

Case Report

Prophylaxis for PEP & Cholelithiasis

Wythenshawe Univ. Hospital
Manchester, U.K.

THE FUTURE IN
BIODEGRADABLE
GI PRODUCTS

ARCHIMEDES

Biodegradable Biliary and Pancreatic Stent



76 y/o female patient presented with obstructive jaundice due to cholelithiasis or gallstones in the common bile duct (CBD). Endoscopic stent placement was planned to allow remaining debris to clear the duct.

Sphincterotomy was performed prior to cannulation of the distal bile duct and a guidewire inserted. A transpapillary fast degrading pancreatic stent (6 F x 60 mm) was placed in order to mitigate the possibility of post-ERCP pancreatitis (PEP).



Image 1. Endoscopic view of the **ARCHIMEDES** biliary stent being placed into the CBD adjacent to the **ARCHIMEDES** pancreatic stent (green arrow).



Image 2. Helical structure of the **ARCHIMEDES** stent can clearly be seen as the stent is inserted into the CBD.

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A slow degrading (10 F x 80 mm) **ARCHIMEDES** biodegradable biliary stent was prepared per the included instructions for use (IFU) and implanted into the CBD, over a 0.035" guidewire, adjacent to the biodegradable pancreatic stent (image 1, 2, and 3).

Both the **ARCHIMEDES** biliary and pancreatic stents were left with their distal most portions in the duodenum to facilitate with drainage and mitigate the effects of PEP (image 4).



Image 3. Stent pusher being withdrawn after biliary stent has been placed into final position.

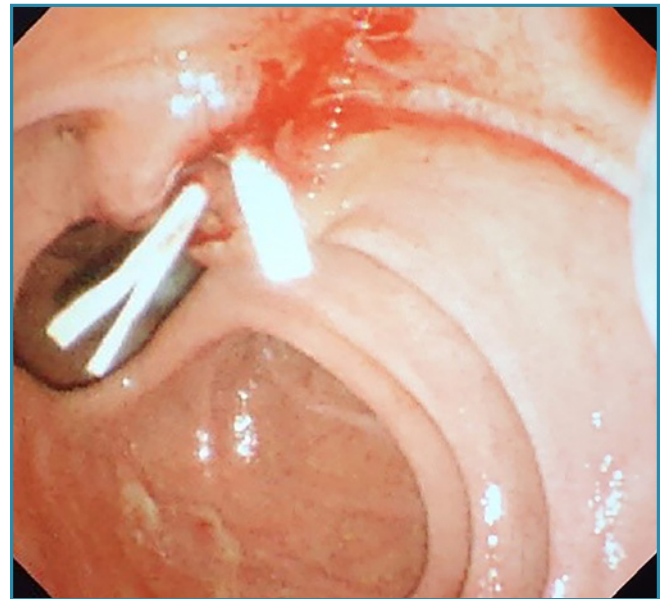


Image 4. Endoscopic view of both the **ARCHIMEDES** biodegradable biliary and pancreatic stents in final position.

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