



# New Diagnostic and Therapeutic Applications of Visualization Balloon in Patients with Active Gastro-Intestinal Bleeding.

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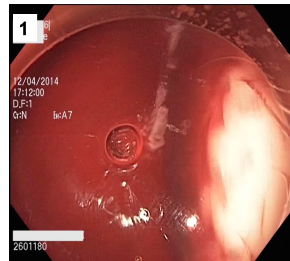
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## Background

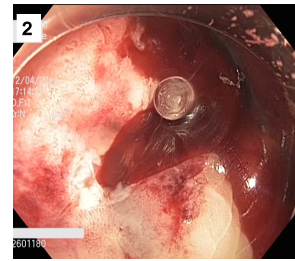
- In patients with active gastrointestinal (GI) bleeding traditional gas-insufflation endoscopy often fails to visualize the source of bleeding among blood and clots.
- A proprietary visualization balloon (Vizballoon®) was recently introduced into clinical practice in United States.
- Airless endoscopy with Vizballoon® eliminates the need for gas insufflation and facilitates advancement of the endoscope through upper and lower GI tract.

## METHODS

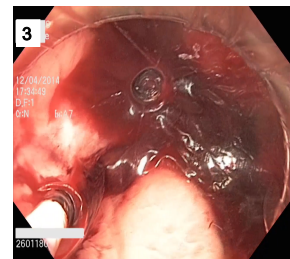
- Vizballoon® was inserted through the biopsy channel of an endoscope and filled with 5 cc of water.
- Then the endoscope was advanced into the stomach or colon to identify the cause of bleeding for endoscopic hemostasis.



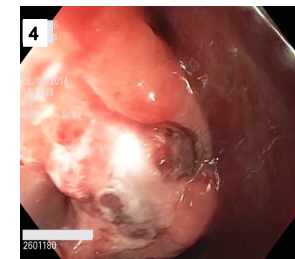
**Figures 1:** Active gastric bleeding



**Figures 2:** Bleeding gastric varix is tamponated with Vizballoon



**Figures 3:** Thrombin application to control bleeding



**Figures 4:** Endoscopic hemostasis completed

## RESULTS

- Airless endoscopies with Vizballoon® were performed in 13 patients with active GI bleeding.
- Vizballoon® kept blood and clots away from obscuring endoscopic view, facilitating navigation through GI tract and allowing identification of the bleeding source.
- In the first patient the actively bleeding hole in a gastric varix (site of prior attempted glue injection) was clearly visualized through the Vizballoon® allowing tamponade of this area by the water filled balloon for temporary hemostasis followed by a definitive endoscopic therapy with thrombin application.
- In the other 2 cases bleeding gastric ulcers were visualized through the Vizballoon™ and then cauterized using a heater probe.
- In 7 patients with bleeding post recent colonic polypectomy endoscopic hemostasis was achieved with hot biopsy forceps.
- Finally, in 3 patients with suspected colonic origin of bleeding, Vizballoon®-assisted advancement of the colonoscope through ileo-cecal valve ruled out colonic bleeding and allowed correct identification of small bowel cause of bleeding.

## CONCLUSION

In patients with active bleeding precluding adequate visualization of the GI tract by traditional gas-insufflation endoscopy, use of a visualization balloon facilitates advancement of the endoscope through blood and clots inside GI tract and allows for adequate identification of the bleeding cause and successful endoscopic hemostasis.