JAMES BUXBAUM: In this case we encountered a 44-year-old woman with papillary stenosis. She had had a cholecystectomy and had recurrent episodes of dilated liver tests and abdominal pain. And initial attempt to cannulate was unsuccessful, so she was sent for referral. We see here the fluoriscopic images. In this case, there's a high risk of post ERCP pancreatitis. And so we use the knuckle of the Jag Revolution Wire as a safety mechanism.

The smooth, tight knuckles and allows us to push through [INAUDIBLE] deep in the bile duct to achieve cannulation and deep access. Which then allows us to implement further therapy. And we see this includes a sphincterotomy to open the ductal system. You can appreciate how tight this papillary stenosis is when we remove the sphinctertome we actually see the entire papillae being pulled backward.

And we acheive a stable position. And then we perform endoscopic sphincterotomy to treat this malady. In this case really we see that the smooth pushability in a tight knuckle of the angled tip Jag Revolution helped to optimize safety in a case which is high risk.