

April 2014 | Conference reports OTSC Proctology

OTSC Proctology at Congresses of the German Society for Coloproctology (Munich) and the German Society for Surgery (Berlin)

Clinical data on OTSC Proctology for the treatment of anorectal fistula were presented at two major national conferences in Germany:

The 40th Congress of the German Society for Coloproctology was held in Munich, April 3-5, 2014 under the presidency of Prof. Dr. Dr. h. c. W. Hohenberger
(Source: <http://www.mcn-nuernberg.de/DGK2014/>)

Prospective multicentric trial shows 90% success rate for OTSC Proctology in anal fistula closure

R. Prosst and co-authors, Stuttgart and Mannheim, presented data from a prospective multi-centric trial including 20 patients (14 male), treated with OTSC Proctology for anal fistula between 10/2011 and 4/2013. The mean duration of the procedure was 32 min (17-66 min). There were no intraoperative complications. Treatment success was defined as clinical healing of the anal fistula and absence of recurrence at 6-month postoperative period. 18 of 20 patients reached this endpoint (90%). 2 patients had no healing of the fistula, in one of which the OTSC prematurely detached from the treatment site already 3 days after placement. In 2 patients the OTSC clip was removed during the 6-month follow-up due to painful dislodgement of the clip into the anal canal and wound healing disturbance at the outer ostium of the fistula, respectively. No patient suffered fecal incontinence.

The authors concluded that OTSC Proctology is a new minimally invasive device for the treatment of anorectal fistula which is procedurally simple and time-efficient. The risk profile is favourable, without relevant risk of fecal incontinence.

Anorektaler Fistelverschluss mittels OTSC Proctology: Ergebnisse einer prospektiven Beobachtungsstudie

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The 131st Congress of the German Society for Surgery took place under the presidency of Prof. Dr. J. Jaehne in Berlin, March 25-28, 2014

(Source: <http://www.chirurgie2014.de/>)

OTSC Proctology in retrospective analysis of mixed case series: efficacy and safety confirmed

S. Dango and colleagues, Kassel and Goettingen, presented their experience using OTSC Proctology in the treatment of transsphincteric anal fistula. n=14 patients were

included, 2 of which were later excluded due to evidence of Crohn's disease. All patients were fully continent for stool before OTSC surgery. One patient had an anovaginal fistula as a special form of transsphincteric fistula. All patients had filament drainage of the fistula tract before surgery. 58% of the patients showed definitive healing, defined as no presence of active fistula at 9 to 12-month follow-up. In case of fistula recurrence, the average time to recurrence was 16 weeks (10-32 weeks). Retained OTSC Proctology clips were all electively removed after an average of 20 weeks (8-50 weeks). No sphincter complications or stool incontinence were seen in any of the patients.

The authors conclude that OTSC placement is a promising sphincter-preserving minimally invasive method with considerably less complications than in more invasive types of surgical fistula treatment.

Efficacy and safety of the over-the-scope clip in the treatment of anal transsphincteric fistula

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OTSC Proctology in recurrence of anal fistula after other treatments: success rate of 67%

R. Menningen et al., Muenster, Germany reported about their first experience with OTSC Proctology fistula closure in patients who had recurrence after fistula surgery. 9 consecutive patients (5 male) were included into the trial. They had at least their first recurrence after unsuccessful alternative techniques (mucosa advancement flap of fistula plug therapy). 4 patients had high transsphincteric fistula of crypto-glandular origin, 5 patients had complex fistula systems due to Crohn's disease, including one transsphincteric rectovaginal fistula. Successful OTSC therapy was defined as complete stop of leaking secretes and healed inner and outer ostia of the fistula.

All 9 cases were technically successful. Patients were followed over a mean time of 156 days (40-329). 9 patients (67%) reached complete healing of their fistula, including the case with rectovaginal fistula. The OTSC Proctology clip was electively removed after 3 months. 3 patients had persistent fistula (2 cases with crypto-glandular fistula, 1 case with Crohn's disease), in 2 of which the clips detached prematurely within 4 weeks after surgery.

The authors conclude that OTSC is a safe and effective procedure for closing recurrent anal fistula even in more complex cases with Crohn's disease or multiple surgical pre-treatments.

Verschluss analer Rezidivfisteln mit dem OTSC Proctology System

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