Tips and tricks for managing anastomotic stricture

Bo Shen

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Endoscopy | Surgery

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This presentation describes endoscopic techniques for managing anastomotic strictures in inflammatory bowel disease, emphasizing measurement tools, treatment selection, and combination approaches for refractory cases.

KEY POINTS

- The speaker uses EndoFLIP to measure stricture characteristics including distensibility (cutoff of 2 to suggest fibrosis), degree, and length, which guide therapy selection between balloon dilation and stricturotomy.
- For balloon dilation, the speaker inflates until tissue tear is visible, typically 2 seconds to 1 minute; drug-coated balloons with paclitaxel should be held at least 90 seconds to allow drug diffusion.
- The speaker recommends needle knife over insulated-tip knife when possible because sharper instruments cause less thermal trauma and subsequent fibrosis.
- For refractory strictures, the speaker uses combination approaches: stricturotomy followed by stricturectomy (removing tissue with jumbo biopsy forceps) or stricturotomy with balloon dilation.
- The speaker removes dislodged staples when found, believing staple reaction is a major contributor to anastomotic stricture formation; staples should be removed if the anastomosis is at least 6 months old.
- The speaker advises surgical consultation if patients require endoscopic treatment more frequently than every 3 months.

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