SpyGlass™ Discover Digital Catheter

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Technique Spotlight

Intra-operative Pancreatoscopy for Patient Undergoing Whipple Procedure

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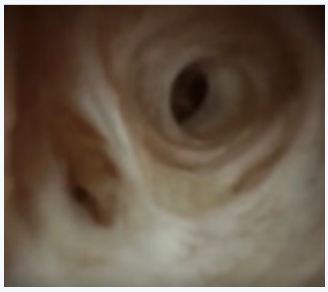
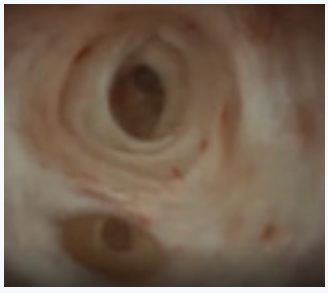
Patient Presentation:

70 year old caucasion female presented with jaundice. She had a gastric bypass less than a year old. Patient had an EDGE procedure (EUS-directed transgastric ERCP) where cytology brushings were positive for Pancreatic Adenocarcinoma. PreOperative imaging included a pancreas protocol CT which demonstrated a resectable pancreas cancer, double duct sign and no evidence of regional or metastatic disease.

Procedure:

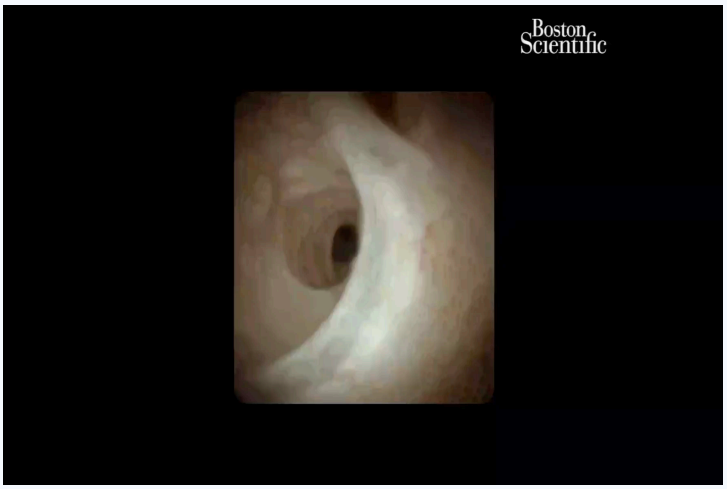


This case was unusual as the patient had a Roux En Y gastric bypass which necessitated a subtotal gastrectomy with a standard whipple. In addition, the patient had a replaced right hepatic artery. After standard mobilization, the neck of the pancreas was divided with Bovie cautery.



The dilated duct proximating distally was visualized, the sterile SpyGlass Discover Digital Catheter was used to cannulate the proximal and distal ducts. (See video). No intraluminal lesions were identified. The standard anastomoses were then completed.

Video



Conclusion:

Pancreatoscopy added less than 5 minutes to the 5 hour procedure and provided confidence there was no intraluminal extension of tumor. For patients undergoing a whipple procedure, confirming no intraluminal lesions can be of great value to any surgeon. For patients presenting with Roux En Y gastric bypass with positive stones on IOC, a transcystic approach to complete LCBDE may be used to eliminate the need of an ERCP. This was a useful adjunct to ductal evaluation in this whipple case.

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ENDO-888407-AA