

Full-thickness resection

The endoscopic full-thickness resection (EFTR) with the FTRD® System (Full-Thickness Resection Device) is a meanwhile established procedure for the removal of polyps and other neoplasms of the digestive tract in the full thickness of the organ wall.

With other endoscopic removal techniques, usually only superficially growing findings can be removed. In case of deeper growing and especially scarred findings, the only option in the past was often a surgical operation.

With the FTRD® System, such findings can now also be removed endoscopically. Full-thickness resection also enables microscopic examination of all wall layers and therefore allows for the first time, a reliable statement not only on the type but also on the spread of the finding.

The FTRD® consists of a cap carrying a special closure clip and an integrated electrical snare. The finding is being pulled into the cap with a special grasping forceps and afterwards a clip is placed above to secure the closure. The finding is being cut off and retrieved.

For further information, see “What is the procedure like?”.



How effective and safe is EFTR?

Numerous clinical studies show that full-thickness resection with the FTRD® is established as a safe and effective procedure at a multitude of hospitals in Germany and worldwide. The large German FTRD® registry, in which more than 1100 procedures with the FTRD® have been documented throughout Germany, shows a clinical success rate (complete removal of tumors in healthy tissue) of about 80 %*. For these patients, unlike in the past, an endoscopic procedure could be chosen and therefore in most cases surgery avoided.

What are the risks?

Complications during or after the procedure are rare and comparable to those of other endoscopic resection techniques. For example, bleeding may occur at the treatment site, which is usually minor and either self-limiting or can be well controlled endoscopically. Another possible complication is a perforation or rupture of the organ wall, which may require a further intervention. However, this is rare.

Your attending physician will inform you in detail about the risks associated with endoscopic full-thickness resection, and possible alternatives.

* Meier B, Stritzke B, Kuellmer A, et al. Efficacy and safety of endoscopic full-thickness resection in the colorectum: Results from the German colonic FTRD registry. Am J Gastroenterol 2020; 115(12):1998–2006.

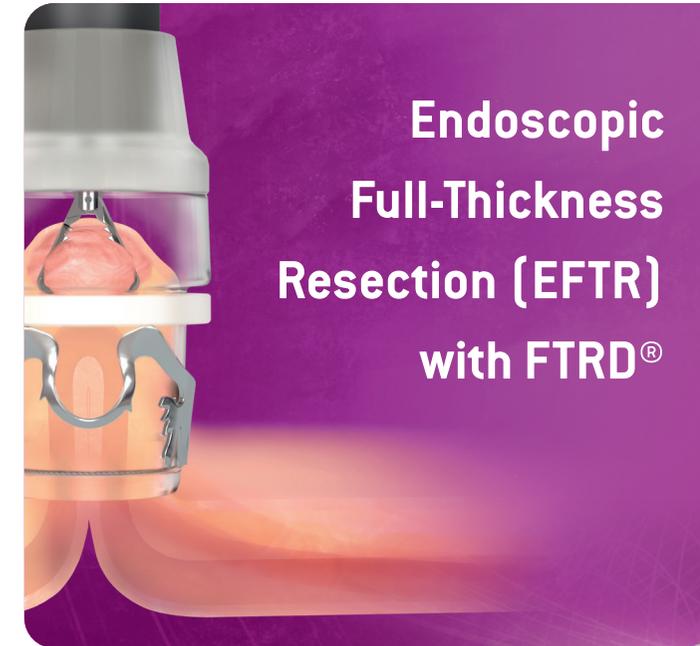
Your contact:

Responsible for the content:

Ovesco Endoscopy AG
Friedrich-Miescher-Str. 9
72076 Tübingen

Phone: +49 7071 96528 160
productmanagement@ovesco.com
www.ovesco.com

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The procedure at a glance

- Combined full-thickness resection procedure: Tumor removal and secure closure of the resection site
- Effective, safe and globally established method
- Avoiding surgery when other endoscopic removal techniques reach their limits
- Accurate diagnostic preparation possible

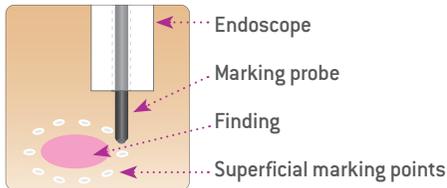
What is the procedure like?

The procedure is performed during a flexible endoscopic examination. In most cases a sleeping medication is administered so that the patient is not conscious during the procedure. Your attending physician will provide detailed pre-op instructions related to diet and any prescription medications that should be stopped prior to the procedure.

This is how the FTRD® procedure is performed:

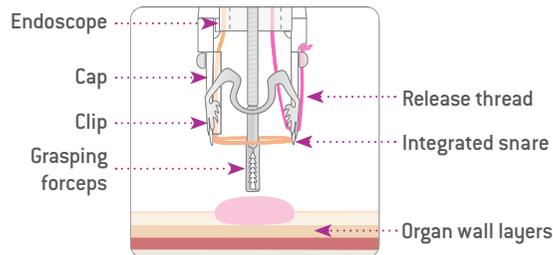
1 | Marking the finding

As soon as you are asleep, the endoscope is inserted into the digestive tract (depending on the location of the finding into the stomach, duodenum or colon). The edges of the finding are then superficially marked with a special probe.

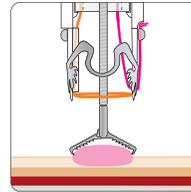


2 | Grasping the finding

The endoscope with the FTRD® System is then approached towards the respective site.

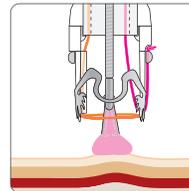


The affected tissue is grasped with a special grasping forceps, which is inserted through the endoscope.



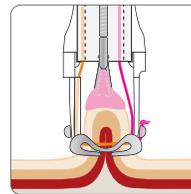
3 | Mobilization of the finding

The tissue is pulled into the application cap using the grasping forceps until the entire finding is within the cap.



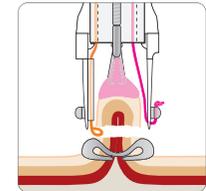
4 | Tissue closure

Afterwards a special clip made of a biocompatible metal, which is placed on the cap, is applied to the tissue. This clip securely closes the tissue before the finding is being removed.



5 | Tissue resection

The finding drawn into the cap is cut off above the clip using the integrated snare and then retrieved from the body with the entire instrument.



6 | Tissue examination

Due to its special features, the clip securely holds the tissue together. The clip detaches from the healed resection site over time and is usually excreted unnoticed. The few clips that do not detach can remain in the body without any problems.

The removed tissue is examined in a laboratory to assess whether all parts have been completely removed.

After the procedure

Depending on the standards applied in the hospital, you will be treated on an outpatient or inpatient basis. You will be informed about the laboratory results after the tissue examination.

On the day of the procedure, you will initially be able to take in liquid food and eat normally again in the following days. Sufficient drinking is important in the first period after the procedure to ensure soft stool.

The histological processing of the tissue will take a few days. Depending on the findings, a follow-up appointment will be arranged with you. For further information, please ask your attending physician.