


How to perform a Colonic Polypectomy: Tips and Tricks

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Outline

- 01 Tips and tricks for colonoscopy
- 02 Avoid useless polypectomy
- 03 Know your instruments/yourself
- 04 Prevent bleeding
- 05 Prevent perforation
- 06 Conclusions

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TIPS AND TRICKS FOR COLONOSCOPY

- Common advices
 - Be prepared: age, indication, medication, life expectancy...
 - Do not attempt polypectomy tips for beginners:

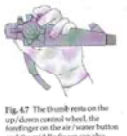


Fig. 4.7 The thumb rests on the up/down control wheel, the middle finger on the air/water button and the middle finger can also assist.




Fig. 4.8 The thumb can reach across to the left/right control.








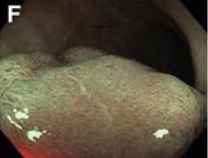


Fig. 9.17 The instrument shaft should be held delicately between the thumb and fingers.


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TIP #1 : AVOID USELESS POLYPECTOMY









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TIP#2: KNOW YOUR INSTRUMENTS

- Scope: use Innoflex if available
- Processor: Use your processor light controls for optimal view
- Snare:

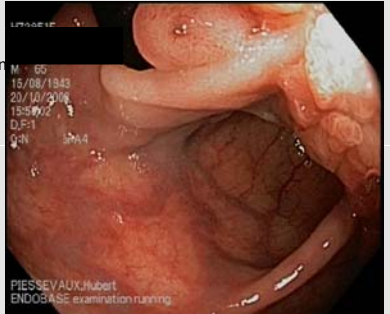

- Electrosurgery unit: use the settings recommended by the company: why would your patient be so different??
- Be prepared for complications:
 - is your nurse sufficiently trained?
 - Does she know where the clips are and how to use them?

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TIP#3: KNOW YOURSELF/THE LESION : IS THERE A MATCH?


- Yourself:
 - Do you have time?
 - Did you sleep well last night?
 - Are you in a fight with your colleague or your wife??
- The lesion
 - Size: Subjective matter
 - Shape: May be as important as stalk/implantation

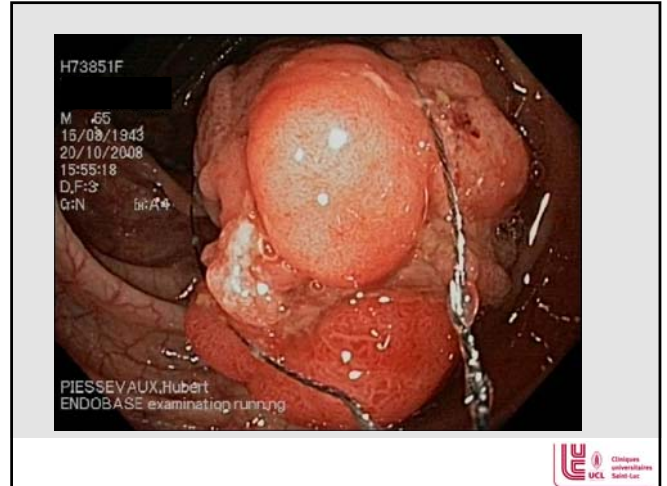


M: 65
15/08/1943
20/10/2008
15:59:02
D.F.1
G.N. 10A4

PIESSEV AUX, Hubert
ENDOBASE: examination running

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HOW TO PREVENT BLEEDING?

- Endoloops
- Injection of the stalk

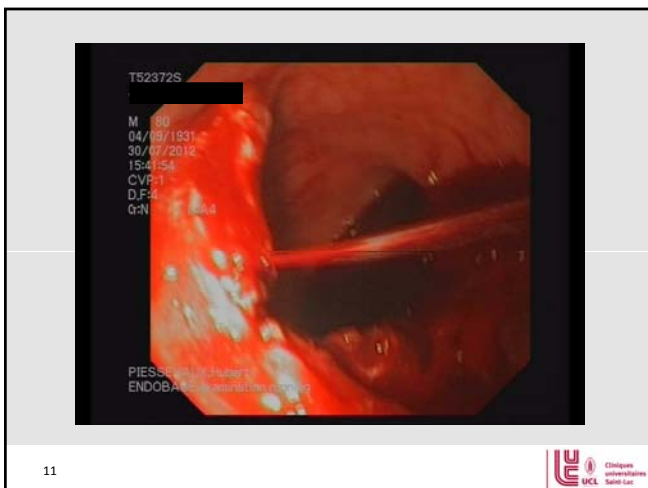
–RCT (n=488):

	no prevention (164)	Injection (161)	Endoloop (163)
Overall	13 (7,9%)	5 (3,1%)	3 (1,8%)
> 2 cm (n=207)	10 (15,1%)	2 (2,9%)	2 (2,7%)

- Clips on the stalk
- One retrospective case series (n=17)

Di Giorgio, Endoscopy 2004
Katsinelos, Surg Laparosc Endosc Percutan Tech 2008

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HOW TO PREVENT PERFORATION



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SNARING TECHNIQUE FOR FLAT LESIONS

- Place lesion in 6 o'clock position.
- Resect the most difficult and inaccessible portion first.
- Attempt to align the longitudinal axis of the snare with the longest axis of the lesion to maximize tissue capture. For lesions that have extended across the lumen, this may require impacting the snare tip then pivoting the body of the snare over the lesion.
- Open the snare fully over the lesion, then angle down firmly with the up-down control onto the SM cushion while aspirating air to reduce colonic wall tension, decrease the mucosal footprint of the lesion, and maximize tissue capture.
- Perform a staged snare closure, advancing the catheter to maintain the snare base at the lesion edge.

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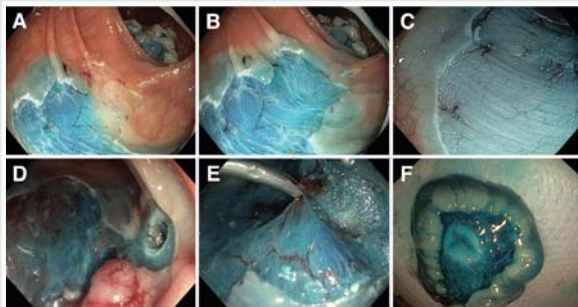
SNARING TECHNIQUE FOR FLAT LESIONS (2)

- Talk to your nurse: she needs to give you feedback; if not take over the snare
- Safe tissue capture
 - Assess the mobility of the ensnared tissue by moving the snare catheter quickly back and forth
 - The snare should close fully with minimal “puckering” of the surrounding tissue.
- Transection should be fast; the snare is kept tightly closed while the foot pedal is depressed.

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IDENTIFYING PERFORATION



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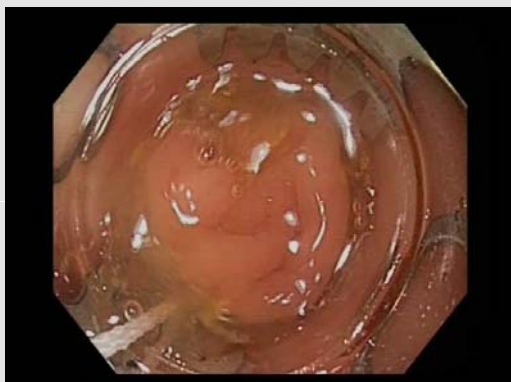
Bronte, Clin Gastroenterol Hepatol 2012



TREATING PERFORATION



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CONCLUSIONS

- There are no magic tricks!
- Know the limits of polypectomy
- Know your limits
- Know the limits of your instruments
- Be able to cope with complications
- Attend sessions on models for training
- Don't do it if you are not sure your resection will be perfect from a therapeutic perspective - Redo's are much more difficult

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