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Summary

# Obstruction: The endoscopist's and the surgeon's perspective

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**Multidisciplinary approach to malignant colorectal obstruction emphasizes bridging strategies over emergency resection, with choice between stenting and decompressive stoma guided by curative intent, perforation risk, and patient factors.**

## KEY POINTS

- The speaker presented systematic review data showing stenting as bridge to surgery outperformed acute surgery with similar mortality but lower morbidity and stoma rates, though stent perforation occurs in approximately 8% of cases and converts curative patients to palliative by causing tumour spillage.
- In curative settings with potentially resectable disease, the speaker recommends careful risk assessment before stenting because perforation significantly worsens disease-free survival, as shown in the Dutch STENT 2 trial data presented.
- Decompressive stoma (blowhole) was described as a simple 20-30 minute procedure that avoids perforation risk and allows subsequent laparoscopic resection, illustrated by the presented case of a high-BMI patient who underwent successful staged treatment.
- For palliative patients, the speaker stated stenting offers short-term quality-of-life advantages but surgery performs better long-term, with choice influenced by life expectancy and whether bevacizumab or immunotherapy is planned.
- The speaker's institutional approach reserves stenting for central tumours with appropriate expertise in both curative and palliative settings, favoring decompressive stoma when perforation risk is elevated or when patients may survive beyond six months on systemic therapy.

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