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Instinct® Endoscopic Hemoclip in Post-Polypectomy Bleed Management

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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.

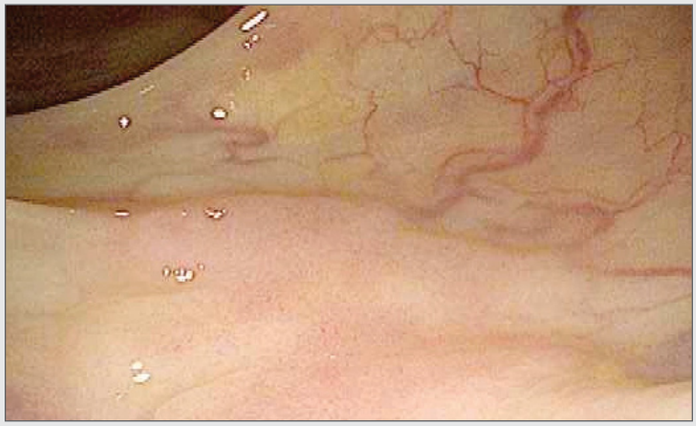

Figure 1: Sessile polyp ascending colon

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*).

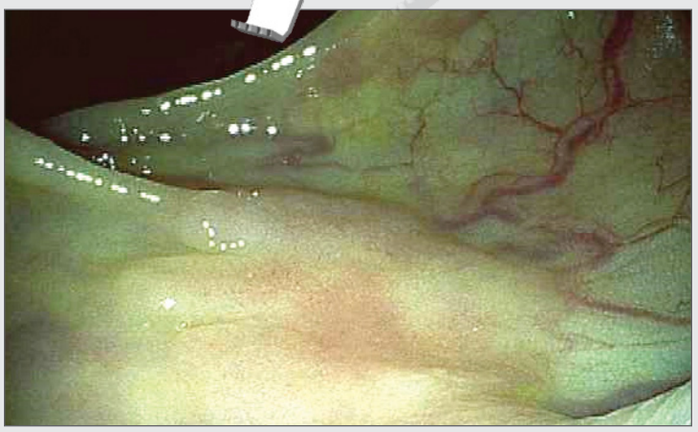

Figure 2: Sessile polyp – I-Scan 2 imaging

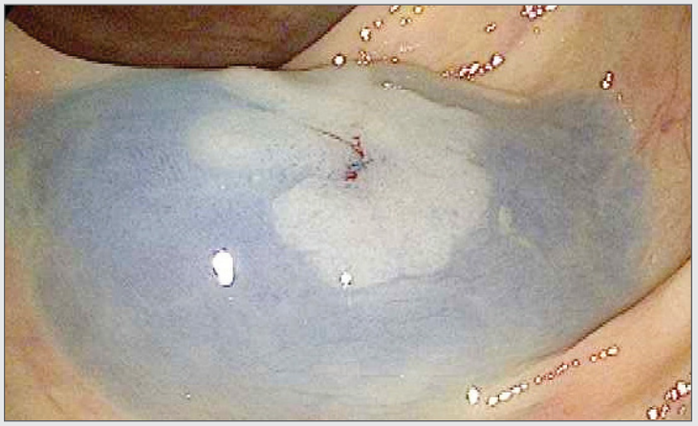

Figure 3: Polyp after lifting

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*).

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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 Hemoclips with good effect (*Figure 5*).

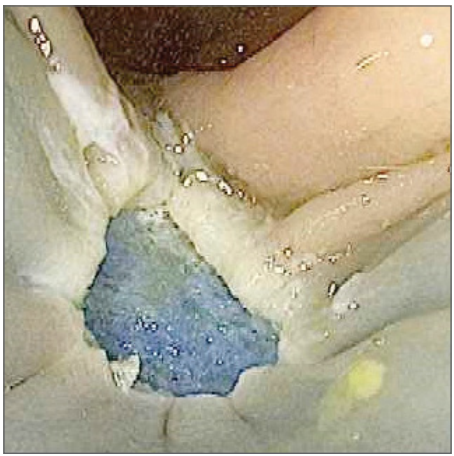

Figure 4: Post-polypectomy

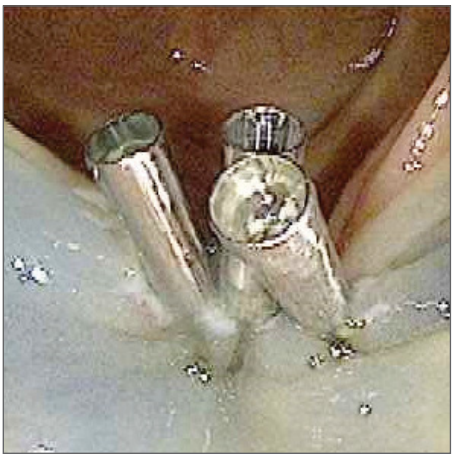

Figure 5: Closure with Instinct Endoscopic Hemoclips

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. ■