

JAMES
BUXBAUM: We encountered a 21-year-old woman, with right upper quadrant pain, a bilirubin of 4. MRCP confirmed a bile duct stone. Given the high bilirubin, we proceeded with ERCP with stone removal. Initially, we inadvertently kept entering the pancreatic duct. But favorably, we were using Jag Revolution wire so it creates a knuckle, which provides a safety feature, and it's softer. And then we work towards accessing the bile duct.

You can see that we're advancing the wire. It's likely being caught against a large stone. And then it forms a knuckle. And the knuckle finds its way into the bile duct by finding the point of least resistance, then forming a tight knuckle and bypassing the stone. This allows us to access deep within the duct and then perform a sphincterotomy. And again, it's that tight knuckle which promotes safety, but also efficacy-- in that it finds a point of weakness between the stone, the duct, and wall.