

vein is spared. **Methods:** In this educational presentation, we aim to simplify the otherwise complex multistep process undertaken before Y-90 SIRT. **Results:** While the SIRT procedure is based on a simple concept, it requires accurate and safe delivery of highly toxic doses of radiation into the tumor. Without proper planning, there is a high risk of undertreating HCC as well as causing significant complications from nontarget radiation injury. Based on our experience with Y90-SIRT, we present illustrated cases to give readers an overview of steps involved before SIRT. These include appropriate patient selection, careful angiographic mapping of the tumor, lung-shunt detection, and dose calculation. **Conclusion:** SIRT planning is a complex multistep process that requires a multidisciplinary approach to patient care, meticulous mapping angiography, and dose calculation to get the best results when treating HCCs.

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Percutaneous Radiologic Gastrojejunostomy: Feasibility and Safety of a Modified Chiba-Needle Puncture Technique

**Yasir Mohammed Nouri,
Youngjong Cho, Ji Hoon Shin, Jong Woo Kim,
Jin-Hyoung Kim, Heung-Kyu Ko**

*ASAN Medical Center, University of Ulsan, Seoul, South Korea.
E-mail: yasirnouri@hotmail.com*

Background: The aim of the study was to evaluate the feasibility, safety, and effectiveness of percutaneous radiologic gastrojejunostomy (PRGJ) using a modified Chiba-needle puncture technique with a single gastropexy in the same puncture tract. **Methods:** A total of 57 PRGJ procedures using the one anchor technique were attempted in 55 consecutive patients between January 2008 and January 2017. The stomach was punctured using a 21-gauge Chiba-needle. A single anchor was used, and gastrojejunostomy tube placement was performed through the same tract of the anchor. The technical success, time length of the procedure, complications occurring within the next 30 days, and procedure-related mortality were evaluated by means of reviewing the imaging studies and patient medical records. **Results:** All 57 PRGJ procedures were successfully performed. The average procedure time was 16 min and 28 s. There were no procedure-related major complications. Only eight patients had pneumoperitoneum (14%) which was a minor complication and resolved spontaneously without further problems. There was no evidence of gastroesophageal reflux or aspiration aggravation in any study patient during the follow-up period. The procedure-related mortality was zero. **Conclusion:** PRGJ using the modified Chiba-needle puncture technique with the use of a single gastropexy in the same puncture tract was demonstrated to be feasible, safe, and effective.

OC207

Iatrogenic Renal Vascular Injuries, Angiographic Findings, and Embolization

Ahmed Sayed Awad, Amr Nassef

*Kasr Alainy Cairo University, Cairo, Egypt.
E-mail: ahmedawad@kasralainy.edu.eg*

Background: Renal vascular injuries mostly result from interventional urologic procedures such as percutaneous biopsy

and nephrostomy. Serious hemorrhagic complications associated with percutaneous urologic procedures occur in 2.3%–15% of the patients endangering patients' life. Conventional surgical treatment including partial and total nephrectomy carries great morbidity and results in a remarkable renal parenchymal loss. With the development of transcatheter endovascular interventional procedures, microcatheters and embolizing materials precise localization and superselective catheterization of the arterial bleeder followed by embolization gives a minimally invasive treatment option which is able to control bleeding with minimal parenchymal loss and complication compared to surgery. **Methods:** This work included 64 patients (50 males and 14 females) between the ages of 3 and 60 years (mean age 37 years) with suspected renal vascular injury after renal intervention. They were underwent angiography and percutaneous transcatheter arterial embolization using coils and glue. **Results:** The source of bleeding was identified and embolized in 56 (87.5%) of patients (pseudoaneurysm = 34, pseudoaneurysm with arteriovenous fistula = 14, arteriovenous fistula alone = 4, and extravasation = 4). Bleeding stopped in 54 of the 56 patients (96.4%). In two patients (3.6%), recurrent bleeding occurred. Re-angiography and assessment were done and insertion of another coil was needed in one patient, whereas in the second one, glue was administrated. None of the patients underwent embolization required further surgical intervention. No significant immediate or delayed complications related to angiography or embolization was recorded. **Conclusion:** The endovascular embolization is an effective therapeutic technique in iatrogenic renal vascular injuries.

OC208

An Audit of a Major Trauma Center's Use of Splenic Embolization in Blunt Splenic Trauma: Are we Matching National Practice?

Eamon Lagha, Mohamad Hamady

*St Mary's Hospital, Imperial College Healthcare Trust, London, UK.
E-mail: eamon.lagha.07@aberdeen.ac.uk*

Background: The spleen is one of the most commonly injured organs associated with blunt abdominal trauma. Traditionally, the management of blunt splenic injury has involved either splenectomy or conservative management. Advances in interventional radiology (IR) have seen embolization, and subsequent splenic salvage becomes an attractive alternative to traditional management; however, the appropriate selection of patients remains varied worldwide. Since the introduction of regional trauma networks, there has been a transition toward increased utilization of splenic artery embolization. This audit compared St. Mary's Hospital's experience of splenic artery embolization with national practice. **Methods:** A retrospective analysis of major trauma patients with splenic injuries admitted to St. Mary's Hospital, from April 2012 to February 2015, were drawn from the prospectively collated TARN database. Data collected included demographics, injury severity, treatments, and outcomes in terms of mortality and length of stay. The management categories were grouped into IR, surgical, and conservative management and the data were compared against national practice. **Results:** Sixty-one blunt splenic injuries were treated at St. Mary's Hospital between April 2012 and February 2015; 13.1% were treated by Interventional Radiology VS 7.6% by IR in the rest of England and Wales ($P = 0.14$); Mortality rate for Interventional Radiology was 0% VS 6% for rest of