Endoluminal endoscopy and natural orifice surgery

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Flexible or rigid endoscopes are introduced into hollow organs or systems, such as the urinary tract, upper or lower gastrointestinal tract and the respiratory and vascular systems. Advances in endoluminal technology now enable more complex procedures to be completed endoscopically where previous transabdominal or transthoracic surgical resection would have been advocated. Examples include endoscopic submucosal resection of complex colonic polyps, transanal endoscopic microsurgery and endobronchial laser resection of tracheal pathology . Natural orifice translumenal endoscopic surgery (NOTES) o ff ers the opportunity for ‘scar-free’ surgery by performing entire procedures via natural body orifices. While these tech niques have been applied in the pelvis, abdomen and thorax, technical limitations and safety concerns have limited adop tion. Concern over closure of the visceral puncture site is the principal issue that has prevented widespr ead uptake, as trans gastric and transcolonic closure of peritoneal entry sites in a safe manner remains problematic. In addition, there ar nificant cost and training implications that have limited more widespread adoption. Endoluminal endoscopy and natural orifice surgery

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Revision #1
Created 2025-12-31 15:07:57 UTC by Omar Ayman
Updated 2025-12-31 15:07:57 UTC by Omar Ayman