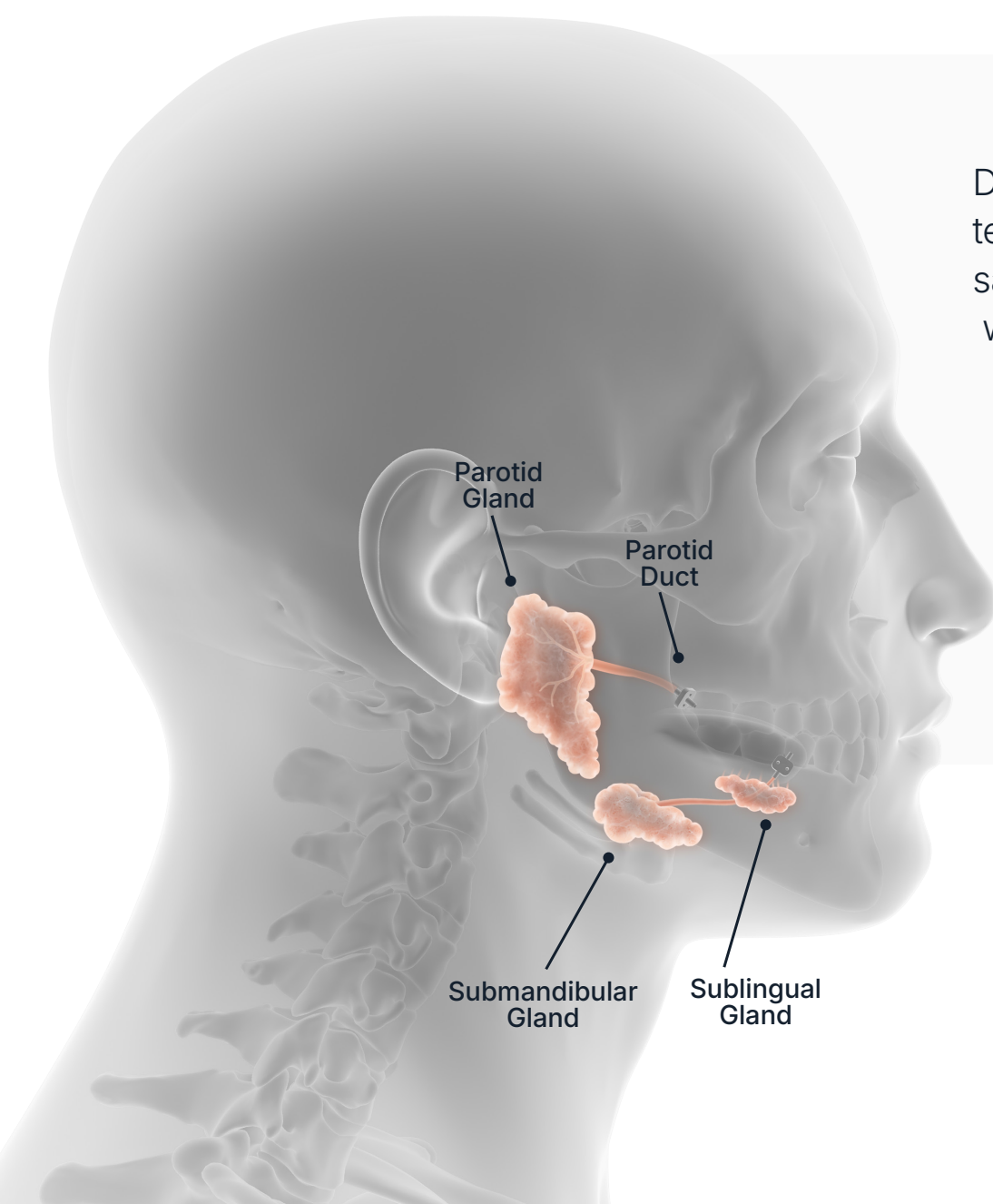


# Walvekar Salivary Duct Stent & Walvekar 1.4mm Irrigating Stent

Short-term stenting and irrigation of the salivary ductal system

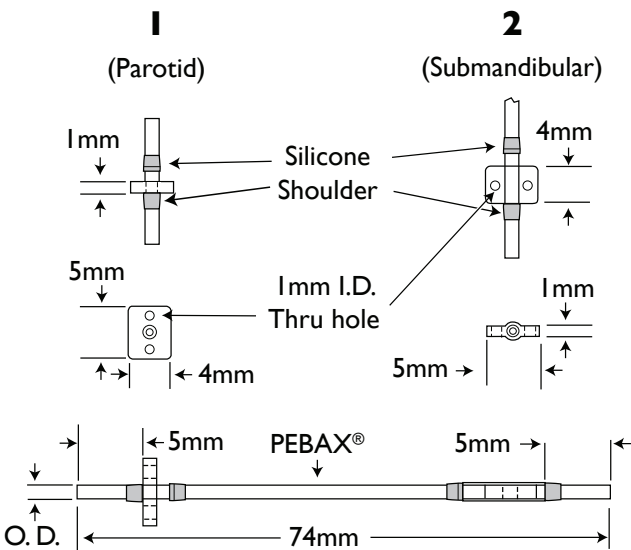
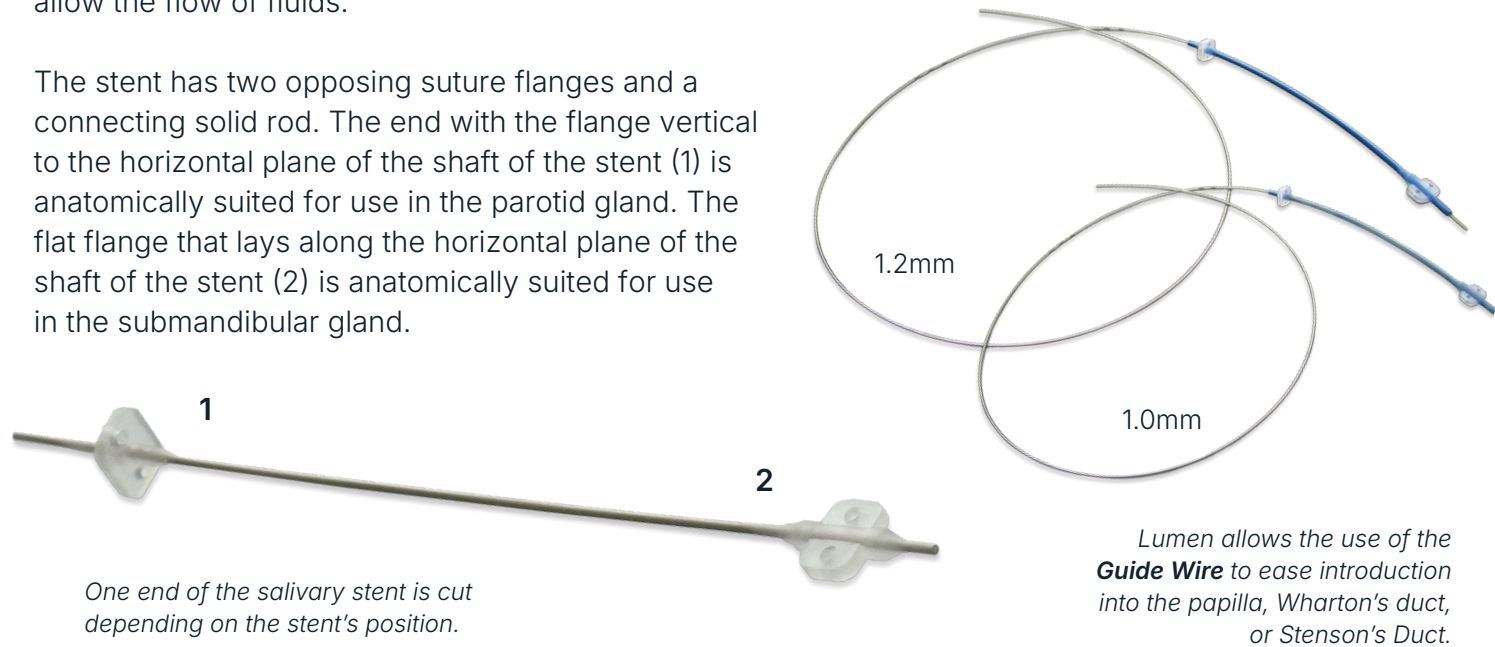


Designed for the short-term intubation of the salivary ductal system with the intended function to serve as scaffolding that will hold open salivary ductal tissue and allow the flow of fluids.

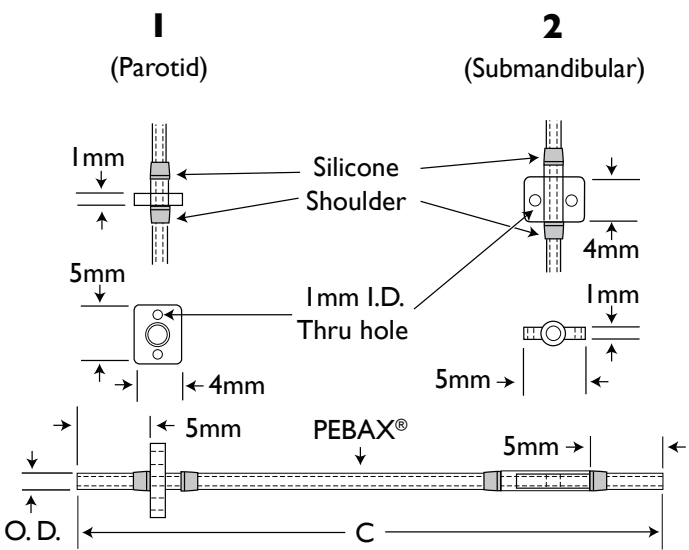
## Walvekar Salivary Duct Stent

The Walvekar Salivary Duct Stent is designed for the short-term intubation of the salivary ductal system. Its intended function is to serve as scaffolding that will hold open salivary ductal tissue and allow the flow of fluids.

The stent has two opposing suture flanges and a connecting solid rod. The end with the flange vertical to the horizontal plane of the shaft of the stent (1) is anatomically suited for use in the parotid gland. The flat flange that lays along the horizontal plane of the shaft of the stent (2) is anatomically suited for use in the submandibular gland.



Walvekar Salivary Duct Stent



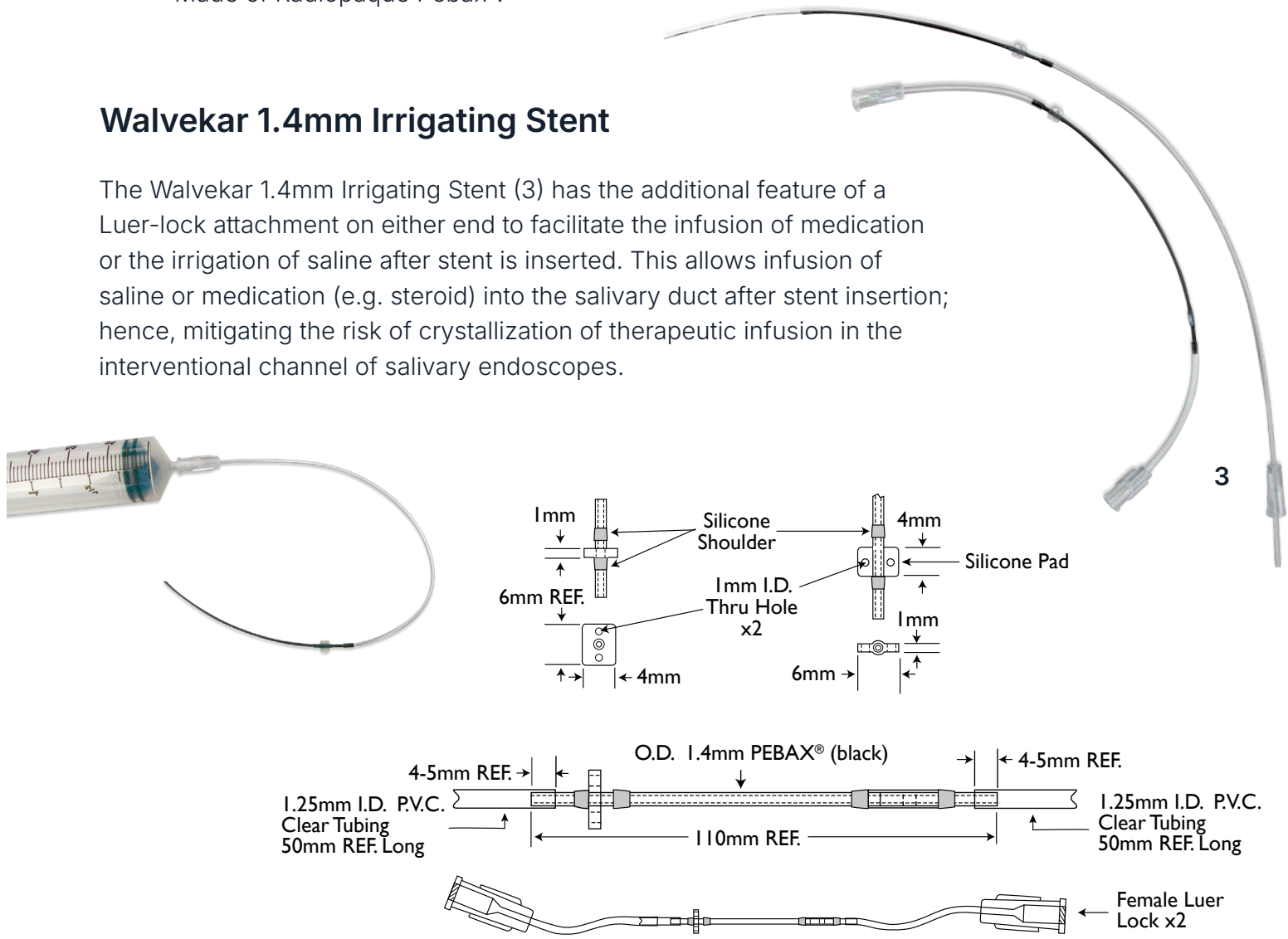
Walvekar Salivary Duct Stent with Guide Wire

## Benefits of Walvekar Stents

- Anatomically sized for easy insertion and maximum patient benefit.
- Short-term stenting of the salivary duct.
- Reduces chances of scarring post sialendoscopy procedures.
- Allows continued saliva flow through ducts.
- Convenient offsetting suture flanges allow for suturing on the cheek or floor of mouth.
- Offsetting suture flanges will stay flush with the cheek mucosa due to their orientation, which offers an ergonomic fit.
- Made of Radiopaque Pebax®.

## Walvekar 1.4mm Irrigating Stent

The Walvekar 1.4mm Irrigating Stent (3) has the additional feature of a Luer-lock attachment on either end to facilitate the infusion of medication or the irrigation of saline after stent is inserted. This allows infusion of saline or medication (e.g. steroid) into the salivary duct after stent insertion; hence, mitigating the risk of crystallization of therapeutic infusion in the interventional channel of salivary endoscopes.



Walvekar 1.4mm Irrigating Stent



## Ordering Information

| Part Number                                         | Outside Diameter | Inside Diameter | Length |
|-----------------------------------------------------|------------------|-----------------|--------|
| <b>Walvekar Salivary Duct Stent</b>                 |                  |                 |        |
| WSS-0.6-S-ST (STERILE)                              | 0.6mm            |                 |        |
| WSS-1.0-S-ST (STERILE)                              | 1.0mm            |                 |        |
| <b>Walvekar Salivary Duct Stent with Guide Wire</b> |                  |                 |        |
| WSS-1.0-S-GW (STERILE)                              | 1.0mm            | 0.5mm           | 100mm  |
| WSS-1.2-S-GW (STERILE)                              | 1.2mm            | 0.6mm           | 94mm   |
| <b>Walvekar Salivary Duct Irrigating Stent</b>      |                  |                 |        |
| WIS-1.4-S-GW (STERILE)                              | 1.4mm            | 0.7mm           | 110mm  |

Learn more at [www.everismedical.com](http://www.everismedical.com)

To place an order, email [sales@everismedical.com](mailto:sales@everismedical.com)



All products have been treated with Ultra-smooth Plus® surface treatment. This proprietary technology modifies the surface properties of silicone. Ultra-smooth Plus® treated silicone is thromboresistant, resistant to biofilm germination, bacterial and fungal growth, and has less surface friction. Advantages of Ultra-smooth Plus® include:

- Slippery surface—smooth, less friction than untreated products, no need for lubricants
- Biocompatibility—thromboresistant, resistant to biofilm formation, resistant to bacterial and fungal growth
- Extended product life—improves hydrophilicity, wear resistant, abrasion resistant
- Reduced rates of infection and thrombosis

**INDICATIONS:** Patients who have had more than basic dilation of the papilla may benefit from short-term intubation to allow for drainage of the saliva duct. The stent can be placed into the salivary duct via the papilla after an incision or a papillotomy of the Wharton's or Stenson's duct. The stent can be placed via a sialodochotomy.

**CONTRAINDICATIONS:** The stent is not designed to drain thick or purulent secretions.

Please refer to the Intended Use and Instruction Manual for detailed information on insertion technique, sterilization, and postoperative care.

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