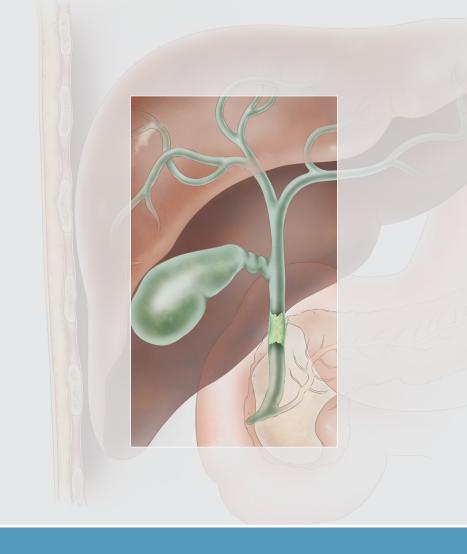
The single-procedure approach to percutaneous access for drainage and transluminal forceps biopsy of biliary strictures

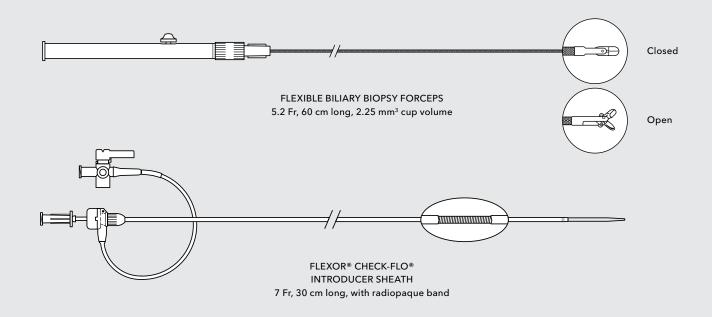
AN ILLUSTRATED GUIDE



TRANSLUMINAL BILIARY BIOPSY FORCEPS SET



Perform transluminal forceps biopsy with a flexibly packaged set.



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

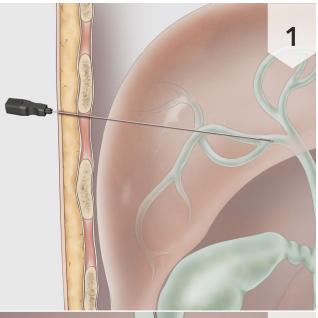
Order Reference	Introducer	Introducer Length	Biopsy Forceps Volume
Number Part Number	Fr	cm	mm³
G35215 BBFS-100-MS	7	30	2.25

Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Support & Distribution for details. Please see product risk information in the IFU at cookmedical.eu.

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



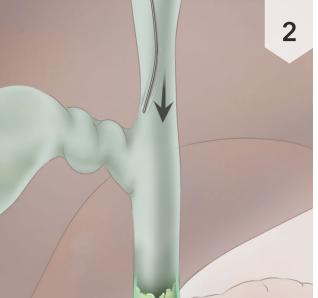
Note: If access to the biliary ducts has already been established, steps 1-5 may be omitted.

Establish percutaneous access to the desired location within the biliary ductal system using a 22 gauge access needle.

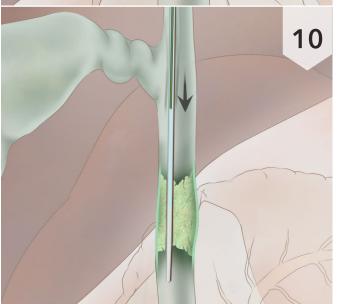
Confirm the needle tip position, then remove the stylet from the percutaneous puncture needle.

9

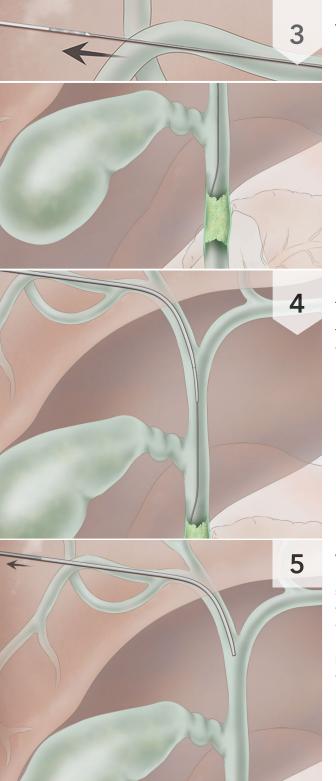
Advance the wire guide and catheter as a unit, positioning the wire guide and catheter tips beyond the area to be biopsied.



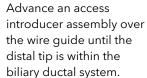
Advance a 0.018 inch diameter mandril wire guide through the needle cannula into the biliary duct, confirming its position with imaging guidance.



Exchange a 0.035 inch diameter wire guide for a 0.035 inch diameter fixed-core wire guide, keeping the catheter in position beyond the target biopsy anatomy.

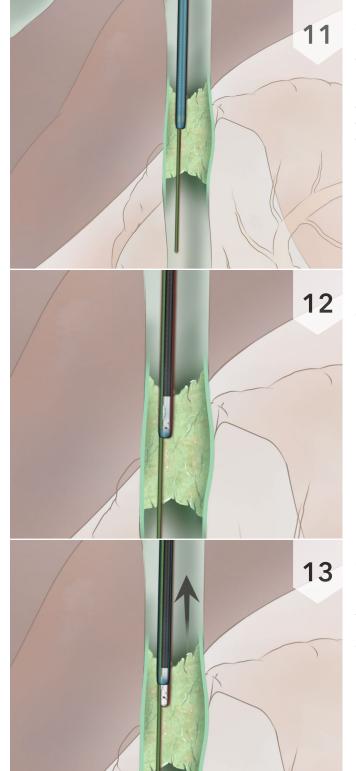


While maintaining the position of the wire guide, remove the needle cannula.



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.

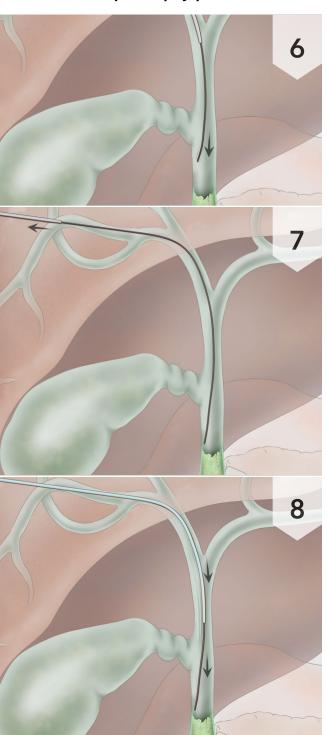


While maintaining the wire guide in position, remove the catheter. Insert the Flexor introducer sheath assembly over the wire guide, positioning the sheath tip at the ductal area to be biopsied. Remove the dilator from the Flexor introducer sheath assembly, leaving the wire guide in position within the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

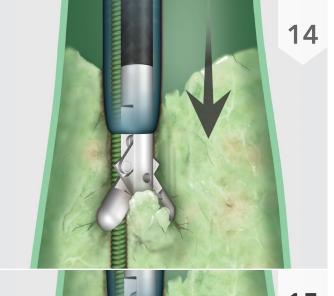
Percutaneous transluminal biliary forceps biopsy procedure

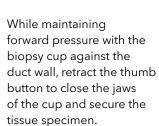


Insert a 0.035 inch diameter wire guide through the percutaneous access sheath or biliary drainage catheter.

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

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







the biopsy cup.

Maintain opened cup and advance the sheath and forceps assembly as a unit to the area where the

specimen for biopsy is to

be obtained.

Move the thumb button on the handle of the

forceps forward to open

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.

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AI, ESC, IR, PI-A4

