Procedure:
Endoscopic closure of a bleeding polypectomy site.

Patient History:
A 75-year-old man was referred for a repeat colonoscopy to address a large semi-pedunculated sigmoid colon polyp (See Fig. 1). The area near the polyp had been previously marked with tattoo.

Good lifting was noted after injection of saline and dilute indigo carmine, and the polyp could be removed en bloc with a large snare. Immediately after polypectomy, bleeding was noted from the polypectomy site (See Fig. 2). The endoscope had been fitted with a clear distal attachment cap (Reveal® cap, STERIS Endoscopy) which allowed localized water flooding. This assisted in identifying a bleeding point in the base of the resected polyp. Hemostatic forceps were used to cauterize a bleeding point within the polypectomy base. After cautery of a single site, bleeding ceased (See Fig. 3).

Next, a Padlock Clip device was used to secure the polypectomy site. The Padlock Clip device was quickly attached to the endoscope and advanced to the polypectomy site. The site was centered within the cap, full suction applied, and the clip was deployed (See Fig. 4). After clip deployment, the small arteriole that was the likely source of bleeding was noted in the center of the resection base. This was eradicated with soft cautery with hemostatic forceps.

Results:
The patient did well after the procedure, and no delayed bleeding was noted. The Padlock Clip defect closure system led to prompt closure of a bleeding polypectomy site and prevented delayed bleeding from this site. A single clip could be used quickly and provided a more secure closure than the use of multiple small hemostatic clips.

Conclusion:
“The Padlock Clip defect closure system allowed rapid and secure closure of a bleeding polypectomy site, ensuring that delayed bleeding would not occur. Use of this larger single clip was quicker and easier to use than multiple smaller hemostatic clips. Visualization of the post-polypectomy target during the procedure was excellent.”

-DR. DAVID L. DIEHL