

The SpyGlass™ DS Direct Visualization System Enabled a Definitive Diagnosis for a Patient who Had 12 Previous ERCPs



Dr. Mishra

Gastroenterologist
Swedish Medical Center
Seattle, Washington

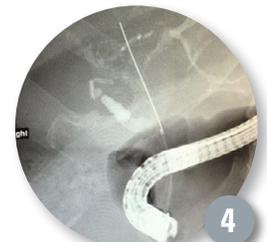
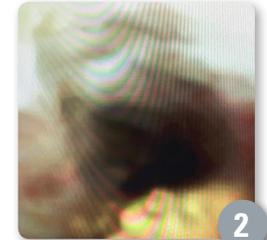
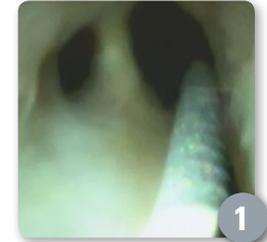
technique spotlight

Patient History & Assessment

The patient is a 46-year-old male with a history of PSC and a possible stricture in Left Hepatic. He has had 4 prior ERCPs dating from October 2014 when patient was referred to Dr. Mishra, and 8 ERCPs prior, from a referring physician. There were no conclusive findings in 12 ERCPs.

Procedure

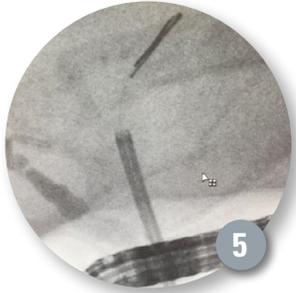
Dr. Mishra cannulated patient's papilla and passed a guidewire into the patient's left hepatic duct. The cholangiogram looked similar to last ERCP with a stricture just beyond the bifurcation in the left hepatic. He passed and conducted a balloon sweep followed by an occlusion cholangiogram. Dr. Mishra proceeded to pass the SpyGlass DS System's SpyScope™ over the wire and up to the bifurcation (Figure 1). He immediately viewed a 4mm stone at the bifurcation (Figure 2) that was impacted into the duct and did not show up during cholangiogram. He used the suction on the SpyGlass DS System's Cholangioscope to attach the stone to the tip of the SpyGlass DS System and extracted it from the bile duct into the duodenum. Visibility of the possible malignant stricture in the left hepatic became available through SpyScope (Figure 3). Dr. Mishra felt like the stricture was benign, but took 5 biopsies for a confirmation. Utilizing the suctioning port on the SpyGlass DS System's Cholangioscope, Dr. Mishra suctioned out the left over contrast into a 60cc syringe (Figures 4 and 5), potentially reducing the patient's risk for cholangitis.



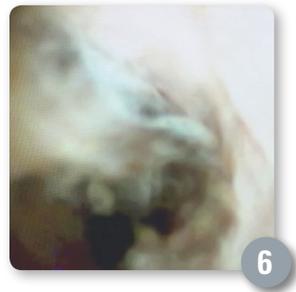
*Prior ERCP Ducts without
Suctioning Contrast with the
SpyGlass DS System*

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*Intra-Hepatics After
Using Suction of
Contrast with the
SpyGlass DS System*



Outcome

Dr. Mishra removed a 4mm stone that we were unaware of. The stone was impacted and never showed up on fluoro. He removed the stone by suctioning it to the tip of the SpyGlass DS System and pulling SpyScope into the small bowel. He removed contrast from the patient's intrahepatics (images available), which can potentially decrease the risk of cholangitis. Dr. Mishra confirmed that the suspicious stricture was, in fact, patent and healthy. Biopsies were taken to confirm.

Conclusion

- Through the use of the SpyGlass DS System, Dr. Mishra was able to gain the confirmation of a stricture as being benign, that 12 previous ERCPs couldn't give him. Dr. Mishra has now confidently referred patient to surgery.
- Dr. Mishra was able to remove a 4mm stone from the patient's bile duct that he didn't realize was there.
- Dr. Mishra was able to remove leftover contrast from the patient's intra-hepatics, potentially decreasing the risk for cholangitis.
- Dr. Mishra was able to conclude that this patient did not need to have surgery, through the use of digital cholangioscopy.

Results from case studies are not predictive of results in other cases. Results in other cases may vary.

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Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA 01752-1234
www.bostonscientific.com/gastro

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