

Q11 Strategies that could be employed to facilitate access to the target LSL (patient, lesion, added modalities)

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Straight scope -Lesion positioned to respect the influence of gravity on fluid/blood (away from the lesion) -Retroflexion -Use of caps	1/13/2018 6:19 AM
2	change patient position. Retroflex endoscope use of a cap Change more to different snare eg stiffer snares	12/7/2017 5:43 PM
3	- Distal caps - Position change - Retroflexion - Laparoscopic assistance - Clip line technique	12/3/2017 9:40 PM
4	Ideally achieve 3-7 o'clock position * optimize scope position (rotate clockwise or anti-clockwise, consider retroflexion) * optimize patient position * use of different endoscopes * use of a cap (transparent plastic cap, Endocuff)	11/18/2017 9:31 PM
5	Repositioning Scope selection Inflation/deflation Lesion non-dependent Utilize lift	11/14/2017 6:02 AM
6	1. Patient position to ensure polyp in non-dependent position 2. Use of a distal attachment cap especially at flexures/IC valve, dentate line 3. Adequate patient sedation 4. In difficulty to control left sided looping, use of an overtube 5. Always starting the the hardest part of the polyp	11/12/2017 2:03 PM
7	1. Dynamic positioning of the patient to ensure that the lesion is located in the 5-6 oclock position and ensuring the pooling of liquid does not occur in the location of the lesion 2. The use of a distal attachment cap is an important and critical adjunct 3. Use of high resolution endoscopy and NBI to clearly define the extent of the lesion and assess for submucosally invasive cancer	11/5/2017 2:59 PM
8	1. Position the patient (supine, right lateral, prone but may have resistance from Anaesthetists if there are airway concerns) 2. Manoeuvring the colonoscope to ensure lesion is located in the the 5-6 o clock position 3. Retroflexion, occasionally using a Gastroscope. 4. Suture/line method may assist in 'pulling' the lesion 5. Using a longer 'nose' Cap	11/5/2017 3:03 AM
9	Excelelent basic colonosopcy technique change positions; manual pressure cap, endocuff overtube (ballon enteroscop) pediatric endoscop gastroscop	11/3/2017 1:40 PM
10	cap/cuff/ different scopes/ position change/antispasmodics / anti bubble/washing pump/proximal lifting of lesion/injection technique	11/3/2017 12:19 PM
11	Scope type, retroflex vs straight, caps, patient positions	11/1/2017 11:34 AM
12	Reposition patient. External pressure. Site of initial lift in relation to lesion and folds etc Cap or distal attachment Use of water Scope tracker to ensure instrument is straight	10/31/2017 10:52 PM