

# Why is colonic ESD difficult?

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## 1. Tortuous structure

Difficulty in maintaining scope position

## 2. Narrow lumen

Difficulty in controlling the knife

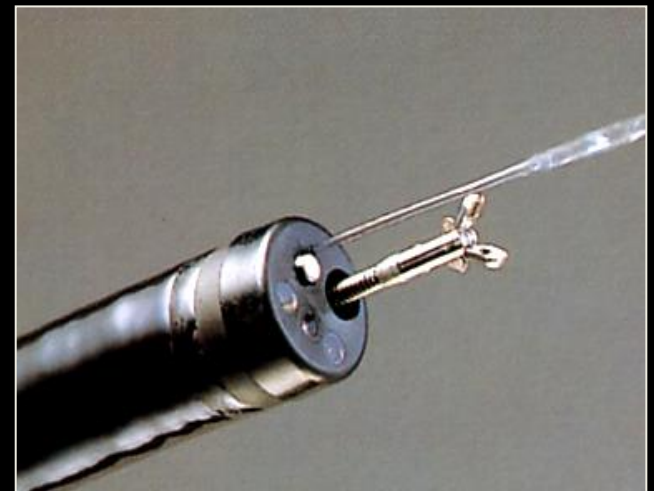
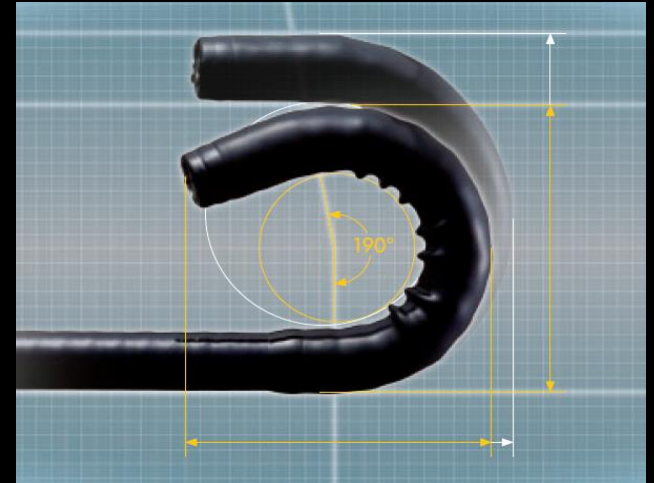
## 3. Thin colonic wall

Increased risk of perforation

# Ingenuities for Good Maneuverability

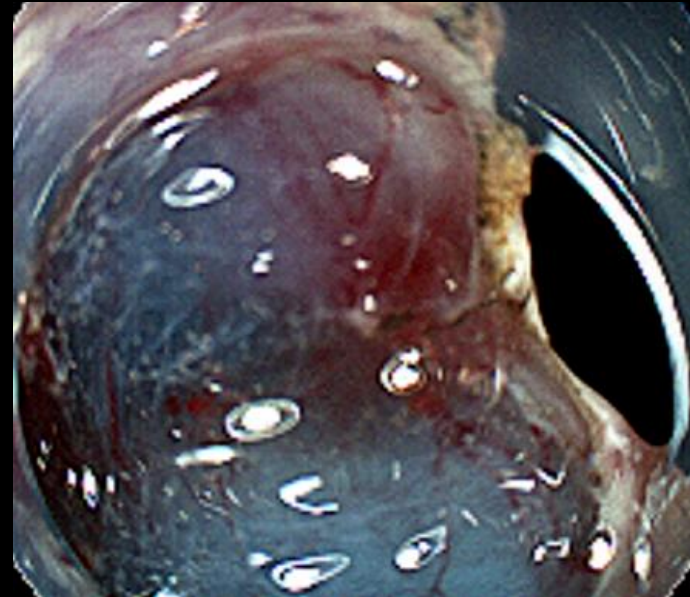
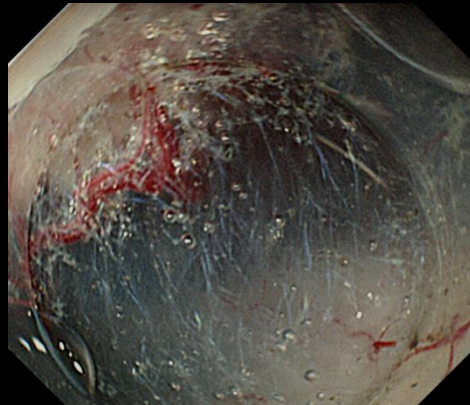
Ultra slim colonoscope  
with water irrigation  
or

Upper GI endoscope  
with water irrigation



# Ingenuities to Keep Safety

- Good quality bowel preparation  
**Simethicone**
- Adequate submucosal fluid cushion  
**Sodium hyaluronate etc.**

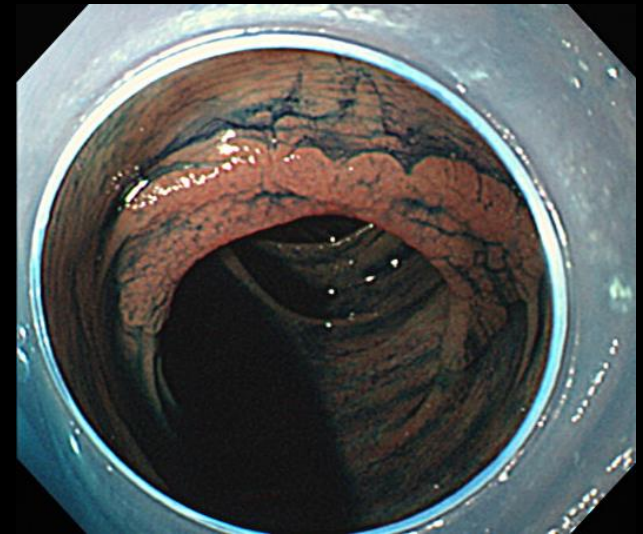


# Short Summary of Technical Tips

## Before the procedure

- Good maneuverability is essential
- Check the gravity according to patient

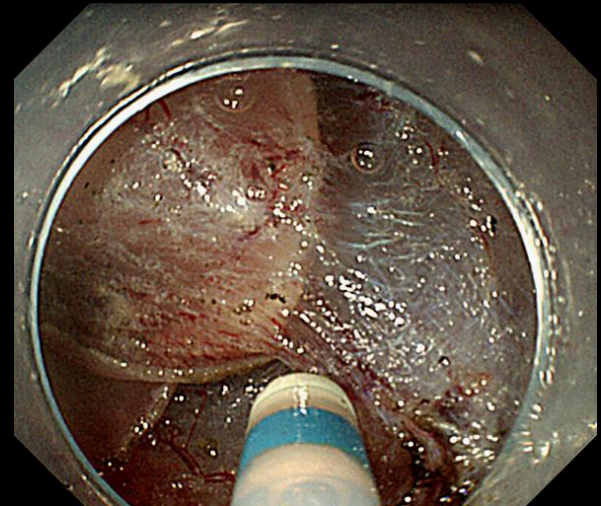
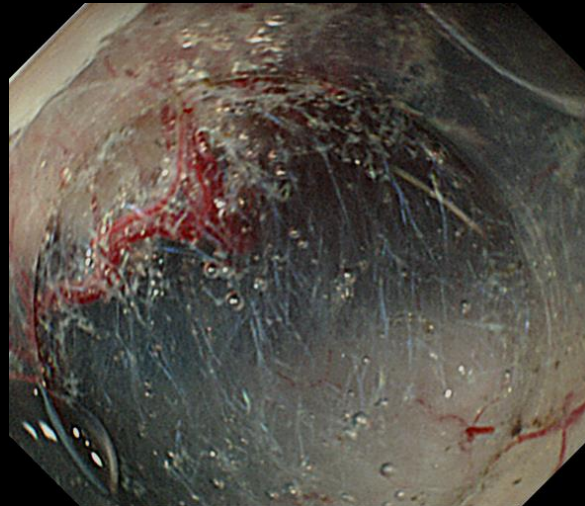
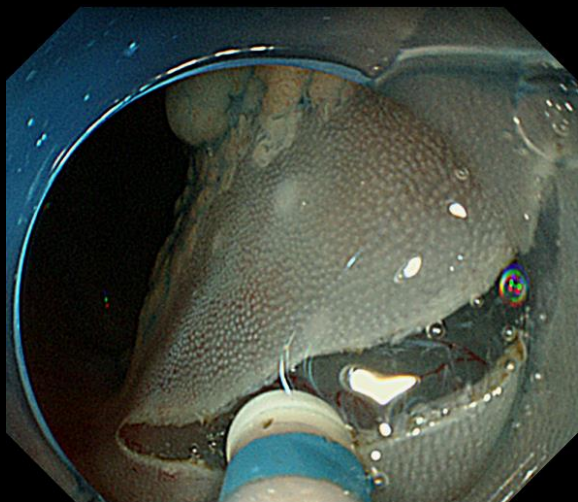
position



# Short Summary of Technical Tips

## During the procedure

- Marking is not necessary for colorectal ESD
- Transparent hood is necessary for safe procedure
- Start from oral side if retroflex position is available
- Don't make circumferential incision at the beginning
- Proceed incision and dissection step by step
- Change patient position in order to utilize gravity



# Appropriate Learning Process

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- Gradually increase the lesion size
- Gradually step forward to difficult location  
Rectum → A/C → T/C, D/C → Cecum  
→ S/C → Hepatic or Splenic flexure