

## Q19 Strategies or maneuvers to assist in ER of lesions in specific locations (i.e. cecum, right colon, rectosigmoid, etc.)

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Optimal patient positioning is critical -Not certain what else this question is getting at beyond that asked in other questions...	1/13/2018 6:19 AM
2	Retroflex in the rectum. change patient position	12/7/2017 5:43 PM
3	- Difficult to be specific for location other than distal caps for IC valve lesions - Other aspects depend on individual circumstances	12/3/2017 9:40 PM
4	Use transparent cap for all difficult locations. Might consider changing scopes, e.g. for a pediatric scope. Besides: * cecum: be aware of thin bowel wall, be aware of potential ingrowth in ileocecal valve or appendiceal orifice. * right colon: consider to retroflex, be aware of thin bowel wall * rectosigmoid: consider use of gastroscope, consider retroflex	11/18/2017 9:31 PM
5	Scope selection Repositioning Cap Inflation/deflation Excellent prep	11/14/2017 6:02 AM
6	1. Use of cap - especially at flexures, IC valve, rectum/dentate line 2. Ensure non-dependent positioning of polyp 3. Roll to right side with RS polyps 4. Retroflexion in the right colon or rectosigmoid	11/12/2017 2:03 PM
7	Following the same above principles No major differences in the way I approach resection per se based on location of the polyp	11/5/2017 2:59 PM
8	Caecum: Position patient- lesion away from most dependant area- simply look at fluid pool to assess optimal position Right colon- retroflexion, longer Cap Rectosigmoid- retroflexion with a gastroscope	11/5/2017 3:03 AM
9	retroversion	11/3/2017 1:40 PM
10	same principles everywhere - cap for most procedures particularly I-C valve polyp. If polyp in fixed sigmoid from DD or adhesions- propofol important, Propofol for low rectal on dentate line Consider DBC if long colon and polyp on right	11/3/2017 12:19 PM
11	Caps very important, retroflexed view as well. Consider retroflexed thin gastroscope in sigmoid.	11/1/2017 11:34 AM
12	Right lateral position for caecum. Cap for ICV or difficult flexures. Prone position for rectosigmoid	10/31/2017 10:52 PM