

How to Identify Complex Polyps

Below is a set of features that may benefit from polyp adjudication. This is not a comprehensive set of features and any lesion that exceeds an endoscopists skill set should be referred to adjudication. **If you are uncertain about your ability to remove a polyp, do not attempt the polypectomy and refer the case to adjudication.**

Size



>3 cm and/or
>1/3 luminal
circumference

Location (any polyp that is in a difficult position for endoscopic resection should be referred to adjudication)



Involvement of
the appendiceal
orifice



Involvement of
the ileocecal
valve



Involvement of a
diverticular
opening



Close proximity
to the dentate
line

Morphology



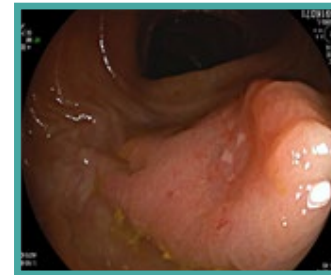
Non-granular
surface



Ulcer in an
otherwise benign
looking polyp



Polyp is not lifting
with submucosal
injection



Depressed
component
(IIC morphology)

Other



Partial
polypectomy

Biopsy

When to Biopsy

- ✓ If a lesion is suspected to be cancerous, a biopsy is recommended
- ✗ If a lesion is not suspected to be cancerous, a biopsy should be avoided because it can negatively impact future attempts at resection
 - Instead, multiple high quality images should be taken of the lesion to adequately describe its characteristics

Where to Biopsy

- ✓ Perform targeted biopsies of the most invasive appearing or suspicious area

Images

Referrals to polyp adjudication should **always** include images that meet the following criteria:

- Adequate cleaning and distention
- In-focus and coloured
- Show multiple angles of the complex polyp
- Images should capture:
 - Size and morphology
 - Proximity to nearby structures
 - Attachment points to the wall of the colon

Tattoo

When to Tattoo

- ✓ If a lesion is suspected to be cancerous and is located in the sigmoid, ascending, descending or transverse colon, a tattoo is recommended. Tattoos should be placed before the lesion is biopsied
- ✓ A tattoo is recommended after piecemeal polypectomy to identify the polypectomy site during surveillance
- ✓ A tattoo is recommended before referring a polyp that is difficult to find (e.g., behind a fold) as determined by the endoscopist
- ✗ If a lesion is located in the cecum or rectum, a tattoo is not recommended

Where to Tattoo

- ✓ Inject small amounts of ink into the submucosa after first creating a bleb with a normal saline injection
 - **Cancers:** 5 cm distal from the mass; ideally in 3 spots
 - **Polyps:** Do not inject within the polyp and inject at least 3 cm away from the polyp

Referral to polyp adjudication

RCPs to insert applicable contact information