



PREVENTION OF POST-POLYPECTOMY HEMORRHAGE

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Figure 1



Figure 2



Figure 3

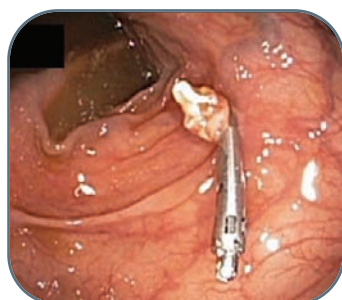


Figure 4

HISTORY

A 73-year-old man presented for outpatient consultation because of progressive dysphagia. During the consultation, it was discovered that he had not yet undergone screening colonoscopy. With his consent, he was scheduled for sequential esophagogastroduodenoscopy and colonoscopy in the outpatient endoscopy unit.

PROCEDURE

The upper endoscopy revealed a distal esophageal reflux-related stricture. Biopsies were taken using Radial Jaw® 3 Large Capacity Forceps and then the stricture was dilated using an 18-19-20 mm CRE™ Fixed Wire Balloon Dilator without incident. Screening colonoscopy revealed, what appeared to be, seven adenomatous polyps distributed throughout the colon. One of the polyps was a long, slender, finger-like polyp in the proximal ascending colon (Figure 1). When cautery snare polypectomy was performed, the substance of the polyp was stripped off of the underlying arterial structure that was central to its stalk (Figure 2). The vessel was not bleeding or visibly pulsing, but was turgid and standing erect. It was felt that this vessel would definitely start bleeding at some point soon (Figure 3). A single Resolution® Clip was placed across the vessel at the base of the polyp, closing and reopening the clip until the perfect location was identified to occlude the vessel. The Resolution Clip was then deployed. The artery was immediately deflated and collapsed as the blood pressure within the structure was reduced to zero, virtually eliminating the risk of delayed polypectomy site hemorrhage. The shriveled up artery collapsed at the base of the polyp, just above the Resolution Clip (Figure 4).

POST PROCEDURE

Pathologic inspection of the polyps removed during this screening colonoscopy revealed three tubular adenomas and four tubulovillous adenomas. No post-polypectomy hemorrhage occurred, and the patient's dysphagia was completely abated after esophageal dilation and the institution of proton pump inhibitor therapy.