Q16 Techniques for the management of intra-procedural perforation. Please specify the optimal technique for each mentioned.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Endoscopic clips -OTSC clips -Endoscopic suturing devices	1/13/2018 6:19 AM
2	Clipping : start at the far away edge in healthy tissue and then zip up in the other direction. Loop closure	12/7/2017 5:43 PM
3	- usually - endoscopic clips	12/3/2017 9:40 PM
4	* close with clips (like zipper, only fire if happy with position and closure, take the gravity into account when clipping) * OTSC: for larger perforations. * surgery	11/18/2017 9:31 PM
5	Complete polypectomy if safe/appropriate to do so Clip defect closed - start wide of the defect to buttress Check adequacy of closure IV antibiotics Admit for observation +/- CT +/- surgical notification Urgent Surgical referral if unable to close adequately, known/suspected peritoneal contamination, ongoing pain/fever/tachycardia	11/14/2017 6:02 AM
6	1. Closure with TTS clip starting at lateral edge in a zipper closure technique 2. Closure with OVESCO using grasping forceps with larger defects not suitable for closure with TTS clips	11/12/2017 2:03 PM
7	Most intra-procedural perforations or mural injuries can be managed with the use of hemoclips In some instances, the use of over the scope clips may be required (large defects)	11/5/2017 2:59 PM
8	1. Clips for DMI 3 and above 2. Over the scope clip for defects which are larger than 1cm	11/5/2017 3:03 AM
9	clip the perforation if small with endoclips if large with ovesco	11/3/2017 1:40 PM
10	clips, clips and more clips! Not Ovesco though	11/3/2017 12:19 PM
11	Suspected small perf --> continue EMR and place clips at end of procedure. Medium sized (5-10mm) perforation, remove areas of adenoma around perf before clip closing. Large perforation --> try to remove remaining adenoma before multiple clip closing or OTSC	11/1/2017 11:34 AM
12	Assess bowel prep. Clear rest of polyp surrounding defect. Close withcClips. Ideally L to R for small closures with defect central of in 5-6 o'clock position. For larger defects may need to close defect from either end before closing completely. For larger defects, consider application of loop after clip closure. If distal lesion consider use of OVESCO clip	10/31/2017 10:52 PM