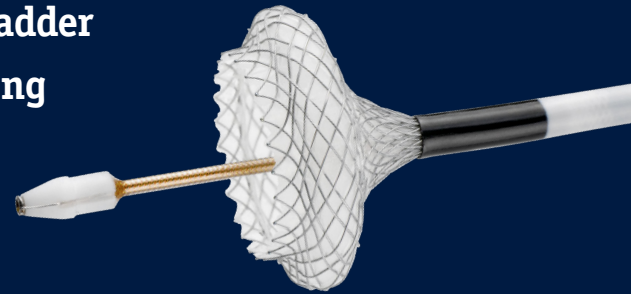




When surgery is not an option, EUS-guided gallbladder drainage may be a viable alternative for managing patients with acute cholecystitis.

Invented by
Dr. Kenneth Binmoeller



Patients deserve

an effective care option that can reduce their pain, reinterventions and preserve quality of life.



EUS-guided gallbladder drainage

is a way to keep a patient external drain free reducing the risk of repeat external drainage procedures and risk of infection.

Early laparoscopic cholecystectomy is considered in most cases the treatment of choice for acute cholecystitis. For patients who are deemed as non-surgical candidates including the elderly, critically ill and those with significant comorbidities, cholecystectomy is considered a high-risk procedure, and gallbladder drainage (GBD) is recommended as an alternative treatment.¹

Percutaneous transhepatic gallbladder drainage (PT-GBD) has been the most common GBD technique used in clinical practice and may be seen as the only suitable option for physicians not aware of treatment alternatives.

EUS-guided GBD gives physicians, including surgeons, interventional radiologists and therapeutic endoscopists a treatment pathway that may have benefits for the patient, clinical team and hospital.

Clinical Outcomes and Patient Experience

There are several clinical outcome benefits of EUS-guided drainage versus percutaneous cholecystostomy for non-surgical candidates.

In a peer-reviewed Randomized Controlled Trial, EUG-GB had the following clinical outcomes:

- Short- and long-term adverse event rates.²
- Reoccurrence rates.²
- Reinterventions.²
- Post-procedural pain.²

Reduces negative quality-of-life impacts associated specifically with external drains, including:

- Pain at drain site.³
- Inconvenience of maintenance.³
- Risk of infection at drain site.³
- Risk of inadvertent dislodgement.^{2,3}

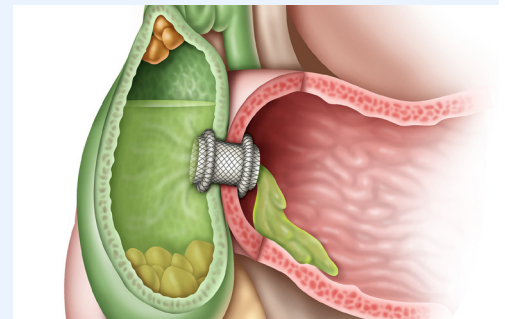


EUS-guided GBD may reduce unplanned hospital readmissions.²

DESIGNED TO TREAT A VARIETY OF PANCREATICO-BILIARY CONDITIONS

The Hot AXIOS Stent and Electrocautery-Enhanced Delivery System:

- Designed for the therapeutic endoscopists to safely and accurately access the bile duct, gallbladder or a pancreatic fluid collection from the gastrointestinal tract and place a Hot AXIOS lumen apposing stent.
- Indicated for use to facilitate transgastric or transduodenal endoscopic drainage of:
 - A pancreatic pseudocyst or a walled-off necrosis with $\geq 70\%$ fluid content.
 - Gallbladder in patients with acute cholecystitis who are at high risk or unsuitable for surgery.
 - The bile duct after failed ERCP in patients with biliary obstruction due to a malignant stricture.



The System:

- Combines a cautery-enabled access catheter with the therapeutic Hot AXIOS Stent for a streamlined, exchange-free procedure.
- Is used under combined endoscopic and EUS guidance. Its electrocautery-enhanced delivery system is designed to facilitate smooth, efficient access into the target structure while minimizing radiofrequency interference with visualization.

*Stents with different sizes may have different indications. Please refer to detailed indications for use in device instructions at IFU-BSCI.com.

1. Mori et al. Tokyo Guidelines 2018 : management strategies for gallbladder drainage in patients with acute cholecystitis (with videos). J Hepatobiliary Pancreatic Sci 2018.
2. Teoh AYB, Kitano M, Itoi T, et al. Endosonography-guided gallbladder drainage versus percutaneous cholecystostomy in very high-risk surgical patients with acute cholecystitis: an international randomised multicentre controlled superiority trial (DRAC 1) Gut 2020;69:1085-1091.
3. Irani S. et al. Similar Efficacies of Endoscopic Ultrasound Gallbladder Drainage With a Lumen-Apposing Metal Stent Versus Percutaneous Transhepatic Gallbladder Drainage for Acute Cholecystitis, Clinical Gastroenterology and Hepatology 2017;15:738-745.

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