

Q15 Techniques for the management of intra-procedural bleeding. Please specify the optimal technique for each mentioned.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Ensure patient position optimal such that bleeding is away from site (influence of gravity) - Mild/moderate bleeding start with snare tip soft coagulation (80W; effect 4); if ineffective after 2-3 attempts move to coag graspers -Severe bleeding or failed STSC use coag graspers (also 80W; effect 4); grasp bleeding site then if bleeding observed to sop tent away and apply thermal energy X 2-3 secs -Better to avoid clips for EMR, but occasionally required -Clips well suited for bleeding pedunculated polyps; critical to communicate with assistant instructing them to close and only fire one happy with placement -Can use epi to slow the bleeding prior to definitive management -In a pinch one can use the snare already in hand to tamponade a pedicle while preparing for device (e.g. clip) placement	1/13/2018 6:19 AM
2	Start with the tip of the snare: soft coagulation 80W Reinject to better visualize vessels : same solution Change to coagrasper : soft caog same settings clip if necessary : clip that can rotate and re-opened again	12/7/2017 5:43 PM
3	- visible vessel at ESD - knife tip coag or Coagrasper - Ooze - Coagrasper/ Clip - Active brisk bleed - isolate the bleeding vessel/ point precisely then coagrasper and clip	12/3/2017 9:40 PM
4	* snare-tipcoagulation: touch with tip of snare and coagulate (make sure: not too much pressure) * Coagrasper: grasp vessel, if it stops bleeding lift a little bit and coagulate * clip: close clip and only fire if bleeding stops. NB take the gravity into account when clipping	11/18/2017 9:31 PM
5	Watchful waiting Snare tip coag Coag grasper Clip(s)	11/14/2017 6:02 AM
6	1. Minor bleeding - snare tip coagulation (soft coag, 80 w) 2. Major bleeding - adrenaline injection (1:20000), coagrasper (soft coag 80w), clip placement	11/12/2017 2:03 PM
7	Use of soft coagulation using the coagulation forceps (Coagrasper) is most the commonly used modality to manage intraprocedural bleeding. The competent endoscopist must demonstrate the ability to appropriately use this device and technique (grab the vessel, tent towards the lumen, flush and document that the appropriate area is captured followed by coagulation, confirming that bleeding has ceased) Use of hemoclips may be required in some instances	11/5/2017 2:59 PM
8	1. Snare tip soft coagulation (STSC): coagulation current to the bleeding point using the foot pump water flush to identify the exact spot 2. Coagrasper if the above fails 3. Clip only when 1 and 2 fails (seldom if ever needed)	11/5/2017 3:03 AM
9	oozing: snare tip soft coag arterial bleeding: coagrasper or clip	11/3/2017 1:40 PM
10	snare tip coagulation for minor bleeding haemostatic forceps for more significant bleeding- most ESD/EMR clips - at end of procedure or as second line if soft coag not working rarely topical adrenaline last resort powder but practically never NB - position change and tamponade with the cap helpful if massive bleeding	11/3/2017 12:19 PM
11	Limited bleeding for resection margin during piecemeal EMR --> continue by placing snare at the margin and take next piece. Small oozing or spurting bleeding --> snare tip coagulation with softcoag 40W, spurting bleeding --> coagrasper 80W soft coat. No or rarely clips (maybe sometimes at the end of procedure)	11/1/2017 11:34 AM
12	Light or small vessels - soft tip coagulation Visible vessels - coag graspers Clips for on-going bleeding after above failed and polyp cleared from surrounding area Topical hemostatic agents (e.g. Purastat) where there is diffuse intra-procedural bleeding with significant resection around site of bleeding	10/31/2017 10:52 PM