

Clinical Uses of Spot®Ex Endoscopic Tattoo



Tattooing for Surgery



- Laparoscopic localization
- Faster surgeries¹ with lower risk of wrong site resection²

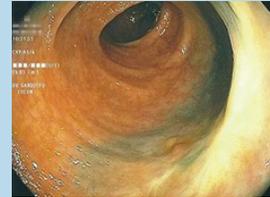
Tattooing of Complex Polyps

Large Polyp



- Risk of unknown dysplasia <2mm from biopsy margin
- Referring to therapeutic endoscopist or surgery

EMR or ESD



- Piecemeal resection (PEMR)
- Follow-up to monitor recurrence of residual adenoma tissue

Difficult-to-Detect

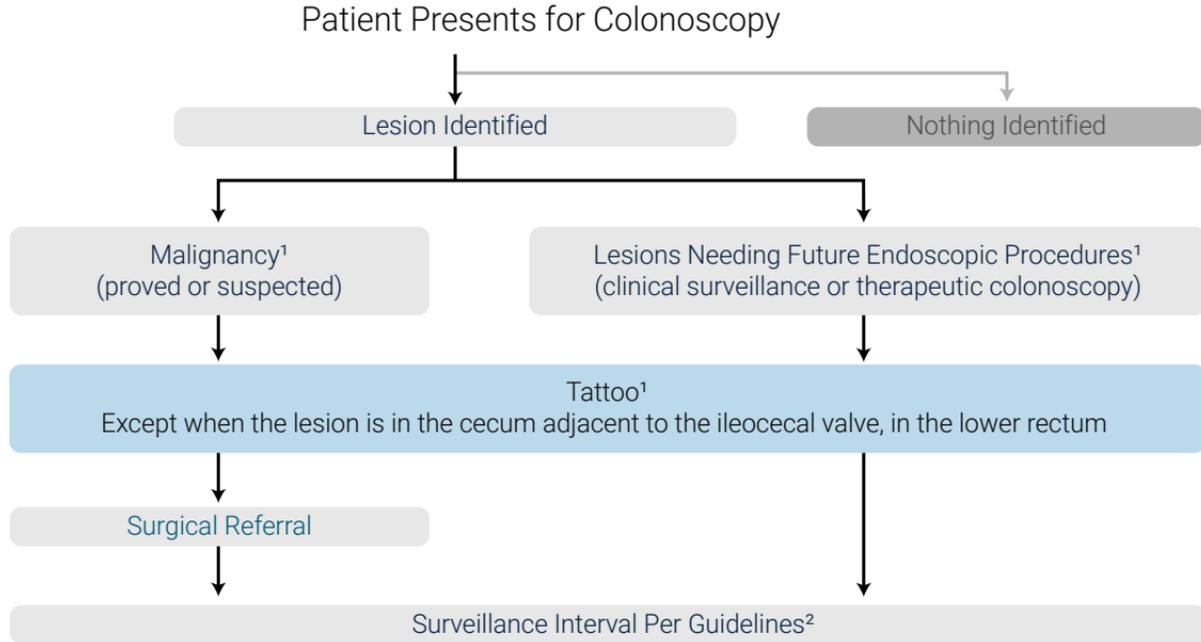


- Sessile serrated adenomas
- Proximal side of folds
- Transverse colon with few landmarks

1. Arteaga-Gonzalez I, et. al., The use of preoperative endoscopic tattooing in laparoscopic colorectal cancer surgery for endoscopically advanced tumors: a prospective comparative clinical study. World J Surg. 2006. 30(4):605-611.

2. Acuna SA, et. al., Preoperative localization of colorectal cancer: a systematic review and meta-analysis. Surg. Endosc. 2017; 31:2366-2379.

Evidence-Based Tattooing Protocol



References:

1. Ferlitsch M, et al. Colorectal polypectomy and endoscopic mucosal resection (EMR): European Study of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. J Endoscopy 2017; 49:270-297.
2. Lieberman DA, et al. Guidelines for Colonoscopy Surveillance After Screening and Polypectomy: a Consensus Update by the US Multi-Society Task Force on Colorectal. Gastroenterology. 2012;143:844-857



Visit gi-supply.com today to learn more about our product line.

Spot is a registered trademark of GI Supply, Inc.
GI Supply is an authorized distributor of Laborie Medical Technologies Corp. in the United States of America.
G-1478-03 | © 2021 GI Supply, Inc. | All rights reserved.

