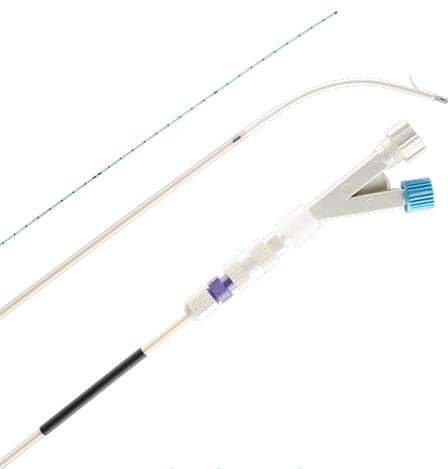


QUICK REFERENCE GUIDE

Fanelli Laparoscopic Endobiliary Stent Set

C-FBSS-100

The Fanelli Laparoscopic Endobiliary Stent may be placed via the cystic duct or directly through a choledochotomy. Introduction of the stent system differs slightly depending on the method used to perform cholangiography. Before introducing the stent system using the transcystic route, assess the size of the cystic duct. The outer diameter of the stent system is 8.5 Fr, and it is advisable to dilate the cystic duct using an over-the-wire biliary dilation balloon so the duct will accommodate the stent system.



Fanelli Laparoscopic Endobiliary Stent Set

Used for internal biliary drainage.

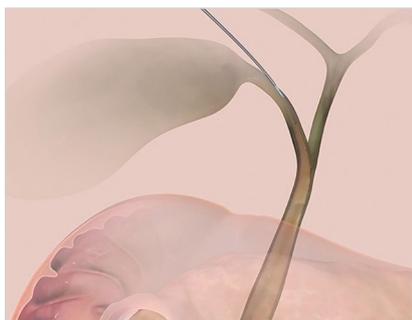
Order Number	Reference Part Number	Stent Fr	Stent Length Between Flaps cm	Stent Assembly Fr	Stent Assembly Length cm	Wire Guide Diameter inch	Wire Guide Length cm
G13699	C-FBSS-100	7.0	6	8.5	50	0.035	150

Some products or part numbers may not be available in all markets. Contact your local Cook representative or Customer Support & Delivery for details.

USING THE STENT

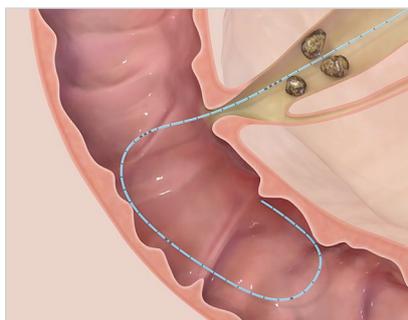
Step 1

Advance the wire guide through the wire port of the catheter, directed fluoroscopically.



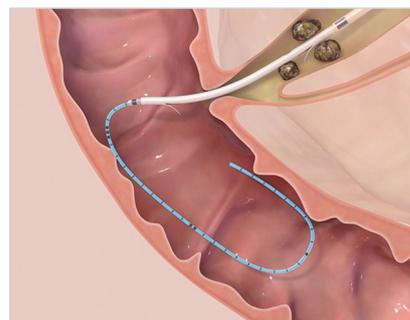
Step 2

About 15-20 cm of the flexible wire guide should be coiled within the duodenum. The cholangiogram catheter and clamp are removed over the wire guide while maintaining good wire position across the ampulla.



Step 3

The stent system is introduced over the wire guide, and four radiographic markers will be detected under fluoroscopic visualization.



The techniques presented in this guide are recommendations that should help you achieve optimal results, but this guide is not meant to be a substitute for the Instructions for Use.

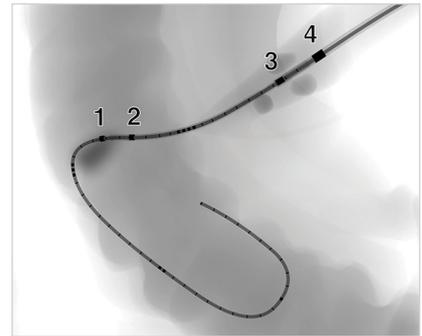
Step 4

Marker 1 appears at the distal tip of the inner guide, matching the position of the distal tip of the stent.

Marker 2 appears on the inner guide at a position that matches the distal flange of the stent and indicates proper position of the stent across the ampulla.

Marker 3 denotes the proximal flange. This marker should be kept above the ampulla to avoid deployment of the stent in a position that is too low in the bile duct.

Marker 4 is the largest marker. It represents the distal tip of the stent backstop.

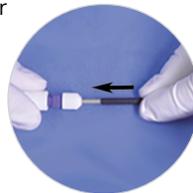


Step 5

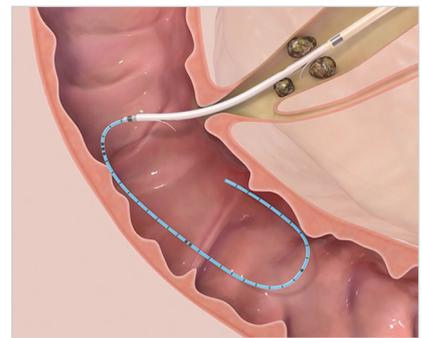
After the stent has been positioned across the ampulla, markers 1 and 2 should be within the duodenum. Markers 3 and 4 should be within the bile duct.

Step 6

It is deployed as follows: Slowly retract the outer sheath back toward both Luer connectors. Stop when the outer sheath contacts the white connector.



Note: Once you retract the outer sheath, you may not be able to retrieve the stent using the delivery mechanism.



Step 7

Remove the wire guide completely. Hold the purple connector securely without permitting it to move, and unscrew the white Luer hub from the purple Luer connector. Draw the white hub away from the assembly.



Step 8

After deployment, the surgeon may obtain a completion cholangiogram by injecting contrast through the purple Luer adapter before removal of the stent backstop. The backstop should be withdrawn into the proximal common bile duct before cholangiography is performed to avoid inadvertent contact with the previously placed stent.

