<table>
<thead>
<tr>
<th>Products</th>
<th>Padlock Clip® defect closure system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedural Area</td>
<td>Hemostasis</td>
</tr>
</tbody>
</table>

**Article**
Endoscopic closure of a refractory gastrocutaneous fistula using a novel over-the-scope Padlock clip following de-epithelialization of the fistula tract

**Publication**
BMJ case reports, 2015, bcr2015211242. doi:10.1136/bcr-2015-211242

**URL**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4593293/

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**Purpose**
To understand the effectiveness of the Padlock Clip® for closure of a chronic gastrocutaneous fistula (GCF).

**Key Points**

**Disease Background**
- Following the removal of a percutaneous gastrostomy (PEG) tube, most of the holes/tracts left by the tubes will close on their own
- ~4.5% of these fistulas become chronic, discharging gastric contents and causing skin injuries, infections, dehydration and the need for frequent dressing and stoma bags
- Historically, these fistulas were closed by surgery, but most patients that have needed a feeding tube have multiple co-morbidities and so endoscopic intervention is preferred
- Conventional through-the-scope clips are limited in terms of the amount of tissue they can grasp so over-the-scope clips are felt to be superior for GCFs

**Patient Background**
- 62-year-old woman with a long history of nutritional problems and abdominal surgeries had a feeding tube for over 10 years
- She noticed gastric contents leaking out of the feeding tube site, leading to skin damage and frequent dressing
- The decision was made to move the tube site, but the old tube site continued to leak for 3 months, despite optimal medical therapy
- Endoscopic closure of the site was attempted with a Boston Scientific Resolution™ Clips but this treatment was unsuccessful, and symptoms persisted

**Treatment**
- Patient consented to intervention with the Padlock Clip® defect closure system after considering surgery, endoscopic suturing, and the Ovesco OTSC®
- The fistula was identified endoscopically by inserting a thin plastic catheter into the opening
- The opening of the exterior wound was de-epithelialized
- The plastic catheter was removed, the fistula and surrounding tissue was suctioned into the cap and a Padlock Clip® defect closure system clip was deployed
- An air tight seal was confirmed, and follow-ups at 2 weeks and 10 months confirmed complete healing of the GCF

**Discussion**
- The Padlock Clip® defect closure system is easy to use and is less invasive than suturing
- The Padlock Clip® defect closure system has advantages of circumferential compression and ability to grasp more tissue when compared to the Ovesco OTSC®
- De-epithelialization pre-procedure may have contributed to closure of the tract

**Conclusions**
Through the scope clips for GCF closure are technically difficult and success rates vary. The Padlock Clip® defect closure system has an advantageous radial design and was successful for GCF closure

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