# Report 180

## Indications

50-year-old male coming for colonoscopy with an average risk for colorectal cancer. History of a tubular adenoma on top of a previous EMR scar.

## 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. On withdrawal, a short, less than 5 mm fibrotic stricture from previous EMR was noted in the transverse colon. Two 5 mm polyps were identified arising from a previous EMR scar at 6 o'clock and 10 o'clock positions. The lesions were marked with APC. EMR was attempted with dye injection but showed no lifting sign. The lesions were removed using hot forceps avulsion. The resection site was treated with APC to ablate residual polyp tissue and a prophylactic clip was placed at the 10 o'clock position. The rest of the colon examination was normal.

## Impressions

1. Previous EMR scar with 2 new 5mm polyps, resected with hot forceps avulsion.

2. Fibrotic stricture noted in the transverse colon.

3. Prophylactic clip placed at resection site.

## 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 20 years if hyperplastic polyps on pathology.  
Return in 7 years if tubular adenoma on pathology.  
Return in 5 years if sessile serrated polyp (SSP) on pathology.  
Return in 3 years if adenoma with villous or tubulovillous or high grade dysplasia, OR sessile serrated polyp with dysplasia, OR traditional serrated adenoma on pathology.