

Intraprocedural Bleeding During Polypectomy

When Does It Happen and How Are We Managing It?



N Mc Gettigan, E Leung, A Harhen, M Adam, J Burns, J Bergin, A Cooney, N Kennedy, S Ismail, M Walshe, J Keohane, S Sengupta



LOL Hospital, Gastroenterology Department, Drogheda

Introduction

- Bleeding is the most common complication of polypectomy and can be categorized as intraprocedural bleeding or delayed bleeding.
- Intraprocedural bleeding (IPB) occurs in up to 11% of patients during EMR.
- Risk factors include larger lesions, Paris 0-IIa/b Is, villous or tubulovillous (TV) histology.

Aim

- To review the management of intraprocedural bleeding during polypectomy in a JAG accredited Bowel Cancer Screening unit and to identify common patient and polyp characteristics in intraprocedural bleeding

Methods

- A review of polypectomy reports in the past 5 years was carried out to identify patients who underwent EMR of lesions ≥ 10 mm where IPB occurred.
- Minitab17 was used to carry out statistical analysis.

Results

- EMR of lesions ≥ 10 mm was carried out in 190 patients in the 5 year period, IPB occurred in 10% (n=19).
- The majority of polyps were 10-30mm (n=17, 89%).
- Two polyps were >30 mm.

Results for patients with Intraprocedural Bleeding

Mean Age	68 years (95% CI: 63, 72)
Gender (n,%)	
Female	10 (54%)
Male	9 (47%)
Mean histological size	15.6mm (95% CI:12.2, 18.9)
Piecemeal polypectomies	9 (47%)
EnBloc polypectomies	10 (53%)

Figure 1 Morphology of Polyps

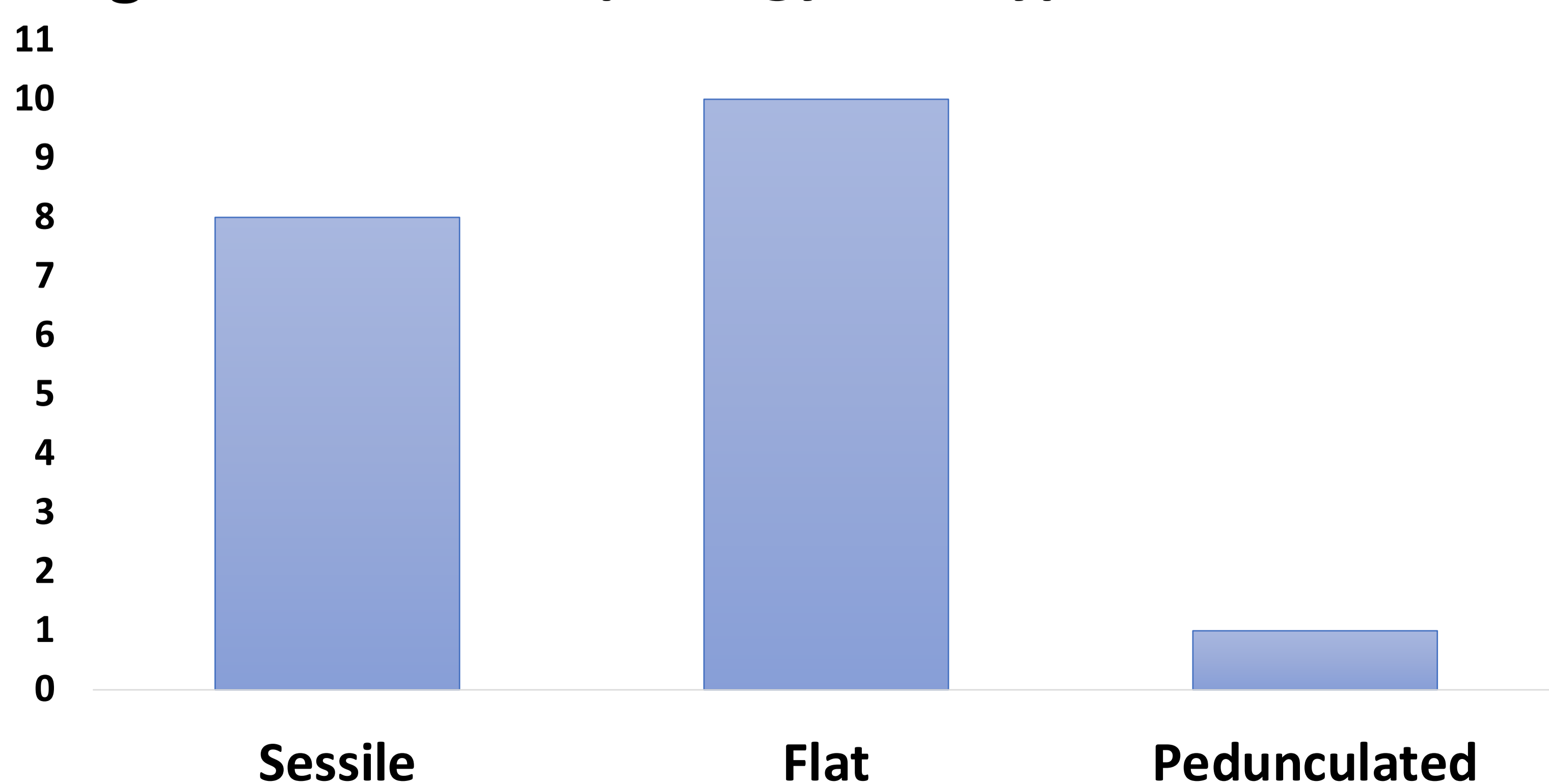


Figure 2 Site of polyps

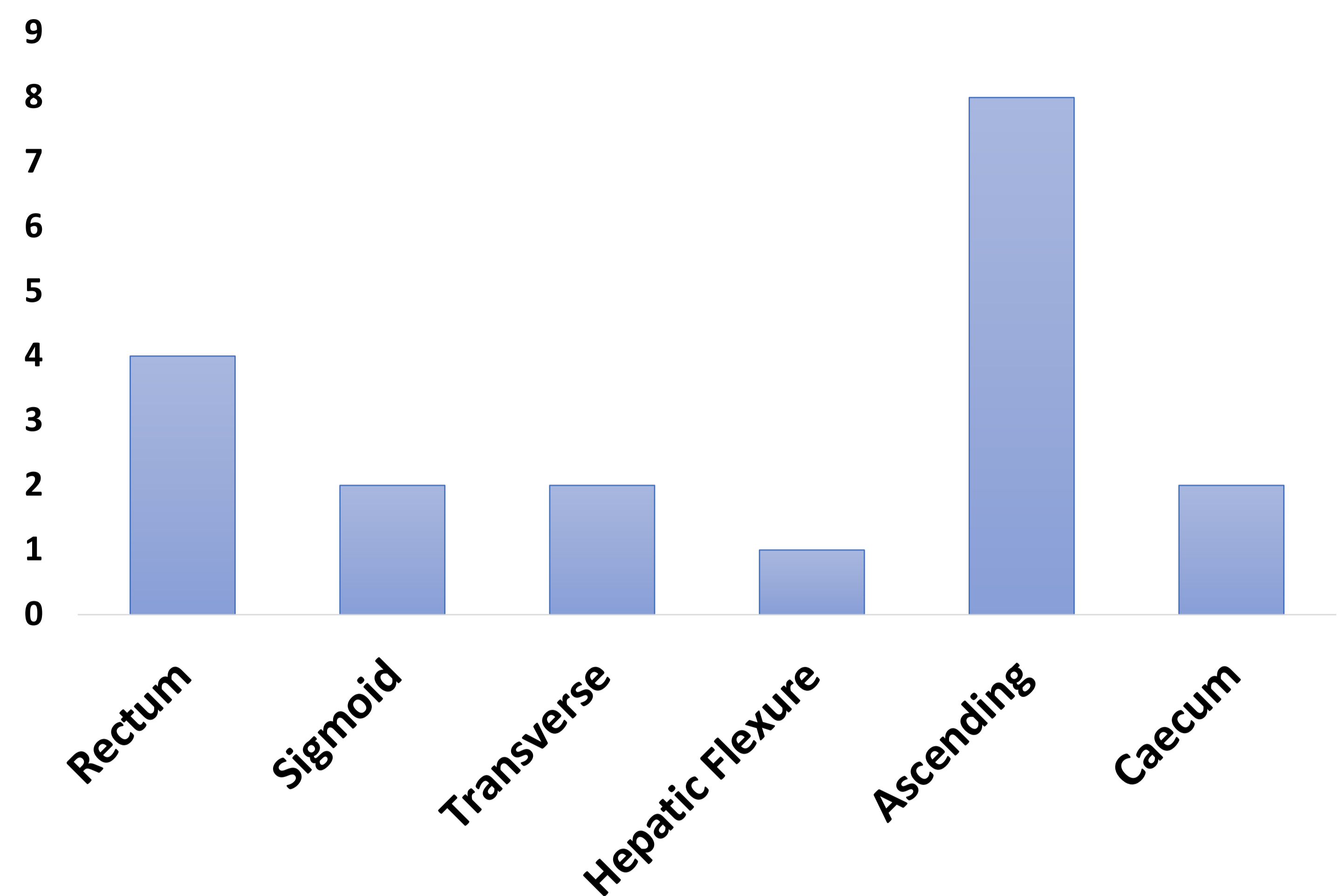


Figure 3 Haemostasis Method

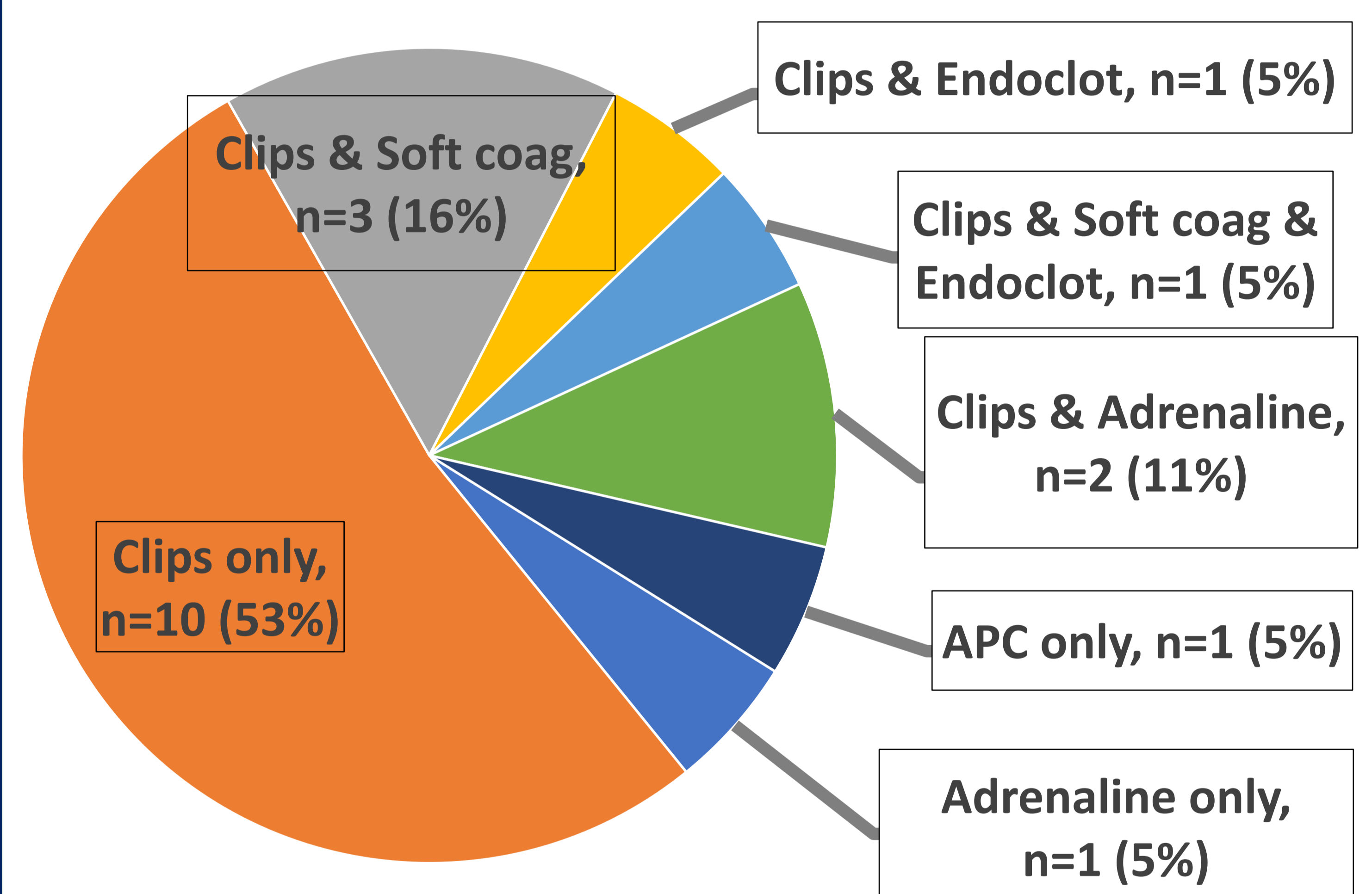
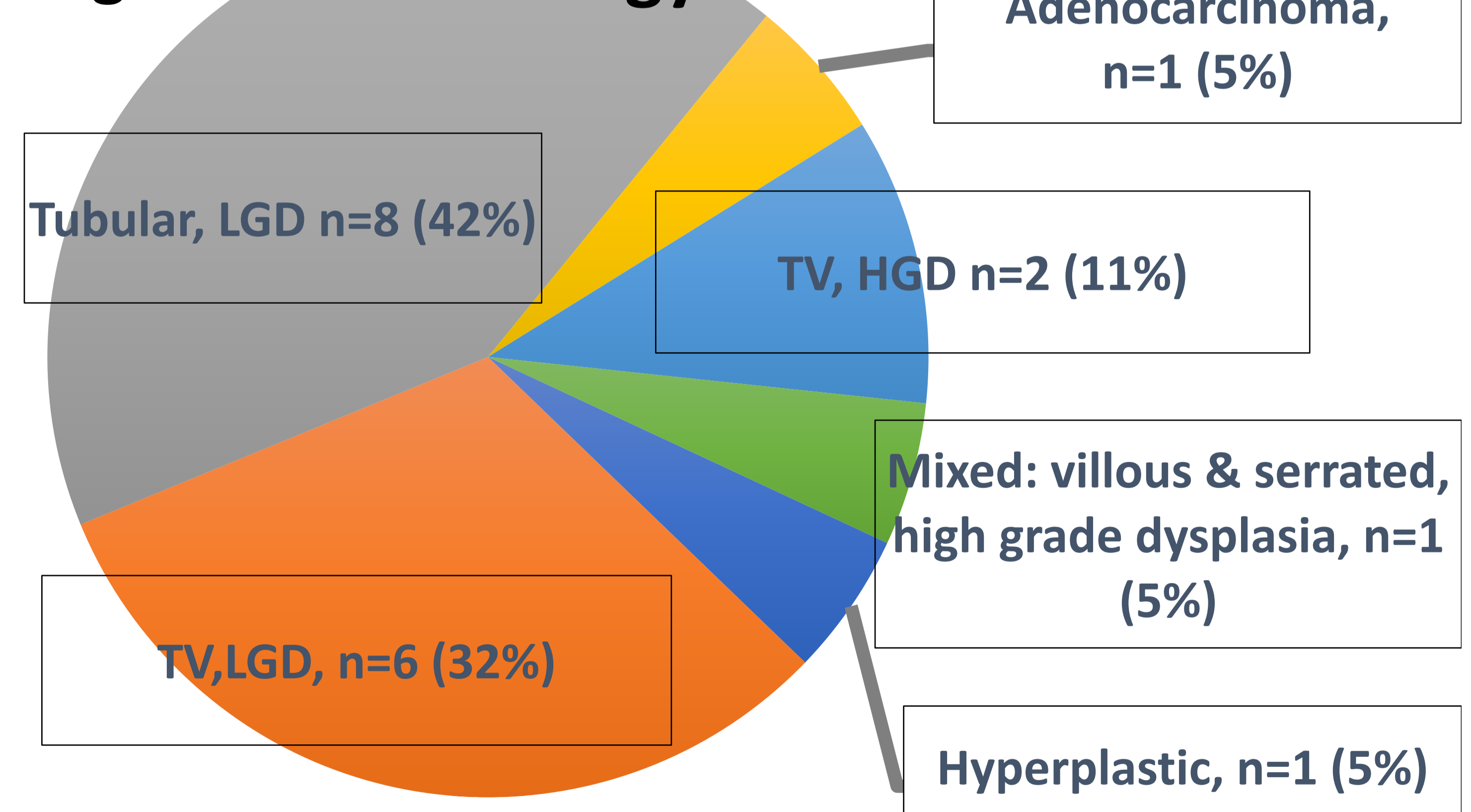


Figure 4 Histology



Conclusions

- Intraprocedural bleeding in our patient cohort occurred proportionate to that reported in the literature
- The Majority were flat lesions
- The most common site was the ascending colon
- Bleeds were managed endoscopically with the most common technique used being haemostatic clipping