Percutaneous traction via a novel endoscopic trocar facilitates endoscopic submucosal dissection

Minimally invasive endoscopic procedures are associated with fewer adverse events and shorter hospital stays compared with surgery [1]. However, some advanced endoscopic procedures, including endoscopic submucosal dissection (ESD), require specialized training and significant experience to achieve competency and are not widely performed in non-specialist centers [2].

Despite the availability of a wide range of accessory devices, endoscopy lacks the dexterity required to achieve triangulation of instruments to perform non-axial tissue manipulation [3]. Because of the limitations of flexible endoscopes, a novel percutaneous intragastrointestinal trocar (PIT) has been designed. This device (Endo-TAGSS LLC, Kansas City, Missouri, USA) is placed using well-understood percutaneous endoscopic gastrostomy (PEG) techniques that have been performed by many physicians worldwide, with low rates of adverse events [4]. While previous studies have used this technique in intragastric procedures, in this video we demonstrate the use of the PIT device in both gastric and colonic ESD [5].

Under endoscopic visualization, an intragastrointestinal port (3.8 mm/11 Fr) was placed in a fashion similar to that of a standard PEG in the contralateral wall of the lesion (▶ Fig. 1). The dilator tip was replaced with a trocar head and connected to a laparoscopic insufflator. After the trocar had been placed, a gastroscopy and conventional injection needle were used to perform submucosal lift, which was followed by mucosal incision. A grasper was used through the trocar to hold the tissue and provide traction for better exposure and tissue tension during dissection (▶ Fig. 2 and ▶ Fig. 3). In ▶ Video 1, we closed the defects using the over-the-scope clip (OTSC) Twin Grasper and cap-mounted OTSCs (Ovesco Endoscopy AG, Tübingen, Germany) (▶ Fig. 4), but any approved endoscopic closure device can be used.

This novel endoscopic trocar therefore allows for hybrid percutaneous–endoscopic procedures, improving exposure and tissue manipulation, with the potential to shorten the learning curve and broaden the adoption of challenging procedures, such as ESD.
Competing interests

C. Thompson is a consultant for Boston Scientific, Endo-TAGSS, Olympus, Apollo Endosurgery, Fractyl, and USGI medical; H. Aihara is a consultant for Fujifilm, Olympus and Boston Scientific. The remaining authors have no competing interests to report.

The authors

Diogo Turiani Hourneaux de Moura, Hiroyuki Aihara, Kelly E. Hathorn, Liam Patrick Burns, Christopher C. Thompson
Division of Gastroenterology, Hepatology and Endoscopy, Brigham and Women’s Hospital, Harvard Medical School, Boston, Massachusetts, USA

Corresponding author

Christopher C. Thompson, MD, MS
Brigham and Women’s Hospital, Division of Gastroenterology, Hepatology and Endoscopy, 75 Francis St., Thborn 1404, Boston, MA 02115, USA
Fax: +1-617-264-6342
cthompson@hms.harvard.edu

References


Bibliography

DOI https://doi.org/10.1055/a-1025-1856
Published online: 25.10.2019
Endoscopy 2020; 52: E132–E133
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos