

Webinar

Resection techniques in endoluminal surgery



Q&A: EMR+ and ESD+: Easier and faster thanks to multi-channel technique and LiftUp® injection presented by Prof. Dr. Alexander Meining, University Hospital Würzburg, Germany.

Question from Prof. Neuhaus: If the AWC is used for EMR+ for colorectal lesions, is there not the risk that you lift too much? How to avoid the risk to entrap muscle layer?

The risk can be reduced by two aspects: first by using LiftUp or something similar to have a nice and stable cushion. Second by following the EMR+ technique, especially the push-back part, which means pushing back the tissue a bit after closing the snare (<https://ovesco.com/awc/#!/Application-AWC>).

Question from the audience: During ESD+ with LiftUp more frequently bubbles were observed compared to other solutions like saline or hyaluronic acid. How can we reduce the bubbles?

Simeticone in the flushing water can help to reduce the bubbles. For the ESD+ technique you are not creating a tunnel like in the conventional ESD technique. It is a more surgical approach, so bubbles are not so relevant due to the distance to the cutting plane compared to standard ESD.

Question from Prof. Neuhaus: What are the appropriate lesions to start with when using these techniques?

Prof. Meining suggests stomach and rectum for both EMR+ and ESD+, and when getting more familiar with the techniques the proximal colon can be approached.

Question from Prof. Neuhaus: The main competing technique to the AWC is using clips with loops or rubber bands, which is quite easy and inexpensive. What is the advantage of the additional working channel?

Those loop/rubber band techniques have the disadvantage that once you have the clip fixed, it is only in one direction. With the AWC you can change the direction during the intervention and make use of pushing and pulling. Another advantage is that you can change your instruments with the AWC, if the lesion requires it. So AWC provides more flexibility than clip-with-loop or rubber band techniques.

Further questions that were asked but not addressed in the webinar:

Are there special needles for the LiftUp injection?

Ovesco provides a dedicated kit containing LiftUp, syringes and optimized injection needles. Due to the viscosity of LiftUp, not every injection needle can be used. It can also be injected by using an inflation device (min. 30 bar) and a 23G injection needle.

Why to inject saline before Lift up? May we inject LiftUp directly?

Starting with a small amount of saline solution can help to find the correct tissue layer. This can be achieved by filling the injection needle shaft with saline solution before connecting the syringe with LiftUp to the needle. Thereby the first 1.5 - 2 ml of injection is saline solution.