

CRE™ WIREGUIDED BALLOON DILATOR
Technique Spotlight



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Case performed at Norton Healthcare Medical Pavilion



Figure 1

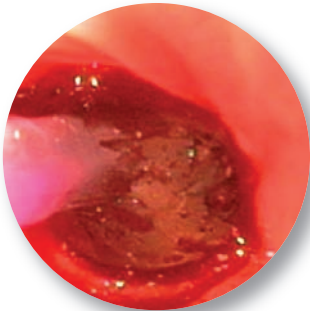


Figure 2

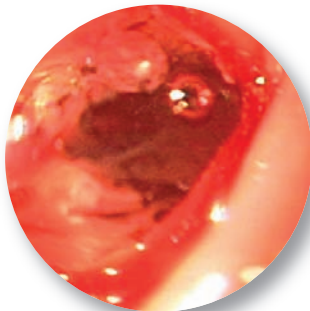


Figure 3

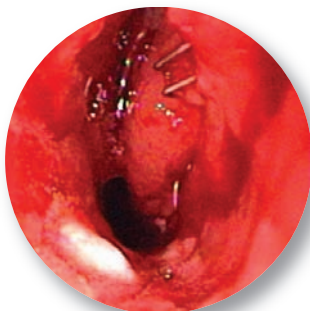


Figure 4

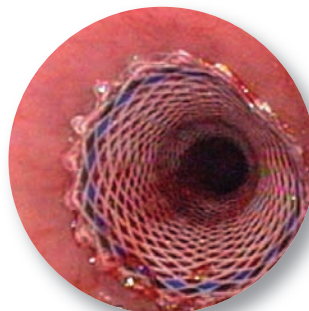


Figure 5

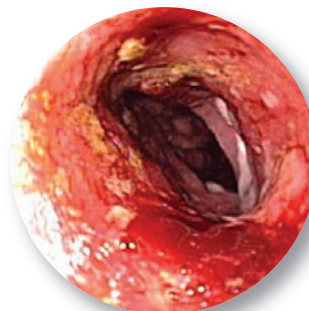


Figure 6

HISTORY

A 59-year-old male underwent esophagogastrectomy with en-bloc partial lung resection for esophageal adenocarcinoma with pre-operative chemo-radiation therapy. A 2 cm proximal stricture was found above the anastomosis 3 months after the resection (Figure 1). The patient underwent initial dilation using a CRE™ Wireguided Balloon Dilator with the stricture reoccurring 2 weeks later.

PROCEDURE

The stricture and anastomosis were dilated up to 16 mm using a CRE Wireguided Balloon Dilator (Figures 2 and 3). Resolution® Clips were placed to mark the planned proximal and distal end of the Polyflex® Esophageal Stent (Figure 4), not the stricture. An 18 mm I.D. x 120 mm Polyflex Esophageal Stent which had a 23 mm proximal flare was placed across the stricture (Figure 5).

POST PROCEDURE

The Polyflex Esophageal Stent was left in place for 65 days. Uncomplicated removal of the stent was conducted using non-disposable stent retrieval forceps and a standard diagnostic endoscope. The patient's post stent inflammation was minimal (Figure 6). The procedure resolved the stricture and the patient was free of the recurrent stricture at the 15 months follow up visit.

DISCUSSION SECTION

Dilating before stenting is crucial when dealing with a lumen that is less than 14 mm in diameter. I utilize the CRE Wireguided Balloon Dilators alone if it is a first time stricture that has not been dilated because of their ease of use and consistent radial dilation force. If the stricture reoccurs, then I dilate and then place a Polyflex Stent. I find this to be an efficient and cost effective way of treatment.

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