Placement of a Fully Covered WallFlex Biliary RX Stent and a WallFlex Duodenal Stent for Complete Obstruction of the Post Pyloric Anatomy Due to Pancreatic Cancer

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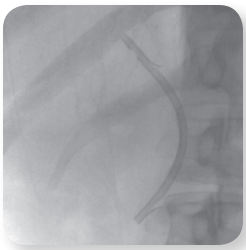


Figure 1
10Fr plastic stent in place

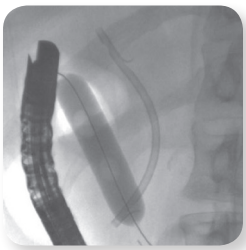


Figure 2
CRE wire-guided balloon inflated to facilitate passage of the scope

Patient History

The patient presented with 2y post pancreatic CA diagnosis. A 10Fr plastic stent was in place. The patient had elevated LFT's and was experiencing vomiting and nausea for the previous two weeks. The patient had an ERCP in a community hospital and removal of the plastic stent was not possible. **(See fluoro image #1)**

Case Assessment / Objective

Upon endoscopy, the complete obstruction of the post pyloric anatomy was observed. A CRE™ Wire-Guided Balloon was passed through the side-viewing scope and inflated to facilitate passage of the scope into the ERCP position. **(See fluoro image #2)**

Even after the dilation, the duodenum was extremely compressed and the endoscopic visualization of the existing plastic stent was difficult. Using an XL Cannula with the Hydra Jagwire® Guidewire, cannulation was achieved alongside the plastic stent. **(See fluoro image #3)**

Procedure

It was decided that a 10x60 WallFlex® Biliary RX Fully Covered Stent would be placed along with a WallFlex Duodenal Stent to treat the patient's Gastric Outlet Obstruction. Due to the altered anatomy, the plastic stent was unable to be removed. Note the acute angle of delivery in **fluoro image #4**.

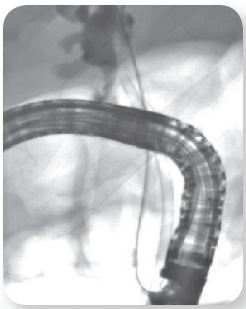


Figure 3
Cannulation was achieved alongside the plastic stent

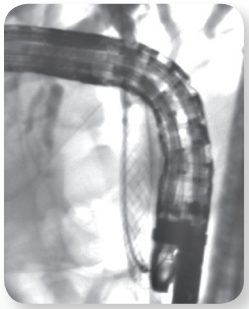
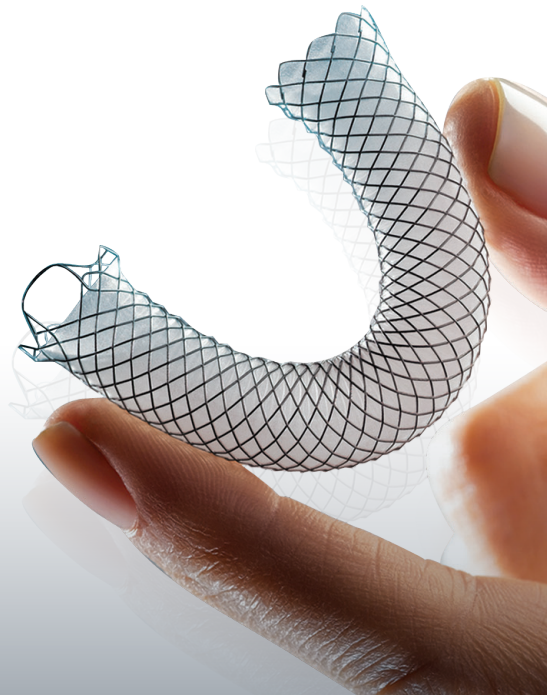


Figure 4
WallFlex Biliary RX Fully Covered Stent in place. Note the acute angle of delivery.



WallFlex® Fully Covered Biliary RX Metal Stent

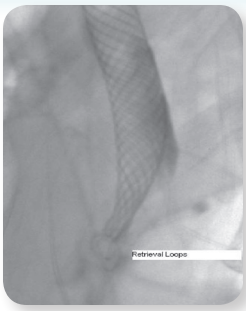


Figure 5
Due to the altered anatomy, the stent was not bridging the extreme distal stricture

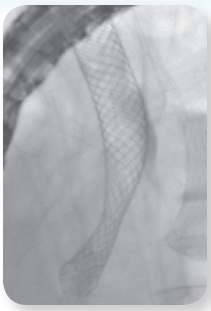


Figure 6

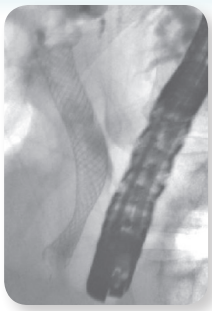


Figure 7

Grasping the retrieval loop using a rat tooth forceps, the stent was repositioned to bridge the stricture

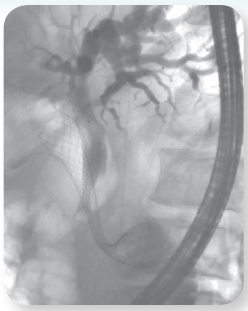


Figure 8
The WallFlex Duodenal Stent in place across the small bowel stricture

Procedure *(Continued)*

Due to the altered anatomy, the stent placement was not optimal. After the placement of the WallFlex Biliary RX Fully Covered Stent, we were able to remove the plastic stent. The Fully Covered Stent was placed too far into the duct and not bridging the extreme distal stricture. The retrieval loop was barely visible hanging out of the altered ampulla into the duodenum. **(See fluoro image #5)**

We were able to grasp the retrieval loop using a regular rat tooth forceps and reposition the stent distally in the duct to bridge the stricture. **(See fluoro images 6 and 7)**

The WallFlex Duodenal Stent was then placed across the small bowel stricture. Note the lumenal patency at the distal end of the WallFlex Biliary RX Fully Covered Stent in **fluoro image #8**.

Results / Outcome

The patient did well post-procedure and went home the same day.

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