

# Food Bolus Retrieval

Roth Net™ Food Bolus Case Report Series • Report 1



**“The food bolus was partially grasped and dislodged with the retrieval net. The net was then maneuvered to encircle the impaction. The food bolus was removed without any complication.”**

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## Procedure

- Upper endoscopy with removal of food bolus

## Indications

- Acute food bolus impaction

## Findings

With patient sedated and monitored, an upper endoscopy was performed. Upon entry into the esophagus, the presence of a large, impacted meat bolus in the distal esophagus was noted. Gentle pressure with the endoscope tip was not successful in advancing the bolus. Suctioning was of no benefit.

## Food Bolus Retrieval

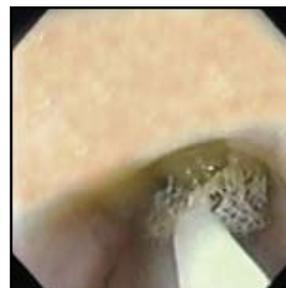
The Roth Net™ food bolus retrieval device was advanced through the biopsy channel and positioned alongside the upper edge of the food impaction. The net was then partially opened while retracting the tip of the sheath slightly. About 1/3 to 1/2 of the bolus was grasped. This allowed for partial dislodgement, offering the opportunity to further deploy the net while advancing the catheter tip forward and encircling greater than 50% of the bolus. The net, along with the entrapped bolus, was then pulled back away from its impacted site. The net was then repositioned once the bolus was freed to afford greater control. At this point the scope, Roth Net and food bolus were slowly and completely withdrawn.



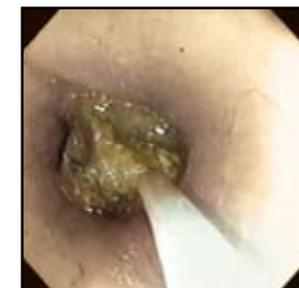
1. Upper edge of the food impaction



2. Net partially opened while retracting the tip of the sheath



3. Encircling greater than 50% of the food bolus



4. Roth Net and encased food bolus were slowly and completely withdrawn



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This case report is not intended to provide clinical instruction or intended to be a substitute for the Instructions for Use (IFU) packaged with the device. Please consult the IFU prior to using the Roth Net™ food bolus retrieval device. Roth Net™ is a trademark of US Endoscopy, U.S. Patent Number 6,814,739 and patent pending.