

## introduction

The Endo-Ease Discovery™ SB is a revolutionary overtube system that enables physicians to perform enteroscopy procedures more efficiently. A smooth, compliant spiral located at the distal end of the tube rapidly gathers and pleats the small bowel. Antegrade enteroscopic introduction with the Discovery SB helps to advance compatible enteroscopes beyond the Ligament of Treitz, the fixed portion of small bowel at the end of the duodenum. Rotating the Discovery SB beyond the LOT allows the spiral to pleat the small bowel in a rapid and controlled manner. The Discovery SB permits the enteroscope to be independently maneuvered while the overtube remains in place, which is especially useful during piecemeal polypectomy. During these demanding procedures the Discovery SB holds the gathered small bowel in place while the enteroscope and specimen are completely removed through the overtube. The scope is then quickly reinserted to its previous location to continue.

## sedation recommendations

*All decisions concerning sedation should be made by a qualified physician.*

- Use of propofol is recommended at least until device mastery is obtained at which time a conscious sedation protocol can be used.
- Make sure propofol is maintained through the end of the case as the spiral is coming out of the esophagus. This helps prevent any trauma from occurring due to the patient tensing up or from their movements.
- Use lidocaine spray or gargle five minutes before every DSB procedure which will aid in the ease of passage of the DSB and relaxation of the patient.
- If general anesthesia is administered, deflate the endotracheal tube balloon when passing the Discovery SB spiral through the esophagus during both initial insertions and withdrawal. This will help minimize compression of the tissue between the balloon and the Discovery SB.

## preparation

- Before installing the DSB onto the enteroscope, squeeze a minimum of one ounce of recommended lubricant into the overtube via the DSB's proximal

coupler. Vigorously work the mixture back and forth through the entire length. Evenly lubricate the outside of the enteroscope and insert it into the proximal (non-spiral) end of the DSB.

- Rotate the DSB during the installation of the enteroscope. Hold the distal end of the DSB to the proximal coupling to allow excess lube to be recycled back into the DSB. Be sure to push and pull the scope through the DSB multiple times to ensure that there is no resistance. If resistance is encountered, there may be insufficient lubrication. The enteroscope should move freely and easily before it is used. The enteroscope can be re-lubricated using the flush port on the DSB.
- The DSB should be positioned over the scope so that the 140cm mark of the enteroscope is lined up with the proximal end of the DSB. Lock the DSB onto the enteroscope so that it is joined with the scope.
- Generously lubricate the spiral before insertion and continue even application along the entire length of the DSB as it is being inserted.

## for successful advancement

- Minimize air insufflations; inject water for luminal visualization.
- Rotate at a moderate pace and do not over-steer the enteroscope because it will rub against the bowel wall and slow advancement.
- When advancing the enteroscope through the DSB add lubrication to the entry point behind the proximal coupler. Carefully move the enteroscope back and forth to lubricate the gasket.
- To reduce loops and resistance, the Discovery SB can be rotated counter-clockwise, then re-advanced with clock-wise rotation.



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# SPIRAL ENTEROSCOPY TECHNIQUES



# DISCOVERY™sb TECHNIQUES FOR SPIRAL ENTEROSCOPY

## INSERTION & ADVANCEMENT

Lubricate DSB with K-Y Jelly®.  
Insert into the mouth, then rotate  
clockwise with gentle push.  
**ADVANCE TO STOMACH**

Attempt to advance along lesser curve  
of stomach. Remove air at the pylorus.  
Maintain a short, straight scope.  
**ADVANCE TO D-3**

No suspected loops; little or no  
resistance and DSB's 50-60cm mark  
is at the patient's mouth.  
Attempt spiral engagement.

## SPIRAL ENTEROSCOPY

Rotate clockwise and monitor resistance  
until maximum depth is reached.

Unlock DSB from the endoscope. Advance  
the entire scope through the DSB.

Reduce small bowel with standard  
hook-suction-pullback maneuver.

## NO SPIRAL ENGAGEMENT

Suspected loop indicated by resistance  
or maximum insertion of overtube  
with no advancement.

Perform Cantero Maneuver. Repeat up to  
three times. Option: Abdominal pressure.  
Attempt to engage spiral. If successful,  
go to **SPIRAL ENTEROSCOPY**.

Perform over-the-scope maneuver. Repeat  
up to three times, then reduce (Cantero).  
Option: Abdominal pressure.  
Attempt to engage spiral. If successful,  
go to **SPIRAL ENTEROSCOPY**.

If unsuccessful engaging spiral,  
perform final two steps under  
**SPIRAL ENTEROSCOPY**.

## CAUTION

Never advance the scope through the DSB  
without a clear view of the lumen. If spiral  
engagement stops early in the procedure,  
it usually means that the spiral needs to be  
advanced further into the bowel, past the  
LOT. Do not ignore excessive resistance.

## WITHDRAWAL

Slow counter-clockwise rotation one turn  
at a time followed by a 3-5 second pause.

Sweep/angulate the scope tip to visualize  
and push the bowel off the DSB and scope.  
Continue this step in concert with the  
previous step until no longer effective.

Slowly allow DSB to come back to  
~55cm at patient's mouth. Unlock scope  
and gently pull back through DSB working  
through the Proximal Jejunum,  
LOT and Duodenum.

Use quick counter-clockwise rotation  
through the esophagus until  
completely removed.

*This guide should not be used in lieu of reading the  
instructions for use included with each device.*