



Background

- Postoperative anastomotic strictures range between 3-30%
- Endoscopic Lumen-apposing metal stents (LAMS) are treatment option
 - Proximal and distal flanges plus large intraluminal diameter helps decrease risk of stent migration and occlusion.
 - Can help prevent/delay need for re-operation in cases of refractory disease or poor surgical candidacy.
- Limited research regarding outcomes and limitations exist for anastomotic stricture management

Study Aims

- To examine a case series regarding the use of LAMS for the management of foregut and hindgut anastomotic strictures
- Evaluate short and long-term outcomes for LAMS use in these patients

Methods

- Institutional retrospective review of surgeon case logs between 2018-2024.
- Inclusion Criteria:
 - >18 years of age
 - Documented anastomotic stricture
 - Endoscopic placement of Lumen-apposing metal stent
- Primary outcome:** Need for definitive surgical revision
- Secondary outcomes:** Technical and clinical success rates, stent duration, complication rates.

Results

Table 1: Patient Demographic Information and Surgical Outcomes

Patient demographic	N=11
Age, y	49.1 (± 10.9)
Sex, Female	72.7% (8)
Race	
White	90.9% (10)
Black	0.0% (0)
Other	9.1% (1)
Ethnicity	
Hispanic	9.1% (1)
Non-Hispanic	90.9% (8)
BMI, kg/m ²	28.2 (± 7.2)
Indication for Initial Operation	
Obesity	54.5% (6)
Peptic ulcer disease	9.1% (1)
Rectal cancer	9.1% (1)
Radiation colitis	9.1% (1)
Diverticulitis	9.1% (1)
Esophageal cancer	9.1% (1)

Table 2: Surgical Characteristics and Post-operative Outcomes

Surgical Characteristics	N=11
Average time from surgery to stent placement, days	421.7 (±527)
Average number of pre-stent endoscopic dilations	3.1 (±2.5)
Technical Success rate	100% (11)
Average number of stent exchanges	0.64 (±1.21)
Average time to stent removal, days	120.2 (±197)
Post-stent complications	
Migration	9.1% (1)
Perforation	0.0% (0)
Readmission <30d	9.1% (1)
Worsening symptoms	9.1% (1)
Need for definitive revision	45.5% (5)
Time to definitive revision, days	289.2 (±261.3)

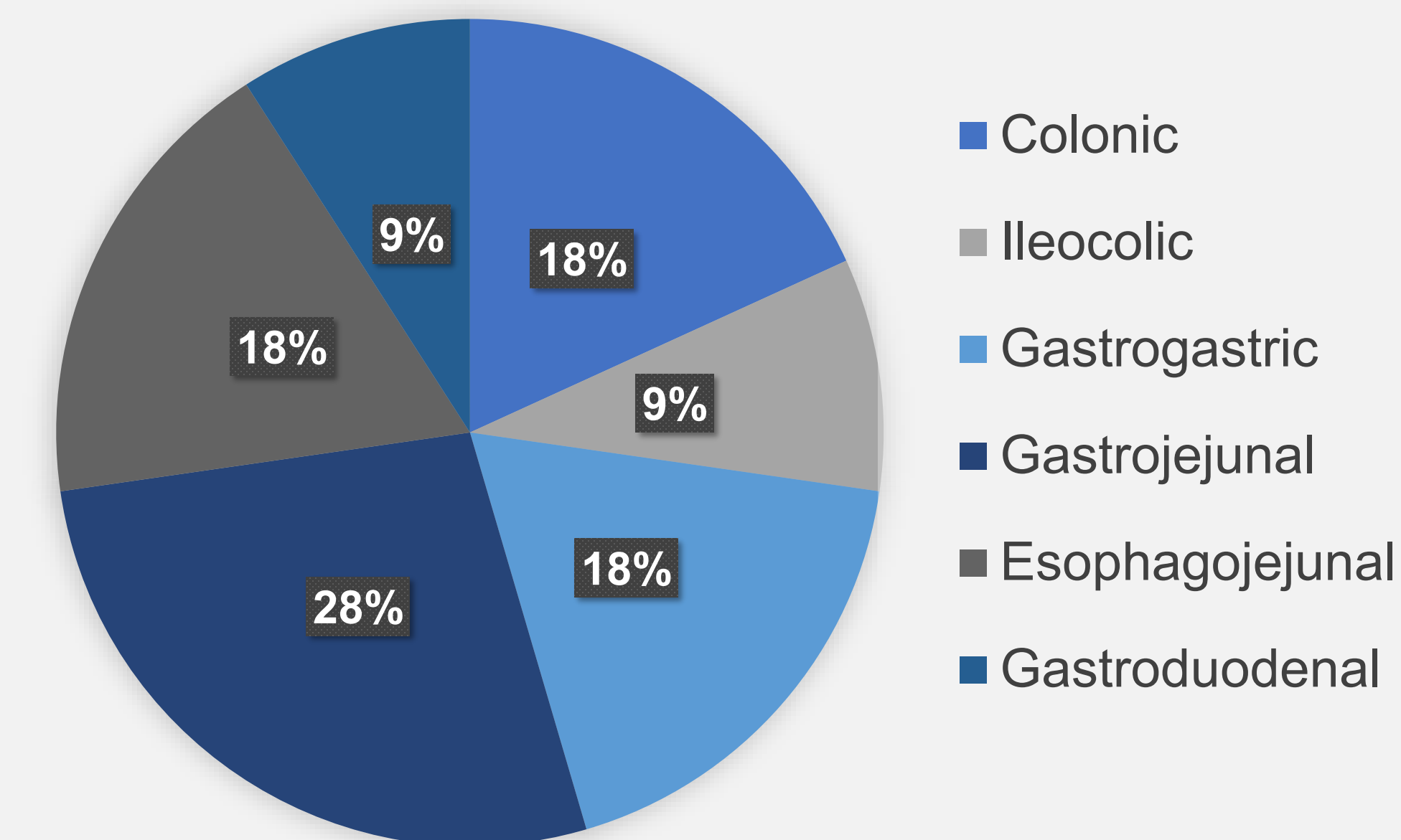


Figure 1: Breakdown of anastomotic strictures by location

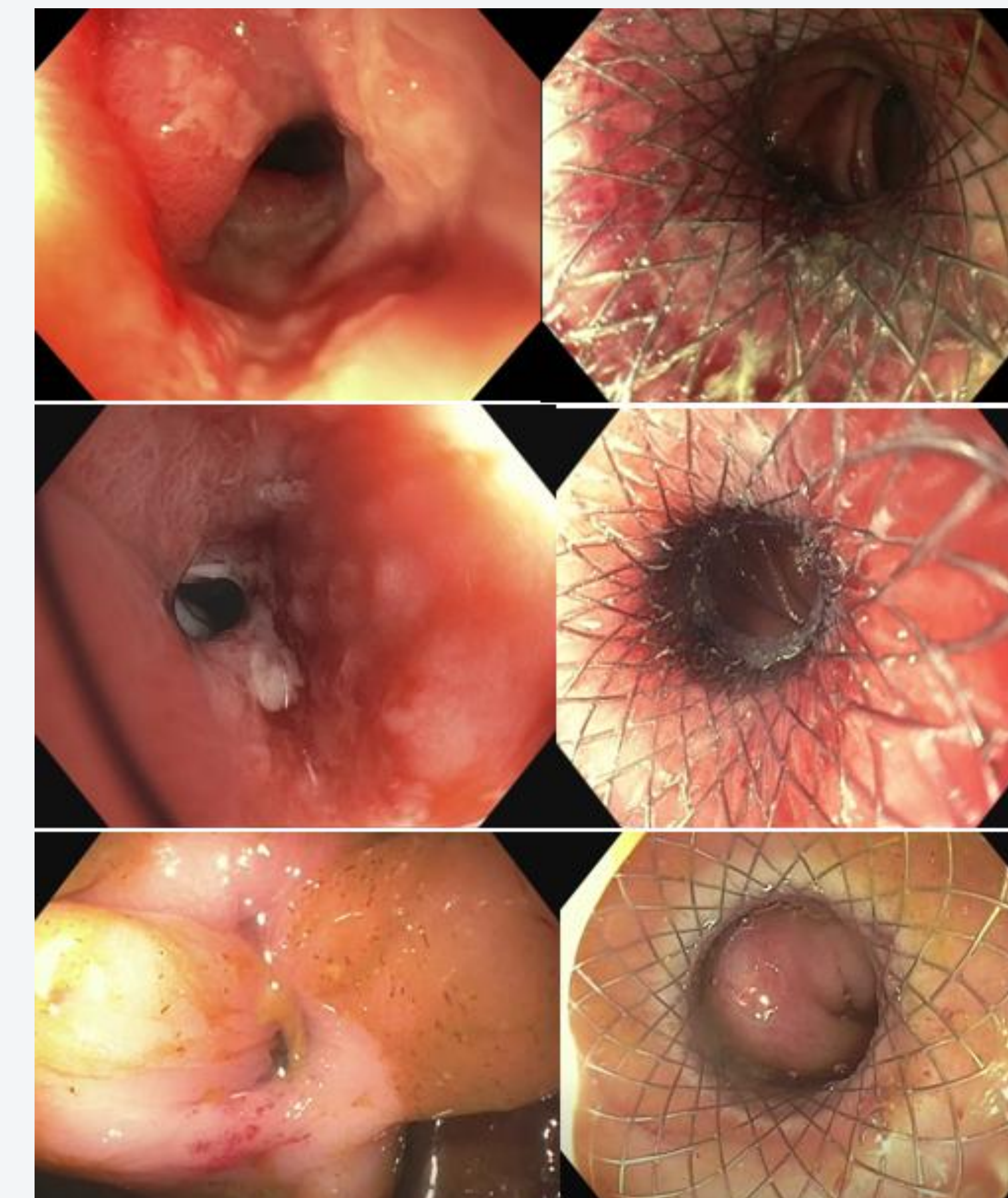


Figure 2: Endoscopic view of anastomotic stricture pre-stent (left) and post-stent (right) for a gastroduodenal (top), gastrojejunal (middle) and ileocolic (bottom) anastomosis.

Discussion

- LAMS can be a safe and useful management option in the management of anastomotic strictures.
- The use at our institution has demonstrated promising short-term success and overall complication rates:
 - Technical success in all cases
 - No evidence of stent complications related to stent perforation with only one case of stent migration
 - Promising short-term success rates with 55% of patients able to be managed with serial stent exchanges compared to reoperation

Conclusions

This case series demonstrates the effectiveness of LAMS both as a temporizing measure to allow optimization for further surgical revision as well as destination therapy without future plans for revision.

References

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