MEDCO FORUM®
PRESENTING INNOVATIVE PRODUCTS & SERVICES TO HEALTHCARE PROFESSIONALS

Medco Forum Presents: Olympus Single Balloon Enteroscopy

Olympus SBE delivers high quality images, permits smooth insertion into the small intestine's acute turns

"With technological advancements, we are learning that there are many small bowel lesions requiring treatment. "However, there became a strong need to manage the pathology discovered by non-invasive techniques such as capsule or computed tomographic enterography," said Eric Goldberg, M.D., Associate Professor of Medicine and Director of Endoscopic Training and Research, University of Maryland.

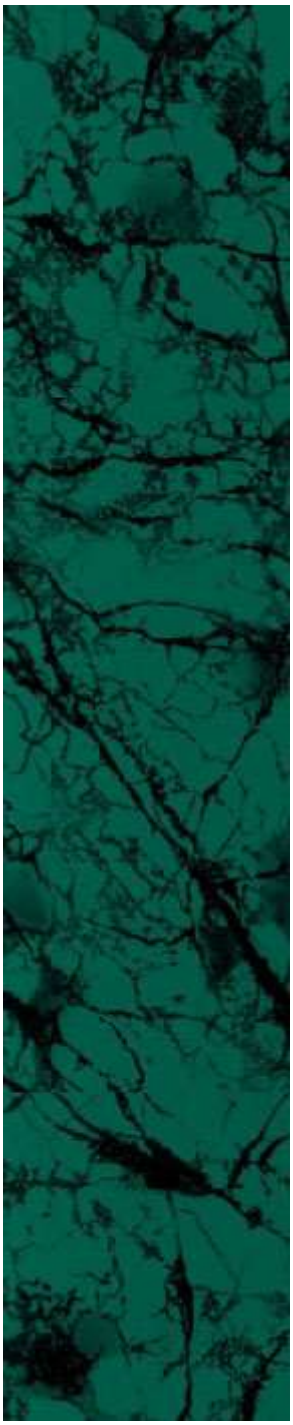
SBE is changing how physicians view the GI tract and letting them explore new depths of the bowel.

"The most difficult aspect of performing enteroscopy with a pediatric colonoscope or an enteroscope without an overtube is achieving an adequate depth of insertion," shared Andrew S. Brock M.D., Assistant Professor of Medicine, Division of Gastroenterology & Hepatology at the Medical University of South Carolina.

Performing about 100 enteroscopies per year, Dr. Brock said that "[the] SBE eases these challenges by allowing for greater depth of insertion and thus reaching target lesions."


The next evolution in enteroscopy: Single Balloon Enteroscopy System by Olympus

"Traditional enteroscopy with a push enteroscope can only visualize approximately 50 to 100 centimeters of jejunum. This represents less than 20% of the length of the small intestine," explained Dr. Goldberg. In contrast, SBE "allows visualization of 70 to 100% of the small intestine much less invasively than other techniques..."



Designed for Small Bowel

“Without SBE I would not be able to reach nearly as many lesions in the small bowel,” noted Dr. Brock. “…many patients who bleed from angioectasia, for example, have lesions out of reach of upper endoscopy or push enteroscopy.

“This is similarly the case for patients with polyposis syndromes such as Peutz- Jegher, small bowel tumors and other lesions. Certain indications, such as the placement of a PEG tube into the excluded stomach of a patient who has had a gastric bypass, or an ERCP in such a patient, would be impossible in the vast majority of patients without deep enteroscopy,” said Dr. Brock.

Reduced Complexity

Leveraging the Olympus EVIS EXERA III universal platform, SBE consists of the SIF-Q180 series endoscope, Olympus Balloon Control Unit, and a single-use overtube.

“Pre-exam set up is easy, especially compared to double balloon enteroscopy. All that is required for SBE is lubricating the overtube with water,” commented Dr. Goldberg. “Essentially, minimal set up time.”

Far-Reaching Benefits

The World Journal of Gastrointestinal Endoscopy (2012 Feb 16;4(2):28-32), Manno, et al. conclude that “reports on the use of single-balloon enteroscopy have suggested a high diagnostic yield and similar therapeutic potential to that of the double balloon endoscope.”

Researchers also noted that “SBE is a viable technique for in the management of small bowel disease. Technically, it is easy to perform, may be efficient, and in the literature data available, seems to provide high diagnostic and therapeutic yield.”

For more information about SBE,
please call 800-848-9024,
visit our website at www.olympusamerica.com/sbe
or speak to a representative at the
ACG conference, Booth #1027.