Colorectal endoscopic submucosal dissection (ESD) is considered one of the most challenging procedures owing to the difficulty in maintaining good visualization of the submucosal layer. To improve the visibility of the submucosal layer, various traction methods have been invented [1–4]. We have developed a new and efficient traction method called the “dental-floss with rubber-band method” (DRM).

First, we connect rubber bands to the dental floss at intervals of about 3 cm (▶ Fig. 1a). The dental floss with the rubber bands attached is then fixed in position with tape so that the rubber.
bands are visible from the transparent hood when the endoscope is pulled out (▶ Fig. 1b and ▶ Fig. 2a). The endoscope is inserted as usual, and circumferential dissection of the mucosa around the lesion is performed. The endoscope is pulled out a little or retroflexion is performed to bring a rubber band into the view of the endoscope. The rubber band is applied to the edge of the dissected mucosa and affixed with a clip to the contralateral colonic mucosa (▶ Fig. 2b, c). Traction is added through the dental floss and the rubber band, so improving visibility of the submucosa. The direction of traction may be changed by gently pulling the dental floss, and sustained and efficient traction can be obtained (▶ Fig. 2d).

▶ Video 1 The procedure for attaching the rubber bands to the dental floss and fixing the dental floss with the rubber bands attached to the colonoscope. Colonic endoscopic submucosal dissection is then performed using the “dental-floss with rubber-band method.”

Effective traction in colorectal ESD requires the following:
- it should be inexpensive
- it should not require reinsertion
- the direction of traction should be changeable, and
- it should afford continuous traction.

The DRM is a new and efficient method that satisfies all of the above.

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Competing interests

None

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