# Report 115

## Indications

59 year old male for assessment of multiple colonic polyps around the site of anastomosis.

## 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 observed around the anastomosis area.  
A 10 mm transverse colonic polyp adjacent to the anastomosis was removed by cold EMR in a piecemeal fashion.  
A 5 mm transverse colonic polyp adjacent to the anastomosis was removed by cold snare polypectomy.  
An 8 mm transverse colonic polyp adjacent to the anastomosis was removed by cold snare polypectomy.  
A 6 mm transverse colonic polyp adjacent to the anastomosis was removed by piecemeal cold EMR.  
A 25 mm transverse colonic polyp was removed by piecemeal hot EMR and edge ablation.  
A 20 mm transverse colonic polyp adjacent to the anastomosis was removed by piecemeal hot EMR and edge ablation.  
A 20 mm transverse colonic polyp adjacent to the anastomosis was removed by piecemeal hot EMR and edge ablation.  
A 12 mm flat polyp across the anastomosis and a 10 mm flat polyp across the anastomosis were removed by hot EMR and edge ablation in a piecemeal fashion.  
The colon mucosa was otherwise normal. The colonoscope was removed and the procedure completed.

## Impressions

1. Multiple colonic polyps around the anastomosis site; all removed.

2. Multiple colonic diverticula observed in the sigmoid colon.

3. No complications reported.

## Recommendations

1. Await biopsy results.

2. Continue surveillance.

3. Advance diet as tolerated.

4. Resume current medications.

5. Continue age-appropriate colorectal cancer surveillance.

6. Follow up with referring physician.

## Repeat Exam

Return in 3 years for colonoscopy.