SpyGlass™ Discover Digital Catheter

Technique Spotlight: Utilization in Patients with Modified Hutson Loops in Interventional Radiology

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Patient history:

- 74-year-old man with liver transplant for PSC.
- Elevated alkaline phosphatase and bilirubin concerning for obstructive process.
- Interventional Radiology was consulted for management.

Successful case of endoscopy/cholangioscopy to:

- Find the biliary-enteric anastomosis or anastomoses.
- Evaluate the stricture.
- Remove the plastic stents.

Percutaneous Transjejunal Access for Biliary Interventions



Figure 1. Diagram shows the modified Hutson loop anatomy. The afferent limb (Roux limb/biliary (black arrow) extends from the liver to the efferent limb (open arrow/curved arrow). The blue arrowhead points toward the blind ending loop of the afferent limb. The radio-opaque markers (4 short white lines) represent the surgically affixed portion of the afferent limb, termed the modified Hutson loop.

Percutaneous Acess of the Modified Hutson Loop for Retrograde Cholangiography, Endoscopy, and Biliary Interventions

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Initial Biliary Stent Placement:

- Under general anesthesia, percutaneous transjejunalaccess was obtained.
- Endoscopy was used to identify the biliary-enteric anastomosis.
- Cholangiography and cholangioscopydemonstrated:
 - o Moderate stenosis at the hepaticojejunostomy.
 - No definite strictures in the intrahepatic biliary ducts were identified. This most likely represents an anastomotic stricture.
- Cholangioplastywas performed.
- Two 8.5Fr plastic biliary stents were placed.

Initial Biliary Stent Placement



- Modified Hutson Loop with two 8.5Fr stents through the hepaticojejunostomy
 - o Biliary Stent left hepatic (Black Arrow)
 - o Biliary Stent right hepatic (Blue Arrow)
 - Biliary Stents ending in Roux limb (Green Arrow)

Follow-up Cholangiogram/Cholangioscopy



- ERCP would be very difficult due to the long Roux limb.
- A 12Fr braided sheath was placed in the modified Hutson loop.
- The scope allowed placement of a wire into the biliary system via the hepaticojejunostomy.
- The SpyGlass [™]Discover Digital Catheter placed through a small sheath provided an opportunity to remove the stent using a snare as seen on the video.
- Once stents were removed, the scope was used to evaluate the stricture.

Follow-up Cholangiogram/Cholangioscopy



Plastic stent end seen in the bowel. The 4-way deflection improves identifying the end of the stent (which may be embedded in the bowel wall) and subsequent snaring.

Follow-up Cholangiogram/Cholangioscopy





Cholangiogram demonstrating patent anastomosis.

Benefits of SpyGlass™ Discover Digital Catheter

How SpyGlassDiscover impacted the case:

- 4-way deflection
 - o Allows elevation of the end of the stent for quicker snaring/removal of stents.
 - o 90 degree turn in one direction with an additional deflection in another plane allowed for visualization of anatomy/ pathology and snaring of the stent. This is also easier on the wrist than an endoscope with 2-way deflection.
- Dedicated irrigation channels
 - o Allows for better visualization of bile ducts and anastomosis.
 - o The irrigation channels impacted the case by removing debris from the view of the scope allowing for a clean look at the biliary system.
- · Image transmitted on screen next to fluoroscopic images
 - o SpyGlassDiscover Digital Catheter has the ability tointegrate with multiple video platforms. We can now view images in a split-screen format instead of having to focus on multiple screens.
 - The ergonomic stress on the neck and corresponding eye stress increases the physical and psychological toll of a case. Having all the imaging on one screen decreased stress on the neck and eyes.

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This case study was produced in cooperation with Dr. Ahsun Riaz. Results from case studies are not predictive of results in other cases. Results in other cases may vary.

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