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ENTERAL STENTING IN THE MANAGEMENT OF OBSTRUCTING COLONIC CANCER: THE CITY HOSPITAL EXPERIENCE

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Introduction Endoscopic colonic stenting has an emerging role in the non-operative management of patients with obstructing lesions.¹ The use of colonic stenting as a bridge to surgery has decreased the requirement for emergency surgery which has a high morbidity and mortality.² It also reduces the need for colostomy formation. It can provide palliation for patients unsuitable for surgery³ and has a useful role in benign disease. City Hospital in Birmingham, has been performing

colonic stenting since 2004. We reviewed the success rates and complications at our site, and compared with the literature.

Methods 61 patients were listed for colonic stenting between March 2004 and November 2010. After case-note review, data was collected on demographics, indication for stent, success rates, complications, further treatment and 30-day plus 90-day mortality. A literature search was undertaken to ascertain the published success and complication rates, and compare with our results.

Results 66% were male, average age 75 (49–95) years. 76% of patients required palliative stenting. 87% had left-sided tumours, the majority (54%) in the sigmoid colon. 46 patients had a successfully placed stent. 30 and 90-day mortality was 16% and 44% respectively. Median survival was 124 days. Perforation occurred in 2 (4.5%) patients, stent migration occurred in 1 (2.25%). 9 (15%) patients underwent stenting as a bridge to surgery, 77% of these underwent elective surgery at a later date. 31% of patients underwent palliative chemotherapy/radiotherapy after successful stenting, 29% had no further treatment. 19% of the stented group went on to have a stoma formed, compared with 54% of the non-stented group.

Conclusion Colonic stenting is safe and effective at alleviating the symptoms of obstructing colonic cancer.⁴ It provides acute decompression avoiding emergency surgery in often frail, high-risk patients.⁵ It has a palliative role in non-operable disease.³ Stoma formation is associated with higher morbidity rates. Our data indicates a much lower stoma formation rate in the stented group. The literature documents perforation rates of 2–10% and stent migration rate of 4–10%.^{6,7} Colonic stenting at City Hospital is successful, with low complication rates. It should be considered more readily in appropriate patients.

Competing interests None.

Keywords colonic stenting, colorectal cancer.

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