

Suck and Snare: A Technique for Rapid, Complete, and Safe Cold Snare Polypectomy of Sessile Polyps Greater than One Centimeter

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Take Home Points

1. Suction Polypectomy can be considered to facilitate cold snare polypectomy of sessile polyps greater than one centimeter
2. All polyps were removed En Bloc and there were no adverse events
3. Suction polypectomy does not require additional supplies or significant technical expertise and may represent a cost-effective approach for removal of flat polyps

INTRODUCTION

- Snare polypectomy of flat colon polyps may be challenging when borders are indistinct or if the snare wire slides over the flat mucosal surface as the snare closes.
- Current guidelines suggest cold or hot snare polypectomy with or without submucosal injection for the removal of polyps between 1 and 1.9 centimeters (cm).
- Injection lift polypectomy and hot snare endoscopic mucosal resection of flat lesions can be time intensive and carries risks of perforation, post polypectomy syndrome, and bleeding.
- We propose an adaptation of the “suction polypectomy technique,” previously described for the removal of less than 1 cm sessile polyps¹, for use in cold snare polypectomy of sessile polyps greater than 1 cm.

CASE SERIES DESCRIPTION

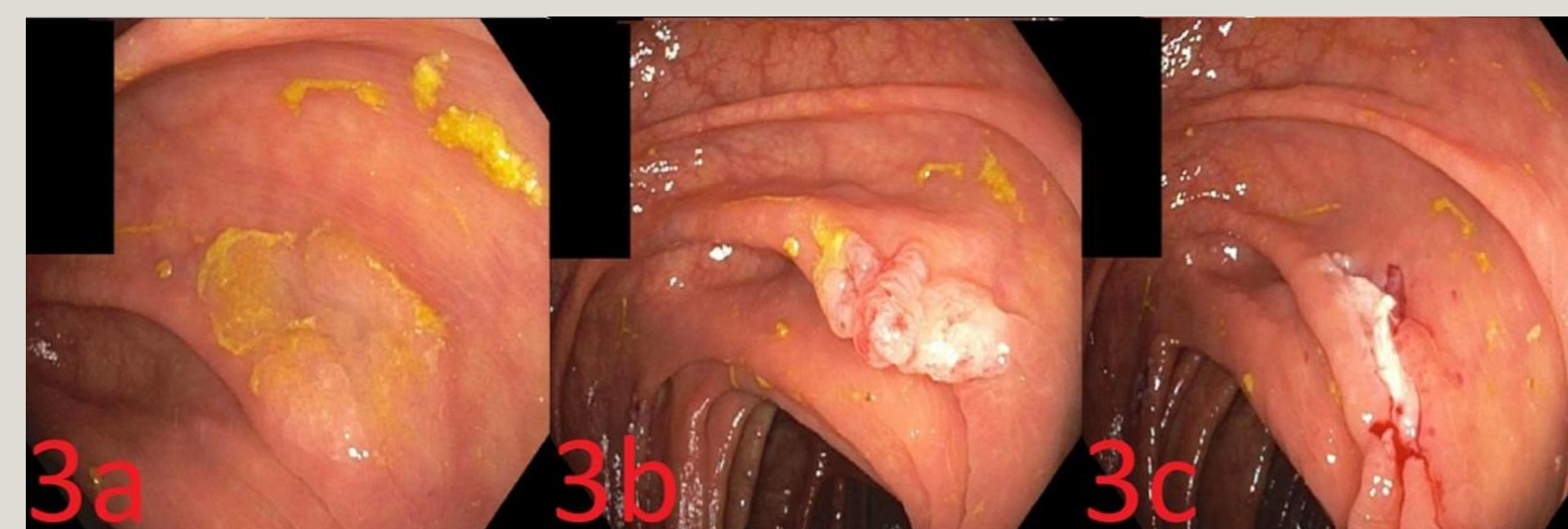
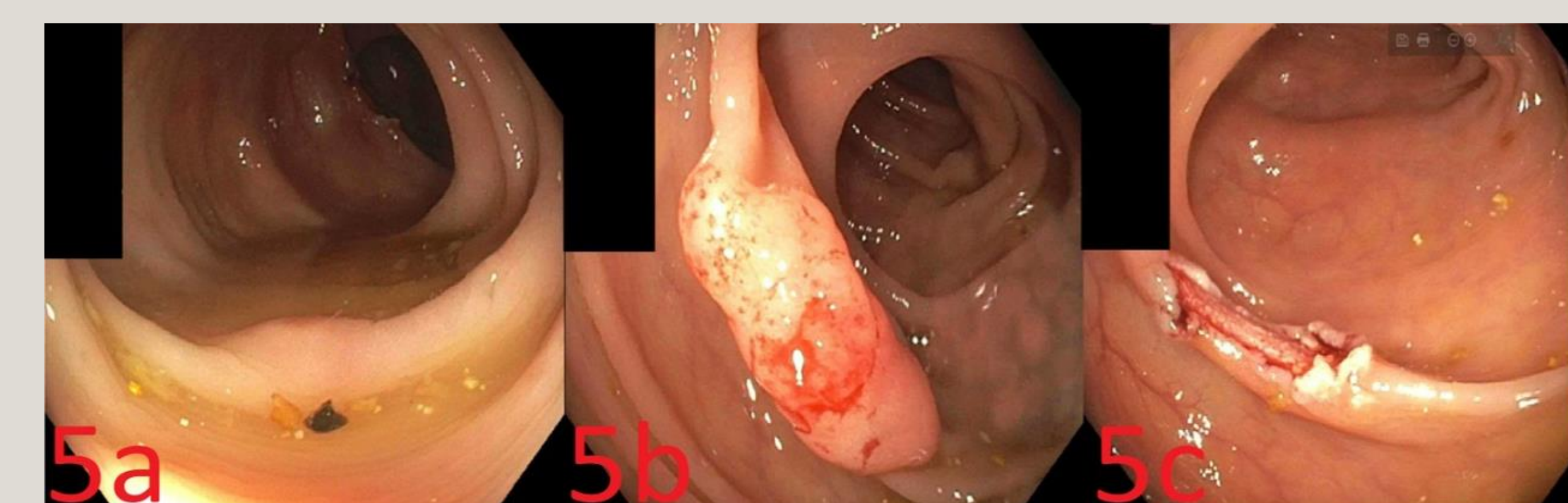
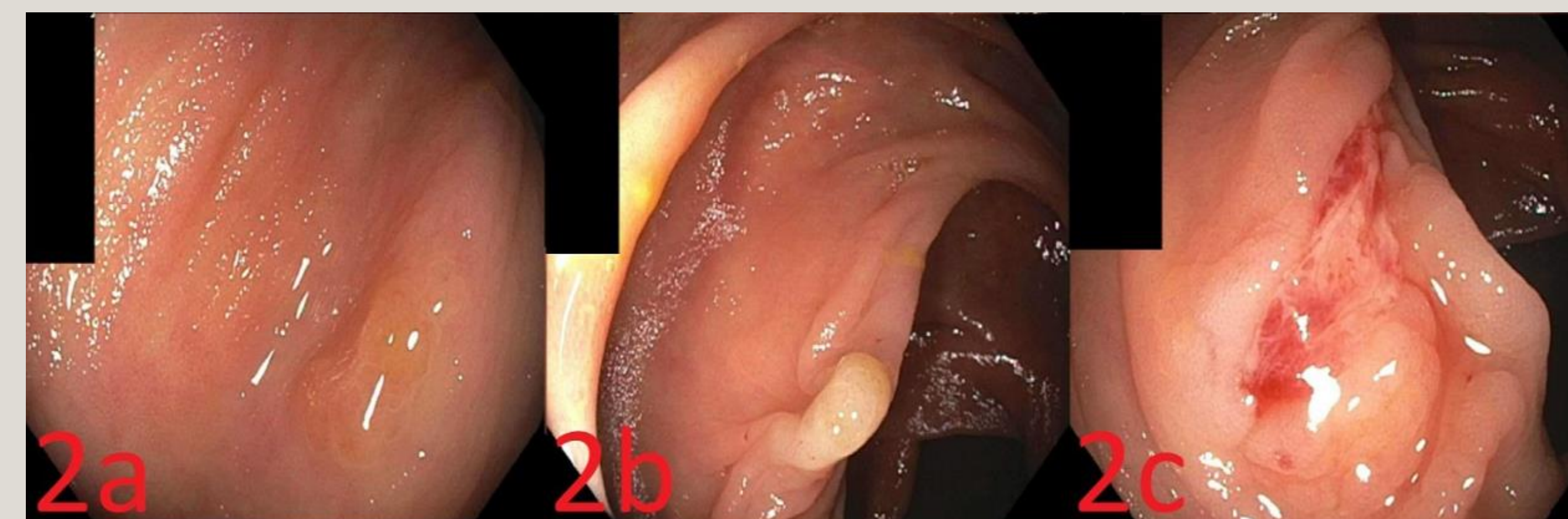
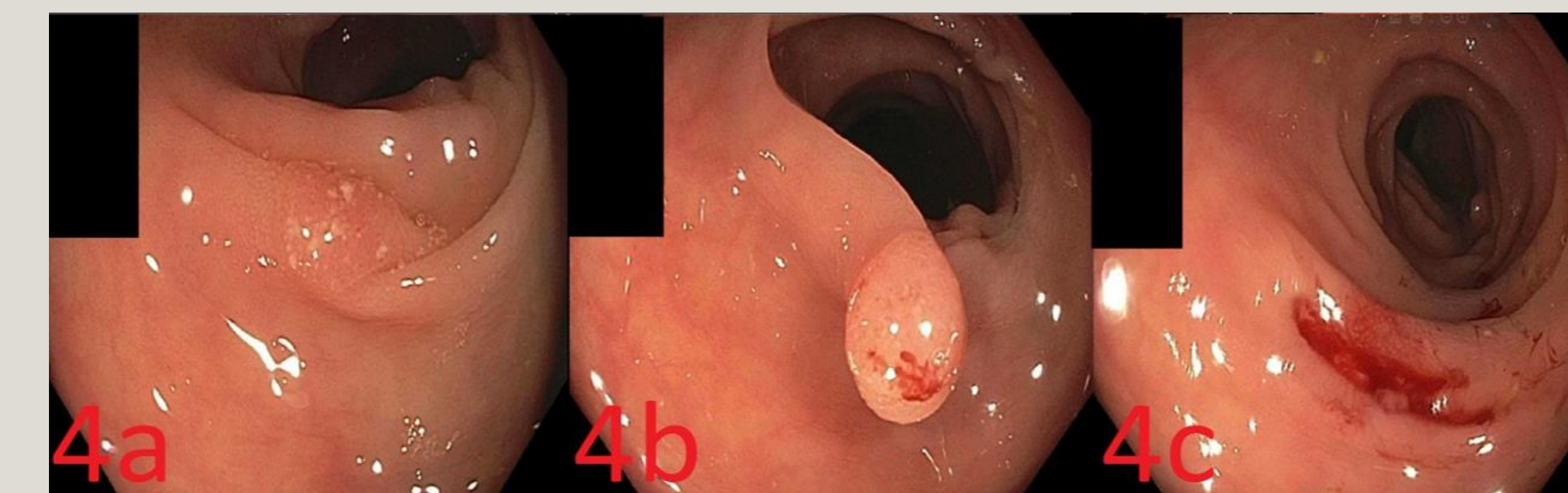
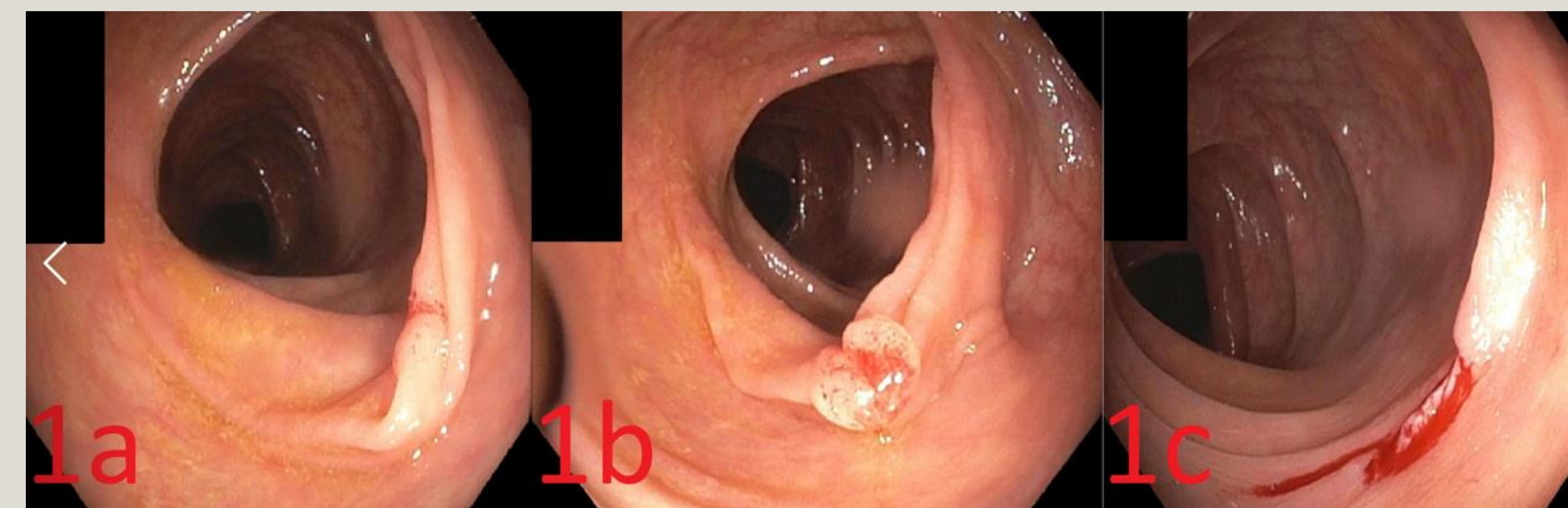
- Technique: Olympus high definition colonoscopes (CF-HQ190L/I) were used to identify sessile polyps between 10-15 mm (Table 1).
- The snare was passed through the instrument and pulled back slightly into the channel.
- Polyps were then suctioned using the tip of endoscope for 1-2 seconds.
- This technique was repeated over the surface of the entire lesion until the polyps puckered up, developing a more polypoid shape.
- The polyps were then immediately resected via cold snare polypectomy (Figure 1).
- All polyps were completely resected and there were no procedural complications.

DISCUSSION

- This series shows that the “Suction Polypectomy” technique using a cold snare for polyps 1 cm or greater is feasible and safe with the benefits of not requiring the use of lifting agents, injection needles, or significant technical expertise.
- Future studies are required to determine the feasibility of suction polypectomy in lesions greater than 1.5 cm and the safety and efficacy of the technique in larger prospective cohorts.

Table 1: Characteristics of Polyps Removed

Patient #	Polyp Size	Location	Pathology Diagnosis	En Bloc versus Piecemeal	Complications (Immediate/Delayed Bleeding or Perforation)
1	10 mm	Descending Colon	Tubular Adenoma in Fragments	En Bloc	None
2	10 mm	Ascending Colon	Sessile Serrated Adenoma	En Bloc	None
3	12 mm	Ascending Colon	Sessile Serrated Adenoma	En Bloc	None
4	12 mm	Ascending Colon	Tubular Adenoma in Fragments	En Bloc	None
5	11 mm	Transverse Colon	Tubular Adenoma	En Bloc	None



KEY

Endoscopic images of the technique. Images labeled “A” show the polyp before suction. Images labeled “B” show the polyp after suction. Images labeled “C” show post-polypectomy.

REFERENCE

1. Pattullo V, Bourke MJ, Tran KL, McLeod D, Williams SJ, Bailey AA, Alexander S, Mishra A, Co J. The suction pseudopolyp technique: a novel method for the removal of small flat nonpolypoid lesions of the colon and rectum. *Endoscopy*. 2009 Dec;41(12):1032-7. doi: 10.1055/s-0029-1215294. Epub 2009 Nov 6. PMID: 19899034