

I do underwater resection

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UEG Week Berlin 2025

Presentation

Endoscopy

Nurses

October 6, 2025

The speaker advocates for cold snare resection as the preferred technique for removing polyps up to 20 mm in routine practice, emphasizing that it eliminates perforation and bleeding risks while requiring meticulous technique to minimize recurrence.

KEY POINTS

- The speaker states that all serrated lesions (excluding those with dysplasia or serrated pathway cancers) should be resected cold, with a study of 550 cases showing equivalent recurrence (1-2% at two years) to EMR but no bleeding or perforation in the cold snare arm.
- European guidelines strongly endorse that hot snare resection should not be used for polyps less than 10 mm, and the speaker reports that 10-20 mm flat polyps can be done very safely with cold snare.
- The speaker's randomised trial of 650 patients showed residual adenoma under 1% with standardised cold snare technique, though a separate adenoma study reported 18% recurrence versus 8% bleeding in the hot snare arm.
- Cold snare resection requires critical technique components including three-stage snare closure (seat, then close), starting at the lesion edge and working sequentially, and aiming for 6-8 mm resection pieces to avoid incomplete transection.
- The speaker never closes defects after cold snare resection, noting that delayed bleeding risk is about 1% and perforation is limited to case reports, and reports routinely performing cold resection for lesions up to 25 mm on screening lists without diathermy except for pedunculated polyps.

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