

# Spot<sup>®</sup> Ex

Endoscopic Tattoo

GASTROENTEROLOGY  
Built on a Foundation of Clinical Evidence

## Clinical Surveillance



**SEED**  
SOCIEDAD ESPAÑOLA DE  
ENDOSCOPIA DIGESTIVA

### Durability Analysis Of An Endoscopic Marker For The Identification Of Locations In The Colon

Cano A, et. al. SEED. Toledo, Spain. 2017.

In 31 follow-up exams of patients previously tattooed with Spot, **100% were visible, up to 10 years later**



The American Journal of  
GASTROENTEROLOGY

### Long-term Visibility of Endoscopic Tattoos Using Sterile Carbon Suspension in a Pre-filled Syringe

Jackson FW. Am J Gastroenterol 2017; 112:S1-S45

In 121 follow-up exams of patients previously tattooed with Spot, **100% were visible, up to 11 years later**

#### Additional Published Clinical Studies:

- Kethu S, Banerjee S, Desilets D, et al. ASGE Technology Committee. Endoscopic Tattooing. Gastrointestinal Endosc. 2010; 72(4): 681-685. doi: 10.1016/j.gie.2010.06.020.
- Rex D. Driving Patient Safety With Endoscopic Tattooing. Gastroenterol & Endosc News. May 2015: 1-4.
- Luigiano C, Ferrara F, Morace C, et al. Adv Ther. 2012; 29(10): 864-873.
- Trakarnsanga A, Akaraviputh T. Endoscopic tattooing of colorectal lesions: Is it a risk-free procedure? World J Gastrointestinal Endosc. 2011; 3(12): 256-260.
- Cho YB, Lee WY, Yun HR, Lee WS, Yun SH, Chun HK. Tumor Localisation for Laparoscopic Colorectal Surgery. World J Surg. 2007; 31: 1491-5.
- Askin MP, Waye JD, Fiedler L, Harpaz N. Tattoo of colonic neoplasms in 113 patients with a new sterile carbon compound. Gastrointestinal Endosc. 2002; 56: 339-342.
- McArthur CS, Roayaie S, Waye JD. Safety of preoperation endoscopic tattoo with India ink for identification of colonic lesions. Surg Endosc. 1999; 13: 397-400.
- Shatz BA, Weinstock LB, Swanson PE, Thyssen EP. Long-term safety of India ink tattoos in the colon. Gastrointestinal Endosc. 1997; 45: 153-6.
- Nizam R, Siddiqi N, Landas SK, Kaplan DS, Holtzaple PG. Colonic Tattooing with India ink: benefits, risks, and alternatives Am J Gastroenterol. 1996; 91: 1804-8.

## Surgical Localisation



### SURGICAL ENDOSCOPY

#### Preoperative localisation of colorectal cancer: a systematic review and meta-analysis

Acuna SA, et. al., Surg. Endosc. 2017; 31:2366-2379

Tattooing outperforms traditional colonoscopy **across 38 separate studies**

### World Journal of Surgery

#### The Use of Preoperative Endoscopic Tattooing in Laparoscopic Colorectal Cancer Surgery for Endoscopically Advanced Tumors: 2015

Arteaga-Gonzalez I, et. al., World J Surg. 2006. 30(4):605-611.

Endoscopic tattooing **reduces Operating Case Time by 40 minutes**

#### Additional Published Clinical Studies:

- Ibrahim-Abdelaziz D, Monzur F, Abdi T, Jackson P, Haddad N. Preoperative Localisation of Colorectal Tumors with Endoscopic Tattooing for Laparoscopic Surgery. J Clin Trials. 2015; 6(3). doi: 10.4172/2167-0870.1000227.
- Arteaga-Gonzalez, I, Martin Malagon, A, Lopez-Tomassetti Fernandez, E, Arranz-Dura', J, Parra-Blanco, A, Nicolas-Perez, D, Quintero-Carrion, E, Diaz Luis, H, Carrillo-Pallares, A.: The Use of Preoperative Endoscopic Tattooing in Laparoscopic Colorectal Cancer Surgery for Endoscopically Advanced Tumors: A Prospective Comparative Clinical Stud. W. J Surgery: 2006
- Garg V, Alvarado N, Raju R. CT-guided percutaneous administration of Spot® sterile carbon stain to a single F-18 FDG positive mesenteric lymph node to allow identification during subsequent laparoscopic resection. Abdom Imaging. 2014; 39(5): 1134-6.
- Kirchoff DD, Hang JH, Cekic V, et al. Endoscopic Tattooing to Mark Distal Margin for Low Anterior Rectal and Select Sigmoid Resections. Surg Innov. 2014; 21(4): 376-380. doi: 10.1177/1553350613507147.
- Conaghan PJ, Maxwell-Armstrong CA, Garrioch MV, Hong L, Acheson AG. Leaving a mark: the frequency and accuracy of tattooing prior to laparoscopic colorectal surgery. Colorectal Dis. 2011; 13: 1184-87. doi: 10.1111/j.1463-1318.2010.02423.x.
- Vaziri K, Choxi S, Orkin B. Accuracy of colonoscopic localisation. Surg Endosc. 2010; 24: 2502-05. doi: 10.1007/s00464-010-0993-2.
- Hwang MR, Sohn DK, Park JW, et al. Small-Dose India Ink Tattooing for Preoperative Localisation of Colorectal Tumor. J Laparosc & Ad Surg Tech. 2010; 20(9): 731-4. doi: 10.1089/lap.2010.0284.
- Yeung JMC, Maxwell-Armstrong C, Acheson AG. Colonic tattooing in laparoscopic surgery – making the mark? Colorectal Dis. 2008; 11: 527-530.
- Park JW, Sohn DK, Hong CW, et al. The usefulness of preoperative colonoscopic tattooing using a saline test injection method with prepackaged sterile India ink for localisation in laparoscopic colorectal surgery. Surg Endosc. 2008; 22: 501-5. doi: 10.1007/s00464-007-9495-2.

#### Additional Societies:

- Rex D, Schoenfeld P, Cohen J, et al. Quality Indicators for Colonoscopy. Am J Gastroenterol. 2014; 1-19. doi: 10.1038/ajg.2014.385
- Rees C, Bevan R, Zimmerman-Fraedrich K, et al. Expert opinions and scientific evidence for colonoscopy key performance indicators. Gut BMJ. 2016. <http://dx.doi.org/10.1136/gutjnl-2016-312043>
- SAGES. Guidelines for laparoscopic resection of curable colon and rectal cancer. 2012.

## Spot Ex Tattoos are Society Recommended<sup>2</sup>



**“Colonoscopic tattooing is performed to enable future identification, at colonoscopy or surgery, of malignant lesions (proven or suspected), polypectomy, EMR, or ESD sites, difficult-to-detect polyps, or dysplastic areas. All such lesions, other than those definitely located in the cecum, adjacent to the ileocecal valve, or in the low rectum, should be tattooed.**

**A sterile and biocompatible pre-packaged suspension...(Spot) has been developed...and this has enhanced the accessibility, ease of use, and safety of the procedure.”<sup>1</sup>**

1. Fertlisch M, Moss A, Hassan C, et al. Colorectal polypectomy and endoscopic mucosal resection (EMR): ESGE Clinical Guidelines. Endoscopy. 2017;49

2. Societies recommend sterile carbon particle suspensions as preferred tattoo agents and Spot Ex is a sterile carbon particle suspension.

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