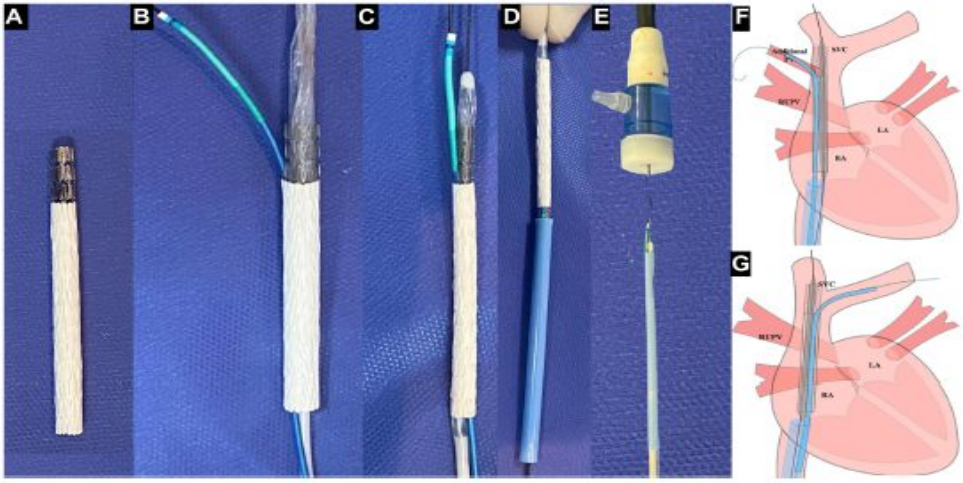
Echocardiographic Images of Patient 1 Showing a Well-Functioning Fontan With No Flow Reversal in the Hepatic Veins With Patent Fenestration at the 1-Year Follow-Up

SCAN & EXPLORE

JSCAI
The official journal of the Society for Cardiovascular Angiography & Interventions

New Covered Stent Design for Correcting Sinus Venosus Defects and a Novel Deployment Technique: A Case Series

Kothandam Sivakumar, MD, DM*, Pramod Sagar, MD, DM, Thejaswi Puthiyedath, MD, DrNB

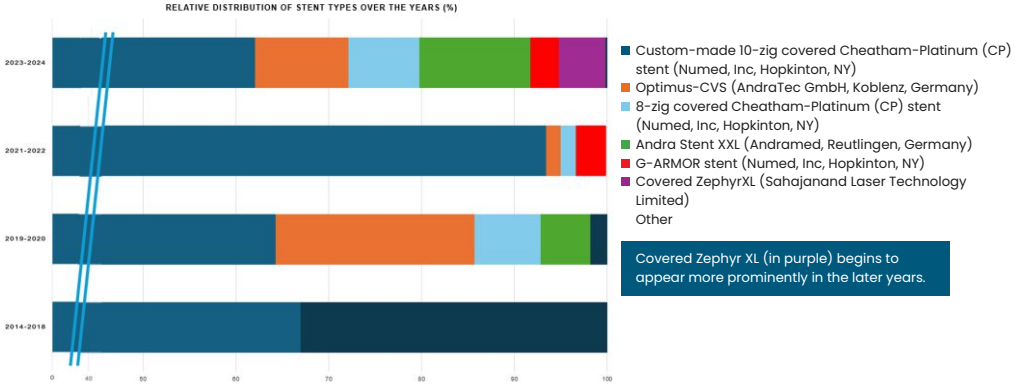


SCAN & EXPLORE

Ten years of percutaneous treatment of sinus venosus defects: evolution of an innovative procedure

Alessia Callegari[1,2] and Gareth J. Morgan[3]

[1]Heart Center and Children's Research Center, University Children's Hospital Zurich, Zurich, Switzerland; [2]Centre de Référence Malformations Cardiaques Congénitales Complexes—M3C, Hôpital Universitaire Necker-Enfantsmalades, Assistance Publique—Hôpitaux de Paris, Paris, France and [3]Department of Pediatrics and Departmentof Cardiology, University of Colorado, School of Medicine, Colorado, USA



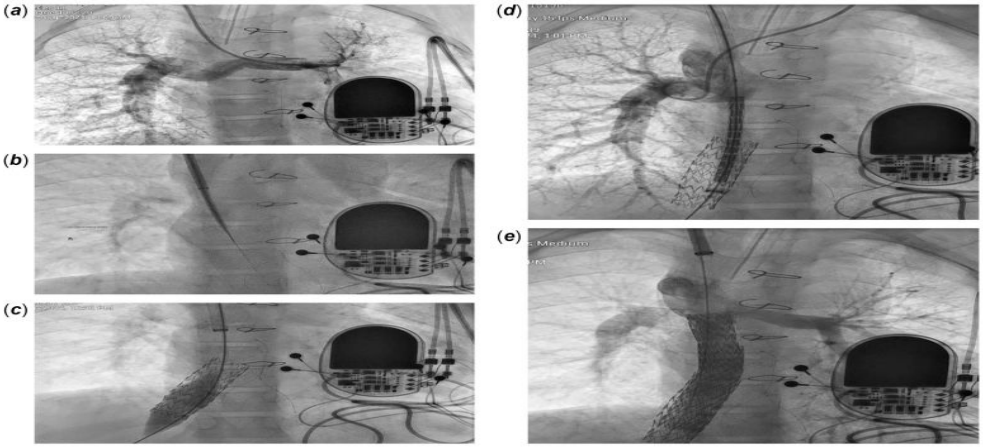
SCAN & EXPLORE

First-in-man transcatheter Fontan completion in post Kawashima patient after successful recruiting of separately draining hepatic veins - A case report

Muthukumaran Chinnasamy Sivaprakasam[1], Rajaguru Ganesan[1], Anuradha Sridhar[1] and Zeeshan S. Lakhani[2]

[1]Apollo Children's Hospital, Department of Pediatric Cardiology, Chennai, India and [2]Apollo Hospitals, Department of Radiology, Chennai, India

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Angiographic still images showing Glenn injection (A) followed by creation of communication between pulmonary artery(PA) and atrium(B) with uncovered Zephyr stent deployment in right hepatic vein followed by covered stent deployment from PA to heaptic vein -atrium junction (D). Fontan completion showing good flow across the circuit & branch pulmonary arteries(E)

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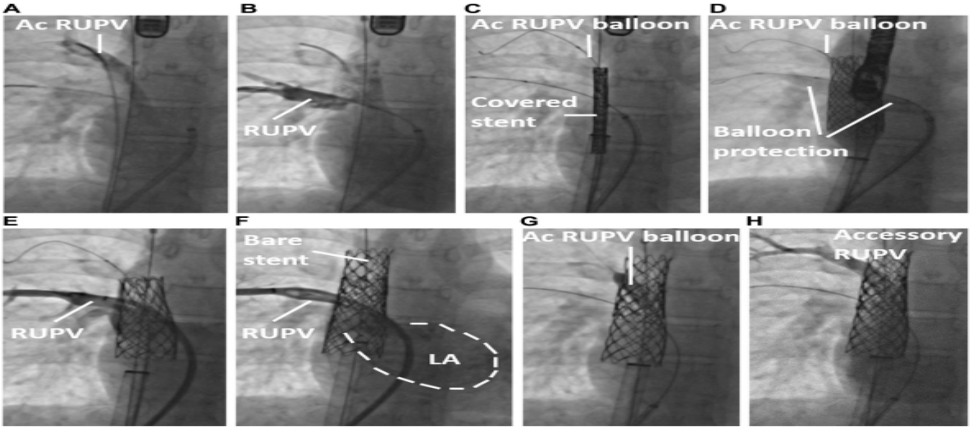
JSCAI

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Covered Stent Correction of Sinus Venosus Atrial Septal Defects -Continued Technical Modifications Drive the Procedure Forward

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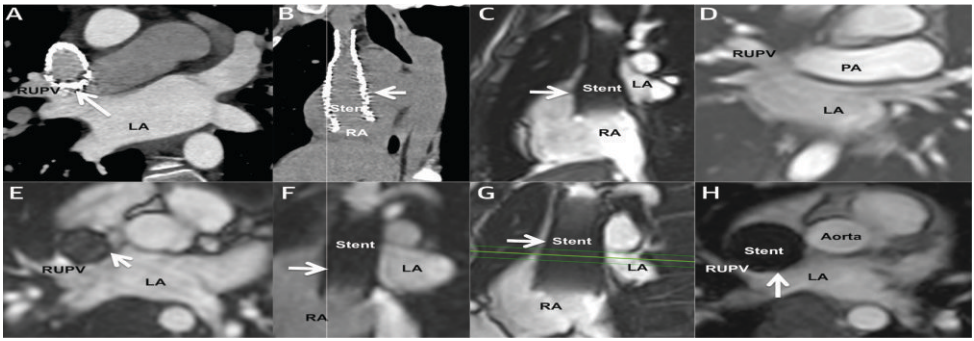


A. The accessory right upper pulmonary vein (Ac RUPV) is seen draining high into the superior vena cava (SVC).
B. The main right upper pulmonary vein (RUPV) is seen draining into the SVC–right atrial junction.
C. A 10 zig CCP stent is mounted on a 24-mm BiB balloon (Numed) and a 10-mm ,4-cm Mustang balloon whose distal portion is in the Ac RUPV.
D. A 14-mm Atlas balloon is inflated in the RUPV to protect the pathway as the covered stent is deployed.
E. The RUPV drains to the left atrium (LA).
F. A bare metal stent (10 zig CCP) is placed to overlap and anchor the covered stent with free unobstructed RUPV flow to the LA.
G. The bare stent struts are crossed into the Ac RUPV to dilate the orifice.
H. Free flow from the Ac RUPV to the SVC is preserved.

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Transcatheter Covered Stent Exclusion of Superior Sinus Venosus Defects

Pramod Sagar, MD, DM, Kothandam Sivakumar, MD, DM, Puthiyedath Thejaswi, MD, DNB, Monica Rajendran, BS



Coronal (A) and modified (B) computed tomographic images 3 years after sinus venosus defect closure in a 10-year-old child; sagittal (C) and modified coronal (D) images of magnetic resonance imaging (MRI) performed after 4 years in a 5-year-old child; axial (E) and sagittal (F) MRI images performed 2 years after closure in a 10-year-old child; 3-year follow-up sagittal (G) and axial (H) MRIs of a large, 22-mm stent in an 8-year-old child. Abbreviations as in Figure 1.

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First-in-man use of an Indian-made balloon-expandable covered Zephyr stent and intermediate-term follow-up

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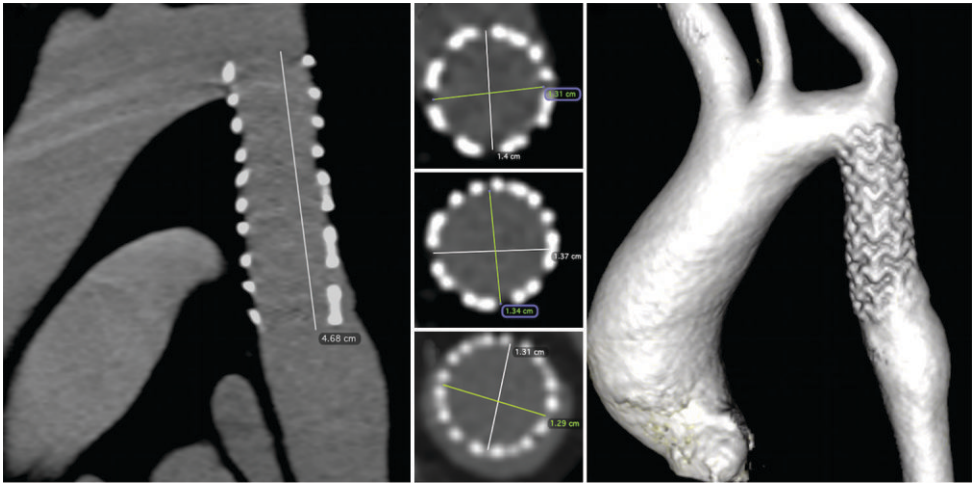


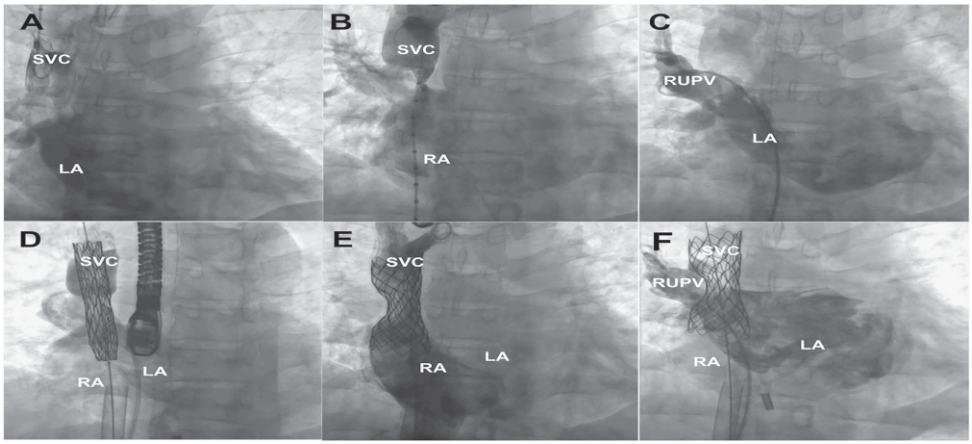
Figure 3: Multiplanar reformatted view shows the stent in the long axis view of the aortic arch (a) on computed tomography at 6-month follow-up. The cross-sectional views at the upper, (b) middle ©, and lower (d) levels and volume rendered image (e) show good opposition of covered stent to the aortic wall without any evidence of pseudoaneurysm. The stent length is 46.8 mm demonstrating negligible foreshortening

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Iatrogenic Post-Surgical Cyanosis Due to Vena Caval Redirection to the Left Atrium and Its Transcatheter Management

Kothandam Sivakumar[1,2] · Pramod Sagar[1] · Puthiyedath Thejaswi[1] · Sreeja Pavithran[1]

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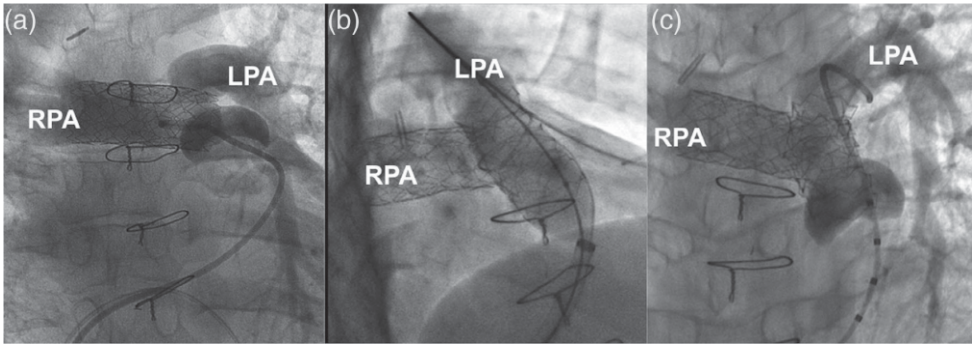
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First in man study of a new semi-open cell design Zephyr cobalt–chromium stent in large vessels and conduits

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Use of Zephyr stent in congenital heart diseases: A single-center study

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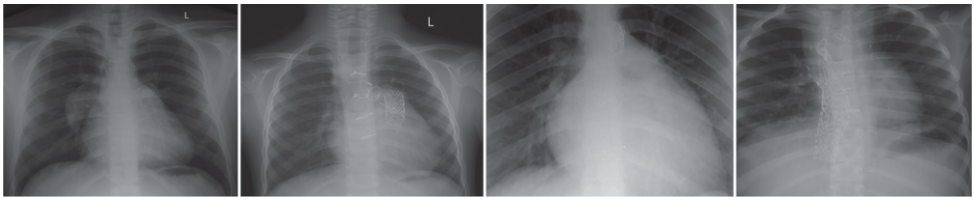


Figure 5: Chest X-ray on follow-up (6 months). None of the patients showed any stent fracture or stent migration on follow-up. (a) Left pulmonary artery (LPA) stenting, (b) right ventricular outflow tract stenting with previous LPA stent, (c) coarctation stenting, (d) percutaneous Fontan patient

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