

A RIGIDIZING OVERTUBE FOR EXPEDITING ENDOSCOPIC RESECTION OF COMPLEX GASTROINTESTINAL POLYPS REGISTRY

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Poster

Colorectal

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A prospective single-center study of 109 patients undergoing endoscopic resection of 114 large gastrointestinal polyps demonstrated that a novel rigidizing overtube achieved 98.24% technical success and 77.19% clinical success with no device-related adverse events.

KEY POINTS

- Technical success was achieved in 98.24% of cases and clinical success in 77.19% of cases, with endoscopists reporting the device assisted resection in 98.2% of polyps despite 76.3% being in difficult locations.
- Among 81 polyps removed via ESD, en bloc resection was achieved in 90.1% and R0 resection in 84%, with a mean dissection speed of 9.33 cm²/hr and mean polyp surface area of 719.9 mm².
- Mean time to reach the polyp was 6.98 minutes, with total procedure times of 91.6 minutes for ESD and 69.6 minutes for EMR.
- Six adverse events (5.5%) occurred including one delayed bleeding, three small bowel obstructions, one post-polypectomy syndrome, and one death, with zero device-related adverse events.
- The authors concluded that further randomized studies are needed to determine when the rigidizing overtube should be implemented during endoscopic resection.

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