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1 Int J Surg. 2011;9(2):165-8. Epub 2010 Nov 5.

[The impact of stenting obstructing colorectal tumours in a district general hospital.](#)

[Phillips NJ](#), [Arnold SJ](#), [Elford J](#), [Miles AJ](#).

Source

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Abstract

INTRODUCTION:

The technique of stenting malignant obstructing colorectal lesions is established as an acceptable treatment with a low morbidity and mortality. This paper reviews our experience in stenting malignant colorectal obstruction and compares this group with those who underwent emergency surgery as their primary intervention.

METHODS:

A retrospectively kept database over four years was reviewed and patients who had undergone either stenting or emergency surgery for a malignant colorectal obstruction were identified. These patients' notes were retrieved and reviewed.

RESULTS:

During the duration of study, a total of 29 stents were placed in 28 patients, with a mean age of 78 y (range 59-96 years). Patients generally had significant co-existing morbidity, with a median ASA score of 2.5. The timing of stent placement was a mean of 3.4 days

(1-9 days) after presentation, including time for relevant investigation and diagnosis. Mean length of hospital stay was 9.8 days (2-36 days). In the emergency operation category, during the period of study, a total of 38 patients had operations for large bowel obstruction, either because the lesion was not suitable for stenting, or the personnel for stenting were not available. These patients ranged in age from 45 to 96 years, with a mean age of 72.4 years. Patients in this group were generally a little fitter than the stented group, with a median ASA grade of 2, and 14/38 patients were ASA1 (the largest group). Despite this Post-operative recovery was slow with these patients, the average length of stay being 16 days (range 8-66 days).

CONCLUSIONS:

In this study, we report our data on the first four years of stenting malignant bowel obstruction. It is a feasible and acceptable means of treatment, and we have demonstrated comparable morbidity and mortality to that reported in medical literature. The technique may avoid the need for emergency operation with its concomitant risks, lengthy in-patient stay, and high likelihood for a stoma. We would advocate the use of self expanding metal stents where appropriate in the management of large bowel obstruction.

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PMID:

21059417 [PubMed - indexed for MEDLINE]

[Related citations](#)

2 J Clin Gastroenterol. 2011 Apr;45(4):342-6.

[Diagnostic yield of spiral enteroscopy when performed for the evaluation of abnormal capsule endoscopy findings.](#)

[Buscaglia JM](#), [Richards R](#), [Wilkinson MN](#), [Judah JR](#), [Lam Y](#), [Nagula S](#), [Draganov PV](#).

Source

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Abstract

BACKGROUND:

Spiral enteroscopy (SE) has emerged as a new alternative for deep intubation of the small intestine. SE is most often used to evaluate abnormal findings on capsule endoscopy (CE).

OBJECTIVE:

Investigate the ability of SE to reproduce abnormal findings detected on preceding CE.

DESIGN:

Prospective study.

SETTING:

Two academic tertiary care centers.

PATIENTS:

Consecutive patients undergoing SE to investigate a clinically significant finding on CE.

MAIN OUTCOME MEASUREMENT:

Ability of SE to identify findings on CE.

RESULTS:

Total of 56 anterograde SE procedures were performed. CE findings included arteriovenous malformations (AVMs) (n=26), masses (n=8), ulcers (n=4), polyps (n=4), abnormal mucosa (n=6), fresh blood (n=6), and stricture (n=1). Majority of the patients had CE findings located in the jejunum (41 of 56 or 73.2%). Mean depth of enteroscope insertion was 224.6 ± 68.7 cm. SE detected relevant small bowel pathology in 32 of 56 (57.1%) patients. Findings on CE were reproduced in 30 of 56 (53.6%) cases. Reproducibility was independent of patient body mass index (P=0.38), CE indication (P=0.24), CE lesion location (P=0.29), days between CE and SE (P=0.30), and depth of

insertion (P=0.81). Type of CE findings (particularly AVMs) significantly affected SE reproducibility (P=0.015). SE procedure time was inversely related to SE reproducibility (odds ratio=0.94, 95% confidence interval=0.88-0.99, P=0.02).

LIMITATIONS:

Small sample size and potential for false-positive CE study.

CONCLUSIONS:

SE seems to be moderately effective (57.1%) in terms of its ability to locate pathology within the small intestine. The type of small bowel pathology targeted by SE may affect its clinical utility. AVMs observed on CE can be seen at the time of SE in the majority of cases (60%).

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