Standardized External Compression in Colonoscopy

A Colorectal Surgeon's Experience Replacing Manual Pressure

Benjamin Gough, DO, FACS · Colon and Rectal Surgery

Starting at 11:30 AM · Dr. Gough at Booth 1415 from 12:00 to 1:00 PM

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A Colorectal Surgeon's Experience Replacing Manual Pressure



Benjamin Gough, DO, FACS

Colon and rectal surgeon, central Texas · Community practice with a multi-day-a-week endoscopy schedule

Presented by ColoWrap, Inc. Dr. Gough is compensated by ColoWrap for this presentation. Non-CME.

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Her third failed colonoscopy.

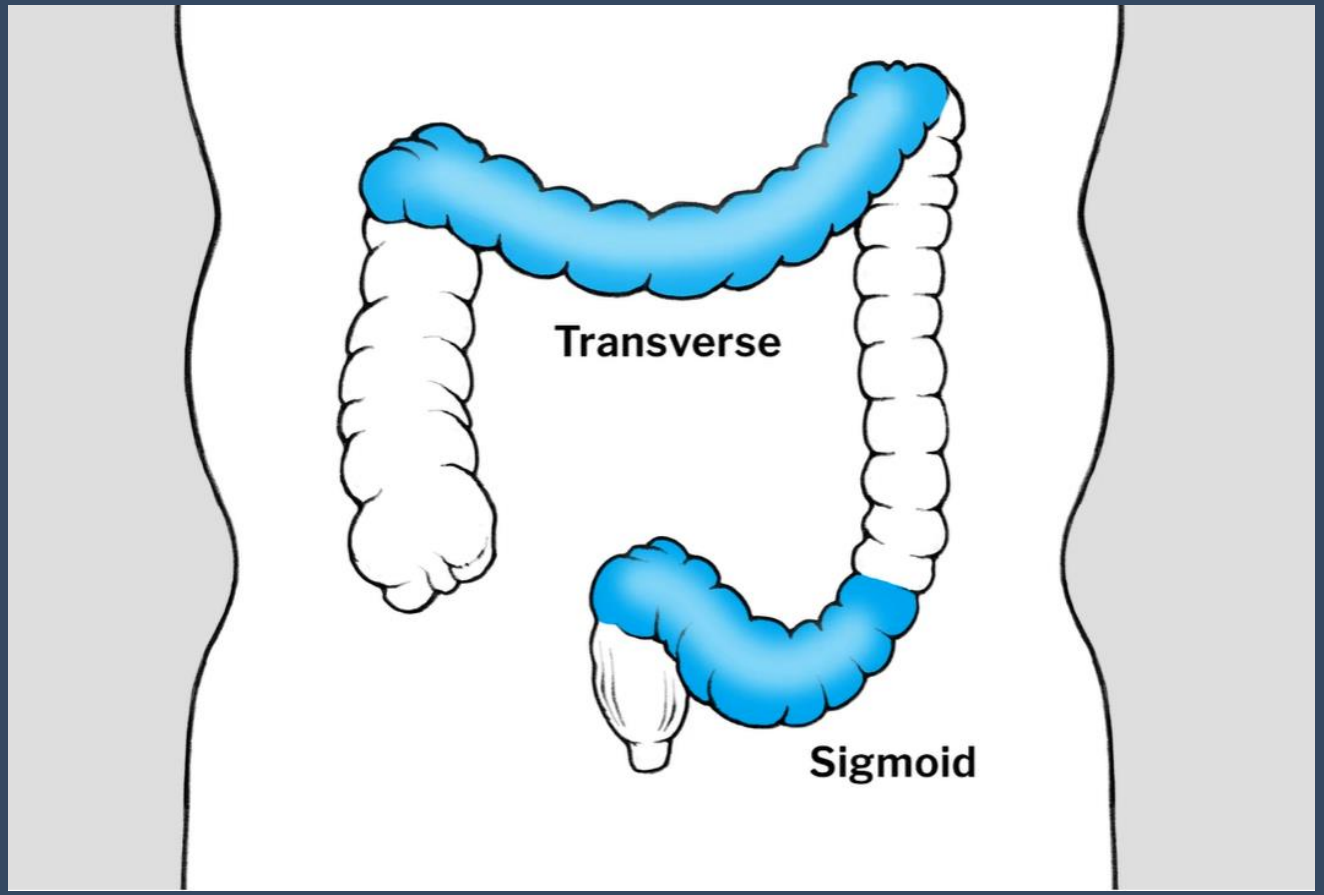
Three sets of hands on her abdomen.

We never reached the cecum.

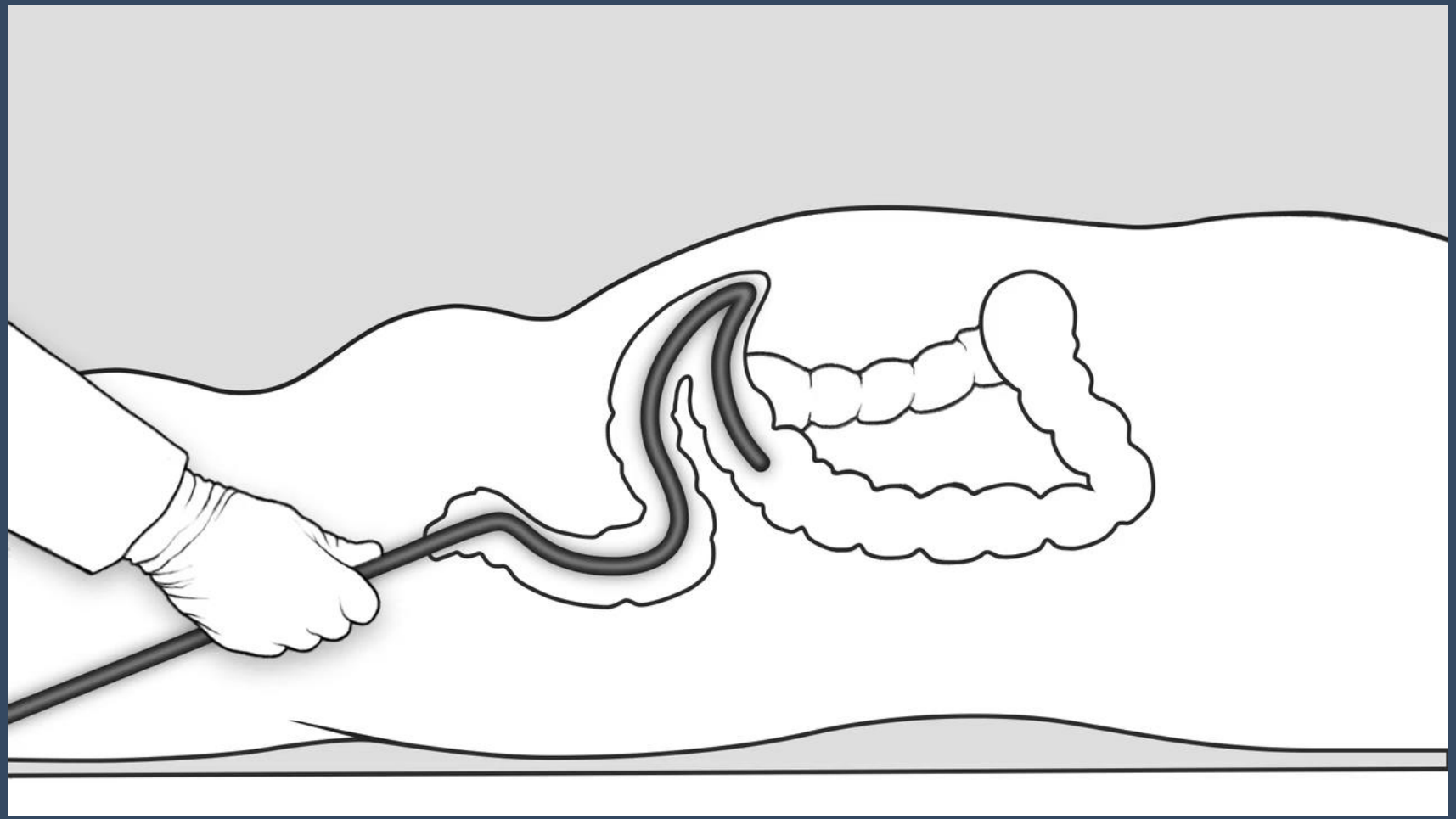
Two fixed. Two mobile. The same two, every time.

Fixed
Ascending. Descending. Pinned to the retroperitoneum.

Mobile
Sigmoid. Transverse. On a mesentery — free to loop.



Sigmoid loops up. Transverse loops down.



Manual pressure is an intervention. Nothing about it is standardized.

Who

Whoever is free. It's rare you have the same team week after week.

Where

"Hoping it hits the right spot." A saggy transverse, a hand above it — luck of the draw.

How hard

"Who knows — that's not part of our training." Five seconds works. Five minutes, the arm tires and the pressure is gone.

When

After the loop has formed — trapping it — and again on the next one.

Four variables — managed while you're looking away from the screen.

Make the mobile segments fixed.

Standardized external compression — the same setup, every patient, before the scope goes in.



“With the wrap on, you know the segments are locked in place. You’re moving through a fixed structure.”

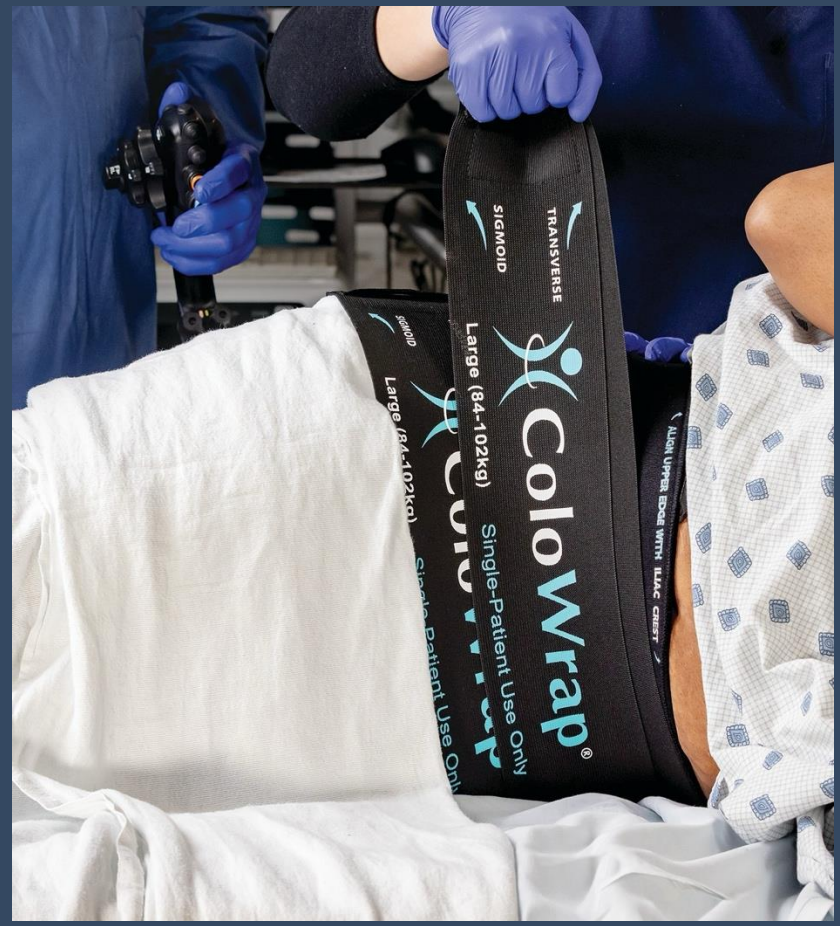
— his first case with ColoWrap

Purpose-built for colonoscopy

1. **Two straps, two mobile segments**
   Sigmoid and transverse

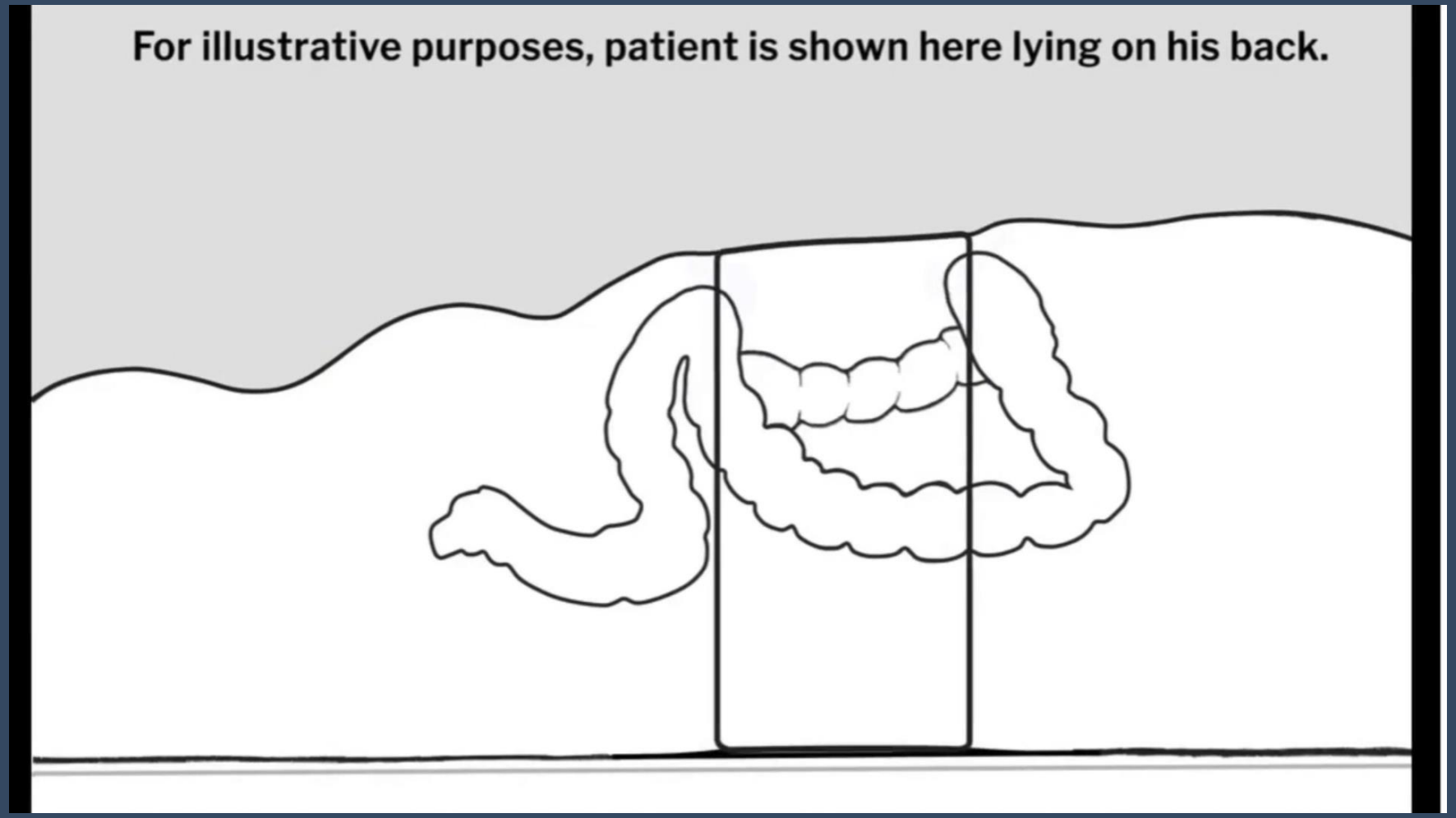
2. **Adjustable with the scope in**
   From the endoscopist's side

3. **Dispersed, not pointed**
   The same pressure, start to finish



Designed and tested for colonoscopy: 350-patient randomized, sham-controlled trial (Crockett 2016).

Watch the scope pass the sigmoid and the transverse



What changed: consistency

Consistency

Same reductions, same places.

Time

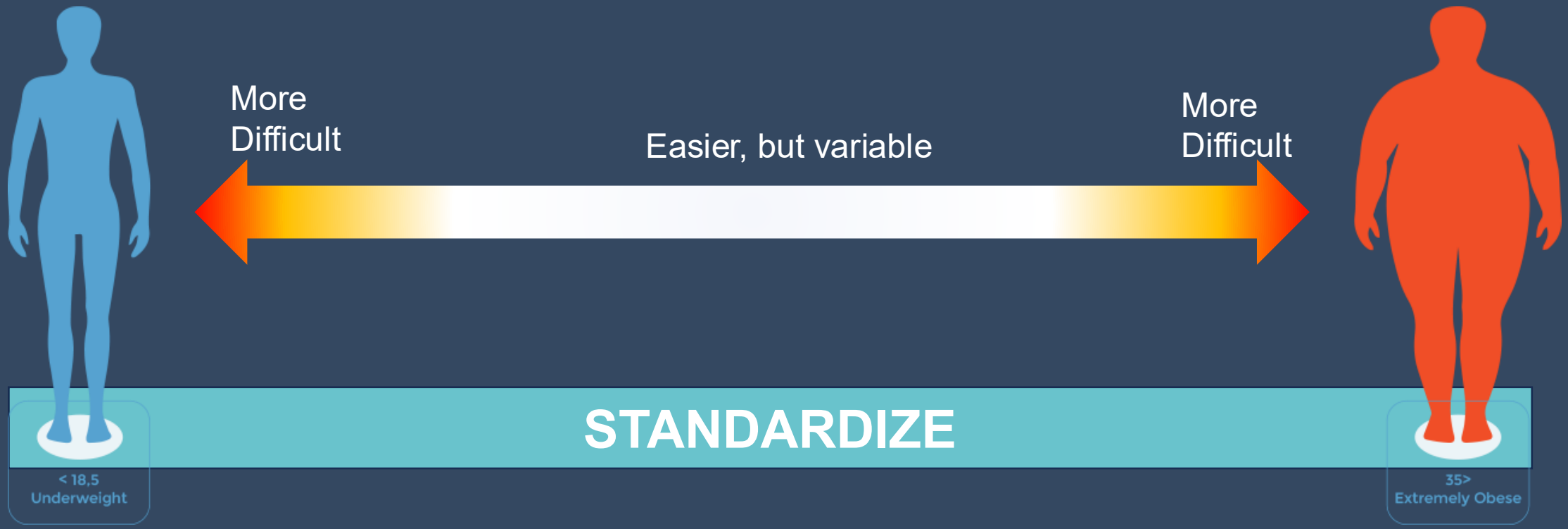
Ten minutes back, every scope.

Energy

The frustrating days went away.

The scopes get done either way. The point is what it costs to get them done.

Who I use it on: everyone



My workflow — the same way, every time

1

Pre-op

In-serviced nurses place the primary strap. Secondaries stay loose.

2

Induced, left lateral, time-out done

I set both secondary straps myself — lower at the pannus, upper into the epigastrium.

3

Redundant transverse at the hepatic flexure

Tighten the upper strap. 5–10% of cases. The lower strap almost never moves.

4

At the cecum

Release the secondaries. Loops already reduced. Take your time on the way out.

The numbers

1–2%

of cases need manual pressure

down from 50–60%

2–4 min

cecal intubation, typical

~15 min

total case, full withdrawal

10 min

back on every 30-minute slot

“a 30-minute lunch, or your inbox — free time is free time”

What the evidence says

23% faster cecal intubation in obese patients, and half as many prolonged procedures [1]

Up to 90% of procedures with no manual compression or repositioning [1, 2, 3]

85% reduction in nurse-reported musculoskeletal pain [4]

3 in 4 physicians reported significantly less physical strain [5]

1 Crockett et al., Clin Gastroenterol Hepatol 2016 — 350-subject randomized, sham-controlled trial, UNC-Chapel Hill · 2 Crockett et al., Gastrointest Endosc 2013 · 3 Spanarkel et al., SAGES 2014 · 4 Crockett et al., Gastroenterol Nurs 2021 (randomized controlled trial) · 5 Gross et al., Am J Gastroenterol 2022 (real-world evidence)

If you’re going to try it

1. All in for two weeks — every patient, not just the ones you expect to be hard.
2. Set the straps up front. Learn where you tighten.
3. It reduces loops; it doesn’t eliminate them. It makes the reduction consistent.
4. Get in a rhythm. Then decide.

“It doesn’t mean you’re bad at scoping. It means you’re forward-thinking about your patients, your staff, and your career.”

Questions

Booth 1415 · Dr. Gough there 12:00–1:00

Try it on.

Booth 1415 — now.

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