

## Challenges and Risks Associated with Treatment of Walled-Off Pancreatic Necrosis

### Challenges:

- Complete debridement of necrotic collections >15cm<sup>1</sup>
- Physician expertise (low volume in non-tertiary care centers)<sup>1</sup>
- Lack of proper tools for debridement<sup>1</sup>
- Infected collection requiring urgent intervention<sup>1</sup>
- Treatment duration (average of 4 debridement sessions per patient)<sup>2</sup>

### Risks:

- Major and difficult to control bleeding<sup>3</sup>
- Perforation of pseudo wall<sup>3</sup>
- Air embolism<sup>3</sup>
- Major vessel involvement (i.e. superior mesenteric artery within necrotic collection)<sup>4</sup>
- Diabetes (organ insufficiency caused by damage to viable pancreatic tissue)<sup>5</sup>
- Pancreatic ductal disruption<sup>6</sup>



**Table 1: Puli et al Meta-Analysis<sup>2</sup>**

Number of Patients	233
Collection Size (cm)	10.5-15.2
Mean Interventions	4.09
Patients Requiring Surgical Intervention	13%
Device-Related Adverse Events	21.33%
Avg. Stay: DEN to Discharge (days)	33
Successful Resolution of Pancreatic Necrosis	81.84%
Recurrence of Necrotic Cavity or Pseudocyst After DEN	11%

**Table 2: EndoRotor DEN Trial Data Summary<sup>7</sup>**


Number of Patients	30
Collection Size (cm)	6-22
Mean Interventions	2.1
Patients Requiring Surgical Intervention	0
Device-Related Adverse Events	0%
Avg. Stay: DEN to Discharge (days)	18
Mean Reduction in Necrosis Volume at 21 Days	90%
Recurrence of Necrotic Cavity or Pseudocyst After DEN	0%

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