NOTE: This guide should not be used in lieu of reading the instructions for use included with each device.

introduction

Learning the Endo-Ease Vista® technique is rather simple. However, like anything new you'll need to temporarily slow down a bit before resuming your normal rhythm. Keep in mind that the spiral element serves mainly for positioning and stabilization.

This guide compiles physician preferences found to be useful in handling the Endo-Ease Vista. This compilation visually summarizes some Vista techniques for colonoscopy and ileoscopy and also highlights useful points for installing the device on your scope, inserting it into the patient and intra-procedural considerations.

When first learning this technique you will notice a slight difference in tactile feedback. Start with easier patients to get a feel for the system before performing more difficult cases. Any contraindications for colonoscopy would preclude the use of this device.

installation

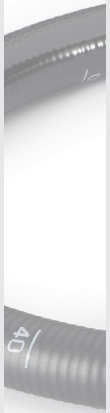
The Endo-Ease Vista will fit endoscopes with an outer diameter measuring 10.5mm–11.6mm. If you are using a scope with variable stiffness, set it to the softest setting.

The proximal end of the Vista should be lined up to the 120cm mark on the scope. This is the minimum setting but the scope can be set a little further into the Vista to expose more of the distal insertion tube.

Squeeze a generous amount of lubricant into the coupler located on the proximal end of the device. Hold the Endo-Ease tip over a 4x4 or drape in order to collect the lubricant pushed through the device. Work the lube back and fourth during installation before locking in place. Spread lube evenly over the spiral.

back-load option

During initial insertion through the recto-sigmoid, some physicians prefer to have the Vista back-loaded on the endoscope. The scope can then be independently inserted through the recto-sigmoid utilizing techniques preferred by the physician. The Vista is then rotated and pushed over the scope and locked onto the scope at its 120cm mark. The coupled device is then advanced as a unit.



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insertion

To insert, find the lumen with the angulation knobs, then rotate clockwise while gently pushing. Use of the water jet during insertion can help reduce friction and resistance. Minimal insufflation during insertion maximizes the performance of the device and patient comfort.

Like routine colonoscopy, abdominal counter pressure or patient positioning alterations may prove beneficial at certain times during insertion.

procedure

Kinks and sharp bends in the Vista can cause resistance. Try to keep the coupled unit as straight as possible outside patient.

Slow down going through the sigmoid and left colon. This will result in less looping, better set up of the device and less time getting through the remainder of the colon.

As with routine colonoscopy, be aware of very fixed or extremely angled recto-sigmoids, especially early on in the learning curve when you are developing new tactile skills.

Always maintain visualization by keeping the endoscope centered in the lumen, when advancing the Vista or the endoscope. After reaching the descending colon, insertion to the cecum should be performed while the Vista is locked to the endoscope.

The distal tip of the Vista is not meant to go further than the cecum. For ileal intubation, unlock the coupled device and push the scope through the Vista. Use standard techniques (see flow chart) to tether the ileum and reach further depths.

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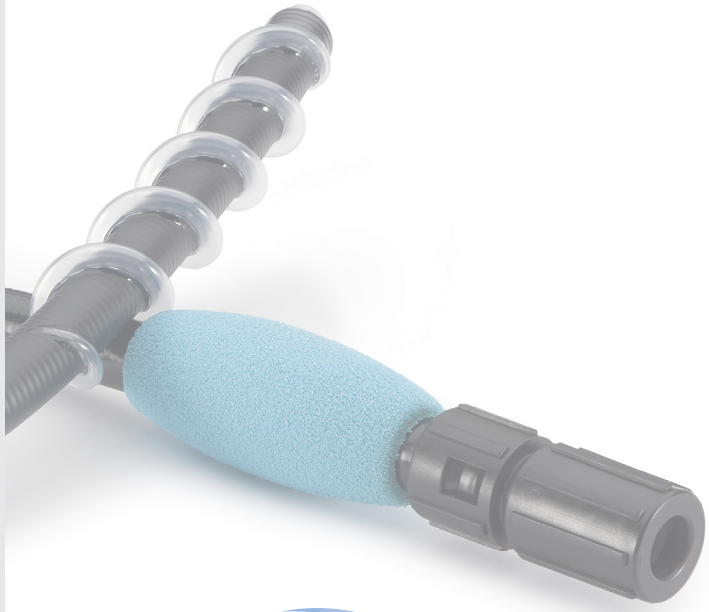
COLONOSCOPY *and* ILEOSCOPY



Endo-Ease vista™ retrograde

TECHNIQUES

VISTA® TECHNIQUE FOR COLONOSCOPY AND ILEOSCOPY

The Vista can be back-loaded onto the scope before insertion begins. The scope can then be independently inserted through the recto-sigmoid using techniques preferred by the physician. The Vista is then rotated and pushed over the scope, locked at the scope's 120cm mark, and advanced as a coupled unit.