


# Pedunculated Polyps



Drs. Richard Sultanian and Rachid Mohamed  
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## Classification

	Type	Morphology	Scheme	Histology	Type of Resection
<b>I-p</b>	0-I, polypoid	0-Ip	pedunculated	Adenoma	Snare polypectomy
	0-Ib, sessile	0-Ib	sessile		
<b>I-s</b>	0-II, nonpolypoid	0-IIa	slightly elevated	High grade adenoma	EMR en bloc Or piecemeal
	0-IIb, completely flat	0-IIb	completely flat		
<b>II-a</b>	0-IIc, depressed without ulcer	0-IIc	depressed without ulcer	Carcinoma	EMR en bloc, ESD, or surgery
	0-III	0-III	irregular or ulcerated		
<b>-b</b>	Mixed types	0-IIa + 0-IIc	slightly elevated with central depression	Carcinoma	EMR en bloc, ESD, or surgery
		0-IIc + 0-IIa	depressed with elevated margins		
<b>-c</b>					
<b>III</b>					
<b>mixed</b>					

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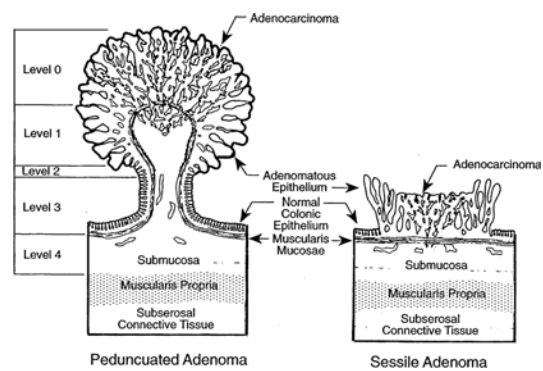
## Potential Issues

- Risk of Cancer
  - No increased risk of synchronous polyps, unlike sessile polyps
  - Less chance of lymph node metastasis submucosal than sessile polyps

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## Potential Issues

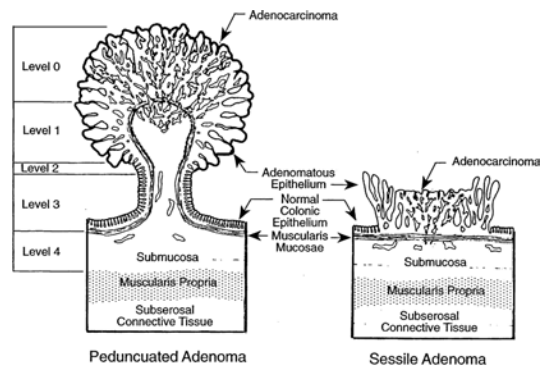
- Haggitt Score



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## Potential Issues

- Risk of Cancer
- Incomplete Resection
  - En bloc resection is different than sessile polyps



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## Potential Issues

- Risk of Cancer
- Incomplete Resection
- Complications of Resection
  - Bleeding
  - Thermal injury

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## Potential Issues

- Risk of Cancer
- Incomplete Resection
- Complications of Resection
- Retrieval
  - Benefit from a Roth or Rescue Net
  - May need post-removal resection to facilitate transanal removal

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## Technical Aspects

- Snare Selection
  - Snare must be maneuvered over the head of the polyp and slid down to the stalk
  - With polyps >2cm this can be challenging
- Type of Electrocautery
  - Endocut (yellow pedal) vs Forced Coag (Blue Pedal)
    - Risk of thermal injury vs bleeding
- *Keep the closed snare away from the colonic wall prior to applying current to reduce the risk of deep thermal injury*

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## Hemostasis

- Risk factors for post-polypectomy bleeding
  - Polyp > 10 mm
  - Polyp stalk > 5 mm
  - Polyp located in R colon
  - Malignant polyp
  
- Pre-treatment of polyps >10 mm in size is considered beneficial, with the greatest benefit seen in polyps >20 mm
  - Pre-injection with dilute adrenaline
  - Mechanical hemostasis with endoloop or hemostatic clips

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## Pre-treatment: Endoloops

- Endoloop Use
  - Place an endoloop around the stalk prior to hot snare polypectomy, sufficiently tight to achieve color change in the polyp
  - Position the endoloop upon the stalk, leaving enough room to position the snare between the endoloop and polyp head
  
- *Disadvantages*
  - It can be hard to maneuver the endoloop over the lesion
  - Errors in deployment are common –skilled assistants are needed
  
- *Advantages*
  - The endoloop will eventually fall off (during surveillance)
  - Clips can cause artifact, interfere with subsequent resection

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## Pre-treatment: Clips

- Clips use
  - Place one or more clips on the stalk prior to hot snare polypectomy
  - Leave enough room to position the snare between the endoloop and polyp head
- *Disadvantages*
  - It may require multiple clips if the stalk is wide
  - Closure may also be incomplete
  - Clips can interfere with subsequent resection during surveillance
- *Advantages*
  - Clip placement is easier than endoloop placement

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## Endoloop vs. Clips

- Head to head prophylactic randomized trial
  - Head >10mm, stalk >5mm
  - N = 203
- Immediate bleeding
  - Clips 5.1%. vs. Endoloop 5.7% (p = ns)
- Delayed bleeding
  - Clips 1.0% vs. Endoloop 0.95% (p = ns)

Ji JS et al. Endoscopy 2014

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## Pre-treatment: Injection

- Injection options
  - Dilute adrenaline (1:10000)
  - Standardized injectate (e.g. methylene blue and saline, voluven, Eleview)
- *Disadvantages*
  - Risk of epinephrine (BP, HR, etc)
- *Advantages*
  - Injectate can protect against deep thermal injury
  - Can still place clips if needed

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## SM injection into base



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## Pre-treatment: Nothing!

- If uncomplicated, pre-treatment is often unnecessary
  - Remove the polyp
  - Observe for bleeding from the stalk
  - If bleeding is noted, grab stalk with the snare to apply immediate hemostasis by snare closure.
  - After immediate control is achieved (to ensure good visualization), then apply more definitive mechanical hemostatic measures (clips, endoloop, etc)

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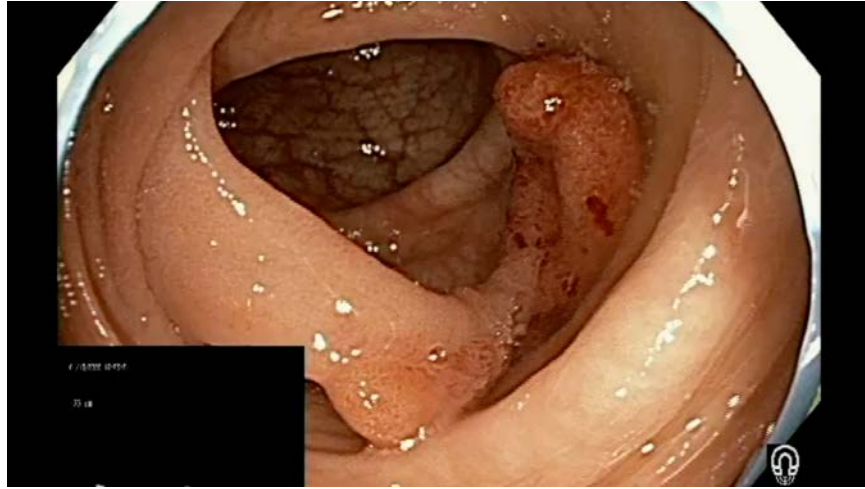
## Post-stalk treatment

- Consider prophylactic treatment of the stalk if
  - Anticoagulation is ongoing
  - Prompt recommencement of anticoagulation is needed
  - Underlying coagulopathy
  - Renal impairment
  - Chronic liver disease
  - Thrombocytopenia
  - Difficult access to health care (long travel)

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## Examples



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## Examples



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# Examples



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