



DYNAMIC® (Y) STENT Technique Spotlight



John Walsh, MD, Chief of Surgery
Florida Hospital Flagler (FHF), Palm Coast, Florida

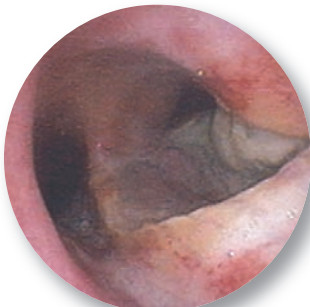


Figure 1

HISTORY

The patient is a 54-year-old male, who previously underwent a right upper lobectomy for non-small cell carcinoma, and received chemo and radiation therapies post-operatively. The patient presented to FHF with weakness and marked dyspnea. Upon examination, the patient was found to have a tracheo esophageal fistula at the level of the carina extending down the right mainstem bronchus for 1.5 cm (Figure 1).



Figure 2

PROCEDURE

The patient was initially intubated on a fluoroscopy table. Under fluoroscopy, the carina was marked with a clamp for reference. The patient was then extubated and using a laryngoscope, a Dynamic (Y) Stent was introduced into the trachea. The device was then turned 90 degrees, to the correct anatomic position, and advanced using fluoroscopic guidance to the level of the carina. Once in place, the stent was deployed. The deployment instrument was then removed and the patient was reintubated. Fiberoptic bronchoscopy confirmed proper positioning of the Dynamic (Y) Stent (Figure 2). A 90 mm Polyflex® Esophageal Stent was then placed in the esophagus at the level of the carina (Figure 3).

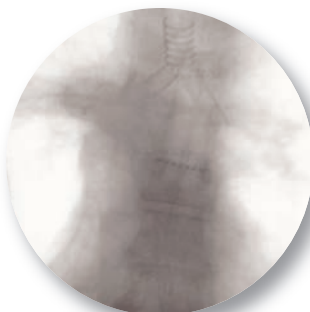


Figure 3

POST PROCEDURE FOLLOW UP

Post operatively, the patient had a tracheostomy and was transferred to a rehab facility where he survived another three months. The patient expired due to underlying pulmonary disease.

CLINICAL DISCUSSION

The Dynamic (Y) Stent was the best option for this patient as it is designed to be uniquely suited to close the T/E fistula.

**Boston
Scientific**

Delivering what's next.™

Boston Scientific Corporation
One Boston Scientific Place
Natick, MA 01760-1537
www.bostonscientific.com/endoscopy

© 2008 Boston Scientific Corporation
DVG2140 6/08