



Endoscopic aspects of temporary gastric electrical stimulator lead placement in patients with gastroparesis and gastroparesis-like syndromes

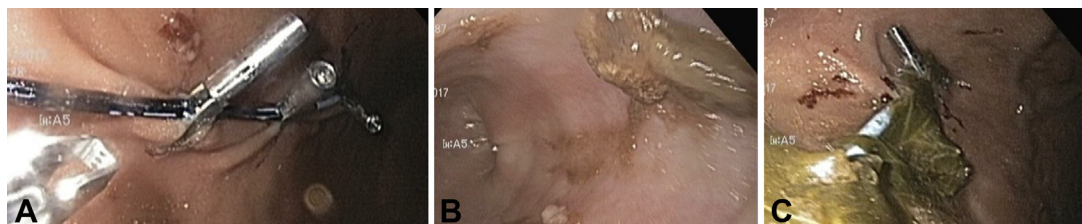


Figure 1. **A**, Endoscopic view of placement of temporary gastric stimulator leads. **B**, Retained esophageal food. **C**, Retained gastric food.

Gastric electrical stimulation (GES) is an accepted form of therapy for gastroparesis and is considered for compassionate therapy in patients with refractory nausea and vomiting. The U. S. Food and Drug Administration has approved GES for treatment of drug-refractory idiopathic gastroparesis and diabetic gastroparesis, but it has also been used off label for related conditions.

Although GES has been shown to improve the frequency of nausea and vomiting in patients with idiopathic and diabetic gastroparesis, it has also shown benefit in patients affected by the symptoms of gastroparesis, ie, nausea, vomiting, and abdominal pain, but with non-delayed gastric emptying, referred to as gastroparesis-like syndrome or unexplained nausea and vomiting. Because not all patients with gastroparesis and gastroparesis-like syndrome benefit from GES, a trial of temporary gastric stimulation (Fig. 1) can help determine those who would benefit from placement of a permanent gastric stimulator, which requires surgery.

The techniques for endoscopic and surgical placement of gastric electrical stimulators are not widely known or performed. The purpose of this video (Video 1, available online at www.VideoGIE.org) is to highlight the important aspects of temporary gastric electrical

stimulator lead placement with advanced endoscopic techniques, which may then lead to the surgical placement of a permanent gastric stimulator.

DISCLOSURE

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Gregg Wendorf, MD, Minesh Mehta, MD, Abigail Stocker, MD, Justin Smith, CRNA, Thomas Abell, MD, Department of Medicine, Division of Gastroenterology, Hepatology, and Nutrition, University of Louisville, Louisville, Kentucky, USA

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Written transcript of the video audio is available online at www.VideoGIE.org.