

Q20 Techniques of inspecting the post-ER defect.

Answered: 12 Skipped: 0

| # | RESPONSES | DATE |
|----|---|---------------------|
| 1 | -Critical to spend sufficient time carefully inspecting the entire defect. -Topical application of chromic dye for areas of uncertainty -Routine use of Sydney Classification system | 1/13/2018 6:29 AM |
| 2 | NBI for borders Dye injection in the defect to asses target sign --> clip if necessary | 12/7/2017 5:46 PM |
| 3 | - Use of Magnification - Inspection of margins - Inspection for any islands of tissue - Inspection for visible vessels/ sites of ooze - Inspection for any visible muscle/ impending potential delayed perforation | 12/3/2017 9:47 PM |
| 4 | * HR-WLE * NBI/BLI etc: always * chromo: if no NBI/BLI etc or upon discretion of endoscopist * consider cap | 11/18/2017 9:34 PM |
| 5 | Treat bleeding first HDWL then NBI-assisted +/- magnificaiton Check centre + edge for residual polyp | 11/14/2017 6:05 AM |
| 6 | 1. Inspection of polypectomy margin for small residual 2. Understanding of the polypectomy defect for signs of muscularis propria defect 2.1 Recognition of target sign / perforation | 11/13/2017 1:38 PM |
| 7 | Ensuring that the entire post polypectomy site is inspected for residual polyp tissue and for adverse events such as bleeding, perforation and mural injury Adequate irrigation is critical and a distal attachment cap is very helpful in inspection of the post-ER defect | 11/5/2017 3:06 PM |
| 8 | 1. Careful meticulous defect assessment to ensure a; If there is any evidence of DMI b: completeness of resection This includes using image enhanced methods (NBI/OE/BLI) to look for residual adenoma | 11/5/2017 3:13 AM |
| 9 | NBI Chromoendosocpy biopsies | 11/3/2017 2:57 PM |
| 10 | white light - close up, inspecting all the way around margins and across base submucosal reinjection to highlight muscle (non staining), NBI margins looking for residual | 11/3/2017 12:39 PM |
| 11 | HD with zoom/magnification using NBI/BLI etc. Caps very helpful to stretch colonic wall | 11/1/2017 11:39 AM |
| 12 | Soft tip coag around edges ensures full inspection of all lateral margins. Photos of all areas of defect helps to assess completeness of resection. Consider moving patient or retroversion of scope for full views. | 10/31/2017 10:57 PM |