

Multiple Achievements in Record Time



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Background

We have to run an efficient unit at the Royal Columbian Hospital. Recently, we attempted to perform a duodenal stricture dilatation, replace a plastic biliary stent with a metal biliary stent and place a metal duodenal stent in a one-hour time slot. We were not only successful in completing both stents and the dilation, but we completed the case with time to spare.

Devices and Accessories

- Hercules 3 Stage Wire Guided Balloon (HBD-W-18-19-20)
- Fusion OMNI-Tome with DomeTip Sphincterotome
- Preloaded with Acrobat Calibrated Tip Wire Guide (FS-OMNI-ACRO-35-205)
- Evolution Biliary Controlled-Release Stent - Uncovered (EVO-10-11-6-B)
- Evolution Duodenal Controlled-Release Stent - Uncovered (EVO-22-27-9-D)

Presentation and Diagnosis

A 73-year-old patient with known pancreatic cancer had a plastic biliary stent that was placed at smaller community hospital. The biliary stent was blocked and the clinicians at that hospital attempted a stent change but were unable to pass the scope through the patient's duodenum due to a malignant duodenal stricture. The patient was referred for duodenal stricture dilation, replacement of biliary stent with metal stent and placement of duodenal stent. If this procedure proved to be unsuccessful then the patient would have required surgical double bypass.

Procedure

The patient was sedated with a combination of Fentanyl and Versed and placed in recovery position. We used the Olympus therapeutic gastroscope first to visualize the duodenal stricture. I was able to visualize the terminal end of the stricture and decided to go straight to a Cook wire-guided 18-19-20 mm Hercules balloon and successfully dilated the stricture to 20 cm.

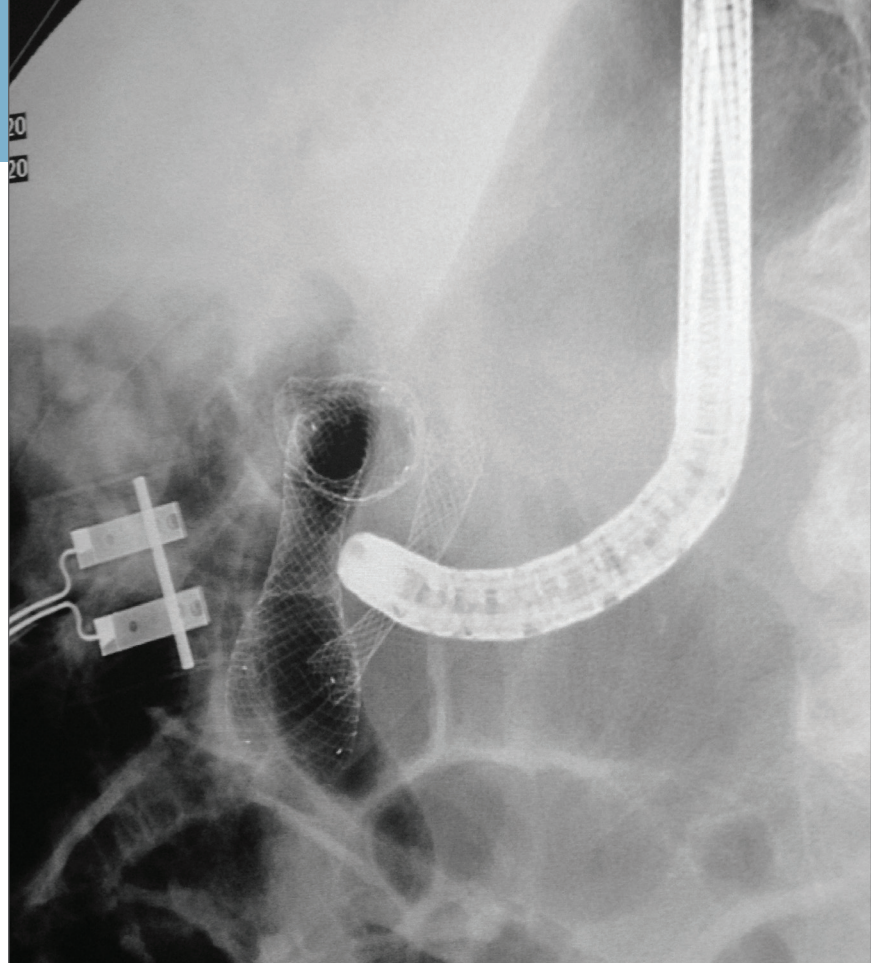


Figure 1

We then switched to an Olympus duodenoscope to complete the biliary portion of the case. The plastic stent was removed. I then used the Fusion OMNI-Tome Preloaded with Acrobat Calibrated Tip Wire Guide to cannulate the common bile duct and outline the biliary stricture, which was 2 cm in length at the very distal portion of the duct. I then placed the 4 cm Evolution Biliary stent across the stricture with good placement and relief of biliary obstruction.

We then switched back to an Olympus therapeutic gastroscope to place the Evolution Duodenal stent. The stricture was measured at 6 cm and I chose the 9 cm Evolution Duodenal stent to be most appropriate. Because of the successful dilation I was able to place the stent delivery system across the stricture without needing a guide wire.

We then deployed the stent across the stricture. There was very little migration and the deployment was very easy. The nurse assistant had never placed a duodenal stent before and she found the stent to be very intuitive and easy to deploy.

Outcome

The desired outcome was achieved. We were able to use the balloon dilator to allow replacement of biliary stent and metal stent, then place a metal duodenal stent all in an outpatient setting within the allotted one-hour procedure time. The patient received complete palliation of symptoms. ■