

HOW TO USE BILIARY/ PANCREATIC CATHETERIZATION INSTRUMENTS

- Patients need to diet for at least 6 hours before performing biliary stenting to ensure that the stomach and duodenum are clean and out of food;
 - Patients are fully informed about the drugs they are using to the treating doctor;
 - The patient has no history of allergy to the iodine in the contrast medium;
 - Take antibiotics before the procedure and continue for a few days after.
- Indication of use:
- Percutaneous biliary puncture under ultrasound guidance;
 - Place the intervention path, usually use type 5F;
 - Under the guidance of the screen (or DSA angiogram), the wire is passed through the narrowing hole into the duodenum. This is a crucial step to the success of the procedure. The performing physician needs to combine the hydrophilic wire and the catheter commonly used in angiography to pass through the obstructed site;
 - After the catheter used in angiography passes through the obstruction site and descends into the duodenum, the doctor replaces the hydrophilic lead with an Amplatz rigid wire, and replaces the intervention path in accordance with the requirements of the stent (specifically, For covered stents with a diameter of 10 mm, the access route may have to be a 10F type). The stent will be inserted through the patient's skin, following the Amplatz rigid wire through the narrow area. The length of the stent should be greater than the site of the fatigue duct stenosis, but it should not be too long because it may cause obstruction of the lateral biliary branches. In the case of using a covered stent, it is necessary to select the appropriate size for the lesion;
 - Set the path to save the secret to the outside to monitor and ensure safety. The drain is removed after 24 hours if there are no bleeding complications and good bile flow into the duodenum.

GIÁM ĐỐC



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