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Strategies for safe and precise ESD

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ESD, now spreading globally as therapeutic endoscopy for early malignant esophageal, stomach, and large intestinal tumors, can excise larger lesions, less invasively, than conventional EMR and surgery. However, since ESD technical difficulties are relatively high as compared to EMR, appropriate knowledge and skills for ESD must be acquired. Today, I introduce and present tips and tricks for completing safe and precise ESD. First, selection of appropriate cases based on accurate diagnosis is required, using Image Enhanced Endoscopy such as NBI magnification or chromoendoscopy. It is necessary to correctly determine the width and depth of lesions and thereby ascertain correct indications for ESD. Then, to safely perform procedures, suitable endoscopes, attachments, and devices must be selected, as well as setting up high frequency electric generators. Moreover, to uniformly excise the submucosa to a suitable layer, it is important to maintain good visual fields and proper orientation operatively, making local injection of adequate solution, water jet function and suitable hemostatic procedures essential. Since acquiring good operative views reduces complications, such as bleeding and perforation, and shortens operative time, combining suitable traction methods is very useful. The clip and thread method and the clip and snare method (the later one devised by the author) are both quite useful. Using these methods and devices properly, and combining them, and avoiding damage to muscle layers are important for successful ESD. I will present various tips and tricks for completing safe and more stable ESD with actual cases.

Biography

Mitsunori Yasuda has completed his MD from Kyoto Prefectural University of Medicine and completed his PhD from the same University. He is the Director of Department of Gastroenterology and Hepatology and the Director of Endoscopy Center of Uji Tokushukai Hospital, Kyoto, Japan, and has been working as the Professor of Department of Clinical Gastroenterology of Kyoto Prefectural University of Medicine since 2007.

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