The single-procedure approach to percutaneous access for drainage and transluminal forceps biopsy of biliary strictures

AN ILLUSTRATED GUIDE
Perform transluminal forceps biopsy with a flexibly packaged set.

<table>
<thead>
<tr>
<th>Order Number</th>
<th>Reference Part Number</th>
<th>Introducer Fr</th>
<th>Introducer Length cm</th>
<th>Biopsy Forceps Volume mm³</th>
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<td>G35215</td>
<td>BBFS-100-MS</td>
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Access sets, angiographic catheters, and wire guides can be ordered separately.

Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Service for details.
The following steps outline how to access and biopsy tissue within the biliary ductal system.

Note: For complete information, refer to the instructions for use included with the product.

Initial Percutaneous Access

1. Establish percutaneous access to the desired location within the biliary ductal system using a 22 gage access needle. Confirm the needle tip position, then remove the stylet from the percutaneous puncture needle.

Note: If access to the biliary ducts has already been established, steps 1-5 may be omitted.

2. Advance a .018 inch mandrel wire guide through the needle cannula into the biliary duct, confirming its position with imaging guidance.

3. Advance the wire guide and catheter as a unit, positioning the wire guide and catheter tips beyond the area to be biopsied.

4. Exchange a .035 inch wire guide for a .035 inch fixed-core wire guide, keeping the catheter in position beyond the target biopsy anatomy.
Advance an access introducer assembly over the wire guide until the distal tip is within the biliary ductal system.

While maintaining the position of the outer access sheath, remove the wire guide, stiffening cannula, and dilator.

Note: If desired, the wire guide can remain in position as a safety wire.

While maintaining the position of the wire guide, remove the needle cannula.

While maintaining the position of the wire guide, remove the catheter. Insert the Flexor introducer sheath assembly over the wire guide, positioning the sheath tip at the ductal area to be biopsied. Remove the dilator from the Flexor introducer sheath assembly, leaving the wire guide in position within the sheath and across the target biopsy anatomy.

Insert the biliary biopsy forceps through the sheath, positioning the biopsy cup at the distal sheath tip.

While maintaining the forceps in position, withdraw the Flexor sheath to uncover the biopsy cup mechanism. Position the sheath and forceps assembly at the intended biopsy site.
Percutaneous Transluminal Biliary Forceps Biopsy Procedure

**6.** Insert a .035 inch wire guide through the percutaneous access sheath or biliary drainage catheter.

**7.** While maintaining the position of the wire guide in the biliary duct, remove the access sheath or catheter.

**8.** Insert an angiographic catheter over the wire guide and position it within the biliary ductal system.

**14.** Move the thumb button on the handle of the forceps forward to open the biopsy cup.

**15.** While maintaining forward pressure with the biopsy cup against the duct wall, retract the thumb button to close the jaws of the cup and secure the tissue specimen.

**16.** While maintaining the thumb button in the retracted position to ensure the cup remains closed and the specimen is kept intact, withdraw the biopsy forceps from the Flexor sheath and retrieve the specimen from the biopsy cup.

Once biopsy sampling is complete, the Flexor sheath may be exchanged over the wire guide for a biliary drainage catheter.

**Note:** If more than one biopsy specimen is required, rinse the forceps with saline and repeat steps 12-16.