



# Resection Needs Closing? Tips and Tricks

Kavel Visrodia, MD

Assistant Professor

Program Director, Interventional Endoscopy Fellowship

Division of Digestive and Liver Diseases

Columbia University Irving Medical Center

December 12, 2024

# Disclosures

- Speaker: Boston Scientific, Pentax



# Outline

- Why close
- When to close
- What and how to close with
  - Standard clipping - TTS
  - Innovative clipping – OTSC, Mantis, DAT
  - X-tack
  - Suturing

# Why

- Electrosurgical cautery inherently risks delayed bleeding, immediate/delayed perforation with associated morbidity
- Closure benefits...



**Patients**



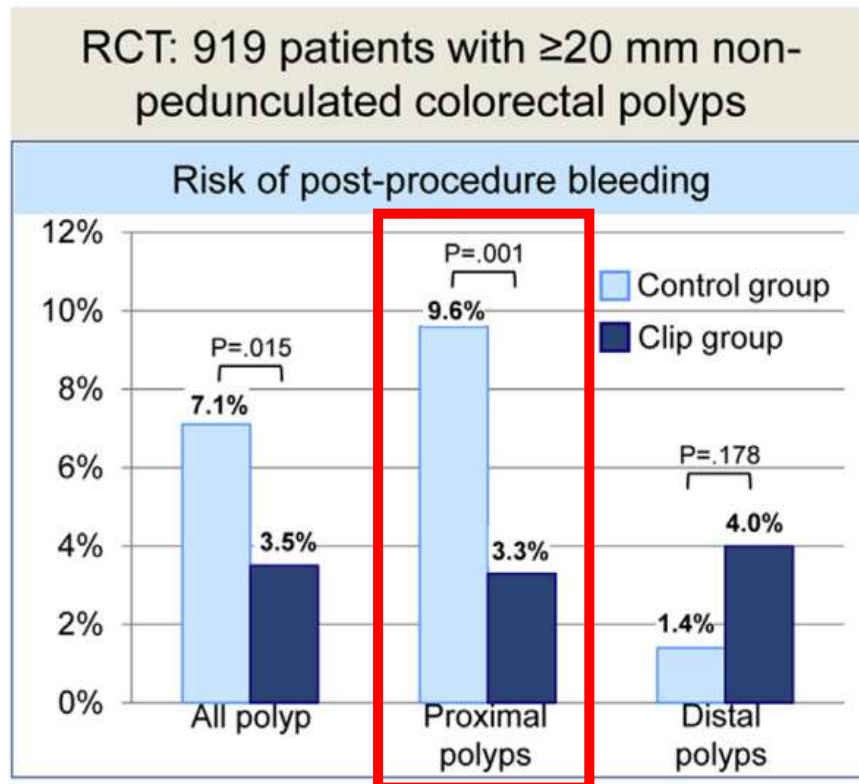
**Hospitals**



**Yourself**

# When – bleeding

- Risk factors for post-EMR bleeding:
  - > 2 cm, right colon, antithrombotics
  - 5-10% risk of hemorrhage



- Meta-analysis of individual patient data 4 RCTs (n = 1248) of prophylactic clipping after EMR of proximal large polyps

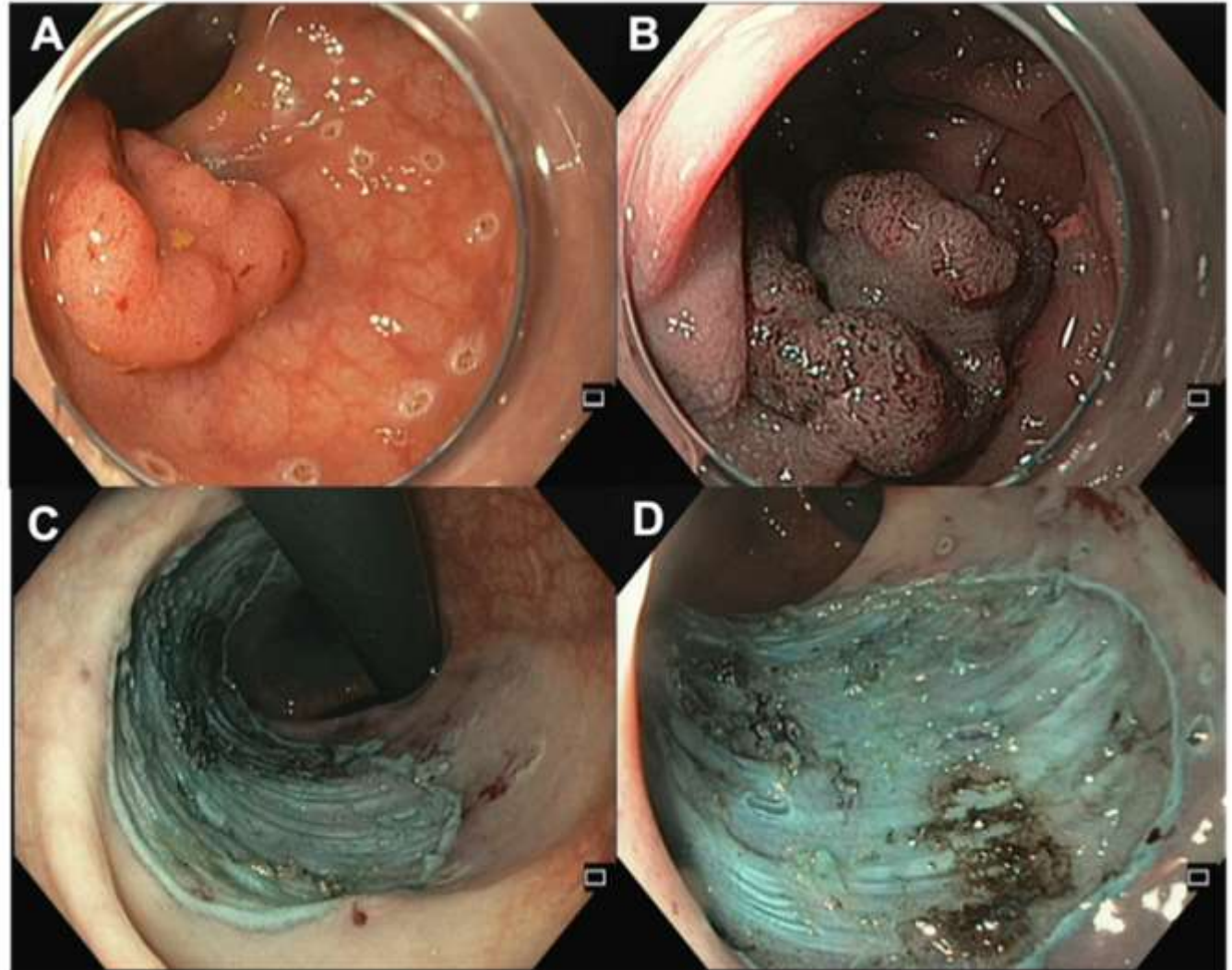
|                  | Clip | No clip |
|------------------|------|---------|
| Delayed bleeding | 3.5% | 9.0%    |

|                           | Delayed bleeding (%) |
|---------------------------|----------------------|
| <b>Location</b>           |                      |
| Cecum                     | 9.1                  |
| Ascending/hepatic flexure | 6.1                  |
| Transverse                | 1.0                  |
| <b>Type of closure</b>    |                      |
| Full closure              | 2.6                  |
| Partial closure           | 1.7                  |
| No attempted closure      | 9.0                  |

Pohl H, et al. Gastro, 2019.  
Forbes N, et al. GIE, 2022.

# When – bleeding

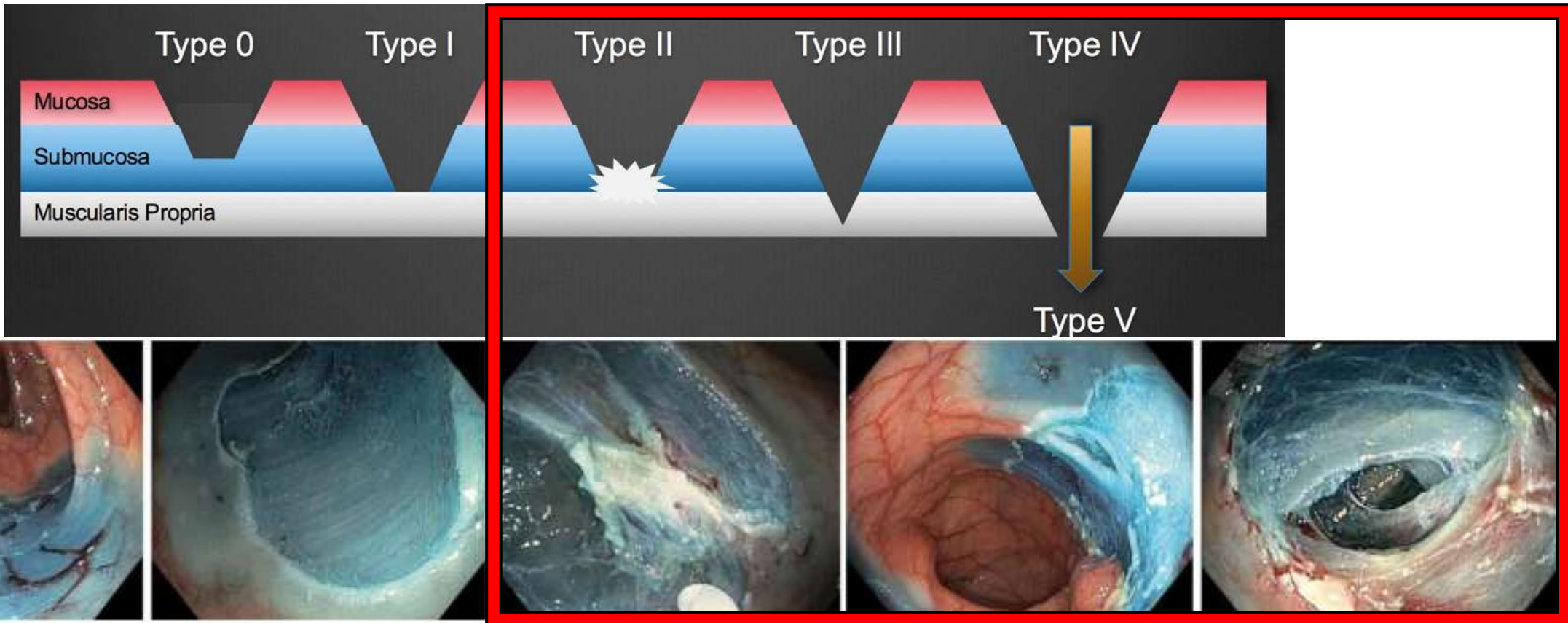
- Meta-analysis colonic ESD (22 studies)
- Risk factors for post-ESD bleeding
  - Rectum
  - Lesion size > 30-40 mm
  - Antithrombotic therapy
  - Possibly fibrosis



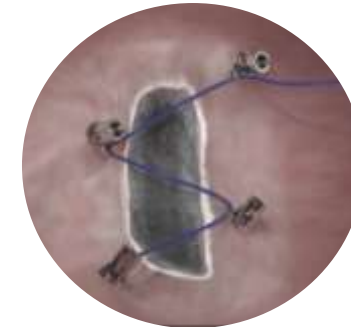
Santos J, et al. European Journal of Gastro and Hepatol, 2021.  
Moreira P, et al. J Clin Med, 2023.

# When – perforation

- Sydney classification - deep mural injury graded by muscularis propria injury after EMR



# Toolbox

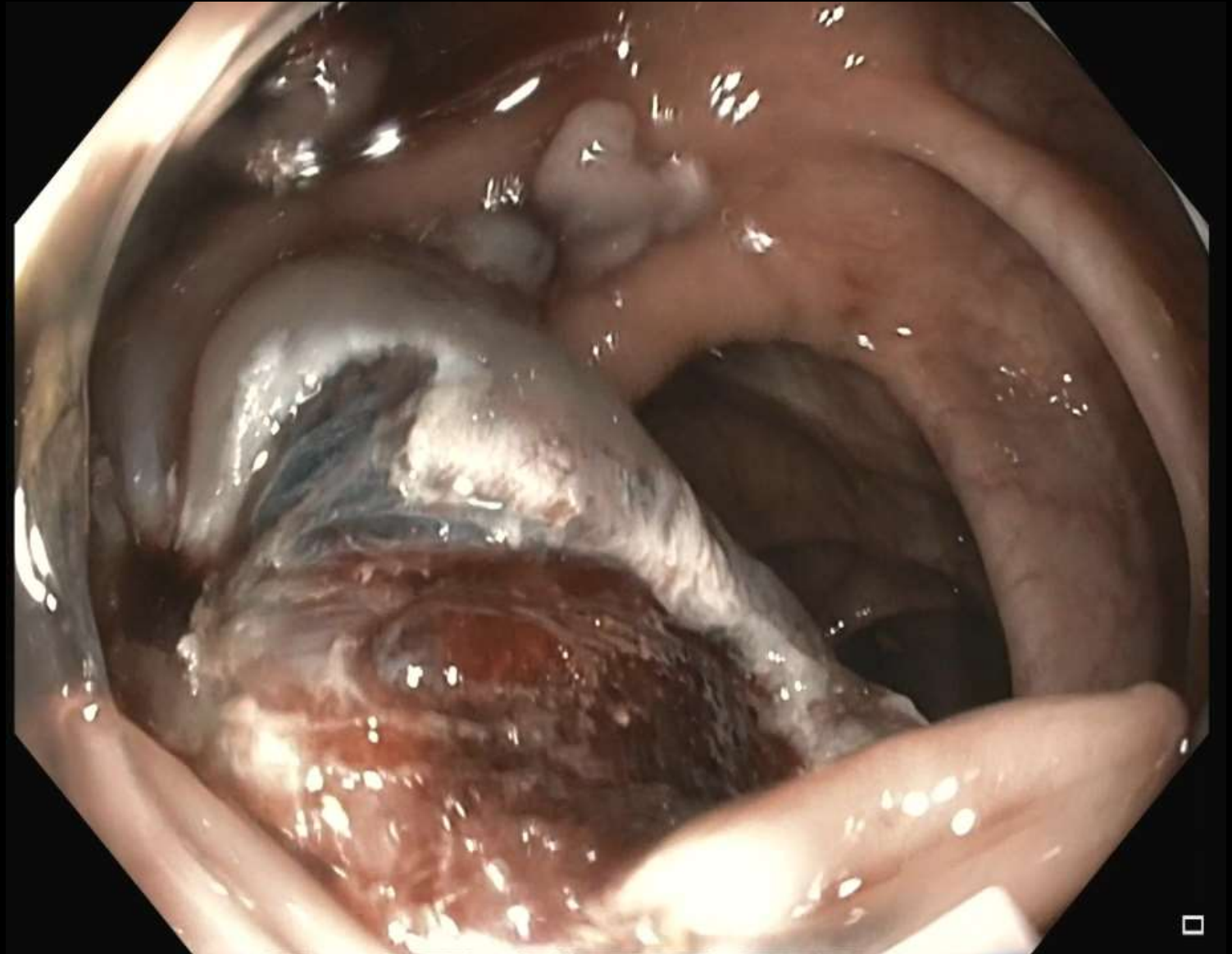
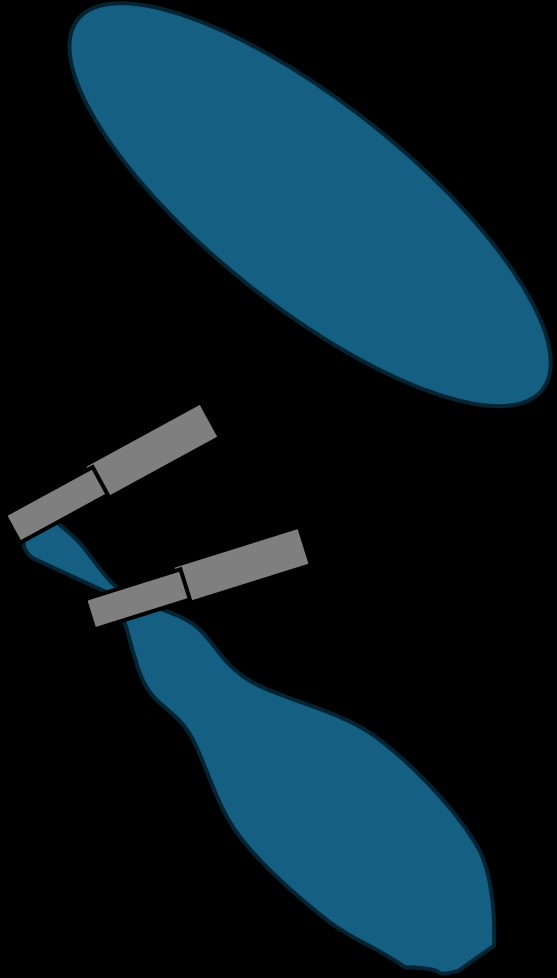


|                         | TTS  | OTSC  | MANTIS / DAT                             | X-tack   | Suturing   |
|-------------------------|--|---|--|--|--|
| <b>Defect size</b>      | Limited by wingspan (up to 20 mm)  | 10-20 mm  | ~30 mm                                   | 30-40 mm per set of tacks  | No limit   |
| <b>Scope withdrawal</b> | No   | <b>Yes</b>  | No                                       | No   | <b>Yes</b>   |
| <b>Challenges</b>       | Lower grasp strength (fibrotic resection bed); multiple clips for larger defects; incomplete closure ~30-40% | Narrowed or angulated lumen (left sided diverticulosis), or advancement to proximal colon | Angulated lumen; curling of mucosal edge | Multiple sets for very large defects; supplemental TTS learning curve (tech) | Advancement to proximal colon (overtube); learning curve |

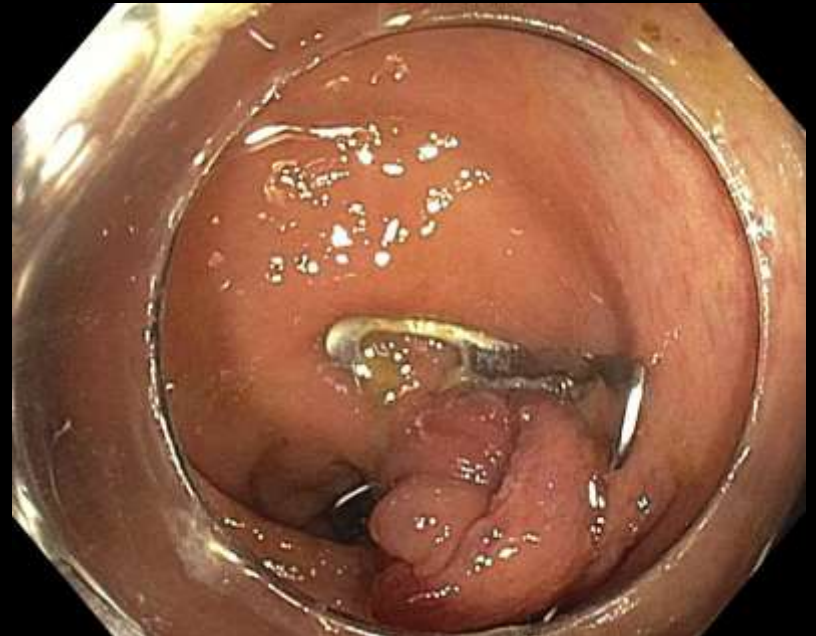
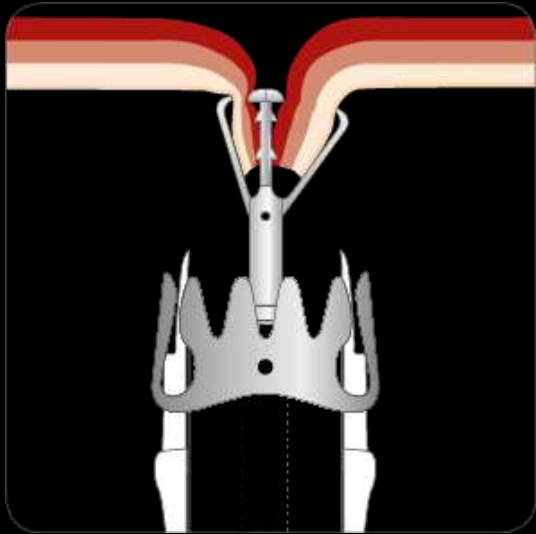
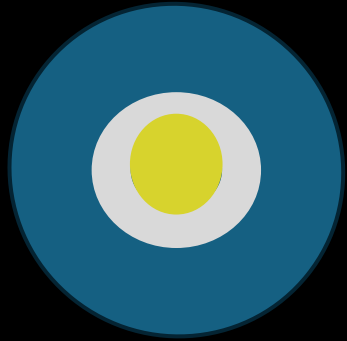
Adapted from Dr. Joo Ha Hwang



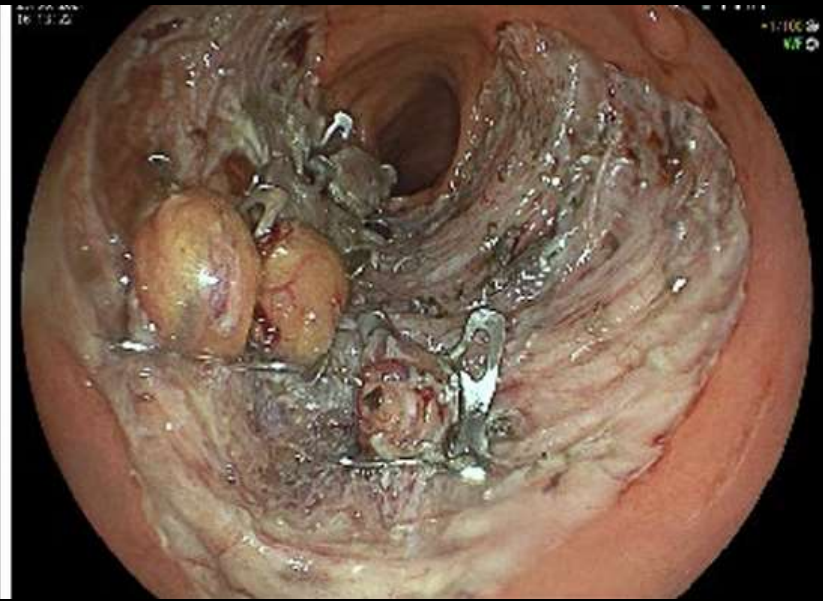
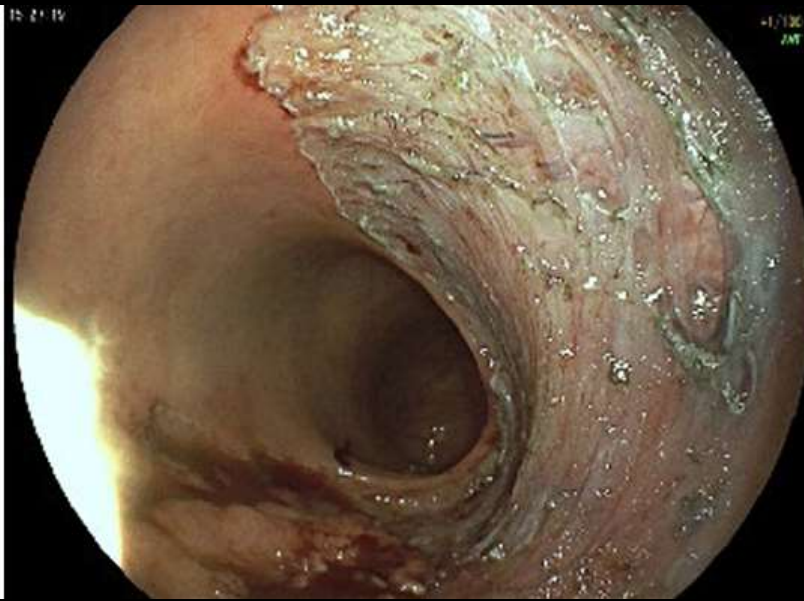
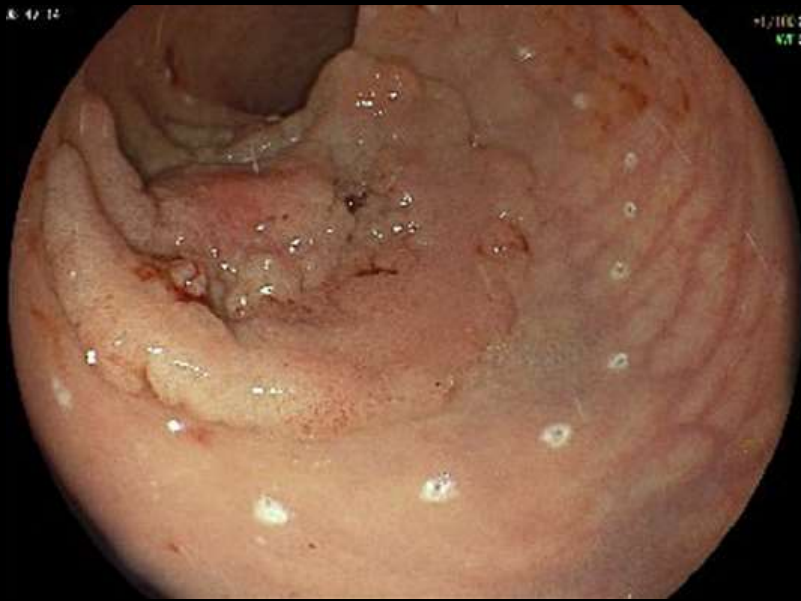
TTS



OTSC

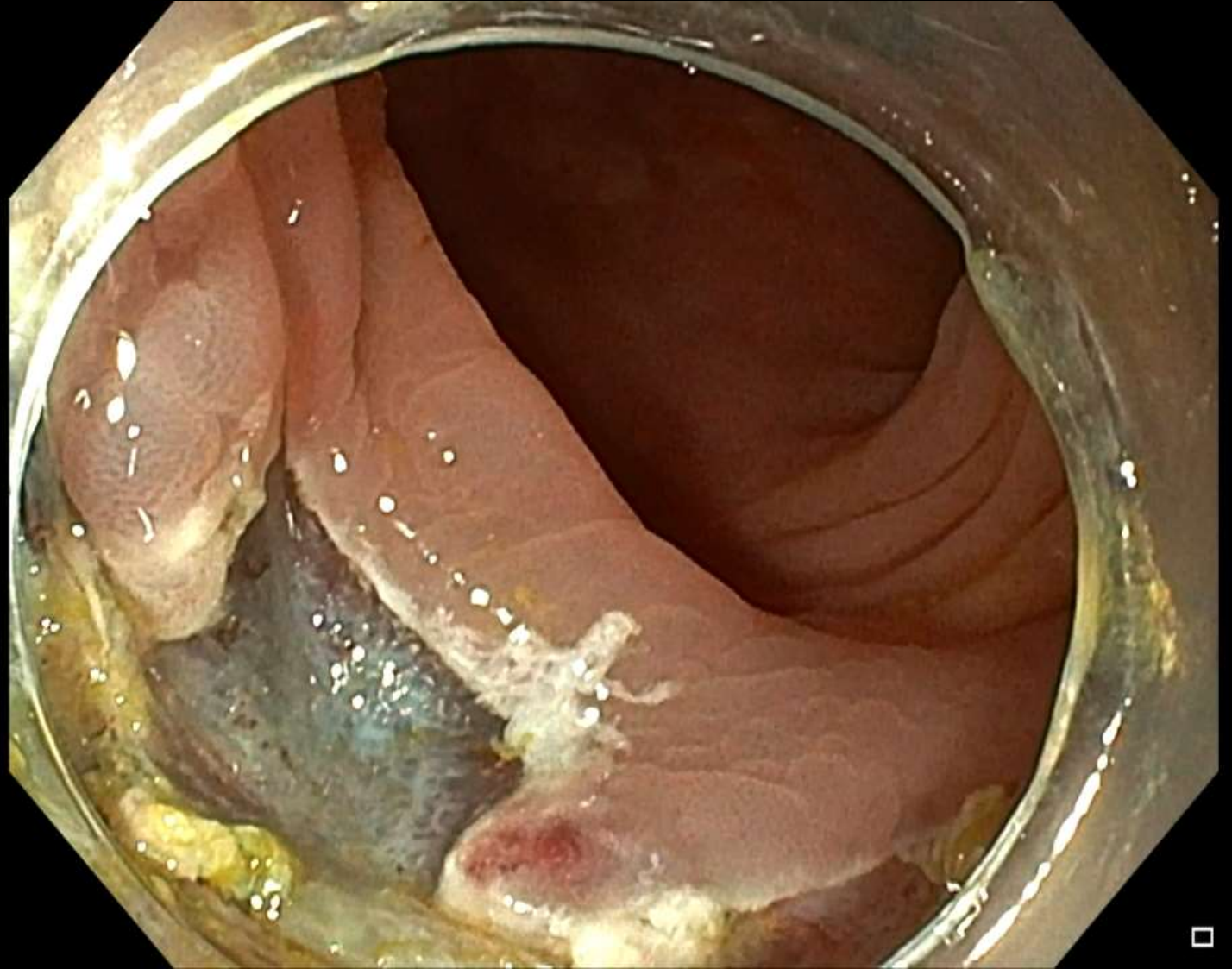


# OTSC

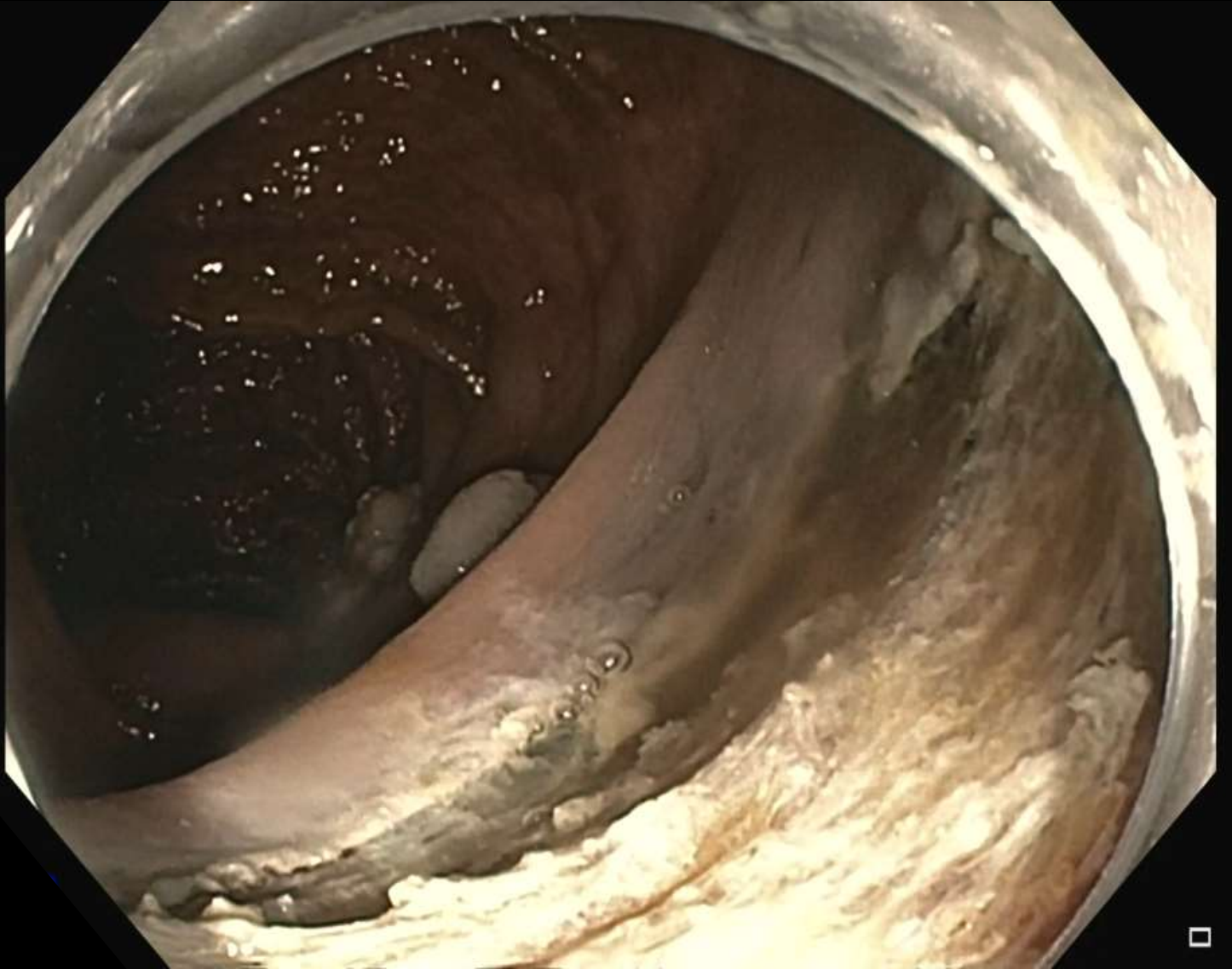
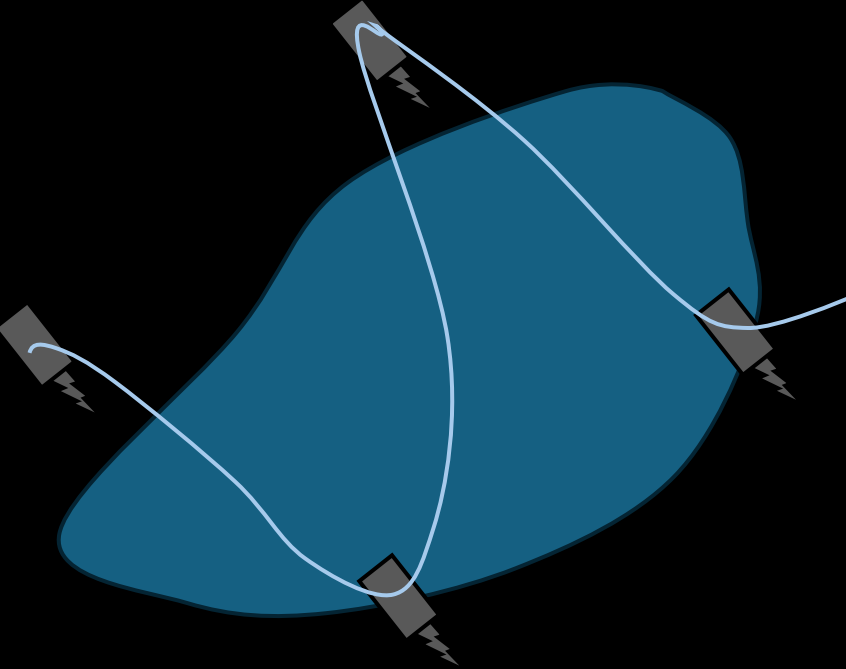




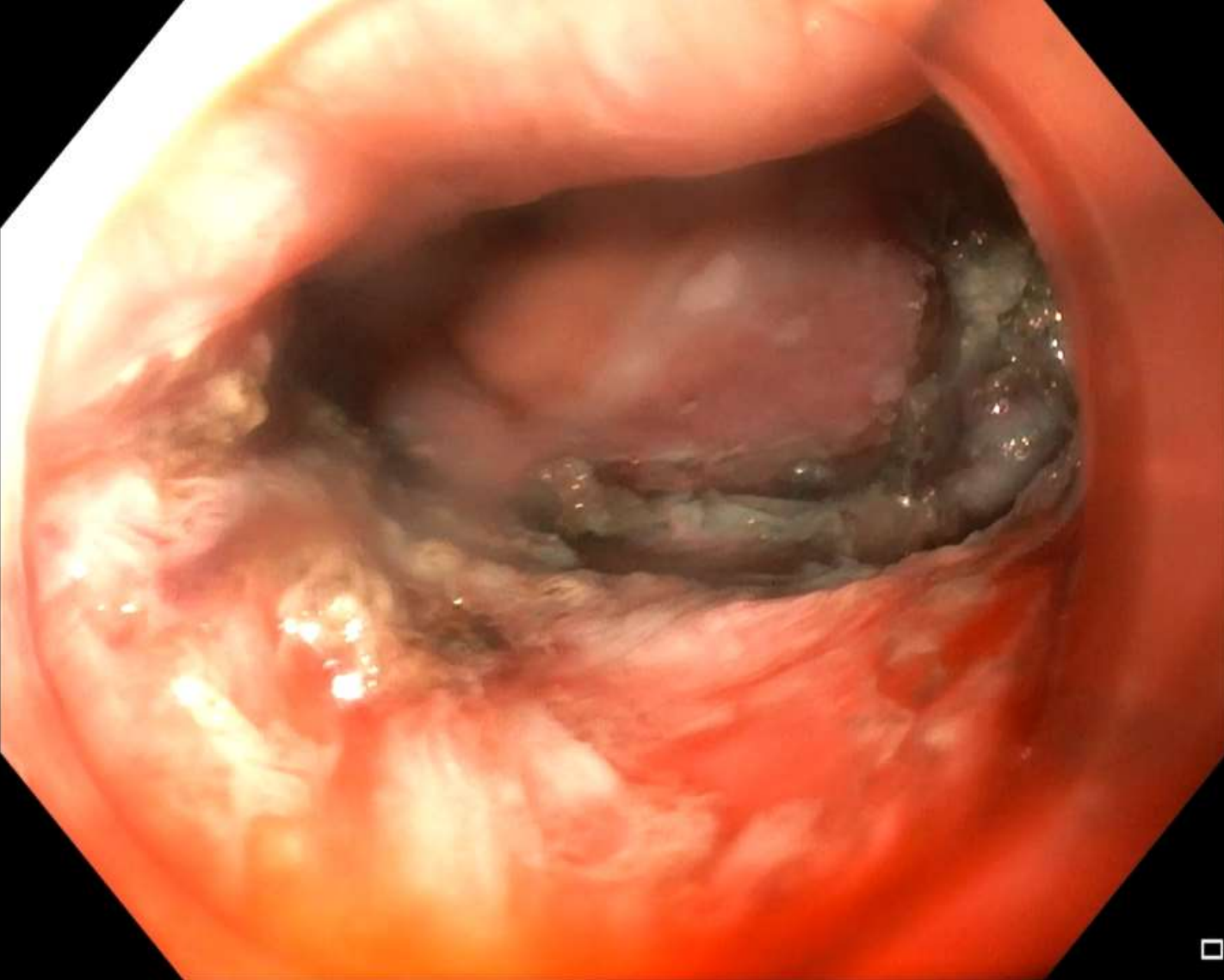
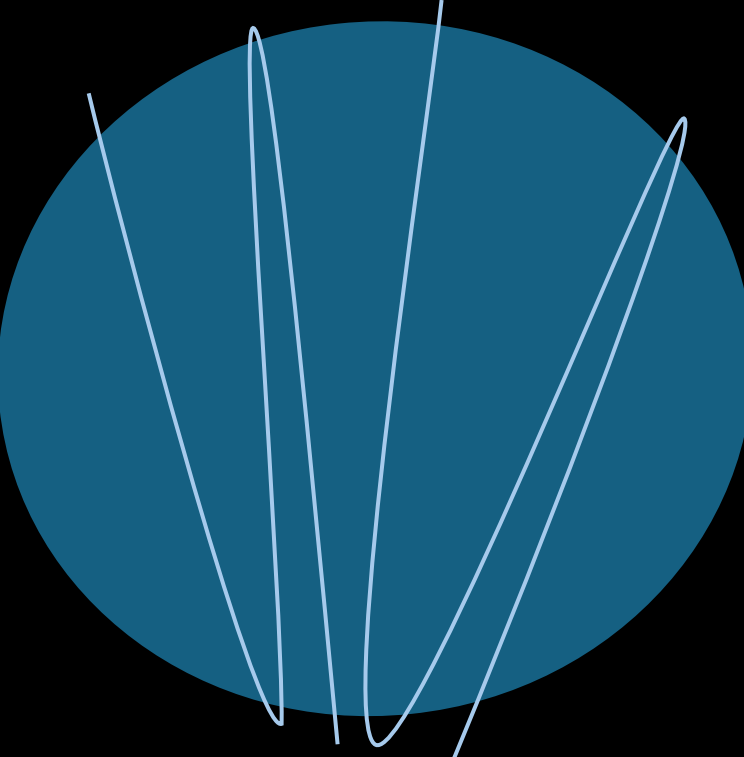
MANTIS



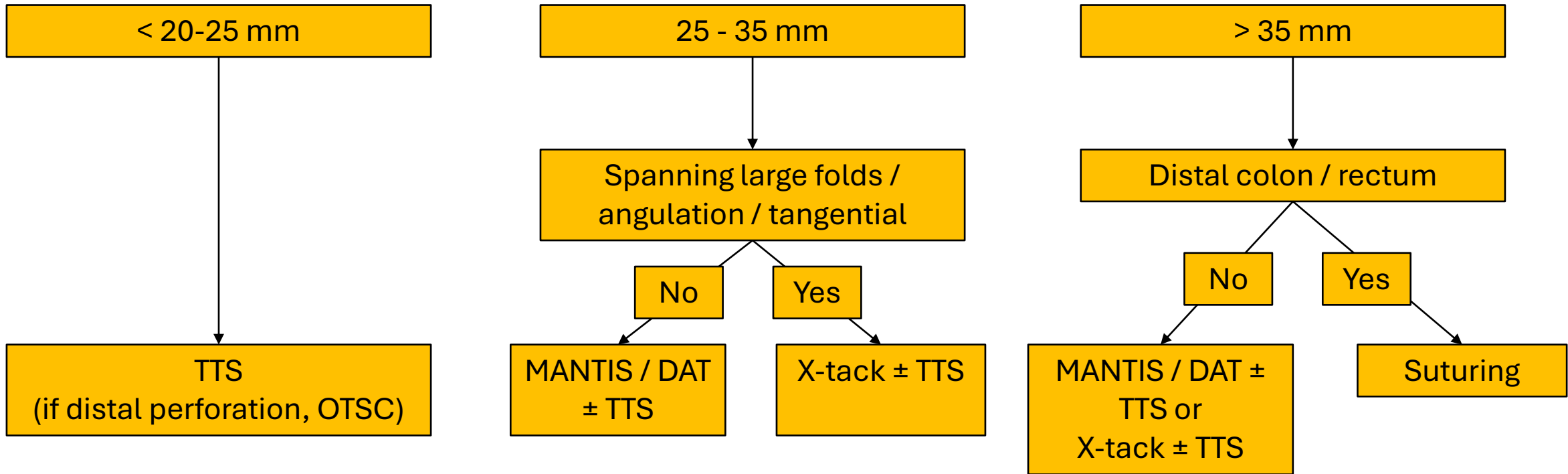
# X-Tack



# Suturing



# Algorithm



Adapted from Dr. Saowanee Ngamruengphong

# Thank you

khv2105@cumc.Columbia.edu



48th Annual  
New York Course