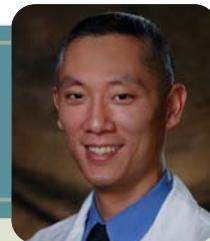




## DYNAMIC® (Y) STENT

### Technique Spotlight



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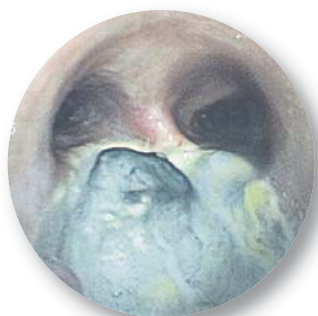


Figure 1

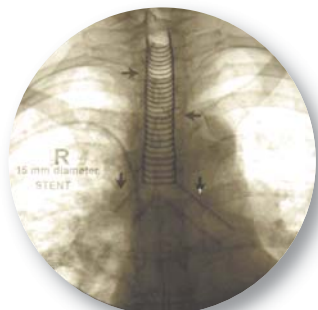


Figure 2



Figure 3

### PATIENT HISTORY & ASSESSMENT

A 38-year-old female with a past medical history of stage IIIB non-small cell lung carcinoma presented to the emergency room with a one week history of cough and shortness of breath after eating food or drinking fluids. She had been diagnosed 6 months prior to admission and had completed her course of chemo-radiation therapy. A CT scan of her chest suggested a tracheal-esophageal fistula.

### PROCEDURE

A flexible bronchoscopy was performed and confirmed a wide open communication between the distal trachea and the esophagus (Figure 1).

After induction of general anesthesia, the endo-tracheal tube was removed. The Dynamic (Y) Stent, a bifurcating tracheal stent, was then placed past the vocal cords using the Karl Storz Freitag forceps. Under fluoroscopy the stent was deployed with the forceps at the level of the carina (Figure 2).

After the placement of the stent, the Freitag Forceps were removed and the patient was reintubated. A flexible bronchoscopy confirmed successful placement and coverage of the fistula (Figure 3).

### POST-PROCEDURE FOLLOW-UP

The patient was started on a clear liquid diet and discharged to her home, tolerating a regular diet without any symptoms of aspiration on post op day 5.

### DISCUSSION

Malignant tracheal-esophageal fistulas have a very poor prognosis and are difficult to manage and palliate. Expandable nitinol coated stents, such as the Ultraflex™ Stent, offer very good palliation in these cases. However, when a large fistula is located at the carina, as in the case above, expandable stents do not adequately seal the area. In my experience, a bifurcated stent, such as the Dynamic (Y) Stent, provides complete coverage over the carina, making this the ideal choice for any carinal tracheo-esophageal fistulas.

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