

[MUSIC PLAYING]

Once the DiLumen device is in position, it can act as a conduit through which I can repeatedly intubate the area. Occasionally, it's necessary to change scope, for example, from a slim colonoscope to an adult colonoscope. And I can very easily do this through the DiLumen. Other times I've used a gastroscope through the DiLumen, and it's possible to swap scopes very easily.

Sometimes it's necessary to remove the scope and clean the lens, and I'm able to remove the scope, clean the lens, go back, and be exactly where I left off. If I want to use a net to collect tissue after a section, I can use the net and then go back and be precisely where I left off.

Now, what I'm going to do is, I'm going to take the scope out of the DiLumen, leaving the DiLumen in place, collect my specimen, then go back through the conduit. And it should allow me to reach that promptly.

OK, so the DiLumen's in place, controls are free. My system has a hold of the net. It comes straight out. So I'll go back in. I'm going through the DiLumen.

And in a minute, I'm back exactly where I was. So I can remove the tissue. I can clean the lens. I can change scopes, even. And that's a huge advantage of this device for doing EMR.

I'm going to use that kind of function. So I have the other tube in place, and I freed up the controls. [INAUDIBLE] has the specimen with a net. OK, this is the [INAUDIBLE] balloon. Here's the sheath. All right. So the DiLumen's in place and should let me out very close to where I left off. Here's the balloon coming through.

So I came back. I can see that there's a couple fragments left to deal with. But I am telling you, I would never dare to do that, take out the specimen with a gnat and go back, if I didn't have the DiLumen overtube, because it was so hard to get there, and to have to go through that again [INAUDIBLE].

Once I inserted the DiLumen overtube with the scope to the cecum, I was able to leave that in as a conduit, work through that conduit to do the mucosal resection, tissue retrieval, and reinsertion without any difficulty. After removing the scope and removing the tissue, within a minute, I was able to get the endoscope back to where I left it.

In this case, I doubt whether I could have accomplished the polypectomy without the DiLumen device. Using it to shorten the colon allowed me to reach the cecum in a very torturous anatomy. And once I was there, I was able to adequately take care of the first polyp.

Then there was a second polyp, a large polyp, and I was able to also take care of that while not removing the DiLumen device. Having that presence gave me a conduit where I can address both polyps quickly. Using the device allowed me to effectively and efficiently take care of both polyps in one setting.

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