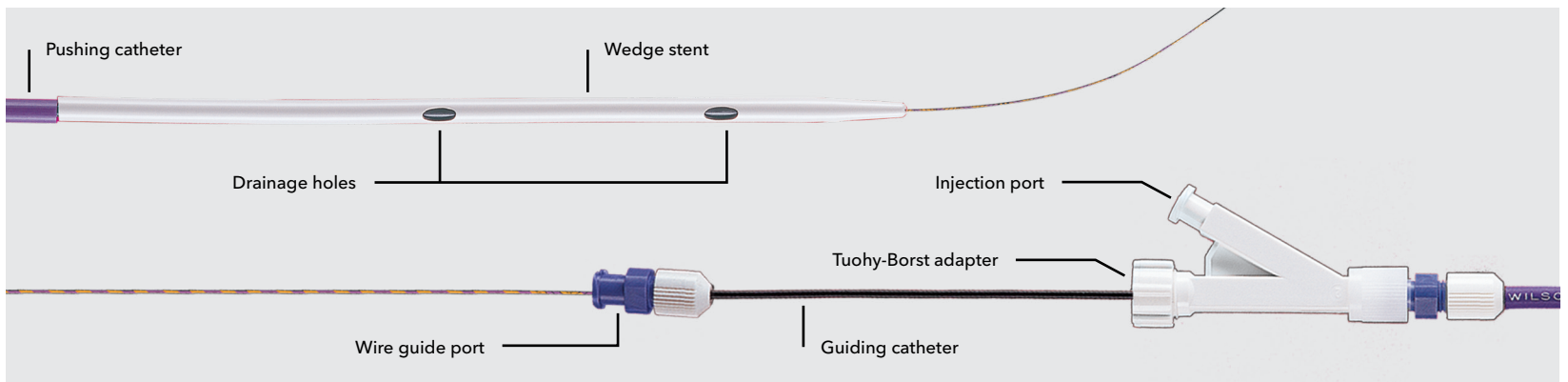


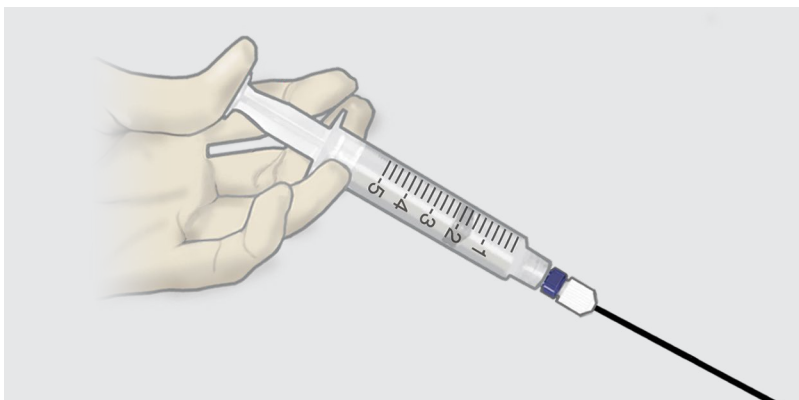
**Johlin™**  
PANCREATIC WEDGE STENT

**Features**

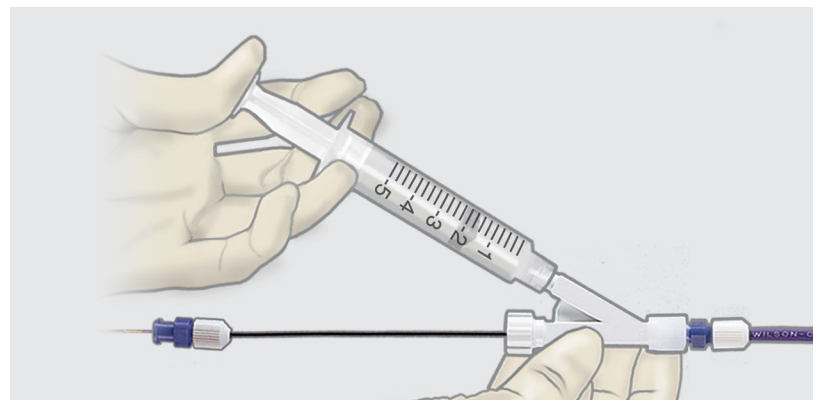


Perform a complete diagnostic evaluation and determine proper stent. **PRECAUTION:** This stent should not be left indwelling for more than three months or as directed by a physician. Periodic evaluation is recommended.

**Step 1a**

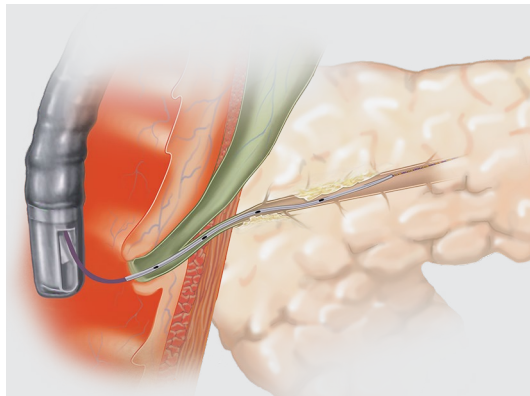


**Step 1b**



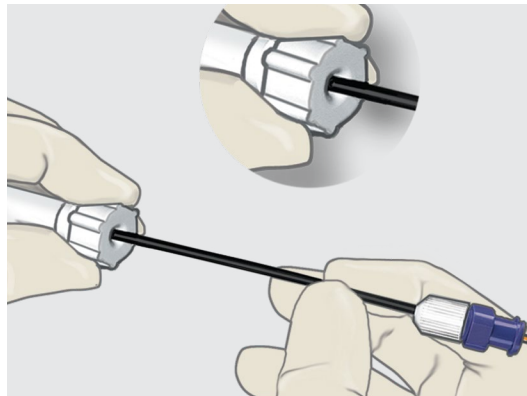
Flush the wire guide (1a) and injection ports (1b) on the introducer with sterile water or saline. Advance the preloaded introducer (wedge end first) over the prepositioned wire guide until it reaches the accessory channel. **NOTE:** If the stent is not preloaded, backload it onto the guiding catheter. Advance the wedge stent and the introducer assembly over the prepositioned wire guide and through the accessory channel until the wedge stent and introducer assembly are endoscopically visualized exiting the endoscope. **NOTE:** The endoscope's elevator must be open to allow the stent to exit.

## Step 2



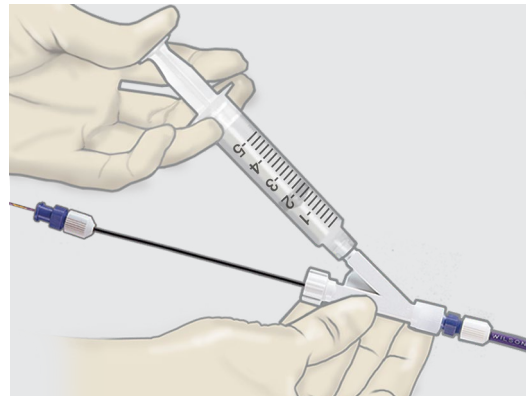
Slowly advance the radiopaque stent into the duct. Fluoroscopically and endoscopically confirm that the stent is in the desired position.

## Step 3



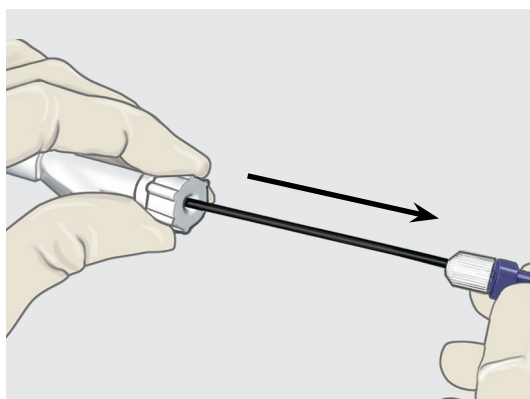
Loosen the Tuohy-Borst adapter on the end of the introduction system and gently withdraw the guiding catheter portion of the introduction system.

## Step 4



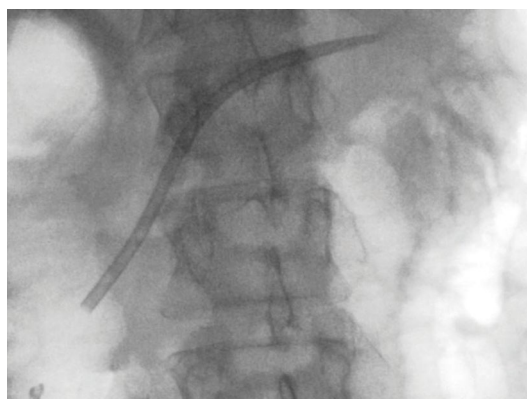
The lumen may be flushed to observe stent drainage.

## Step 5



Remove the guiding catheter and wire guide while maintaining the stent's position with the pushing catheter.

## Step 6



Fluoroscopically or endoscopically reconfirm the stent's position and remove the pushing catheter.

Image courtesy of Amrita Sethi, MD,  
Columbia University Medical Center, New York, NY

Refer to current Instructions for Use for detailed system use.

### Johlin™ Pancreatic Wedge Stent and Introducer

**CAUTION: U.S. Federal Law restricts this device to sale by or on the order of a physician (or properly licensed practitioner).**

**INTENDED USE:** This device is used to drain obstructed pancreatic ducts.

**CONTRAINDICATIONS:** Those specific to ERCP and any procedure to be performed in conjunction with stent placement. Additional contraindications include, but are not limited to: inability to dilate stricture • inability to pass wire guide or stent through obstructed area.

**WARNINGS:** This device is designed for single use only. Attempts to reprocess, resterilize, and/or reuse may lead to device failure and/or transmission of disease. If package is opened or damaged when received, do not use. Visually inspect with particular attention to kinks, bends and breaks. If an abnormality is detected that would prohibit proper working condition, do not use. Please notify Cook for return authorization.

**PRECAUTIONS:** Refer to the label for the minimum channel size required for this device. Refer to the label for the appropriate wire guide size required for this device. A complete diagnostic evaluation must be

performed prior to use to determine proper stent size. This stent must be placed under fluoroscopic monitoring. This stent must only be placed using introduction system provided with set. This stent should not be left indwelling for more than three months. Periodic evaluation is recommended. Sphincterotomy is not necessary for device placement. Dislodgement of a placed stent is possible when attempting additional procedures. Do not use excessive force to advance device. Do not use this device for any purpose other than the stated intended use. Store in a dry location, away from temperature extremes. Use of this device restricted to a trained healthcare professional.

**POTENTIAL ADVERSE EVENTS:** Those associated with ERCP include, but are not limited to: allergic reaction to contrast or medication • aspiration • cardiac arrhythmia or arrest • cholangitis • hemorrhage • hypotension • infection • pancreatitis • perforation • respiratory depression or arrest • sepsis. Those associated with pancreatic stent placement include, but are not limited to: fever • obstruction of the biliary/pancreatic duct • obstruction of common bile duct • pain/discomfort • stent migration • stent occlusion • trauma to the biliary tract or duodenum • trauma to pancreatic duct or duodenum.

**See Instructions for Use for full product information.**

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