

Around 1960, Basil Hirschowitz, an American gastroenterologist, developed a flexible endoscope using fiberoptics ¹⁾.

In intraventricular surgery using a [flexible endoscope](#), the lesion is usually aspirated via the working channel. However, the surgical view during [aspiration](#) is extremely poor because the objective lens is located adjacent to the working channel.

To address this issue, Yamashiro et al. developed a novel [neurosurgical procedure](#) using an angiographic [catheter](#). In this procedure, the catheter is inserted into the working channel, and the lesion is aspirated through the catheter. Besides, continuous intraventricular [irrigation](#) is performed via the gap between the catheter and the working channel.

This procedure maintains a clear view during surgery and reduces complications ²⁾.

¹⁾
Linder TE, Simmen D, Stool SE. Revolutionary inventions in the 20th century. The history of endoscopy. Arch Otolaryngol Head Neck Surg. 1997 Nov;123(11):1161-1163.

²⁾
Yamashiro K, Higashiguchi S, Hayakawa M, Hirose Y. How I do it: endoscopic evacuation of intraventricular lesions using a flexible endoscope in combination with an angiographic catheter. Acta Neurochir (Wien). 2024 Jan 29;166(1):44. doi: 10.1007/s00701-024-05948-9. PMID: 38282032.

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