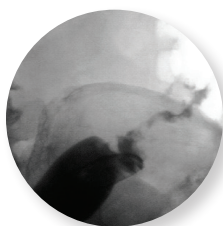


Colonic Stent Placement as a Bridge-to-Surgery: Maximizing a Patient's Pre-operative Status

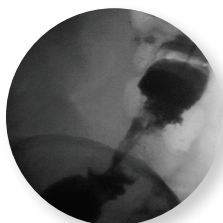


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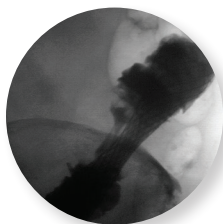
"Placing the WallFlex for a malignant but operative stricture provided a bridge to surgery so we could maximize the patient's pre-operative status with chemoradiation therapy."



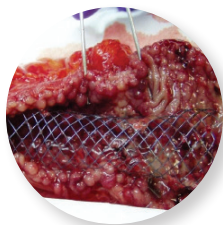
Fluoroscopic image of obstruction in the sigmoid colon



Fluoroscopic image, 5 minutes post-deployment.



Fluoroscopic image of WallFlex Colonic Stent fully deployed and patent



Resected sigmoid colon with patent WallFlex Colonic Stent

Patient History and Assessment

A 79-year-old man presented to the ER with rectal bleeding, loose stools, and intermittent abdominal distention. His hemoglobin was noted to be 6.6. A CT scan showed liver metastasis and a sigmoid colon lesion. Endoscopy revealed an irregular circumferential mass, approximately 4cm in length, 27cm from the anal verge. Biopsies of the mass revealed adenocarcinoma.

Surgical resection was not considered at the time of initial assessment due to the patient's condition. Chemotherapy and radiation were prescribed and were to be started shortly. Elective surgical resection was to be scheduled for a later date if the patient's health improved. A colonic stent was prescribed to resolve the current obstruction and out of concern for impending obstruction related to tumor growth and/or edema from radiation. The patient was referred to an Interventional Radiologist for stent placement.

Description of Procedure

With the patient in a prone position, a 5F Berenstein catheter was placed in the rectum. Under fluoroscopic guidance, the catheter traversed the sigmoid colon stricture with the aid of a Glidewire™ Guidewire. A 90mm WallFlex Colonic Stent, with a 25mm diameter body and 30mm diameter proximal flare was positioned across the stricture on the 230cm delivery system. Because of the length of the delivery system, a 450cm Jagwire™ Guidewire was used to guide the stent. The technologist deployed the stent under direct visualization to ensure the stent remained in the correct position throughout deployment.

Summary of Clinical Experience

The patient tolerated the short procedure well. Within a week his rectal bleeding improved and he subsequently started chemotherapy and radiation treatment. No obstructive symptoms occurred. A follow-up CT scan, two months after stent placement, showed a decrease in the size of the liver metastasis with the colonic stent widely patent. The patient underwent surgery two months later. The stent was patent.

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