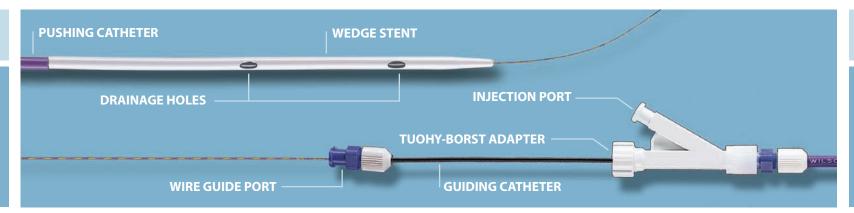


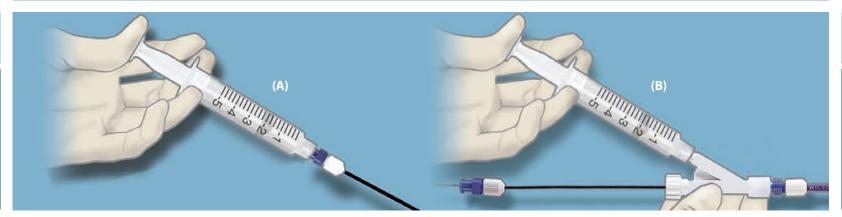
QUICK REFERENCE GUIDE

STEP 1



Perform complete diagnostic evaluation and determine proper stent. **PRECAUTION**: This stent should not be left indwelling for more than three months or as directed by a physician. Periodic evaluation is recommended.

STEP 2



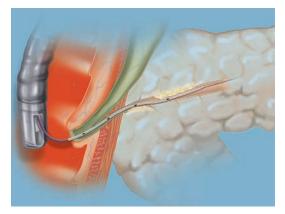
Flush the wire guide (A) and injection ports (B) on the wedge stent introducer with sterile water or saline. Advance the preloaded introducer (wedge end first) over the pre-positioned wire guide until it reaches the accessory channel. **NOTE:** If the stent is not preloaded, back load it onto the guiding catheter. Advance preloaded stent and introducer assembly over prepositioned wire guide and through the accessory channel until endoscopically visualized exiting the endoscope.

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STEP 3

STEP 4

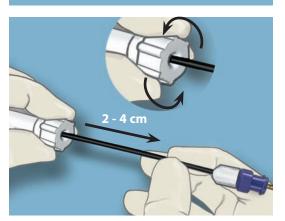
STEP 5



Slowly advance the radiopaque stent into the duct.



Fluoroscopically and endoscopically confirm desired stent position.



Loosen the Tuohy-Borst adapter and gently withdraw the guiding catheter 2-4 cm.

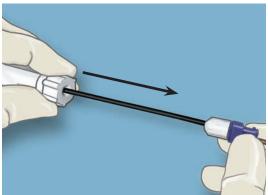
STEP 6

STEP 7

STEP 8



Lumen may be flushed to observe stent drainage.



Remove guiding catheter and wire guide while maintaining stent position with pushing catheter.



Fluoroscopically/endoscopically reconfirm stent position and remove the pushing catheter.

Refer to current instructions for detailed system use.



COOK ENDOSCOPY

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