

Products	Entrada® colonic overtube
Procedural Area	Polypectomy
Article	Achieving cecal intubation in the very difficult colon
Publication	Rex DK. Achieving cecal intubation in the very difficult colon. <i>Gastrointest Endosc</i> 2008;67:938-44
URL	http://www.giejournal.org/article/S0016-5107(07)03334-2/fulltext
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Purpose	Discuss techniques and equipment that allow successful cecal intubation in patients with technically difficult colons.
Key Points	<p>The anatomic cause of difficult colonoscopy can usually be attributed to (1) a redundant colon, or (2) an angulated/narrowed sigmoid colon. This study summarizes one endoscopist's approach to colonoscopy in these patients.</p> <p><u>Redundant Colon</u></p> <ul style="list-style-type: none"> • Previous studies indicate that looping or redundancy is the most common cause for a failed colonoscopy. • Cecal intubation can sometimes be achieved by adhering to fundamental colonoscopy techniques (e.g. frequent straightening of scope, abdominal pressure, etc.). • Special equipment such as colonic overtubes can be used to achieve cecal intubation when basic technique is ineffective. • The use of overtubes in the colon is safe and does not require fluoroscopy. <p><u>Angulated/ Narrowed Sigmoid</u></p> <ul style="list-style-type: none"> • Creates an obstacle to passage because of angulation or narrowing. • Previous studies suggest using a device with a narrower instrument shaft such as a pediatric colonoscope. • If a pediatric colonoscope does not work, other techniques such as guidewire exchange or DBE are recommended.
Conclusions	A variety of techniques can/should be employed to achieve cecal intubation rates in patients with technically difficult colons and previously incomplete colonoscopies.
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