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Endoscopic Ultrasound-Guided Drainage of Pancreatic Fluid Collections Using AXIOS[™] Electrocautery Enhanced Delivery System: A Retrospective Experience at a Large Quaternary Care Center

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Endoscopic Ultrasound-Guided Drainage of Pancreatic Fluid Collections Using AXIOS[™] Electrocautery Enhanced Delivery System: A Retrospective Experience at a Large Quaternary Care Center Michal Kloska, MD, PhD, Valery Hrad, MD, Soorya Aggarwal, DO, Shashin Shah, MD, Zachary Zator, MD, Hiral N. Shah, MD

Introduction

Pancreatic fluid collections (PFC) are common complications of acute pancreatitis, surgery or trauma. Many reabsorb spontaneously but the remainder create cystic structures filled with fluid or with necrotic debris. Since the development of lumen apposing metal stents (LAMS), EUS-guided drainage has become the first line treatment of PFC.

Aim

To report and discuss the clinical outcome data from EUS-guided drainage of PFCs using AXIOS LAMS at a Large Quartenary Care center.

Methods

An IRB approved, retrospective chart review was performed on EUS-guided drainage of PFCs using AXIOS LAMS conducted at a large quaternary care, teaching hospital.

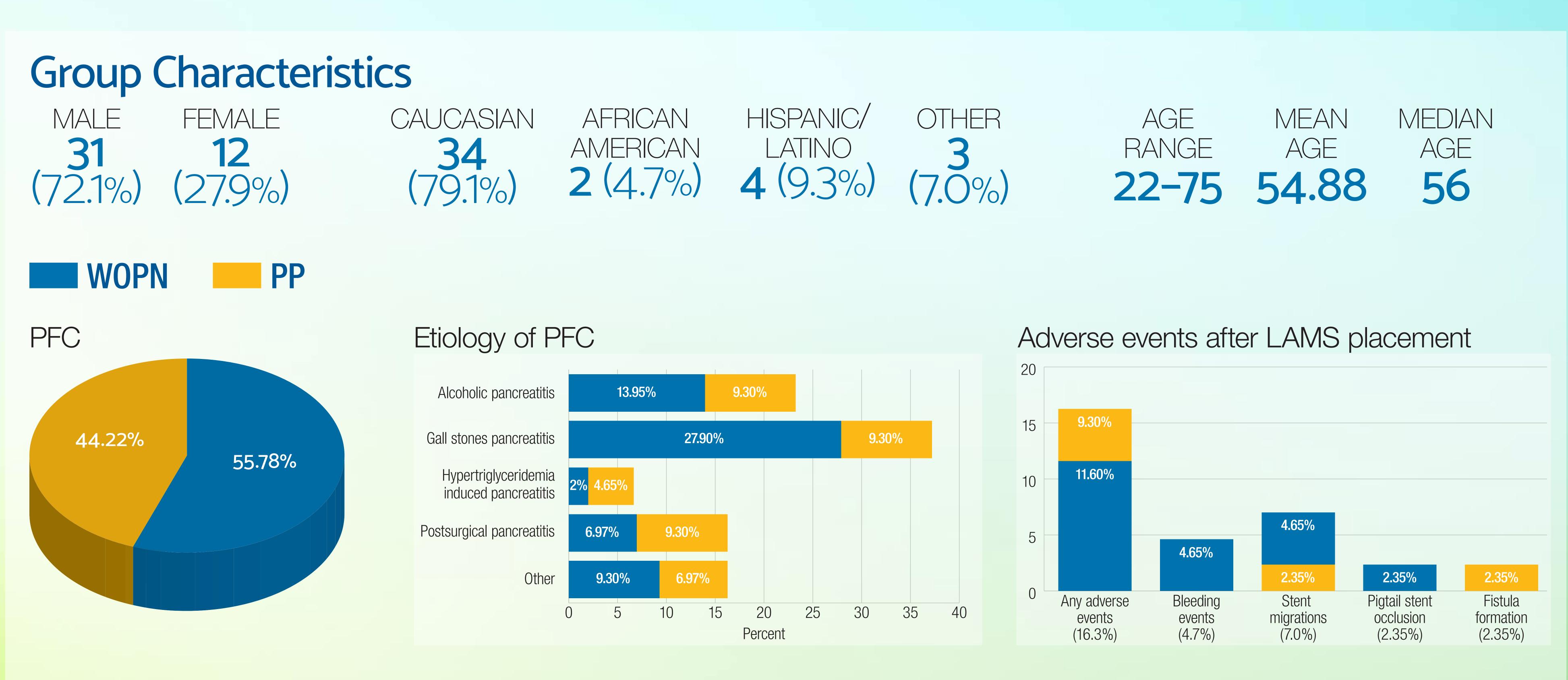
Results

A total of 43 AXIOS LAMS were used in the treatment of pancreatic pseudocysts (PP, 41.9%) and walled off pancreatic necrosis (WOPN, 58.1%). LAMS were placed successfully in 100% of procedures. Of these, 5 patients also had double pigtailed plastic stent placement through the LAMS. 25.6% of patients required repeat endoscopic intervention; most were limited to necrosectomy and/or wash outs. Notably only two repeat endoscopic interventions were related to adverse events (stent dislocation, stent occlusion). Overall adverse events occurred in 16.3% of interventions, in 5 patients with WOPN, and 2 patients with PP. Subsequent surgical resection was needed in only 2 patients (4.8%). Average hospital stay after procedure was 6.79 days (median of 3 days) and LAMS were ultimately removed on average of 24.68 days.

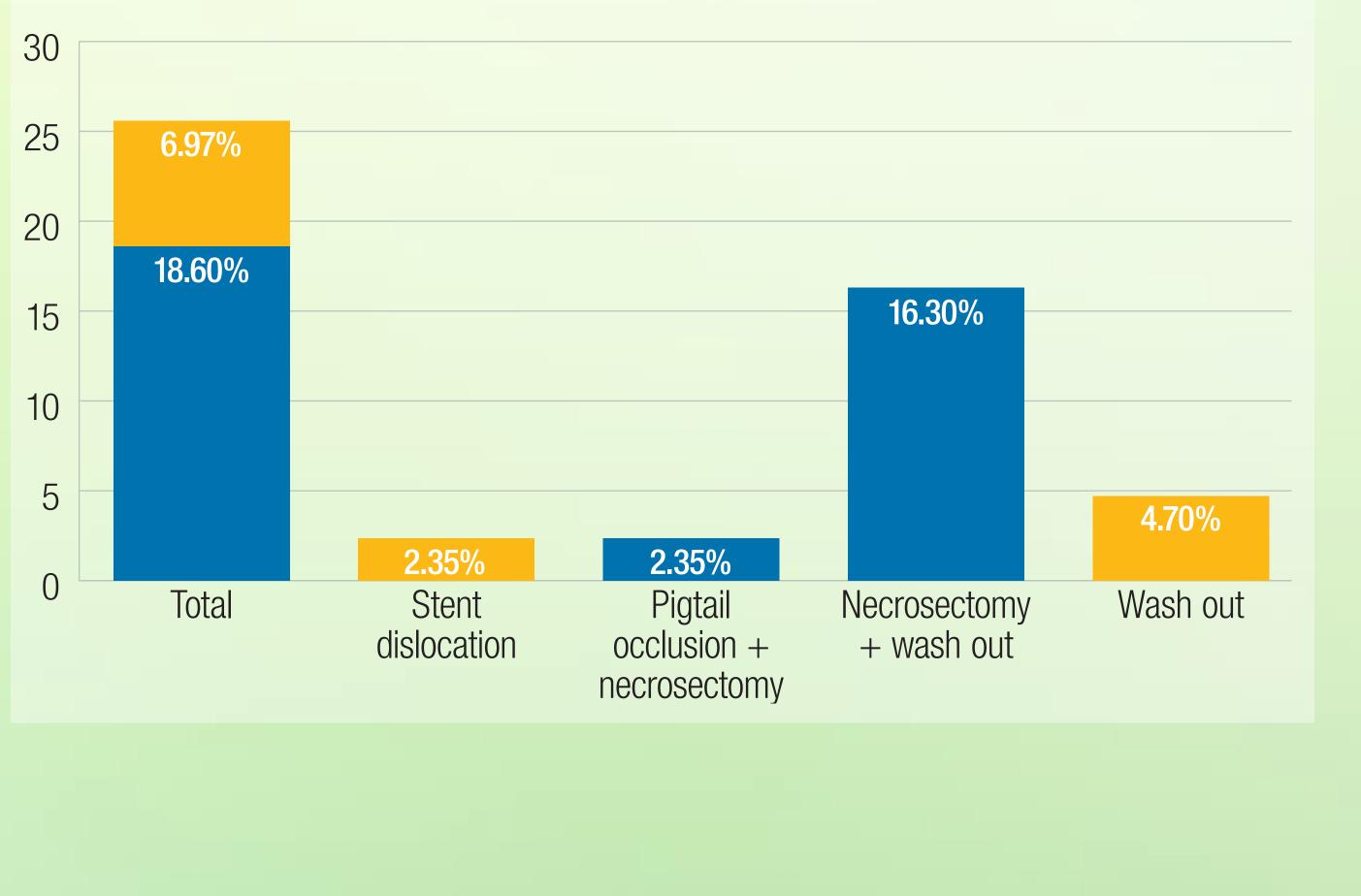
Discussion

This study demonstrated 100% technical success rate and mostly minor adverse events after AXIOS LAMS use in drainage of PFC. Importantly only two patients required further surgical intervention to obtain desired outcome. Furthermore, length of stay was particularly low with median hospital stay of 3 days. Ultimately, this study highlights how AXIOS LAMS provides high value care by providing an efficient intervention in a cost-feasible length of time.

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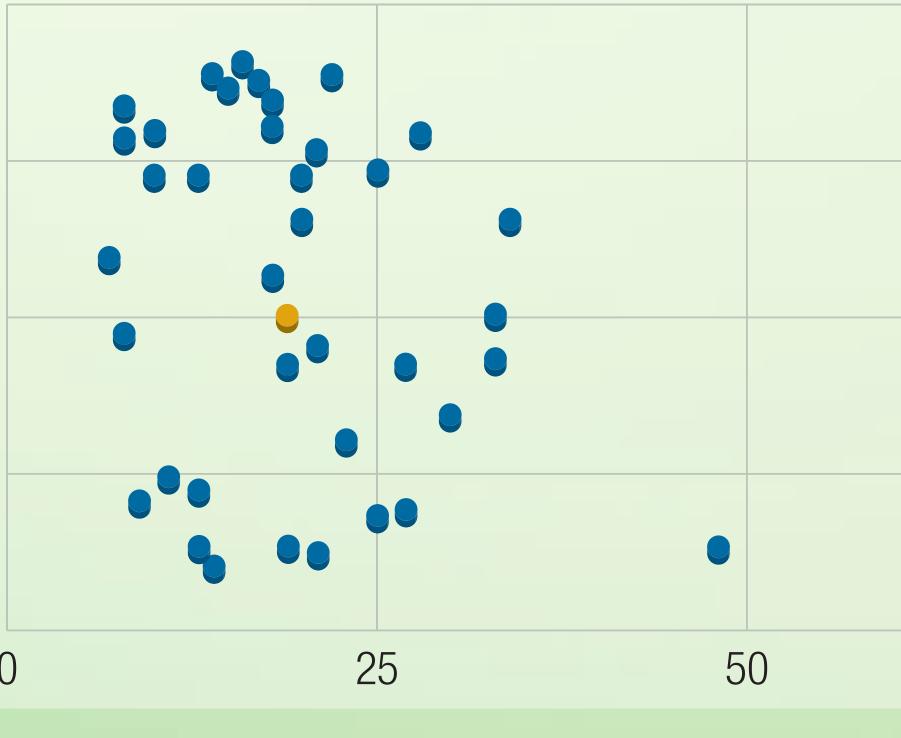
Repeat endoscopic interventions



Time to stent removal (days)

Total								Percentile						
Count (N)	Missing	Unique	Min.	Max.	Mean	StDev	Sum	0.05	0.10	0.25	0.50 Median	0.75	0.90	0.95
41.00	2 (4.7%)	24.00	7.00	92.00	24.68	20.97	1,012.00	8.00	9.00	13.00	19.00	27.00	34.00	92.00

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