## **BENEFITS** OF THE ENDOSCOPIC TREATMENT [9,10]

- Minimally invasive procedure.
- Outpatient basis treatment.
- Reduced costs compared to reimplantation surgery.
- High efficacy.
- Absence of scars.
- Lower risks of complications.
- Immediate VUR correction.

## **CONTRAINDICATIONS** [1]

Vantris is contraindicated in patients with the following conditions:

- Ureterocele.
- Voiding dysfunction.
- Kidney dysfunction.
- Urinary tract infections.
- Ureterovesical junction obstruction.
- Paraureteral (Hutch) diverticulum.


vantris
VUR treatment

PSD-00000003 (09) / AUG-2026

CE 0197

## **ORDERING** INFORMATION

| PRODUCT | ORDERING CODE |
|---|---|
| VANTRIS VUR (1ml) | **BAR-1J** |

| PRODUCT DESCRIPTION | LENGTH | NEEDLE TIP SIZE | ORDERING CODE |
|---|---|---|---|
| Metal semi-rigid injection needle (Bevel tip) | 350mm | 22G | **RINS** |
| 5.0Fr Flexible injection needle | 350mm | 23G | **50F** |
| 3.7Fr Flexible injection needle | 350mm | 23G | **37F** |

**Manufactured by PROMEDON S.A.** | www.promedon-upf.com
**Company information:** Distribution EMEA & APAC | Promedon GmbH | orders@promedon.com
Phone: +49 8031 900 400 | Fax: +49 08031 900 4040 | An der Alten Spinnerei 5 | 83059 Kolbermoor | GERMANY

Promedon
Urology and Pelvic Floor

vantris
VUR treatment

# A GENUINE **SOLUTION FOR VUR**

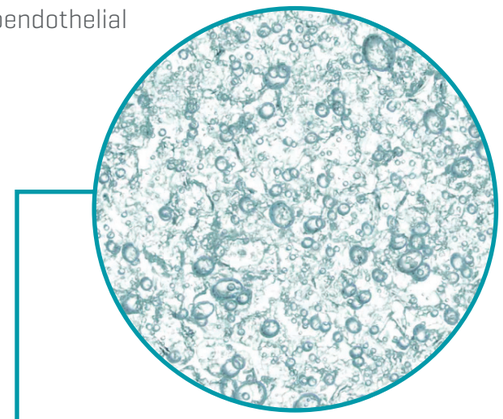

**SAFE. EFFECTIVE. RELIABLE. DURABLE.**

# vantris
VUR treatment

**VANTRIS** is a biocompatible, non-absorbable, synthetic bulking agent indicated for the endoscopic treatment of vesicoureteral reflux (VUR) in pediatric population. It is manually injected and implanted in the ureterovesical junction, to correct the anatomy of the meatus and the distal ureter, preventing urine to return to the ureter after being stored in the bladder[1].

**VANTRIS** is a hydrogel substance that consists of particles of polyacrylate polyalcohol copolymer (PPC) immersed in a carrier that contains glycerol. Once implanted, the carrier is eliminated unmetabolized by the reticuloendothelial system and excreted through the kidneys.

It has a very high molecular mass with macroparticles averaging a size of 300µm, which is a key factor to avoid particle migration after implantation. These particles are highly deformable by compression, enabling the extrusion through 22 and 23-gauge needles[1].




## **RECOMMENDED** TECHNIQUE

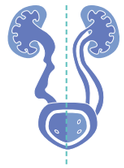
The subureteral transurethral injection technique (STING) is the recommended approach with this tissue-augmenting substance, as other hydro-distention techniques (HIT or 2-HIT) might be related to higher complication rates[7,8] .



**STING** TECHNIQUE

## **HIGH** PERFORMANCE

Vantris provides a high level of VUR resolution after single endoscopic injection, minimizing the number of patients requiring multiple injections. Vantris has demonstrated to be a safe and effective substance with more than **90%** [1] median success rate.

## **SOLVING** DIFFICULTIES

This bulking agent has shown to be an efficient option even in high-grade VUR patients (grades IV and V)[2,3,4] and to provide high level of reflux resolution in complex cases of VUR[5] .


## **LESS MATERIAL** INJECTED

Vantris generates a stable bulking effect, which requires lower doses of material to achieve the so called "volcano-type" mound[6] . A study has shown that Vantris has managed to maintain high success rate over the years with less implanted volume, reaching values of up to 0.26 ml per injection (~0,4 ml on average) [6].

## REFERENCES


**1.** Data on file. CER VANTRIS. Promedon S.A.

**2.** Warchoł, Stanisław et al. "The Results of Endoscopic Treatment of Grade IV and V Persistent Vesicoureteral Reflux in Children Using Polyacrylate-Polyalcohol Copolymer (Vantris)." (2017).

**3.** de Badiola, Francisco Ignacio et al. "Results of Treatment of Grades IV and V Vesicoureteral Reflux with Endoscopic Injection of Polyacrylate Polyalcohol Copolymer." Frontiers in Pediatrics 1 (2013).

**4.** Kocherov, Stanislav et al. "Multicenter survey of endoscopic treatment of vesicoureteral reflux using polyacrylate-polyalcohol bulking copolymer (Vantris)." Urology 84 3 (2014): 689-93.

**5.** Chertin B, Abu Arafeh W, Kocherov S. Endoscopic correction of complex cases of vesicoureteral reflux utilizing Vantris as a new non-biodegradable tissue-augmenting substance. Pediatr Surg Int. 2014 Apr;30(4):445-8. doi: 10.1007/s00383-014-3468-z. PMID: 24448911.

**6.** Tekin, Ali et al. "Changing bulking agent may require change in injection volume for endoscopic treatment of vesicoureteral reflux." International braz j urol : official journal of the Brazilian Society of Urology vol. 44,6 (2018): 1194-1199. doi:10.1590/S1677-5538.IBJU.2018.0033.

**7.** Sizonov, Vladimir V et al. "Risk factors for obstructive complications after endoscopic correction of vesico-ureteral reflux using polyacrylate polyalcohol copolymer." Medicine vol. 99,22 (2020): e20386. doi:10.1097/MD.0000000000020386.

**8.** Dothan, David et al. "Endoscopic Correction of Reflux Utilizing Polyacrylate Polyalcohol Bulking Copolymer (Vantris) as a Tissue Augmenting Substance: Lessons Learned Over the 10 Years of Experience." Journal of laparoendoscopic & advanced surgical techniques. Part A vol. 31,9 (2021): 1073-1078. doi:10.1089/lap.2021.0089.

**9.** Esposito, Ciro et al. "Surgical Management of Pediatric Vesicoureteral Reflux: A Comparative Study Between Endoscopic, Laparoscopic, and Open Surgery." Journal of laparoendoscopic & advanced surgical techniques. Part A vol. 26,7 (2016): 574-80. doi:10.1089/lap.2016.0055.

**10.** Rashed FK, Roshandel MR, Aghaei Badr T, Motlagh RS. Comparison of Endoscopic Injection of Vantris and Gil-Vernet surgery in the Treatment of Primary Vesicoureteral Reflux (VUR). Journal of Urology & Nephrology 2019.