Colonic stenting as a bridge to surgery in obstructing colorectal cancer. Five years' experience from Tertiary referral Centre.

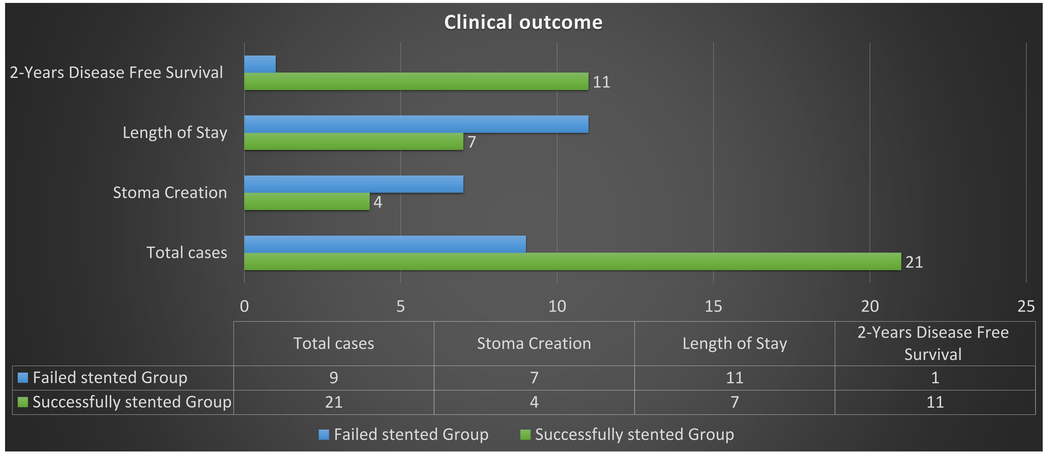
Authors:
M. Khawar [1], M. Dhaheri [1], I. Amer [1], M. Afzal [1], M. Yousif [1], A. Ahmed[1], M. Abunada [1], A. Parvaiz [1 2]
[1] Department of Colorectal surgery, Hamad General Hospital, Doha, Qatar.
[2] Poole General Hospital, Poole United Kingdom.

Abstract:

Introduction: *Colonic stenting is used as an alternate way of ameliorating obstructive symptoms in the management of acute colonic obstruction. When successfully performed; it provides potential advantage to convert emergency to elective procedure leading to better short-term outcomes. We present our experience of utilization of colonic stent as a bridge to surgery from single Centre practice over five years.*

Results: *Total of 485 patients with colonic cancer were treated at our institution. 44/485 (9%) required emergency endoscopic stenting to relieve colonic obstruction. 35/44 (79%) patients had successful clinical response to stenting. 14/44 (32%) had procedure performed with palliative intent and did not require surgery. 21/44 (48%) underwent elective procedure while the remaining 9 (20%) patients required emergency surgery. The median time for the elective resection following stent placement was 6 weeks (range 4-8 weeks). Laparoscopic resection was performed in 19/21 (90%) of elective resections with 9% conversion rate to open surgery.*

The results for both elective (successfully stented group) and emergency (failed stented group) resections are shown below.



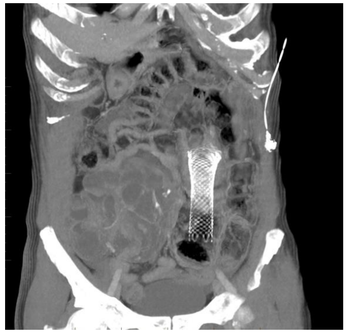


Fig A: CT image showing Colonic Stent

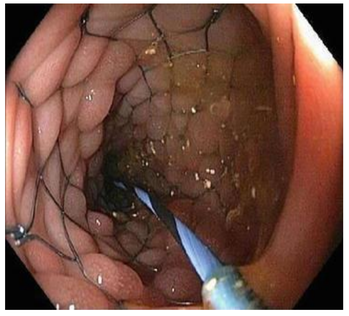


Fig B: Endoscopic picture of Colonic Stent placement

Conclusion: *Colonic stenting is associated with higher success rates for the relief of obstruction. It provides an opportunity to convert emergency to elective resection leading to significantly lower stoma formation, shorter length of stay and better disease-free survival in our study.*