

# Game Changers

## AXIOS STENTS: TRANSFORMING THE MANAGEMENT OF PANCREATIC FLUID COLLECTIONS

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Pancreatic fluid collections (PFCs) are frequent complications of acute pancreatitis. These are divided into 4 subtypes as per the revised Atlanta classification: acute peri-pancreatic fluid collections (APFC) and acute necrotic collections (ANC) when occurring less than 4 weeks following an episode of acute pancreatitis; pseudocysts and walled-off pancreatic necrosis (WOPN) if greater than 4 weeks interval.

Classically the management of PFCs involved open cyst-gastrostomy and/or necrosectomy. However, following the landmark PANTER trial<sup>1</sup> the focus has shifted to less invasive interventions. This Dutch study reported that a minimally-invasive 'step-up' approach was superior to open surgery in patients with acute necrotising pancreatitis. More recently, the TENSION multi-centre randomized control trial<sup>2</sup> has shown endoscopic transluminal stenting to be a viable alternative to percutaneous drainage, with lower rates of pancreatic fistula, shorter length of hospital stay and at a lower overall cost.

The evidence from these trials has been incorporated into the management of complicated pancreatitis at the regional Hepatobiliary unit in Belfast with the recent introduction of lumen-apposing self-expandable AXIOS stents. These stents are inserted under endoscopic ultrasound guidance and enable PFCs to be drained into the stomach; they incorporate a dual flange that prevents migration, and once placed can function as a port to facilitate debridement and irrigation.

In a recent study of 45 consecutive patients who underwent AXIOS stent placement in the Belfast Trust, the procedure was noted to be technically successful in 43 cases (95.6%) and clinically successful in 33 cases (73.3%). Only 5 patients (11.1%) required further surgical management within 40 days of stent removal. Overall the results have shown that AXIOS stents are an effective first line management of PFCs, avoiding the need for more invasive surgical procedures.

### REFERENCES

1. Van Santvoort H et al. A Step-up Approach or Open Necrosectomy for Necrotizing Pancreatitis. *N Engl J Med* 2010 Apr 22;362(16):1491-502
2. Van Brunschot S et al. Endoscopic or surgical step-up approach for infected necrotising pancreatitis: a multicentre randomised trial. *Lancet* 2018 Jan 6;391(10115):51-58

## MOVE YOUR FEET, LOSE YOUR SEAT

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At the onset of the COVID-19 pandemic, a "remote by default" strategy<sup>1</sup> was advocated for general practice consultations, which resulted in a seismic, and a likely long-lasting shift towards telemedicine in primary care.<sup>2</sup> This led to some doctors working in general practice to lament, "I didn't become a GP to work in a call centre!" The effect on the clinician-patient relationship has been discussed in detail,<sup>1,3</sup> however less attention has been paid to the impact this is having on the health and wellbeing of GP staff. Given that computer-work, paperwork, telephone and video consultations are all traditionally performed while sitting down, the reduction in face-to-face consultations has made general practice even more sedentary. Due to evidence linking excessive sedentary behaviour to many health problems, with a cumulative dose-response relationship with mortality risk,<sup>4</sup> the World Health Organisation advises individuals to minimise and break up periods of sedentary behaviour where possible.<sup>5</sup>

One way of minimising sedentary behaviour is by using an "active workstation," such as a height-adjustable sit-stand desk. In the general practice setting, active workstations allow clinicians to stand and/or move while undertaking computer-work, paperwork, telephone and video consultations (Figure 1). We researched the uptake of active workstations among GPs and GP Specialty Trainees in Northern Ireland, as well as exploring the opinions of GPs to their sedentary behaviour and physical activity. Among 320 participants, 18 (5.6%) reported having access to an active workstation in their practice, potentially allowing them to significantly reduce sedentary time. In subsequent interviews with GPs, multiple participants stated that they "hate sitting down all day long." This shows that not all GPs are happy with the current sedentary status quo, and some are now actively taking steps to reduce this.

We hope these findings will encourage other clinicians working in desk-based specialties to consider how their sedentary behaviour is affecting their health and to contemplate ways to reduce this where possible. The colloquial expression "Move your feet, lose your seat" is used as a justification when a person steals another's seat if they stand up or walk away from it. Is it time to reframe this statement for those working in General Practice as "Lose the seat, move your feet"? We plan to explore ways to help staff in primary care to be less sedentary and more physically active throughout the working day.

