

Overtube Assisted Endoscopy

Guardus™ Case Report Series • Report 2



“Finally we have an overtube with a safe design that we can trust.”

*David P. Romeo, M.D.
Gastroenterologist
Dayton, Ohio*

Procedure

- EGD with overtube placement and food bolus removal

Indications

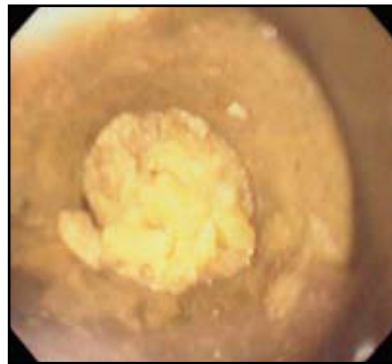
- Patient with a history of food bolus impaction with current complaint of same

Findings

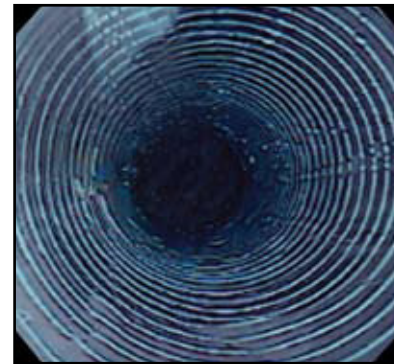
Severe food bolus impaction in the distal esophagus, mid-esophageal diverticulum packed with meat, tortuous distal esophagus, 5cm hiatal hernia, tight LES, but no definite stricture, and an esophagus without discernable motility.

Overtube Assisted Endoscopy

The endoscope was advanced under direct visualization through a normal-appearing oropharynx and proximal esophagus. The distal esophagus was packed with meat, which had the consistency of ground beef. Some of the bolus was removed using a Roth Net®. The scope was withdrawn and the Guardus overtube was pre-loaded onto the scope. The scope was reinserted and the overtube advanced into place. The scope was then withdrawn and a plastic band ligation cap was attached to the scope's insertion tip. Passing the scope with cap an innumerable number of times, perhaps 100-200 passes through the overtube, a voluminous amount of meat was removed from the esophagus. After the scope and overtube were removed, an exam of the esophagus was repeated. No damage to the esophagus was noted. The stomach and proximal duodenum were viewed and found to be normal. Esophageal dilatation deferred due to current warfarin dosing and inability to visualize a definite stricture. Further evaluation to rule out esophageal motility disorder/achalasia recommended; liquid diet until follow up.



1. Food bolus in the esophagus



2. Guardus overtube in place



3. Partial volume of retrieved impaction



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