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Understanding Pancreatic Fluid Collection Drainage with the AXIOS™ Stent



Pancreatic Fluid Collections

Pancreatic fluid collections (PFC) can result from pancreatic inflammation caused by pancreatitis, trauma or an obstruction of the pancreatic duct.

These collections may contain only fluid or also have a solid component, comprised of dead tissue from the inflammation. This is called necrosis.

Many PFC's will resolve without treatment. However if they do not resolve, patients can become symptomatic as it grows larger or becomes infected. Common symptoms include abdominal pain, loss of appetite, nausea and vomiting.

If drainage is indicated, patients can be are treated with:

- Surgical Therapy
- Percutaneous Therapy (External drain)
- **Endoscopic Drainage** (Internal drain)

Your physician has chosen to drain your PFC endoscopically using an AXIOS™ Stent. This stent is designed for endoscopic management of symptomatic pancreatic pseudocysts ≥ 6 cm in size and symptomatic Walled Off Necrosis with $\geq 70\%$ fluid content (WON), and ≥ 6 cm in size.



The procedure you just had entailed

Sedation

You were put under monitored or general anesthesia for the endoscopic drainage procedure.

Identifying the Collection

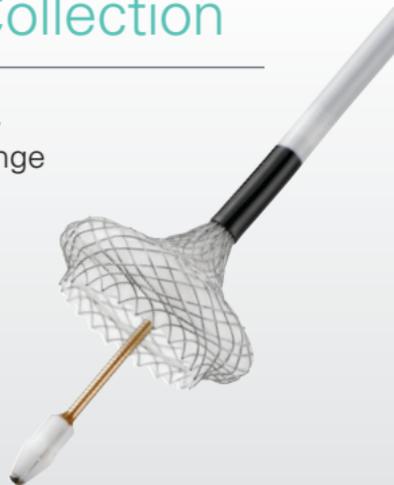
The physician used an echoendoscope, a long thin tube with a light and a tiny camera that can access the GI system without surgery to identify the collection. The echoendoscope contains a camera for direct visualization within the gastrointestinal (GI) tract and has ultrasound capability to identify structures outside and adjacent to the GI tract. It also has Doppler to help your physician avoid blood vessels and find a safe site for drainage.

Accessing the Fluid Collection

Next the physician accessed the fluid collection with a needle puncture or a cautery-enhanced AXIOS™ catheter. If a needle was used, your physician also dilated the tract to facilitate passage of the AXIOS catheter.

Draining the Fluid Collection

After the AXIOS catheter advanced, the stent was released with one flange anchored in the collection and one flange in the GI tract. This allowed the collection to collapse and drain into the GI tract.



What can I expect after my procedure?

Medication

Your physician may request that you discontinue proton pump inhibitors (PPIs) which patients may have been placed on to treat reflux or ulcers. Discontinuing PPIs will allow stomach acid to support in debridement, removal of dead tissue (necrosis). You may also be prescribed antibiotics leading up to and following the procedure to reduce risk of infection.

Complications

Some complications that may result after the stent placement procedure can include: stent migration, occlusion, infection, bleeding, tissue ingrowth and/or death.

Diet

Consult your physician regarding recommended diet post-procedure. Your pancreas releases enzymes that facilitate digestion so he or she may choose to recommend a specific diet for a short time following your procedure.

Debridement

Follow-up endoscopies may be scheduled to remove necrosis.

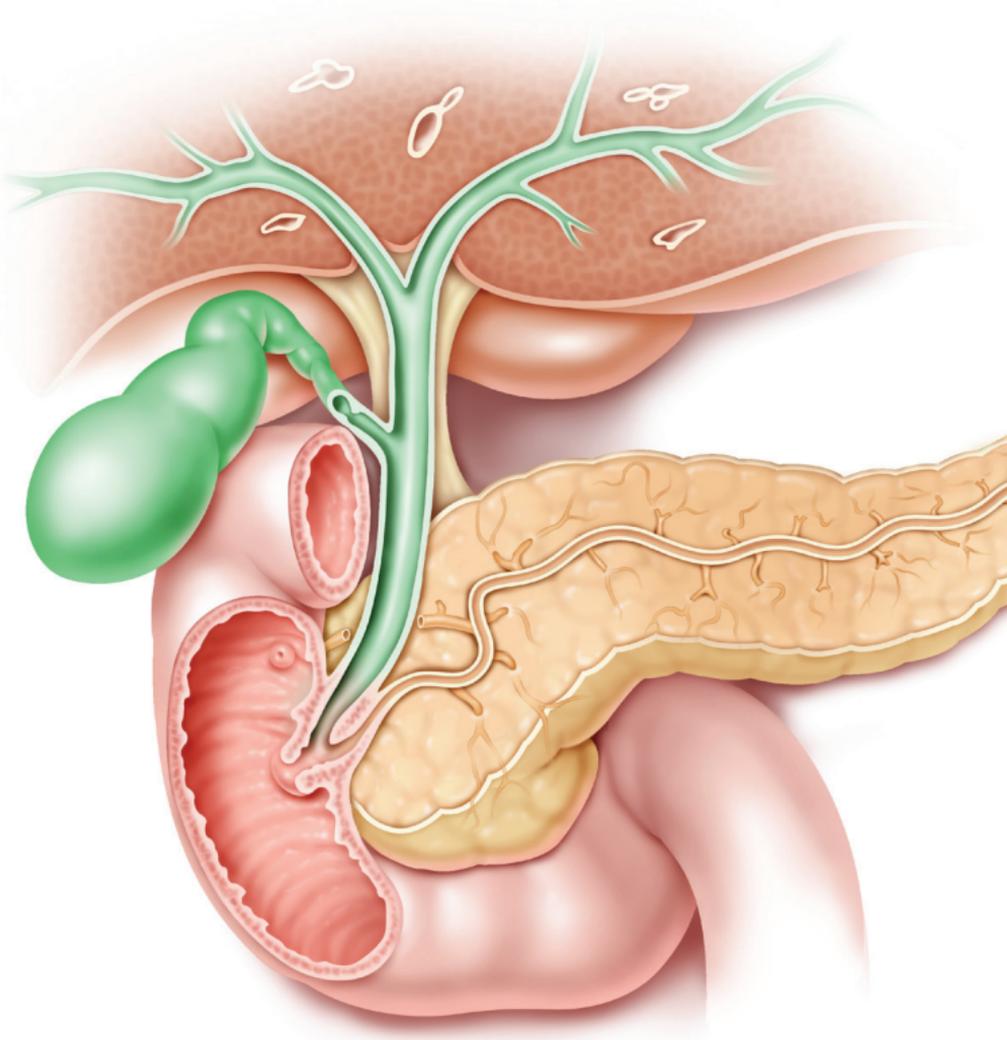
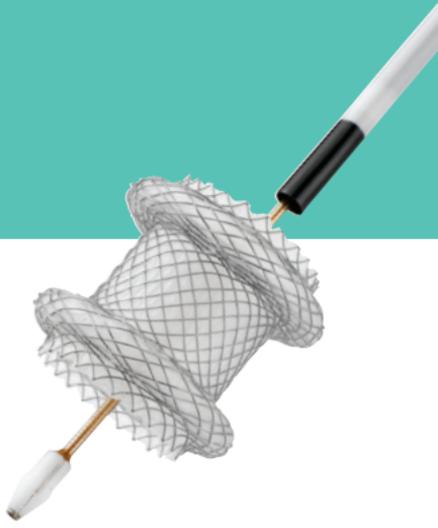
Imaging

CT or MR imaging or transabdominal ultrasound may be performed to confirm that the fluid collection has been adequately drained or guide subsequent treatment. Consult your physician regarding when you should schedule imaging.

Stent Removal

Your stent is indicated to be removed within 60 days. It should be removed as soon as the collection has resolved.

Your stent location



Your physician may draw the location of your stent above.

Post-procedure guidance and follow-up

Notes

Medication:

Diet:

Follow-up:

AXIOS™ Stent and Delivery System
Indications for Use: The AXIOS Stent and Delivery System is indicated for use to facilitate transenteric endoscopic drainage of symptomatic pancreatic pseudocysts ≥ 6 cm in size, with $\geq 70\%$ fluid content that are adherent to the gastric or bowel wall. Once placed, the AXIOS Stent functions as an access port allowing passage of standard and therapeutic endoscopes to facilitate debridement, irrigation and cystoscopy. The stent is intended for implantation up to 60 days and should be removed upon confirmation of pseudocyst resolution.

CAUTION: Federal (U.S.) law restricts this device to sale by or on the order of a physician.

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ENDO-367801-AA March 2016