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### Article

Cold Snare Polypectomy for Large Sessile Colonic Polyps: A Single-Center Experience

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### Purpose

Retrospectively analyze the cold snaring polypectomy outcomes in patients with large sessile polyps (>10mm in size) to observe feasibility of technique and clinical outcomes.

### Key Points

- A retrospective, single-center review of 30 patients that had large sessile colonic polyps (size >10mm). All procedures were performed by one attending endoscopist and utilized the Exacto® cold snare to remove polyps utilizing a cold snare polypectomy technique with the following results:
  - 30 polyps were removed using a primarily piecemeal cold snare technique after submucosal injection with saline and indigo carmine.
  - The Exacto® cold snare utilized is a 9mm thin wire cold snare with a hexagonal shape to facilitate polyp grasping.
  - The mean polyp size was 19mm and 80% of polyps were removed from the right colon.
  - There were no cases that required hemostatic techniques for immediate active bleeding and no other delayed bleeding or perforation, post-polypectomy syndrome or other complications were identified. Intervention such as APC and hemostatic clips were used in some procedures to treat polypectomy borders, oozing sites, and to close mucosal defects.
  - 100% of polyps were retrieved and sent to pathology.
  - 27 of the 30 patients had a follow-up colonoscopy within 6 months, and 80% of these patients had complete polyp resection and did not require any further intervention. Other studies have shown residual polyp rates of sessile serrated adenomas up to 31%.
  - The absence of cautery with cold snare polypectomy prevents thermal wall injury and post-polypectomy syndrome and may contribute to a decreased risk of delayed bleeding and delayed perforation.

### Conclusions

The findings of this study indicate that piecemeal cold snare polypectomy appears to be a safe and effective technique for resecting large sessile polyps in the right colon.