Salivary Duct Access

Gain and maintain access to the salivary duct while reducing trauma and maximizing efficiency.

Sialendoscopy represents an exciting **minimally invasive** alternative to a standard open surgical procedure to treat salivary duct disorders. Sialendoscopy has a variety of advantages for the patient, including minimal recovery time, no incision or subsequent scarring, minimized potential for nerve damage, preservation of the salivary gland¹ and early return to a normal diet. Sialendoscopy allows **stones to be removed in the office** with a low risk of major complications to the patient.

Cook Medical continually collaborates with physicians to improve procedures. Cook has partnered with leading physicians to create salivary duct access products that are designed to maintain access throughout the procedure and work together for greater control. This **control** can help reduce trauma for the patient and increase efficiency with every step.

"Cook's salivary duct access tools allow me to gain and maintain access to the duct, which gives me much greater control throughout the entire procedure."

Jack Kolenda, MD
Chief, Department of Otolaryngology
Oakville-Trafalgar Memorial Hospital
Oakville, Ontario

Dr. Kolenda is the inventor of the Kolenda Salivary Access Introducer Set and receives a royalty payment based upon Cook's license to use this technology.



Reference

1. Wallace E, Tauzin M, Hagan JP, et al. Management of giant sialoliths: review of the literature and preliminary experience with interventional sialendoscopy. *Laryngoscope*. 2010;120(10):1974-1978.

Resources

INTERVENTIONAL RADIOLOGY

LEAD MANAGEMENT

COOK MEDICAL

- 1. Chossegros C, Guyot L, Richard O, et al. A technical improvement in sialendoscopy to enter the salivary ducts. *Laryngoscope*. 2006;116(5):842-844.
- 2. Walvekar R, Razfar A, Carrau RL, et al. Sialendoscopy and associated complications: a preliminary experience. *Laryngoscope*. 2008;118(5):776-779.

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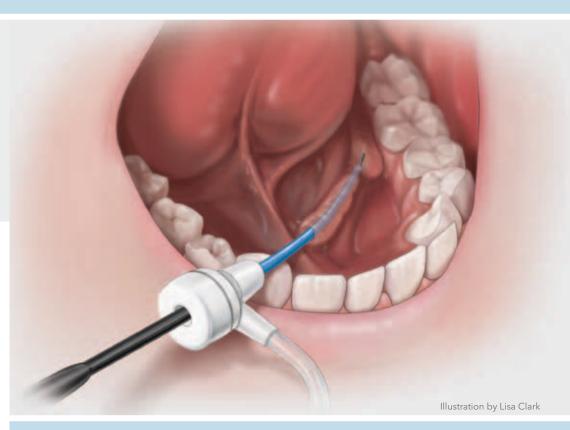
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GAIN AND MAINTAIN ACCESS



WIRE GUIDE

Gain and maintain access with a wire guide.

Sialendoscopy starts with accessing the salivary duct through the papilla. A flexible Cook soft-tip wire guide can be easily maneuvered into the duct. This guide allows you to easily gain and maintain ductal access throughout the procedure, reducing trauma and maximizing efficiency.



(2)

DILATOR SET

Minimize trauma with sequential dilation.

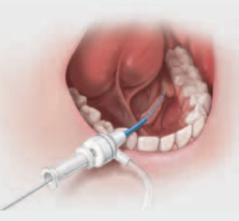
Once you establish access using the Cook soft-tip wire guide, a series of flexible dilators can be introduced over the wire to easily expand the papilla and prepare the salivary duct for the introduction of procedural instruments.



KOLENDA INTRODUCER SHEATH

Create a true working channel.

After the dilator set is used to expand the papilla, the sheath can be passed over the wire to create an open working channel into the salivary duct. The sheath also serves to protect the ductal wall, allowing easy insertion and removal of the procedural instruments.



Illustrations by Lisa Clark

| WIRE GUIDE | Order Number | Reference Part Number | Diameter inch | Length cm | Tip Configuration |
|------------|-----------------|--------------------------|------------------|--------------|----------------------|
| | G02255 | C-SF-18-40 | .018 | 40 | straight |
| ADAPTOR | G05301 | PMLLA-VTA-L | | | |

SALIVARY ACCESS
DILATOR SET

| Order Number | Reference Part Number | OD Fr/mm/inch |
|-----------------|--------------------------|------------------------------|
| G24131 | SDDS-18-20-HC | 4.0/1.35/.05 5.0/1.67/.06 |
| | | 6.0/2.0/.079 |
| | | 7.0/2.33/.09 |

Dilator

| KOLENDA | |
|----------|---------|
| SALIVARY | ACCESS |
| INTRODU | CER SET |

| Order Number | Reference Part Number | Introducer ID mm/inch | Wire Guide Diameter inch | Sheath Length cm |
|-----------------|--------------------------|-----------------------------|--------------------------------|------------------------|
| G24132 | SDAS-5.0-18 | 1.9/.074 | .018 | 5.5 |
| G24129 | SDAS-6.0-18 | 2.2/.087 | .018 | 5.5 |