

## Colonic Stenting – Alternative to Diversion colostomy in advanced colonic carcinoma.

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### INTRODUCTION & AIM

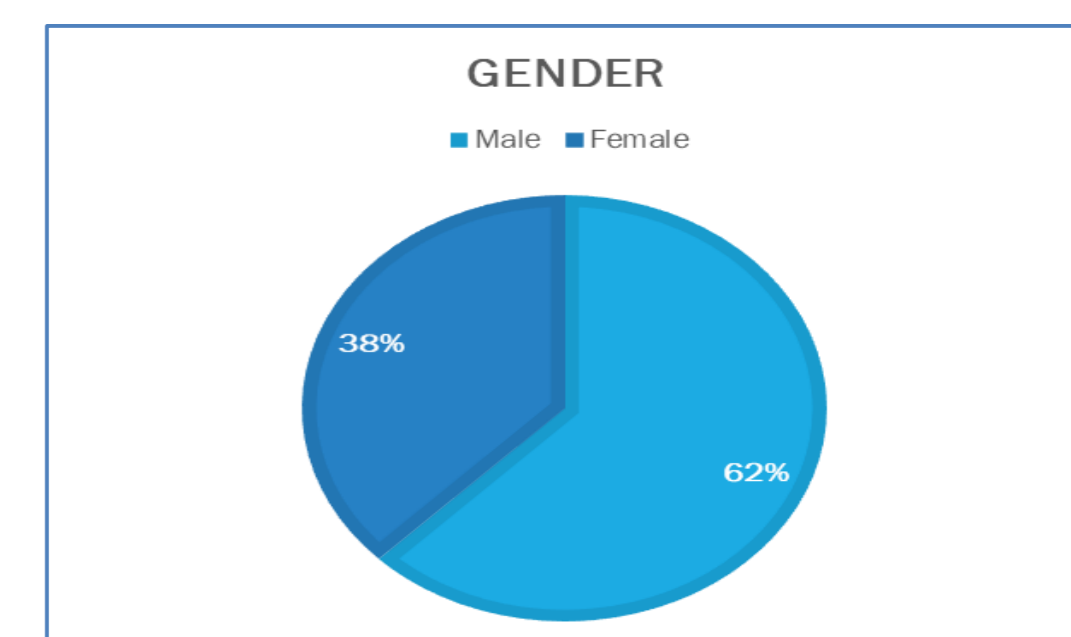
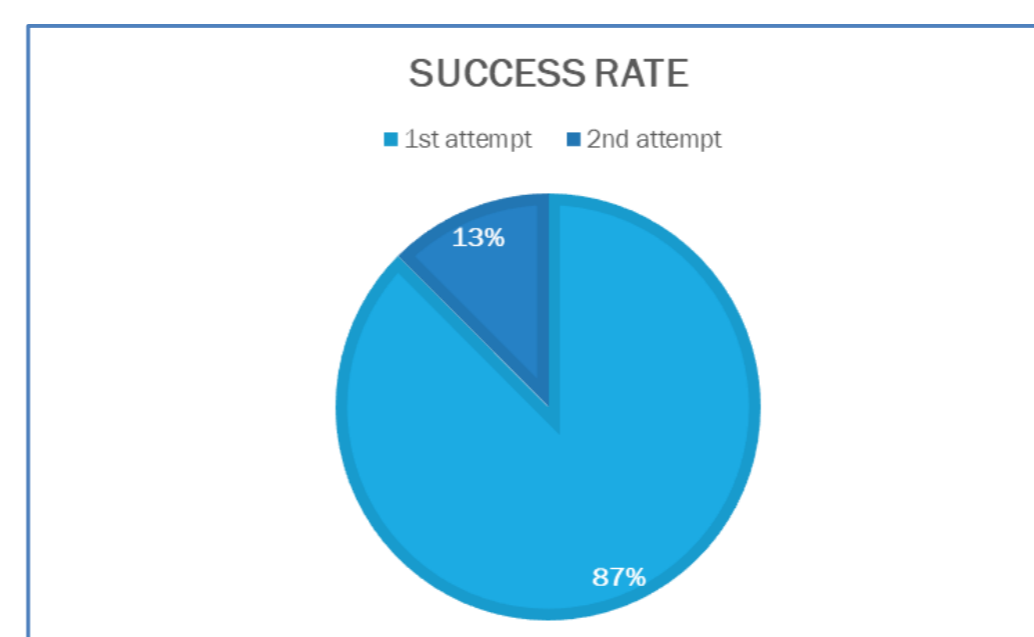
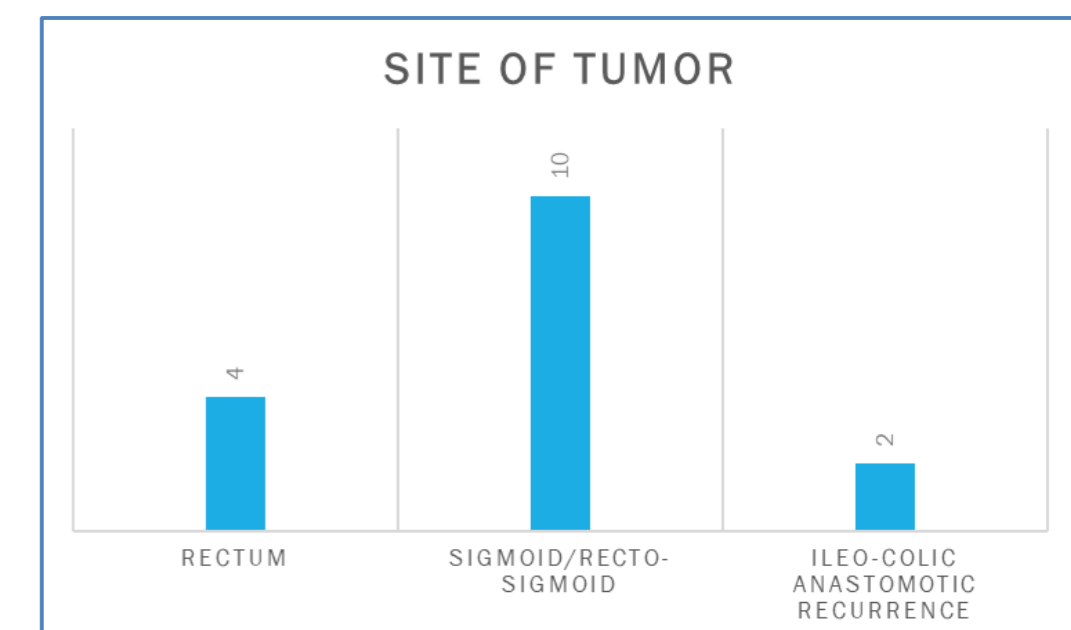
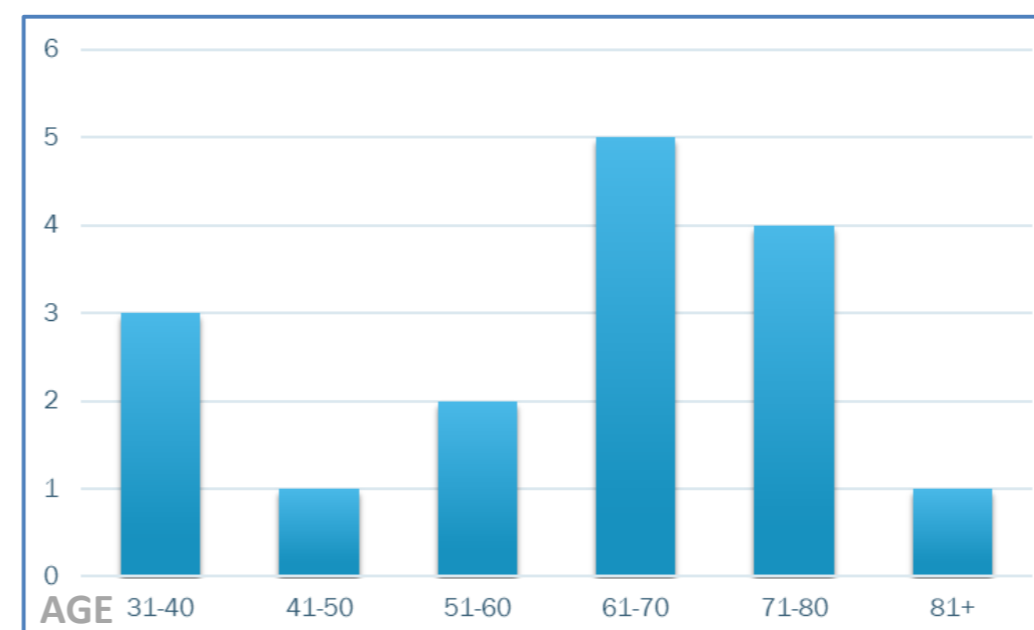
- Self Expanding Metallic Stents (SEMS) are an effective way to relieve malignant colonic obstruction.
- In those with incurable disease, stents may provide palliation and avoidance of surgery and its associated complications.
- Emergent surgery for colonic obstruction has historically had a high mortality rate of 10% to 30%.
- Furthermore, patients with a permanent colostomy have been found to have lower health-related quality of life and increased costs related to a variety of factors, many of which relate to colostomy care.
- Colonic SEMS can also decrease hospital stay and reduce hospital costs compared to emergency surgery.

### METHOD

- We retrospectively evaluated 16 patients with incurable cancer and colonic obstruction consecutively undergoing SEMS placement over last 18 months.
- All patients were diagnosed as having colorectal obstruction due to incurable CRC or extracolonic cancer, confirmed by computed tomography and/or colonoscopy.
- Major complications were events leading to surgical or endoscopic reintervention or requiring admission to the intensive care unit.
- Perforation, stent obstruction, and migration were considered to be major complications.

### RESULTS & DISCUSSION

- During the study period, a total of 16 patients were treated endoscopically by placement of a colonic SEMS who presented with acute colonic obstruction from a tumor.
- Average age of the patient was 61years , there were 10 male patients and 6 female patients.
- There were 4 patients with rectal cancer , 10 patients with sigmoid and recto-sigmoid growth and 2 patients with anastomotic recurrence at ileo-colic anastomosis after right hemicolectomy.
- In 2 patients stent could be placed on 2nd attempt after failed 1st attempt.
- We had 2 complications, one patient had stent migration following which stent was retrieved and colostomy was done and another patient had perforation which was managed conservatively.
- Average survival after stenting was less than 6 months.



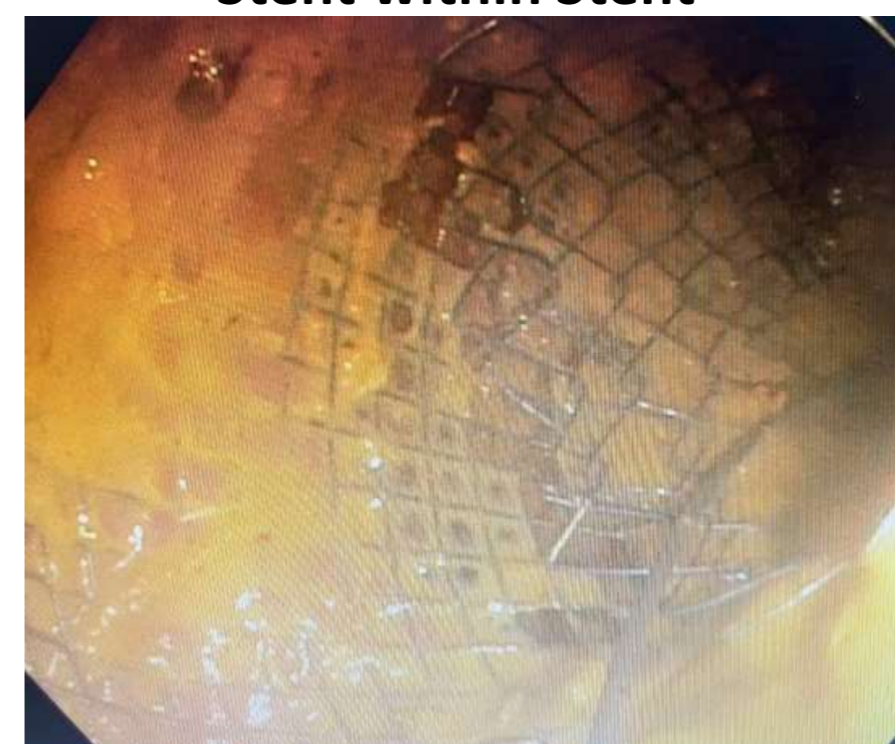
Stent being deployed



Stent in-situ



Stent within Stent



Stent on Imaging



### CONCLUSION

- Colonic stenting - Low risk, high success rate alternative compared to surgery.
- Shorter hospital stay and less severe complications.
- In a cohort whose life expectancy rarely exceeds 6 months,
  - This may translate as better quality of life,
  - Earlier palliative chemotherapy commencement,
  - Lower medical expenses.
- While SEMS may have a lower acute complication and acute mortality rate, surgery may be associated with some better long-term outcomes.

### REFERENCES

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