

Q9 Once an LSL has been judged endoscopically resectable, please list considerations a competent ER practitioner would make prior to commencing with ER.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Size, morphology, site, access -Is the patient medically optimized - e.g. antiplatelet agents held? -Has the patient properly planned for the intervention: potential for admission, no travel X 14 days, etc. -Has the patient been adequately consented? -Have I the practitioner scheduled enough time? -Do I have all the necessary equipment and support staff?	1/13/2018 5:41 AM
2	How much time do I need ? Sedation or anesthesia ? Need for antibiotics ? Cessation of anticoagulants ? HOw to approach the lesion : make a procedural plan. Which type of snare to use ?	12/7/2017 5:35 PM
3	Please see the detailed answer above + in addition - Knowledge and insight into their own skill level - Prior discussion at a complex polyp MDT	12/3/2017 9:25 PM
4	* is it resectable by me at this moment (competency, time-slot available, comfort and situation of patient) * risks * chance of performing a radical resection * achieving optimal specimen for pathology, esp if there is and increased risk of invasive growth	11/18/2017 9:10 PM
5	Size Location esp ICV, appendix, anal verge or diverticular-related SMF, previous attempt	11/14/2017 5:47 AM
6	1. Ensure electrocautery device functional and configured as per established guidelines 2. Availability of a variety of snares, clips (including OVESCO) 3. Gelo, Indigo, Dilute adrenaline (1:10000) 4. Appropriate time allocated for removal 5. Coagulation/Anti-platelet therapy considered and optimised 6. Appropriate patient consent obtained 7. Available support services in the event of a significant bleed or other complication (perforation) 8. Ensure patient correctly positioned (polyp in non-dependent position), good scope dynamics (short scope, good one to one)	11/8/2017 2:55 PM
7	Considerations include the following: 1. Exact size and extent of the lesion 2. En bloc vs. piecemeal resection 3. EMR vs. ESD 4. Type of devices required (snares, ESD devices) 5. Submucosal injectate 6. Ablation of margins and residual polyp tissue 7. Closure of mucosal defect 8. Admission of patient post procedure (based on procedural factors or logistical issues such as need to travel far post procedure and lack of appropriate care facilities to handle potential adverse events)	11/5/2017 1:45 PM
8	1. Ensure all essential equipment is available (and functioning) as described above 2. Ensure adequate time is reserved for the procedure	11/5/2017 2:36 AM
9	- Own capacity for accomplishing - Patients morbidities and life expectancies or other comorbidities (it's a preventive treatment) - colon cleanliness - Accessibility and stability of the scope - Adequate time slot and settings - Possibility of solving complications -	11/3/2017 1:34 PM
10	adequate time, experience, equipment, nursing support, is current consent sufficient, is patient about to travel or would not want a risk of bleeding in next 2 weeks. Often best to rebook after further consent process.	11/3/2017 11:53 AM
11	Determine where to start, consider position changes, determine need for retroflexed approach, determine where pieces and fluid will go once resected, determined specific risk areas of the lesion, determine whether suspicious areas (if present) need 'en-bloc' resection for better pathology reporting. Determine snare size(s), decide on need for possible clip closure	11/1/2017 11:14 AM
12	Ensure all potential equipment available. Adequate time for resection and dealing with complications. Provision for admission if necessary. Availability of image or video capture of procedure.	10/31/2017 10:29 PM