The majority of patients with oesophago-gastric cancer are diagnosed at an advanced incurable stage where palliation of symptoms remain the cornerstone of management. Most centres now palliate patients endoscopically with stent insertion, argon plasma coagulation and laser therapy.

Methods This is a retrospective review of the overall use of palliative stenting in patients with advanced oesophageal and gastric cancer across 2 acute hospital trusts in Hertfordshire with a catchment population of approximately 1 million in the 1-year period between 1 April 2010 and 31 March 2011. We looked through the endoscopy reports, medical notes and our prospectively maintained Upper Gastrointestinal Cancer database for any reported post procedural complications and calculated the 7, 14 and 30-day mortality rate for this cohort of patients.

Results 30 patients in West Hertfordshire NHS Trust (WHHT) and 19 patients in East & North Hertfordshire NHS Trust (E&NH) had stent insertion where the median age is 76 years. 53% of patients in E&NH were diagnosed with squamous cell carcinoma compared to 20% in WHHT. 53% of all patients stented in WHHT received both intravenous sedation and pharyngeal anaesthesia in comparison to E&NH where 21% had the same combination. The main type of stent deployed was the Boston Scientific Ultralinx covered metal stent, with only 3% of patients receiving an uncovered metal stent. All the stents were deployed successfully. Within 3 months of insertion, stent migration was reported in six patients (12%), all of whom had covered metal stents. None of our patients had perforation or haemorrhage post procedure. Our 14 and 30-day mortality is 7% and 18% respectively which mirrors, if not lower than the national figures of 8% and 19%.

Conclusion The difference in histology between the two trusts reflects additional use of laser therapy in E&NH. The reliability of reporting of complications to the national audit was questioned at the recent British Society of Gastroenterology Meeting 2011. The apparent increase in our complication rates is likely to reflect the more accurate reporting across the region due to the existence of a robust prospectively maintained database. Our patient selection seemed appropriate given that most of them survive for more than 30 days. Uncovered stent or laser therapy should be considered in appropriate patients to reduce stent migration rates. The effectiveness of the procedure can be evaluated with a standardised dysphagia scoring system. Our audit is leading towards a change in stent management across the network.

Competing interests None declared.