Deep intubation of the small bowel during double-balloon enteroscopy (DBE), as described by Yamamoto et al. [1–3], relies on the principles of minimal small-bowel stretching and loop reduction. This is achieved by simultaneous traction provided by the enteroscope and overtube balloons, combined with a “pull-back” maneuver that allows loop resolution and straightening of the free and untethered small bowel [1]. In our experience and that of others [4], this insertion method may be unsuccessful, for example when small-bowel tethering due to intraperitoneal adhesions occurs in patients, because deep loops are formed that are difficult to reduce when the enteroscope is advanced. The result is a decreased insertion depth and a higher rate of failure for the procedure. We describe an adaptation of the conventional insertion method that may be useful when deep looping occurs during DBE.

**Step 1:** Progress is hindered (e.g. because of a fixed mesentery or small-bowel tethering) resulting in the formation of a deep loop on enteroscope advancement (Fig. 1(i)). The loop is stabilised by the inflated enteroscope balloon as the overtube balloon is advanced with its balloon deflated (Fig. 1(ii)).

**Step 2:** The overtube balloon is inflated and the overtube is pulled back as the enteroscope balloon is advanced through the loop with its balloon deflated (Fig. 2).

**Step 3:** The enteroscope is pulled back with its balloon inflated as the overtube balloon is deflated (Fig. 3).

**Step 4:** The overtube balloon is inflated and the enteroscope balloon is advanced through the partially reduced deep loop as the overtube is pulled back (Fig. 4).

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