



Frequently Asked Questions

How quickly can I apply the SEAL device?

An experienced technician or physician can apply the SEAL device in under a minute. This includes removing the device from its packaging, applying lubricant, attaching it to the scope, inserting it into the rectum, and inflating the balloon.

Does the SEAL device stabilize the endoscope?

Yes. When the right hand is removed from the scope to use a forceps or snare, the SEAL device helps maintain scope position—even in the presence of looping. This allows the endoscopist to keep the target lesion consistently in view.

Do I have to remove the colonoscope to insert the SEAL device?

No. Once air or fluid incontinence is identified, the SEAL device can be applied over the scope without losing position in the colon.

Does the SEAL device increase the risk of barotrauma?

Initial trials did not demonstrate an increased incidence of barotrauma or other injuries with the IRD. The endoscopists maintain control over the amount of insufflation used during the procedure. The device effectively restores continence at the anus, which in turn makes the colonoscopy process more physiologically normal.

