The single-procedure approach to percutaneous access for drainage and transluminal forceps biopsy of biliary strictures<sup>1</sup>

AN ILLUSTRATED GUIDE



# TRANSLUMINAL BILIARY BIOPSY FORCEPS SET

1. Transhepatic forceps biopsy combined with biliary drainage in obstructive jaundice: Safety and accuracy. (Audrey Fohlen, Celine Bazille, Benjamin Menahem, Marc Antoine Jegonday, Benoit Dupont, Vincent Le Pennec, Jean Lubrano, Boris Guiu, Jean Pierre Pelage)

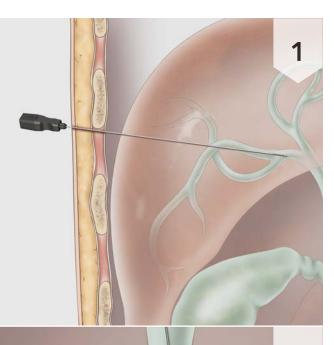


### The following steps outline how to access and biopsy tissue within the biliary ductal system.

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

Note: Access sets, angiographic catheters, and wire guides can be ordered separately.

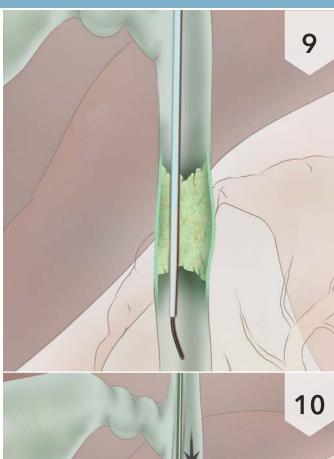
#### **Initial Percutaneous Access**



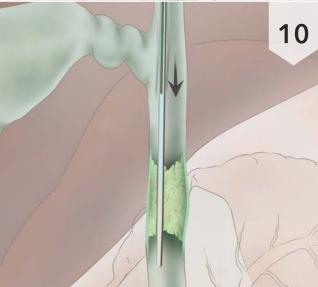
**Note:** If access to the biliary ducts has already been established, steps 1-5 may be omitted.

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.

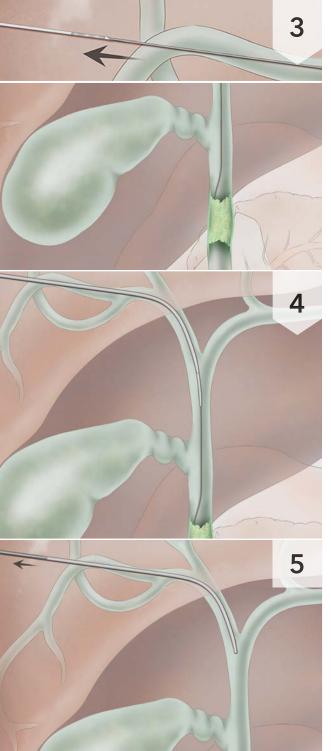
Advance a .018 inch mandril wire guide through the needle cannula into the biliary duct, confirming its position with imaging guidance.



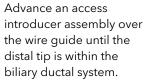
Advance the wire guide and catheter as a unit, positioning the wire guide and catheter tips beyond the area to be biopsied.

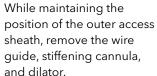


Exchange the .035 inch wire guide for a .035 inch fixed-core wire guide, keeping the catheter in position beyond the target biopsy anatomy.

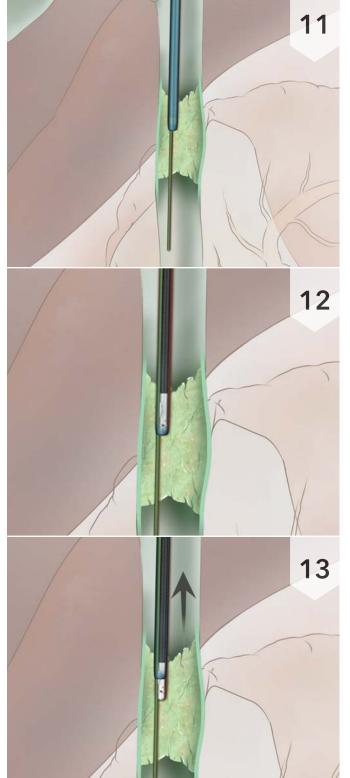


While maintaining the position of the wire guide, remove the needle cannula.





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

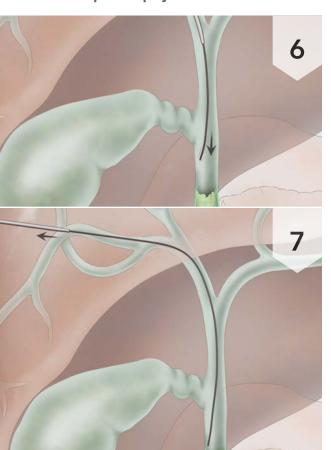


While maintaining the wire guide in position, remove the catheter. Insert the Flexor introducer sheath assembly over the wire guide, positioning the sheath tip at the ductal area to be biopsied. Remove the dilator from the Flexor introducer sheath assembly, leaving the wire guide in position within the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

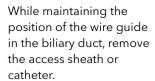
Insert the biliary biopsy forceps through the sheath, positioning the biopsy cup at the distal sheath tip.

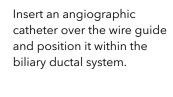
While maintaining the forceps in position, withdraw the Flexor sheath to uncover the biopsy cup mechanism. Position the sheath and forceps assembly at the intended biopsy site.

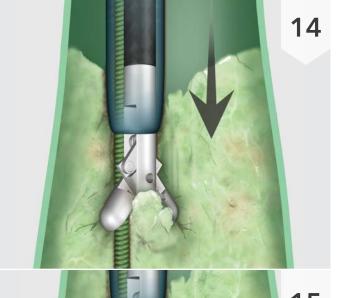
## Percutaneous Transluminal Biliary Forceps Biopsy Procedure

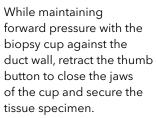


Insert a .035 inch wire guide through the percutaneous access sheath or biliary drainage catheter.









Move the thumb button on the handle of the

forceps forward to open

Maintain opened cup and

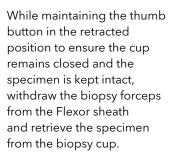
unit to the area where the

advance the sheath and

forceps assembly as a

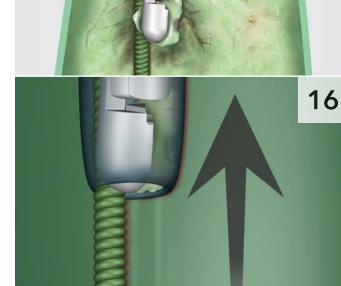
specimen for biopsy is to be obtained.

the biopsy cup.

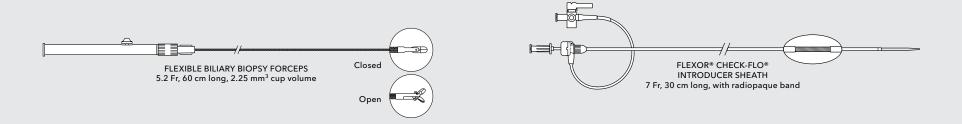


Once biopsy sampling is complete, the Flexor sheath may be exchanged over the wire guide for a biliary drainage catheter.

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



# Perform transluminal forceps biopsy with a flexibly packaged set.



Access sets, angiographic catheters, and wire guides can be ordered separately.

Order	Reference	Introducer	Introducer Length	Biopsy Forceps Volume
Number	Part Number	Fr	cm	mm³
G35215	BBFS-100-MS	7	30	2.25

Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Service for details.

#### **Customer Service**

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