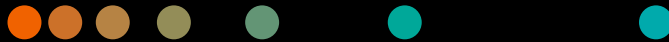
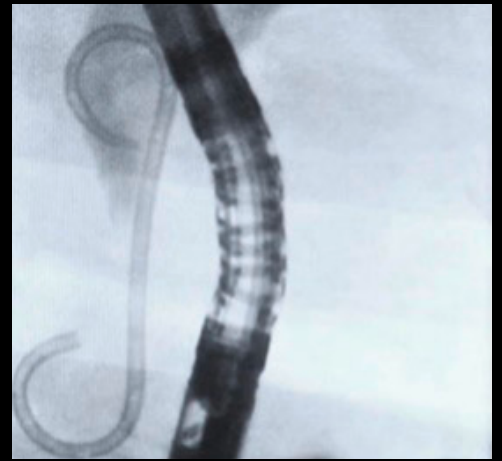


Study protocol

Endoscopic retrograde cholangiopancreatography (ERCP)



Courtesy of

First Medical Clinic,
Universitätsklinikum Erlangen,
Germany

System

Cios Alpha mobile C-arm

Case description

Patient history

70-year-old female

Remarks

ERCP is a standard procedure

Diagnosis

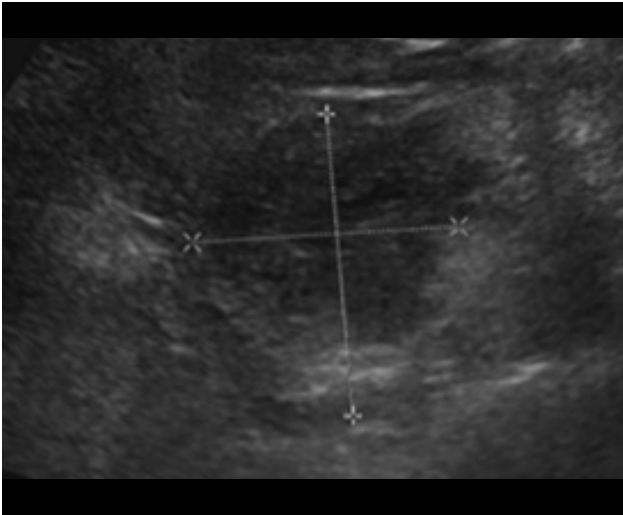
Patient with carcinoma of pancreas head; liver metastasis; distal stenosis with a common bile duct (Fig. 1)

Surgical procedure

Transoral approach: Wire inserted and guided through the catheter. Fluoroscopy used to check wire positioning. Bougienage of the stenosis and correct positioning of the stent controlled by both endoscopy and fluoroscopy. Check and documentation of the result by both endoscopy and fluoroscopy (Figs. 2–4).

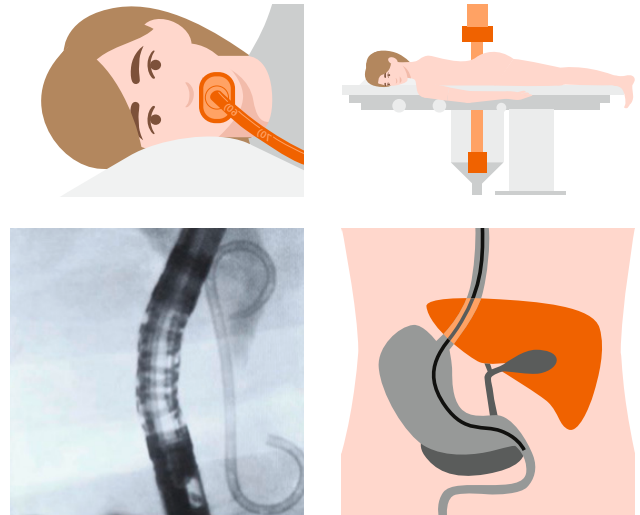
Clinical images and illustrations

Figure 1



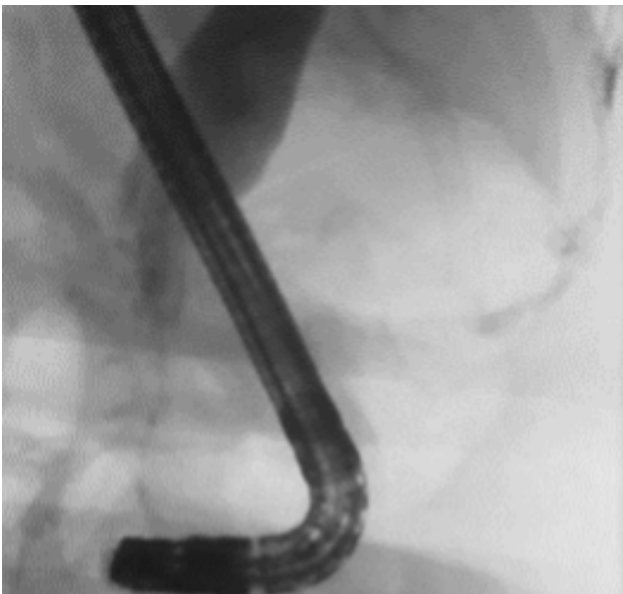
Ultrasound: 48 mm x 40 mm tumor shown by ultrasound

Figure 2



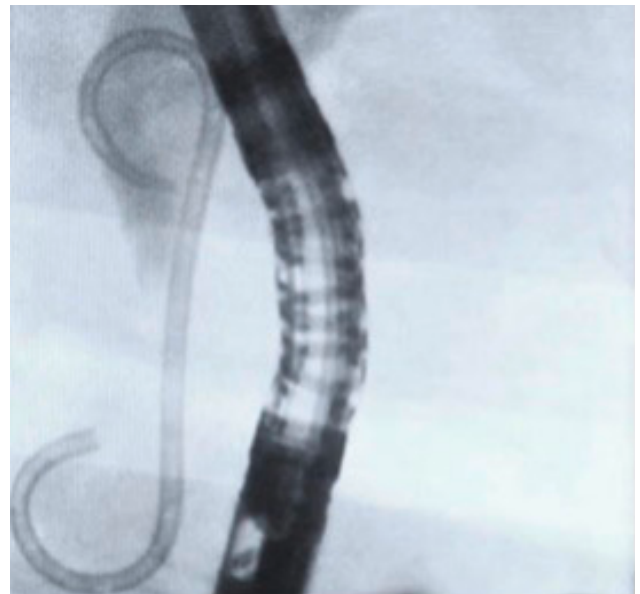
Endoscopic retrograde cholangiopancreatography (ERCP)

Figure 3



AP view abdominal region: Positioning of the endoscope. Fluoroscopy used for wire placement. Stent positioned in the correct place.

Figure 4



AP view abdominal region: Check using fluoroscopy. Correct placement of stent confirmed. Area of stenosis free of blockage; yellow liquid flows into duodenum.

The information presented in the study protocol is for illustration only and is not intended to be relied upon by the reader for instruction as to the practice of medicine. Any healthcare practitioner reading this information is reminded that they must use their own learning, training, and expertise in dealing with their individual patients. This material does not substitute for that duty and is not intended by Siemens Healthineers to be used for any purpose in that regard.

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