Selecting Your Snare

Physician Perspective on Snares used during Polypectomy and Endoscopic Mucosal Resection

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# Challenges in Polypectomy

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<th>CHALLENGES IN POLYPECTOMY</th>
<th>CLINICAL IMAGES</th>
<th>PREFERRED RESECTION TECHNIQUE</th>
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<td>Large Flat Adenomas and Laterally Spreading Tumors</td>
<td><img src="image1.png" alt="Clinical Image" /></td>
<td>For larger polyps that are flat, a stiff snare helps grasp the normal tissue adjacent to the polyp and prevent sliding over the lesion. For flat lesions and during EMR procedure, the larger crescent and hexagonal snares can be useful. I particularly like the 33mm Captivator II because its large size and circular shape facilitate grasping large sections of lateral-spreading tumors and makes it easy to get over and around large pedunculated polyps. I typically inject prior to resection for sessile and flat lesions that are greater than 2cm, especially if they’re located in the proximal colon.</td>
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<tr>
<td>Difficult lesion location - On a fold - Right-sided - Not at 5 o’clock</td>
<td><img src="image2.png" alt="Clinical Image" /></td>
<td>Rotatable snares can be useful when a polyp is not easily positioned in the 5 o’clock position which can cause difficulty in placing the snare forcefully against the wall in order to flatten it. Therefore, rotatable snares are of particular value for right-sided polyps, especially if there is an angle or loop in the colonoscope.</td>
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<tr>
<td>Polyps &gt; 1cm and Polyps 6-9mm pedunculated or sessile</td>
<td><img src="image3.png" alt="Clinical Image" /></td>
<td>Hot snaring technique is preferred for this type of lesion. Only the polyp or the polyp and a small rim of normal tissue should be grasped. Once the polyp is firmly in the grip of the snare, the lumen is deflated and the polyp is lifted in order to protect the muscularis propria from the cautery burn. Only after tenting and deflation is cautery applied and the polyp transected.</td>
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<tr>
<td>Polyps &lt; 1cm</td>
<td><img src="image4.png" alt="Clinical Image" /></td>
<td>Since 80-90% of polyps are &lt; 1cm in size, extra small snares are often the most convenient to use and can be most easily positioned and efficiently enclosed on the polyp. I prefer the 11mm Captiflex snare for most Polypectomies, because of the small size of the snare and because of the good oval shape.</td>
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</table>
BSC Portfolio of Snares

The 33mm Captivator II has a large circular shape that facilitates resecting lateral-spreading tumors and large pedunculated polyps.

Douglas K. Rex  M.D., FACP, FACP

CAPTIVATOR™
- 13mm Small Oval 6230
- 27mm Medium Oval 6232
- 13mm Small Hex 6245
- 27mm Medium Hex 6234
- 27mm Medium Crescent 6237

CAPTIVATOR™ II
- 33mm Extra Large Rounded 6129
Rotatable Snares are of particular value for rightsided polyps, when a polyp is not easily positioned in the 5 o’clock position.

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BSC Portfolio of Snares

“... I like the 11mm Captiflex because of the small size of the snare and the good oval shape."

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M.D., FACP, FACP

CAPTIFLEX
- 11mm Extra Small Oval 6247
- 13mm Small Oval 6242
- 27mm Medium Oval 6240

CAPTIVATOR (thin-wire)
- 30mm Large Oval 6239

PROFILE (pediatric 2.0 working channel)
- 11mm Extra Small Oval 6253
- 13mm Extra Small Oval 6255
- 27mm Medium Oval 6257

SENSATION (short throw handle)
- 13mm Small Oval 6269
- 27mm Medium Oval 6267

Clinical Challenges  Snare Portfolio  Pre-Polypectomy Devices  Post-Polypectomy Devices
Pre-Polypectomy Devices

**TIPS AND TRICKS**

**INTERJECT™ SCLEROTHERAPY NEEDLES**

- Smooth beveled design facilitates injection
- Two needle lengths available: 4mm and 6mm
- Clear and Contrast Sheaths available: 200cm and 240cm
- Unique star-shaped inner catheter designed for needle actuation

“**I typically inject prior to resection for sessile and flat lesions that are greater than 2cm, especially if they’re located in the proximal colon.**”

*Douglas K. Rex M.D., FACP, FACG*
**RESOLUTION™ CLIP**

- Hemostasis – Marking – Closure – Anchoring*
- **Pre-loaded and Ready-to-Use** – essential for emergency bleed situations
- **11mm jaw opening** – intended to grasp sizeable tissue for mucosal/sub-mucosal defects of up to 3cm
- Engineered to enable opening and closing up to five times prior to deployment – aiding in repositioning

* Refer to Instructions For Use found in the product labeling supplied with each device.

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"I have found that proactively clipping post-Polypectomy is associated with a reduced (but not eliminated) risk of delayed bleeding and overall major complications after endoscopic resection of large colorectal polyps."

*Douglas K. Rex M.D., FACP, FACG*