PROLONGED USE OF FULLY COVERED STENTS IN PATIENTS WITH FOREGUT OBSTRUCTIONS

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INTRODUCTION

Endoscopic therapy is a mainstay of management of benign esophageal and gastrointestinal strictures

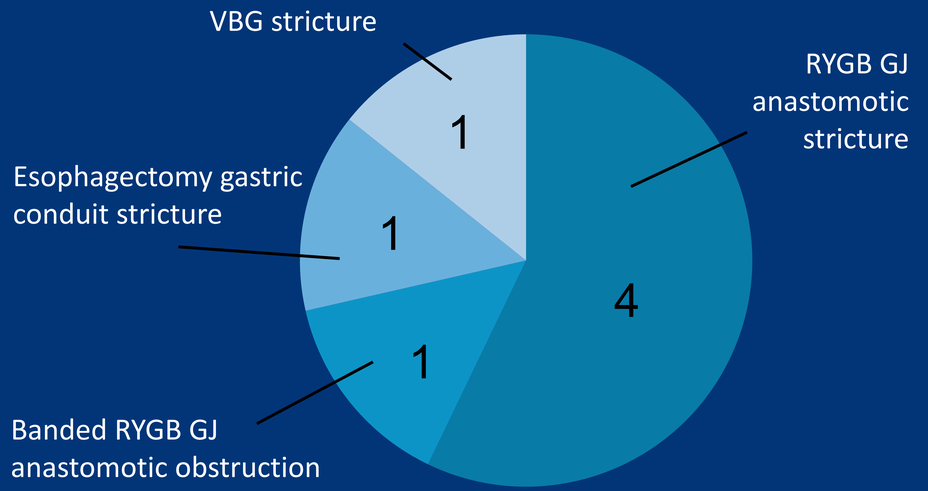
Methods include balloon dilation, steroid injection, incisional stricturoplasty, and temporary stent placement. However, these short-term therapies involve risks including bleeding, perforation or the need for multiple endoscopic staged procedures. We present a series of patients for whom prolonged fully covered short (AXIOS ™) stent placement has provided symptomatic relief, an improved quality of life, and minimal lifestyle disruption.

METHODS

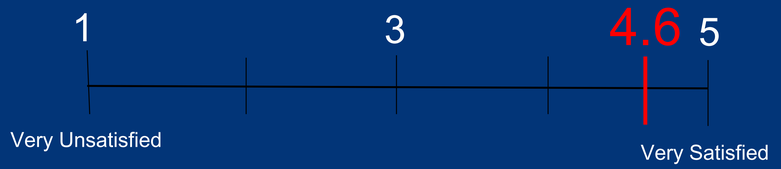
We conducted a retrospective chart review of 7 patients who underwent endoscopic placement of an AXIOS ™ stent for management of upper GI strictures from 1/2021 to 9/2023. Patients were surveilled at 6 weeks, 3-6 months, 12 months, and beyond with upper endoscopy and/or upper GI fluoroscopy. Patient-reported current diet, relative weight stability, pain score and overall satisfaction were surveyed.

RESULTS

7 TOTAL PATIENTS WITH PROLONGED OR PLANNED PROLONGED AXIOS STENT PLACEMENT



PATIENT MEAN SATISFACTION SCORE



PATIENT-REPORTED OUTCOMES

# OF PATIENTS	OUTCOME
0	Experienced ongoing pain
3	Regained weight or maintained stable weight
2	Progressed from prior full liquid or pureed diet to regular diet
1	Progressed from prior full liquid to soft diet
1	Experienced multiple stent migrations requiring repeat stent placement

Median time from stent placement to follow up survey: 90 days

CONCLUSION

The prolonged use of a fully covered short (AXIOS ™) stent appears feasible in well selected patients for the management of foregut strictures and stenoses.