

## Introduction

- Two primary causes of incomplete colonoscopy related to patient anatomy include redundancy and post-surgical adhesions.
- This case report details the successful completion of a previously failed colonoscopy by an experienced endoscopist using an anti-looping colonoscopy compression device (ColoWrap®).

## Background

- A 70-year-old obese male patient with a history of abdominal trauma (gunshot wound) underwent surveillance colonoscopy in November 2021.
- During the initial procedure, significant looping occurred once the scope was advanced past the distal colon, inhibiting progress beyond the hepatic flexure.
- All standard measures including torquing, manual abdominal pressure, and patient repositioning were employed yet were unsuccessful and after one hour the procedure was aborted.
- The patient thereafter underwent virtual colonoscopy which indicated a lesion in the ascending colon. The patient was then scheduled for a repeat colonoscopy in January of 2022.

## ColoWrap Device



A



B

- ColoWrap is first and only abdominal compression device designed specifically for colonoscopy
- Single-patient use specialty device; Available in five sizes based on patient body weight; applied pre-procedurally
- Delivers broad, sustained compression and features multiple secondary straps to direct additional pressure intra-procedurally to mitigate looping
- Prior studies have demonstrated faster cecal intubation and significant reduction in manual pressure and repositioning with ColoWrap use
- Despite numerous prior anecdotal reports, this is first published report of ColoWrap facilitating previously unsuccessful colonoscopy

## ColoWrap Use in 2<sup>nd</sup> Attempt at Colonoscopy

- Due to prior difficulties, the physician decided to perform the patient's repeat attempt at colonoscopy using a ColoWrap.
- Looping was once again encountered past the distal colon. In response, the ColoWrap secondary straps were adjusted to apply directed compression to the areas of presumed looping in the left and the transverse colon. This enabled successful advancement past the hepatic flexure and to the cecum.
- The lesion that had been indicated on virtual colonoscopy was identified and biopsied. The biopsies revealed a large, high-risk adenoma not amenable to endoscopic removal and surgery was performed.

## Conclusions

- **Use of ColoWrap enabled successful cecal intubation in a patient with a previous incomplete colonoscopy who had a known proximal colonic lesion identified by virtual colonoscopy.**
- **ColoWrap's intra-procedural adjustability and features delivering targeted compression to specific regions of the abdomen were instrumental in overcoming the anatomical difficulties that had resulted in the failure of the prior colonoscopy performed by the same, experienced endoscopist.**

## Contact

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