

SpyGlass™ Discover Digital Catheter

Single Session Percutaneous Transhepatic Choledochoscopic-Guided Choledocholithotripsy and Immediate Tract Closure using Spyglass Discover

Presented by:

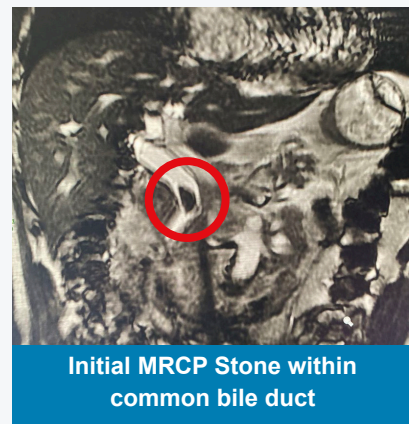
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Patient Presentation & Treatment Plan

BSC clinical education offerings:

82-year-old male with history of cholelithiasis underwent cholecystectomy. PMH: hyperlipedemia, benign prostatic hyperplasia, glaucoma, and GERD. Had vague GI complaints with MRCP imaging demonstrating choledocholithiasis. A failed ERCP resulted in pancreatitis that required admission. Patient refused second ERCP or biliary drain and was subsequently referred to UCLA for management.



Treatment Plan:

Interventional Radiology discussed three treatment options:

- Percutaneous biliary drain placement, tract maturation for 4-6 weeks, subsequent choledochoscopy and choledocholithotripsy, then drain removal
- Rendezvous procedure with GI/transoral endoscopy
- Single session percutaneous transhepatic biliary access, immediate choledochoscopy and choledocholithotripsy with immediate tract embolization

Patient chose third option and reiterated he absolutely did not want a drain.

Conclusion:

Patient was able to have the procedure performed without a drain left behind. Irrigation ensured duct was clear, and then coil/glued the tract (could also use gel foam or Avitene for tract closure). Patient did well and was discharged the same day on antibiotics. Patient returned to clinic with persistent vague GI symptoms, concern for recurrent biliary stricture. MRCP confirmed stricture with resolution of stones. Patient was brought back for repeat single-session cholangiogram, biliary stenting and tract closure.

Procedure



Cholangiogram Demonstrating A Triangular Shaped Bile Duct Stone measuring 1.6 cm



Spyglass Discover scope articulated to aim directly at the biliary stone



Cholangioplasty of Biliary Stricture



Sweeping of stone fragments into the small bowel



Tract closure using coils and glue

Design Benefits of SpyGlass™ Discover Digital Catheter:

Due to the low-profile design, dilated the tract to only 12 Fr and performed choledochoscopy through a 12 Fr Peel-Away-Sheath Introducer. We found the shorter length of 65 cm added to the maneuverability as compared to longer scopes. The 4-way articulation allowed for steerability to aim directly at the stone with the energy probe. Using the on-demand jet irrigation with the foot pedal was advantageous; at times scopes with continuous irrigation may cause too much fluid ingress. The jet irrigation which is independent of the suction also added rapid debris / blood clearance.

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This educational video was produced in cooperation with Dr. Srinivasa. Results from case studies are not predictive of results in other cases. Results in other cases may vary.

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ENDO-924906-AA

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ENDO-1030408-AA