

The Spiral Endoscopist

June 23, 2009

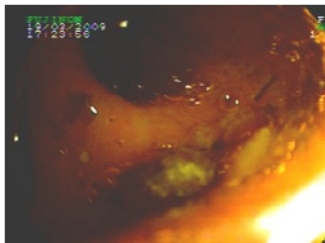
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“The growth of understanding follows an ascending spiral rather than a straight line.”

Joanna Field

First Pan-Endoscopies Reported with Endo-Ease Discovery® SB and Vista® Retrograde Devices

On March 19, Spirus Medical was in Bristol, England to conduct spiral enteroscopy training. A pan-endoscopy was completed under conscious sedation by Dr. Stephen Hughes at Southmead Hospital in Bristol, England. Drs. Khaled Zachariah and Peter Marden were among those present for the case, which was performed using a slim enteroscope with the Endo-Ease Discovery SB® over-tube from an antegrade approach. The patient



The ileo-cecal valve seen during the pan endoscopy at Southmead Hospital in Bristol, England

was a 79-year-old female who had undergone a Pill Camera procedure resulting in several findings requiring treatment. Using the spiral enteroscopy technique, the medical team was able to traverse the small bowel and reach the ileo-cecal valve in 44 minutes.

A second pan-endoscopy was completed in two procedures by Drs. Luis Lara and Jayaprakash Sreenarasimhaiah at the University of Texas Southwestern Medical Center. The Discovery SB was used first for the antegrade approach and the maximum depth was marked. The second procedure was performed on the same patient at a later date using the Endo-Ease Vista® Retrograde and Dr. Lara reached the spot previously marked. In both procedures the patient was sedated with Propofol.

Spiral Enteroscopy With Conscious Sedation by Paul Akerman, M.D.

A few thoughts on my experience with conscious sedation during spiral enteroscopy. We have been successful using a regimen of fentanyl / midazolam. The procedure time is approximately 30 to 45 minutes in duration so a deeper level of sedation than for a standard upper/EGD is needed.

The challenge is usually not the

depth of sedation but the ability to smooth out the depth of sedation for the entire procedure. With fentanyl / midazolam there is a tendency for the patient to become light and then agitated. Maintaining a sufficient level of sedation is critical for a successful and satisfactory examination.

(continued on page 2)

Single Physician Technique Gains Acceptance with Experienced Users



Spiral enteroscopy training has typically involved physician teams. Training two physicians at a time is efficient and expands the capability at each clinical site. Does it

may make sense to pass control of the over-tube to a nurse or technician as physicians increase their experience with spiral enteroscopy? Many physicians think so.

Dr. Daniel DeMarco (Baylor University Medical Center, Dallas, TX) has utilized a single physician technique by holding the coupler on the over-tube while directing a non-physician to operate the Discovery® SB. By keeping his hand on the coupler, Dr. DeMarco can control the depth of the over-tube and easily gauge levels of resistance to turning.

In a recent paper submitted for review by Paul Akerman, MD et. al., 11 consecutive patients underwent enteroscopy with a physician controlling the enteroscope and four different technicians operating the over-tube. The study suggests that technicians can be instructed to safely operate the over-tube with direction from the physician without increasing complications or reducing insertion depths. Field reports confirm that more non-physicians are operating the over-tube as physician mastery with the DSB is attained.

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Technique Highlights

Encountering Resistance: Part I

If resistance is experienced early in the procedure and pleating does not occur, a loop has likely formed in the stomach. The loop is preventing a straight scope position that is desired for the best performance. The DSB is usually in a straight position when the 50-65cm mark is at the patient's mouth. Reduce the loop by performing the "Cantero Maneuver." This is done by rotating the DSB clockwise with gentle withdrawal. The maneuver usually helps advance the scope to begin spiral enteroscopy. To minimize loops and facilitate spiral

engagement, abdominal counter-pressure applied to the greater curvature of the stomach is often helpful. Advance the coupled device with slow gentle rotation and push until the proximal small bowel is reached or rotation becomes difficult. At this point begin spiral enteroscopy. If pleating is not initiated, gentle push to advance is attempted with slow rotation. Spiral enteroscopy is then re-attempted. This gentle rotation and push to advance the coupled device is usually attempted 2-4 times with a Cantero Maneuver to reduce loops.

Conscious Sedation: Continued from Page 1

You need to be somewhat proactive in your sedation and give the patient a little extra when you first think they are getting a little light. We have found that 25-50 mg of diphenhydramine (Benadryl) is helpful to smooth out the sedation.

Considerations

It is challenging to simultaneously learn a new technique and manage the sedation to an appropriate level. I would recommend doing 10-20 cases with either deep sedation, monitored anesthesia care, or intubation. If this is not possible then try

to choose patients that will be the most amenable to fentanyl / midazolam and diphenhydramine.



What's Your Super-Spiral Endoscopy Story?



We hope you enjoyed the first issue of *The Spiral Endoscopist*. We'd like to hear about your remarkable stories with the Endo-Ease Discovery SB and Vista Retrograde devices. By sharing your experience, we'll be able to disseminate new spiral endoscopy knowledge to increase understanding and skill levels with this exciting

endoscopic technique. We'll select some stories and print them in future issues of this newsletter. To submit a case study, tips & tricks or other experience with spiral endoscopy, contact:

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