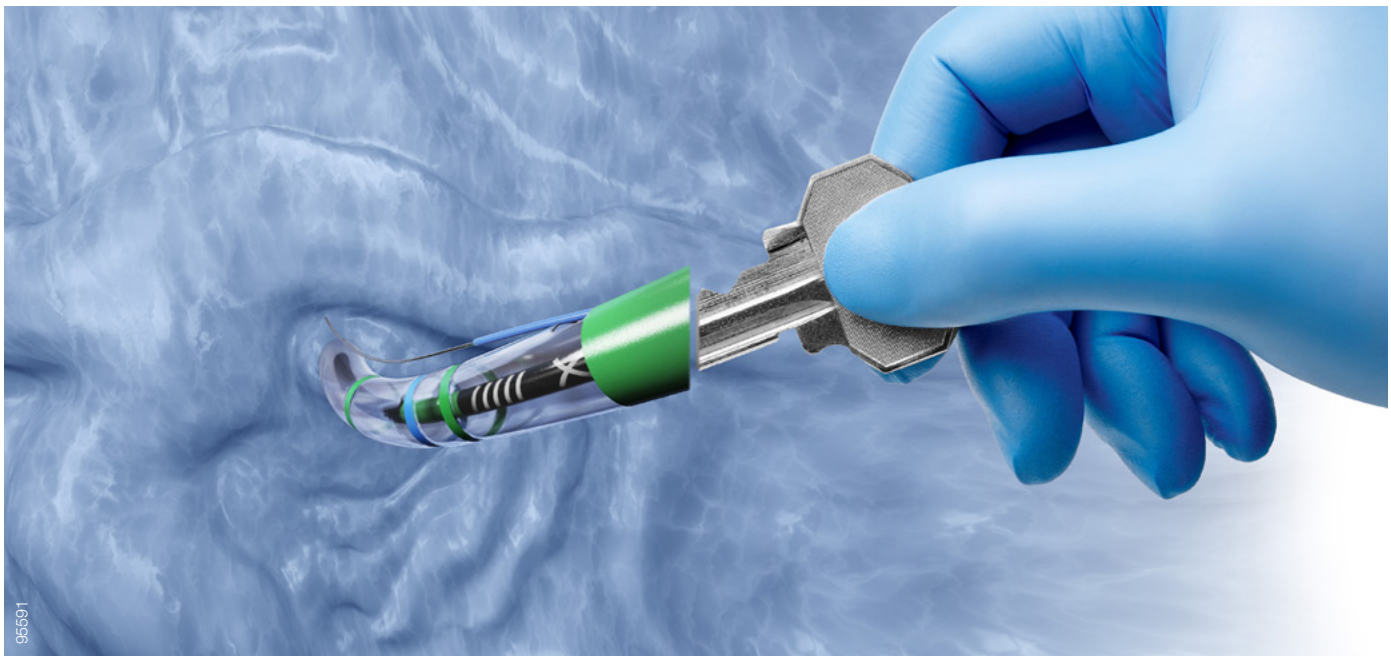
OLYMPUS

EndoTherapy



ERCP — Access That Unlocks Opportunity

Innovative Device Platform Designed to Meet the Challenges of ERCP

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While endoscopic retrograde cholangiopancreatography (ERCP) is a valuable therapeutic intervention for many patients with pancreatobiliary disorders[1], each phase of the procedure presents potential obstacles to success.

Optimal ERCP Outcomes Require Successful Completion of Three Essential Phases:

1. Access

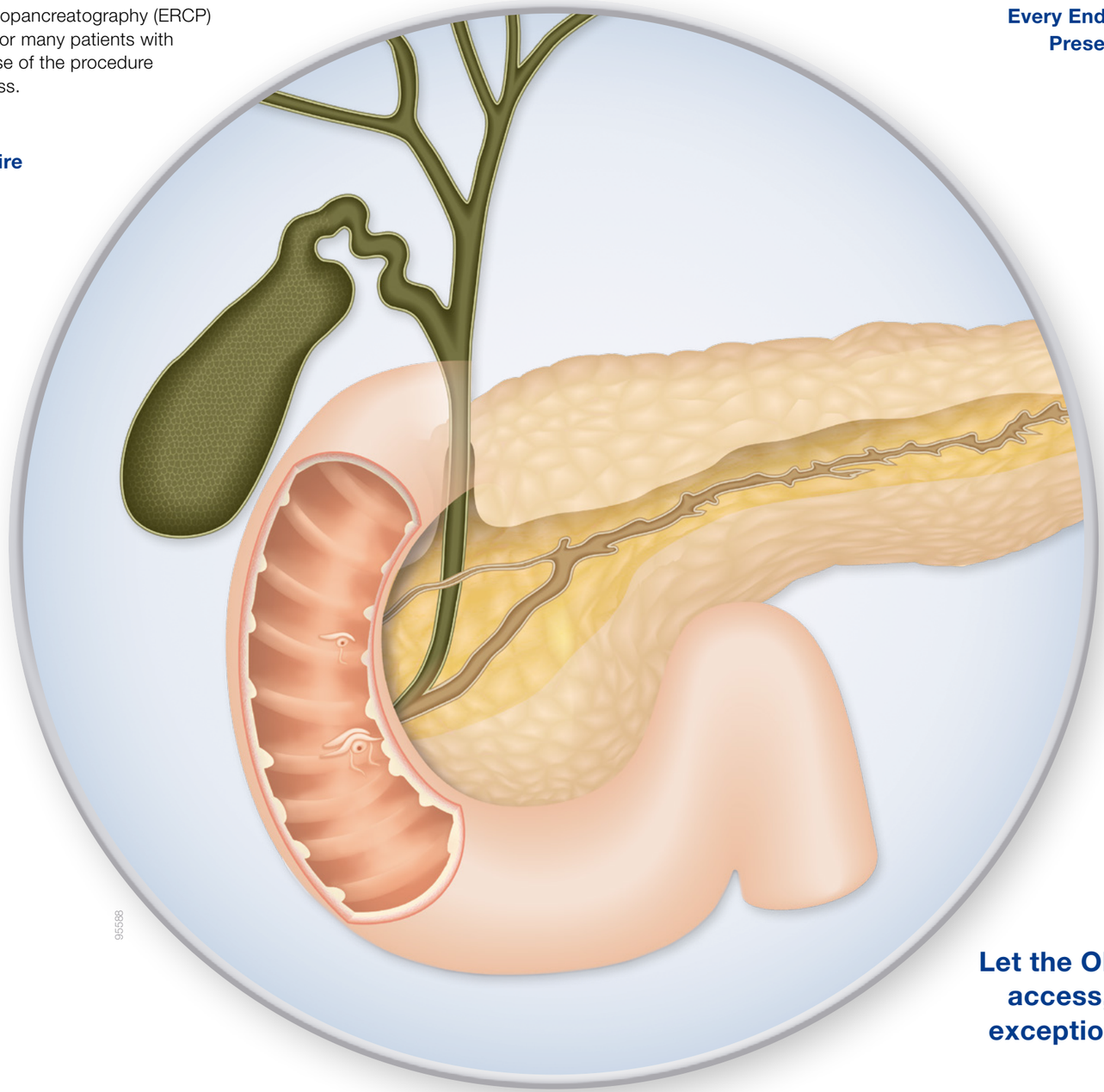
Limiting the amount of time, attempts and injections it takes to achieve deep cannulation of the desired duct is essential in avoiding adverse events.[2,3]

2. Exchange

Smooth device exchange while maintaining cannulation minimizes procedure time and patient risk.

3. Therapy

Effective and efficient pancreaticobiliary therapy is key to restoring drainage.



Every Endoscopic Retrograde Cholangiopancreatography (ERCP) Procedure Presents Its Own Unique Challenges:

3.5-9.7%
is the incidence of ERCP-related pancreatitis[4]

14.7%
is the average of post-ERCP pancreatitis in high-risk patients[5]

0.3-9.6%
is the bleeding incidence related to ERCP[4]

0.5-3.0%
is the incidence of cholangitis as an ERCP-related adverse event[4]

With significant risk tied to ERCP, it is crucial to use the tools necessary for a safe and effective procedure.

Let the Olympus biliary portfolio be your key to success in access, exchange and therapy with the aim of achieving exceptional clinical outcomes and minimized patient risk.

Access

Innovative Device Platform Designed to Meet the Challenges of ERCP

Consistent Orientation Helps to Achieve Cannulation Success

CleverCut 3 V Sphincterotomes*

Cannulation of the major papilla can be problematic. Prolonged papillary manipulation as a result of repeated attempts at cannulation is known to increase the risk of post-ERCP pancreatitis (PEP).[6] The Olympus Access portfolio, including VisiGlide and CleverCut 3 V, offers innovative technology designed for successful cannulation, regardless of the challenges.

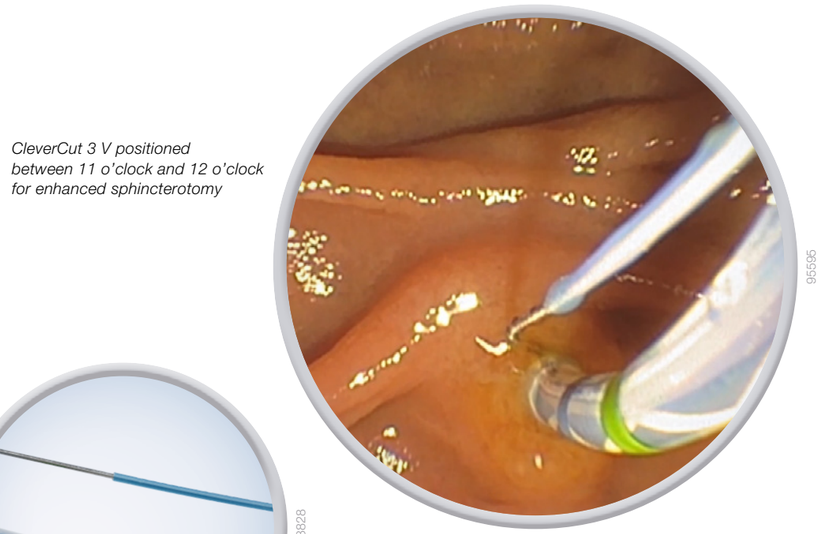
CleverCut 3 V Orientation

- The area between the 11 o'clock and 12 o'clock position is ideal for sphincterotomy[7] as there is less risk of bleeding.
- The pre-curved distal end of the CleverCut 3 V consistently extrudes to a stable 11 o'clock position, assisting with cannulation of the papilla and assuring optimized cutting.

95598

Papillary Vascularity Density[8]

The image above illustrates the density of arterial vascularity surrounding the papilla as shaded zones. The zone shaded in green represents the recommended cutting direction. Areas shaded in orange represent low-density arterial vascularity, suggesting reduced bleeding.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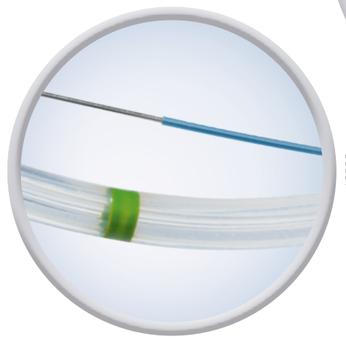
CleverCut 3 V positioned between 11 o'clock and 12 o'clock for enhanced sphincterotomy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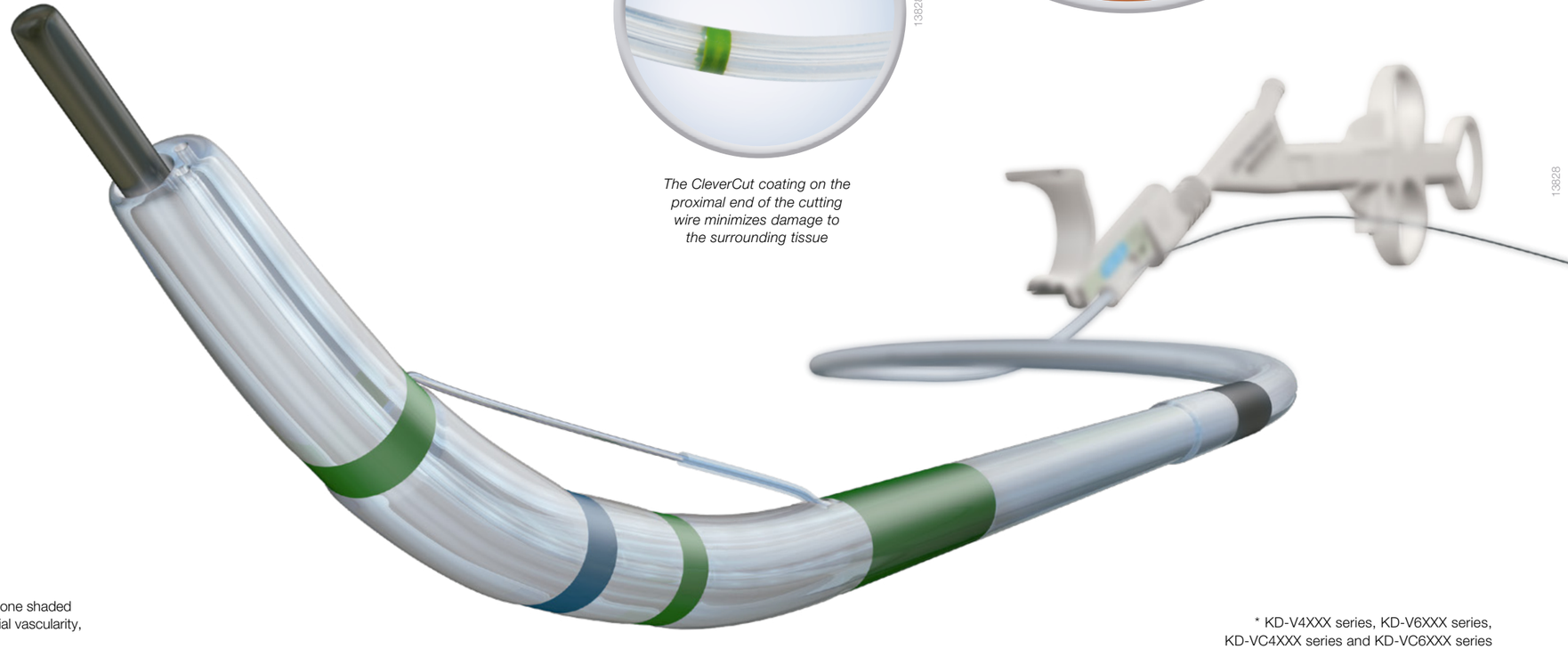
The CleverCut coating on the proximal end of the cutting wire minimizes damage to the surrounding tissue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* KD-V4XXX series, KD-V6XXX series, KD-VC4XXX series and KD-VC6XXX series

Access

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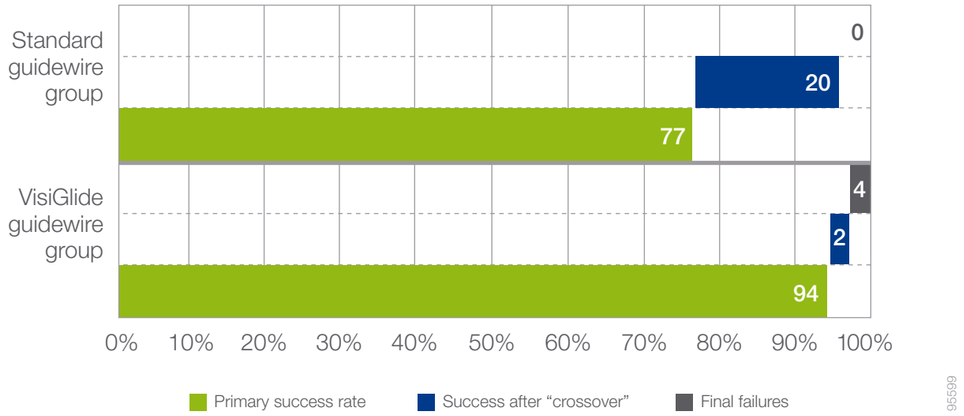
Gain Access with Enhanced Ductal Navigation

VisiGlide Guidewires**

If cannulation is attempted more than five times and the time to perform cannulation exceeds five minutes, then it is widely accepted to be a risk factor for adverse events.[7] Below is a cannulation success comparison between a VisiGlide guidewire group and a standard guidewire group.

Cannulation Success Comparison



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- Primary cannulation success was significantly higher in the VisiGlide group when compared to a fully hydrophilic and standard guidewire group.[9]
- With a flexible tip and uniquely constructed body, VisiGlide could replace a combination of flexible and standard guidewires and aims to increase the success rate while decreasing the procedure time.

Guidewire Features

- The special design of the core wire gives the VisiGlide 1:1 torque control for easier cannulation of the hilar area and excellent stricture navigation.
- The VisiGlide 2 has the ability to contract in order to navigate past side branches in the pancreatic duct.
- With clinically proven cannulation success, VisiGlide[9] and VisiGlide 2[10] equally support a regular 0.035-inch guidewire with a 0.025-inch diameter, significantly expanding the range of applicable procedures and consequently your access success.

Clear endoscopic visibility

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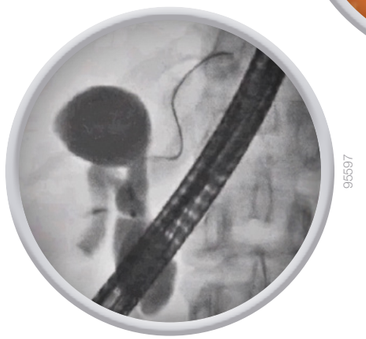

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Outstanding radiopacity

12741

** G-240 series and G-260 series

Exchange

Innovative Device Platform Designed to Meet the Challenges of ERCP

Device Exchange Tailored to Your Technique

The Olympus ERCP System

Having the right tools will allow you to efficiently and effectively exchange devices, ensuring a more efficient procedure. The Olympus ERCP system supports both long- and short-wire device exchange techniques and instills confidence in guidewire placement security.

80917

External Guidewire Locking

The CleverLock (MAJ-2455) securely locks multiple guidewires, and provides seamless integration with Olympus endoscopes and Olympus EndoTherapy devices. Audible and tactile feedback instill confidence that the biopsy valve is sealed for smooth device exchange without causing air/bile leakage.

42709

Internal Guidewire Locking

The Olympus TJF-Q190V duodenovideoscope features the latest advancements in ERCP technology, offering an internal guidewire locking mechanism to give you confidence in guidewire placement. The innovative V-Groove locks and holds the guidewire, ensuring secure device exchange.

95589

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Optimal C-Channel and C-Hook

The C-Channel and C-Hook enable physician or assistant control of the guidewire based on the preferred device exchange technique.

Single-Use Distal Cover

Allows for the visualization of the TJF-Q190V distal end and access to reprocessing accessories during manual cleaning. The cover is destroyed during removal, preventing unintended reuse.

42108

Therapy

Innovative Device Platform Designed to Meet the Challenges of ERCP

Unlock Opportunities with a Multitude of Olympus Devices Designed for ERCP Success

Stone Management

The Olympus ERCP Stone Management portfolio offers a variety of modalities in order to support effective clearance of pancreaticobiliary stones.

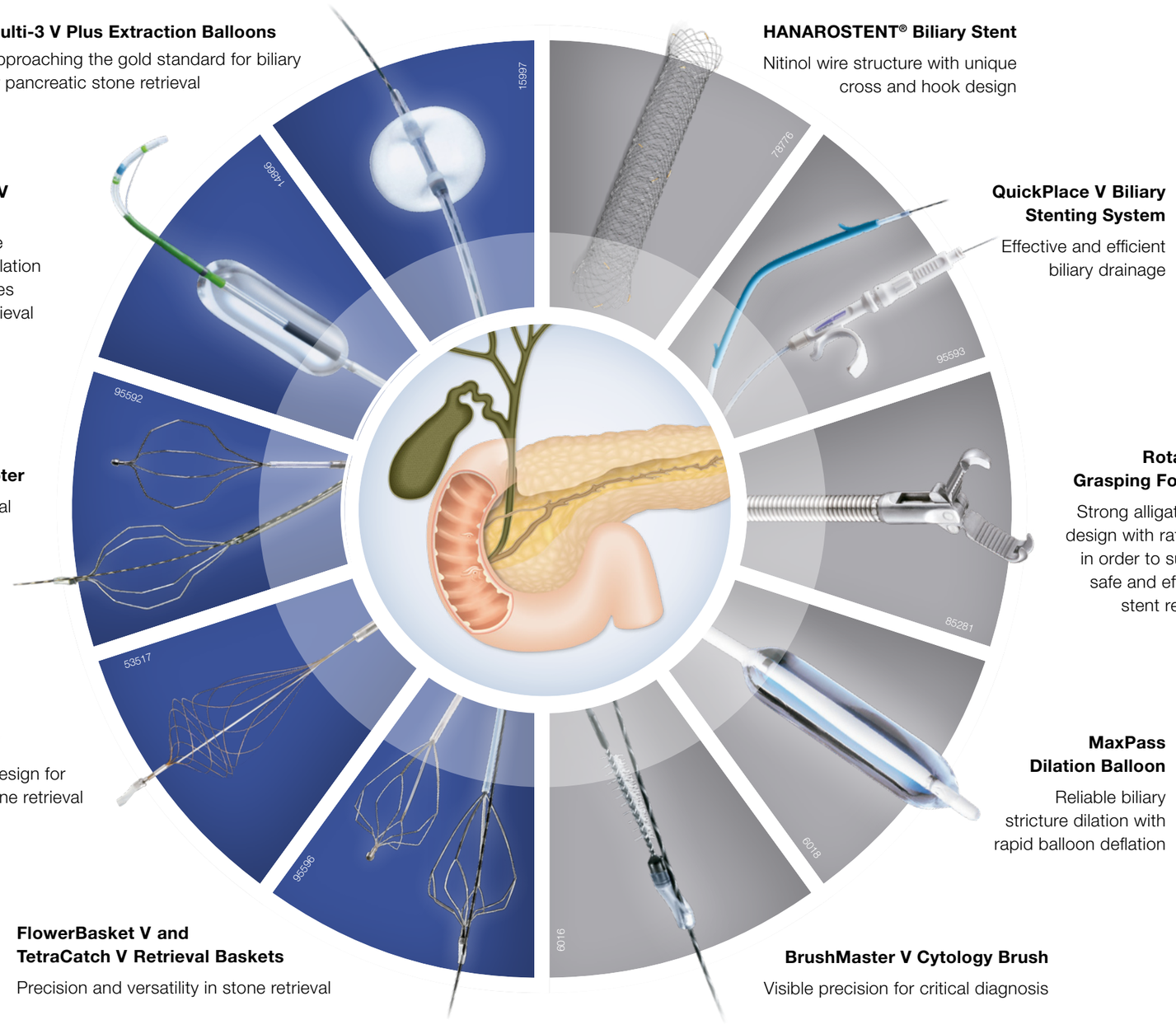
Multi-3 V Plus Extraction Balloons
Approaching the gold standard for biliary or pancreatic stone retrieval

StoneMaster V
Two-in-one sphincterotome and papillary dilation balloon simplifies large stone retrieval

LithoCrush V Mechanical Lithotripter
A dedicated mechanical lithotripter

VorticCatch V
Unique spiral design for challenging stone retrieval

FlowerBasket V and TetraCatch V Retrieval Baskets
Precision and versatility in stone retrieval



HANAROSTENT® Biliary Stent
Nitinol wire structure with unique cross and hook design

QuickPlace V Biliary Stenting System
Effective and efficient biliary drainage

Rotatable Grasping Forceps
Strong alligator jaw design with rat tooth in order to support safe and effective stent removal

MaxPass Dilation Balloon
Reliable biliary stricture dilation with rapid balloon deflation

BrushMaster V Cytology Brush
Visible precision for critical diagnosis

Stricture Management

The Olympus ERCP Stricture Management portfolio is designed to enable stricture diagnosis and restore biliary flow.

Order numbers can be found in the product catalog, or contact your local Olympus sales representative.

*The HANAROSTENT® portfolio is available in most of EMEA countries but not yet available throughout the whole EMEA region.

ERCP — Access That Unlocks Opportunity

Olympus EndoTherapy

Dedicated Support beyond Products

At Olympus, we strive to be more than just a medical-equipment provider to our customers. We provide end-to-end support, from the purchasing process to procedure and reprocessing services, to build a relationship of trust.

ERCP Showroom Page

Enter the world of ERCP on our Olympus website for a full overview of our product portfolio, valuable video content, information on training and much more.

www.olympus.eu/ercp-procedure

Training

Register here to improve procedure skills and the safe and effective use of Olympus products.

www.olympus.eu/training

Portfolio

Browse through the rich portfolio of EndoTherapy devices here.

www.olympus.eu/et-catalog

Service

Contact your Olympus sales representative for individual support now.

References:

1. American Society for Gastrointestinal Endoscopy. The role of ERCP in benign diseases of the biliary tract. Gastrointest Endosc. 2015; 81(4): 795-803. **2.** Baillie J. Difficult biliary access for ERCP. Curr Gastroenterol Rep. 2012; 14(6): 542-547. **3.** Liao W-C, Angsuwatcharakon P, Isayama H, et al. International consensus recommendations for difficult biliary access. Gastrointest Endosc. 2017; 85(2): 296-304. **4.** Dumonceau Jean-Marc et al. ERCP-related adverse events: European Society of Gastrointestinal Endoscopy (ESGE) Guideline. Endoscopy. 2020; 52: 127-149. **5.** Kochar B, Akshintala VS, Afghani E, et al. Incidence, severity, and mortality of post-ERCP pancreatitis: a systematic review by using randomized, controlled trials. Gastrointest Endosc. 2015 Jan; 81(1): 143-9. **6.** Swan MP, Alexander S, Moss A, et al. Needle Knife Sphincterotomy Does Not Increase the Risk of Pancreatitis in Patients with Difficult Biliary Cannulation. Clin Gastronenterol Hepatol. 2013 Apr; 11(4): 430-6. **7.** Testoni Pier Alberto et al. Papillary cannulation and sphincterotomy techniques at ERCP: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. Endoscopy. 2016. **8.** Mirjalili SA and Stringer MD. The arterial supply of the major duodenal papilla and its relevance to endoscopic sphincterotomy. Endoscopy. 2011; 43: 307-311. **9.** Albert JG, Lucas K, Filmann N, Herrmann E, et al. A novel, stiff-shaft, flexible-tip guidewire for cannulation of biliary stricture during endoscopic retrograde cholangiopancreatography: a randomized trial. Endoscopy. 2014; 46(10): 857-861. **10.** Park JS, Jeong S, and Lee DH. Effectiveness of a novel highly flexible-tip guidewire on selective biliary cannulation compared to conventional guidewire: Randomized control study. Digestive Endoscopy. 2018; 30: 245-251.

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OLYMPUS

OLYMPUS EUROPA SE & CO. KG
Postbox 10 49 08, 20034 Hamburg, Germany
Wendenstrasse 20, 20097 Hamburg, Germany
Phone: +49 40 23773-0, Fax: +49 40 233765
www.olympus-europa.com