# Key Points

**Study Background**
- Hot snare polypectomy is considered the standard technique for polyps ≥1cm. Cautery may provide a false sense of security by reducing immediate bleeding, however, it promotes the risk of more significant delayed bleeding.
- CSP is a preferred technique for smaller polyps as it reduces risks associated with cautery like perforation or delayed bleeding. CSP reduces the risk of compromising large arterial vessels making it safer to avoid heat in the removal of large colonic and duodenal polyps.
- This study evaluated the feasibility and safety for CSP of large polyps.

**Methods**
- 15 patients with 15 duodenal polyps and 15 patients with 15 colonic polyps all ≥1cm were enrolled in this single endoscopist and single center study. Mean polyp size for duodenal polyps was 24mm (10-60mm) and 20mm (10-45mm) for colonic polyps.
- The Exacto® cold snare was utilized stating it is a “very useful tool” in polyp resection. A mini snare or hexagonal snare (Cook Medical) were also used at the physician’s discretion.
- **Resection Technique**
  - Lift was used in most cases to aid in separation of the mucosa from the submucosa allowing for easier resection and differentiation between residual polyp, mucosa, and healthy tissue.
  - Piecemeal resection was then performed if en bloc resection could not be completed.
  - Clips were used at the physician’s discretion.
  - Some sites were tattooed with Spot™ to aid in follow up evaluation.
  - Additional margins of normal tissue were taken to ensure the completeness of resection with cold forceps used to clean margins.
  - In some cases, a transparent distal attachment cap was used.

**Results**
- No adverse events in 93% of patients.
- CSP reduces, if not eliminates, the risk of perforation as it may not be technically possible to cut through the muscularis propria without cautery.
- Reducing or eliminating delayed bleeding presents potential cost savings such as:
  - There is no need for expensive and time-consuming hemostatic clip placement.
  - Avoiding hospitalizations, blood transfusions, and repeat endoscopies.
- There was no need for cautery (hot forceps or APC) for treatment of lesions or margins in any cases.

**Conclusions**
This study adds support that cold snare polypectomy is feasible and safe to remove large duodenal and colonic polyps.

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