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Summary

RISK FACTORS FOR INTRA AND POST-PROCEDURAL BLEEDING FOLLOWING ENDOSCOPIC MUCOSAL RESECTION OF NON-PEDUNCULATED COLORECTAL LESIONS

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Colorectal

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A retrospective study of 302 patients undergoing endoscopic mucosal resection of colorectal lesions found intra-procedural bleeding in 8.3% and post-polypectomy bleeding in 3.9% of procedures, with lesion size and anticoagulation identified as independent risk factors.

KEY POINTS

- Lesion size greater than 20mm was an independent risk factor for intra-procedural bleeding, along with higher SMSA and SERT scores
- Patients on antiplatelet drugs had 7.9-fold increased odds of post-polypectomy bleeding, while those on anticoagulants had 10.7-fold increased odds, accounting for 69% of bleeding cases
- Prophylactic soft coagulation of visible scar vessels reduced the risk of post-polypectomy bleeding, while prophylactic clip placement showed no benefit
- No bleeding events were clinically significant, and 38% of bleeding cases required endoscopic therapy with snare tip soft coagulation or clip placement
- This study may inform endoscopists performing EMR, particularly when managing patients on antithrombotic therapy or resecting large lesions

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