DAVID CARR-LOCKE: So we're going to demonstrate the use of the new NaviPro hydrophilic wire. This is the 260 centimeter length. So we're just going to start by canulating with a standard catheter, and then we'll show you how we exchange over the short hydrophilic wire.

So in order for this to work, the channel of this catheter has to be pre-flushed with water, which I've already done. And of course, the hydrophilic wire has been flushed through this port, and we're going to advance the wire down the catheter. Show me the catheter. Just push it out there. All right, so now the wire is the, yeah keep the light on.

So the wire is now at the tip of the catheter, ready for canullation. So Petros is going to go ahead and do that. Go ahead. Go, that's good, so that looks like a good position. So now I'm going to probe the wire, and magically, it goes immediately into the bile duct. Just like that.

So at this point, we are ready for an exchange. So we've decided here, since this patient has a bile duct [INAUDIBLE] that we knew the sphincterotome. So at this point, we will start the exchange process, and then my job is to advance the wire at the same speed as the endoscopist is removing the catheter. Go ahead.

All right, as soon as the wire's exposed, it's trapped in the elevator. Sometimes that's enough to keep it in position. I will still feed the wire in, as he is withdrawing. At this point, stop, at this point the wire is level with the tip of the hub. So just using a standard 10 CC syringe of saline, if the wire will stay trapped in the elevator, you can just try a little test to see if you can pull the catheter back. If it's enough, then we don't need to do this, but the extra security is to put a little pressure, a little hydrostatic pressure behind the wire, which is what I'm doing now,

You need to use a small syringe like a 10 or a five to give enough pressure. That's keeping the wire in place. The wire is not moving. So at this point, nobody is holding the wire, except the elevator of the endoscope. And then at the point that the wire is suddenly exposed at the valve, the endoscopist can now hold the wire. And I can take it and remove the catheter device.

In this case, we're going to place a sphincterotome over the wire. If we're not quick in doing this, it's necessary to wet the wire. This has already been pre-flushed. The guidewire channel is wet. It's still wet here, I think we're doing OK. If there's any doubt about that, I will stop and wet the wire as I insert it.

Remember that the wire is trapped in the elevator the whole time we're doing this, but it's still a need to be cautious that you don't pull on the wire. I will pass the sphincterotome over to Petros, who will then insert it, and again notice that nobody is holding the wire at this point.

I will re-insert the wire into its tube. Go ahead. Again, this will keep it wet and also very tidy, so it's not hanging out of the scope. If by any chance I need to withdraw the wire, I can do that. Now I have control of the wire. The sphincterotome is now in position across the papilla and we're ready for sphincterotomy.