

## **BILIARY STENTING WITH ABSOLUTE CONTROL- A NOVEL MODIFICATION TO UNIVERSAL TECHNIQUE.**

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Endoscopic stenting is definitely a low risk alternative to surgical or percutaneous transhepatic decompression of biliary tree.

**Method:** After completing an ERCP and identifying the indication for biliary tree decompression, the guide wire is exchanged. The distal end of endoprosthesis (2-mm. from tip) and proximal end of pusher catheters (4 mm from tip) are tied up using a silk suture (loose knot approx. 2 cm). This assembly (stent –pusher catheters tied together) is then placed over the guide wire, fed into endoscope. Once stent is placed in proper position, the guide wire is pulled out, the pusher catheters can be separated from stent by a slight jerk.

**Discussion:** In the event of looping of guide wire in the duodenum, which may lead to dislodgement of wire, the scope has to be pulled out in order to retrieve the stent. The Stent-Pusher Catheter Assembly permits the endoscopist to pull out the stent without pulling out endoscope. Secondly, if the endoprosthesis has been advanced too deeply into the common bile duct, the knot permits to pull it out. In any undesirable event the Stent-Pusher Catheters Assembly saves time and provide absolute control. One of the authors (Y. Arya) has 10 years experience of putting small and medium sized (5 french – 8 french straight Amsterdam stents) by using this technique.