# Report 16

## 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 3, Transverse colon 3, Left colon 3. Total BBPS = 9.

## Findings

The colonoscope was advanced to the cecum. The Boston Bowel Prep score was 3 in the right colon, 3 in the transverse colon, and 3 in the left colon, for a total score of 9.  
Initially, five polyps were identified in the cecum, measuring 3-13 mm in size, all Paris 0-Is and NICE type 2. The 13 mm polyp was resected with hot EMR after saline demarcation and lifting. The other polyps were removed with cold snare.  
During withdrawal, a 10 mm and a 5 mm polyp were identified in the ascending colon, both Paris 0-Is, NICE 2, and removed with cold snare.  
In the transverse colon, a 10 mm polyp was identified and resected with cold snare.  
In the sigmoid colon, two polyps (5 mm and 10 mm) were identified and resected with cold snare. Two tattoos were observed in the sigmoid colon, with no evidence of prior polypectomy scar.  
Pancolonic diverticulosis was noted. The colon mucosa was otherwise normal. The colonoscope was removed without complications.

## Impressions

1. Multiple polyps identified and resected in the cecum, ascending colon, transverse colon, and sigmoid colon.

2. Pancolonic diverticulosis noted.

3. Two tattoos observed in the sigmoid colon, with no evidence of prior polypectomy scar.

## Recommendations

1. Await biopsy results.

2. Continue surveillance.

3. Follow up with referring physician.

## Repeat Exam

Return in 3 years for colonoscopy.