Putting Zilver® 635 BILIARY SELF-EXPANDING STENT through its paces

CASE STUDY

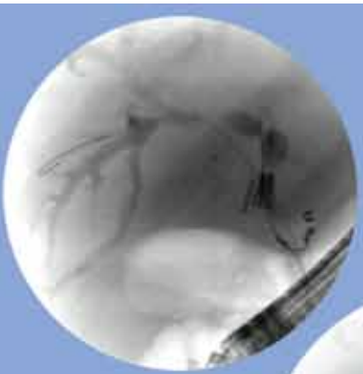

Figure 1

Figure 2

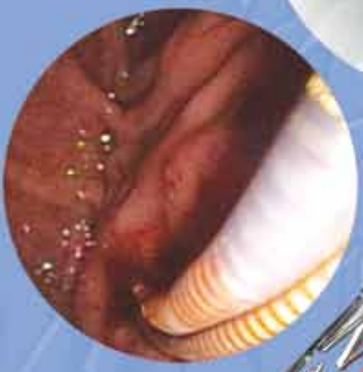

Figure 3

Figure 4

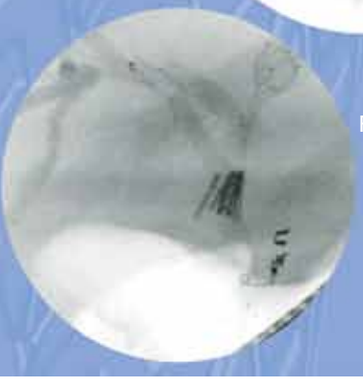

Figure 5

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Placing two metal stents for palliation of unresectable malignant hilar stricture used to be quite difficult prior to the introduction of Cook's Zilver® 635 Biliary Self-Expanding Stent because available stents could not be placed side-by-side using conventional duodenoscopes. However, with the new 6 FR Zilver, two stents can be placed simultaneously, greatly simplifying the procedure. Below is a case illustrating the technique of bilateral metal stent placement.

A 66-year-old patient was referred for palliative metal stenting of unresectable Bismuth IV hilar cholangiocarcinoma. First, wire guides were placed into left and right intrahepatic ducts under fluoroscopy. MRCP can help you select the appropriate dilated segment to drain but was unavailable in this case. Alternatively, EUS can be used to confirm the presence of intrahepatic biliary dilation. Next, contrast injection was done with the wire guides in place to make sure that any opacified intrahepatic segments can be stented (Figure 1). The stricture should be dilated prior to stenting unless the lumen is large enough to accept an ERCP catheter. The more difficult, left-sided stent should be placed first followed by the right-sided stent (Figure 2). Liberal use of lubrication (vegetable oil spray works well, Figure 3) facilitates the passage of the second Zilver stent beside the initial stent (Figure 4). Finally, the stents were deployed under fluoroscopy (Figure 5). It is unnecessary to stent the ampulla in patients with malignant hilar stricture, as in this case.