INTRODUCTION: Self-expanding metal stents (SEMS) are widely used for the relief of malignant colorectal obstruction. Recent clinical studies have found that SEMS placement is relatively safe and effective but long term complication rates was diversely reported to be 25~50%. However, there are few studies concerning clinical outcomes of secondary SEMS, especially due to previous stent migration. The aim of this study was to assess the clinical outcomes of secondary SEMS after stent migration compared to secondary stent insertion due to causes other than migration. METHODS: Between Jan 2005 and Feb 2011, a total of 422 patients received SEMS insertion at Severance Hospital. Of these, 98 patients underwent secondary SEMS and 39 of those underwent it due to previous stent migration. We compared the clinical outcomes of secondary SEMS between stent migration and non-migration groups. We also investigated risk factors for long-term prognosis of secondary SEMS after initial stent migration. RESULTS: The baseline characteristics were similar between the two groups. Overall immediate technical and clinical success rates of secondary SEMS insertion in migration and non-migration groups were 94.7%/83.3% (p=0.09) and 78.9%/53.3% (p=0.122), respectively. In the migration group, immediate clinical success was associated with the technical and clinical success of the first stent insertion and a longer time interval between the first and second stent insertion. The overall long term clinical success of secondary SEMS after migration was also higher when there was no complication after the first stent insertion with long term maintenance of stent patency. Other factors including stent type, length, etiology, and degree of obstruction did not show a significance difference. CONCLUSION: Secondary SEMS insertion following stent migration did not show difference in success rate compared with secondary stent insertion due to other causes. The short and long term success rates of stent insertion following migration were dependent on the success of the first stent insertion, suggesting that the success of the first stent can be a criteria for determining further treatment options such as stent insertion or surgical intervention.