

Products	Exacto® cold snare
Procedural Area	Polypectomy
Article	Safety of Cold Polypectomy for <10mm Polyps at Colonoscopy: A Prospective Multicenter Study
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Purpose	The purpose of this study was to assess postpolypectomy complications when removing <10mm polyps with cold techniques and to review the rate of unfavorable histology within subcentimetric polyps.
Key Points	<p>823 patients with polyps <10mm were enrolled in a prospective multicenter study to assess the safety of cold polypectomy for subcentimetric polyps.</p> <ul style="list-style-type: none"> • 90% of polypectomies performed during colonoscopies are for polyps that are ≤ 9mm in size. • Cold polypectomy techniques are increasingly used to minimize the risk of complications such as perforation, and this study measured the rate of post-polypectomy bleeding and other complications after using cold polypectomy techniques for the removal of small polyps (<10mm). • Cold polypectomy was used to remove 1,015 polyps with cold biopsy forceps for 63.4% and cold snares for 36.6% of polyp removals. • In all patients, there were no complaints of delayed bleeding or any other complications after cold polypectomy removal of a polyp. • Immediate postpolypectomy bleeding occurred in 18 patients and endoscopic hemostasis was successful in all cases by using a clip, adrenaline injection, or a combination of these two therapies. The risk of bleeding was almost three times higher in patients on anti-platelet therapy. Furthermore, this study concluded immediate treatment carries no additional cost compared with what is required for more serious delayed complications. • Perforation due to electrocautery is the most serious polypectomy-related complication and cold polypectomy eliminates the risks associated with electrocautery. • The histological review showed advanced histology in 6.8% of the polyps retrieved. There was no significant difference in the rate of advanced adenoma between small 6-9mm lesions and diminutive <5mm lesions. • The rate of resected specimens that could not be retrieved was no higher than that reported when using electrocautery.
Conclusions	Cold polypectomy for subcentimetric polyps is widely used by Western gastroenterologists. This multicenter study of over 1,000 polypectomies confirms that cold polypectomy for the removal of polyps <10mm is a safe technique. This study also found a significantly higher percentage of diminutive polyps with advanced neoplasia relative to other studies and emphasized using caution with the management of these lesions.