

Start of the symptoms

NAME: Sadie Safir
AGE: 87-year old woman

Symptoms: Progressively worsening epigastric pain over 72 hours, including nausea, and vomiting

Blood and liver function tests results

- Elevated bilirubin: 3 fold higher than the upper limit of normal levels.
- Abdominal ultrasound revealed: Dilated bile duct (15mm)
- Cholelithiasis: two stones seen in the common bile duct (~ 9mm and 7mm)

Admitted to emergency room for assessment

Referred to a gastroenterologist for further assessment and treatment

Procedure preparation to minimize discomfort:

- Sedation
- Anaesthesia

Sadie undergoes ERCP procedure for gallstone removal

"As you see normally, I'm spilled with bile and fluid all over my coat and I am here completely clean. I guess that's the best proof of how good it works."
Prof. Mark Ellrichmann



Click here to watch Prof. Ellrichmann perform a case with the AutoCap™ RX and learn more about the device benefits

The nursing team prepares the duodenoscope by attaching AutoCap™ RX

Integred Biopsy Cap and Guidewire Locking Device

To facilitate physician controlled placement of a guidewire and device exchanges

Procedural benefits include:

- One step scope set up
- Reduction of leakage of biomaterial
- Maximise suction abilities
- Maintaining Insufflation

Which promotes time savings and enhanced ease of use

Additional Procedural Benefits:

- Maintains insufflation and suction capabilities
- Minimizes biomaterial leakage



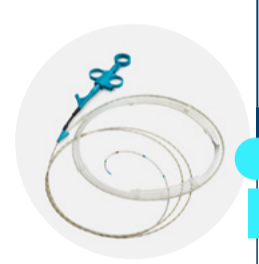
AutoCap™ RX can streamline material costs and inventory management burden

Click here to access AutoCap™ RX product page

Using the Dreamtome™ RX Preloaded Sphincterotome and the wire-guided cannulation technique the bile duct was successfully accessed

The Dreamtome™ RX Cannulating Sphincterotome has a center-lumen design* which allows the guidewire to extend from the center of the sphincterotome

- to aid in positioning
- to facilitate wireguided cannulation, which may help reduce the risk of post-ERCP pancreatitis**



Sphincterotomy performed with the Dreamtome preloaded sphincterotome

CHOLANGIOGRAM REPORT
Two stones identified (~9mm and ~7mm)

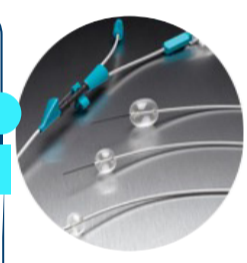
Learn more about Dreamtome™ RX

The Extractor™ Pro RX and Extractor™ Pro RX-S Retrieval Balloon Catheters are indicated for use endoscopically to remove stones from the biliary system or to facilitate the injection of contrast medium while occluding the duct with the balloon.

Extractor™ Pro RX is designed to provide excellent contrast flow rate & allowing both front and back loading of guidewires. It comes with:

- Increased catheter stiffness designed for pushability and kink-resistance
- Three balloons with two distinct inflation diameters: 9-12mm; 12-15mm; 15-18mm to accommodate anatomical variations
- Squared-shoulder balloon designed to facilitate stone removal

The balloon was inflated to 12mm and pulled through the ampulla to confirm that the sphincterotomy was of adequate size to extract the stones

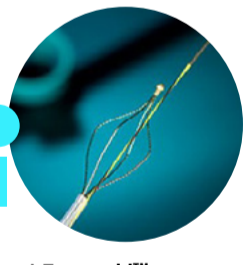


Sphincterotomy was removed
9-12mm Extractor™ Pro RX-S Retrieval Balloon was loaded over the wire and passed in to the bile duct

Once sphincterotomy sizing was confirmed the bile duct was trawled three times and both stones were successfully extracted

Learn more about Extractor™ Pro RX-S Retrieval Balloon

Trapezoid™ RX Wireguided Retrieval Basket is designed to crush and remove stones in the biliary duct.



A Trapezoid™ RX Wireguided Retrieval Basket could have been considered in case of unsuccessful balloon extraction. With Trapezoid the basket tip disengages to facilitate basket removal if the stone does not break, helping to reduce risk of basket impaction.

The Flexi-Stiff™ Catheter construction provides a flexible and sturdy catheter designed to bend with biliary anatomy while maintaining pushability. Additionally, the metal alloy basket is designed to maintain its symmetry, even after difficult stone manipulations.



Sadie underwent the procedure without any complications and was kept under observation in the hospital overnight.

Learn more about Trapezoid™ RX Wireguided Retrieval Basket

The endoscopist will now confer with his multidisciplinary colleagues to evaluate whether a cholecystectomy may be appropriate for Sadie in order to reduce the risk of recurrent biliary events.



Upon having the stones removed, Sadie was finally able to experience a sense of relief from her discomfort, and she expressed gratitude towards her medical team for their expertise and care.

Every patient. Multiple solutions.

* Does not apply to the 4.9Fr size.
** Compared with the standard contrast injection method.
1. Cennamo V, et al. Can a Wire-Guided Cannulation Technique Increase Bile Duct Cannulation Rate and Prevent Post-ERCP Pancreatitis?: A Meta-Analysis of Randomized Controlled Trials. The American Journal of Gastroenterology, 2009 Sep;104(9):2343-50.
This hypothetical scenario was developed in collaboration with expert clinicians to demonstrate how BSC HPB solutions can support similar pathways. All photographs taken by Boston Scientific.
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