EP-053 - CLIP WITH RUBBER BAND MODIFICATION FOR DYNAMIC TRACTION IN COLONIC ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD)

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A 63-year-old-woman was referred due to a 40-mm-laterally-spreading-tumor, nongranular (LST-NG), Paris 0-Is+IIa, JNET-type-2B, consistent with residual lesion from previous resection, with tattoo beneath it, in the descending colon. ESD was initiated with a partial mucosal incision (figure 1). Difficulty in exposing submucosal layer was noted even with the pocket-creation method and underwater strategy. After complete circumferential incision, a clip grasping a rubber band with 3 nylon rings (handmade with fishing line) attached, was applied to the lesion (figure 2-3). One of the nylon rings was grasped with another clip and applied to the opposite bowel wall providing effective traction (figure 4-5). ESD was then able to be performed safely up to a point where traction was no longer effective (figure 6). Then, the nylon ring attaching the rubber band to the colonic wall was cut with a loop cutter (figure 7). Another clip grasping one of the remaining nylon rings was applied in a different location in the colonic wall, allowing effective traction again (figure 8-9). Subsequently, ESD was possible again allowing *en bloc* resection with no adverse events.

Classic clip with rubber band method has good reported outcomes, however, once performed, the axis of countertraction cannot be easily modified. For this to happen, reopening clips are needed, otherwise removal of regular clips or elastic bands is traumatic, potential causing specimen damage. Attachment of nylon rings to the rubber band allows smooth cutting of nylon ring and reposition of the same rubber band into another direction. This modification is easily handmade, without complex equipment requirement and low-priced.

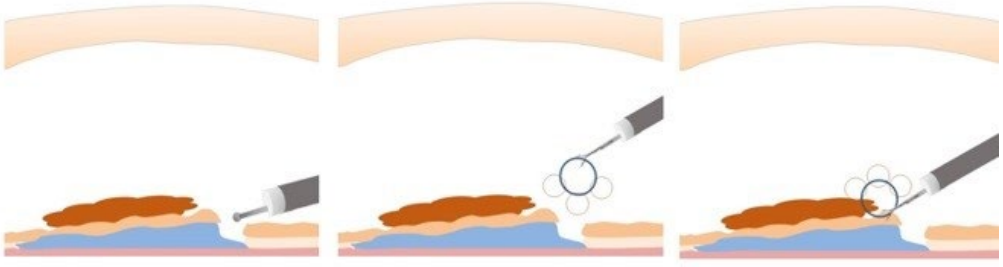

Fig. 1 Fig. 2 Fig. 3

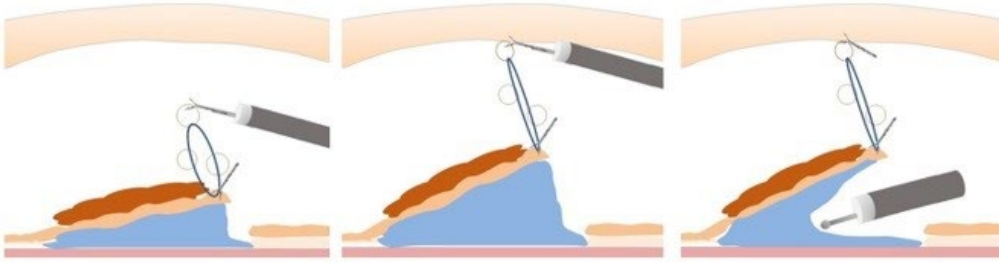

Fig. 4 Fig. 5 Fig. 6

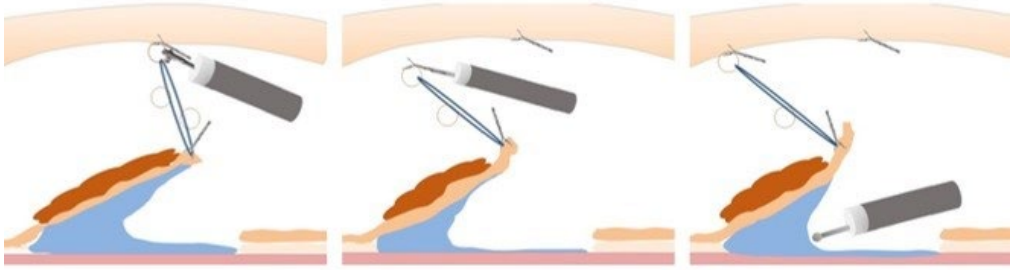

Fig. 7 Fig. 8 Fig. 9