Laser Lithotripsy of biliary stone via choledochoscopic route HE 3

Indication	Intrahepatic duct stone
Procedure	Percutaneous choledochoscopic lithotripsy
Positoning	Supine, both hands abduction（有IV ACCESS手放心口）
LA	1% lignocaine x LA 10ml luer lock syringe x 1 23 G needle x 1(Blue needle)
Consumable	New PTBD tubing (from ward)(as surgeon requests) For reusable choledochoscope: 3 way x 1 Y-set x 1 Disposable suction valve Disposable irrigation plug Tipless basket (Fr 1.9 basket from uro/ F2.4 basket from SURG(Bay B)) Guide wire x 1(Uro Yigao guidewire/jagwire(ERCP))*need to ask surgeon beforehand +/- Biopsy Forceps (Micro- tech) Universal Drape Short R/G 11 blade X-ray bag 1016 Irrigation pouch x 1 Suction tubing x 2 PCNL dilator set 20 ml syringe(no luer lock) x2 Universal adapter for connecting to BSB
Equipment	X-ray Niagara pump Laser TV system Side monitor
Instrument	Reusable choledochoscope S003(Minor operation set) Insufflating tube with metal connector x 1 Laser 365 x 1 U002 x 2 U003 x 1 Yellow Kidney dish x 2
Irrigation	NS 1000 Contrast 1: 1
Suture	As surgeons' preference 2-0 vicryl 2-0 ethilon (For anchor)
Dressing	Cosmopore Large Tegaderm
Procedure:	1. Supine

	2. Alcoholic skin prep 3. LA infiltration 4. Choledochoscope via old PTBD site, then insert the guidewire 5. Remove the old PTBD drain and insert dilators of the PCNL set. (Fr14,16 and 18)*depends on surgeon's request. 6. Laser lithotripsy performed under choledochoscopy guidance. 7. Collect the fragmented gallstones with baskets 8. Insertion of new PTBD over guidewire under fluoroscopy guidance. 9. Anchored the drain. 10. Applied keyhole dressing, PTBD to BSB.
Remarks:	1. Make sure patients have IV access (*Usually with IV sedation, e.g. fentanyl and midazolam) 2. Make sure the new PTBD tubing requested by the surgeons are brought along with the patients from ward 3. Remember to video-recording during operation. 4. Noticed the entry site (PTBD position) before operation because there are TWO settings LEFT side or RIGHT side.

Layout of the procedure

The layout of equipment and the positioning of the surgical team depend on which side the patient's PTBD is located.

Example

*If the PTBD is located on patient's **RIGHT** side,

