

<b>Products</b>	Exacto™ cold snare
<b>Procedural Area</b>	Polypectomy
<b>Article</b>	Colonoscopy and Diminutive Polyps: Hot or Cold Biopsy or Snare? Do I send to Pathology?
<b>Publication</b>	Hewett DG. Rex DK. Colonoscopy and Diminutive Polyps: Hot or Cold Biopsy or Snare? Do I send to Pathology. Clinical Gastroenterology and Hepatology 2011;9:102-105
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<b>Authors</b>	David G. Hewett and Douglas K. Rex
<b>Purpose</b>	Determine best method of removing polyps ≤9 mm in size and, once resected, whether or not these polyps should be submitted for pathological assessment.
<b>Key Points</b>	<p><b><i>How should diminutive polyps be removed?</i></b></p> <ul style="list-style-type: none"> <li>• Since polyps ≤9 mm in size are common and less likely to be cancerous, complications (hemorrhage or perforation) with removal should be minimized. <ul style="list-style-type: none"> <li>○ The use of cautery poses the greatest risk during polypectomy.</li> </ul> </li> <li>• Most diminutive polyps are best removed with snares, with the exception of tiny, flat lesions in the left endoscopic field of view, where large capacity cold biopsy forceps may be easier to use if they can fully engulf the entire polyp.</li> <li>• Recurrence rates of nearly 30% have been reported for cold and hot biopsy forceps.</li> <li>• Early data suggests a lower rate of residual polyp tissue with cold snaring vs. cold forceps.</li> <li>• <u>Cold snaring is a safe and effective way to resect diminutive polyps.</u></li> </ul> <p><b><i>Should diminutive polyps be sent to pathology?</i></b></p> <ul style="list-style-type: none"> <li>• Costs associated with removal include polypectomy and retrieval devices, time, pathology assessments and further surveillance.</li> <li>• The authors suggest that a “resect and discard” approach (used in conjunction with advanced imaging techniques) could become mainstream, if endorsed by a professional gastroenterology society as a first step, to control costs of polypectomies with a low incidence of cancer.</li> </ul>
<b>Conclusions</b>	Society guidelines (based on additional published data) are needed to definitively direct polypectomy techniques, but <b><i>the authors support cold polypectomy for polyps ≤9 mm in size</i></b> and call for changes to the standard of care in regards to the use of pathological evaluation for diminutive polyps.
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