



# Directional movement guide for digital single-operator cholangioscopy system

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## INTRODUCTION

Digital single-operator cholangioscopy is an endoscopic procedure characterized by the use of a minimally invasive flexible endoscope to examine and treat biliary tract diseases.<sup>1,2</sup> Despite the known advantages of digital single-operator cholangioscopy, the adoption of this technique by endoscopists remains low because of its high costs, lack of guidelines, and few training programs.<sup>1</sup> Unfamiliarity with cholangioscopy among endoscopists may translate to a steeper learning curve, which can increase procedure time, errors, and adverse events.<sup>1,3</sup> There is limited literature specifically focused on training methods for cholangioscopy. Previous studies on training consist of percutaneous cholangioscopy, use of a porcine model, as well as a 3-dimensional printing model.<sup>4-7</sup>

## AIM AND METHOD

The aim of this video article is to provide a simplified guide to the basic movements and combination movements for 2 commercially available cholangioscope systems. SpyGlass DS II (Boston Scientific, Marlborough, Mass, USA) and 9F EyeMax (Micro-Tech Nanjing Co, Ltd, Nanjing, China) were both used to demonstrate the movement inside a custom biliary tract model (Pulse MDM, Holland, Pa, USA). The rotational direction for each wheel and its corresponding movement was observed inside the model. The 2 cholan-

gioscopy systems use a 2-wheeled control mechanism with similar directional movements (Video 1, available online at [www.videogie.org](http://www.videogie.org)). This guide categorizes these movements into 2 primary types: basic and combination. Basic movements involve the independent rotation of a single wheel, whereas combination movements involve coordinated movements achieved through combinations of these basic rotations. Although there are various possible rotation patterns to designate specific directions, the authors of this study present a straightforward and systematic method employing a clockface-based interface for navigating the entire circular range.

## BASIC MOVEMENTS

Clockwise rotation of the large wheel positions the cholangioscope at the 4- to 5-o'clock position (Fig. 1). Counterclockwise rotation of the large wheel positions the cholangioscope at the 10- to 11-o'clock position (Fig. 2). Clockwise rotation of the small wheel positions the cholangioscope at the 1- to 2-o'clock position (Fig. 3). Counterclockwise rotation of the small wheel positions the cholangioscope at the 7- to 8-o'clock position (Fig. 4).

## COMBINATION MOVEMENTS

The large wheel is first locked in a clockwise rotation followed by a clockwise half-rotation of the small wheel, which positions the cholangioscope at the 3-o'clock position (Fig. 5). The large wheel is first locked in a clockwise rotation followed by a counterclockwise half-rotation of the small wheel, which positions the cholangioscope at the 6-o'clock position (Fig. 6). The large wheel is first locked in a counterclockwise rotation followed by a counterclockwise half-rotation of the small wheel, which positions the cholangioscope at the 9-o'clock position (Fig. 7). The large wheel is first locked in a counterclockwise rotation followed by a clockwise half-rotation of the small wheel, which positions the cholangioscope at the 12-o'clock position (Fig. 8).

## LIMITATIONS

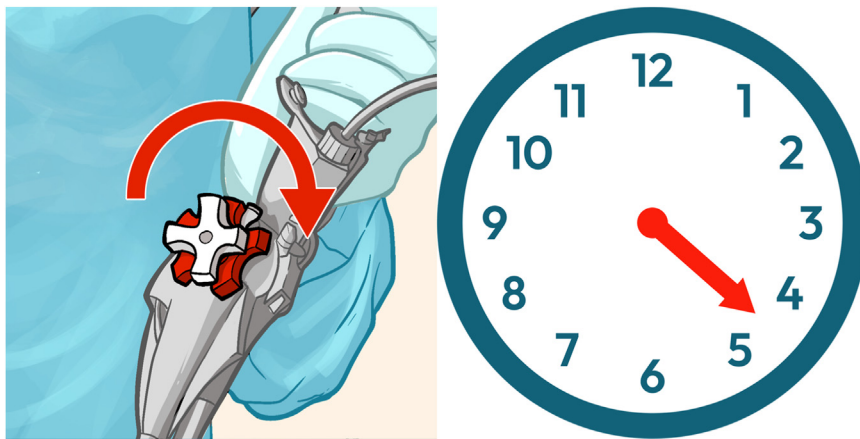
Our endoscopy unit uses only 2 cholangioscopes: the 9F EyeMax and the SpyGlass DS II, which possesses a

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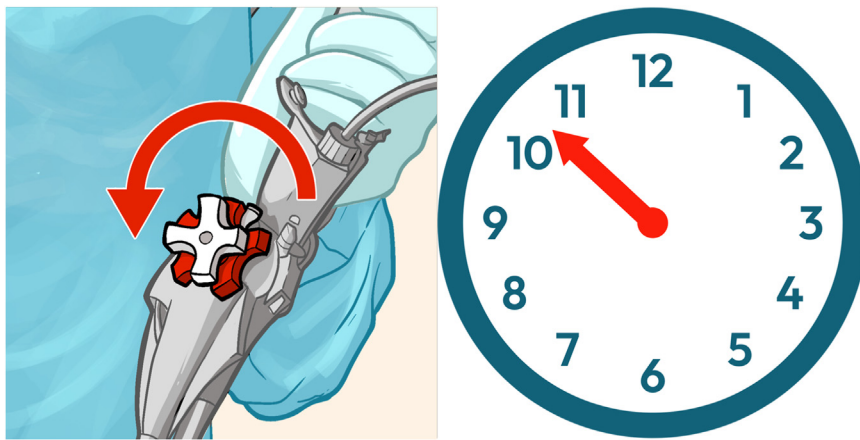
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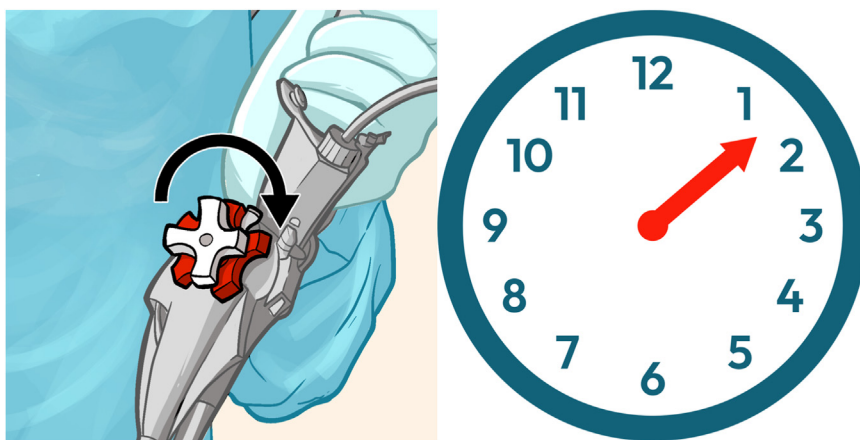
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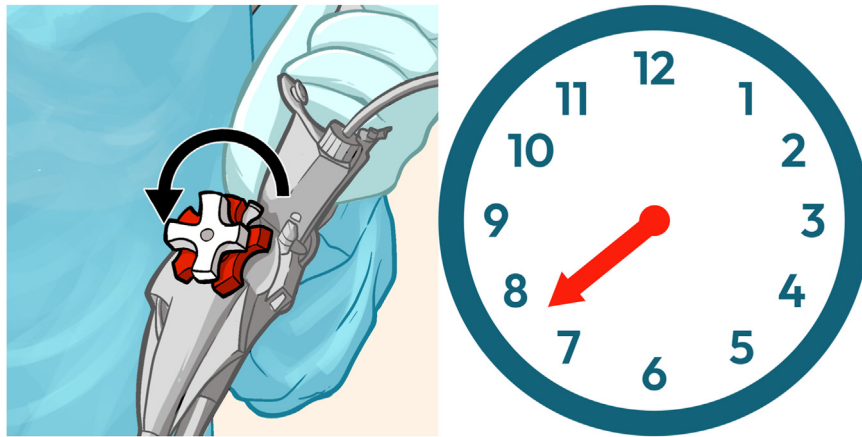
**Figure 1.** Clockwise rotation of the large wheel positions the cholangioscope at the 4- to 5-o'clock position.



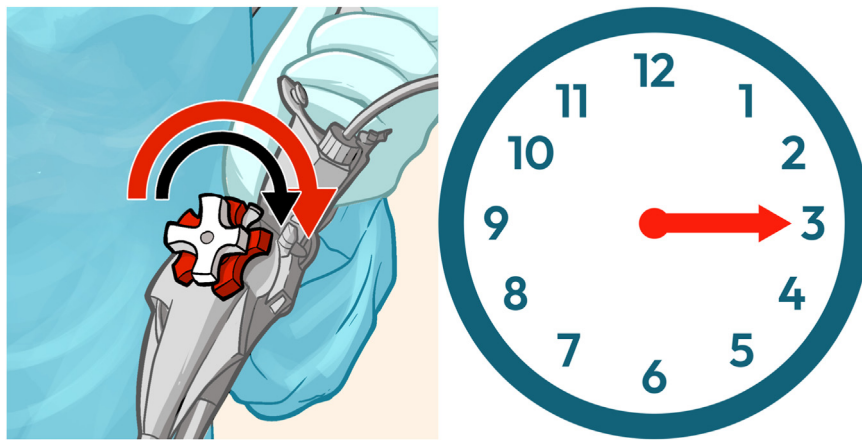
**Figure 2.** Counterclockwise rotation of the large wheel positions the cholangioscope at the 10- to 11-o'clock position.



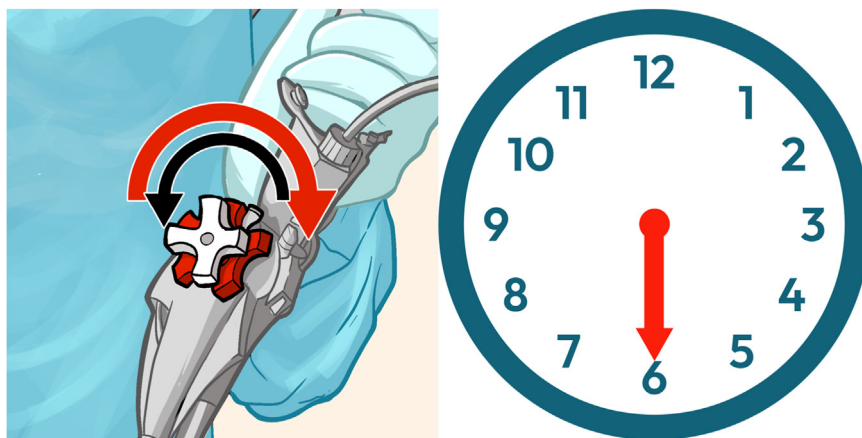
**Figure 3.** Clockwise rotation of the small wheel positions the cholangioscope at the 1- to 2-o'clock position.



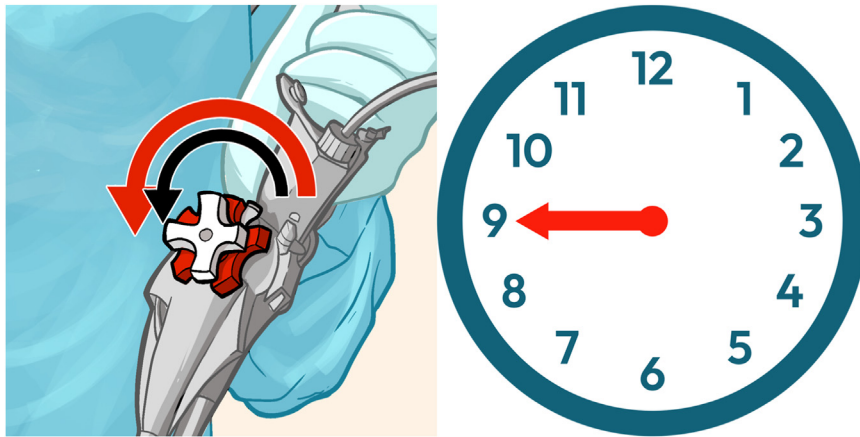
**Figure 4.** Counterclockwise rotation of the small wheel positions the cholangioscope at the 7- to 8-o'clock position.



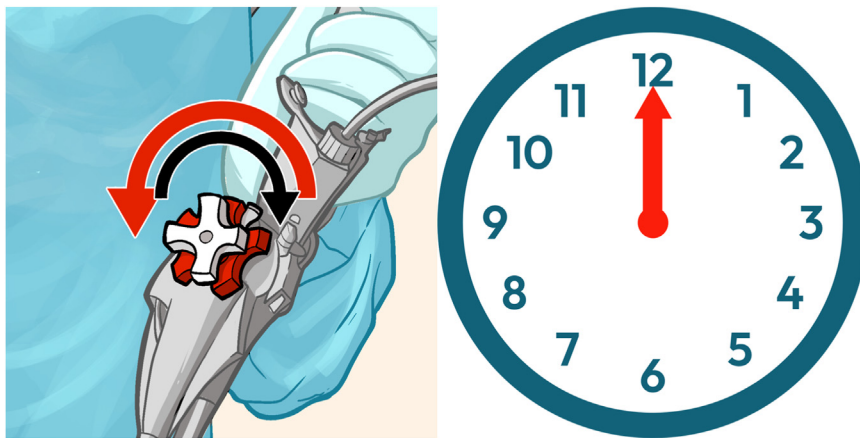
**Figure 5.** Clockwise rotation of the large wheel, followed by clockwise half-rotation of the small wheel, positions the cholangioscope at the 3-o'clock position.



**Figure 6.** Clockwise rotation of the large wheel, followed by counterclockwise half-rotation of the small wheel, positions the cholangioscope at the 6-o'clock position.



**Figure 7.** Counterclockwise rotation of the large wheel, followed by counterclockwise half-rotation of the small wheel, positions the cholangioscope at the 9-o'clock position.



**Figure 8.** Counterclockwise rotation of the large wheel, followed by clockwise half-rotation of the small wheel, positions the cholangioscope at the 12-o'clock position.

diameter of 10.5F. Both instruments exhibit comparable dimensions. There are other commercially available cholangioscopes with diameters of 7F and 11F. It is possible that these may necessitate distinct rotational patterns for manipulation as the result of their difference in caliber from the ones used in the study. This movement guide can be limited by an inherent anatomical variability and restricted cholangioscope maneuverability encountered in patients with biliary tract pathology. In addition, the presence of accessories within the working channel of the cholangioscope may limit instrument movement.

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**DISCLOSURE**

All authors disclosed no financial relationships.

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**REFERENCES**

1. Karagyozov P, Boeva I, Tishkov I. Role of digital single-operator cholangioscopy in the diagnosis and treatment of biliary disorders. *World J Gastrointest Endosc* 2019;11:31.

2. Lee T, Teng TZ, Shelat VG. Choledochoscopy: an update. *World J Gastrointest Endosc* 2021;13:571.
3. Sethi A, Chen YK, Austin GL, et al. ERCP with cholangiopancreatography may be associated with higher rates of complications than ERCP alone: a single-center experience. *Gastrointest Endosc* 2011;73:251-6.
4. Gerges C, Vázquez AG, Tringali A, et al. Percutaneous transhepatic cholangioscopy using a single-operator cholangioscope (pSOC), a retrospective, observational, multicenter study. *Surg Endosc* 2021;1:1-7.
5. Palermo M, Fendrich I, Ronchi A, et al. Laparoscopic common bile duct exploration using a single-operator cholangioscope. *J Laparoendosc Adv Surg Tech* 2020;30:989-92.
6. Lin CC, Chen CJ, Chu CH, et al. Evaluating the feasibility of direct peroral cholangioscopy training with an endoscopic simulator. *Dig Dis Sci* 2012;57:2016-21.
7. Li A, Tang R, Rong Z, et al. The use of three-dimensional printing model in the training of choledochoscopy techniques. *World J Surg* 2018;42:4033-8.