EMR : the optimal technique
Video cases

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## Indication in the colon

<table>
<thead>
<tr>
<th>Endoluminal</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well to moderately differentiated</td>
<td>Poorly differentiated tumor</td>
</tr>
<tr>
<td>SM invasion &lt; 1000 µm</td>
<td>SM &gt; 1000 µm</td>
</tr>
<tr>
<td>No lymphvascular invasion</td>
<td>Lymphovascular invasion</td>
</tr>
</tbody>
</table>

**INDICATIONS**

- **Mucosa**
- **Lamina propria**
- **Muscularis mucosae**
- **Submucosa**

**ESOPHAGUS SQUAMOUS**

- M2
- M3

**BARRETT**

- M3
- SM1

**STOMACH**

- SM1 500 µm

**COLON**

- SM1
- 1000 µm

Well / moderately differentiated
NO lymphovascular infiltration
ER technique

Colon

LIFT AND SNARE TECHNIQUE

EMR training program © EMR training committee 2007
ER technique

Preprocedural plan

What is the target for ER?
- size, Paris classification → eligible?
  → Can I do this?
- LST-G vs LST-NG

Demarcation
- (virtual) chromo-endoscopy

Lifting
- is the lesion eligible for ER
Patient selection for ER

Lifting sign: **type III or IV = NO GO**

- **Type I**
- **Type II**
- **Type III**
- **Type IV**
ER technique

- Demarcation
- Lifting
- Cutting
- Control and treatment of complication
- Tissue processing
- Patient follow-up
P-EMR in the caecum
P-EMR in the rectum
Control at 3 months

- Limited amount of polipoid tissue left: resection and APC of the scar.
Control at 3 months

• Limited amount of polipoid tissue left: resection and APC of the scar.
Control at 3 months

- Limited amount of polipoid tissue left: resection and APC of the scar.
Histology

• Tubulovillous adenoma LGD. No invasive cancer.
Control at 6 months
Control at 6 months
Histology

• No residual polyp.