Instinct® Endoscopic Clip in Post-Polypectomy Bleed Management

Background/Case Information
A 68-year-old patient presented for a surveillance colonoscopy. Five years prior, the patient underwent screening colonoscopy and two small tubular adenomas were removed. The patient takes Coumadin for chronic atrial fibrillation, having stopped it five days earlier in preparation for colonoscopy.

Examination demonstrated a 12 mm sessile polyp in the ascending colon (Figure 1). I-Scan imaging was used to highlight the mucosal pattern and delineate the margins (Figure 2).

After lifting with 15 ml of saline-indigo carmine-epinephrine solution (Figure 3), the polyp was resected en bloc using a braided snare and blended current (Figure 4).
Instinct Endoscopic Hemoclips in Post-Polypectomy Bleed Management
David G. Forcione, MD

International Symposium to Focus on GI Bleeds

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Following resection, the polypectomy base was free of bleeding and there was no evidence of perforation. Given the patient was to resume Coumadin, it was decided to close the mucosal defect to reduce the risk of post-polypectomy bleeding.

The mucosal defect resulting from the polyp removal was closed with three Instinct Endoscopic Clips with good effect (Figure 5).

Figure 4: Post-polypectomy

Figure 5: Closure with Instinct Endoscopic Clips

Post-Procedure/Follow-up

The patient tolerated the procedure well and was discharged from the endoscopy unit. Pathology demonstrated a sessile serrated adenoma without high-grade dysplasia. Coumadin was resumed 24 hours post-polypectomy and there was no clinical evidence of bleeding. The patient was advised to undergo surveillance colonoscopy in three years.

International Symposium to Focus on GI Bleeds

The Quality in Endoscopy symposium “GI Bleeding” takes place in Berlin, Germany, November 28 - 29, 2014.

Organized jointly by the European Society of Gastrointestinal Endoscopy (ESGE), the European Society of Gastrointestinal and Abdominal Radiology (ESGAR) and the European Association for Endoscopic Surgery (EAES), these symposia are well known for highly communicative teaching by a skilled and dynamic faculty. Alongside senior speakers, presenters from the up-and-coming younger generation will contribute to innovative and lively didactic sessions.

The “GI Bleeding” symposium is tailored to the needs of physicians, especially young fellows and junior physicians, across the fields of gastroenterology, GI endoscopy, surgery, surgical endoscopy, interventional radiology and internal medicine.

Topics covered will include: non-variceal upper GI bleeding, esophageal variceal bleeding, obscure bleeding, lower GI bleeding, post-procedure bleeding and the role of antiplatelet agents and anticoagulants in GI bleeding. Interaction, including the open exchange of ideas, clinical experiences and knowledge between faculty and participants is always a central element of the symposia.

For more information or to register, go to www.quality-in-endoscopy.org or call +49-89-9077936-13.