# Report 115

## Indications

unknown

## Description of Procedure

After the risks, benefits and alternatives of the procedure were thoroughly explained, informed consent was obtained and confirmed. Immediately prior to the procedure, a time-out was performed to verify the correct patient, procedure and site. A digital exam revealed no abnormalities of the rectum. The colonoscope was introduced through the anus and advanced to the cecum.

## Prep Quality

The overall prep quality was adequate. The Boston Bowel Prep Score was Boston Scale Right colon 2, Transverse colon 3, Left colon 3. Total BBPS = 8.

## Findings

The colonoscope was advanced to the cecum. Multiple colonic diverticula were observed in the sigmoid colon. At least 9 colonic polyps were identified around the anastomosis site.  
A 10 mm polyp was found in the transverse colon, adjacent to the anastomosis. Cold EMR was performed in a piecemeal fashion, and polypectomy was complete.  
A 5 mm polyp was found in the transverse colon, adjacent to the anastomosis. Cold snare polypectomy was performed, and polypectomy was complete.  
An 8 mm polyp was found in the transverse colon, adjacent to the anastomosis. Cold snare polypectomy was performed, and polypectomy was complete.  
A 6 mm polyp was found in the transverse colon, adjacent to the anastomosis. Piecemeal cold EMR was performed, and polypectomy was complete.  
A 25 mm polypoid lesion was found in the transverse colon. Piecemeal hot EMR and edge ablation were performed.  
A 20 mm polyp was found in the transverse colon, adjacent to the anastomosis. Piecemeal hot EMR and edge ablation were performed, and polypectomy was complete. Another 20 mm polyp was found in the transverse colon, adjacent to the anastomosis. Piecemeal hot EMR and edge ablation were performed.  
A 12 mm flat polyp was found across the anastomosis. Hot EMR and edge ablation were performed in a piecemeal fashion, and polypectomy was complete. A 10 mm flat polyp was found across the anastomosis. Hot EMR and edge ablation were performed in a piecemeal fashion, and polypectomy was complete.  
The colon mucosa was otherwise normal. The colonoscope was removed, and the procedure was completed without major complications.

## Impressions

1. Multiple colonic polyps (at least 9) identified around the anastomosis site.

2. A 10mm, 5mm, 8mm, and 6mm polyps in the transverse colon; resected with EMR or cold snare.

3. A 25mm and two 20mm polyps in the transverse colon; resected with piecemeal hot EMR and edge ablation.

4. A 12mm and 10mm flat polyps across the anastomosis; resected with hot EMR and edge ablation.

## Recommendations

1. Await biopsy results.

2. Continue surveillance.

3. Follow up with referring physician.

## Repeat Exam

Return in 3 years for colonoscopy.