



Performance
of long wire,
efficiency of
short wire.

COOK[®] **Fusion[®]**
MEDICAL DUAL PLATFORM ERCP

"The ability to move from the short wire system where the physician has control of the wire to the long wire system where there is reliance on an assistant at any point during the procedure is a real advantage of the Fusion system."^{*}

Dr. Peter Draganov,
University of Florida

The Fusion Difference

The most technically challenging procedure in GI

Many clinicians would agree that endoscopic retrograde cholangiopancreatography (ERCP) is one of the most technically challenging procedures performed in the GI setting. It takes a tremendous amount of skill on the part of the physician and the assistant to ensure the successful outcomes that are key to outstanding patient care. One such challenge is gaining access to the duct of choice and securely maintaining that access, while optimizing efficiencies to help reduce the likelihood of unwanted procedural complications.

In today's clinical settings, there are two main wire guide techniques for ERCP: the over-the-wire/long wire technique and the monorail/short wire technique. Physician preference predominantly determines which wire guide technique is utilized. In recent years, the monorail technique has been gaining in popularity because it gives the physician control of wire guide. Many physicians prefer this option because of the tactile sensation during cannulation and it precludes the need for extensive communication between the physician and an assistant.

Having a choice should not cause a dilemma

Until now, when gastroenterologists have faced the dilemma of choosing a particular ERCP system, they've had to do so without the benefit of objective comparative data, shown below. Moving from the over-the-wire/long wire technique to monorail/short wire technique or vice versa, can induce anxiety and uncertainty. And there are additional external pressures that come from the current, overall economic climate. All this can leave clinicians thinking they must make an "either/or" situation. They may think it's advantageous to stock one type of system or the other in an effort to help reduce inventory costs.

Actually, you don't have to choose

With Fusion's Dual Platform ERCP product line, clinicians don't have to choose whether to exclusively use an over-the-wire/long wire technique or a monorail/short wire technique. That's because Fusion is the only product line on the market that gives gastroenterologists the performance of long wire and efficiency of short wire—all in one product line. Since both techniques are available to the clinician, there is no need to feel anxious about losing any of the clinical benefits to which they've are accustomed.

*Results from a comparative peer reviewed article.

Characteristics	Competitor A	Fusion System	Competitor B
Type of Endoscope	Standard	Standard	V-scope
Type of Lock	External at biopsy port	External at biopsy port	Internal lock design
Type of Device	Open channel tear-away	Close channel breakthrough	Close lumen device
Short track technology	Yes	Yes	No
Wire length	260 cm	185 cm**	270 cm
Can be used with standard guidewires	Yes	Yes	Yes
Can be used with .025" or .018" or angled wires	No	Yes	Yes
Can be used with hydrophilic guidewire	No	Yes	Yes
Ability to flush wire channel	No	Yes	Yes
Intraductal exchange ability	No	Yes	No
Insertion of multiple stents without the need to recannulate	No	Yes	No
Physician control of wire	Yes	Yes	Yes
Pushability of short-wire devices [†]	††	†††	†††

*Reddy SC, Draganov PV. ERCP Wire Systems: The Long and the Short of it. *World Journal of Gastroenterology*. 2009;15(1):55-60.

[†]Author's own experience.

**Now available in 205 cm length.

Physician preference, unified training and streamlined inventory.