

Holmium-YAG Laser Lithotripsy in the Treatment of Difficult Biliary Stones Utilizing Peroral Single Operator Cholangioscopy (SpyGlass): A Multi-Center Experience

Sandeep Patel ¹, Laura Rosenkranz ¹, Paul Tarnasky ², Isaac Raijman ³, Douglas Fishman ³, Paul Yeaton ⁴, Bryan Sauer ⁴, Michel Kahaleh ⁴

INTRODUCTION

5-10% of biliary stones are not amenable to standard endoscopic extraction techniques. Electrohydraulic and laser lithotripsy have been shown to be very effective in this setting but have been utilized sparingly. The recent development of single operator steerable cholangioscopy (SpyGlass, Boston Scientific, Natick, MA) now permits for routine use of these technologies.

We report our multi-center cumulative experience of using Holmium:YAG laser lithotripsy with SpyGlass cholangioscopy in the management of difficult intraductal biliary stones.

METHODS

Patients presenting with refractory bile ducts stones underwent ERCP with SpyGlass and Holmium:YAG lithotripsy using a SlimLine GI disposable laser probe (Lumenis, Santa Clara, CA). ERCP with SpyGlass was performed in the standard fashion. Once the stones were visually identified, the laser probe was placed in very close proximity to the stone and short bursts (< 5 sec) of energy (8-12 Watts) were applied until adequate fragmentation was achieved. Repeat ERCP sessions were performed as needed to achieve complete stone clearance. Safety and efficacy parameters were retrospectively collected utilizing a standardized data collection form.

RESULTS

31 pts (8 male, 23 female; mean age of 59.2 years ranging from 20-95) underwent holmium:YAG lithotripsy at four participating centers.

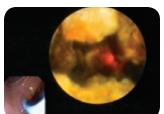




Figure 1

Figure 2

Procedural Outcomes	
Total number of patients	31
Patients with impacted stones	18/31 (58%)
Stone in CBD	23/31 (74.2%)
Stone in CHD	6/31 (19.3%)
Stone in IHBD	1/31 (3.2%)
Stone in CD	1/31 (3.2%)
Intra-ductal stone size	μ = 19.3 mm (9-30 mm)
Prior failed ERCP attempts	μ = 1.8 (1-6)
Sessions needed for ductal clearance	$\mu = 1.2$
Patients requiring one session	23/31 (74.2%)
Attained ductal clearance	31/31 (100%)
Procedural time	μ = 77.5 mm (5-105 mm)
Procedural-related complications	0/31 (0%)

CONCLUSIONS

- Peroral single operator (SpyGlass)- guided holmium:YAG lithotripsy is a safe and effective procedure in patients with difficult to manage biliary stones.
- Early utilization of this procedure may spare these patients unnecessary repeated ERCPs and the associated potential morbidity.

REFERENCES

Jakobs R, Maier M, Kohler B, Riemann JF. Peroral laser lithotripsy of difficult intrahepatic and extrahepatic bile duct stones: Laser effectiveness using an automatic stone-tissue discrimination system. Am J Gastroenterol 1996; 91:468

Binmoeller JF, Bruckner M, Thonke F, Soehendra N. Treatment of difficult bile duct stones using mechanical, electrohydraulic and extracorporeal shock wave lithotripsy. Endoscopy 1993: 75:201

Blomley MJ, Nicholson DA, Bartal G, et al. Holmium-YAG laser for gallstone fragmentation: an endoscopic tool. Gut 1995; 36:442

Weickert U, Muhlen E, Janssen J, et al. The holmium-YAG laser: A suitable instrument for stone fragmentation in choledocholithiasis. The assessment of the results of its use under babyscopic control. Dtsch Med Wochenschr 1999; 124:514

Shamamian P, Grasso M. Management of complex biliary tract calculi with a holmium laser J Gastrointest Surg 2004; 8:191

Presented at DDW 2009 - Chicago, Illinois