

Products	Exacto® cold snare
Procedural Area	Polypectomy
Article	Pushing the Limit: How to Get the Most Out of Cold Snares
Publication	The American Journal of Gastroenterology (2016 111: 1217-1219)
URL	http://www.nature.com/ajg/journal/v111/n9/full/ajg2016275a.html
Author	Daniel von Renteln, MD and Heiko Pohl, MD
Purpose	A review of clinical evidence of polypectomy with cold snare resection compared to forceps and snare resection with electrocautery.
Key Points	<p>Current evidence has established that the cold snare technique is a safe and effective technique for polyps ≤10 mm.</p> <p><u>Cold snare resection is preferred for complete resection</u></p> <ul style="list-style-type: none"> • Cold snaring should be the preferred technique for all diminutive polyps >3 mm • Incomplete resection with hot snaring has been reported in 10% of 5–20 mm neoplastic polyps • Removal of small polyps with hot forceps is often incomplete and may impair histopathology due to electrocautery artifacts • A high rate of incomplete resection has also been associated with cold forceps <p><u>Cold snaring reduces the risks of complications</u></p> <ul style="list-style-type: none"> • Cold snaring should reduce the risk of perforation and post-polypectomy bleeding – both of which could occur with the use of electrocautery • In a small study evaluating patients on warfarin, the cold snare group had lower immediate and delayed bleeding rates versus the hot snare group (0% vs. 14% and 6% vs. 23%, respectively)¹ • The risk of delayed bleeding and eschar formation may be minimized with cold snare resection <p><u>Benefits of a dedicated cold snare (Exacto® cold snare) versus a standard snare</u></p> <ul style="list-style-type: none"> • Standard snares have been designed for use with electrocautery and have thicker, braided wires, which limit cutting capabilities • The Exacto® cold snare has a thin, stiff wire that holds healthy polyp margin easier than a standard snare • Another trial showed that incomplete resection of diminutive polyps was significantly less with a dedicated cold snare (Exacto® cold snare) compared to a standard snare (9% vs. 21%)² <p><u>Technique with cold snare resection</u></p> <ul style="list-style-type: none"> • A “push and cut” technique should be used • During placement, the tip of the catheter should be 1-2mm in front of the polyp base • When closing the snare, gentle pressure should be applied onto the mucosa
Conclusions	Studies suggest that cold snare resection is safe and effective and may be considered as the primary resection method for polyps up to 10mm. Specifically, a dedicated cold snare should be used for polyps greater than 5mm and less than 10mm.
This summary does not replace a subscription.	

¹ Horiuchi A , Nakayama Y , Kajiyama M et al. Removal of small colorectal polyps in anticoagulated patients: a prospective randomized comparison of cold snare and conventional polypectomy. GIE 2014;79 : 417 – 23.

² Horiuchi A , Hosoi K , Kajiyama M et al. Prospective, randomized comparison of 2 methods of cold snare polypectomy for small colorectal polyps. GIE 2015 ; 82 : 686 - 92.