



Clinical Case Study



Advanced Bipolar Resection of a Granular-type Laterally Spreading Lesion (LSL-G)

Using Speedboat Notch & Multimodal Energy

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Patient History

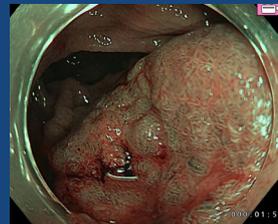
A 52 year old female patient with a 5cm by 4.5cm rectal G-type, laterally-spreading lesion, JNET 2a, with a dominant nodule.



5cm G-type LSL



Initial submucosal injection proximally



NBI view: JNET2a

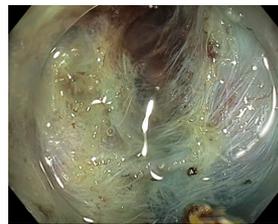
Procedure



Good retraction with gravity in right lateral position therefore circumferential incision followed by flap creation rather than tunnelling technique. Procedure partly performed by supervised trainee.



Tissue flap created



Dissection up to a vessel



Vessel is hooked in notch prior to microwave



Cap tension separates muscle and submucosal layer



Notch helps engage larger areas of submucosa for more rapid dissection

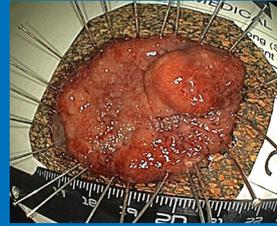


Blade orientated with hull nearest to muscle layer

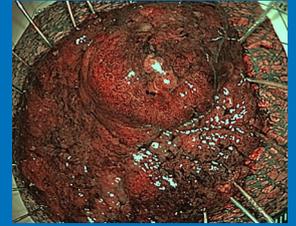
Outcome

En-bloc resection achieved in 92 minutes with Speedboat Notch.

Histology: TVA with predominantly low-grade dysplasia and focal high-grade dysplasia, R0 resection, uneventful recovery.



White light view of pinned specimen



NBI view of pinned specimen

Conclusion

The Speedboat Notch is ideal for dissection in the rectum where the main challenge is managing large vessels and preventing bleeding that can slow the dissection process. Once isolated in the submucosal plane, the vessel can be hooked in the notch and coagulated with microwave and then cut in a sequential manner, avoiding the need for instrument exchange and coagulation forceps. Mid-rectal cases are ideal for ESD training and dissection with the Speedboat appears to be relatively intuitive to learn without unduly delaying procedure times.

Orientating the protective speedboat hull parallel to the muscle layer allows safer submucosal dissection, avoiding injury to the muscle layer. The notch also facilitates the final submucosal cut on the proximal aspect of the lesion as larger areas of submucosa can be caught in and controlled by the notch.



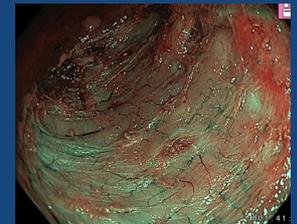
White light view of resection base: no coagulation burn of muscle layer away from vessels



TXI view of resection base



White light view of resection base



NBI view

Clinician Overview & Takeaways

- Once the Speedboat Notch tip has penetrated the submucosal plane, the notch helps catch the uncut mucosa and stabilise the knife to progress the mucosal incision rapidly with gentle lateral pressure.
- The Speedboat Notch facilitates transection of large rectal vessels. By hooking the vessel in the notch sequential microwave coagulation followed by bipolar cutting can be applied sequentially.
- The advanced energy delivery is particularly targeted and effective and prevents the need for instrument exchange or coagulation forceps.
- Orientating the protective speedboat hull parallel to the muscle layer allows safer submucosal dissection, avoiding injury to the muscle layer.
- The Speedboat Notch also facilitates the final submucosal cut on the proximal aspect of the lesion as larger areas of submucosa can be caught in and controlled by the notch.

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