A NOVEL DRILL AS THE TRACT DILATION TECHNIQUE DURING EUS-GUIDED BILIARY DRAINAGE BY NON-EXPERT HANDS (WITH VIDEO)

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A retrospective comparison of a novel drill dilator versus balloon catheter for tract dilation during EUS-guided hepaticogastrostomy found both achieved high initial dilation success rates, but the drill dilator required additional dilation in most cases to allow stent delivery system insertion.

KEY POINTS

- 49 patients underwent EUS-HGS with SEMS between October 2021 and October 2022, with 19 receiving drill dilator and 30 receiving balloon catheter for initial tract dilation
- Initial tract dilation was successful in 100% of drill dilator cases and 97% of balloon catheter cases, a difference that was not statistically significant
- Additional tract dilation was needed to insert the 8.5Fr stent delivery system in 73.7% of drill dilator cases, while all balloon catheter cases achieved successful insertion without additional dilation
- Drill dilator procedures were performed mainly by non-expert operators while balloon catheter procedures were predominantly performed by experts, representing a significant difference in operator experience between groups
- The authors conclude that balloon dilation should be attempted first when deploying a dedicated metal stent using an 8.5Fr delivery system

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