



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:			
<b>KEY 3 = maximal 2 = moderate 1 = minimal</b> supervision as approaches independence				

#### **1. POLYP DETECTION**

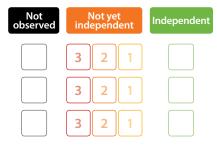
- Takes time to thoroughly inspect the mucosa to identify polyps.
- Uses adjunct techniques to aid in polyp identification e.g. wash, positioning, chromendoscopy/other visualisation aids.
- Describes the characteristics of polyps identified to determine an appropriate method of removal. Note findings 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.

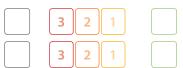
#### 2. PREPARATION FOR POLYPECTOMY

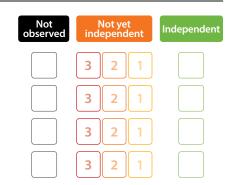
- Ensures good views of the polyp with stable scope position.
- Examines extent of the lesion, including an assessment of size and resectability.
- Selects appropriate lesion removal technique and is able to explain rationale.
- Checks equipment including snare function and diathermy settings.

#### **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
<ul> <li>Places submucosal injection to adequately lift the lesion.</li> </ul>		3 2 1	
<ul> <li>Selects appropriate snare size and type.</li> </ul>		3 2 1	
Places the snare accurately, under control.		3 2 1	
<ul> <li>Performs en-bloc resection where able, or piecemeal resection in limited number of bites.</li> </ul>		3 2 1	
<ul> <li>Uses cold snare or diathermy as appropriate to remove the lesion.</li> </ul>		3 2 1	

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