Usefulness of Smart Shooter® for Colorectal Endoscopic Submucosal Dissection

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Abstract

Objectives: For safe and speedy [illegible] spee

Figure 2: Smart Shooter® with a treatment device attached is inserted into an endoscope.

	Smart Shooter® group (N=13)	**Conventional group (N=13)**	
Average age, years (± SD)	68.6 ± 13.6	70.8 ± 12.7	N.S.
Sex (male/female)	8/5	10/3	N.S.
Lesion location (rectum/sigmoid to splenic flexure/splenic flexure to cecum)	2/3/8	2/5/6	N.S.
Long diameter of tumor, mm (±SD)	36.0 ± 14.1	36.4 ± 24.6	N.S.
Long diameter of resected specimen, mm	43.3 ± 13.1	43.6 ± 25.0	N.S.
Area of resected specimen, mm^2 (±SD)	1184.6 ± 691.0	1315.4 ± 1299.6	N.S.
Pathological diagnosis (adenoma/ intramucosal cancer/ submucosal cancer)	3/10/0	6/6/2	N.S.

We are planning to conduct a multicenter, prospective, randomized study to verify the true usefulness of the device.

In conclusion, we noted no significant adverse event associated with the use of Smart Shooter® in colorectal ESD. The use of the device reduced the procedure time and improved the dissection speed. It also reduced the incidence of postoperative fever and improved adherence to the clinical path, suggesting that Smart Shooter® is a useful device that allows for more safe and speedy colorectal ESD.

Conflict

Smart Shooter® was developed jointly by TOP Corporation, Tokyo, Japan, and the author. After the device has been marketed, its patent royalty will be paid to the author.

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