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Summary

Self-expandable metal stents for obstructing colonic and extracolonic cancer: European Society of Gastrointestinal Endoscopy (ESGE) Guideline – Update 2020

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Standards and Guidelines

Digestive Oncology | Endoscopy

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ESGE guideline recommendations address the use of colonic stenting for malignant large-bowel obstruction as bridge to surgery and for palliation, with specific guidance on patient selection, timing, and operator requirements.

KEY POINTS

- Colonic stenting is recommended as the preferred treatment for palliation of malignant colonic obstruction (strong recommendation, high quality evidence)
- Stenting as a bridge to surgery should be discussed within shared decision-making as an alternative to emergency resection in patients with potentially curable left-sided obstructing colon cancer (strong recommendation, high quality evidence)
- Colonic stenting should be reserved for patients with clinical symptoms and radiological signs of malignant large-bowel obstruction without perforation, and prophylactic stent placement is not recommended
- A time interval of approximately 2 weeks until resection is suggested when stenting is used as a bridge to elective surgery in curable left-sided colon cancer
- Stenting should be performed by operators competent in both colonoscopy and fluoroscopic techniques who perform the procedure regularly, and decompressing stoma is a valid alternative when stenting expertise is unavailable

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