Serial Transverse Enteroplasty (STEP) for short bowel syndrome

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' conclusions
Background In short bowel syndrome (SBS) the length or function of the small bowel is inadequate to meet the nutritive and/or growth demands of the patient. Potential causes can be congenital (e.g., intestinal atresia, gastroschisis) or acquired (e.g., Crohn's disease, abdominal trauma). Most estimates of the incidence and prevalence of SBS are based on data describing patients requiring total parenteral nutrition (TPN) for SBS. In the United States, approximately 10,000 to 20,000 patients receive home-delivered TPN for SBS. Medical treatment of SBS is focused on TPN. The introduction of TPN four decades ago improved survival; however, TPN is associated with reduced freedom due to monitoring, and reduced quality of life. Complications include recurrent central venous catheter infections, dehydration, vascular thrombosis, and/or progressive liver disease. Decreasing dependence on TPN remains a high priority for patients with SBS. Many TPN-dependent patients with SBS suffer from two major structural problems that can be addressed by surgery, i.e., insufficient small bowel length and excessive small bowel dilatation. The most widely used method to date is the small bowel lengthening procedure (the Bianchi procedure). However, the procedure involves at least one small bowel anastomosis, may jeopardize the bowel mesentery, and does not accommodate marked variations in bowel dilatation.

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