

Retrograde Small Bowel Enteroscopy Using the Olympus SIF-140 260cm Endoscope and the Vista® Spiral Over-tube

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Abstract

Introduction: Recent advances in small bowel imaging have increased the demand for retrograde small bowel enteroscopy. Retrograde small bowel enteroscopy can be technically challenging using currently available techniques. In addition, many institutions do not have single balloon or double balloon technologies available for retrograde small bowel enteroscopy. Our hypothesis was that by using an over-tube to stent the colon, the 260cm long endoscope could obtain deep small bowel intubation rapidly and safely.

Aims and Methods: 11 patients were consecutively enrolled in this non-randomized, non-controlled pilot study. Informed consent was obtained from all patients. The Olympus SIF-140 260cm endoscope was used along with the Spirus Medical Vista-Retrograde over-tube per anal. The Vista is 90cm long with a raised 5.5 mm spiral at the distal end. The spiral length is 20 cm and the outer diameter of the Vista is 18mm and the inner diameter is 11.5 mm. The proximal end of the Vista has a locking collar that allows rotation of the Vista while locking to the endoscope. The Vista was rotationally advanced over the endoscope to the cecum. The endoscope was then pushed through the over-tube through the ileocecal valve into the ileum. Depth of small bowel intubation was estimated by visual criteria.

Findings: Average age 47 yrs., sex 8F/3M, Indications-5 pts. Anemia, 6 pts. chronic diarrhea and abdominal pain. Time to cecum averaged 8.5 min. (range 3-32), time to maximum depth in small bowel was 23 min. (range 16-51), total time of procedure 29.4 min. (range 21-60). Ave. maximum depth of small bowel intubation was 125 cm (range 40-240). Findings were one avm, 2 pts. with small bowel ulcerations. There were no complications.

Conclusion: Use of the 260cm endoscope with the Vista over-tube for retrograde small bowel intubation was safe and successful in all cases. Average depth of insertion compares favorably with published results from other retrograde techniques. Average time of procedure is comparable or superior to other retrograde techniques. Use of the Vista over-tube and the 260cm endoscope is a viable alternative for retrograde small bowel intubation and should be considered in institutions that do not have double-balloon or single balloon endoscopes.