

Safety and Efficacy of Endoscopic Drainage of Pancreatic Fluid Collections Performed by Early Career Advanced Endoscopists: A Multicenter Experience

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Introduction

- Endoscopic ultrasound-guided drainage has become the mainstay of management for pancreatic fluid collections (PFCs).
- While there are ample data showing the safety and efficacy of this procedure, this data comes from expert endoscopists.
- We aimed to evaluate the safety and effectiveness of endoscopic drainage of PFCs performed by early career advanced endoscopists.

Methods

- This was a multicenter, retrospective analysis of all patients who underwent endoscopic drainage of PFCs, performed by 6 early-career advanced endoscopists.
- Early career was defined as being within the first 2 years of graduating advanced endoscopy fellowship.
- Technical success was defined as the ability to place the stent within the PFC.
- Clinical success was defined as improvement or resolution of the PFC at the end of therapy.

	N = 24 (%)
Patient characteristics	
Age, years	53 (SD 14)
Female	5 (21%)
Inpatient	9 (56%)
Platelets (K/cmm)	298
INR	1.13
Any anticoagulation	3 (12.5%)
Argatroban	1 (4.2%)
Apixaban	1 (4.2%)
Warfarin	1 (4.2%)
Charlson Comorbidity Index, average	2.6
Collection Type	
Pseudocyst	9 (37.5%)
Walled-off necrosis	11 (45.8%)
Post-surgical collection	4 (16.7%)
Collection Location	
Peripancreatic	10 (41.7%)
Pancreatic	14 (58.3%)
Head	2
Body/Tail	9
Entire pancreas	3

Table 1. Patient characteristics

	N = 24 (%)
Patient characteristics	
Site of EUS Pancreatic Drainage	
Stomach	22 (91.7%)
Duodenum	2 (8.3%)
Native Anatomy	23 (95.8%)
Stent used	
LAMS	21 (87.5%)
Plastic	3 (12.5%)
LAMS Size	
10 mm x 10 mm	2 (9.5%)
15 mm x 10 mm	14 (66.7%)
20 mm x 10 mm	5 (23.8%)
Clinical Success	22 (91.7%)
Technical Success	23 (95.8%)
Adverse events	
LAMS maldeployment	1 (4.2%)
Bleeding	0
Stent migration	0
Post-procedural pain within 30-days	3 (12.5%)
Need for admission within 30-days	7 (29.2%)
Death within 30-days	0
Stent removed	19 (79.2%)
Mean time until stent removed, days, SD	27 (SD 22)
Mean number of GI interventions	1.6
Duration of follow-up median, days	90

Table 2. Procedural Characteristics

Results

- A total of 24 patients underwent drainage of PFCs.
- The most common indication was walled-off necrosis (11 cases, 46%) and pseudocyst (9 cases, 37.5%).
- Clinical success was achieved in 22 cases (91.7%).
- Technical success was achieved in 23 (95.8%)
- Further characteristics are summarized in table 1 and 2.

Conclusions

- Our findings suggest that endoscopic drainage of pancreatic fluid collections is safe and effective in the hands of formally trained early career advanced endoscopists.
- Further study is needed to confirm and validate these findings