Interventional EUS

Pham Khanh Do-Cong Dept. of Medicine, Haukeland University Hospital Dept. of clinical medicine, University of Bergen





EUS Advantages

- Short route to nearby structures
- Fine diagnostics
- Superior real time resolution
- Doppler
- Precession
- Platform for intervention





Interventional endoscopy

- Endoscopy + Fluoroscopy + US
- Guide wire
- Medicine+surgery+radiology+oncology
- Complimentary
- Must be flexible, able to adapt
- Solve problems

EUS development

| Radial EUS | 70-80` |
|--------------------------|--------|
| Linear EUS | 1991 |
| EUS FNA | 1992 |
| US Pseudocyst rainage | 1992 |

| Surg Endosc, 1991;5(2):79-82. |
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| Endoscopic ultrasound examination of the upper gastrointestinal tract using a curved-array transducer. A preliminary report. |
| <u>Vilmann P1, Khattar S, Hancke S</u> . |
| |
| Gastrointest Endosc, 1992 Mar-Apr;38(2):172-3. |
| Endoscopic ultrasonography with guided fine needle aspiration biopsy in pancreatic disease. |
| <u>Vilmann P¹, Jacobsen GK, Henriksen FW, Hancke S</u> . |
| |
| Endosonography-guided drainage of a pancreatic pseudocyst |
| H. Grimm, MD ^{EII} , <u>K.F. Binmoeller</u> , MD, <u>N. Soehendra</u> , MD Department of Endoscopic Surgery, University Hospital Hamburg, Hamburg, Germany |

SEMS 1988

EUS-BD 2001

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2003

LAMS 2012

Endoscopy. 2001 Oct;33(10):898-900.

Endoscopic ultrasound-guided bilioduodenal anastomosis: a new technique for biliary drainage. <u>Giovannini M¹, Moutardier V, Pesenti C, Bories E, Lelong B, Delpero JR</u>.

Gastrointest Endosc. 2002 Jul;56(1):128-33.

EUS-guided pancreaticogastrostomy.

François E¹, Kahaleh M, Giovannini M, Matos C, Devière J.

Hepaticogastrostomy Choledochosudenotomy Cholecysticoduodenostomy

Gastroenterostomy EDGE

EUS vascular therapy ect....

Antegrade treatment

Potential targets for EUS-guided drainage

- Facts: A lot of physiological bodily functions are based tubes
- Drainage of bile
- Fluid collection; peri-pancreatic, liver, spleen
- Drainage of pancreatic juice
- Leakage, complications to surgery/pancreatitis
- Abscess
- Malignant decompression









EUS biliary drainage

- alternative to percutaneous trans hepatic biliary drainage (PTBD) for patients in whom endoscopic retrograde cholangiopancreatography (ERCP) has failed.
- >90% success rate
- Clinical result equal to PTBD
- Lower complication rate than PTBD
- Less pain
- More comfortable for the patient
- "automatic drainage system"
- The bile is emptied into the GI tract, more physiological
- Stay at home less to handle

EUS-ERCP Rendez vous









EUS guided Cholecysticoduodenotomy











Malignant obstruction & EUS

- High probability of drainage
- Making new doors
- By-pass
- "Higher up in the tree"
- Antegrade therapy
- Rendez-vous

Whipple,3 stones in the PD

















BG:25 DR:65

FR:26

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