

# Utilizing the Mobile Pure-Vu System for Bedside Inpatient Colonoscopy: A Novel Technique

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## -INTRODUCTION-

Mobile colonoscopy cases occur mostly in the ICU setting due to risk of transferring critically ill patients. In some cases, inadequate prep can lead to early termination of the procedure, rescheduling, or inability to identify the diagnosis. In critically ill patients, the delay could mean their life. The Motus Gl's Pure-Vu EVS system is a novel technology used during colonoscopies with inadequate bowel preps. The current EVS model is much smaller and is easily transported compared to its predecessors.

### The Patient -

- HPI: A 63 year old African American male with PMH of RCA and PCA stroke on Coumadin complicated by dysphagia status post PEG, heart failure, HTN, diabetes, and CKD3 presents to the hospital for a reported history of melena.
- **PSH:** PEG
- Family: No family history of GI malignancy.
- Social history: Current every day smoker, non-drinker
- Medications: ASA, atorvastatin, bumex, coreg, cochicine, insulin, KC, semaglutide, warfarin



#### - The Case







cecum

cecum

ascending colon

- Patient was found to be hemodynamically unstable in cardiogenic and hemorrhagic shock
- Hgb dropped from a baseline of 15 to 7.7
- Admitted to the ICU for further management
- Went for urgent bedside endoscopy which was normal
- Patient then went for urgent abdominal CTA which did non localize a source of bleeding
- Patient was posted for urgent bedside colonoscopy
- 2L of prep was urgently given and the Pure-Vu EVS was wheeled to patients bedside
- Hgb stabilized and patients gastrointestinal bleeding ceased

#### CONCLUSIONS

The newest version of Pure-Vu is more compact and readily transportable, its addition to the mobile endoscopy unit should improve outcomes. This case report illustrates how the addition of the Pure-Vu EVS system prevents delays in mobile colonoscopies. Future studies will seek to recognize other areas this novel technology can be implemented.

