Polypectomy Competencies: How to Achieve High Quality and Safe Polypectomy

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Beirut, April 2018
The problem - Post Colonoscopy CRC (PCCRC)

= 1100 patients/year in England
Origin of PCCRC and interval cancer

- Missed cancers
- Incompletely resected polyps
- Missed polyps
- New cancers

Years after the colonoscopy

%
Would you be prepared to have a polypectomy done by a Lebanese colonoscopist selected at random?
All components require the same basic scope handling skills, but each component has a different knowledge set, and requires an appropriate attitude.
## Removing polyps – what’s involved?

| Get to, and identify a lesion | Recognise what it is | Make a decision about what to do | Remove the lesion safely and completely, and retrieve it |
Removing polyps – what’s involved?

Skills

Get to, and identify a lesion

Knowledge

Recognise what it is

Judgement

Make a decision about what to do

Skills

Remove the lesion safely and completely, and retrieve it

Knowledge
Removing polyps – what’s involved?

Get to, and identify a lesion

Recognise what it is

Make a decision about what to do

Remove the lesion safely and completely, and retrieve it

Skills

Knowledge

Judgement

Skills

Knowledge

Attitude

TEAMWORK
Polypectomy competence framework - Direct Observation of Polypectomy Skills (DOPyS)

Domains:

1. Optimising view of / access to the polyp
2. Stalked polyps
3. Small sessile lesions and EMR
4. Post polypectomy

GIE: 2011;73:123201239

www.thejag.org.uk
# Small sessile lesions and EMR competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Score 1-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate sub mucosal injection</td>
<td></td>
</tr>
<tr>
<td>Checks lesion lifts adequately</td>
<td></td>
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<tr>
<td>Selects appropriate snare size</td>
<td></td>
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<tr>
<td>Directs snare accurately over the lesion</td>
<td></td>
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<tr>
<td>Correctly selects en-bloc or piecemeal removal depending on size of lesion</td>
<td></td>
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<tr>
<td>Appropriate positioning of snare over lesion as snare closed</td>
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<tr>
<td>Tents lesion gently away from the mucosa</td>
<td></td>
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<tr>
<td>Uses cold snare technique or applies appropriate diathermy</td>
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<tr>
<td>Ensures adequate haemostasis prior to further resection</td>
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</tbody>
</table>
Removing polyps – what’s involved?

Get to, and identify a lesion

Recognise what it is

Make a decision about what to do

Remove the lesion safely and completely, and retrieve it

One competence level

Knowledge

Judgement

Attitude

Skills

Performance levels for polypectomy

The best

Level 4
Level 3
Level 2
Level 1
incompetent

time

performance

FIT +ve colonoscopy
tertiary
basic colonoscopy
FS screening
retirement
Not all polyps are the same

What makes a polyp difficult?
Grading polyps

• What makes a polyp difficult?
  – **Size**
  – **Morphology**
  – **Site**
  – **Access**
Grading polyps

What makes a polyp difficult?

- **Size**
  - <1cm: 1
  - 1-1.9cm: 3
  - 2-2.9cm: 5
  - 3-3.9cm: 7
  - >4cm: 9

- **Morphology**
- **Site**
- **Access**

Sessile >2cm
Pedunculated >3cm

Gupta et al. Gut 2011 Vol 60 Suppl 1
Grading polyps

• What makes a polyp difficult?
  – **Size**
  – **Morphology**
  – **Site**
  – **Access**

<table>
<thead>
<tr>
<th>Pedunculated</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sessile</td>
<td>2</td>
</tr>
<tr>
<td>Flat</td>
<td>3</td>
</tr>
</tbody>
</table>
Grading polyps

What makes a polyp difficult?

- **Size**
- **Morphology**
- **Site**
- **Access**

Left 1
Right 2

Peridiverticular
ICV
Appendicular orifice
Touching dentate line

Gupta et al. Gut 2011 Vol 60 Suppl 1
Grading polyps

• What makes a polyp difficult?
  – **Size**
  – **Morphology**
  – **Site**
  – **Access**
    - Easy 1
    - Difficult 3
Grading polyps

• What makes a polyp difficult?
  – Size
  – Morphology
  – Site
  – Access

<table>
<thead>
<tr>
<th>Level</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>4-5</td>
</tr>
<tr>
<td>Level 2</td>
<td>6-9</td>
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<tr>
<td>Level 3</td>
<td>10-12</td>
</tr>
<tr>
<td>Level 4</td>
<td>&gt;12</td>
</tr>
</tbody>
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Gupta et al. Gut 2011 Vol 60 Suppl 1
Polypectomy courses

• Need driven by:
  – Introduction of screening programme
  – Focus on quality and outcomes for patients
  – Variability in both detection and outcomes in screening and symptomatic service
  – No consensus on optimum approach for different lesions
Consistent findings

- Little understanding of the basics:
  - equipment
  - how to use it
  - diathermy principles
  - what technique is best for each type of lesion
Polypectomy - what’s important

- Communication and teamwork
- Need the right equipment
- Need to know how to use it
- Need to understand diathermy principles
- Need polypectomy competency
- Need to make good decisions
- Need time
- KNOW YOUR LIMITS
- DON’T START SOMETHING YOU CAN’T FINISH
Thank you