It's the Danis Stent

Frequently Asked Questions

What is the Danis Stent?

- The Danis stent is a wide-bore 25mm diameter, fully-covered removable stent designed to tamponade bleeding oesophageal varices whilst maintaining normal dietary intake and minimising the need for high–dependency observation.
- A Danis stent can stabilise your patient allowing time to plan future treatment options and improve patient outcomes.
- It has a balloon style delivery system to enable accurate positioning at the GOJ in an emergency situation without visual guidance.

What is the Danis Stent indicated for?

- The Danis stent is indicated to stop acute and/or refractory bleeding from oesophageal varices. It is contraindicated for diagnosed malignant and benign strictures affecting the oesophagus. **Please check product IFUs for a full list of contraindications.**

When should I use the Danis Stent?

- The BSG 'UK guidelines on the management of variceal haemorrhage in cirrhotic patients' are currently in the process of being updated and should be available towards the end of 2020.
- The Danis stent is also in the process of being reviewed by NICE to outline its role in the management of gastric variceal bleeding. If band ligation becomes refractory, Danis can act as a bridge to TIPSS or allow time to plan future treatment options.

How do I use the Danis Stent delivery system?

- UK Medical provides a comprehensive 'step-by-step' guide to using the Danis delivery system which can be requested as a PDF or a laminated print. Please contact Dani Hammerton, product manager for the ELLA range of oesophageal stents at Danielle.hammerton@ukmedical.com. **Alternatively, please see the product IFUs.** There is also a video available at: https://youtu.be/1rbYext0cvg. Departmental training by your local UK Medical Area Business Manager (ABM) can also be arranged.

When should the Danis Stent be removed?

- Removal of the stent should be performed within 7 days after the date of implantation due to the risk of oesophageal mucosal proliferation into the stent mesh and the risk of decubital necrosis followed by fistulas. If the stent does not stop the bleeding, re-evaluate the conditions and remove the stent within 48 hours maximum. Therapy of the bleeding shall continue. If the patient is referred for TIPSS, the Danis should be removed in a one-step procedure if possible.

How should the Danis Stent be removed?

- The stent removal is recommended to be performed with the ELLA Extractor. UK Medical provides

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Additional information?

If you would like further assistance, or need advice on how to order, please call us on:
0114 268 8880

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a comprehensive 'step-by-step' guide to using the Danis extractor which can be requested as a PDF or a laminated print. Please contact Dani Hammerton, product manager for the ELLA range of oesophageal stents at Danielle.hammerton@ukmedical.com. **Alternatively, please see the product IFUs**. There is also a video available at: https://youtu.be/xlh0GW4hXvw.

Disclaimer

Use of Oesophageal Stents may result in harm to patients and negative outcomes. UK Medical Ltd accepts no liability for the content of this manual or the consequences of any actions taken on the basis of the information provided.

Complications that can be associated with the stent implantation can include but not be limited to:

- Stent misplacement; stent migration; inadequate length of stent; bleeding/haemorrhage; fever; infection; perforation; trachea or tracheoesophageal fistula; laceration; airway compression; ulceration or erosion of oesophageal wall; mucosal hyperplasia; stricture formation; retrosternal chest pain; nausea; vomiting; food bolus impaction; allergic reaction.

Purpose

This document has been designed to provide information to clinicians using ELLA Oesophageal Stents in clinical practice. Where possible the information provided has been gathered from research evidence, however where this is not available, information is provided using expert opinion and from BSG or GUT guidelines.

- Information regarding insertion is available in another document and during device insertion sessions
- Information regarding care and maintenance is available as a separate document and training sessions available from UK Medical Ltd
- Patient information is available in a separate document from UK Medical Ltd