

## **Clinical Case Study**



## Endoscopic Zenker's Diverticulotomy using **SpydrBlade Flex**

Safe, controlled layer-by-layer dissection in a high risk patient

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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

## **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.

for surgery, and an endoscopic septotomy was planned.



Figure 1: Zenker's Diverticulum

## **Procedure**

Due to the patient's bleeding risk and comorbidities, the SpydrBlade Flex - a scissor-type device equipped with advanced bipolar RF cutting and super high frequency microwave coagulation - was selected to ensure precision and safety. Before starting the incision, we cleaned the diverticulum from food debris with a foreign body net (Fig. 2& 3).

Using a therapeutic gastroscope (3.8 mm working channel) with a transparent cap, the septum was visualized.

### No overtube was necessary.

The dissection began with careful exposure of the septum's apex (Fig. 4-6). The thick muscular layer and fibrotic tissue were dissected layer by layer under direct vision (Fig. 7-8).



Figure 2 & 3: Removal of debris with foreign body net





Figure 4-6: Exposure of the septum's apex







Flex

To reduce bleeding risk, pre-emptive coagulation was performed before cutting, especially when crossing visible vessels (Fig. 9 & 10). Minor bleeding was managed effectively with the microwave coagulation function. Alternating coagulation and cutting allowed for continued visibility and reduced thermal spread.



Figure 7 & 8: Advanced bipolar dissection of fibrotic tissue

### 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).



Figure 9 & 10: SHF microwave coagulation

### Conclusion

This case demonstrates that SpydrBlade Flex enables precise, layer-by-layer cutting and highly effective coagulation, ideal for high-risk patients on antiplatelet therapy. Compared to monopolar instruments like a Needle Knife or Clutch Cutter, the SpydrBlade's bipolar RF system significantly reduces thermal injury and bleeding risk.

Although slightly longer in duration, the intervention was more controlled, offering optimal safety for patients unfit for surgery.

This approach provides a highly effective, low-risk alternative in managing Zenker's diverticulum in complex cases.

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