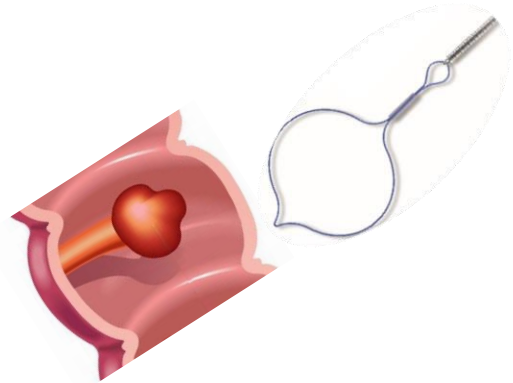


Removal of pedunculated polyps

Patient details

Name:	Mr. Middelkoop
Age:	58
Indication:	Change in bowel habits/ family history of CRC
Treatment:	Colonoscopy
Allergies:	Penicillin
Medication:	Metoprolol Esomeprazole
Anamnesis:	Nothing unusual



Introduction

Mr. Middelkoop is scheduled for a colonoscopy on Tuesday morning. He was referred by his GP. While inserting the cannula, he is clearly nervous. When queried, he explains that he is particularly worried about the result of the test. A year ago, his brother was diagnosed with colon cancer and partially because of that he now expects the same result. The endoscopy nurses prepare the endoscope unit for performing the colonoscopy under sedation.

Treatment

The patient is taken into the endoscopy unit. After the monitoring equipment and the oxygen are connected, a time-out procedure (TOP) is performed. Sedation is administered and then the procedure is started. The beginning of the procedure goes without issues. The patient is comfortable. On the way back, a pedunculated polyp is discovered in the sigmoid. The endoscopist decides to place an endoloop in preparation for the polypectomy. After some maneuvering, the loop is placed around the stalk. The endoscopist requests that the endoloop be tightened and pulled. Unfortunately, during this process, it slips towards the polyp at the last minute. The endoloop no longer provides enough space to place the polypectomy snare around the polyp and perform a safe polypectomy. The view of the polyp is meanwhile compromised by increasing peristalsis of the colon. The patient wakes up and is very restless. He is worried because he understands that something abnormal has been found in his bowels.

The endoscopist decides to take the following measures:

- Reassure the patient.
- Administer 1 mg Midazolam for extra relaxation and 10 mg Buscopan to reduce peristalsis.
- Use an endoloop cutter to remove the incorrectly placed endoloop
- Place a new endoloop, one which can be placed with a test closure.

Possible materials

- Polypectomy snare
- Injector
- Injection fluid for spraying
- Endoloop
- Polyp reception system
- Removal net (Roth Net)
- Hemostasis clip

Spraying with an endoloop

Coagulation will cause some heat accumulation in the stalk on the endoloop location. To prevent thermal damage, liquid is injected under the endoloop to create a buffer between the endoloop and the intestinal wall.

Tip

Each material requires a different technique. It is important to take this into account to work effectively. Look in the hospital's document management system for the current protocol and/or consult the manufacturer's recent documentation.

Once visibility is improved, the failed endoloop is cut away. The patient has calmed down and becomes drowsy again. After the new endoloop is fastened around the stalk, a test closure is carried out. Thereafter a final closure is performed. The polyp has discolored.

The endoloop is disconnected and the endoscopist changes to an injector. Using this, methylene blue with adrenaline is injected into the stalk base (under the loop).

The polypectomy snare is subsequently placed around the stalk above the endoloop. The stalk is cut with coagulation. The loose polyp is taken with the snare and removed from the patient with the endoscope.

The endoscope is reinserted to assess the wound. A blood vessel is seeping a little bit in the wound of the stalk in the last part of the colon. A clip is placed, stopping the bleeding. The endoscopy is then completed.

Completion

The goal of the procedure has been achieved; the polyp has been removed. The patient is monitored for an hour for observation. The necessary information is recorded in the EHR. All materials are cleaned up. The specimen will be sent for histological assessment.

The gastroenterologist discusses the findings with the patient.

For the patient, the resulting schema consists of:

- After an hour of observation, he can go home.
- He is given instructions should he suffer from stomach pain, blood loss, etc.
- The patient is given an appointment for a telephone consultation in a week.
- A follow-up colonoscopy will be scheduled in about 5 years.

Source:

1. Guidelines Coloscopy Surveillance (in Dutch) - https://www.mdl.nl/sites/www.mdl.nl/files/richlijnen/zakkaart-coloscopie-surveillance_t.b.v._website.pdf