



Endoscopic Snare

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Endo Skills 2026 PRESENTER DISCLOSURE

Relationships with financial sponsors:

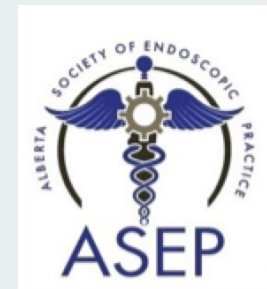
- Any direct financial relationships, including receipt of honoraria: **Conmed (Honoraria)**
- Membership on advisory boards or speakers' bureaus: **None**
- Patents for drugs or devices: **None**



Endo Skills 2026

Disclosure of Commercial Support

- Endo Skills 2026 is presented by the Alberta Society for Endoscopic Practice (ASEP)
- ASEP: not for profit organization, whose goal is to provide education, resources and collaboration for endoscopists and their teams
- Endo Skills planning is independent from the exhibitors
- ASEP covers expenses and provides small honorarium to speakers and planning committee



What goes into selecting a snare?

Snare choice requires consideration of a number of factors:

- Resection completeness
- Risk (bleeding, perforation)
- Efficiency
- Team coordination – set up, troubleshooting





Basic Snare Design – what are we talking about?

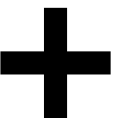
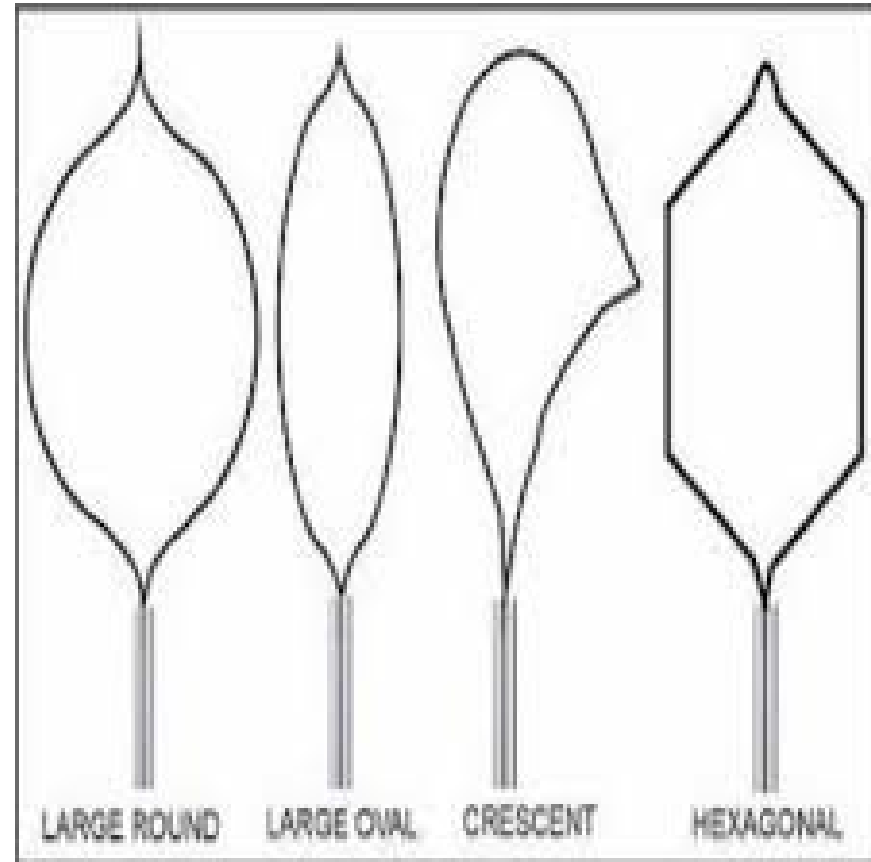
Wire material

Braided vs. Monofilament



Basic Snare Design - Shape

- Take home
 - Utilize the most efficient shape for the target
 - Familiarize yourself with different options



Basic Snare Design - Size

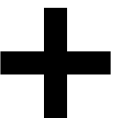
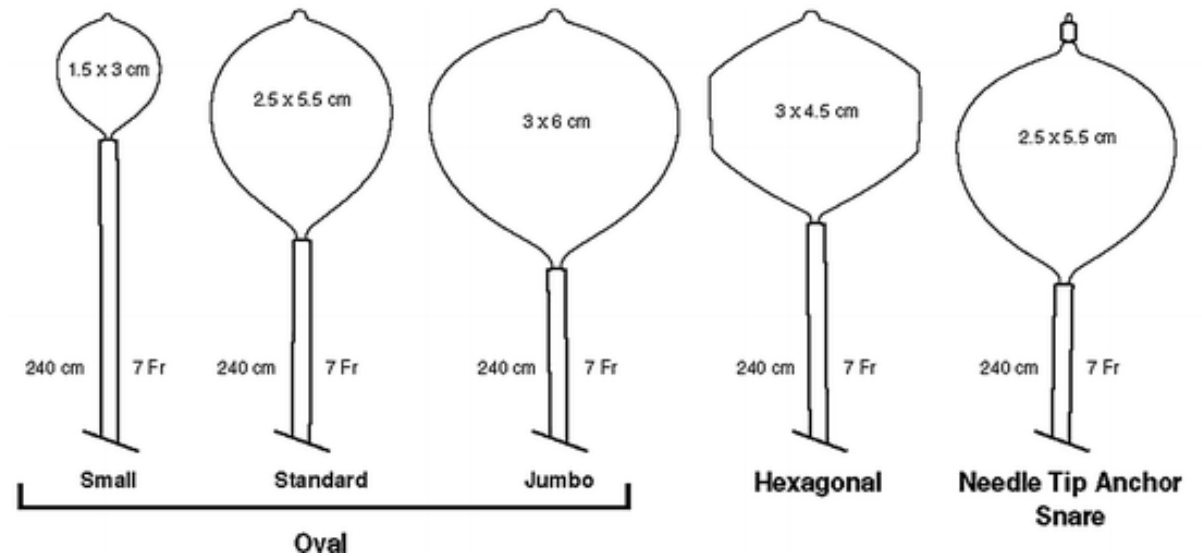
– Take home

– Cold snare

– 10-15mm appropriate

– Hot snare

– Depends on location, intent,
morphology, risk, etc

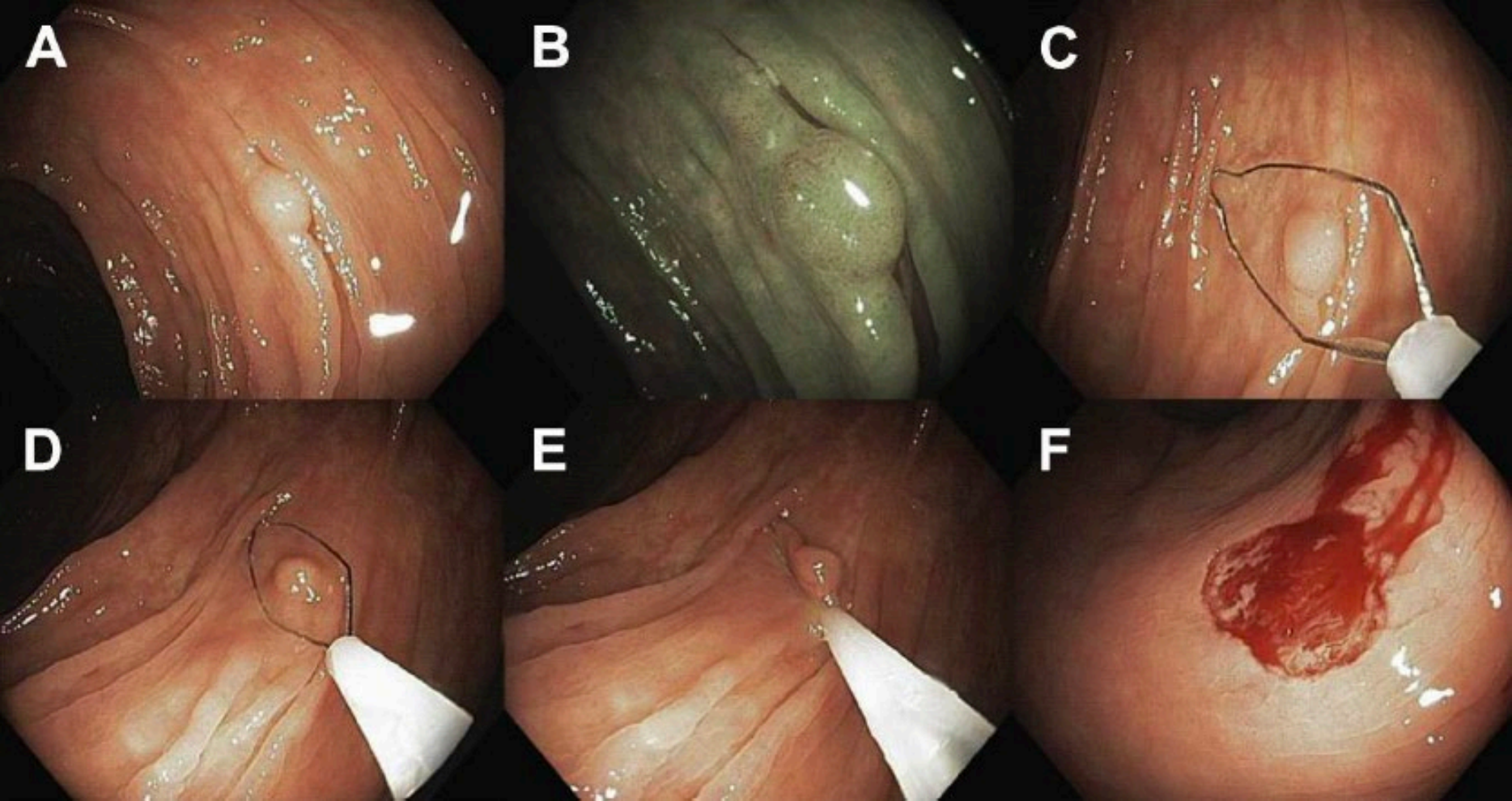


Basic Snare Design – stiffness / flexibility

- Variability amongst designs
- Generally, stiffness an asset for cold snare resection and, to a lesser degree, EMR
- Flexibility useful for Is or Ip larger lesions



COLD SNARE RESECTION



Submucosal 'tail'

- Occurs when snare grasps deep +/- 'excess' submucosal tissue
- Not a sign of muscularis entrapment
- The thin, stiff snare can be used to your advantage to manage



What about hot snare?

- Important to understand transmission of electrocautery
 - Thin (<0.3mm)- lower surface area, which results in a higher concentration of electrical current = more rapid, precise cut with less thermal spread to surrounding tissue
 - Thick (>0.3mm) - higher surface area, resulting in lower current density and a more distributed = lower, and more coagulating effect on the tissue

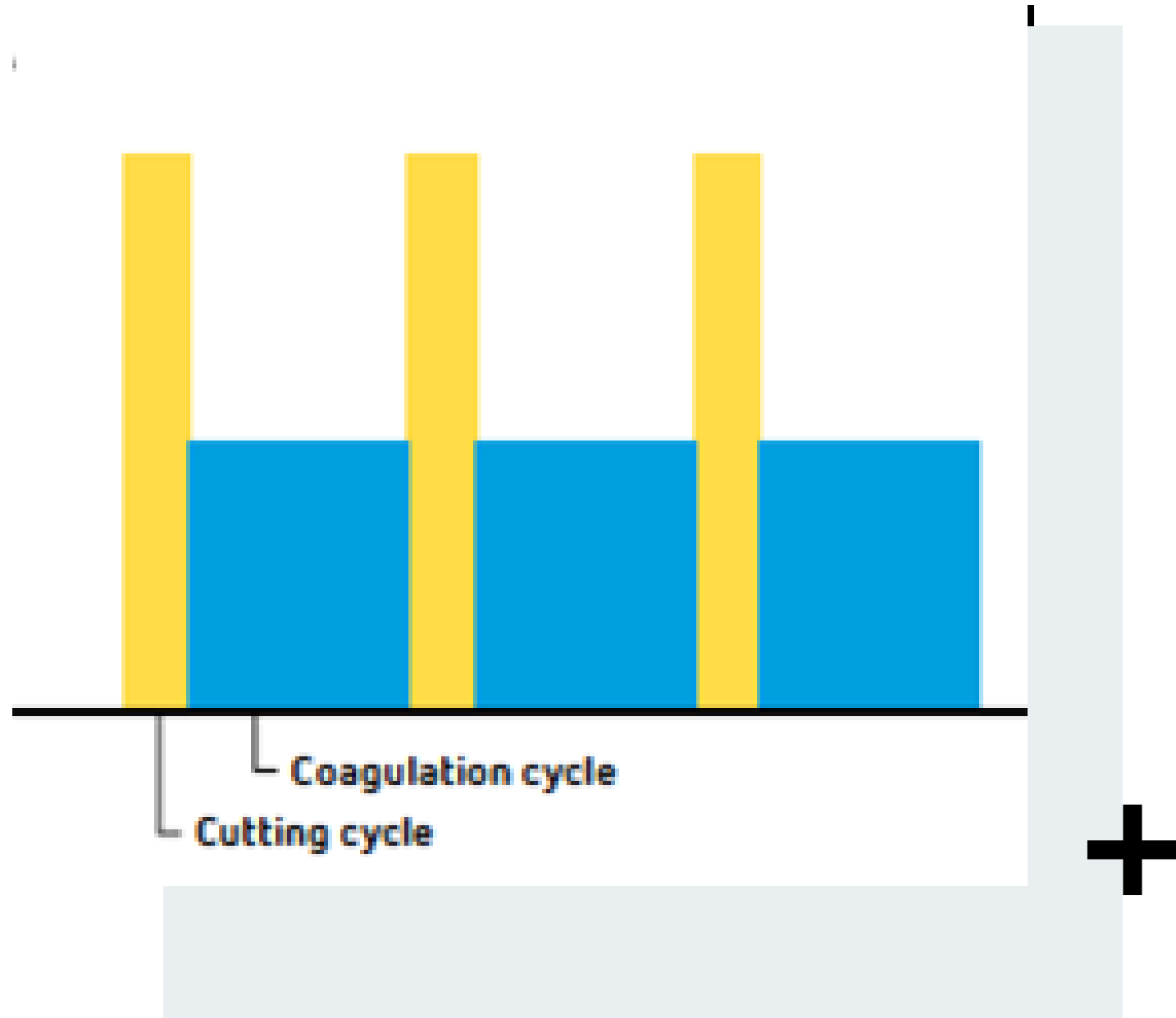


Cautery basic principles

Controlled cutting of tissue with safe hemostasis

Endocut Q

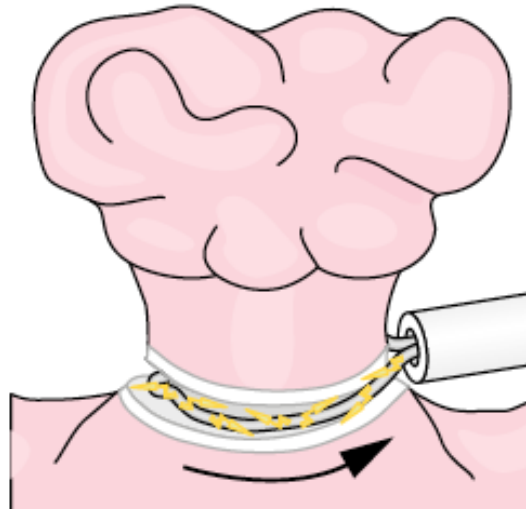
- Monopolar, high frequency
- Alternating cycles of cutting and coagulation



Electric arc between snare and tissue -
>200V

Created as tissue fluid evaporation creates
small space between tissue and snare

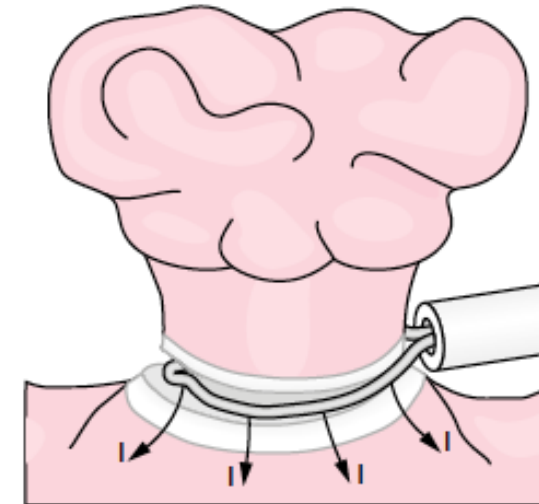
Detected automatically and cutting width
reproducible



Cutting Phase

Tissue prepared for next cutting phase Ensures
proper hemostasis prior to next cutting phase

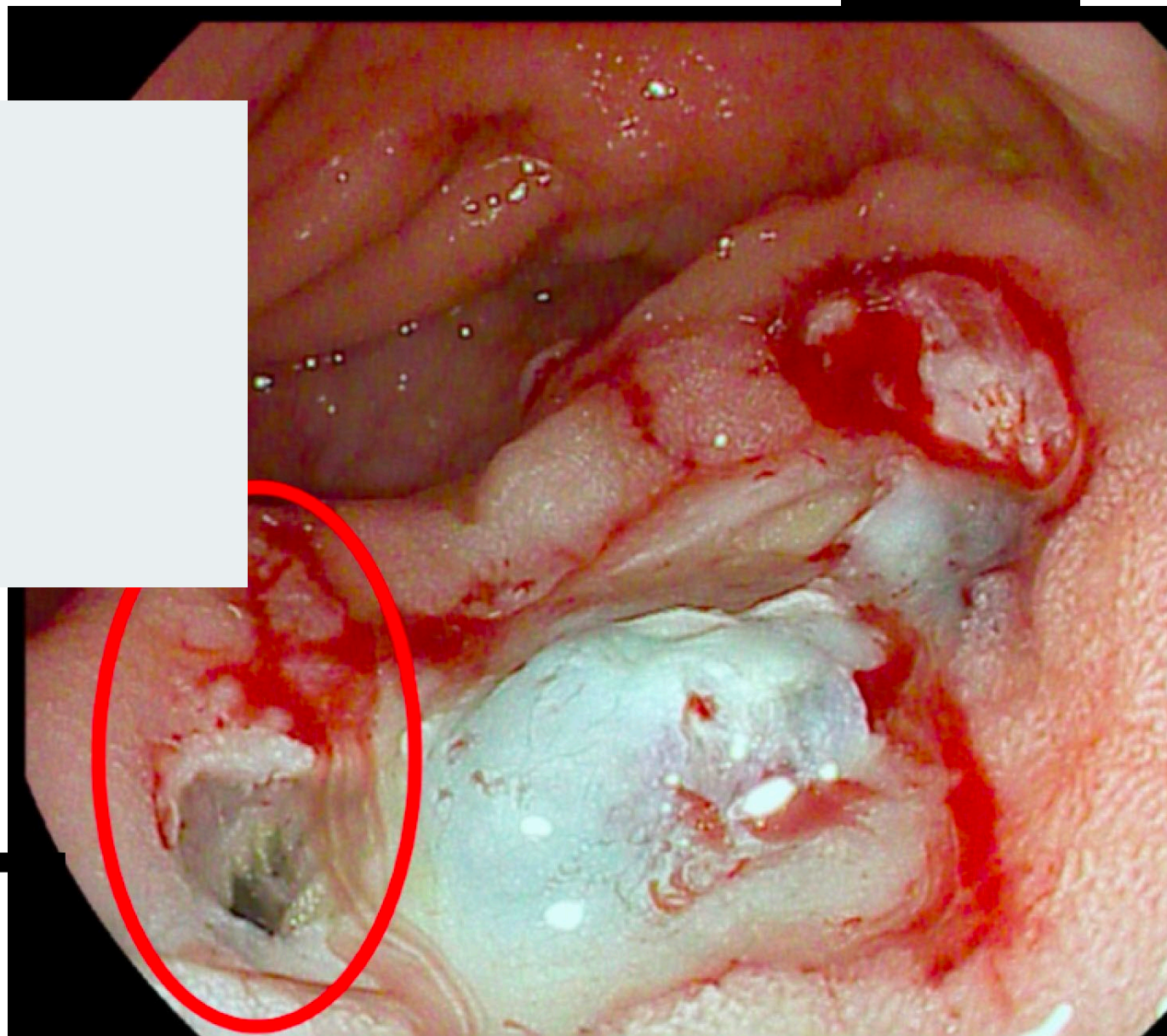
Direction of coagulation directed toward base
of polyp



Coagulation Phase



Thermal injury



Summary

- Wide variety of snare design
- What I think a unit needs
 - COLD SNARE – thin wire, 10-15mm
 - HOT SNARE
 - Workhorse – 10-15mm (overlap with cold snare?)
 - ‘EMR’ snare – 15mm thick wire snare
 - Large snare – 25-35mm diameter; primarily for pedunculated lesions

