

EUS-guided Pancreatic Necrosectomy using the AXIOS™ Stent and Electrocautery Enhanced Delivery System



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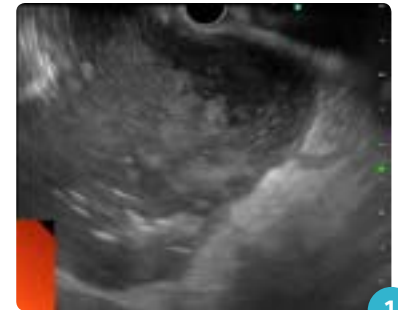
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Patient History

A 78-year-old female patient developed signs of severe sepsis 4 weeks after an acute episode of necrotizing pancreatitis. Walled-off necrosis (WON) with the presence of gas measuring 11x7cm was shown by computed tomography (CT). The patient was referred to our unit for endoscopic necrosectomy.

Procedure

The procedure was done under general anesthesia. A therapeutic linear-array echoendoscope was used. A heterogeneous, 14.8 x10mm, pancreatic collection at the body of the pancreas was noted (Figure 1). First the collection was punctured to obtain fluid samples for culture. A guidewire was passed through the needle into the collection. A 15x10mm HOT AXIOS stent was passed over the guidewire. Using pure cutting current, the stent was advance through the gastric wall into the collection and deployed under endosonographic guidance (Figure 2). After confirmation of successful deployment, the stent was dilated. Then the necrotic cavity was entered with a standard upper endoscope (Figure 3). The cavity was lavage thoroughly using a hydrogen peroxide solution. The clinical condition of the patient improved dramatically. Three days after the initial procedure, endoscopic debridement through the



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stent was easily performed, extracting big fragments of necrotic tissue (Figure 4). During this same procedure and after the cavity was completely clean, the stent was removed (Figure 5).

Outcome

Both procedures were very well tolerated by the patient. Although extensive debridement was required to clean completely the cavity, the total procedure time was fairly short. The patient was discharged 5 days after admission with complete resolution of her symptoms.

Conclusion

The Hot Axios Stent is safe for the treatment of walled-off necrosis and allowed the complete resolution of the wall-off necrosis in a short time period.



The AXIOS Stent and Delivery System and the AXIOS Electrocautery Enhanced Stent and Delivery System Indications for Use:

U.S.: The AXIOS Stent and Delivery System and the AXIOS Electrocautery Enhanced Stent and Delivery System is indicated for use to facilitate transgastric or transduodenal endoscopic drainage of symptomatic pancreatic pseudocysts ≥ 6 cm in size and walled-off necrosis ≥ 6 cm in size with $\geq 70\%$ fluid content that are adherent to the gastric or bowel wall. Once placed, the AXIOS Stent functions as an access port allowing passage of standard and therapeutic endoscopes to facilitate debridement, irrigation and cystoscopy. The stent is intended for implantation up to 60 days and should be removed upon confirmation of pseudocyst or walled-off necrosis resolution.

Europe: The HOT AXIOS Stent and Electrocautery Enhanced Delivery System & the AXIOS Stent and Delivery System are indicated for use to facilitate transgastric or transduodenal endoscopic drainage of a pancreatic pseudocyst or a walled-off necrosis with $\geq 70\%$ fluid content or the biliary tract.

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

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