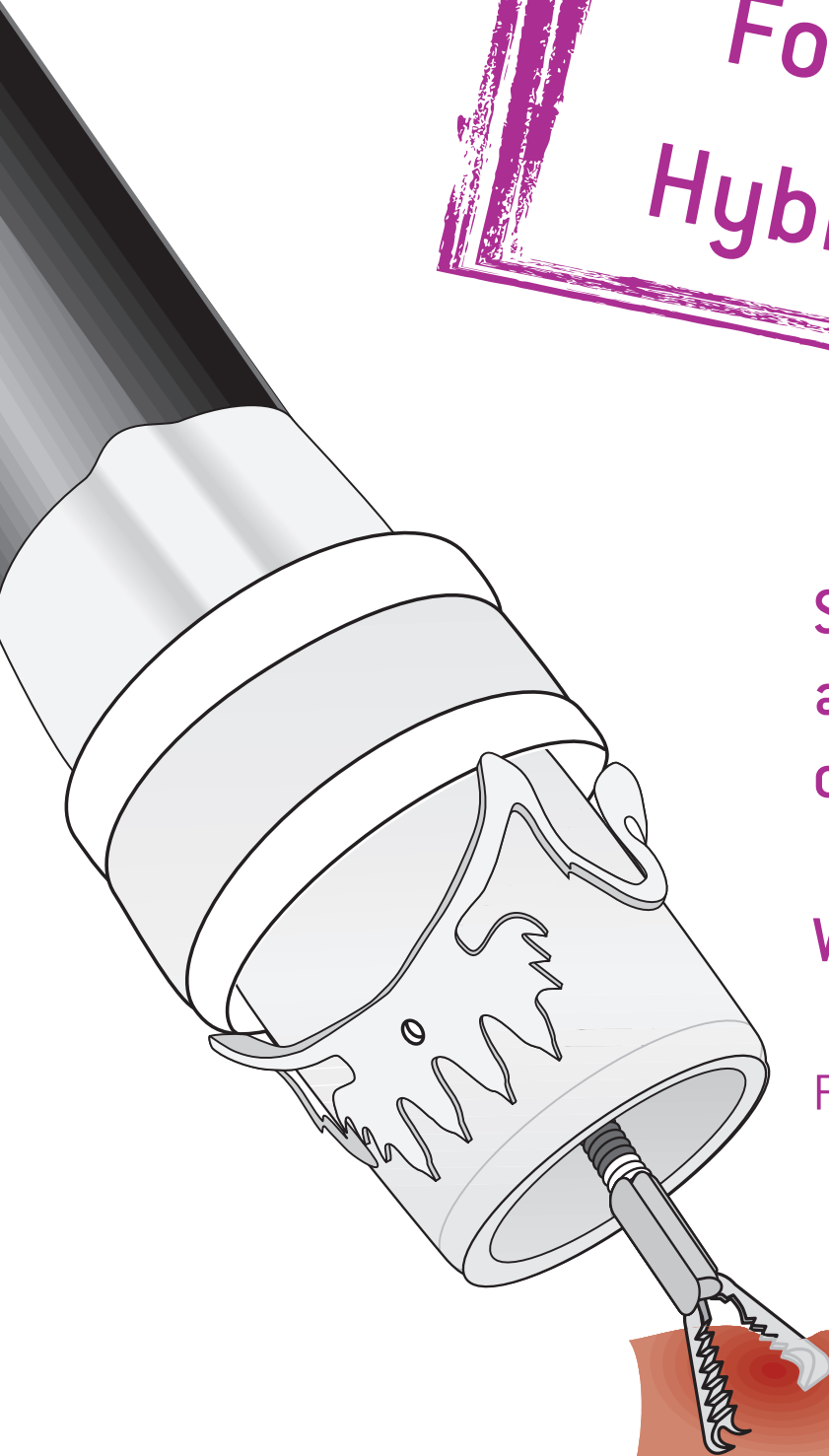




FTRD<sup>®</sup>  
SYSTEM



ovesco  
innovation in scope



Struggling to remove  
a large lesion with FTRD<sup>®</sup>  
or EMR alone?

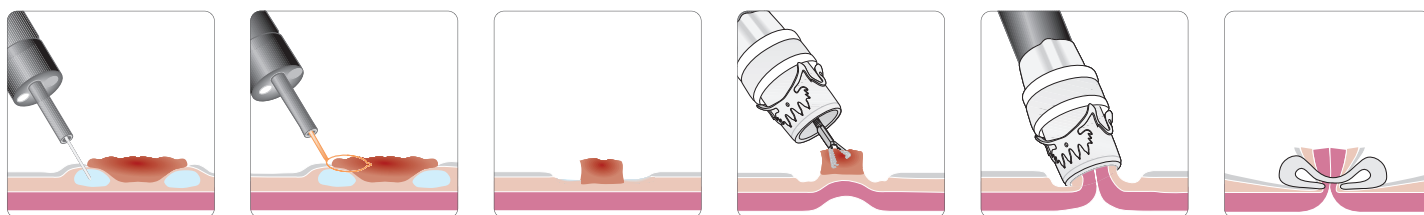
Why not combine the two?

Find out more on the back.

## Is the lesion too big to FTRD it en bloc? Combine it with EMR and make it a Hybrid-FTRD!

Have you ever encountered a situation in which the lesion exceeded the limits to FTRD it en bloc and a resection in toto was at stake? Going hybrid and combining piecemeal EMR for the lifting and FTRD for the non-lifting part of the lesion offers a new effective approach<sup>(1,2)</sup>. The study by Mahadev et al., comparing standalone FTRD with Hybrid-FTRD, demonstrates that the resectable lesion size with this combined technique is significantly larger (up to 70 mm) while maintaining safety and efficacy<sup>(2)</sup>.

Schematic illustration of the Hybrid-FTRD technique



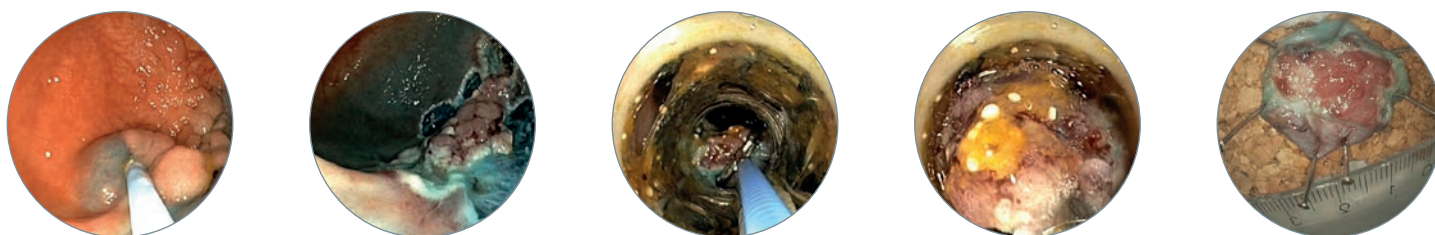
To see an animation of the procedure, just scan this QR Code.

## Is the lesion not entirely EMRable? Go hybrid and use FTRD for the remaining non-lifting part!

What if you start with EMR for the resection of a larger lesion and it reveals partially non-lifting areas due to fibrosis? For lesions with areas of positive and negative lifting sign, a hybrid approach of combining EMR and FTRD for the respective area can reduce the risk of incomplete resection and broaden the possibilities of the resection of larger lesions<sup>(3,4,5)</sup>. Hybrid-FTRD enables achieving a faster and steeper learning curve compared to ESD<sup>(2)</sup> and it also allows for a more accurate histological examination rather than only biopsies<sup>(1,6)</sup>.

Example\*:

Resection of a large cecal adenoma with the Hybrid-FTRD technique



\*Source: Prof. K. Caca and Dr. B. Meier, Hospital Ludwigsburg, Germany



To see the corresponding clinical video, just scan this QR Code.

<sup>1</sup>Bauermeister M, Mende M, Hornoff S, Faiss S. Hybrid resection of large colorectal adenomas combining EMR and FTRD, *Scandinavian Journal of Gastroenterology*, DOI: 10.1080/00365521.2021.1933583.

<sup>2</sup>Mahadev S, Vareedayah AA, Yuen S, Yuen W, Koller KA, Haber GB. Outcomes of hybrid technique using endoscopic mucosal resection and endoscopic full-thickness resection for polyps not amenable to standard techniques [with video], *Gastrointestinal Endoscopy* (2021), doi: <https://doi.org/10.1016/j.gie.2021.02.009>.

<sup>3</sup>Lupu A, Jacques J, Rivory J, Saurin JC, Rostain F, Ponchon T, et al. Hybrid endoscopic submucosal dissection using a full-thickness resection device allows en bloc resection of a large adenoma deeply invading the appendix. *Endoscopy* 2018; 50(October [10]):E296–8.

<sup>4</sup>Andrisani G, Di Matteo FM. Hybrid resection with ESD and FTRD: could this be a rescue treatment in the presence of severe submucosal fibrosis? *Dig Liver Dis.* 2019;51(4):607–609.

<sup>5</sup>Andrisani G, Di Matteo FM. Hybrid resection with endoscopic submucosal dissection and full-thickness resection device of a large cecal laterally spreading tumor involving the appendix. *VideoGIE.* 2020 Aug; 5(8): 372–374. doi: 10.1016/j.vgie.2020.03.019.

<sup>6</sup>Meier B, Caca K, Schmidt A. Hybrid endoscopic mucosal resection and full-thickness resection: a new approach for resection of large non-lifting colorectal adenomas (with video). *Surg Endosc* 2017;31:4268–74.