

Palliative stenting with plastic stents for esophageal carcinoma was done by us routinely from 1995-1997. Morbidity and mortality of the procedure was high but for inoperable cases it was still the recommended procedure. Thereafter after appearance of Self Expanding Metal Endoprosthesis we placed our first esophageal SEME in 1998 and first biliary metal stent in 1999. With dramatic improvement in dysphagia or obstructive jaundice whatever the case may be initial enthusiasm for these SEMEs was high world over. Complications of these stents have also now been seen with prolonged life expectancy. Also the so called removable metal stents have not been found to be without their share of problems. Though now self expanding plastic stents, biodegradable stents and anti reflux stents have appeared on international and national scene we still feel these are experimental and do not offer them to our patients though expertise for the same very much in exists with us. For hilar blocks we prefer single uncovered metal stent. Market for stents we feel is industry driven and cost benefit ratio in our opinion should be assesed in each individual before embarking on expensive procedures.