

PREOPERATIVE DIAGNOSIS: , Possible inflammatory bowel disease.,POSTOPERATIVE DIAGNOSIS: , Polyp of the sigmoid colon.,PROCEDURE PERFORMED: ,Total colonoscopy with photography and polypectomy.,GROSS FINDINGS: , The patient had a history of ischiorectal abscess. He has been evaluated now for inflammatory bowel disease. Upon endoscopy, the colon prep was good. We were able to reach the cecum without difficulty. There are no diverticuli, inflammatory bowel disease, strictures, or obstructing lesions. There was a pedunculated polyp approximately 4.5 cm in size located in the sigmoid colon at approximately 35 cm. This large polyp was removed using the snare technique.,OPERATIVE PROCEDURE: ,The patient was taken to the endoscopy suite, prepped and draped in left lateral decubitus position. IV sedation was given by Anesthesia Department. The Olympus videoscope was inserted into anus. Using air insufflation, the colonoscope was advanced through the anus to the rectum, sigmoid colon, descending colon, transverse colon, ascending colon and cecum, the above gross findings were noted. The colonoscope was slowly withdrawn and carefully examined the lumen of the bowel. When the polyp again was visualized, the snare was passed around the polyp. It required at least two to three passes of the snare to remove the polyp in its totality. There was a large stalk on the polyp. _____ the polyp had been removed down to the junction of the polyp in the stalk, which appeared to be cauterized and no residual adenomatous tissue was present. No bleeding was identified.

The colonoscope was then removed and patient was sent to recovery room in stable condition.