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An official publication of Cook Medical.

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We welcome your comments and suggestions.

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Tailoring IR Technology for ERCP Access

In developing the wire guide of the future, Cook Medical looked to its past. Fifty years ago, company founder Bill Cook and noted physician Dr. Charles Dotter formed a partnership and, leveraging the Seldinger technique, effectively created the field of interventional radiology (IR). Half a century later, Cook's Endoscopy division engineers tailored the company's market-leading IR wire guide technology specifically for ERCP access, leading to the development of the Acrobat Calibrated Tip Wire Guide.

Tip flexibility is the key to ERCP access and, over time, wire guide tips have become more and more flexible. The Acrobat has, measurably, one of the most flexible tips available in the GI market. And, it is the only wire guide that offers a calibrated, springcoil tip design—the same technology and spring coil tip that interventional radiologists rely on every day for difficult selective and superselective access throughout the vascular system. Now, whether for initial cannulation or navigating difficult strictures, the Acrobat has the flexibility and pushability to support successful patient outcomes.

From Art to Science

With the Acrobat, Cook's Endoscopy division thought of wire guides the way IR physicians do. IR practitioners-the original wire guide experts-choose a wire guide based on objective assessment of how flexible or stiff the tip of the wire is. Cook applied that

same principle to GI wire guides. So, instead of subjectively assessing how soft or flexible a wire guide is by feeling the tip or allowing it to flip in the air, Cook wanted to objectively quantify that assessment, to apply the physics behind the flexibility, shifting tip-flexibility assessment from an art to a science.

Quantifying Access Performance

To quantify tip flexibility, Cook used the same standardized test method that IR wire guides are measured against. This standardized test mechanically captured the amount of force in grams (gram-force) that are required to initiate an alpha loop at 1 cm from the distal tip, thus taking the subjectivity out of the assessment and making it objective.

The chart on page 3 illustrates that the Acrobat requires 16 grams for both the .035" and .025" diameters. What this means is that clinicians can now use the .035" diameter Acrobat and get the same flexibility as the .025" diameter Acrobat. Since it requires the least amount of gram force to initiate an alpha loop, the Acrobat wire guide is one of the most flexible on the GI market. That's how Cook has given GI physicians wire guide performance they can measure.