

UNDERWATER TECHNIQUE AND NEOPLASM SIZE ARE ASSOCIATED TO LESS DISCOMFORT DURING COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION

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UEG Week Copenhagen 2023

Poster

Colorectal

October 15, 2023

A retrospective analysis of 136 colorectal endoscopic submucosal dissection procedures identified underwater technique and lesion size under 40 mm as factors independently associated with reduced intra-procedural patient discomfort.

KEY POINTS

- In multivariate analysis, underwater-ESD technique was significantly associated with lower intra-procedural discomfort (OR 2.76, 95% CI 1.21–6.28, $p=0.0154$) compared to conventional technique.
- Lesion size less than 40 mm was independently associated with reduced discomfort during the procedure (OR 2.78, 95% CI 1.29–5.99, $p=0.0092$).
- Among 136 procedures performed under sedation without anaesthesiologist assistance, 67% of patients experienced no or mild discomfort (Gloucester 1-2) while 33% had moderate to severe discomfort (Gloucester 3-4).
- Lesion morphology (granular, non-granular, or sessile) and anatomical location (right colon, left colon, or rectum) were not associated with intra-procedural discomfort levels.
- This study may inform procedural planning for colorectal ESD, particularly regarding sedation requirements and technique selection.

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