

NAME: Sadie Safir AGE: 87-year old woman





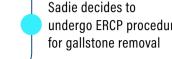
Admitted to emergency room for assessment

Referred to a gastroenterologist for further assessment and treatment

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)
- Colelitiasis: two stones seen
- in the common bile duct (~ 9mm and 7mm)



"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



Integrated Biopsy Cap and Guidewire Locking

To facilitate physician controlled placement of a guidewire and device exchanges

Device

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:

- Maintain insufflation and suction capabilities
- Minimized biomaterial leakage

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**1

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

Procedure preparation to minimize discomfort:

- Sedation
- Anaesthesia

undergo ERCP procedure

learn more about the device benefits

Using the Dreamtome™ RX Preloaded

Sphincterotome and the wire-guided

cannulation technique the bile duct

was successfully accessed





Click here to access AutoCap™ RX product page



 Sphincterotomy performed with the Dreamtome preloaded

sphincterotome

CHOLANGIOGRAM REPORT

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



Learn more about <u>Dreamtome™ RX</u>

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



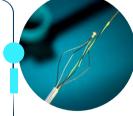
- Sphincterotome was removed
- 9-12mm Extractor™ Pro RX-S Retrieval Balloon was loaded over the wire and passed in to the bile duct

 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**



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



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.

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

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.



Learn more about <u>Trapezoid™ RX</u> **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,

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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