

LETTER TO THE EDITOR

Hemostatic powder facts



To the Editor:

We read with interest the *VideoGIE* article by Storm et al¹ from Mayo Clinic Rochester. The case shows the unique benefits of Hemospray in offering durable hemostasis for bleeding that is resistant to conventional treatments, even in the setting of dual antiplatelet therapy. We commend the authors for their persistence in providing a positive outcome for this patient. However, we noted several errors that should be corrected because they do not accurately reflect the potential adverse events that may result from Hemospray treatment.

In summarizing the risks of Hemospray, the authors note that “bowel obstruction from bentonite impaction in the colon has been reported and theoretically may cause biliary obstruction, cholangitis, or both, if used within the bile duct and periampullary duodenum.”² Contrary to the authors’ statement, there has never been a report of bowel obstruction from Hemospray impaction in the colon, including in the article by Arena et al.²

The authors correctly note that transient obstruction of a postsphincterotomy biliary orifice has been reported.³ However, cholangitis from Hemospray obstruction after treatment of postsphincterotomy bleeding has never been reported and remains only a theoretical risk, along with colon obstruction and embolization. These risks, other cautionary statements, and the U.S. Food and Drug Administration clinical summary are included in the Instructions for Use for Hemospray, which can be found at <https://hemospray.cookmedical.com>.

We respectfully request that these corrections be made or noted and linked to the article and video presentation to assure the actual product risks are not misrepresented.

DISCLOSURE

The authors are employees of Cook Medical, manufacturers of Hemospray.

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Response:



We thank Wagner and Gittard¹ for the opportunity to clarify our statement about known adverse events associated with hemostatic powder. Our *VideoGIE* abstract details the step-by-step use of hemostatic powder highlighting a case of a bleeding GI stromal tumor recalcitrant to other endoscopic hemostatic techniques, successfully bridged to definitive surgical therapy.² The commenters are correct in stating that colonic obstruction has not been reported for the device used in the video (Hemospray; Cook, Winston-Salem, NC, USA).

Bowel obstruction has been reported with other surgical hemostatic matrices,³ and we, therefore, believe it remains a theoretic risk to consider in the treatment of patients who have recently undergone hemostatic powder treatment. To mitigate this risk, the company recommends limiting the number of devices to 3, or 60 grams of bentonite powder in total, within a single session. It is worth mentioning that 1 study of the device, sometimes with the use of doses more than twice the currently recommended dose, did not report any occurrence of bowel obstruction.⁴

As we previously mentioned, biliary obstruction and perforation are adverse events previously reported with the use of hemostatic powder.⁵⁻⁸ As such, we stand by our warning for the theoretic risk of cholangitis, particularly if hemostatic powder is used in or near the biliary orifice, and would advise caution when considering use of the device in these areas.

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