



Self-Expandable Esophageal Metal Stent vs Balloon Tamponade in Esophageal Variceal Bleeding Refractory to Medical and Endoscopic Treatment: A Multicenter Randomized Controlled Trial (Presentation title)

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...28 patients were randomised to treatment using either a Sengstaken-Blakemore tube (n = 15, balloon tamponade) or an SX-Ella Danis expandable stent (n = 13) ... Expandable oesophageal stents are superior to balloon tamponade in patients with cirrhosis who have uncontrolled, exsanguinating, oesophageal variceal bleeding ... The better results are due to both a greater haemostatic effect and a lower rate of serious adverse events -- especially of aspiration pneumonia -- with the use of oesophageal stents...

Acute management of Refractory Variceal Bleeding in Liver Cirrhosis by Self-Expanding Metal Stents

Dechêne A, El Fouly AH, Bechmann LP et al.

Digestion. 2012;85(3):185-91.

...8 patients in whom endoscopic variceal ligation failed to control variceal hemorrhage were treated ... The application of SEMS in esophageal hemorrhage showed a complete success in achieving hemostasis even after failed endoscopic variceal ligation...

A self-expanding metal stent for complicated variceal hemorrhage: experience at a single center

Wright G, Lewis H, Hogan B et al.

Gastrointest Endosc. 2010 Jan;71(1):71-8.

...10 patients with variceal hemorrhage with contraindications to TIPS insertion or BT ... Stent insertion was successful in 9 of 10 patients ... Insertion of the SX-Ella DANIS stent in patients with refractory variceal bleeding or complications of previous therapy is effective for the control of bleeding ... In selected patients, SX-Ella DANIS stent insertion offers an alternative to other methods of salvage such as BT and TIPS and could be considered a substitute for BT after a prospective trial...

Treatment of Esophageal Variceal Hemorrhage with Self-Expanding Metal Stents as a Rescue Maneuver in a Swiss Multicentric Cohort

Fierz FC, Kistler W, Stenz V et al.

Case Rep Gastroenterol. 2013;7:97-105

...The use of variceal stenting in 7 patients with a total of 9 bleeding episodes in three different Swiss hospitals ... insertion of the stent led to immediate bleeding control in 89% (8/9) of patients. In all of these 8 cases no re-bleeding was observed subsequently while the stent remained in situ ... thanks to their safety and easy handling, SEMS are an interesting alternative to balloon tamponade as a bridging intervention to definitive therapy including the pre-hospital setting ...

Results of a new method to stop acute bleeding from esophageal varices: implantation of a self-expanding stent

Zehetner J, Shamiyeh A, Wayand W et al.

Surg Endosc. 2008 Oct;22(10):2149-52.

...34 patients with ongoing bleeding from esophageal varices ... For all 34 patients, the implantation of the esophageal stent succeeded in stopping ongoing bleeding ... No stent-related complications occurred during or after stent implantation ... No bleeding recurrence was observed during the stent implantation ... For all the patients, the stent could be extracted by endoscopy without any complications using an extractor ... No rebleeding occurred...

Gastrointestinal Emergencies

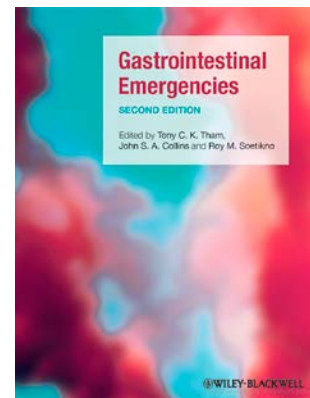
THAM, Tony C, John S COLLINS, Roy SOETIKNO and Tony C THAM. *Gastrointestinal emergencies*. 2nd ed. Hoboken, NJ: Wiley-Blackwell Pub., 2009, viii, 221 p., [4] p. ISBN 978-1-4051-4634-0.

Chapter 24 Variceal Hemorrhage. p. 141-148. ISBN 978-1-4051-4634-0.

On pages 141-148 authors describe the methods for management of acute or refractory variceal bleeding with the following description:

"...In such cases, the use of newly designed removable covered self-expandable metal stent (SX-Ella Danis stent, Ella-CS s.r.o. Czech Republic) has been recommended, as it is easier to insert and does not obstruct the esophagus..."

The Danis stent is preferred against other devices for easy insertion and because it does not obstruct esophagus after placement.



Oxford Handbook of Acute Medicine

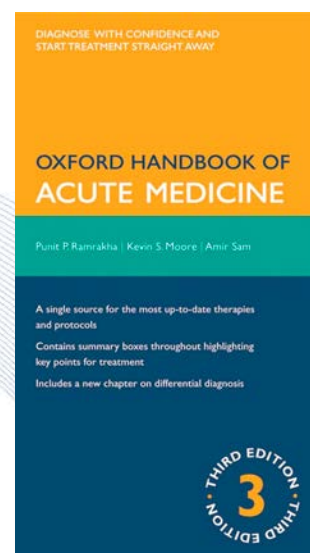
RAMRAKHA, Punit S, Kevin P MOORE and Amir H SAM. *Oxford handbook of acute medicine*. 3rd ed. New York: Oxford University Press, xxxvii, 869 p., [4] p. of plates. Oxford handbooks. ISBN 01-992-3092-7.

Chapter 3 Gastroenterological emergencies. p. 232 – 233. . ISBN 01-992-3092-7.

On the pages 232-233 you will find a synoptic chart listing the key points of management of variceal bleeding. In the point where the techniques for temporary stabilisation of the patient with uncontrolled variceal bleeding are mentioned, there is also stated that:

"...Some centres are now using DANIS stents..."

The Sengstaken-Blakemore or Linton tube can only be used in settings where experienced staff is available, whereas the use of the Danis stent is easy for the staff and significantly safer for the patient.



Therapie-Handbuch Innere Medizin

DOMSCHKE, W et al. *Therapie-Handbuch Innere Medizin*. Sonderedition 2011/2012. München: Elsevier URBAN&FISCHER. ISBN 978-3-437-22107-1.

On the pages 479-485 you can find the description of the management of esophageal variceal bleeding. The balloon-tamponade is also mentioned in the section describing the management of refractory bleeding. All the necessary precautions are listed along with the risks which the use of the tamponade brings. Then the authors state that:

"...Small studies show that more preferable possibility can be used. Endoscopically introduced fully covered removable stent can be used to compress the bleeding varices (DANIS-Stent)..."

The Danis stent even does not have to be endoscopically introduced, however the endoscopic examination and use of the guidewire for the stent placement is preferable.

