

Q18 Techniques or strategies to employ if the ER procedure becomes difficult (i.e. difficult access to target lesion; incomplete resection, etc.)

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Reposition the patient -Consider a different scope - slim; gastroscope -Resections can be done 2-stage which has been shown to be effective; should be attempted prior to surgery	1/13/2018 6:19 AM
2	Stiffer snare change patient position FTRD in second step	12/7/2017 5:43 PM
3	- Knife assisted resection - ESD - Laparoscopic assistance - Surgery	12/3/2017 9:40 PM
4	* change position of the patient * consider placing a cap on the endoscope * ask nurse to hold the scope * ask for a colleague to come and advise and broaden view	11/18/2017 9:31 PM
5	Hot avulsion, etc Consider 2 stage procedure Consider surgery	11/14/2017 6:02 AM
6	1. Rolling the patient into different positions 2. Using antispasmodics 3. Abandon procedure with repeat second attempt provided no concern over SMI (with more experienced operator if less experienced proceduralist)	11/12/2017 2:03 PM
7	Same principles as highlighted above	11/5/2017 2:59 PM
8	1. Consider the two step procedure (i.e another attempt at a different time) 2. Surgical referral	11/5/2017 3:03 AM
9	change endoscop change position manual pressure cap chromoendoscopy	11/3/2017 1:40 PM
10	position change, change scope - gastroscope/paediatric, use cap/cuff, another day! laparoscopic assisted if adhesions preventing access	11/3/2017 12:19 PM
11	Position changes, retroflex, change to slimmer scope, call colleague to discuss alternative options	11/1/2017 11:34 AM
12	Request support from more experienced colleague. Change scope. Add distal attachment. Change to different snare type. Position change of patient. Stop procedure and repeat later in day (plus additional prep if required) or overnight and repeat following day.	10/31/2017 10:52 PM