

Q33 Please list techniques that a competent ER practitioner would utilize to treat lesion recurrence at an ER scar

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Snare resection using stiff-wired snare -Cold avulsion followed by snare tip soft coagulation	1/13/2018 7:07 AM
2	Re-EMR avulsion coagulation	12/7/2017 5:53 PM
3	- ESD - If tiny - maybe APC	12/3/2017 10:05 PM
4	Snare polypectomy, hot + cold, +/-lift Snare tip coag Hot avulsion +/-APC	11/29/2017 12:34 AM
5	* (cold) snare * mostly no lifting * avulsion technique with biopsy forceps * snare-tip coagulation * APC	11/18/2017 9:43 PM
6	1. Small residual: 1.1 Cold snare polypectomy 1.2 Hot Avulsion 1.3 Cold avulsion STC 1.4 APC 2. Large residual 2.1 Standard injection and snare technique	11/13/2017 2:06 PM
7	Competent ER practitioners should routinely biopsy scar of ER for assessment of residual adenoma If residual polyp present, most can be easily resected using cold snare polypectomy followed by ablation of the site of prior resection	11/5/2017 4:15 PM
8	1. Snare resection (without injection) 2. Cold avulsion snare tip coagulation	11/5/2017 3:48 AM
9	avoid lifting cold or hot snaring cold avulsion soft coag	11/3/2017 3:15 PM
10	EMR, underwater EMR, APC avulsion.	11/3/2017 2:01 PM
11	Lifting with snare resection, cold snare excision, biopsy treatment, APC & snare tip coagulation	11/1/2017 12:01 PM
12	Mechanical or snare resection plus thermal application. Usually snare or biopsy avulsion followed by soft tip coag.	10/31/2017 11:14 PM