

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

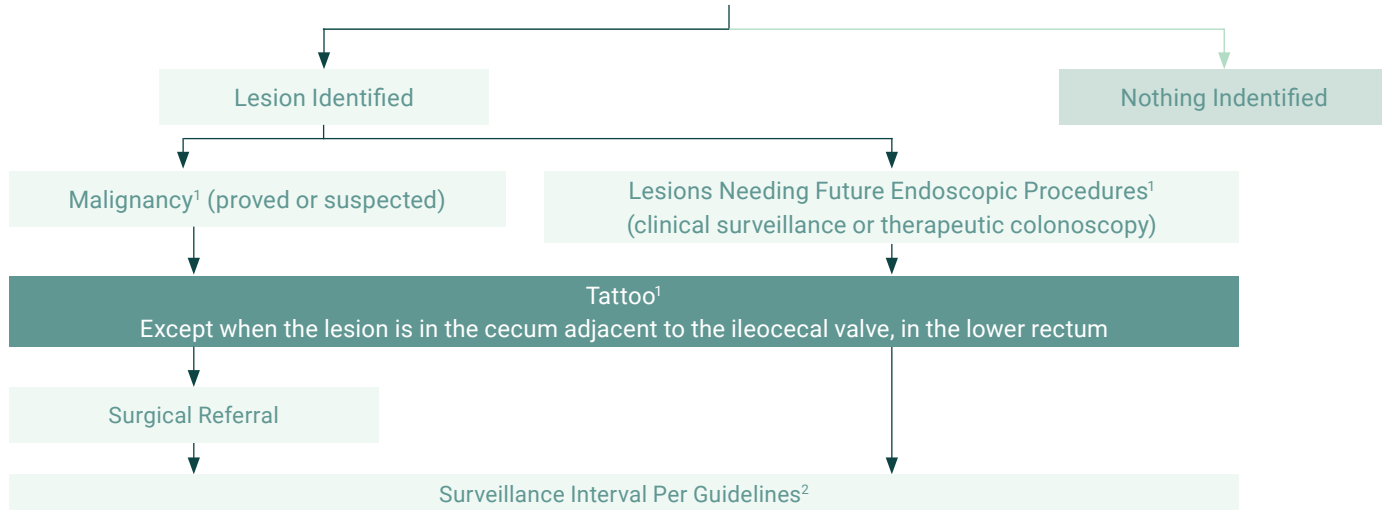


- Sessile serrated adenomas
- Proximal side of folds
- Transverse colon with few landmarks

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

PATIENT PRESENTS FOR COLONOSCOPY



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

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