

Direct anorectal intubation during colonoscopy: a logical new paradigm



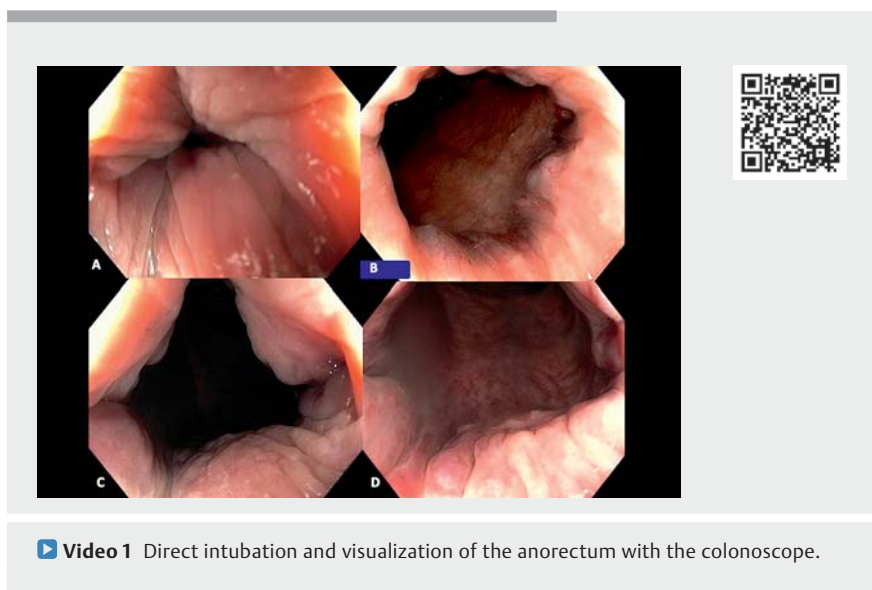
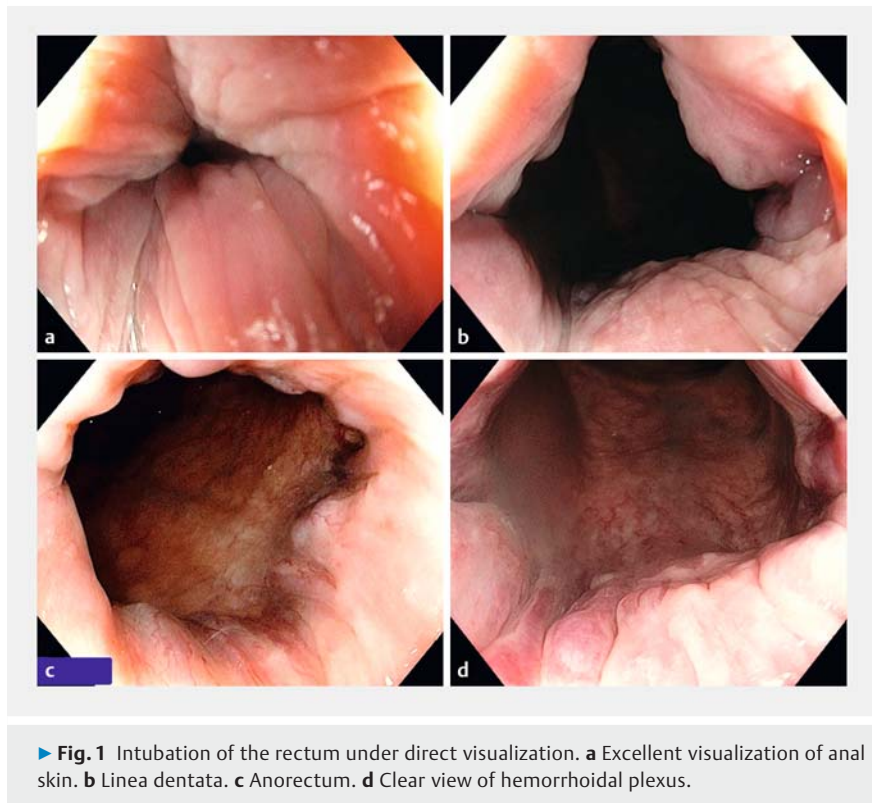
Traditionally, endoscopists are trained to introduce the colonoscope blindly through the anus using the finger as a guide, and then start the mucosal inspection [1]. This practice of blindly introducing the tip of the scope originated during the era of fiberoptic endoscopy, but has remained standard despite the availability of wide-angle viewing video colonoscopy techniques, which practically allow for a complete and detailed inspection of the perineal and anal areas. Indeed, video gastroscopes were also inserted blindly into the esophagus until the last century. Nevertheless, now it is standard to insert video gastroscopes under direct vision and inspect the hypopharynx and vocal cord areas as well. This video demonstrates the feasibility, practicality, and potential advantages of performing direct intubation and visualization of the anorectum with the colonoscope, which we have practiced since 2001 (► **Fig. 1**, ► **Video 1**).

The availability of high-definition white light and the capability of wide-angle viewing of modern colonoscopes allow the endoscopist to improve the diagnosis of anorectal pathologies owing to better inspection of skin and anorectal mucosa. In conclusion, intubation of the rectum under direct visualization is easy and logical, and allows for excellent visualization of the anal canal and rectum. Blind intubation using the fingers does not make sense when using modern wide-angle viewing colonoscopes as direct endoscopic intubation of the anus and rectum under direct visualization is easy, logical, and allows for excellent visualization of this area.


Endoscopy_UCTN_Code_CCL_1AD_2A]

Competing interests

The authors declare that they have no conflict of interest.



The authors

Alvaro Martínez-Alcalá¹  **Kiril Manovski¹,**
Klaus Mönkemüller^{1,2,3,4,5}

- 1 Department of Gastroenterology, Aneos Teaching University Hospital (Otto-von-Guericke University – Magdeburg), Halberstadt, Germany
- 2 Department of Gastroenterology, Helios Frankwaldklinik, Kronach, Germany
- 3 University of Belgrade, Belgrade, Serbia
- 4 Department of Gastroenterology “Prof. Carolina Olano,” Hospital de Clínicas, Universidad de la República, Montevideo, Uruguay
- 5 Virginia Tech Carilion Medical School, Roanoke, Virginia, USA

Corresponding author

Klaus Mönkemüller, MD, FJGES (Japan)
Department of Gastroenterology, University Teaching Hospital – Aneos Klinikum Halberstadt, Gleimstraße 5, 38820 Halberstadt, Germany
moenkemueller@yahoo.com

Reference

- [1] Choy MC, Matharoo M, Thomas-Gibson S. Diagnostic ileocolonoscopy: getting the basics right. *Frontline Gastroenterol* 2020; 11: 484–490

Bibliography

Endoscopy 2023; 55: E488–E489

DOI 10.1055/a-2025-0284

ISSN 0013-726X

© 2023. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply, discounts and waivers acc. to HINARI are available.

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>