

Recommendations For Prevention and Management Of LAMS-Related Complications: An International Delphi Consensus Study

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INTRODUCTION

Lumen-apposing metal stents (LAMS) have become an essential tool in endoscopic procedures for a variety of in- and off-label indications. While LAMS can provide significant clinical benefit for many patients, it's critical to be aware of potential adverse events related

to the procedure. These events have been reported in up to 21.3% of cases (1, 2).

There is an obvious need for consensus regarding the safe use of LAMS to guide practitioners and minimize complications. We sought to develop recommendations on the safe use of LAMS for in- and off-label

indications through a Delphi process with the aim to offer a standardized approach to LAMS placement in different on- and off-label indications.

AIMS AND METHODS

20 international experts were identified and invited to participate in a modified Delphi process to develop consensus recommendations for the safe use of LAMS.

Nineteen experts responded to the survey. Our Delphi process consisted of three rounds. In two round participants had the option of either agreeing or disagreeing with the statements or adding their own comments. Each statement was also provided with the evidence level based on the GRADE methodology.

Comments were then reviewed and statements where no consensus was reached revised and offered in the next round for additional voting. Anonymized comments were also available for other participants to review before voting. The threshold for accepting a statement was set at 80% agreement.

RESULTS

We accepted 56/60 (93.3%) statements during the three Delphi rounds. In first round 35 (58.3%), in second round 17 (28.3%) and in third round 4 statements (6.6%) were accepted. We could not reach consensus in 4 statements (6.6%), so these were removed from final recommendations.

The accepted statements were grouped into the following categories: general safety measures, peripancreatic fluid collections, biliary drainage, gallbladder drainage, and gastroenterostomy (GATE). Consensus was reached on essential safety measures, such as appropriate patient selection, pre-procedural imaging, LAMS placement technique, and post-procedural management. Specific recommendations were developed for each of the aforementioned indication, emphasizing the importance of careful assessment, technique adjustments, and clinical follow-up to minimize complications.

CONCLUSION

Through a modified Delphi process, we developed a consensus on the safe use of LAMS for in- and off-label indications, including general safety measures and recommendations for specific clinical scenarios.

This consensus aims to provide a practical and evidence-based guideline for clinicians to ensure the safe and effective use of LAMS in various endoscopic procedures.

References

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