Traction can help reduce the risk of complications in colorectal endoscopic submucosal dissection (ESD) [1, 2]. We have developed a latex-band traction system for colorectal ESD [2]. Traction uses a medical rubber band, named the “Latex Band,” which is 5 mm in diameter, 1 mm in width, and 200 µm in thickness (Okamoto Co. Ltd., Tokyo, Japan). The 4-0 green nylon thread was passed through a latex band and looped (Fig. 1 a). The green nylon thread was passed through the latex band and looped. a The latex band was attached to the endoclip arm. A medical rubber band, named the “Latex Band,” which is 5 mm in diameter, 1 mm in width, and 200 µm in thickness. b The latex band was attached to the endoclip arm. b The latex band was attached to the endoclip arm. c The endoclip was set in a pair of forceps.

The lesion was pulled away from the muscle layer. Through this maneuver, sufficient space for clear visualization of the submucosal layer was obtained (Fig. 2 b). Before the dissection was started, sodium hyaluronate solution was injected into the submucosal layer. Then, submucosal dissection was carried out. After the lesion was resected, the specimen hanging from the opposite intestinal wall was cut off. Since the rubber latex band could not be cut with the electric current, the nylon thread was cut with the electric surgical knife to collect the specimen (Fig. 2 c). After the lesion was resected, the green nylon thread was cut with an electric surgical knife to collect the specimen.

Traction using the Latex Band can be applied to any location in the colorectum. When traction is used, the space for the submucosal layer is widened, providing a clear view of the incision line. In conclusion, we consider that the Latex Band is a simple and noninvasive tool for traction-assisted colorectal ESD.

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References


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