

POLYPECTOMY

TRAINEE NAME:

NUMBER:

TRAINER NAME:

HOSPITAL:

CASE DIFFICULTY: Easy Moderate Complicated

DATE:

KEY

3 = maximal 2 = moderate 1 = minimal supervision as approaches independence

1. POLYP DETECTION

- Takes time to thoroughly inspect the mucosa to identify polyps.
- Uses adjunct techniques to aid in polyp identification e.g. wash, positioning, chromendoscopy/other visualisation aids.
- Describes the characteristics of polyps identified to determine an appropriate method of removal. Note findings below:
 - Size:
 - Morphology (Paris Classification):
 - Site:
 - Access:
- For polyps >1cm, describes the polyp characteristics based on pit -pattern using an accepted system (NICE, KUDO or JNET)
- Models effective communication and collaboration.

	Not observed	Not yet independent			Independent
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<input type="checkbox"/>		3	2	1	<input type="checkbox"/>
<input type="checkbox"/>		3	2	1	<input type="checkbox"/>
<input type="checkbox"/>		3	2	1	<input type="checkbox"/>
<input type="checkbox"/>		3	2	1	<input type="checkbox"/>

2. PREPARATION FOR POLYPECTOMY

- Ensures good views of the polyp with stable scope position.
- Examines extent of the lesion, including an assessment of size and resectability.
- Selects appropriate lesion removal technique and is able to explain rationale.
- Checks equipment including snare function and diathermy settings.

	Not observed	Not yet independent			Independent
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<input type="checkbox"/>		3	2	1	<input type="checkbox"/>

3. STALKED POLYPS

- Selects an appropriate snare.
- Places and closes the snare under control, ensuring that additional tissue is not trapped or injured and there is a cuff of stalk removed.
- Where needed, uses appropriate diathermy settings to remove the polyp.
- Uses an appropriate prophylactic haemostatic method where necessary.

	Not observed	Not yet independent			Independent
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<input type="checkbox"/>		3	2	1	<input type="checkbox"/>

4. SESSILE LESIONS/ENDOSCOPIC MUCOSAL RESECTION

Not observed	Not yet independent			Independent
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<input type="checkbox"/>	3	2	1	<input type="checkbox"/>
<input type="checkbox"/>	3	2	1	<input type="checkbox"/>
<input type="checkbox"/>	3	2	1	<input type="checkbox"/>
<input type="checkbox"/>	3	2	1	<input type="checkbox"/>

- Places submucosal injection to adequately lift the lesion.
- Selects appropriate snare size and type.
- Places the snare accurately, under control.
- Performs en-bloc resection where able, or piecemeal resection in limited number of bites.
- Uses cold snare or diathermy as appropriate to remove the lesion.

5. POST-POLYPECTOMY

Not observed	Not yet independent			Independent
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<input type="checkbox"/>	3	2	1	<input type="checkbox"/>
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<input type="checkbox"/>	3	2	1	<input type="checkbox"/>
<input type="checkbox"/>	3	2	1	<input type="checkbox"/>
<input type="checkbox"/>	3	2	1	<input type="checkbox"/>

- Examines the polypectomy site thoroughly.
- Identifies and appropriately treats residual polyp.
- Photo-documents the polypectomy site according to local guidelines.
- Considers anticoagulation status and check haemostasis during and after procedure.
- Where bleeding is identified, selects and appropriate technique and undertakes effective haemostatic interventions.
- Where risk of perforation is noted, closes the defect with clips or seeks appropriate support.
- Retrieves the polyp using an appropriate method (Roth net, suction) and checks that it has been collected and labelled.
- Places tattoo appropriately and effectively according to local guidelines.
- Documents procedures undertaken accurately, including polyp characteristics for lesions >1cm
- Documents an appropriate follow-up plan, with consideration of relevant guidelines.
- Demonstrates leadership and teamwork within the Endoscopy Unit.

COMMENTS AND FOCUS FOR FURTHER TRAINING:

ASSESSMENT:

NOT YET INDEPENDENT INDEPENDENT

SIGNED: