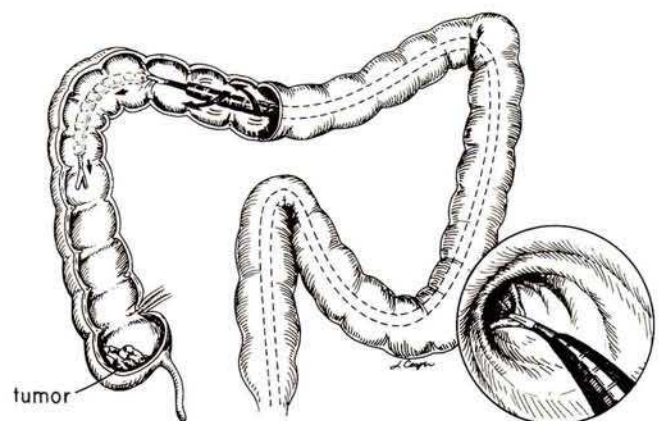


### Passage of the Colonoscope "Over the Forceps" to Achieve Total Colonoscopy in Difficult Cases

While total colonoscopy can be performed in over 95 % of patients in expert hands (1), there remain a few patients in whom the endoscope cannot be advanced, despite a variety of techniques. We employ a variation of a previously published technique (2), that of passing the colonoscope over biopsy forceps, to accomplish a total colonoscopy during a technically difficult examination after other techniques have failed.

When the colonoscope tip cannot be advanced due to looping, we attempt to drag the proximal bowel toward the colonoscope using a biopsy forceps. The biopsy forceps is passed approximately 10 cm beyond the endoscope to a fold and, using gentle tension on the forceps, the colonoscope is jiggled with a forward motion over the forceps (Figure 1). If forward pressure on the instrument causes a paradoxical movement of the tip backward, the instrument is reduced over the forceps to allow forward motion of the tip. This technique can be used repeatedly, each time attaching the forceps more proximally, until the instrument reaches a point at which a loop can be reduced and intubation can proceed in the usual fashion.



**Figure 1:** The passage of the colonoscope "over the forceps". Note the "jiggling" motions applied to the scope to enable it to pass forward while the forceps applies traction on the mucosa. Insert: An endoscopic view of the mucosa tenting towards the instrument.

We think that this use of the biopsy forceps should not result in an increased perforation rate. The forceps is advanced under direct vision, and if too much tension is applied to the forceps it will simply separate from the mucosa, with only the usual bite of tissue within it. We do not advocate the use of this technique as a replacement for the standard maneuvers to reduce the colon and advance the endoscope. The beginner endoscopist should not be encouraged to use this as a "crutch" to replace proper technique.

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