



CONJOINT COMMITTEE

FOR RECOGNITION OF TRAINING IN GASTROINTESTINAL ENDOSCOPY



New Zealand Society of Gastroenterology

POLYPECTOMY

TRAINEE NAME:	NUMBER:			
TRAINER NAME:	HOSPITAL:			
CASE DIFFICULTY: Easy Moderate Complicated	DATE:			
KEY 3 = maximal 2 = moderate 1 = minimal supervision as approaches independence				

1. POLYP DETECTION

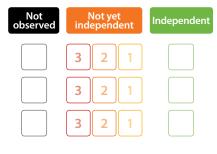
- Takes time to thoroughly inspect the mucosa to identify polyps.
- Uses adjunct techniques to aid in polyp identification e.g. wash, positioning, chromendoscopy/other visualisation aids.
- Describes the characteristics of polyps identified to determine an appropriate method of removal. Note findings below:
 - Size:
 - Morphology (Paris Classification):
 - Site:
 - Access:
- For polyps >1cm, describes the polyp characteristics based on pit -pattern using an accepted system (NICE, KUDO or JNET)
- Models effective communication and collaboration.

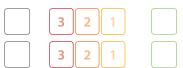
2. PREPARATION FOR POLYPECTOMY

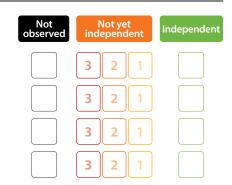
- Ensures good views of the polyp with stable scope position.
- Examines extent of the lesion, including an assessment of size and resectability.
- Selects appropriate lesion removal technique and is able to explain rationale.
- Checks equipment including snare function and diathermy settings.

3. STALKED POLYPS

- Selects an appropriate snare.
- Places and closes the snare under control, ensuring that additional tissue is not trapped or injured and there is a cuff of stalk removed.
- Where needed, uses appropriate diathermy settings to remove the polyp.
- Uses an appropriate prophylactic haemostatic method where necessary.







Not observed	Not yet independent	Independent
	3 2 1	
	3 2 1	
	3 2 1	
	3 2 1	
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4. SESSILE LESIONS/ENDOSCOPIC MUCOSAL RESECTION	Not observed	Not yet independent	Independent
 Places submucosal injection to adequately lift the lesion. 		3 2 1	
 Selects appropriate snare size and type. 		3 2 1	
Places the snare accurately, under control.		3 2 1	
 Performs en-bloc resection where able, or piecemeal resection in limited number of bites. 		3 2 1	
 Uses cold snare or diathermy as appropriate to remove the lesion. 		3 2 1	

5. POST-POLYPECTOMY	observed	independent	Independent
Examines the polypectomy site thoroughly.		3 2 1	
 Identifies and appropriately treats residual polyp. 		3 2 1	
 Photo-documents the polypectomy site according to local guidelines. 		3 2 1	
 Considers anticoagulation status and check haemostasis during and after procedure. 		3 2 1	
 Where bleeding is identified, selects and appropriate technique and undertakes effective haemostatic interventions. 		3 2 1	
 Where risk of perforation is noted, closes the defect with clips or seeks appropriate support. 		3 2 1	
 Retrieves the polyp using an appropriate method (Roth net, suction) and checks that it has been collected and labelled. 		3 2 1	
 Places tattoo appropriately and effectively according to local guidelines. 		3 2 1	
 Documents procedures undertaken accurately, including polyp characteristics for lesions >1cm 		3 2 1	
 Documents an appropriate follow-up plan, with consideration of relevant guidelines. 		3 2 1	
Demonstrates leadership and teamwork within the Endoscopy Unit.		3 2 1	

COMMENTS AND FOCUS FOR FURTHER TRAINING:

ASSESSMENT: NOT YET INDEPENDENT INDEPENDENT