

The snare is positioned as close to the base of the stalk as possible (Fig. 200.9) and then drawn closed (Fig. 201.1). Only now do you activate the foot switch for cutting tissue. This severs the polyp from the inner wall of the colon. After the polyp is removed the coagulation site will often show whitish scars (↘) and/or minor bleeding (←, Fig. 201.2). You may have to place a clip (↘) as prophylaxis against bleeding when removing a larger polyp (Fig. 201.3).



Fig. 201.1 Close snare

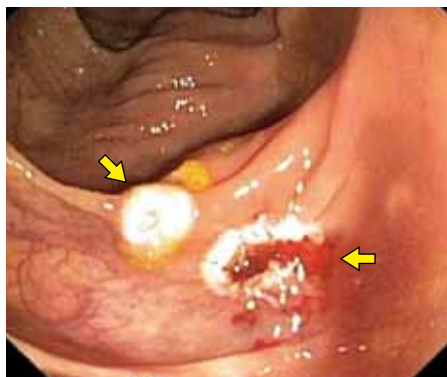


Fig. 201.2 After removal



Fig. 201.3 Place clip if indicated.



Fig. 201.4 Recover in suction polyp trap.



Fig. 201.5 Pull back slightly if necessary.



Fig. 201.6 Withdraw

Smaller polyps can be recovered in an in-line suction polyp trap (Fig. 201.4). To harvest larger polyps for histologic processing, pull back the closed snare back only slightly (↘ in Fig. 201.5) and carefully withdraw the endoscope with the polyp (↓, Fig. 201.6). Alternatively, you can grasp it with a retrieval basket or grasper, or you can use suction to draw it to the tip of the endoscope and hold it there while you withdraw polyp and endoscope together.

Document the size of the harvested polyp (Fig. 201.7) and enter the respective data in a histology tracking card (resection site measured in cm from the anus and patient data, Fig. 201.8). Then place (↘) the sealed and labelled test tube together with the tracking card in a special mailing envelope for infectious material (Fig. 201.9) and send it to your laboratory.

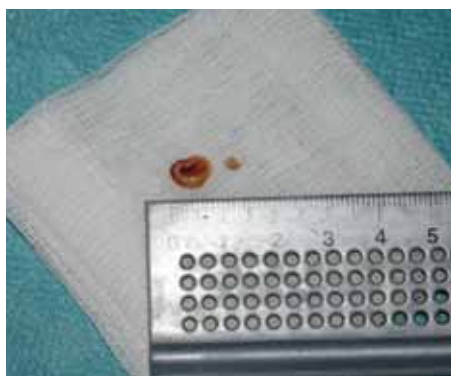


Fig. 201.7 Document size



Fig. 201.8 Histology tracking card.



Fig. 201.9 Mailing envelope

Material Preparation

The following items are laid out on the instrument table in preparation (Fig. 205.1):



Fig. 205.1 Material preparation

- (A) Consent form and anesthesia chart
- (B) Protective gowns for examiner and assistant
- (C) Four unsterile gloves: 3 of these are for the examiner (rectal palpation) and 1 pair for the assistant
- (D) Distilled water to flush out the forceps
- (E) Cup with antifoaming agent dissolved in water
- (F) 20 mL syringe for subsequent irrigation
- (G) Rolled up biopsy forceps (disposable product)
- (H) Small unsterile swabs
- (I) Tissue paper and lubricant gel for introducing endoscope
- (J) Narcotic, e.g. Propofol with syringe and needle
- (K) Butyl scopolamine with syringe and needle
- (L) Three formalin vials for sending off biopsy material with the appropriate histology tracking card
- (M) Second cup to shake out the biopsied material

Preparing the Endoscope

If the gastroscope is not yet connected, press (⚡) the supply plug with its fiberoptic cable (N) into the light source (Fig. 205.2) until you hear the plug snap into place with a slight „click“ (Fig. 205.3) and the two round contact fields (⚡) are no longer visible. Then grasp the protective cap (T) on the right edge of the supply plug (Fig. 205.4) and turn it counterclockwise (↺) until the yellow dot (⚡) aligns with the lower yellow marking (Fig. 205.5). Now you can pull off the protective cap (↗ in Fig. 205.6) and take the spiral cable out of its bracket on the video processor (↘ in Fig. 205.7). Newer series of endoscopes (e.g. Olympus Series Excera III) don't have these protective caps any more, because the video data are transferred with electrical contacts of the main plug.

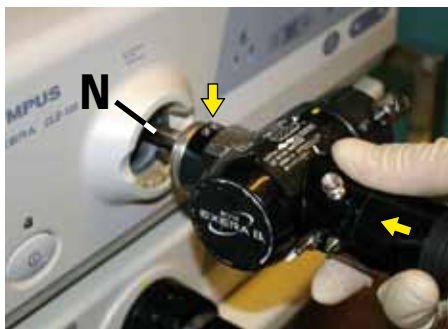


Fig. 205.2 Insert plug ...



Fig. 205.3 ... so it snaps into place.



Fig. 205.4 Protective cap ...



Fig. 205.5 ... is turned ...



Fig. 205.6 ... and removed



Fig. 205.7 Video camera

Once the endoscope has been completely submerged in the cleaning solution (**Fig. 217.1**), observe it for at least three minutes to verify that no air bubbles escape even when you move the tip of the endoscope in all four directions with the two dials on the control unit. Make sure that all parts of the endoscope are completely submerged. However if you should detect a leak, then the exterior surface of the endoscope should be cleaned with 70% propanol and the endoscope, clearly marked as “leaking - not disinfected,” should be sent to the manufacturer.

If the leakage test failed to detect any leak, then you can proceed to clean residual fluid or blood out of all of the channel openings on the respective valve seat by repeatedly brushing back and forth (\leftrightarrow) with a short soft brush (**Fig. 217.2**). Do not forget the opening of the operating channel (**Fig. 217.3**). This is done to minimize the risk of infecting subsequent patients with hepatitis, HIV, or other viruses.



Fig. 217.1 Submerge completely



Fig. 217.2 Brush the valve seats.



Fig. 217.3 ... of the operating channel too.

Then introduce a long flexible disposable brush into the suction channel (\leftarrow in **Fig. 217.4**) from the valve seat on the control unit, holding it straight. Keep brushing out the suction channel down to the supply plug connector until the tip of the brush (\searrow) appears free of any residues (**Fig. 217.5**).



Fig. 217.4 Repeatedly brush suction canal ...

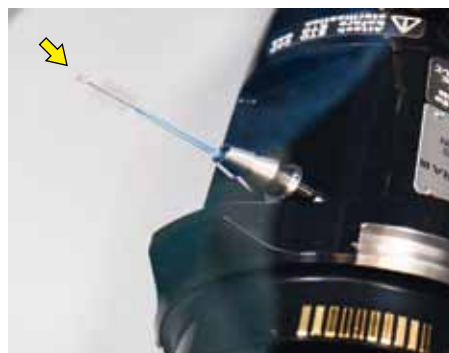


Fig. 217.5 ... toward plug



Fig. 217.6 Suction canal obliquely.

The next step is to insert the brushes not straight but obliquely (\searrow in **Fig. 217.6**), to brush the entire suction canal down to its opening at the distal tip of the endoscope (\uparrow) in the same manner (**Fig. 217.7**).

The endoscope must **not** project out of the cleaning solution (**Fig. 217.8**).



Fig. 217.7 to the end of the tube.



Fig. 217.8 not above water!