



zephyr[®]

M | L | XL | XXL | CS



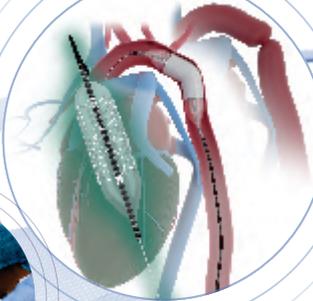
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LEADING THE WAY IN STRUCTURAL INTERVENTIONS A STENT THAT TRANSCENDS THE LIMITS



1500+
IMPLANTS



GERMAN TECHNOLOGY
INDIAN SCIENCE



CERTIFIED FOR GLOBAL COMPLIANCE AND QUALITY



APPROVED

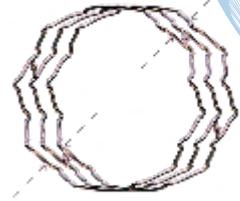
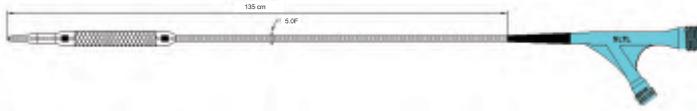
zephyr[®]_M

Cobalt Chromium Peripheral Stent System

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

Features:

- Unique 12-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

Ordering Information:

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

Length	Diameter				
	6	7	8	9	10
13	ZPMA0613	ZPMA0713	ZPMA0813	ZPMA0913	ZPMA1013
16	ZPMA0616	ZPMA0716	ZPMA0816	ZPMA0916	ZPMA0616
20	ZPMA0620	ZPMA0720	ZPMA0820	ZPMA0920	ZPMA1020
23	ZPMA0623	ZPMA0723	ZPMA0823	ZPMA0923	ZPMA1023
26	ZPMA0626	ZPMA0726	ZPMA0826	ZPMA0926	ZPMA1026
30	ZPMA0630	ZPMA0730	ZPMA0830	ZPMA0930	ZPMA1030
33	ZPMA0633	ZPMA0733	ZPMA0833	ZPMA0933	ZPMA1033
37	ZPMA0637	ZPMA0737	ZPMA0837	ZPMA0937	ZPMA1037
40	ZPMA0640	ZPMA0740	ZPMA0840	ZPMA0940	ZPMA1040
43	ZPMA0643	ZPMA0743	ZPMA0843	ZPMA0943	ZPMA1043
47	ZPMA0647	ZPMA0747	ZPMA0847	ZPMA0947	ZPMA1047
50	ZPMA0650	ZPMA0750	ZPMA0850	ZPMA0950	ZPMA1050
54	ZPMA0654	ZPMA0754	ZPMA0854	ZPMA0954	ZPMA1054
57	ZPMA0657	ZPMA0757	ZPMA0857	ZPMA0957	ZPMA1057
60	ZPMA0660	ZPMA0760	ZPMA0860	ZPMA0960	ZPMA1060
64	ZPMA0664	ZPMA0764	ZPMA0864	ZPMA0964	ZPMA1064
Compliance	NP:10 atm	NP: 10 atm	NP:1 0 atm	NP: 8 atm	NP: 8 atm
Chart	RBP:22 atm	RBP: 20 atm	RBP: 18 atm	RBP: 18 atm	RBP: 14 atm

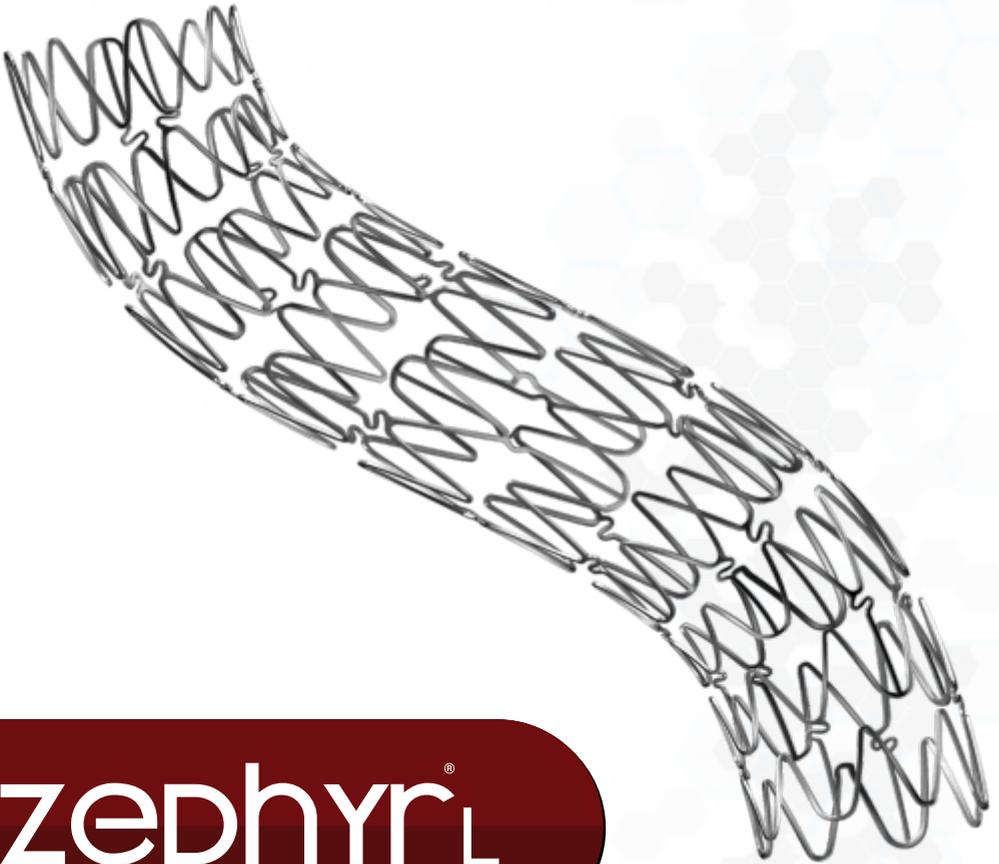
Corporate Office - Sahajanand Laser Technology Ltd.
E-30, Electronic Estate, G.I.D.C., Sector-26,
Gandhinagar - 382 028, Gujarat, India.
Tel : +91-79-6170-1616 | Cell : +91-99-250-36495
Email : mkt@SLTL.com

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ZM/CAT/00

THE ULTIMATE CHOICE FOR
PERIPHERAL ARCHITECTURE



zephyr[®]L

Cobalt Chromium Peripheral Stent

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 13mm- 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:

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

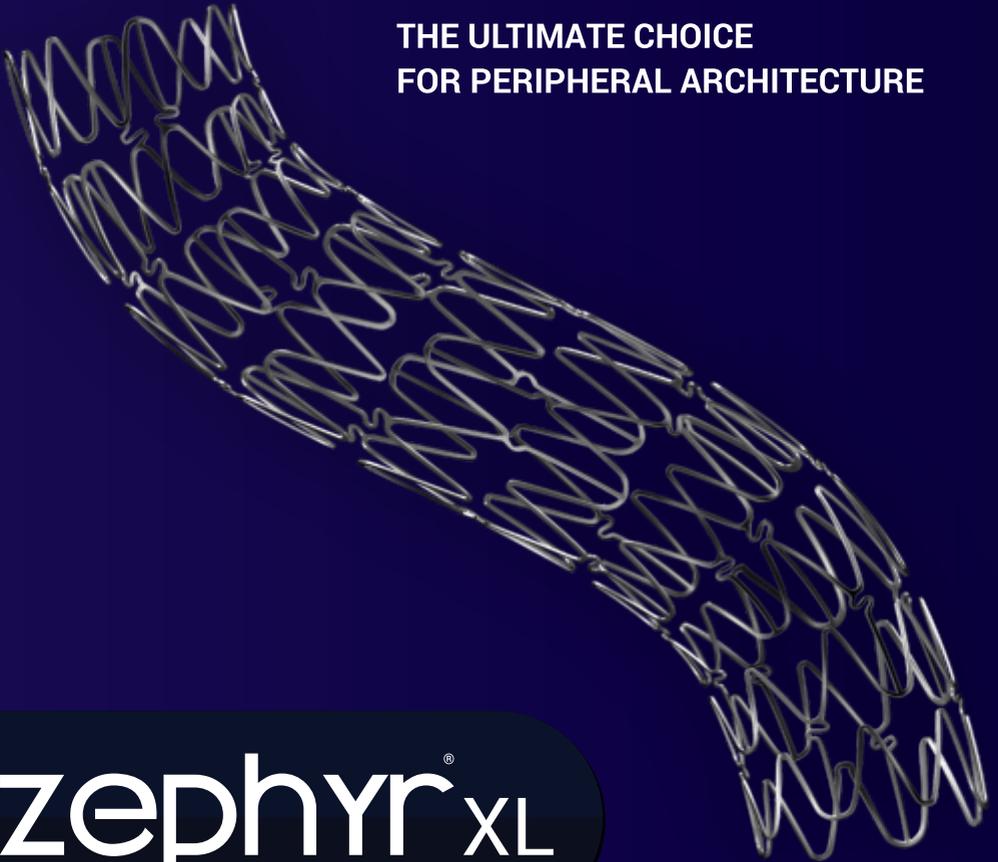
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**THE ULTIMATE CHOICE
FOR PERIPHERAL ARCHITECTURE**



zephyr[®] XL

Cobalt Chromium Peripheral Stent

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 19mm- 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:

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

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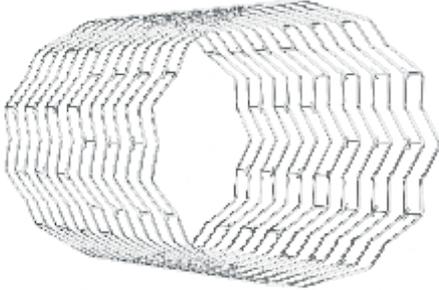
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zephyr[®]XXL

Cobalt Chromium Peripheral Stent



A Reliable Solution for Extra-Large Vessels



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 26mm – 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:

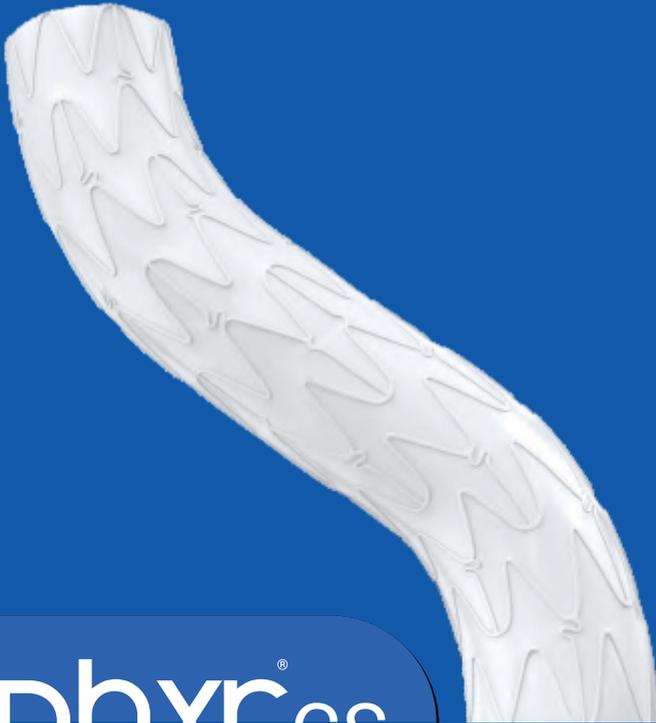
	Length (mm)										
	24	36	42	50	54	60	66	72	80	85	100
Product Codes	ZPXXL24	ZPXXL36	ZPXXL42	ZPXXL50	ZPXXL54	ZPXXL60	ZPXXL66	ZPXXL72	ZPXXL80	ZPXXL85	ZPXXL100

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THE ULTIMATE CHOICE
FOR PERIPHERAL ARCHITECTURE



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Cobalt Chromium Covered Peripheral Stent

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 Ø 19 mm – Ø 25 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:

PRODUCT CODE	Length (mm)											
	14	18	23	28	33	38	43	48	53	58	63	68
ZPCSL	ZPCSL14	ZPCSL18	ZPCSL23	ZPCSL28	ZPCSL33	ZPCSL38	ZPCSL43	ZPCSL48	ZPCSL53	ZPCSL58	ZPCSL63	ZPCSL68
ZPCSXL	24	29	34	39	44	49	59	65	69	79	84	100
	ZPCSXL24	ZPCSXL29	ZPCSXL34	ZPCSXL39	ZPCSXL44	ZPCSXL49	ZPCSXL59	ZPCSXL65	ZPCSXL69	ZPCSXL79	ZPCSXL84	ZPCSXL100
ZPCSXXL	24	36	42	50	54	60	66	72	80	85	100	
	ZPCSXXL24	ZPCSXXL36	ZPCSXXL42	ZPCSXXL50	ZPCSXXL54	ZPCSXXL60	ZPCSXXL66	ZPCSXXL72	ZPCSXXL80	ZPCSXXL85	ZPCSXXL100	

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**ZEPHYR
CLINICAL
EDGE**

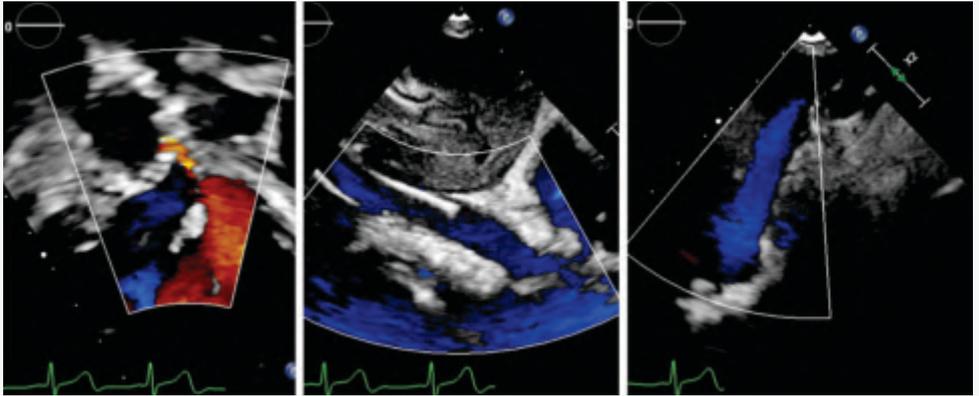




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Catheter-Based Fontan Completion Without Prior Surgical Preparation

Muthukumar Chinnasamy Sivaprakasam, CCST,^o Rajaguru Ganesan, MD, D_rNB,^o Ramkishore S, DNB, D_rNB,^o Saranya A, MD,^o Haritha Girija, MD,^o Arun V, MD,^o Mahitha V, DNB,^o 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



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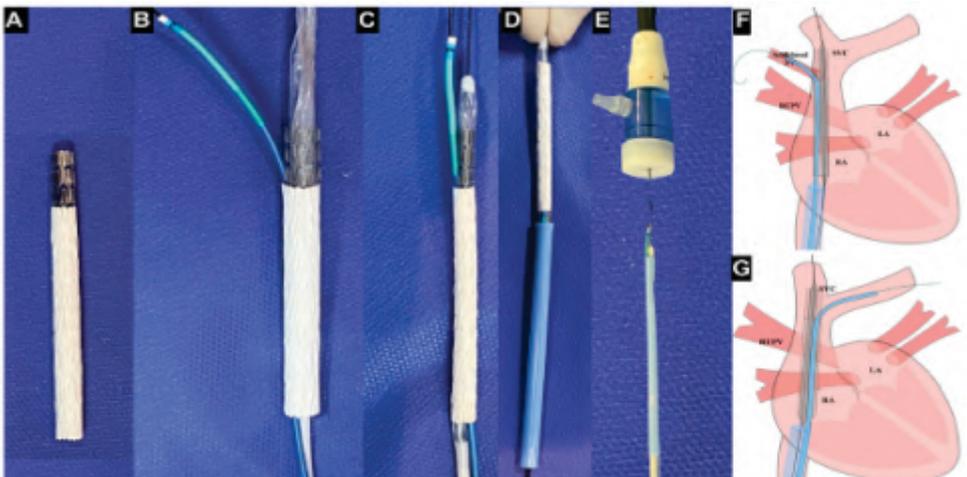
JSCAI

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



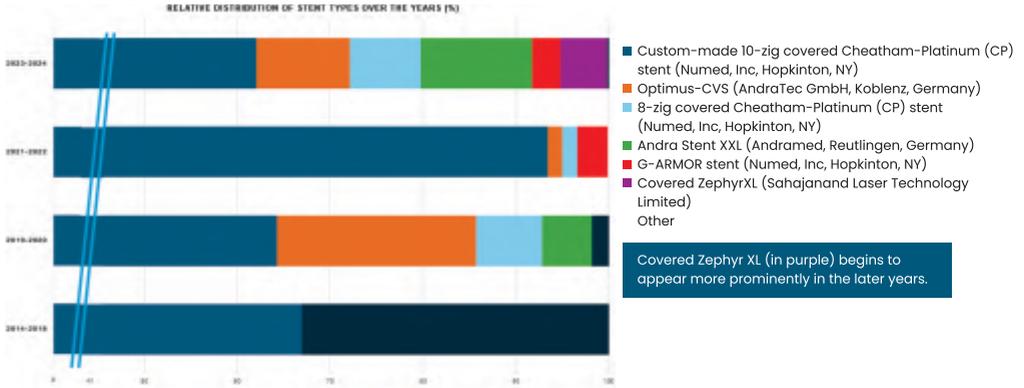


Ten years of percutaneous treatment of sinus venosus defects: evolution of an innovative procedure

Alessia Callegari^{1,2} and Gareth J. Morgan³

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

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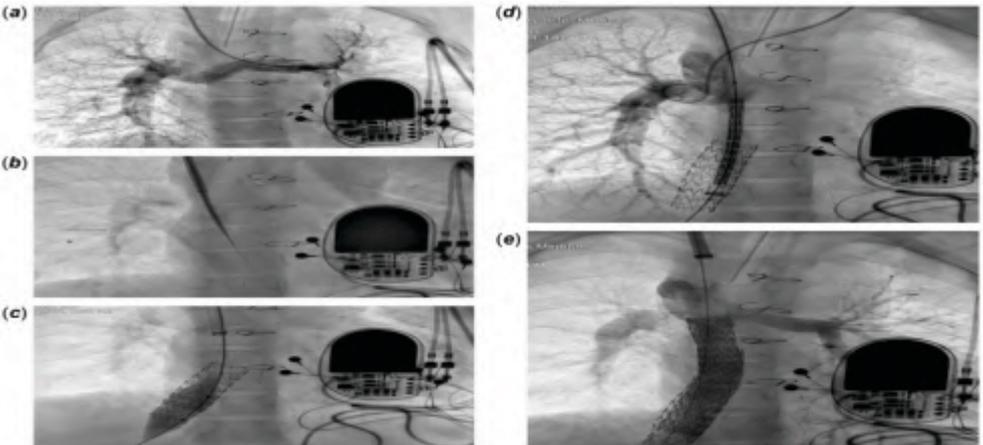


First-in-man transcatheter Fontan completion in post Kawasaki patient after successful recruiting of separately draining hepatic veins – A case report

Muthukumar Chinnasamy Sivaprakasam¹, Rajaguru Ganesan¹, Anuradha Sridhar¹ and Zeeshan S. Lakhani²

¹Apollo Children's Hospital, Department of Pediatric Cardiology, Chennai, India and ²Apollo 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 hepatic vein-atrium junction (D). Fontan completion showing good flow across the circuit & branch pulmonary arteries (E)



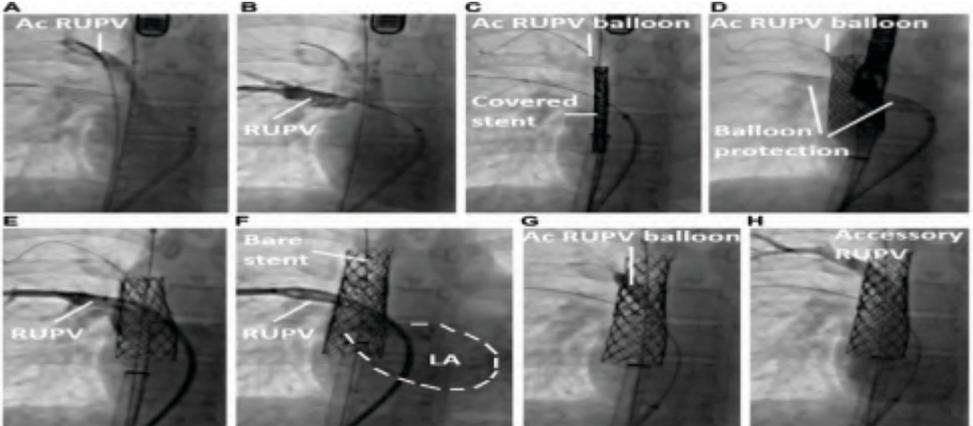
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Covered Stent Correction of Sinus Venosus Atrial Septal Defects –Continued Technical Modifications Drive the Procedure Forward

Eric Rosenthal, MD, FRCP^{*}, Matthew I. Jones, MBBS

Department of Paediatric and Adult Congenital Heart Disease, Evelina London Children's Hospital, Guy's and St Thomas' Hospital Trust, London, United Kingdom



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 (Numea) 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.

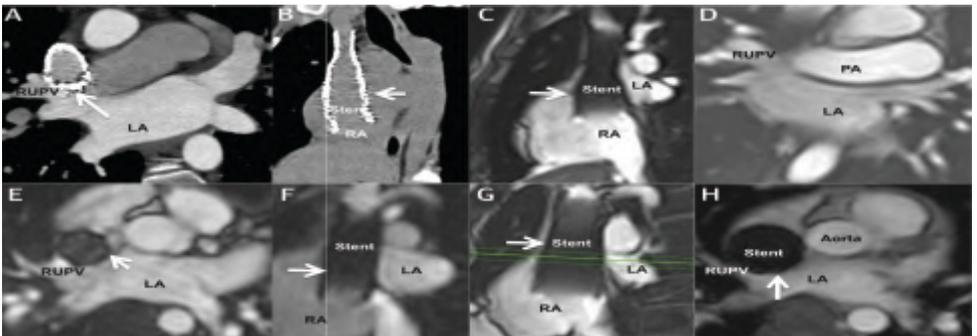
H. Free flow from the Ac RUPV to the SVC is preserved.



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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.



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

Pramod Sagar, Thejaswi Puthiyedath, Kothandam Sivakumar

Department of Pediatric Cardiology, Institute of Cardiovascular Diseases, Madras Medical Mission, Chennai, Tamil Nadu, India

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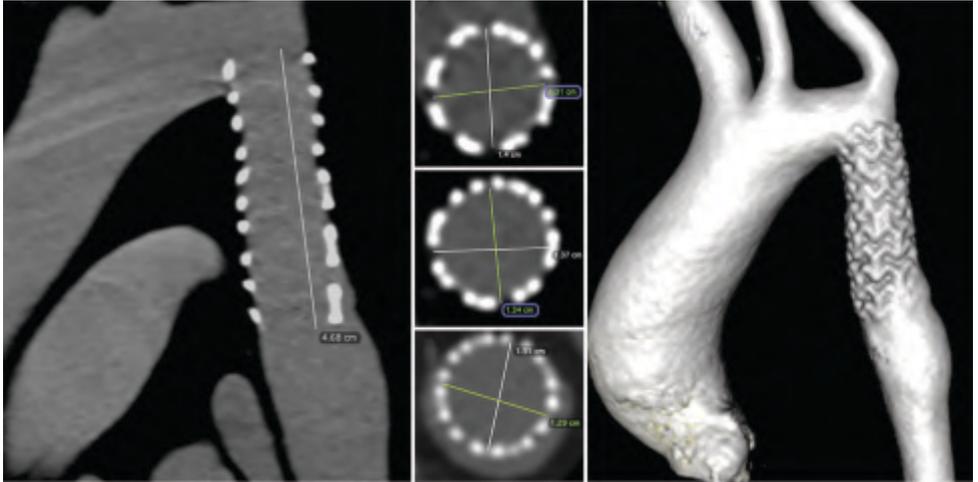


Figure 3: Multiplanar reformatted view shows the stent in the long axis view of the aortic arch (a) on computed tomography at 6-month follow-up. The cross-sectional views at the upper, (b) middle ©, and lower (d) levels and volume rendered image (e) show good opposition of covered stent to the aortic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



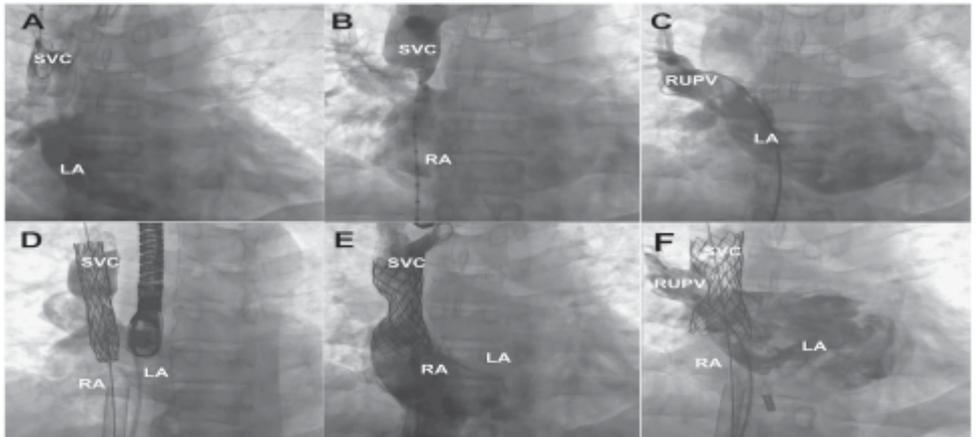
Iatrogenic Post-Surgical Cyanosis Due to Vena Caval Redirection to the Left Atrium and Its Transcatheter Management

Kothandam Sivakumar^{1,2} · Pramod Sagar¹ · Puthiyedath Thejaswi¹ · Sreeja Pavithran¹

Received: 4 September 2024 / Accepted: 2 December 2024

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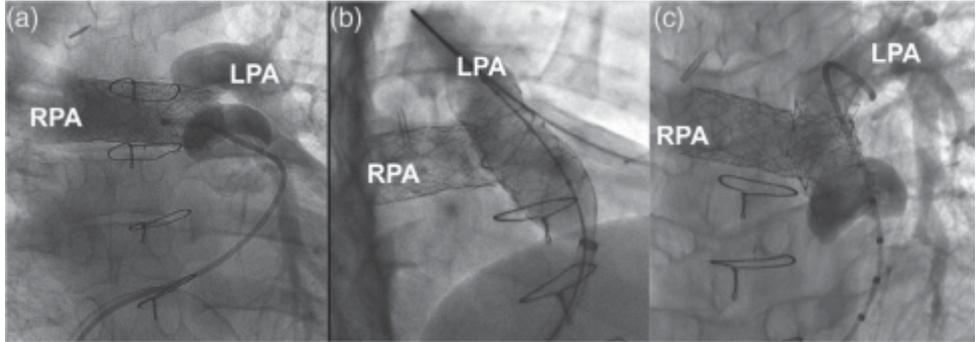




First in man study of a new semi-open cell design Zephyr cobalt–chromium stent in large vessels and conduits

Kothandam Sivakumar MD, DMI | Avinash Anantharaj MD, DMI | Palaparti Raghuram MD, DMI | Raman Krishna Kumar MD, DM2 | Preeti Vani MSc3 | Malte Neuss Md4

First published: 30 January 2020 | <http://doi.org/10.1002/ccd.28737> | Citations: 3



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

Sudipta Bandyopadhyay, Muthukumaran Chinnaswamy Sivaprakasam
Department of Pediatric Cardiology, Apollo Children's Hospital, Chennai, Tamil Nadu, India



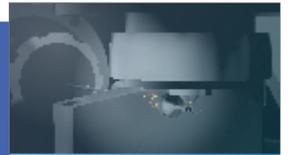
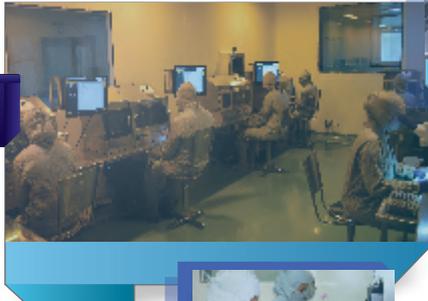
Figure 5: Chest X-ray on follow-up (6 months). None of the patients showed any stent fracture or stent migration on follow-up. (a) Left pulmonary artery (LPA) stenting, (b) right ventricular outflow tract stenting with previous LPA stent, (c) coarctation stenting, (d) percutaneous Fontan patient

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Class 10,000
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SLTL Medical Division

+91-99-250-36495

SLTL Medical Customer Care

+91-70-691-21258

Email : mkt@SLTL.com

Website: www.SLTLmedical.com



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