# Report 95

## Indications

65 year old male here for assessment.

## 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. A 6 mm periappendiceal polyp (Paris Is) was identified and removed en bloc with cold snare polypectomy. The specimen was retrieved for histological examination.  
The colon mucosa was otherwise normal. Prominent veins were noted along the colon. No other masses, polyps or mucosal abnormalities were observed throughout the colon. The colonoscope was removed and the procedure completed.

## Impressions

1. A 6mm periappendiceal polyp (Paris Is) was resected en bloc with cold snare.

2. Prominent veins noted along the colon.

3. Otherwise normal colon mucosa.

## 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.