

## Direct anorectal intubation during colonoscopy: a logical new paradigm



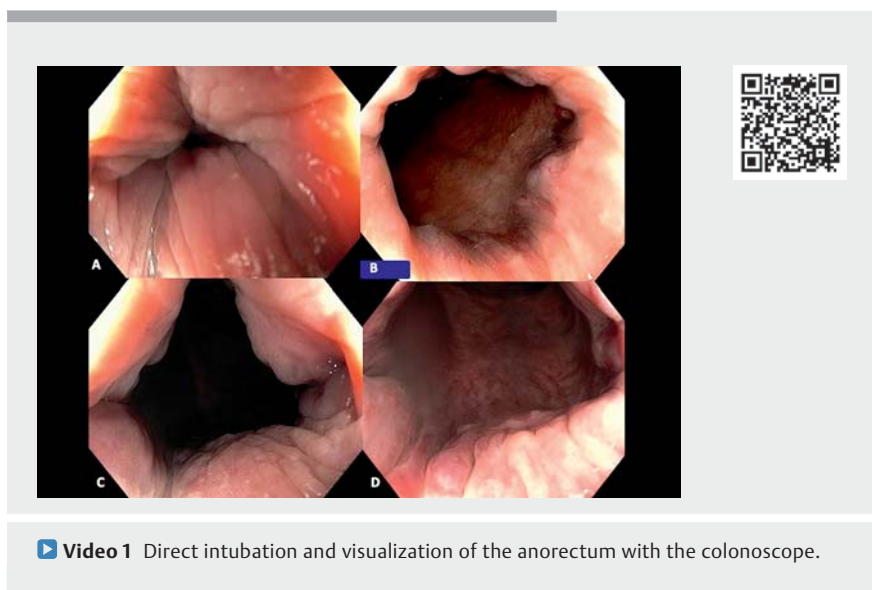
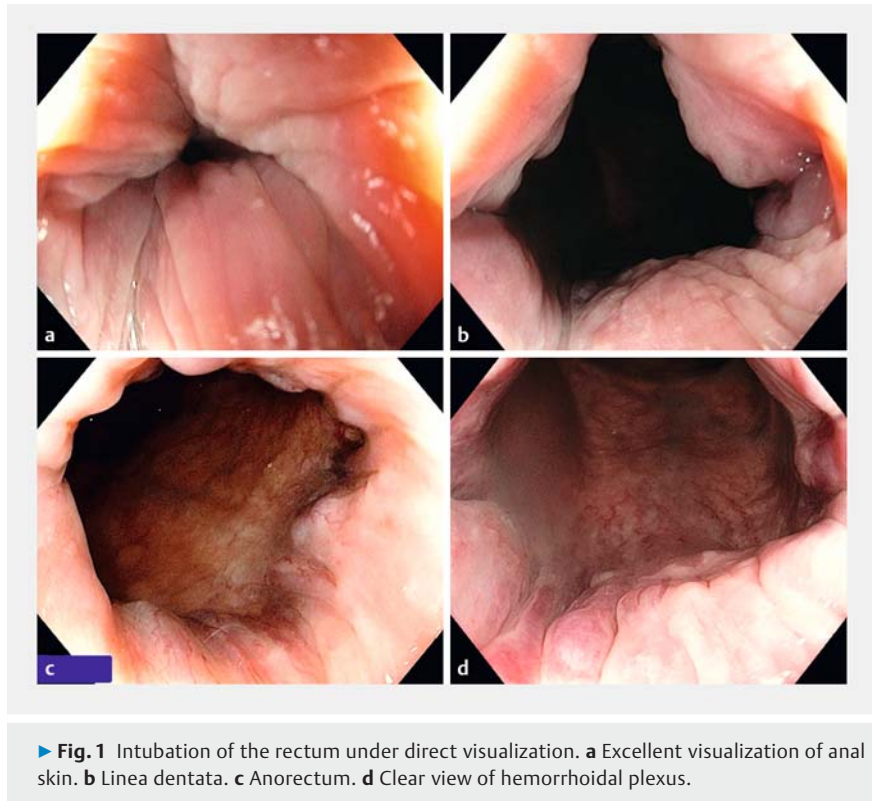
Traditionally, endoscopists are trained to introduce the colonoscope blindly through the anus using the finger as a guide, and then start the mucosal inspection [1]. This practice of blindly introducing the tip of the scope originated during the era of fiberoptic endoscopy, but has remained standard 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.


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### Competing interests

The authors declare that they have no conflict of interest.



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## Reference

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