



ERCP—Access That Unlocks Opportunity

Innovative Device Platform Designed to Meet the Challenges of ERCP

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While endoscopic retrograde cholangiopancreatography (ERCP) is a valuable therapeutic intervention for many patients with pancreaticobiliary disorders¹, each phase of the procedure presents potential obstacles to success.

Optimal ERCP Outcomes Require Successful Completion of Three Essential Phases:

1. Access

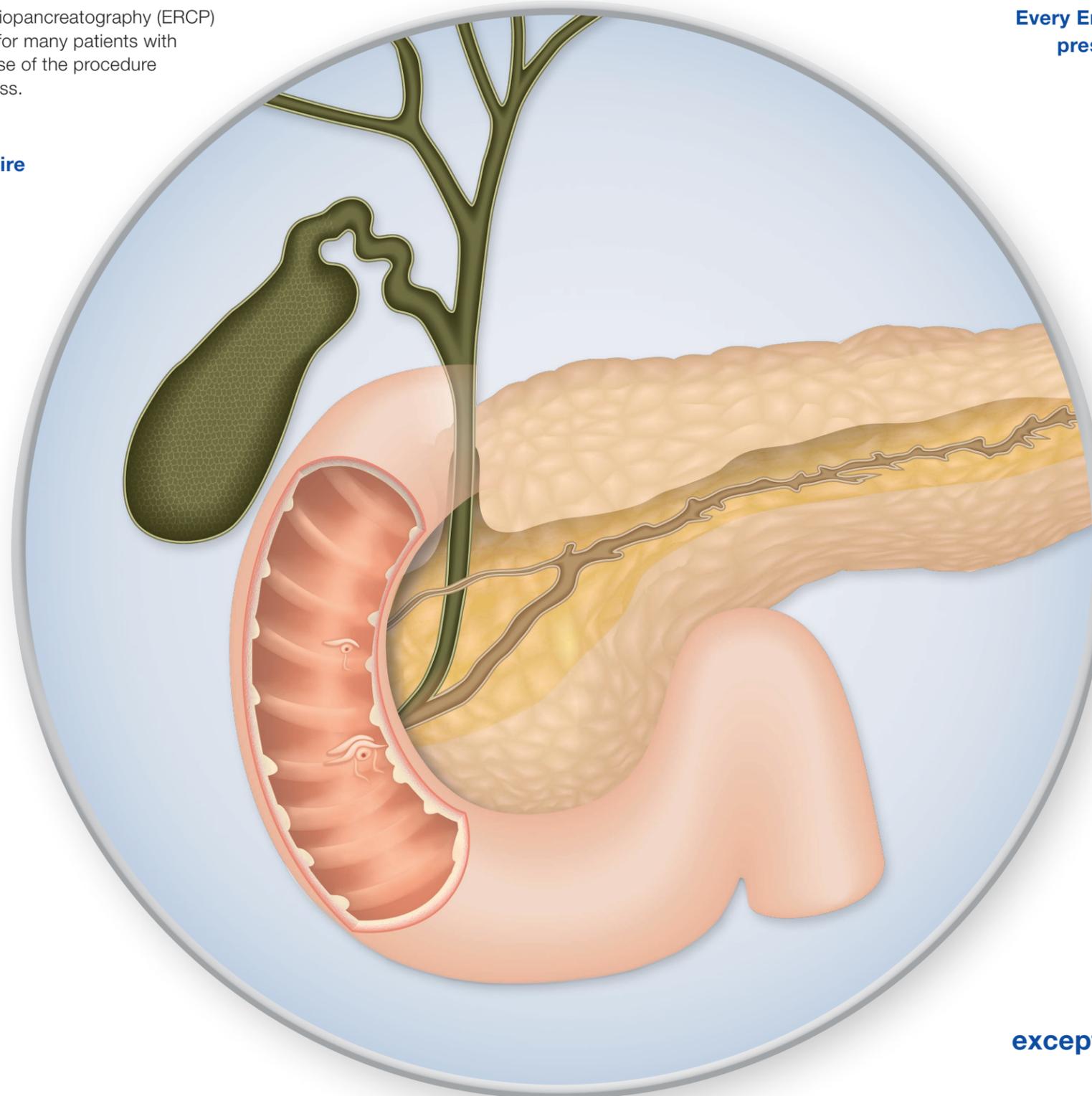
Limiting the amount of time, attempts and injections it takes to achieve deep cannulation of the desired duct is essential to avoid adverse events.^{2,3}

2. Exchange

Smooth device exchange while maintaining cannulation minimizes procedure time and patient risk.

3. Therapy

Effective and efficient pancreaticobiliary therapy is key to restoring drainage.



Every Endoscopic Retrograde Cholangiopancreatography (ERCP) procedure presents its own unique challenges:



9.7%

is the average of post-ERCP pancreatitis for all patients⁴



14.7%

is the average of post-ERCP pancreatitis in high risk patients⁴



0.1–2.0%

of patients suffer from clinically significant bleeding⁵



0.5–2.0%

of patients have cholangitis following an ERCP procedure⁶

With significant risk tied to ERCP, it is crucial to use the tools necessary for a safe and effective procedure.

Let the Olympus biliary portfolio be your key to success in Access, Exchange and Therapy for exceptional clinical outcomes and minimized patient risk.

Access

Innovative Device Platform Designed to Meet the Challenges of ERCP

Consistent Orientation Helps Achieve Cannulation Success

CleverCut3V Sphincterotomes*

Cannulation of the major papilla can be problematic. Prolonged papillary manipulation as a result of repeated attempts at cannulation is known to increase the risk of post-ERCP pancreatitis (PEP)⁷. The Olympus Access portfolio, including VisiGlide and CleverCut3V, offers innovative technology designed for successful cannulation, regardless of the challenges.

CleverCut3V Orientation

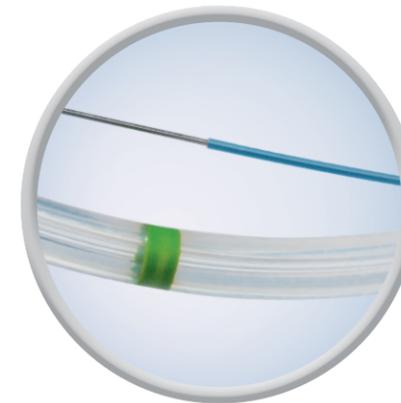
- The area between the 11 o'clock and 12 o'clock position is ideal for sphincterotomy⁸, carrying less risk for bleeding
- The pre-curved distal end of the CleverCut3V consistently extrudes to a stable 11 o'clock position, assisting with cannulation of the papilla and assuring optimized cutting



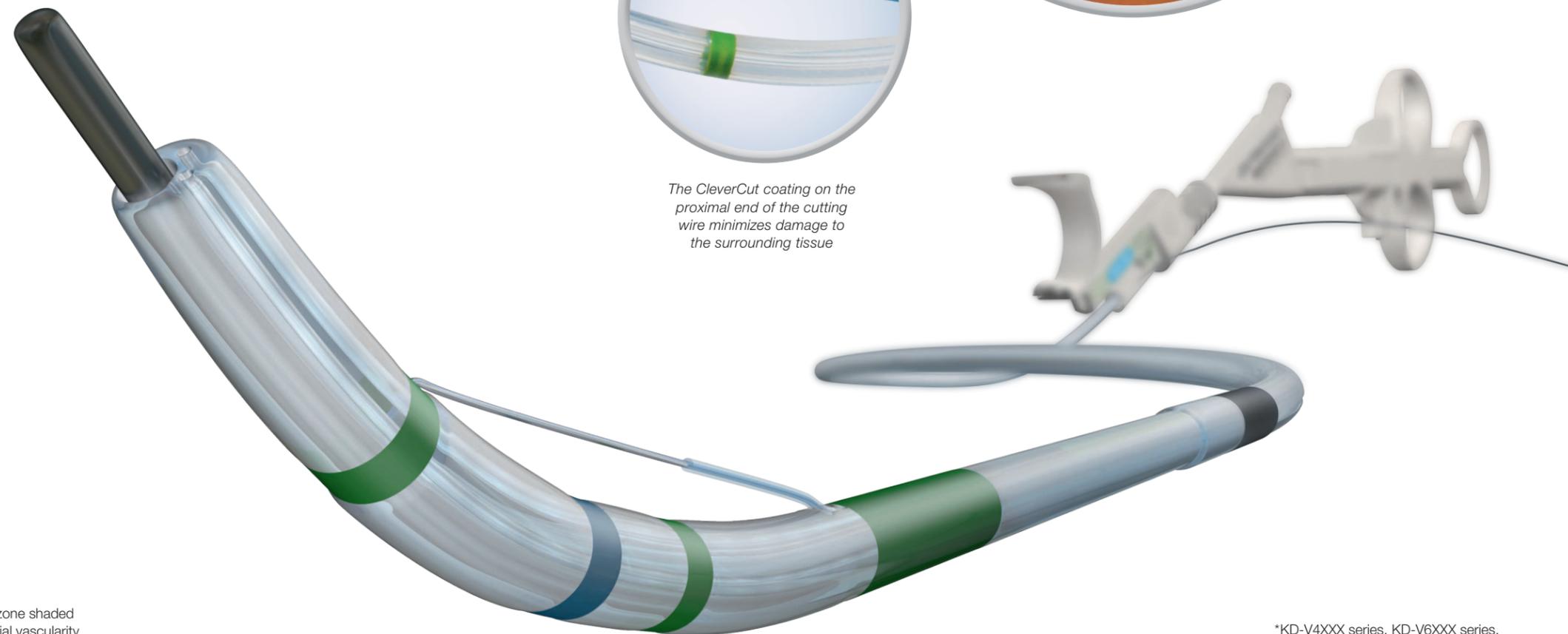
Papillary Vascularity Density⁹

The image above illustrates the density of arterial vascularity surrounding the papilla as shaded zones. The zone shaded in green represents the recommended cutting direction. Areas shaded in orange represent low density arterial vascularity suggesting reduced bleeding.

CleverCut3V positioned between 11 o'clock and 12 o'clock for ideal sphincterotomy



The CleverCut coating on the proximal end of the cutting wire minimizes damage to the surrounding tissue



*KD-V4XXX series, KD-V6XXX series, KD-VC4XXX series, and KD-VC6XXX series

Access

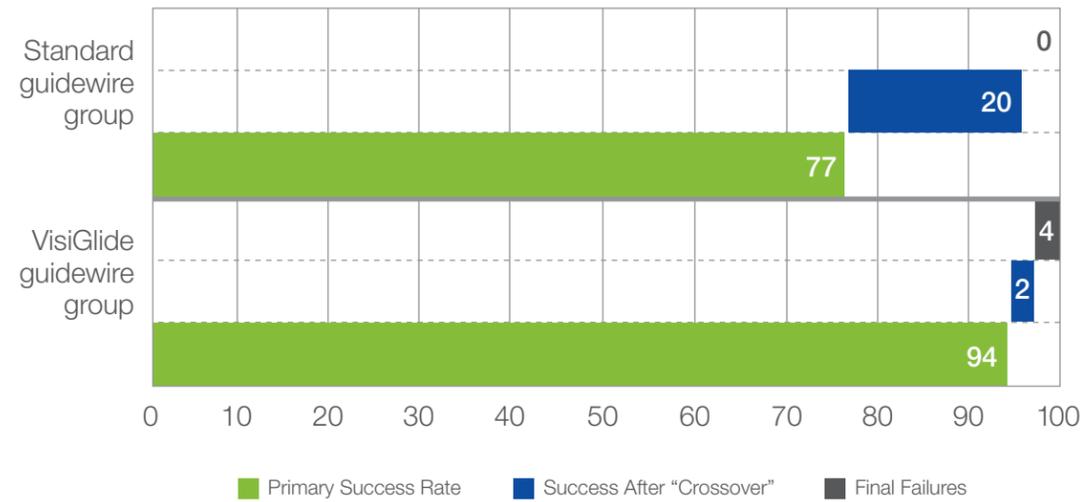
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Gain Access with Enhanced Ductal Navigation

VisiGlide Guidewires**

Attempting cannulation more than five times, and when time to cannulation exceeds five minutes, the rate of PEP greatly increases. Below is a cannulation success comparison between a VisiGlide guidewire group and a standard guidewire group.

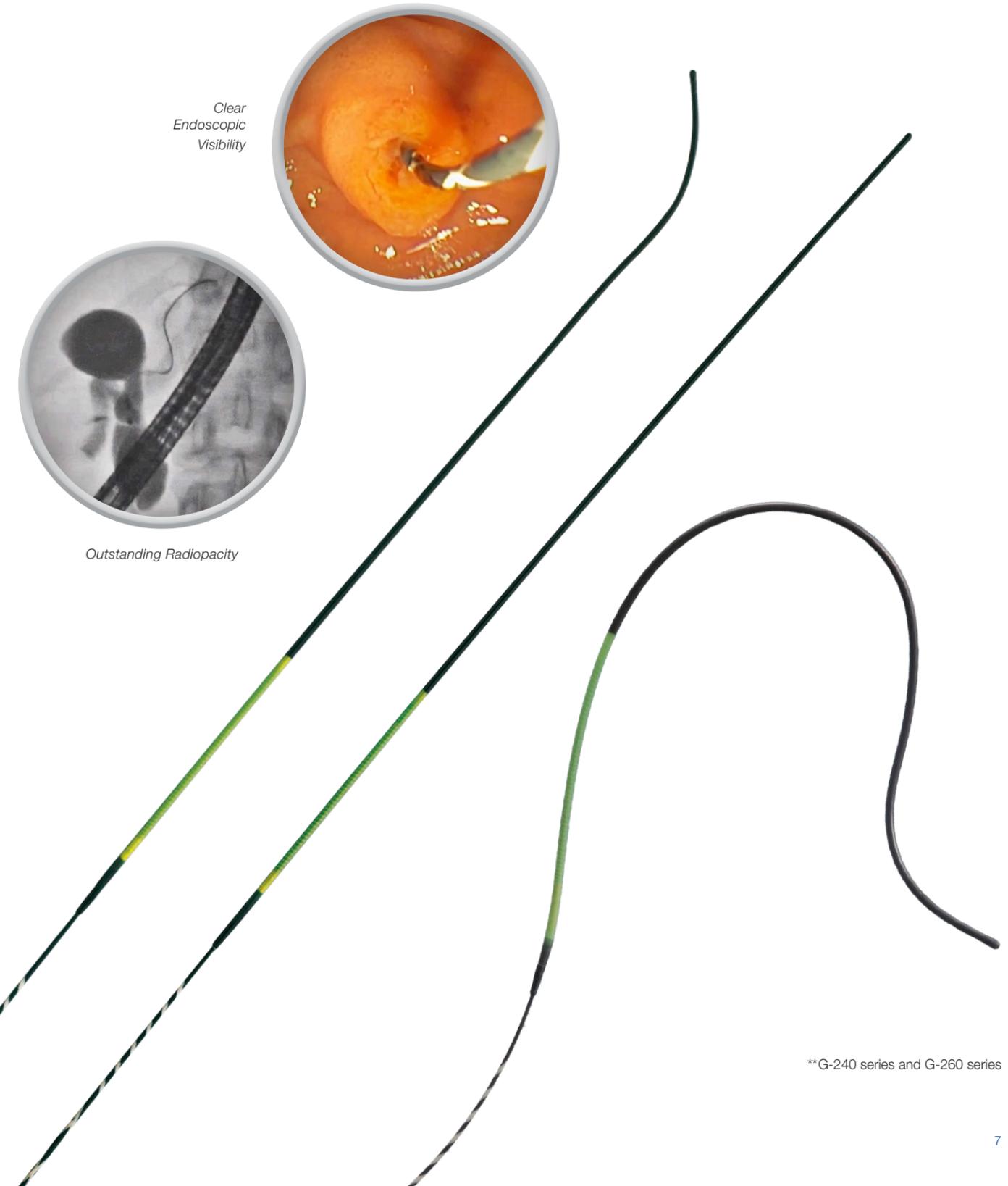
Cannulation Success Comparison



- Primary cannulation success was significantly higher in the VisiGlide group when compared to a fully hydrophilic and standard guidewire group.¹⁰
- With a flexible tip and uniquely constructed body, VisiGlide could replace a combination of flexible and standard guidewires and increase the success rate while decreasing the procedure time.

Guidewire Features

- The special design of the core wire gives the VisiGlide 1:1 torque control for easier cannulation of the hilar area and excellent stricture navigation
- The VisiGlide 2 has the ability to knuckle in order to navigate past side branches in the pancreatic duct
- With clinically proven cannulation success, VisiGlide¹⁰ and VisiGlide 2¹¹ provide the equivalent support of a regular 0.035-inch guidewire with a 0.025-inch diameter, significantly expanding the range of applicable procedures and consequently your access success



**G-240 series and G-260 series

Exchange

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Device Exchange Tailored to Your Technique

The Olympus ERCP System

Having the right tools will allow you to efficiently and effectively exchange devices, ensuring a more efficient procedure.

The Olympus ERCP system supports both long and short wire device exchange techniques and instills confidence in guidewire placement security.



External Guidewire Locking

The CleverLock (MAJ-2455) securely locks multiple guidewires, and provides seamless integration with Olympus endoscopes and Olympus EndoTherapy devices. Audible and tactile feedback instill confidence that biopsy valve is sealed for smooth device exchange without compromising air/bile leakage.



Internal Guidewire Locking

The Olympus TJF-Q190V duodenovideoscope provides the latest advancements in ERCP technology, offering an internal guidewire locking mechanism to give you confidence in guidewire placement. Innovative V-Groove locks and holds the guidewire ensuring a secure device exchange



Optimal C-Channel and C-Hook

The C-Channel and C-Hook enable physician or assistant control of the guidewire based on preferred device exchange technique.

Single-use Distal Cover

Allows for visualization of TJF-Q190V distal end and access for reprocessing accessories during manual cleaning. The cover is destroyed during removal, preventing unintended reuse.

Therapy

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Unlock Opportunities with a Multitude of Olympus Devices Designed for ERCP Success

Access

The Olympus Access portfolio features a range of devices to achieve successful ductal access across various anatomical and clinical conditions.

RevoWave Endoscopic Guidewire

Grooved wire body for smooth cannulation

GLIDEWIRE® Endoscopic Guidewire

Hydrophilic coating for smooth access during difficult procedures

Multi-3V Plus Extraction Balloons

Setting the gold standard for biliary or pancreatic stone retrieval

HANAROSTENT® Biliary Stent

Unique wire structure with nitinol hook-cross design

Stricture Management

The Olympus ERCP Stricture Management portfolio is designed to enable stricture diagnosis and restore biliary flow.

StoneMasterV

Two-in-one sphincterotome and papillary dilation balloon simplifies large stone retrieval

QuickPlaceV Biliary Stenting System

Effective and efficient biliary drainage

Stone Management

The Olympus ERCP Stone Management portfolio offers a variety of modalities for effective clearance of pancreaticobiliary stones.

LithoCrushV Mechanical Lithotripter

The only dedicated, true mechanical lithotripter

Rotatable Grasping Forceps

Strong alligator jaw design with rat tooth for safe and effective stent removal

VorticCatchV

Unique spiral design for challenging stone retrieval

MaxPass Dilation Balloon

Reliable biliary stricture dilation with rapid balloon deflation

FlowerBasketV and TetraCatchV Retrieval Baskets

Precision and versatility in stone retrieval

BrushMasterV Cytology Brush

Visible precision for critical diagnosis

Order numbers may be found in product catalog, or contact your local Olympus sales representative.

Olympus Services

Dedicated Support Beyond Products

At Olympus, we strive to be more than just a medical equipment provider to our customers. We provide end-to-end support, from the purchasing process to the procedure and reprocessing services, to build a relationship of trust.

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Olympus offers support over the phone and web, as well as on-site support services, to ensure that your team is well-prepared and has all of the tools they need for success.

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1. American Society for Gastrointestinal Endoscopy. The role of ERCP in benign diseases of the biliary tract. *Gastrointest Endosc.* 2015;81(4):795-803. 2. Baillie J. Difficult biliary access for ERCP. *Curr Gastroenterol Rep.* 2012;14(6):542-547. 3. Liao W-C, Angsuwatcharakon P, Isayama H, et al. International consensus recommendations for difficult biliary access. *Gastrointest Endosc.* 2017; 85(2): 296-304. 4. Kochar B, Akshintala VS, Afghani E, et al. Incidence, severity, and mortality of post-ERCP pancreatitis: a systematic review by using randomized, controlled trials. *Gastrointest Endosc* 2015 Jan; 81(1):143-9. 5. Freeman, Martin. "Complications of Endoscopic Retrograde Cholangiopancreatography." *Techniques in Gastrointestinal Endoscopy*, July 2012, pp. 148-155. 6. ASGE STANDARDS OF PRACTICE COMMITTEE. "Adverse Events Associated with ERCP." *GASTROINTESTINAL ENDOSCOPY*, vol. 85, no. 1, 2017, pp. 32-47. 7. Swan MP, Alexander S, Moss A, et al. Needle Knife Sphincterotomy Does Not Increase the Risk of Pancreatitis in Patients with Difficult Biliary Cannulation. *Clin Gastroenterol Hepatol* 2013 Apr; 11(4):430-6. 8. ESGE. Papillary cannulation and sphincterotomy techniques at ERCP: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. *Endoscopy* 2016. 9. Mirjalili SA and Stringer MD. The arterial supply of the major duodenal papilla and its relevance to endoscopic sphincterotomy. *Endoscopy* 2011; 43: 307-311. 10. Albert JG, Lucas K, Filmann N, Herrmann E, et al. A novel, stiff-shaft, flexible-tip guidewire for cannulation of biliary stricture during endoscopic retrograde cholangiopancreatography: a randomized trial. *Endoscopy.* 2014;46(10):857-861. 11. Park JS, Jeong S, and Lee DH. Effectiveness of a novel highly flexible-tip guidewire on selective biliary cannulation compared to conventional guidewire: Randomized control study. *Digestive Endoscopy.* 2018;30:245-251.

Service Agreements

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Olympus provides comprehensive coverage for all endoscope repairs, whether caused by daily use or accidental damage. Our 24/7 technical support provides on-site options to meet your facility's needs.

Reimbursement Guidelines Hotline

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