Introduction

First multi-centre UK experience of colonic resections with the novel endoscopic full thickness resection device (FTRD).

FTRD

Novel tool, based on the over-the-scope clip (OTSC®) system, designed by Ovesco Endoscopy AG., for therapeutic full-thickness resection of colonic and rectal lesions.

Compatibility with all commercially available endoscopes, the FTRD System Set includes:

- Forceps for grasping of the target tissue and retrieval into cap.
- Cap with ready to use mounted FTRD clip and fitted snare. The clip ensures secure closure of potential defect before transection of tissue.
- Marker probe facilitates delineation, detection and complete resection of lesions.
- Hand wheel and thread retriever. Turning the wheel releases the clip and firmly immobilises the target tissue.

Outcomes

Indications:
- 14 non-lifting adenomas
- 7 submucosal lesion
- 8 incomplete T1 tumour resection

28/29 (96.5%) target lesion were reached with FTRD

26/29 (89.7%) technical success (macroscopically)

5 Median total procedure time: 38 mins (10 - 80)

5 Median resection time: 5 mins (2 - 36)

5 Median specimen size: 22 mm (13 - 30)

Follow-up

- No immediate or delayed complications
- 13/26 (50%) of patients have undergone follow-up
- 11/13 (84.6%) had R0 resection at index e-FTR.
- 2/13 (15.4%) patients demonstrated residual/recurrent lesion. Both patients were R1 resections at index e-FTR.
- FTRD clip remained in situ in 2/13 (15.4%) of cases.

Technical Difficulties

- 10/29 (34.5%) cases experienced technical difficulties.
- 1 lesion could not be reached with FTRD device, due to sigmoid diverticular segment.
- 2 lesions could not be introduced into the FTRD cap.
- Of those where e-FTR could be completed there were technical difficulties in a further 7/26 (26.9%)
  - 5 due to snare failure (R0 still achieved in 4/5 by use of further snare after successful deployment of FTRD clip).
  - 2 slipped from forceps during clip deployment.

Conclusion

- FTRD system is a promising technique allowing full thickness resection of difficult polyps that would otherwise require surgery.
- Our data demonstrates that it is a safe and effective technique requiring a short but significant learning curve before outcomes similar to European case series are achieved.
- The UK registry is an essential tool for recording outcomes, as to standardise practice and facilitate analysis, reflection and training. Its effectiveness will be enhanced by real-time online completion.

Sites

We acknowledge the following sites for their contribution to the UK FTRD Registry: 1University Hospital Southampton, Southampton, 2Russells Hall Hospital, Dudley, 3Queen Alexandra Hospital, Portsmouth, 4Brighton & Sussex University Hospital, Brighton, 5St. James’s University Hospital, Leeds, 6Musgrove Park Hospital, Taunton.