

***Annual meeting of Colonic Stent Safe Procedure  
Research Group  
May 2014 17th, Fukuoka, Japan***

Three colonic stents are shown, arranged horizontally. They are made of a fine, dark metal mesh and have a cylindrical shape with slightly flared ends. The stents are set against a light gray, textured background.

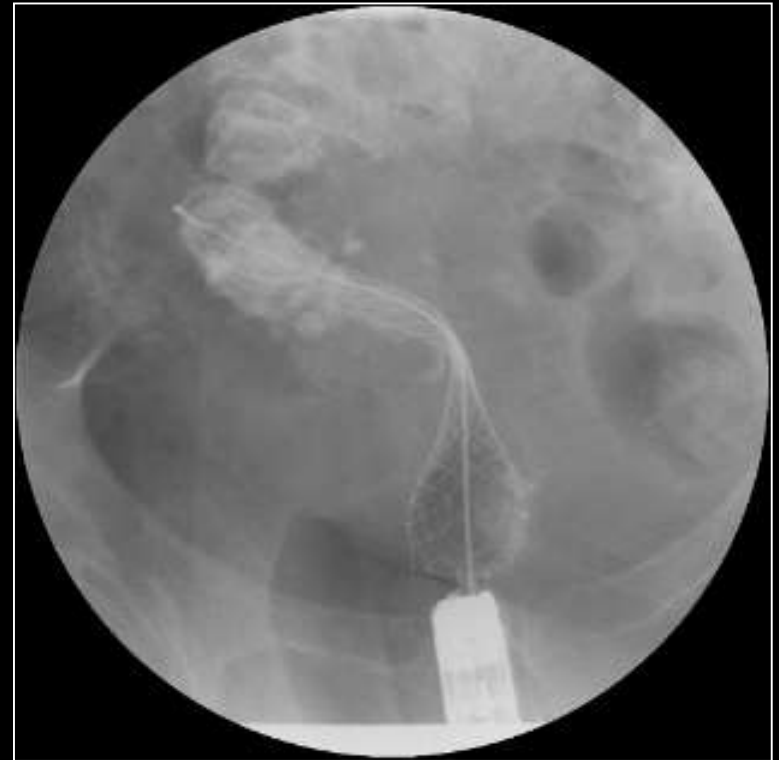
***Colonic stenting  
anno 2014***

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# Colonic stenting anno 2014

- Introduction
- General considerations
- Technical considerations
- Indications
  - Palliation
  - Bridge to surgery
- Oncological impact
- Adverse events
- Take home





# General considerations

- Contraindication for colonic stenting:
  - Absolute:
    - Suspicion of perforation
  - Relative
    - Lack of obstructive symptoms
    - Peritoneal carcinomatosis
    - Tumors close to the anal verge ( < 5 cm)



# Technical considerations

- Type of stent
  - Covered vs uncovered
    - Clinical and overall complications equal
      - Ingrowth 0.9% vs 11.4% and migration 21.3% vs 5.5%
  - Diameter
    - < 24 mm associated with the occurrence of complications

Zhang et al., Colorectal Dis 2012

Yang et al., Int J Med Sci 2013

Kim et al., J Dig Dis 2012

Manes et al., Arch Surg 2011

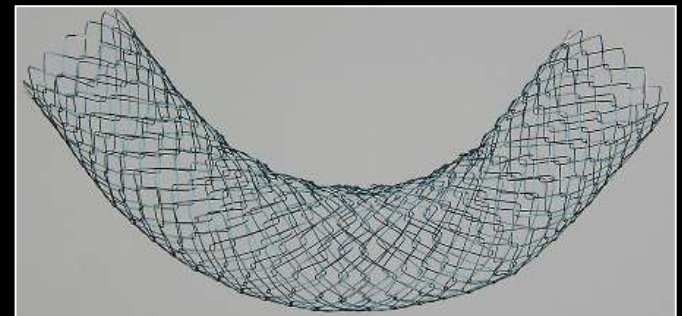
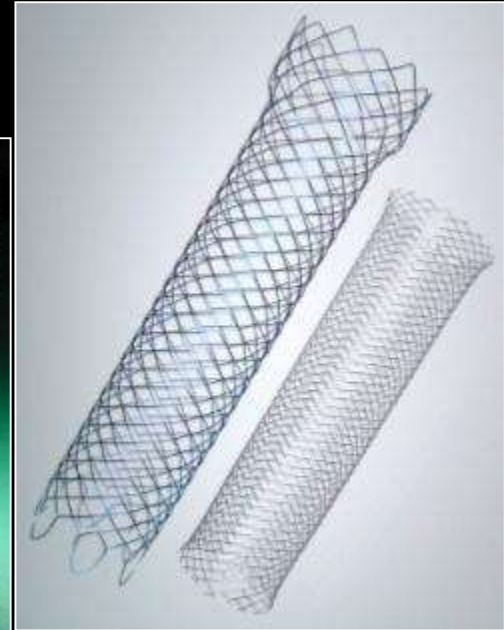
Small et al., Gastrointest Endosc 2010

Im et al., Colorectal Dis 2008



# Technical considerations

- Type of stent
  - Length
    - No difference in outcome
  - Design
    - No difference in outcome







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# New data on palliation





# New data on palliation

- Summary

“There is no proven advantage with regard to overall mortality and morbidity and data on effectiveness are contradictory, but SEMS do have some specific advantages (shorter hospital stay, less stoma creation etc.) for palliation of incurable CRC”



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# New data on bridge







# New data on bridge

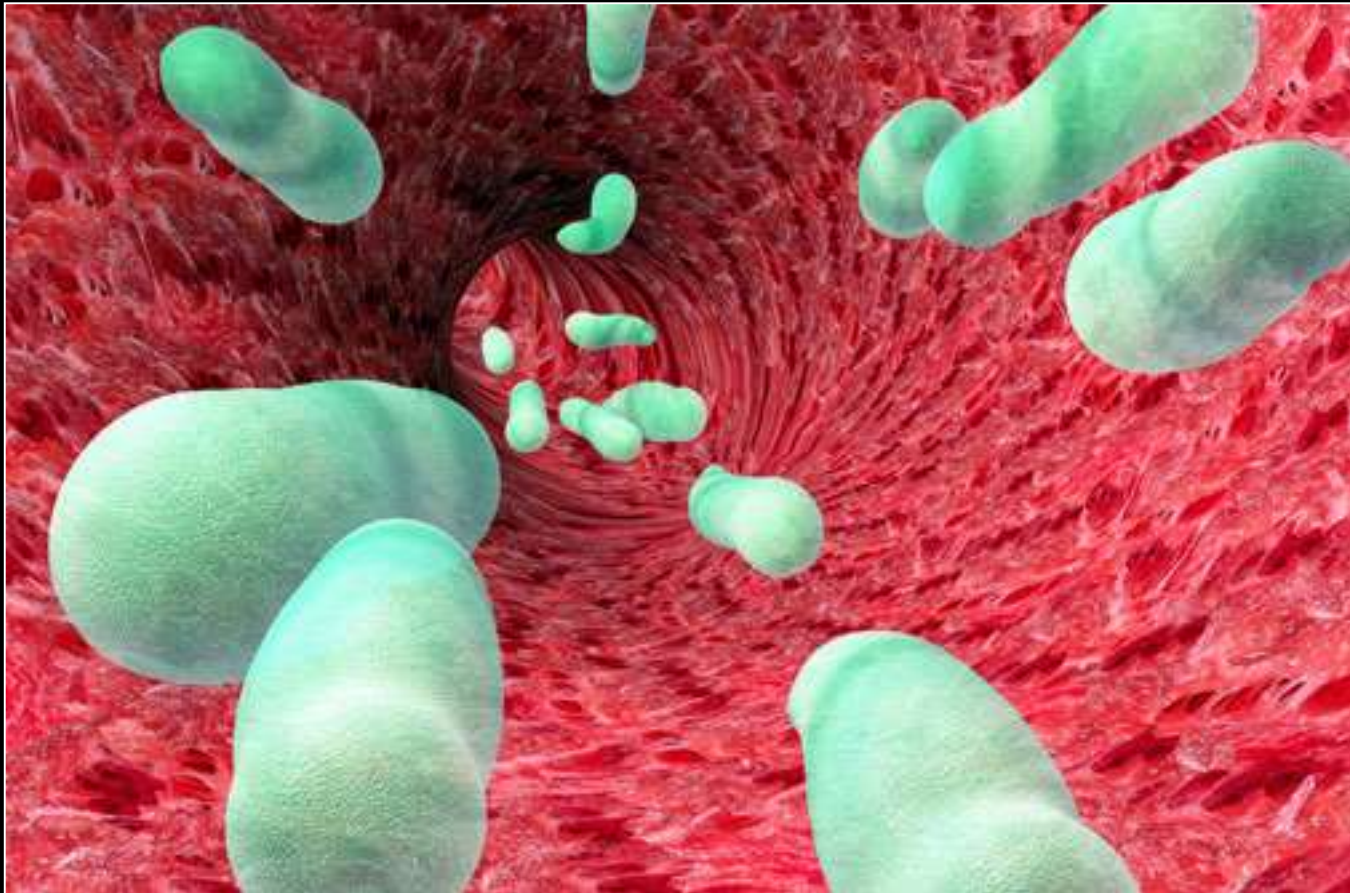
- Summary

“Colorectal stenting is as safe as emergency surgery with regard to mortality and appears to have a more favorable overall complication profile and decreases the permanent stoma rate ”



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# Oncological impact





# Oncological impact

- Summary

In the palliative setting chemotherapeutics do increase survival but at the expenses of reintervention

In the curative setting SEMS might impair survival and increase (local) recurrence

# Adverse events

- SEMS for malignant colonic obstruction
  - Early adverse events ( $\leq 30$  days)
    - Perforation 0-12.8%
    - Stent failure 0-11.7%
    - Pain 0-7.4%
    - Stent migration 0-4.9%
    - Reobstruction 0-4.9%
    - Bleeding 0-3.7%







# Adverse events

- SEMS for malignant colonic obstruction
  - Late adverse events ( $\geq 30$  days)
    - Reobstruction 4-22.9%
    - Migration 1-12.5%
    - Perforation 0-4%





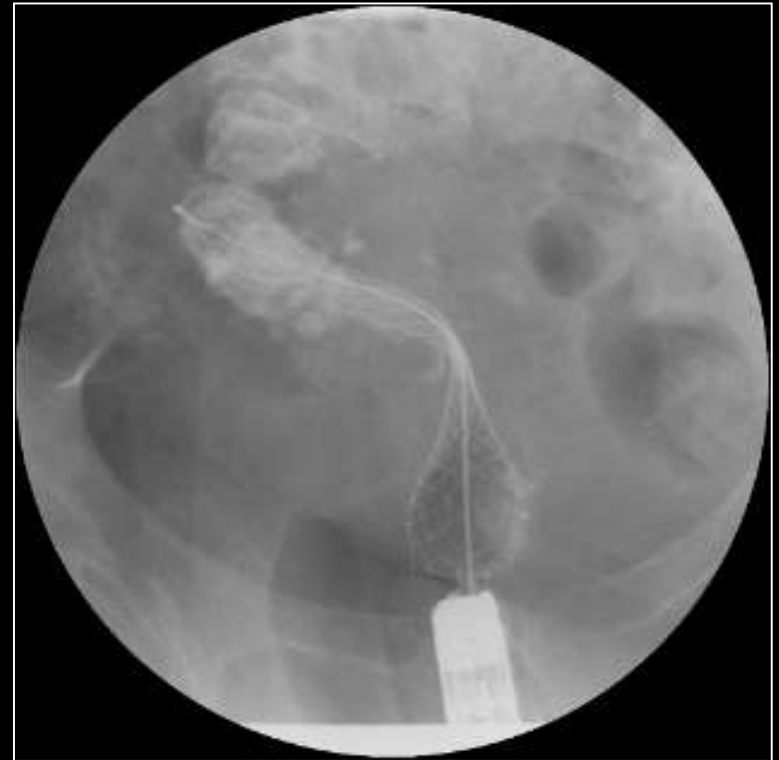
# Adverse events

- Effect of sum of complications
  - 30-day mortality <4%
  - Stent patency
    - Palliation Median 160 d (68-288 d)  
80% (53-90%) until death
    - Bridge Large majority



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# Summary

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- General considerations
  - Contraindication for colonic stenting
  - Primary diagnostic tool
  - Pathological conformation
  - Preparation of obstructed patients
  - The operator
- Technical considerations
  - Stent placement technique
  - Type of stent





# Summary

- Palliation
  - No proven advantage regarding overall mortality and morbidity
  - Data on effectiveness contradictory
  - Clear advantage regarding
    - Hospital stay, stoma formation, time to chemotherapy
  - Oncological impact (chemotherapy)
    - Better survival
    - More reinterventions



# Summary

- Bridge
  - No proven advantage regarding overall mortality
  - More favorable overall complication profiles
  - Decrease permanent stoma rate
  - Oncological impact
    - Might impair survival
    - Increase (local) recurrence

ありがとう

Arigato \* Thank You



*Yoshiko Nakamura*