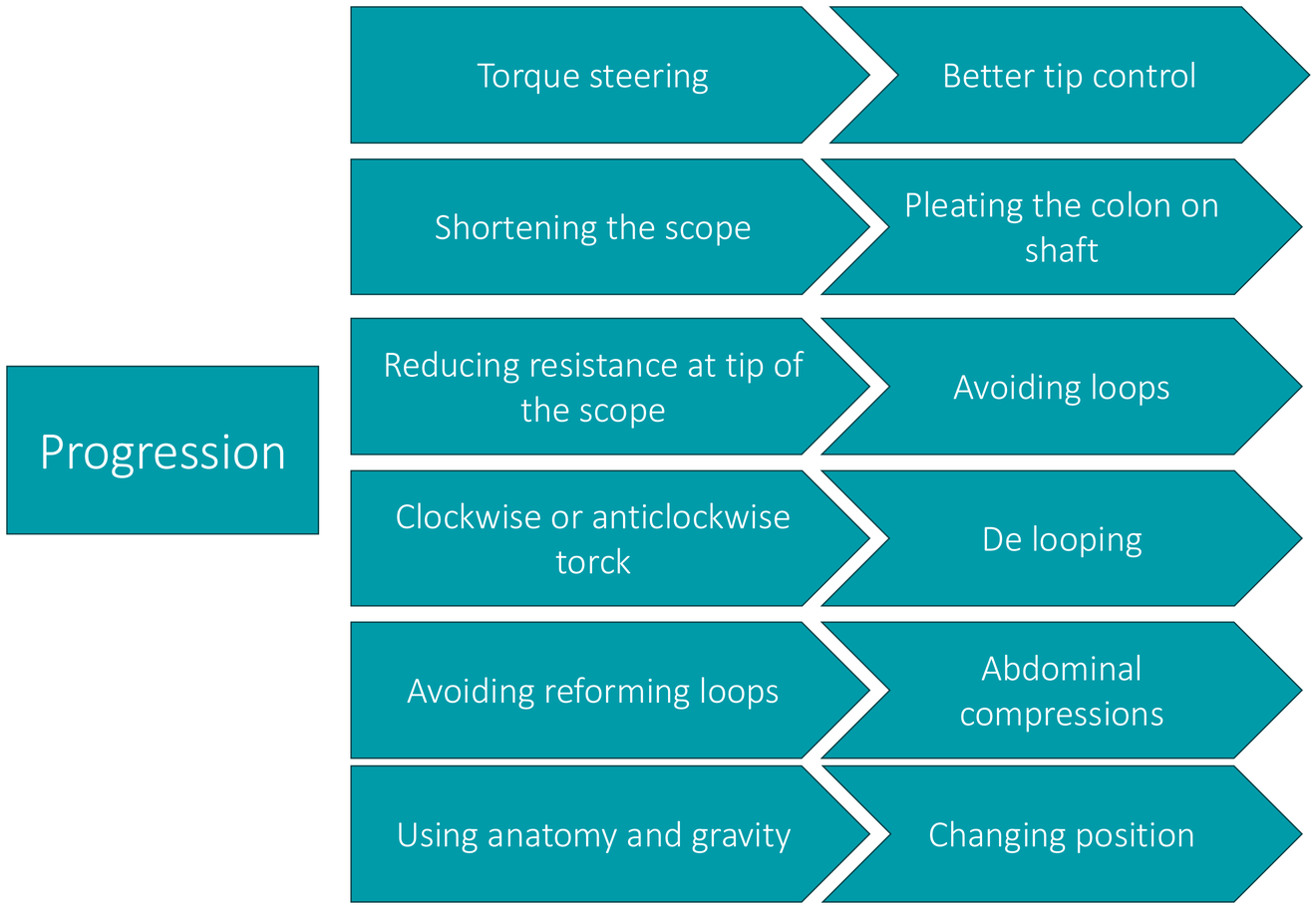
Performing colonoscopy: The Basics

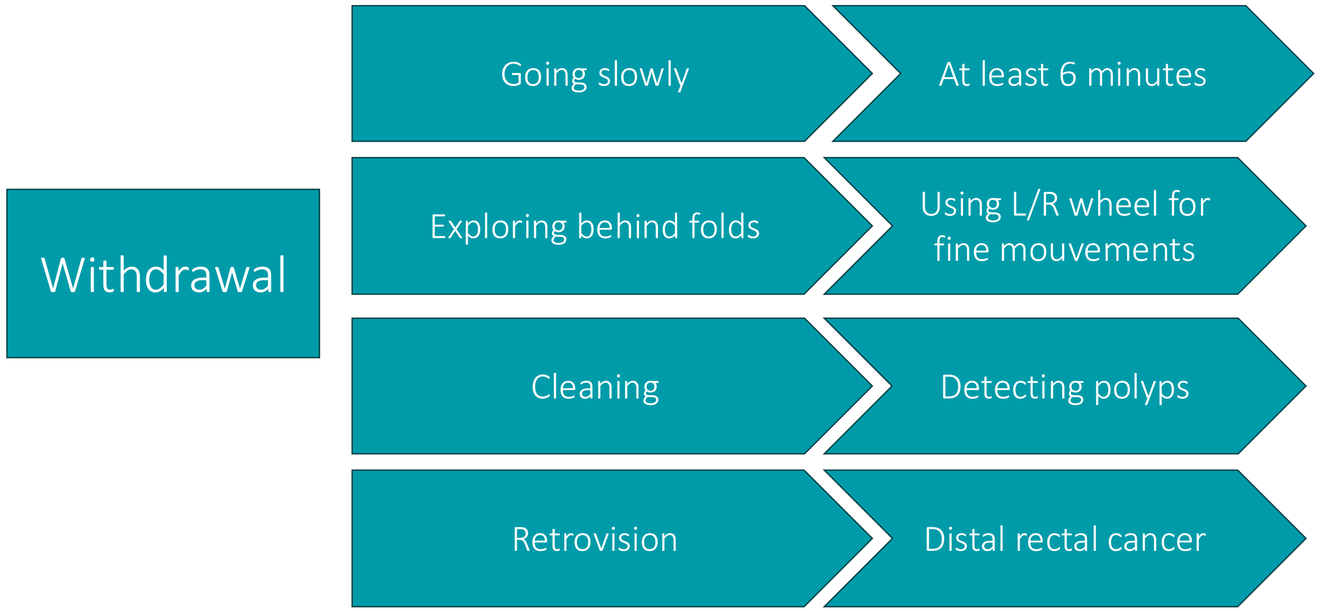
Thanks to David Tate and ESGE Academy

Marianna Arvanitakis, Service de Gastro-enterologie, HUB, Brussels

BSGIE Course 2026-2027

Our Agenda


Progression
Torque steering
Better tip control
Shortening the scope
Pleating the colon on shaft
Reducing resistance at tip of the scope
Avoiding loops
Clockwise or anticlockwise torck
De looping
Avoiding reforming loops
Abdominal compressions
Using anatomy and gravity
Changing position


Withdrawal
Going slowly
At least 6 minutes
Exploring behind folds
Using L/R wheel for fine mouvements
Cleaning
Detecting polyps
Retrovision
Distal rectal cancer

Common advice

- Maintain luminal view always
- If patient in discomfort do something different
- Use CO2
- If you fail at the same manoeuvre twice, its time to change something
- Be proactive not reactive





Torque steering

Big mouvements

Tip deflection (Big wheel) and rotation of longitudinal shaft to move tip

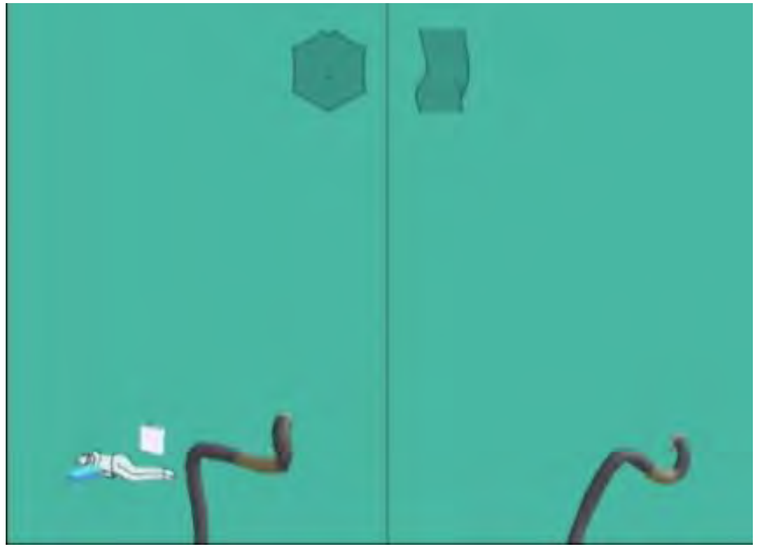


Small and precise mouvements

Using small wheel (L/R) to optimize tip control

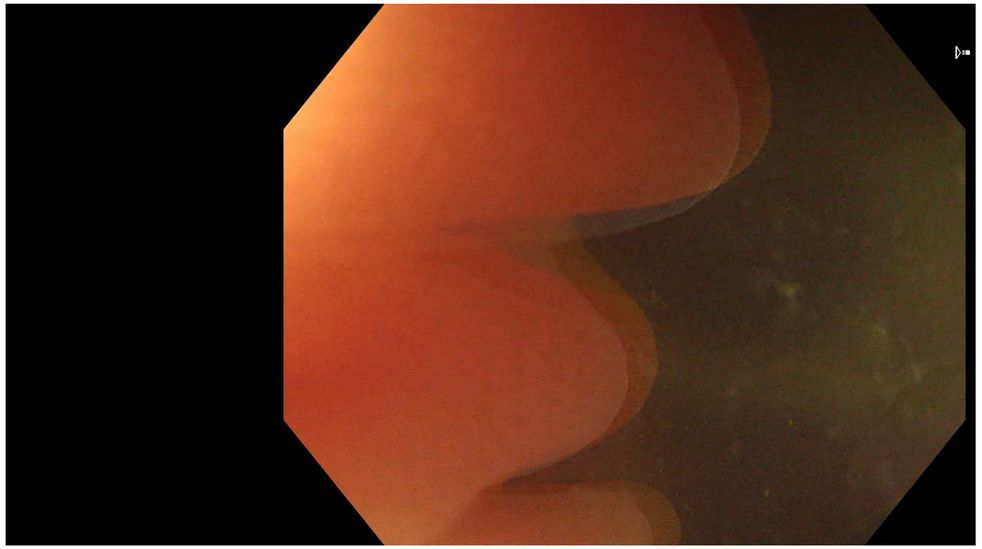


Scenario 1: Difficult left colon intubation



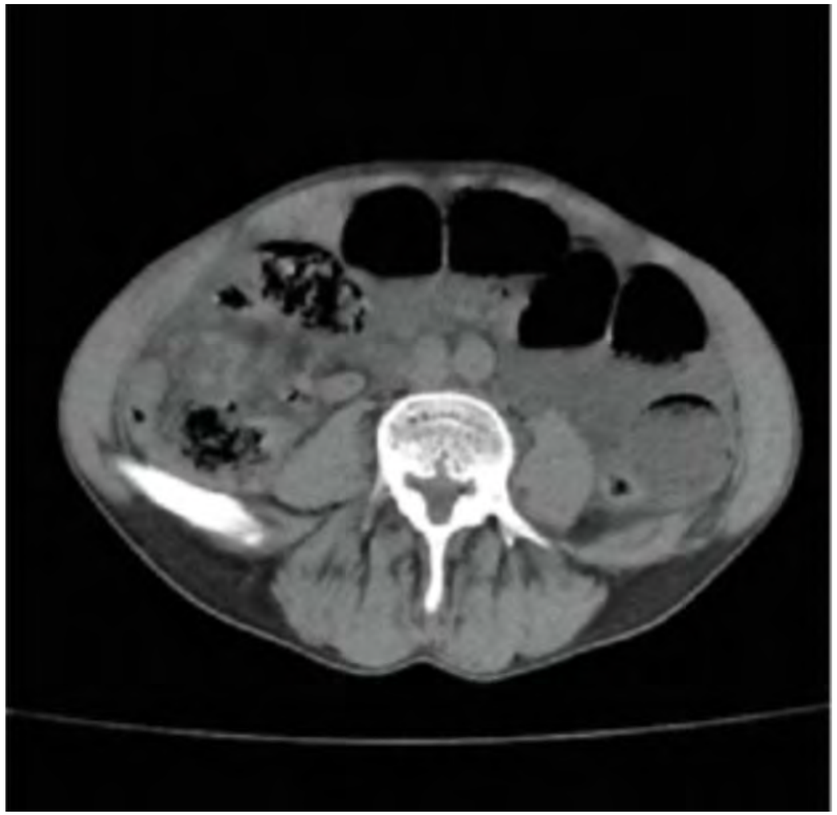
Slow movements down	Nociceptors respond to stretch and speed of stretch
Move patient to supine then right lateral	Better visualization (gravity) Addition of clockwise torque (90 / 180 degrees)
Add clockwise torque	Commonest 'loops' respond to clockwise torque • N-spiral • Alpha
Use water instead of air for insufflation	Minimises degree of stretch and therefore • Less distance to travel • Less discomfort

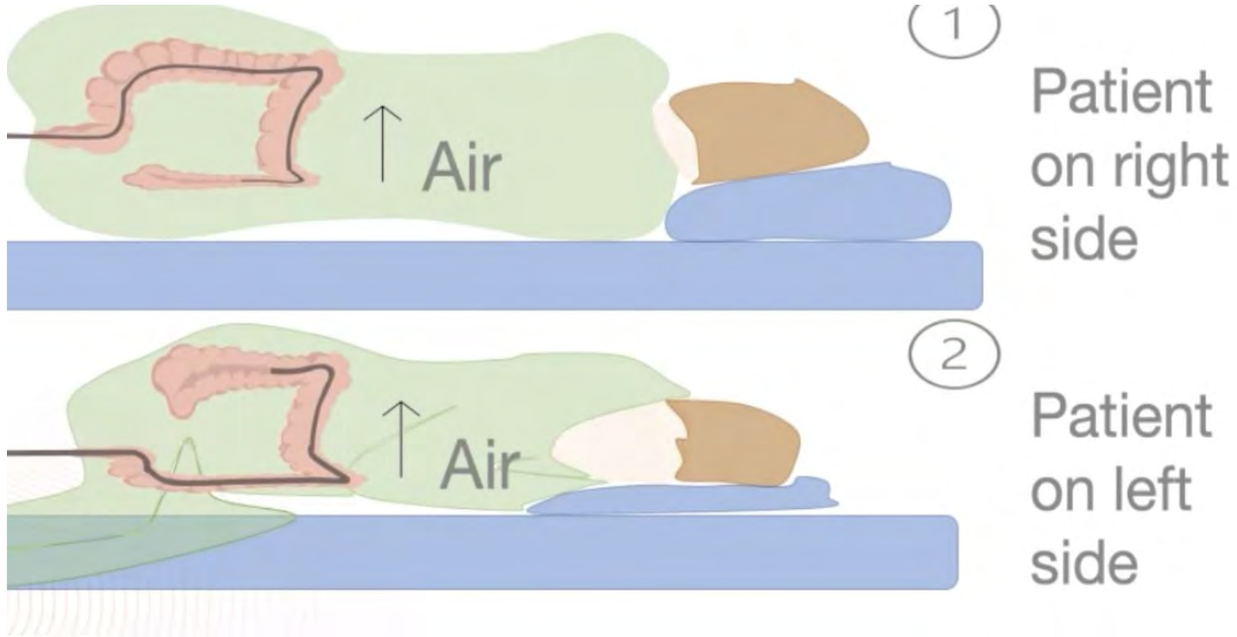
Water assisted intubation



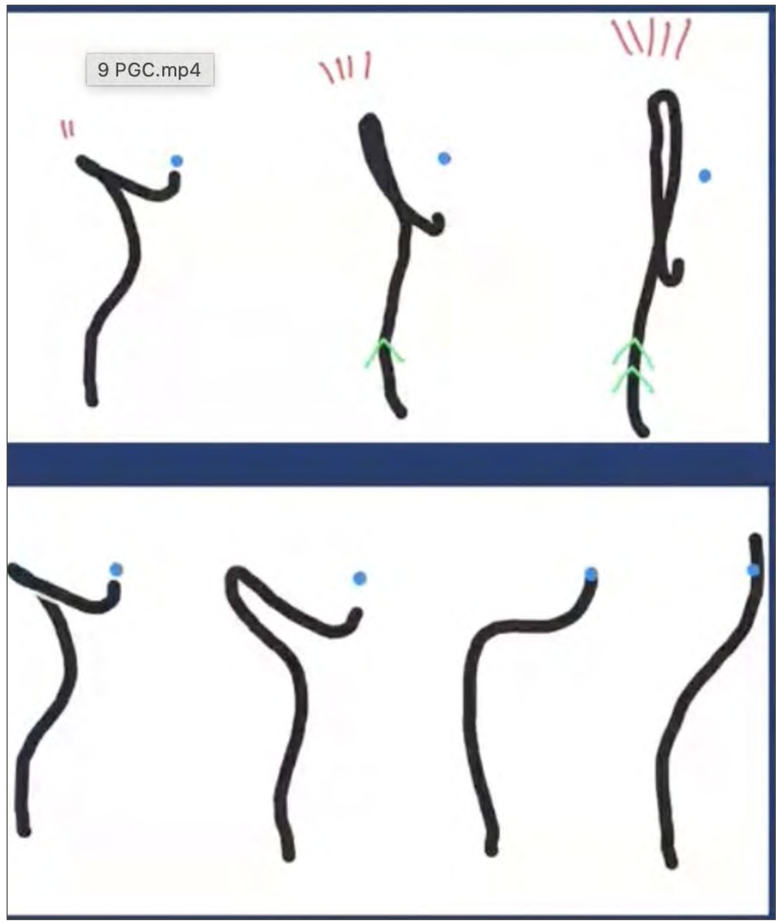
- Distends
- Magnifies
- Cleans
- Lubricates
- Weighs down colon
- Can help with loops
- Less painful

Water and air distribution





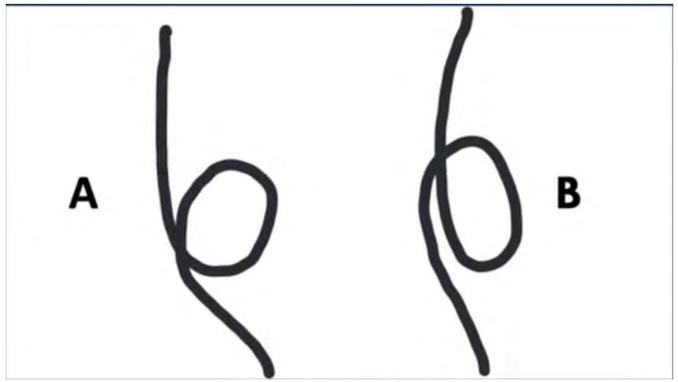
De looping: N-spiral loop



N-spiral loop: pain and no progression when pushing

Slow withdrawal
Clockwise torque and tip steering to compensate
Aspiration
Slow progression

De looping: alpha and reverse alpha



Pain and no progression when pushing



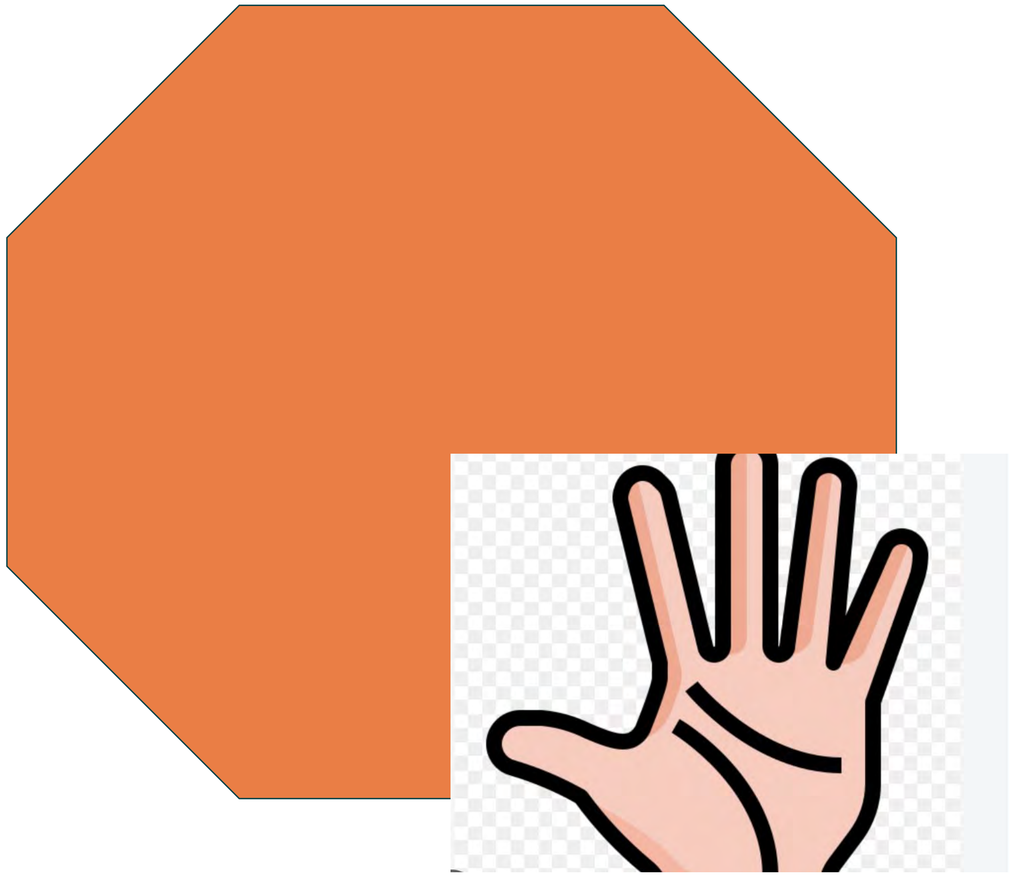
Slow withdrawal
Clockwise torque and tip steering to compensate
Aspiration
Slow progression

Alpha

Slow withdrawal
Anti-Clockwise torque and tip steering to compensate
Aspiration
Slow progression

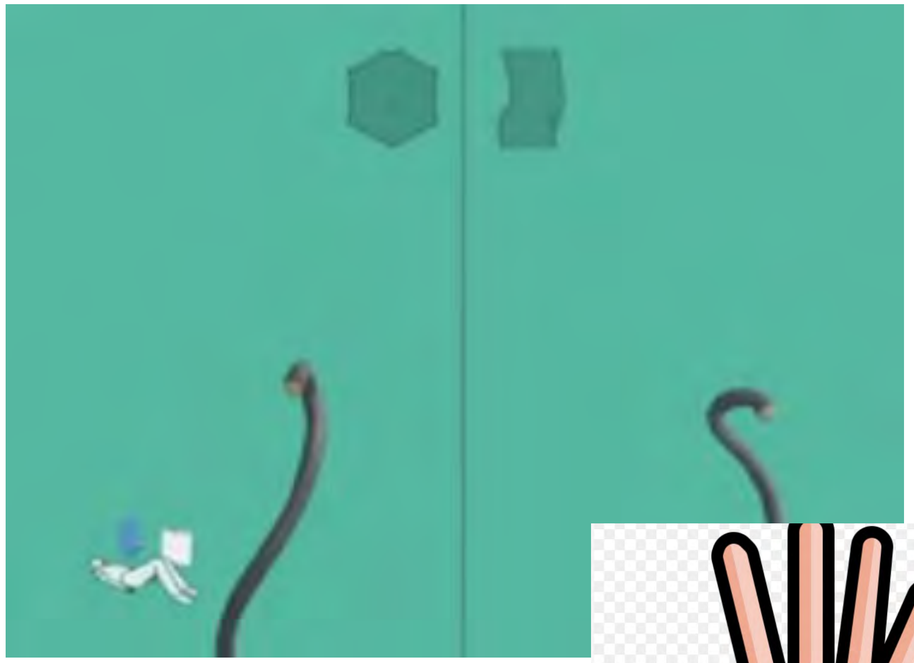
Reverse Alpha

Abdominal pressures: sigmoide



Pressure on the bow of te endoscope to avoid reforming the loop

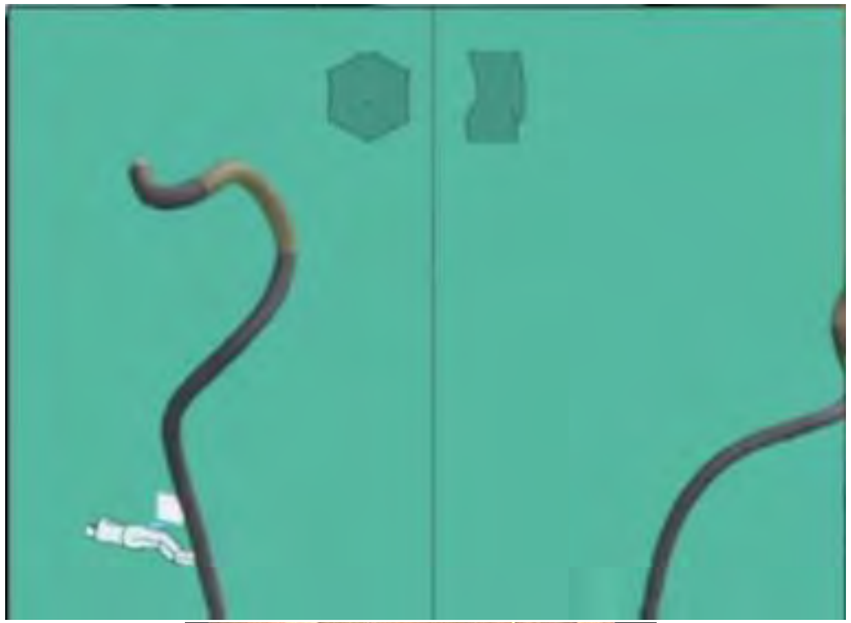
Scenario 2:Non progression at the splenic flexure

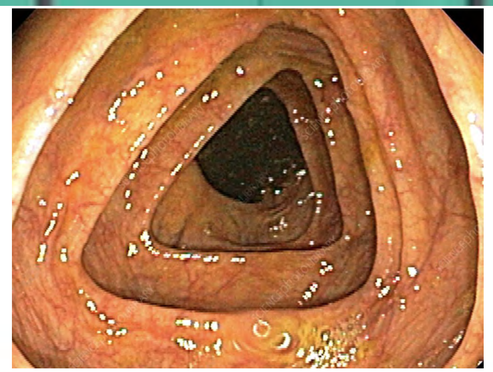




Withdraw until approx. 50cm with torque required to remove any loop	Straighten distal scope shaft
Add stiffener to scope shaft	Prevents re-forming of sigmoid loops
Maintain any torque required to get to this position	Prevents re-forming of sigmoid loops
Push in slowly to get to this point	Analagous to pushing a piece of string. Minimises pain
If difficult move patient to supine	Adds 90 degrees clockwise torque

Scenario 3:Mid tranverse non progression





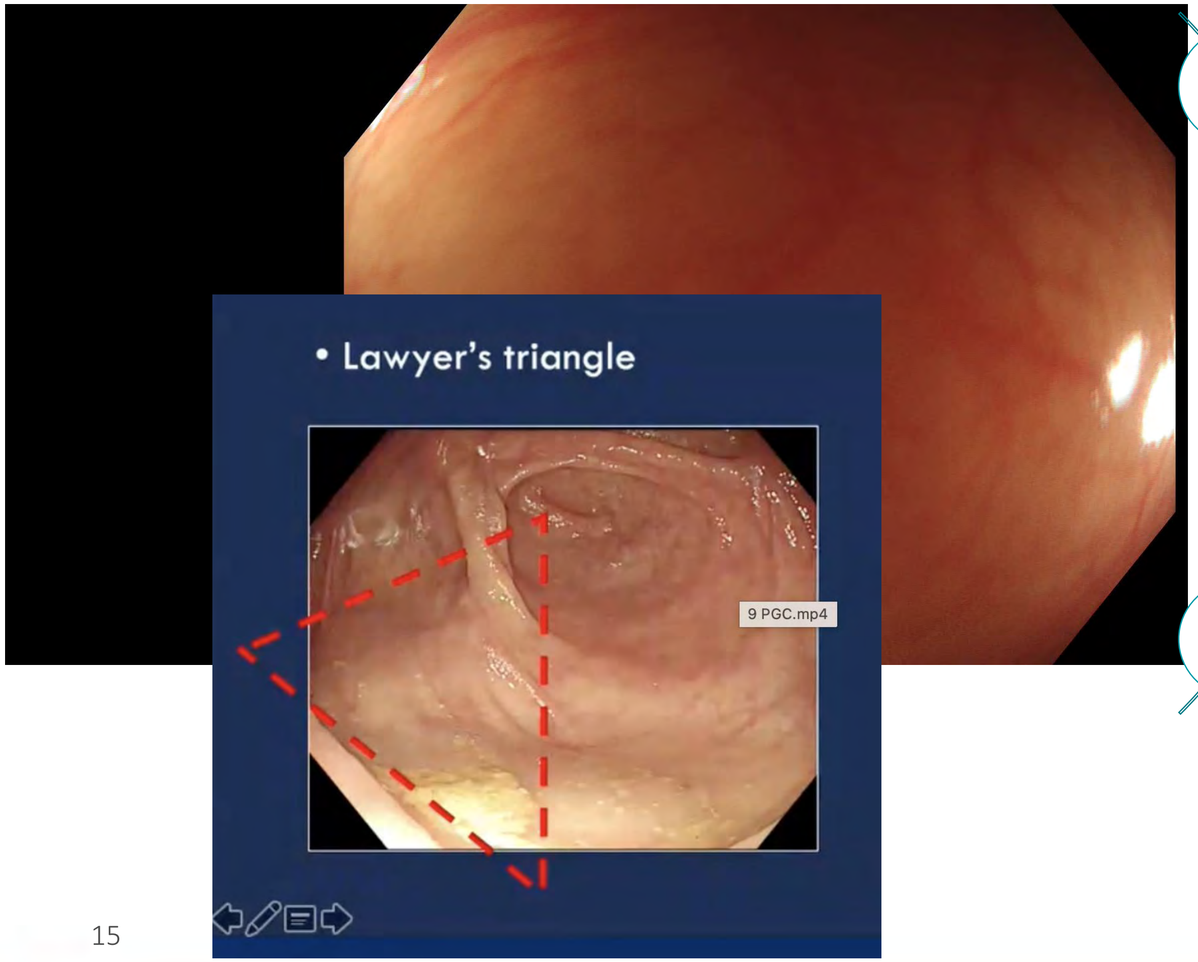
Pull back to shorten scope as much as possible	Minimises inferior stretching of transverse colon, pleats colon onto scope
Use supra-umbilical, upward pressure to aid progression	Supports tip of colonoscope
Use anticlockwise torque	Prevents anterior bowing of transverse
Attempt to suction into proximal transverse	Allows progression in 'short scope' position without pushing
If no progression gentle, slow insertion	Minimises pain / discomfort
Move patient to left lateral	Opens hepatic flexure

Abdominal pressures: tranverse



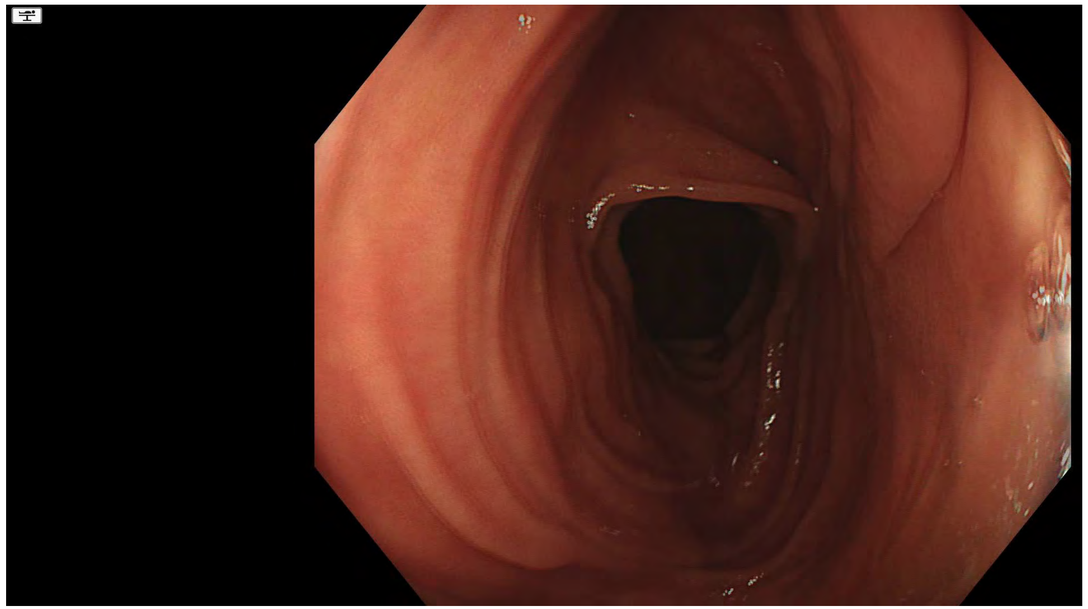
Supra ombilical upward pressure to support tip of the endoscope

Scenario 4:Getting to the caecum



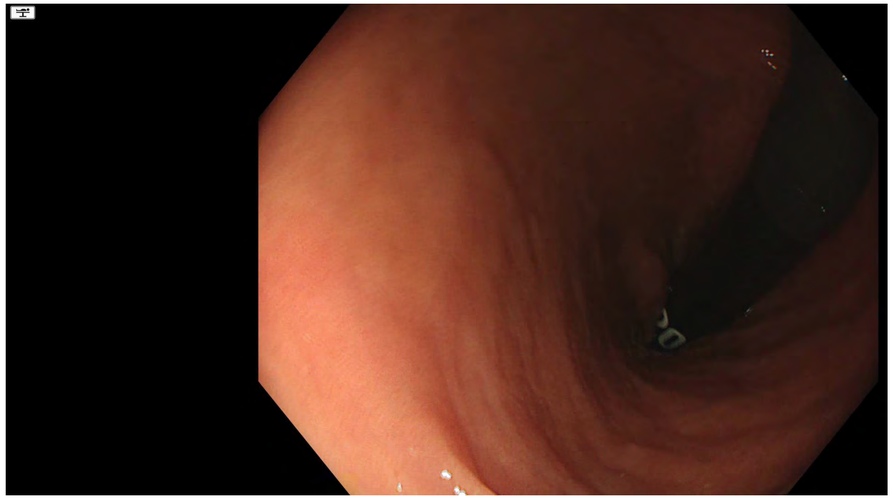
- Clean and optimize visulisation
- Landmarks of the caecum
- Appendiceal orifice (crescent)
- Ileocaecal valve (lipomatous and larger)
- The three-fold

Scenario 5: Withdrawal



- Slowly (at least 6 minutes but better more)
- Clean all debris
- Look behind the folds
- Insufflation
- Retroflexion
- Explore twice the right colon

Scenario 6: Retroflexion in the rectum





- Distal rectum and anus
- Slight added value of detection
- May be difficult
- Low risk of perforation

Wrap-up

- Progression: slowly, water, unlooping, compressions
- Use torquing and tip control
- Use landmarks, photodocumentation of caecum
- Slow withdrawal, irrigation, distention, behing folds
- Retroflexion



ESGE ACADEMY

Discover a vast online library of high-quality endoscopic educational videos curated by experienced professionals in the field. Sign up at esge.com to explore.

AVAILABLE AS AN APP!

DOWNLOAD TODAY!

ESGE

European Society of Gastrointestinal Endoscopy

THE YOUNG FACE OF ENDOSCOPY



Join to make a difference!

Your benefits

- Special fees for membership & ESGE Days registration
- ESGE Endoscopy Camp – interactive hands-on training course
- Priority booking for ESGE Days Postgraduate Course, Hands-on Training & Social events
- *Endoscopy* Journal
- Next Generation Award
- ESGE Academy – the ultimate endoscopy learning platform
- Networking opportunities with European endoscopy experts
- Fellowship & Research Grants
- Mentorship Programme
- ESGE Research Camp – personalised coaching for scientific researchers.

... and more

Join ESGE