

Eso-SPONGE®

NEW INDICATION: PREVENTIVE THERAPY TO REDUCE THE RISK OF ANASTOMOTIC LEAKS IN THE UPPER GI TRACT

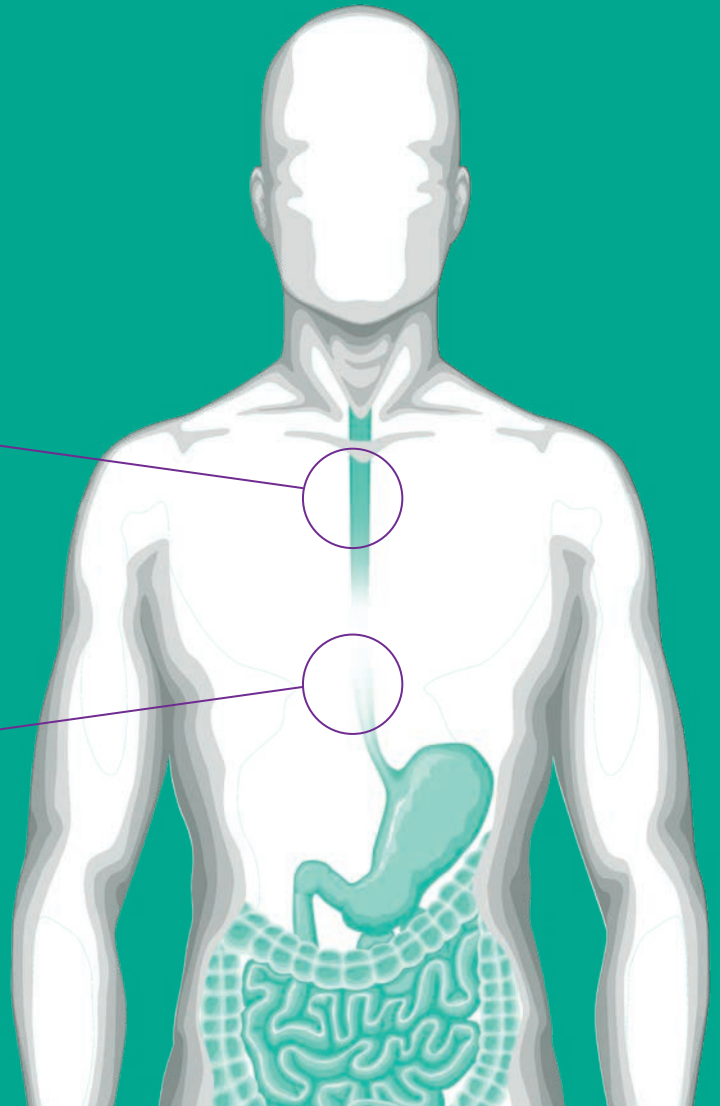
NEW PREVENTIVE USE

12.3% – 13.6%

LEAKAGE RATE IN CERVICAL ANASTOMOSIS^{11, 12}

2.9% – 9.3%

LEAKAGE RATE IN THORACIC ANASTOMOSIS^{11, 12}



1ST CHOICE IS ALWAYS PREVENTION!

Some patients have higher risk of developing an anastomotic leakage after esophagectomy due existing conditions such as:

- Calcification or arteries⁴⁶
- Heart failure, hypertension, renal insufficiency¹¹
- Obesity⁴⁷
- Diabetes¹¹

Now it is possible to use Eso-SPONGE® to reduce the risk of anastomotic leakages.

PILOT STUDY FOR PREEMPTIVE USE OF Eso-SPONGE® 24

Preemptive endoluminal vacuum therapy to reduce anastomotic leakage after esophagectomy: a game-changing approach?

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Authors

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Abstract

Endoluminal vacuum therapy (EVT) is an accepted treatment for anastomotic leakage (AL) after esophagectomy. A novel concept is to use this technology in a preemptive setting, with the aim to reduce the AL rate and postoperative morbidity. Preemptive EVT (pEVT) was performed intraoperatively in 19 consecutive patients undergoing minimally invasive esophagectomy, immediately after completion of esophagogastrostomy. Twelve patients (63%) were high-risk cases with severe comorbidity. The EVT device was removed routinely three to six (median 5) days after esophagectomy. The endpoints of this study were AL rate and postoperative morbidity. There were 20 anastomoses at risk in 19 patients. One patient (5.3%) experienced major morbidity (Clavien-Dindo grade IIIb) unrelated to anastomotic healing. He underwent open reanastomosis at postoperative day 12 with pEVT for redundancy of the gastric tube and failure of transition to oral diet. Mortality after 30 days was 0% and anastomotic healing was uneventful in 19/20 anastomoses (95%). One minor contained AL healed after a second course of EVT. Except early proximal dislodgement in one patient, there were no adverse events attributable to pEVT. The median comprehensive complication index 30 days after surgery was 20.9 (IQR 0-26.2). PEVT appears to be a safe procedure that may have the potential to improve surgical outcome in patients undergoing esophagectomy.

Keywords: anastomotic leakage; complications; minimally invasive esophagectomy; outcome research.

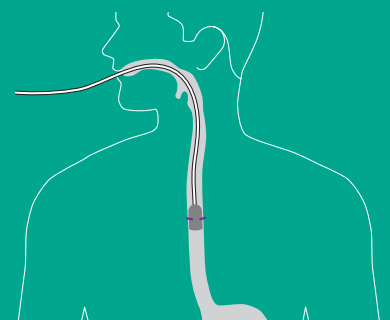
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RESULTS OF THE PILOT STUDY FOR PREEMPTIVE USE OF Eso-SPONGE®

- n=20 patients
- 1/20 leakage
- 20 patients had a sponge post surgery at the anastomotic site for 4-6 days.
- 19 patients recovered with no leakage.
- 1 patient develop a non symptomatic leak which was resolved with a second round of vacuum therapy.

PREVENTIVE USE OF Eso-SPONGE®

- Follow the insertion system as described for the treatment in steps 1 to 6 placing the end of the overtube at the anastomosis site.
- Release the Eso-SPONGE®, so that the sponge must be positioned at the anastomosis site.
- The drainage can be positioned transnasally (see steps 7 to 9).
- Connect the device to the vacuum source, low vacuum pump from MTG.
- Apply a continuous negative pressure of 75 mmHg as previously described.
- Leave the sponge for 4 to 6 days and retire the sponge.



Eso-SPONGE®

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Vacuum source manufactured by:
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