



FIGURE 345-20 Prevention of stent migration using endoscopic sutures. **A.** Esophagogastric anastomotic stricture refractory to balloon dilation. **B.** Temporary placement of covered esophageal stent. **C.** Endoscopic suturing device to anchor stent to esophageal wall. **D.** Stent fixation with endoscopic sutures (*arrows*).

TABLE 345-1 ANTIBIOTIC PROPHYLAXIS FOR ENDOSCOPIC PROCEDURES

Patient Condition	Procedure Contemplated	Goal of Prophylaxis	Periprocedural Antibiotic Prophylaxis
All cardiac conditions	Any endoscopic procedure	Prevention of infective endocarditis	Not indicated
Bile duct obstruction in the absence of cholangitis	ERCP with complete drainage	Prevention of cholangitis	Not recommended
Bile duct obstruction in absence of cholangitis	ERCP with anticipated incomplete drainage (e.g., sclerosing cholangitis, hilar strictures)	Prevention of cholangitis	Recommended; continue antibiotics after the procedure
Sterile pancreatic fluid collection (e.g., pseudocyst, necrosis), which communicates with pancreatic duct	ERCP	Prevention of cyst infection	Recommended; continue antibiotics after the procedure
Sterile pancreatic fluid collection	Transmural drainage	Prevention of cyst infection	Recommended
Solid lesion along upper GI tract	EUS-FNA	Prevention of local infection	Not recommended ^a
Solid lesion along lower GI tract	EUS-FNA	Prevention of local infection	Insufficient data to make firm recommendation ^b
Cystic lesions along GI tract (including mediastinum)	EUS-FNA	Prevention of cyst infection	Recommended
All patients	Percutaneous endoscopic feeding tube placement	Prevention of peristomal infection	Recommended
Cirrhosis with acute GI bleeding	Required for all such patients, regardless of endoscopic procedures	Prevention of infectious complications and reduction of mortality	Recommended, upon admission ^c
Synthetic vascular graft and other nonvalvular cardiovascular devices	Any endoscopic procedure	Prevention of graft and device infection	Not recommended ^d
Prosthetic joints	Any endoscopic procedure	Prevention of septic arthritis	Not recommended ^e

^aLow rates of bacteremia and local infection. ^bEndoscopists may choose on a case-by-case basis. ^cRisk for bacterial infection associated with cirrhosis and GI bleeding is well established. ^dNo reported cases of infection associated with endoscopy. ^eVery low risk of infection.

Abbreviations: ERCP, endoscopic retrograde cholangiopancreatography; EUS-FNA, endoscopic ultrasound–fine-needle aspiration; GI, gastrointestinal.

Source: Adapted from S Banerjee et al: *Gastrointest Endosc* 67:719, 2008; with permission from Elsevier.