

Q12 Characteristics of good submucosal injection technique

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Inject as tissue being punctured -Once in the submucosal plane pull catheter back and lift up/away (dynamic injection) -Do not over inject; important to use inject/resect technique	1/13/2018 6:19 AM
2	Long lasting Not diffusing	12/7/2017 5:43 PM
3	- Appropriate and sustained lift - Improving visualisation rather than reducing it - Not causing deep injection and intra-peritoneal leakage	12/3/2017 9:40 PM
4	* do not try to lift large lesion all at once * make a plan for systematic approach to the lesion (i.e. where to start) * dynamic lifting	11/18/2017 9:31 PM
5	Inject as inserting needle Inject through clearly benign lesions Avoid intramucosal blebs Sequential inject/resect of large lesions Beware over-lifting in narrow segments (eg sigmoid) or at flexures	11/14/2017 6:02 AM
6	1. Needle primed with injectate solution prior to injection 2. Injection needle above lesion, start injection and then short sharp jab into submucosa to achieved lift 3. Important to stop if SM not accessed 4. Nurse assistant should read out aloud volume injected in mls 5. Injection at a position to bring polyp forward out of a flexure	11/12/2017 2:03 PM
7	Dynamic injection technique Well directed submucosal injection Ensuring that the entire lesion or the lesion that is about to be resected has an adequate submucosal lift prior to resection	11/5/2017 2:59 PM
8	1. Needle at 30 degrees to mucosa 2. Inject (with force) before stabbing 3. Pulling needle slightly as submucosal space is found. 4. Using big/small wheel and the 'dynamic' injection technique 5. STOP if no lift noted (injectate could be beyond bowel wall).	11/5/2017 3:03 AM
9	correct lifting of the lesion and margins	11/3/2017 1:40 PM
10	obtaining rapid and reproducible submucosal needle access, needle direction manipulation during injection/understanding where to inject and not to over inject or under inject/ sequential injection technique for larger lesions	11/3/2017 12:19 PM
11	Injection start before breaching the mucosa, beware of intramucosal injections, lifting needle tip once injection the submucosa. Beware of over injecting normal mucosa in front of lesion	11/1/2017 11:34 AM
12	Avoid intra-peritoneal injection. Avoid superficial injection. Adequate but not over-expansion of submucosal space. Extension of injection to beyond lateral margins of lesion. Limited tissue lift if large pEMR planned. Ideally correct plane on first injection. Either pre-inject and advance or insert needle and inject on withdrawal into space. Count mls injected with assistant.	10/31/2017 10:52 PM