

Masterclasses

M9.2**Advances in Colorectal Cancer Management****09:00 Room 221**

Advance Endoscopic Intervention for Colonic Lesions

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Colonoscopy is one of the most common investigations of the lower gastrointestinal tract. It is used as a diagnostic tool to detect benign and malignant lesions, as well as a channel for therapeutic intervention. In addition to conventional endoscopic mucosal resection (EMR) for removing polyps, endoscopic submucosal dissection (ESD) is a new trend to treat large benign polyp or early malignant lesion.

En bloc resection by ESD helps to assess the resection margin of the lesion. It decreases the local recurrence when comparing with EMR. In certain early cancer cases, complete removal of lesion can avoid further colectomy. Paris Classification, Kudo Classification and NBI Capillary Pattern can help us to select suitable patient for endoscopic submucosal dissection while chromoendoscopy can give additional information.

ESD can be performed safely in endoscopic centre with intravenous sedation without the need of general anaesthesia by trained doctors and nurses. Preparation of the patients includes diet restriction, bowel preparation, antibiotics, sedatives and antispasmodic agents. Preparation of equipment includes water jet endoscope, CO2 insufflation, Hyaluronic acid, endoscopic instruments like injector, dissector, coagulation grasper and haemostatic clips. Patients would resume diet progressively post-operation and can be discharged in a few days. Common complications include bleeding and perforation.

With the launch of colorectal screening, more large benign polyps or early malignant lesion would be found and more patients would be expected to require this service.