Colorectal stenting as a bridge to surgery: a decade of single centre success

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Introduction:
Colonic stenting in obstructing left sided colorectal cancer (CRC) using self-expanding metallic stents have been utilised as a conservative management intervention, as well as a bridge to definitive surgery. Despite high reported success rates technically and clinically of stent deployment, as well as improved rates of primary anastomosis, controversy remains about the use of this procedure as a bridge to surgery.

Many reported series have limited patient numbers and follow up.

Methods:
Retrospective analysis of patients requiring colorectal cancer stenting as a bridge to surgery between 2006 and 2017.

Primary outcomes measured: clinical and technical success.

Secondary outcomes recorded: survival, complications, primary anastomosis and stoma formation.

Results:
- 36 patients underwent CRC stenting with the intention of being a bridge to elective surgery, of whom 44% were female. Mean age was 65.7 years.
- 84% were undertaken by one of the 3 main operators.
- At staging, 9 patients (25%) were T3; 17 (47.3%) T4. 25% of patients were ASA 3.
- Technical success was reported in 89% of cases and clinical success 86%.
- At elective surgery primary anastomosis was achieved in 61%.
- 5 reported early complications, including 2 clinical perforations and 2 radiological perforations.
- Mean survival post stenting procedure was 24 months (range 3 – 55 months), with death due to metastatic CRC.
- There were no deaths within 30 days.

Discussion:
We demonstrate excellent technical success with this treatment modality. By temporising patients using endoscopic stenting, patients are optimised for elective surgery by colorectal surgeons with good primary anastomosis rates, and excellent post procedure mortality.