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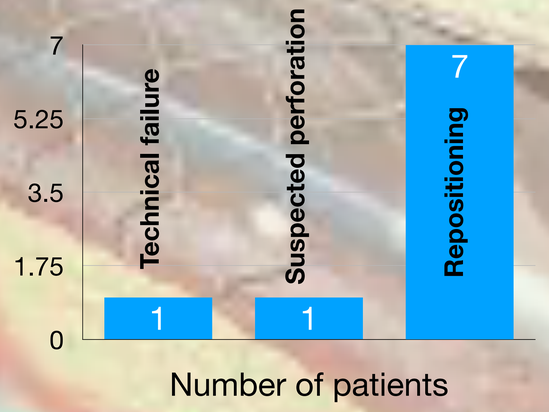
EFFICACY AND USE OF NON FLUOROSCOPIC ENDOSCOPICALLY PLACED STENTS IN THE MANAGEMENT OF UPPER GASTROINTESTINAL TRACT PATHOLOGY

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BACKGROUND : Self expanding metal stents (SEMS) are extensively utilised in palliation and treatment of GI tract pathology. In our study, we looked at a single surgeon's results utilising purely endoscopic techniques of stent placement without the use of fluoroscopy for both benign and malignant upper GI pathology. The primary outcome measures the length of stay, duration of the stent and the complications post procedure and records and compares it with the patient demographics.

METHODS: A total of 211 patients were stented under sedation using fully or partially covered stents (Boston Scientific and HanaroTM) with or without anti-reflux mechanism. The stent was placed over a guide wire and deployed distally endoscopically under vision with the aid of balloon dilatation as and when needed. The final position of the stent was assessed endoscopically. All the study patients were allowed oral fluids post procedure once the sedation weaned off completely.



PATHOLOGY	DURATION OF STENT
Oesophageal + upper gastric	Natural Life of the patient
Pyloric + duodenal obstruction	10 - Natural life of the patient
Leaks PostResection for Cancer TOF	4-12 weeks
Leak Post Bariatric Procedure	3-13 weeks

RESULTS: 210 out of 211 patients were stented endoscopically with technical failure (to pass the malignancy) in one patient. 80 of the cancer patients required dilatation before stenting. 179 were cancer patients of which 6 were inpatients. 161 of 173, were treated as a day-case. 12 stayed overnight for social reasons or discomfort. 7 patients had to undergo another procedure to reposition the existing stent or to add another. There was no 30-day mortality. One patient had chest pain post procedure and an elevated white cell count but no radiological evidence of leak. Patient improved with 48 hours of antibiotics and was discharged on fourth day

CONCLUSION: This study shows that purely endoscopic upper gastrointestinal stenting is reliable, versatile, safe and cost effective by negating the risks of radiation and reducing the need for a radiographer or an imaging equipment