

Single- double-balloon enteroscopy

Single-/double-balloon enteroscopy

This technique allows the direct visualisation of and therapeutic intervention for the entire small bowel and may be attempted via either the oral or rectal route. Double-balloon enteroscopy involves the use of a thin enteroscope and an overtube, which are both fitted with a balloon. The procedure is usually carried out under general anaesthesia but may be undertaken with the use of conscious sedation. The enteroscope and overtube are inserted through either the mouth or anus and steered to the proximal duodenum/ terminal ileum in the conventional manner. Following this the endoscope is advanced a small distance in front of the overtube and the balloon at the end is inflated. Using the assistance of friction at the interface between the enteroscope and intestinal wall, the small bowel is accorioned back to the overtube. The overtube balloon is then deployed and the enteroscope balloon is deflated. The process is then continued until the entire small bowel is visualised (Figure 9.12). In single-balloon enteroscopy , developed more recently , an enteroscope and overtube are used, but only the overtube has a balloon attached. A full range of therapeutics including diagnostic biopsy , polypectomy , APC and stent insertion are available for balloon enteroscopy . Some experts advocate routine capsule endoscopy before balloon enteroscopy in an attempt to localise any lesions and plan whether oral or rectal access is more appropriate. The Summary box 9.6 Current established indications for single-/double- balloon endoscopy /uni25CF /uni25CF /uni25CF indications for single-/double-balloon endoscopy are given in Summary box 9.6 .

(b) (d) Battery Optical dome Lens
Transmitter Light-emitting diode
(LED) Antenna Processor Bleeding
from the gastrointestinal tract of
obscure cause Iron deficiency

anaemia with normal colonoscopy and gastroscopy Visualisation of and therapeutic intervention for abnormalities seen on traditional small bowel imaging/capsule endoscopy Figure 9.11 Complete diagnostic visuali

sation of the small bowel can be achieved with capsule endoscopy (a) . The structure of the capsule is shown in (b) . Clear muco

sal pictures can be achieved, here showing angioectasias (arrow) (c) and small bowel . Crohn's disease (d)

Single-/double-balloon enteroscopy

This technique allows the direct visualisation of and therapeutic intervention for the entire small bowel and may be attempted via either the oral or rectal route. Double-balloon enteroscopy involves the use of a thin enteroscope and an overtube, which are both fitted with a balloon. The procedure is usually carried out under general anaesthesia but may be undertaken with the use of conscious sedation. The enteroscope and overtube are inserted through either the mouth or anus and steered to the proximal duodenum/ terminal ileum in the conventional manner. Following this the endoscope is advanced a small distance in front of the overtube and the balloon at the end is

inflated. Using the assistance of friction at the interface between the enteroscope and intestinal wall, the small bowel is accorded back to the overtube. The overtube balloon is then deployed and the enteroscope balloon is deflated. The process is then continued until the entire small bowel is visualised (Figure 9.12). In single-balloon enteroscopy , developed more recently , an enteroscope and overtube are used, but only the overtube has a balloon attached. A full range of therapeutics including diagnostic biopsy , polypectomy , APC and stent insertion are available for balloon enteroscopy . Some experts advocate routine capsule endoscopy before balloon enteroscopy in an attempt to localise any lesions and plan whether oral or rectal access is more appropriate. The Summary box 9.6 Current established indications for single-/double- balloon endoscopy /uni25CF /uni25CF /uni25CF indications for single-/double-balloon endoscopy are given in Summary box 9.6 .

(b) (d) Battery Optical dome Lens
Transmitter Light-emitting diode
(LED) Antenna Processor Bleeding
from the gastrointestinal tract of
obscure cause Iron deficiency
anaemia with normal colonoscopy
and gastroscopy Visualisation of
and therapeutic intervention for
abnormalities seen on traditional
small bowel imaging/capsule
endoscopy Figure 9.11 Complete

diagnostic visuali

sation of the small bowel can be achieved with capsule endoscopy (a) . The structure of the capsule is shown in (b) . Clear muco

sal pictures can be achieved, here showing angioectasias (arrow) (c) and small bowel . Crohn's disease (d)

Single-/double-balloon enteroscopy

This technique allows the direct visualisation of and therapeutic intervention for the entire small bowel and may be attempted via either the oral or rectal route. Double-balloon enteroscopy involves the use of a thin enteroscope and an overtube, which are both fitted with a balloon. The procedure is usually carried out under general anaesthesia but may be undertaken with the use of conscious sedation. The enteroscope and overtube are inserted through either the mouth or anus and steered to the proximal duodenum/ terminal ileum in the conventional manner. Following this the endoscope is advanced a small distance in front of the overtube and the balloon at the end is inflated. Using the assistance of friction at the interface between the enteroscope and intestinal wall, the small bowel is accorded back to the overtube. The overtube balloon is then deployed and the enteroscope balloon is deflated. The process is then continued until the entire small bowel is visualised (Figure 9.12). In single-balloon enteroscopy , developed more recently , an enteroscope and overtube are used, but only the overtube has a balloon attached. A full range of therapeutics including diagnostic biopsy , polypectomy , APC and stent insertion are available for balloon enteroscopy . Some experts advocate routine capsule endoscopy before balloon enteroscopy in an attempt to localise any lesions and plan whether oral or rectal access is more appropriate. The Summary box 9.6 Current established indications for single-/double- balloon enteroscopy /uni25CF /uni25CF /uni25CF indications for single-/double-balloon enteroscopy are given in Summary box 9.6 .

(b) (d) Battery Optical dome Lens
Transmitter Light-emitting diode
(LED) Antenna Processor Bleeding
from the gastrointestinal tract of
obscure cause Iron deficiency
anaemia with normal colonoscopy
and gastroscopy Visualisation of
and therapeutic intervention for
abnormalities seen on traditional
small bowel imaging/capsule
endoscopy Figure 9.11 Complete
diagnostic visuali
sation of the small bowel can be
achieved with capsule endoscopy
(a) . The structure of the capsule is

shown in (b) . Clear muco

sal pictures can be achieved, here showing angioectasias (arrow) (c) and small bowel . Crohn's disease (d)

Revision #1

Created 2025-12-31 15:32:09 UTC by Omar Ayman

Updated 2025-12-31 15:32:09 UTC by Omar Ayman