

Products	Padlock Clip® defect closure system
Procedural Area	Hemostasis
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
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Purpose	To understand the effectiveness of the Padlock Clip® for closure of a chronic gastrocutaneous fistula (GCF).
Key Points	<p><u>Disease Background</u></p> <ul style="list-style-type: none"> 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 <p><u>Patient Background</u></p> <ul style="list-style-type: none"> 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 <p><u>Treatment</u></p> <ul style="list-style-type: none"> 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 <p><u>Discussion</u></p> <ul style="list-style-type: none"> 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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