Getting to the Caecum in a Logical Manner

Adam Boutall
Colorectal Unit
Groote Schuur Hospital UCT
Torque steering
Why get the lumen to 12 o clock
Failure to progress

• Why
  • Tight corner
  • Looping

• 2 options
  • Move the scope
  • Move the patient
Anatomy of the colon
Anatomy of the colon
Colonoscopy algorithm

- Mucosal Slide
- Position change
- Clockwise withdrawal
- Counter clockwise withdrawal
- Extras
  - Breath hold
  - Stiffener
  - Pressure
  - Water
Mucosal Slide

- Move the lumen to 12 o clock
- Tip up
- Advance the scope
- Caveats
  - No divertics
  - No pain
  - No blanching
  - Constant mucosal movement
Position change

• Principles
  • Air floats
  • Water sinks
  • Open up angles by hanging mobile portion from fixed portion
    • Ascending and descending colon are fixed
    • Transverse colon and sigmoid colon are mobile

• Problem
  • Difficult to move an unconscious patient
How Position Change Works

Hepatic flexure
Left lateral

Caecum
• Back
• R lateral

Transverse colon - Back

Sigmoid colon and splenic flexure
• Back or R lateral
Looping

• 3 kinds of loops
  • Loop that resolves with clockwise torque
  • Loop that resolves with anti clockwise torque
  • Loop that does not resolve

• Pain = Loop
Magnetic Enhanced Imaging

Scope Guide System, Olympus

A) Adult variable stiffness colonoscope with embedded sensors (CF-Q160DL). B) EM transmitter. C) System monitor.
**Alpha Loop**
Reduce with a clockwise twist.

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**Reverse Alpha Loop**
Reduce with a counterclockwise twist.
**N Loop**
Advance carefully and reduce with a clockwise twist if there is a spiral component.

**Spiral Sigmoid Loop**
Reduce with a clockwise twist.
Advantages of scope guide

• Pain caused by looping (Shah et al Endoscopy 2002 June)
• Reduced pain (opinion not back up by trials)
• Accurate localization (Moug et al Surg endoscopy Nov 2016)
• Excellent teaching aid (Holme et al Gastro Endosc 2011 June)
• Better Caecal intubation rate (Chen WJG 2013 Nov)
• Straight scope better for therapy
Adjuncts

• Splint the diaphragm
  • Breath hold
• Stiffener
• Water immersion
• Abdominal pressure
• Change the scope
My standard scope

• Left lateral to start
• Mucosal slide rectosigmoid junction
• On to back as soon as possible.
• At hepatic flexure onto left
• Back onto back
• At ileocecal valve
  • Stiffener on
  • Breath hold
  • Occasional transverse pressure
Conclusion

• Mucosal slide
• Position change
• Reduce the loop