



Title:	Richtlijn: Bloedingen tractus digestivus
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Publication:	NEDERLANDSE VERENIGING VAN MAAG-DARM-LEVERARTSEN
Copy:	2017
Released:	Thursday, March 21, 2019
Summary:	<p>...</p> <p>Excerpt: Removable self-expanding metal stents As an alternative to the balloon tamponade, the use of a removable, fully covered metal stent (SEMS) can be considered. A special metal stent is available for this purpose: the SX-ELLA Stent Danis. This stent can be placed without an endoscope. A special extractor is available for removal. In a recent systematic review, bleeding could be stopped by SEMS in 96% of the cases. Complications after stent placement such as recurrent bleeding and ulcerations are seen in 36% of patients. However, the studies available for this meta-analysis were very inhomogeneous and often of low quality, partly due to the small number of included patients. The metal stents must be removed after 7 days. Procedure related complications with stent removal are not reported.</p> <p>In a randomized study, the temporary tamponade with this metal stent proved more successful than the balloon tamponade (66% versus 20%) where success was defined as "survival 15 days after bleeding control and no serious complications". Bleeding control was more successful with the use of the stent than with the balloon (85% versus 47%) and the occurrence of serious complications was less (15% versus 47%). In the stent group, fewer TIPS were required as rescue therapy. The placement of an SEMS is only a bridge to further, definitive therapy by, for example, endoscopy or TIPS. No definitive advice on this therapy can be given at this time. Based primarily on this research, the working group recommends the SX-ELLA Stent Danis as an option for rescue therapy in bleeding esophageal varices.</p> <p>The role of the removable, self-expanding metal stent as a bridge to TIPS has not yet been investigated in studies, but is a treatment option that should be considered.</p>
Last change:	Monday, April 29, 2019 /Sedmíková Barbora/