

I do cold resection

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Presentation

Endoscopy

Nurses

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Underwater endoscopy techniques for polyp resection, including EMR and ESD, offer potential advantages in procedural efficiency, lesion visualization, and patient comfort according to the speaker's experience and review of recent trial data.

KEY POINTS

- The speaker performs all polyp resections underwater in personal practice and recommends starting underwater from the beginning rather than switching from CO₂, particularly for flat, depressed, fibrotic, or anatomically difficult lesions.
- The speaker recommends using saline rather than water because it is isosmotic, provides better electrical conductivity, and maintains clearer optics during the procedure.
- A 2021 randomized trial showed better enbloc R0 resection and lower recurrence rates for larger polyps with underwater EMR, and a subsequent trial demonstrated lower recurrence without margin ablation, though the speaker continues to perform margin ablation routinely.
- Meta-analysis data presented by the speaker showed no significant differences in immediate bleeding, delayed bleeding, or perforation rates between standard and underwater resection techniques.
- The speaker's retrospective matched data showed significant reduction in operational time for underwater ESD, and in an ongoing randomized trial the underwater arm never required grasper use.
- Underwater conditions alter electrosurgery effects with energy dissipated through water resulting in less sharp cutting but wider coagulation, and the speaker believes vessel sealing is more efficient underwater.

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