

Advanced Tissue Resection

iSnare™ Case Report Series • Report 1



“The iSnare allowed for both submucosal needle injection and snare transection in one device. There was no dissipation of my saline bleb; I injected and was able to immediately begin resection with the snare loop. No device exchanges were required and fewer injections were needed to complete the procedure.”

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Procedure

• Colonoscopy with endoscopic mucosal resection of sessile rectal polyp

Indications

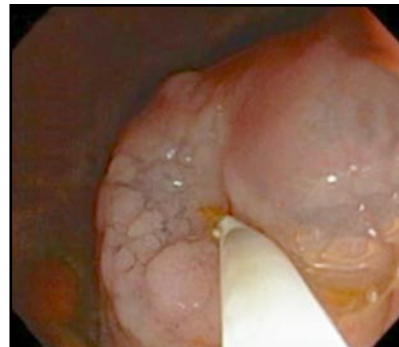
• Previously biopsied sessile rectal polyp defined as benign

Findings

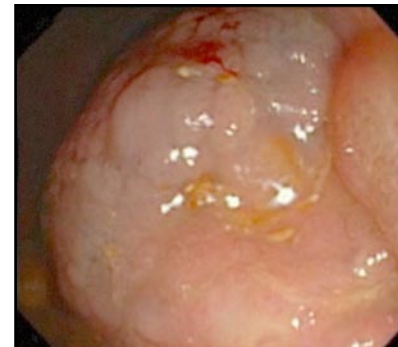
The colon was completely normal except for a 3 cm sessile polyp found 10 cm from the anal verge. The lesion was quite flat and multi-lobular. There were no stigmata of malignancy. There was no ulceration.

Endoscopic Mucosal Resection

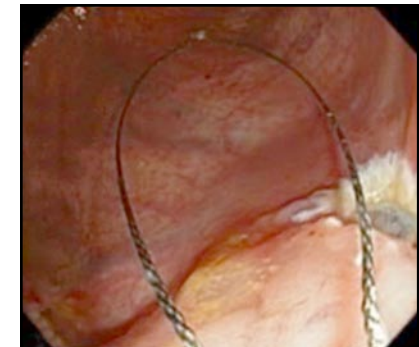
Utilizing the iSnare, dual performance device, the lesion was initially injected submucosally with saline solution to raise it from its submucosal base. Then the snare was deployed and multiple resections were performed until the lesion was fully excised. Total resection of the tissue required approximately 10 independent uses of the iSnare. The tissue was easily removed from the rectum and pathological examination revealed it to be a tubular villous polyp without evidence of malignancy.



1. Submucosal base formation with the iSnare



2. Submucosal lift achieved; prior to snare positioning



3. Tissue resection with the iSnare



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