



# Visualization Balloon Facilitated Colonoscopy In 103 Consecutive Patients With Documented Difficult or Even Impossible Previous Colonoscopy.

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## Background

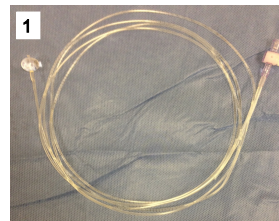
- Traditional gas-insufflation colonoscopy can be difficult or even impossible in patients with long, torturous colon, especially in the presence of colonic diverticuli and/or fixed colonic turns after previous abdominal surgery.
- We have previously reported a small pilot study demonstrating initial use of specially designed visualization balloon (Vizballoon®) for airless colonoscopy.

## STUDY AIM

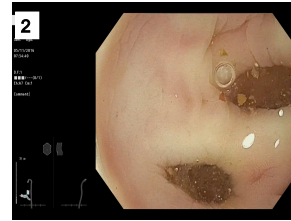
To evaluate use of Vizballoon® in patients with documented difficult colonoscopy.

## METHODS

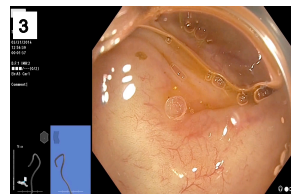
- Vizballoon® was inserted through the biopsy channel of colonoscope and filled with 5 cc of water.
- Gas insufflation was switched off.
- Colonoscope was inserted into rectum and advanced till the cecum was reached and identified by appendicular orifice and/or ileo-cecal valve.
- At this point the water from Vizballoon® was aspirated, balloon was removed and CO<sub>2</sub> was switched on to visualize colonic lumen on withdrawal of the colonoscope.



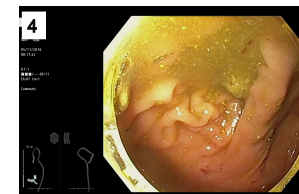
Figures 1: A visualization balloon



Figures 2: Multiple colonic diverticuli.



Figures 3: Mucosal "blanching" from gentle pressure by the balloon to the colonic wall



Figures 4: Appendicular orifice

## RESULTS

- Airless colonoscopies with Vizballoon® were performed in 103 consecutive patients, referred to our center with documented difficulties on previous colonoscopies, including 16 patients (15.5%) with at least 1 prior unsuccessful colonoscopy.
- Average patient's age was 66.3±10.9 years.
- Average BMI was 32.3±10.2 kg/m<sup>2</sup> and 54 patients were females (52.4%).
- Cecum was reached in all study patients (100.0%) with mean cecal intubation time 15.0±10.9 minutes.
- None of the study patients required external pressure or patient's position changes.

## CONCLUSION

Visualization balloon eliminates gas insufflation, facilitates colonoscope insertion and reaching the cecum in patients with documented technically difficult or even impossible previous colonoscopies.