

Resource Requirements

<u>Fluoroscopy</u>: Fluoroscopy is recommended to be used with Catheter Guide to access the collection successfully. <u>Procedure Location</u>: If using Catheter Guide, the procedure should be performed in the GI Suite, **NOT the ICU**, to ensure adequate space and access to fluoroscopy.

Patient Selection Requirements-Tract Size

The combined outer diameter of a diagnostic gastroscope with Catheter Guide attached is approximately 17-18mm. Patient with LAMS: LAMS lumen diameter must be 20 mm.

Patient without LAMS: Cystgastrostomy must be dilated to 20 mm and longitudinal access tract must be ≤10 mm.

Anatomical Location: Catheter guide may be used in different locations throughout the stomach (see stent orientation below.)

Stent Orientation



Image courtesy of Murad Aburajab MD, FASGE



Image courtesy of Doug Adler MD, FASGE, FACG, AGAF



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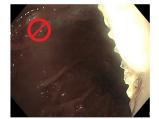
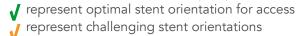


Image courtesy of Murad Aburajab MD, FASGE "Patient successfully treated with a through the scope EndoRotor 3.2 PED cathater."

Stent Orientation Limitations:

Access is easiest with limited scope tip deflection:

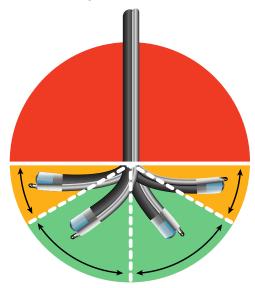


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represent orientations that may not be possible

represent orientations that may not be possible with catheter guide

Scope Angulation



Optimal: <60°

Possible: $\geq 60^{\circ} - <90^{\circ}$ Not possible: $\geq 90^{\circ}$

If access with Catheter Guide is not possible, consider treating with EndoRotor 3.2 PED. Catheter guide is not recommended for use in the small bowel.

Technique Considerations

Catheter Guide Set-up:

- Catheter Guide can be positioned axially at different points on the scope during set-up.
- If Catheter Guide is positioned directly opposite of the working channel of the endoscope, patient intubation may be challenging or not possible.

Collection Dimensions: Areas of the collection <20mm may be difficult or not possible to access with Catheter Guide.

Collection Navigation with Catheter Guide:

- To minimize the risk of procedural failure, pre-procedure imaging should be performed to identify location of necrotic debris within the collection.
- Location of necrotic debris within the collection can influence the success of the procedure.
- If debris is located in a tortuous location relevant to the collection access site, the procedure may be challenging or fail.