

SPRAY COAGULATION REDUCES THE USE OF HEMOSTATIC FORCEPS FOR INTRAOPERATIVE BLEEDING IN GASTRIC ENDOSCOPIC SUBMUCOSAL DISSECTION

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Poster

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A propensity score-matched analysis of 212 bleeding events during gastric endoscopic submucosal dissection found that a spray coagulation strategy significantly reduced hemostatic forceps use compared to swift coagulation alone, with no significant difference in hemostasis duration.

KEY POINTS

- Spray coagulation strategy resulted in significantly less frequent use of hemostatic forceps compared to swift coagulation (17.0% vs. 31.1%, $p=0.016$) in matched cohorts of 106 bleeding events per group.
- Hemostatic duration per bleeding event did not differ significantly between spray and swift coagulation groups (55.3 seconds vs. 48.2 seconds, $p=0.22$).
- The swift coagulation group required fewer coagulation attempts per event than the spray group (4.3 times vs. 5.8 times, $p=0.008$).
- No adverse events occurred in the spray coagulation group, whereas the swift group had two postoperative hemorrhages and one delayed perforation.
- This retrospective study may be relevant to endoscopists performing gastric ESD with needle-tip electrocautery knives who seek to optimize intraoperative bleeding management strategies.

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