

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 oesophageal 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. On-site and/or virtual training is also provided on request. Please contact our Customer Experience team for more information, or to request training with your local UK Medical Area Business Manager (ABM). **Alternatively, please see the product IFUs.** There are also additional Danis resources available on our resource page at www.ukmedical.com/resources/

When should the Danis Stent be removed?

- Removal of the stent should be performed within 7 days after the date of implantation in order to minimise the potential for oesophageal mucosal proliferation 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?

Additional information?

If you would like further assistance, or need advice on how to order, please call us on:
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Danis removal should be carried out with consideration given to the status of the underlying condition; has definitive treatment been successfully implemented?

- If **No** and portal hypertension is still a critical factor, the stent should be removed atraumatically. The Ella oesophageal extractor is recommended for use.
- If **Yes** and portal hypertension is no longer a critical factor, the risk of a re-bleed is minimised, therefore the stent may be removed endoscopically with grasping forceps

Additional Information

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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

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