

# Creo Medical Advanced Energy

Clinical Resources

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MEDICAL

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**Creo Medical is transforming lives through the development and delivery of minimally invasive devices, by bringing Advanced Energy to the emerging field of therapeutic endoscopy.**

The following list contains publications on ESD/POEM/EMR patient procedures, where clinicians around the globe have utilised Creo Medical's Advanced Energy devices.

These papers, abstracts and case studies were compiled based on a significant contribution to the therapeutic endoscopy/ third space endoscopy field and their effectiveness in improving patient outcomes.

# Key Abstracts

# Key Abstracts

ESD Procedure		36 Patients
<b>TITLE</b>	<p><b><u>A Multicenter Asian Experience With SSD Knife: Simplifying Endoscopic Submucosal Dissection (ESD) For Novice Endoscopists With A Focus On Learning Curve And Safety</u></b></p> <p>Nich Paibulsirijit, Nathapong Wiriyakulnun, Jitpanu Wongyongsil, Thanikan Sukaram, Pobsook Tawainak, Ayako Kubota, Kuniyama Uchita, Hon Chi Yip, Ken Ohata, Roser Vega, Pradermchai Kongkam (2025)</p>	
<b>HYPOTHESIS</b>	<p>SSD is a novel endoscopic submucosal dissection (ESD) device designed to enhance procedural safety and efficacy. Its intuitive design allows for easier adoption, even by endoscopists with limited prior ESD experience. This study explores the safety and efficacy of SSD in colonic polypectomy, highlighting its utility for early learners.</p>	
<b>CONCLUSION</b>	<p>SSD demonstrates high efficacy and safety for colonic polypectomy, even in the hands of novice endoscopists. Its intuitive design facilitates rapid learning, making it a promising tool for broader clinical adoption. The international collaboration involved in training further underscores its global potential and adaptability.</p>	

ESD Procedure		179 Patients
<b>TITLE</b>	<p><b><u>Clinical and performance outcomes of colorectal submucosal dissections using a novel advanced energy platform: a single prospective cohort observational study</u></b></p> <p>Zacharias Tsiamoulos, Muneer Abbas, Nipin Bagla, Roser Vega, Eduardo Albéniz, Mohan Ramchandani, Adolfo Parra-Blanco, Joseph Sebastian, Shady Zeidan (2024)</p>	
<b>HYPOTHESIS</b>	<p>The primary outcome was rate for en-bloc and conversion to piecemeal resection. Other clinical outcomes: Peri-endoscopic complications, unplanned surgery and surveillance were recorded. Polyp features (size, surface, location, morphology, and submucosal fibrosis), technical and procedural specifications, and dissection time and speed were also collected. Univariate and multivariate analyses were used to identify factors affecting performance in the whole cohort and across 3 different periods with equally distributed number of cases to assess the performance curve.</p>	
<b>CONCLUSION</b>	<p>This single centre prospective cohort study demonstrates that the Speedboat Inject is a safe and effective device with minimal complications. The S-ESD appears to be an acceptable modality to remove complex colorectal polyps in a timely manner even in larger polyp surface and higher degree of submucosal fibrosis. Over time, proficiency with the S-ESD modality resulted in quicker dissection as polyp surface increased across similar severity of submucosal fibrosis.</p>	

ESD Procedure		284 Patients
<b>TITLE</b>	<p><b><u>Speedboat-Assisted Endoscopic Submucosal Dissection for Giant Colon Polyps: Interim First Results of SSD / Audit Registry</u></b></p> <p>T Alexopoulos , S Zeidan , J Sebastian , K Hills , S Elkady , P Gatopoulos , N Bagla , Z Tsiamoulos (2025)</p>	
<b>HYPOTHESIS</b>	<p>Speedboat™ is a novel multimodal endosurgical device. It uses advanced bipolar energy for cutting/ dissection and high frequency microwave energy for coagulation. This study aims to evaluate the efficacy of Speedboat-assisted Endoscopic Submucosal Dissection (S-ESD) in the management of large complex colorectal polyps as well as the speed of dissection.</p>	
<b>CONCLUSION</b>	<p>Speedboat assisted endoscopic submucosal dissection is a safe, effective and efficient technique for en-bloc excision of average and giant colorectal lesions. Speed of dissection is higher in larger lesions, even in fibrotic lesions.</p>	

ESD Procedure		5 Patients
<b>TITLE</b>	<p><b><u>Circumferential endoscopic submucosal dissection (CESD) for early oesophageal squamous neoplasia with Advanced energy platform: description of the first five cases performed in a Western setting</u></b></p> <p>Adolfo Parra-Blanco, Eduardo Albéniz, Sergei Vosko, Zacharias Tsiamoulos, Jacobo Ortiz-Fernandez-Sordo, Guiomar Moral Villarejo, Miguel Fraile López, Marco Alvarez-Gonzalez, Philip Kaye (2024)</p>	
<b>HYPOTHESIS</b>	<p>Data from consecutive patients who underwent circumferential or almost circumferential ESD with 8 Fr Speedboat Inject (July-November 2023) for early squamous neoplasia in the oesophagus in three Western teaching hospitals were analysed prospectively.</p>	
<b>CONCLUSION</b>	<p>CESD for squamous neoplasia can be safely performed with SS without exchanging accessories. The low rate of stenosis with bipolar energy and preventative administration of steroids is promising and warrants further investigation</p>	

# Key Abstracts

	ESD Procedure	200 Patients
TITLE	<b><u>Endoscopic submucosal dissection as an alternative treatment for low-risk colorectal cancers</u></b> Muneer Abbas, Shady Zeidan, Nipin Bagla, Sudhakar Mangam, Kate Hills, Soad Elkady, Polychronic Gatopoulos, Iosif Beintaris, Joseph Sebastian, Zacharias Tsiamoulos (2023)	
HYPOTHESIS	To identify the number of patients with histological diagnosis of malignant polyps following a successful Speedboat-assisted Submucosal Dissection (SSD). We recorded the clinical and histopathological outcomes between 2018 and 2022.	
CONCLUSION	En-bloc resection for low-risk colorectal cancer using SSD appears to be feasible in selected cases. Surgery to harvest lymph nodes and ensure curative resection was performed in histologically adverse cases. Future research to predict deep submucosal malignant invasion and lymph nodes involvement is warranted.	

	POEM Procedure	19 Patients
TITLE	<b><u>Safety And Efficacy of the Novel Ultraslim Bipolar with Microwave Energy Flexible Catheter for Per Oral Endoscopic Myotomy in Patients with Achalasia: A Single-center Case Series</u></b> Carlos Robles-Medranda, Miguel Puga-Tejada, Jorge Baquerizo-Burgos, Maria Egas-Izquierdo, Juan Murillo, Cristina Elias-Berrezueta, Domenica Cunto, Daniela Tabacelia, Martha Arevalo-Mora, Hannah Pitanga-Lukashok, Juan Alcivar-Vasquez (2025)	
HYPOTHESIS	The investigators aimed to evaluate a single multi-modal device that integrates features for all demands required for POEM. Besides that, this tool includes a super high-frequency microwave in its tip, which offers the ability to cut, dissect, inject and coagulate.	
CONCLUSION	Speedboat is a promising tool with bipolar and microwave energy capabilities for the management of achalasia, having substantial improvement in 74% of cases, perceived as no GERD symptomatology within the first month after the procedure. Advantages this tool holds are: (1) clear margins due to a lower voltage than standard monopolar devices, (2) deeper dissection and clear view of the muscle bed due to the protective hull, (3) the use of a single device for the procedure, and (4) reduced mucosal tissue damage. Longer follow-up time and larger studies are required to validate this novel technology.	

	Zenker's Procedure	1 Patient
TITLE	<b><u>Simplified Zenker's diverticulum endoscopic myotomy performed with a new bipolar scissor device</u></b> Eduardo Albéniz, Zacharias Tsiamoulos, Roser Vega, Shi Jie Looi, Fermín Estremera-Arevalo, Marta Gómez Alonso, Saud Ishaq (2025)   Endoscopy. 2025 Jul 1;57(Suppl 1):E682–E683. doi: 10.1055/a-2615-1338	
HYPOTHESIS	We present the case of a 51-year-old man with symptomatic Zenker's diverticulum ( Video 1 ). This was treated by innovative adaption of the flexible endoscopic myotomy technique (Z-POEM) by using a novel scissor-knife device called Spyderblade (SB), which operates on an electro-surgical system utilizing bipolar radiofrequency energy for cutting and super-high-frequency microwaves for coagulation (CROMA platform).	
CONCLUSION	Minor technical modifications simplify the Z-POEM technique, and the incorporation of bipolar technology reduces the risk of complications and can be used in patients with implantable devices. This approach could make the Z-POEM technique more accessible to endoscopists with less experience in third-space endoscopic procedures.	

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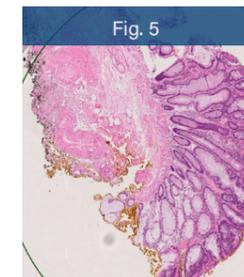


### SSD Using Advanced Energy on a Mid-Rectal Lateral Spreading Tumour with Focal Depression

Dr Iosif Beintaris, Consultant Gastroenterologist,  
North Tees and Hartlepool NHS Foundation Trust, UK

#### Patient History

A 70-year-old man with rectal bleeding and positive FIT was referred for colonoscopy, which picked up a 30 mm mid-rectal lateral spreading tumour with focal depression (LST NG-D) (Fig. 1). The case was discussed at the local multidisciplinary meeting where it was felt that the lesion may harbour high grade dysplasia and en-bloc resection should be attempted. The patient was counselled on risk, benefits and alternatives, and consented to undergoing submucosal dissection of the lesion.



#### Outcome

- En-bloc resection of the lesion was achieved. Histology spoke of a high-grade tubular adenoma (Fig. 5).
- No intraoperative/delayed complications were noted. This was a day-case procedure (same day discharge).

#### Conclusion

- This case highlights that SSD is an efficient technique for safe en-bloc resection (fig. 6) of advanced polyps of the colorectum. Alternatives for this lesion would be piecemeal EMR (due to size, en-bloc resection would be very difficult to achieve with a snare) that would have led to histopathological confusion with regards to completeness of resection, and TEMS/TAMIS (procedures requiring general anaesthetic and, often, in-hospital stay).

Read the full case study:



# Clinical Case Study



## Endoscopic Zenker's Diverticulotomy using SpydrBlade: Safe, controlled layer-by-layer dissection in a high risk patient

Dr. Carsten Triller, Head Physician, Gastroenterology. Städtisches Krankenhaus Heinsberg GmbH

### Patient History

A 78-year-old male presented with chronic dysphagia and recurrent aspiration pneumonia. His past medical history included emphysema, cachexia, coronary heart disease, and active antiplatelet therapy (clopidogrel), placing him at high risk for surgical and bleeding complications whilst under general anesthesia.

Endoscopic evaluation revealed a 3 cm Zenker's diverticulum, with significant retention and pooling of saliva and food debris (Fig 1). The patient was deemed unfit for surgery, and an endoscopic septotomy was planned.



### Outcome

- Dysphagia resolved immediately post-procedure. The patient resumed soft food intake within hours, experienced only moderate pain the next day. Laboratory follow-up revealed no elevation in CRP, and there were no signs of late bleeding during the follow-up period.
- The procedure was completed with clip closure of the mucosal defect (Fig. 10).

### Conclusion

- Early en-bloc dissection of colorectal neoplasias with limited invasiveness (Type 2A JNET classification) has been recognised as a preferential patient pathway that precludes the need for surgical intervention.

Read the full case study:



# Clinical Case Study



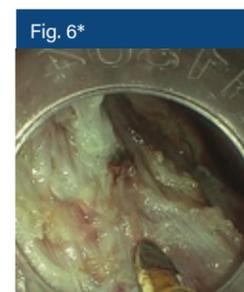
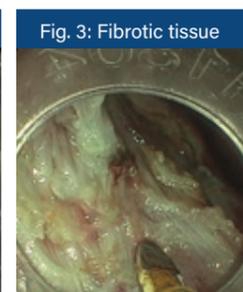
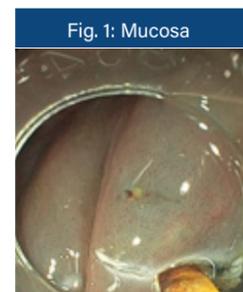
## Speedboat UltraSlim submucosal dissection in a polypoid recurrence with severe fibrosis

Dr. Eduardo Albéniz Arbizu  
Endoscopy Unit Consultant at Hospital Universitario de Navarra, Spain

### Patient History

A 75 year old male with a prior right colectomy for colon cancer. History of fragmented (piecemeal) endoscopic mucosal resection of a flat polyp in the descending colon one year ago. During the follow-up endoscopy, a recurrence of the lesion with a depressed centre due to scarring and with a tattoo extending to the distal part of the lesion was observed. Endoscopic evaluation showed a JNET IIb pattern, and the lesion size was approximately 25mm. Complete wall resection was considered but discarded due to the severe fibrosis of the area, after a trial with a plastic cap and foreign body forceps.

Finally, it was decided to perform an endoscopic submucosal dissection, opting for the Speedboat UltraSlim device to facilitate handling of the fibrosis.



### Outcome

- The histology of the lesion revealed an adenoma with high-grade dysplasia extending to the lamina propria [Fig. 5].
- The patient was discharged within 24 hours without any complications.

### Conclusion

- The reduced energy required during Advanced Bipolar RF and Super High Frequency Microwave decreases thermal damage. The hull allows navigation over the muscle and careful dissection of complex areas such as severe fibrosis. Speedboat UltraSlim can be used with tunneling dissection techniques but also with any type of traction [Fig.6].
- \*Fig. 6: Speedboat UltraSlim facilitates careful dissection of complex areas of severe fibrosis, while utilising lower and controlled energy to decrease thermal damage.

Read the full case study:



\*SSD - Speedboat Submucosal Dissection

# Clinical Case Study

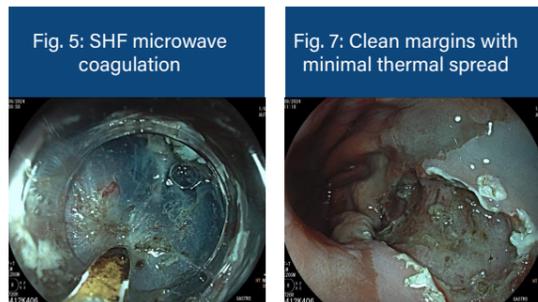
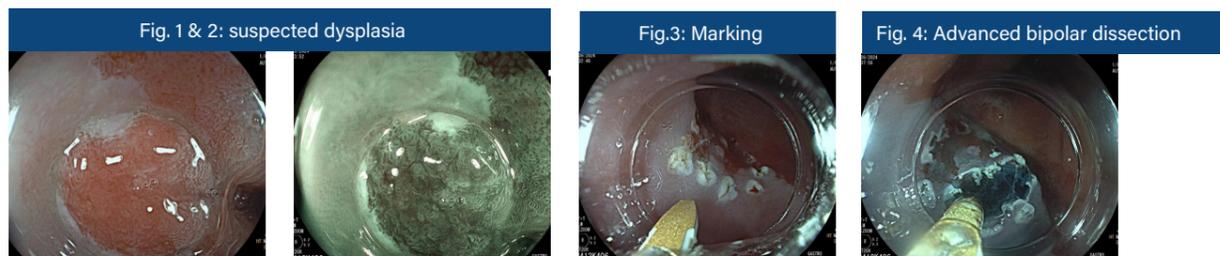


## Submucosal Dissection in Barrett's Early Cancer using Speedboat UltraSlim

Dr. Carsten Triller, Head Physician, Gastroenterology, Städtisches Krankenhaus Heinsberg GmbH

### Patient History

A 52-year-old male patient presented with reflux disease and a suspected C0M1 Barrett's oesophagus with high-grade dysplasia in random biopsies. Further evaluation revealed a localized 1x1 cm area at the 8:00 position, suspected for dysplasia (Fig. 1 & 2).



### Outcome

- Histological analysis confirmed a pT1sm1 cancer, with R0 resection margins exhibiting only negligible heat effects compared to monopolar resection, showing a previous case of Barrett's T1 cancer resected by EMR, with reddish and blurred resection margins. By lowering the voltage, histology samples can be improved with cleaner margins and in turn reduce undesired tissue effects such as charring which could occur with a monopolar alternative.
- A three-month follow-up showed no residual dysplasia, and RFA of the remaining Barrett's epithelium completed the treatment

### Conclusion

- Bipolar ESD with the new Speedboat UltraSlim™ device is a safe and effective treatment for dysplastic Barrett's oesophagus and early cancer, enhancing histological evaluation and reducing the need for surgical overtreatment.
- \* Fig.s 8-12 courtesy of MVZ Institut für Pathologie Würselen-Aachen, Prof. Handt, Dres. Breuer, Naomi. First published at ESGE Days 2025 (eP130)

Read the full case study:



# Clinical Case Study

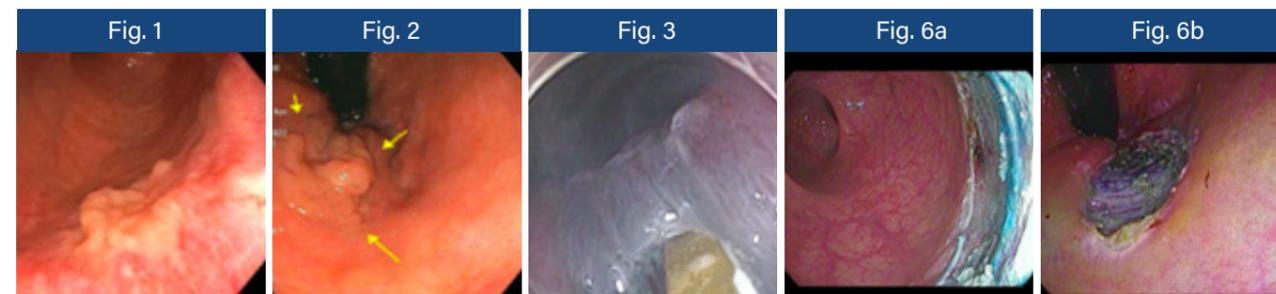


## SSD Using Advanced Energy for a LST- mixed lesion in the rectum extending to the dentate line

Dr. Salmaan Jawaid, MD, Therapeutic Endoscopist-Advanced Tissue Resection, Baylor College of Medicine, USA

### Patient History

A 54-year-old female presented for her initial screening colonoscopy and was found to have a 35mm LST-mixed lesion in the rectum extending to the dentate line (Fig. 1). The lesion demonstrated a central nodule and contained depressed areas within the periphery (Fig. 2). Biopsies revealed tubular adenoma with high-grade dysplasia. The referring physician initially referred the patient to the colorectal surgeons due to the proximity of the lesion to the dentate line and the potential for a high-grade lesion. After discussion with the patient and the colorectal surgeon, the patient was referred to us to consider endoscopic resection to avoid potential surgical complications and injury to the anal sphincter. After evaluating the lesion, the decision was made to pursue endoscopic submucosal dissection over endoscopic mucosal resection to provide the best chance for en bloc and curative resection. When determining which dissection knife and energy system to use, the decision was made to use Advanced Bipolar energy, instead of monopolar energy, to limit the amount of electrocautery applied past the dentate line, as this area of the anus can be quite sensitive to any manipulation. Moreover, using the Speedboat Inject device would allow quicker dissection by limiting the need for repeated instrument changes.



### Outcome

- The entire procedure was completed in 65 minutes with no immediate complications. The patient was discharged home after the procedure as she had no pain around the rectum. Even 24 hours after the procedure, the patient reported no pain. Final pathology revealed tubular adenoma with high-grade dysplasia with clear vertical and lateral margins, demonstrating a curative dissection.



### Conclusion

- Use of the Speedboat Inject devices singlehandedly allowed safe and efficient curative resection of a large rectal lesion that extended to the dentate line. Its successful implementation prevented a major surgery, which carries inherent long-term complications. Application of Advanced Bipolar energy prevented excessive thermal damage at the dentate line, thereby minimizing post-procedural pain and allowing expedient discharge of the patient.

Read the full case study:



# Clinical Case Study

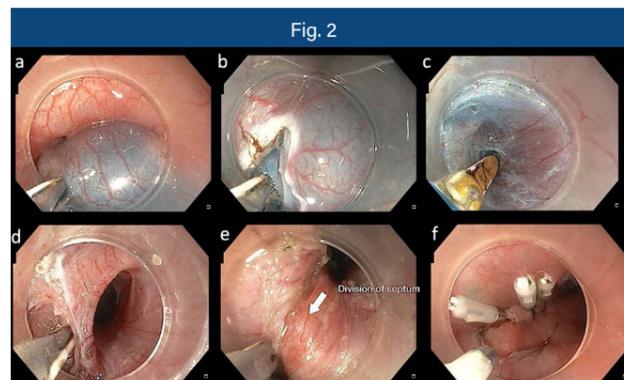
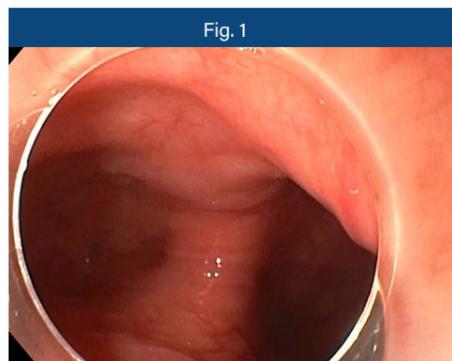


## POEM with Septotomy in a Case with Large Epiphrenic Diverticulum Using Novel Bipolar Speedboat™ Device

Dr Zaheer Nabi, Consultant Gastroenterologist, Asian Institute of Gastroenterology, Hyderabad, India

### Patient History

A 62-year-old gentleman presented with dysphagia to solids, regurgitation and chest pain for five-years. Evaluation with endoscopy revealed a dilated oesophagus and resistance at the gastroesophageal junction. In addition, a large epiphrenic diverticulum was noticed at the lower end of the oesophagus (fig. 1). High resolution oesophageal manometry suggested type I achalasia cardia. Per-oral endoscopic myotomy (POEM) was planned in this case.



### Conclusion

- POEM can be safely and effectively performed using the Speedboat Inject.
- Utilising a multifunctional device for this procedure provides both a clinical advantage and a cost saving to the hospital.
- The clinical advantages include a cleaner, precise dissection reducing possible thermal injury compared to monopolar devices and a more controlled and consistent coagulation.
- The cost savings can include the reduced need for additional devices such as a needle, coagulator, or clips.
- Also, from a patient and procedure perspective - reducing the risk of thermal damage and mucosal injury could lead to shorter hospital stay. Additionally, a multifunctional device with a focused and precise energy delivery, a shorter procedure time can also be achieved

Read the full case study:



# Clinical Case Study



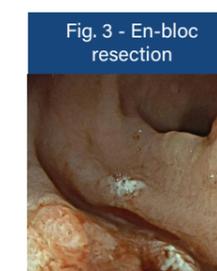
## Safe Complex Polyp Resections in Anatomically Restricted Environments Using SpydrBlade Flex

Dr. Carsten Triller, Head Physician, Gastroenterology, Städtisches Krankenhaus Heinsberg GmbH

### Patient History

A 65-year-old male was referred for endoscopic evaluation following the identification of two broad-based pedunculated polyps in the sigmoid colon (Fig.1).

The polyps presented with lobulated pieces in a segment of colon marked by a narrow, torqued lumen, complicated by the presence of diverticula. Due to these anatomical constraints, there was significant difficulty in deploying a standard snare. The patient also had a history of coronary artery disease with a recent myocardial infarction and was maintained on antiplatelet therapy (acetylsalicylic acid). Endoscopically, the surface of the polyps appeared eroded with signs of intermittent bleeding. Given the limited space, distorted visualisation, and elevated bleeding risk, an alternative resection method was considered to avoid piecemeal resection and potential post-procedural complications.



### Outcome

- The procedure resulted in complete en-bloc resection of all polyps without immediate or delayed bleeding. The patient reported no post-procedural pain or signs of inflammation. Histological examination confirmed the polyps to be inflammatory in nature with no evidence of adenoma or malignancy.

### Conclusion

This case demonstrates that SpydrBlade Flex provides a safe and effective solution for complex polyp resections in anatomically restricted environments. The device's ability to cut and coagulate using a scissor-type mechanism enables:

- Controlled resection in narrow or torqued colonic segments
- Reduced risk of perforation or thermal injury due to precise energy delivery
- Effective hemostasis during resection, even under antiplatelet therapy
- Safe resection of floppy, pedunculated polyps by pressing against the colonic wall, grasping, pulling back and dissecting tissue

The multi-modal energy platform and unique mechanical design of SpydrBlade Flex allowed for a successful, complication-free resection where standard techniques were not feasible.

Read the full case study:



# Clinical Case Study

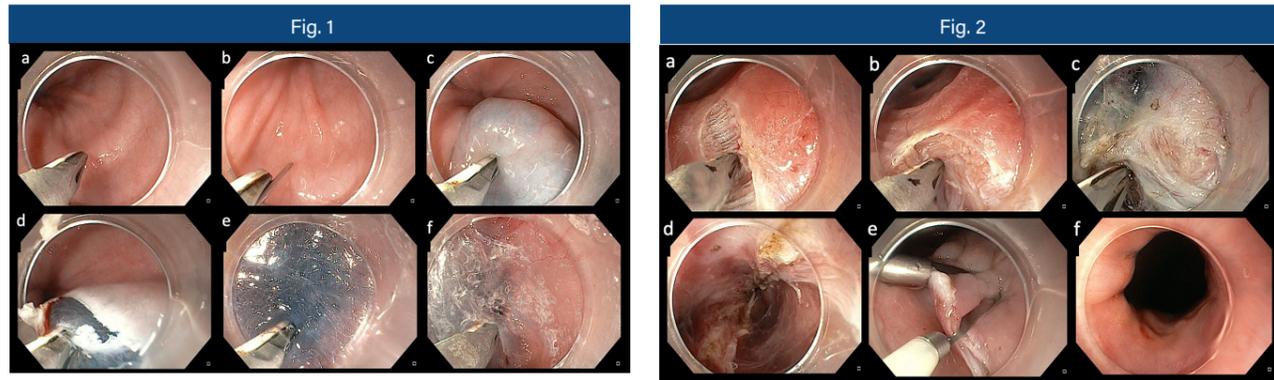


## Per-oral Endoscopic Myotomy Using a Novel Bipolar Speedboat™ Device

Dr Zaheer Nabi, Consultant Gastroenterologist,  
Asian Institute of Gastroenterology, Hyderabad, India

### Patient History

A 50 year old male patient presented with dysphagia to solids and regurgitation for three years. Evaluation with endoscopy revealed dilated oesophagus and resistance at gastroesophageal junction. High resolution oesophageal manometry suggested type II achalasia cardia. Per-oral endoscopic myotomy (POEM) was planned in this case.



### Conclusion

- POEM can be safely and effectively performed using the Speedboat Inject.
- Utilising a multifunctional device for this procedure provides both a clinical advantage and a cost saving to the hospital.
- The clinical advantages include a cleaner, precise dissection reducing possible thermal injury compared to monopolar devices and a more controlled and consistent coagulation.
- The cost savings can include the reduced need for additional devices such as a needle, coagulator, or clips.
- Reducing the risk of thermal damage and mucosal injury could lead to shorter hospital stay. Additionally, a multifunctional device with a focused and precise energy delivery, a shorter procedure time can also be achieved

Read the full case study:



### Glossary of terms:

SSD	Speedboat Submucosal Dissection
SESD	Speedboat Endoscopic Submucosal Dissection
S-ESD	Speedboat-Assisted Endoscopic Submucosal Dissection
RS2	Speedboat Inject
SBI	Speedboat Inject
SS	Speedboat Slim
SBS	Speedboat UltraSlim
SHF	Super High Frequency

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MKT-GEN-006-1 | 2025-Aug

