

COLONOSCOPIC POLYPECTOMY – EVALUATION OF SAFETY AND EFFECTIVENESS

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Introduction. Colonoscopy is now widely accepted as the gold standard for the detection of pre-malignant lesions and the reduction of colorectal cancer incidence in patients with adenomatous polyps.

Aim. To assess effectiveness and safety of colonoscopies and polypectomies performed between 2001 and 2009.

Materials and methods. A retrospective analysis of the course and results of polypectomies which were carried out during 3638 colonoscopies on patients with symptoms of colorectal pathology.

Results and discussion. Total colonoscopy, i.e., with caecal intubation, was performed in 3310 (91.0%) cases. Colonoscopic polypectomies were performed during 806 (22.1%) examinations. Single polyps were found in 459 (56.9%) cases and multiple ones in 347 (43.1%). The total number of removed polyps amounted to 1184. Out of that number 886 (74.8%) were adenomas and 229 (25.8%) of them presented features of the so-called advanced pathology. In 30 cases, the detected adenomas coexisted with colorectal cancer and were removed preoperatively. Postpolypectomy bleeding occurred after 15 (1.7%) polypectomies, but only 2 patients required surgical treatment because an endoscopic procedure was ineffective in stopping the bleeding. Moreover, out of 343 rectal polyps, 19 (6.0%) unpedunculated lesions required surgical removal (18 of them by trans-anal excision).

Conclusions. 1. The introduced method was effective and polyps were detected and removed during more than 22% of performed colonoscopic examinations. Polypectomies were relatively complication-free, although in 2 (0.28%) cases surgical treatment was necessary to stop postpolypectomy bleeding from the polyp stalk. 2. Only a relatively small number of rectal polyps (6.0%) had to be removed surgically. 3. Preoperative endoscopic clearance of large bowel polyps facilitated the adjustment of the resection margin in the subsequent colorectal cancer surgery.