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ASGE Tech Talk: Dr. Douglas Rex and Dr. Prateek Sharma Discuss Eleview®

Dr. Sharma: Hello and welcome to ASGE Tech Talks.

I'm Prateek Sharma from Kansas City, and it's my pleasure to bring you this episode of Tech Talks.

In the ASGE Tech Talks, we discuss new and existing technology, techniques, and tools.

These are used by endoscopists in routine clinical practice.

In this episode, we discuss the use of Eleview®, a submucosal injection fluid used during endoscopic resection.

We will review both the set-up of this product prior to endoscopy; and then evaluate its use during an endoscopic procedure

Our expert guest for today's Tech Talk is Dr. Douglas Rex, a world-renowned expert in colonoscopy and endoscopic resection. Welcome to Tech Talks, Doug.

Dr. Rex: Thanks, Prateek. And hi everybody, this is Doug Rex.

Submucosal injection is really a fundamental part of endoscopic mucosal resection.

And, up until now, we've really had to use homemade solutions, oftentimes saline or hopefully something that works better, in that it makes a better, more concentrated submucosal cushion that really lifts the lesion better, stays in place better, lasts longer, tends to not diffuse out.

We've also had to add a contrast agent. Now, with Eleview®, we've got the first commercially available product that does these things for us.

First of all, it's viscous enough, sort of stays together, better enough, that you get this nice submucosal mound that tends to not diffuse out.

And then, also, we've got a contrast agent—methylene blue—already in the solution, ready-made. Doesn't have to be added to it.

And this is critical, this contrast agent for keeping the edges very well delineated so that we can identify them as the resection proceeds.

And also, we want that submucosa to be stained blue.

This helps us to make sure that we're staining the right plane; helps us to identify muscle injury if it does occur.

Dr. Sharma: Now, let's see the set-up of Eleview®, prior to the endoscopy procedure by the nurse.

Dr. Rex: This is Eleview®, it comes in a package that has 5 ampoules, each with 10 mLs.

Each ampoule has both the submucosal injection fluid that basically accounts for the good EMR properties, creates the good mound. And methylene blue as the contrast agent.

The nurse can draw this up in standard fashion.

We found that you can inject this through either a 25- or a 23-gauge injection catheter.

It's easier to inject it with a 23 gauge.

If you need more than 10 mLs, then of course you would draw up the solution from a second one of these ready to use.

Dr. Sharma: Now, over to you Doug, to show us some videos of how you utilize Eleview® during colonoscopy for the endoscopic resection of flat, colonic polyps.

Dr. Rex: So, let's take a look at Eleview® in action.

This is a serrated lesion in the transverse colon.

It has a diameter of about 20 mm, certainly for both the conventional adenomas and the serrated lesions of this size, we should be considering EMR.

So, we're initiating the injection.

For most serrated lesions and many of the conventional adenomas, the best approach is to start the injection on the proximal side of the lesion, and just basically get the lesion to turn up toward you.

And we're using dynamic injection, meaning that as the injection proceeds, we're backing away.

We're moving the needle, directing the fluid, and also getting far enough away that we can see the lesion.

We've got a nice mound.

Notice how nicely the mound has stayed under the lesion, and how well it's delineating the margins.

And this is particularly key for serrated lesions, so that with our snare placement, we make sure that we get a clean margin around the edge of the lesion.

Then we're proceeding in standard EMR fashion.

You can see that the methylene blue is giving us a nice color to the submucosa there.

We've got no evidence of muscle injury.

This is a lesion in the cecum that's also serrated. We've seen recent evidence that, even down to about 10 mm in size, EMR has an advantage in the effective resection of serrated lesions because it provides such good delineation of the margin.

So, as the injection is proceeding, we are again using the dynamic technique of backing away.

You can see how the methylene blue is giving us a very nice delineation of the edges of the lesion.

This will help us keep track as we proceed.

Fine to re-inject, in order to get that mound in a sort of a central position with the lesion right on top of it.

In just a second, you'll see, with a black line, how nicely demarcated the perimeter of the lesion is, and how it's just ready for endoscopic submucosal resection.

So, Eleview® gives us a great submucosal mound, great delineation of the margins of the lesion.

Dr. Sharma: Well, this brings us to the end of this episode of ASGE Tech Talks. I hope you found this educational and that it will improve your endoscopy practice.

Please see Eleview® instructions for Use for complete Important Safety Information at eleviewUS.com.

