**AUSTRALIAN MULTICENTRE COLONIC CSP AUDIT**

**DATA SHEET ONE: DAY OF PROCEDURE (THREE pages)**

|  |
| --- |
| **INSTITUTION CODE \_\_\_\_\_\_\_\_ PATIENT ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **INCLUSION CRITERIA : SESSILE POLYPS(10-19mm)** |
| **EXCLUSION CRITERIA: MALIGNANT POLYPS / PEDUNCULATED POLYPS / ACTIVE IBD / PREGNANCY**  **AGE<18yrs/ PRESENCE OF BLEEDING DISORDERS** |

**Participant Details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of the procedure: | | | | |  | | |  |  | | |  | | | | / / | |
| Date of birth: | | |  | |  | | |  |  | | |  | | | | / / | |
| Gender: |  | |  | |  | | |  |  | | |  | | | | F | M |
| BMI range(Tick one box): <20: | |  | | 20-25: |  | 25-30: | | |  | 30-35 : |  | | >35: |  |  | |  |
| **Endoscopy consultant**: | | | | | | | **Referring Doctor** | | | | | | | | | | |
| Name: | | | | | | | General practitioner | | | | | | | | | |  |
| **Endoscopy fellow /registrar**: | | | | | | | Gastroenterologist | | | | | | | | | |  |
| Name: | | | | | | | Surgeon | | | | | | | | | |  |
|  | | | | | | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Specify | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indication for colonoscopy (Can select more than one)** | | | | | | | | | | | |
| Referral for known large polyp: (If yes; please also select the indication for initial colonoscopy) | | | | | | | | | Y | | N |
| FOBT positive: | |  |  |  |  |  | | | Y | | N |
| Rectal bleeding: | |  |  |  |  |  | | | Y | | N |
| Iron deficiency +/- anaemia: | | | |  |  |  | | | Y | | N |
| Altered bowel habit: | | |  |  |  |  | | | Y | | N |
| Surveillance of previous polyps: | | | |  |  |  | | | Y | | N |
| Surveillance of previous bowel cancer: | | | | |  |  | | | Y | | N |
| Family history of bowel cancer: | | | |  |  |  | | | Y | | N |
| Abdominal pain: | |  |  |  |  |  | | | Y | | N |
| IBD: |  |  |  |  |  |  | | | Y | | N |
| OTHER : Specify | | | | | | | | |  | | |
| **Antiplatelet/Anticoagulant agents** | | | | |  | | |  | |  | |
| Regular use of anti-platelet or Anticoagulant agent? | | | | | Y | | N | Withheld  (Y/N) | | No of days withheld | |
| Aspirin | | | | |  | |  |  | |  | |
| Clopidogrel | | | | |  | |  |  | |  | |
| Prasugrel: | | | | |  | |  |  | |  | |
| Ticagrelol | | | | |  | |  |  | |  | |
| Warfarin: | | | | |  | |  |  | |  | |
| NOACS: Apixaban / Rivaroxaban / Dabigatran | | | | |  | |  |  | |  | |
| NSAIDs: | | | | |  | |  |  | |  | |
| COX-2 Inhibitor: | | | | |  | |  |  | |  | |
| SSRI: | | | | |  | |  |  | |  | |

**IMPORTANT:**

|  |  |
| --- | --- |
| Complete **PAGE TWO** for each polyp separately and attach at the end of initial data sheet. | |
| Total number of 10-19mm sessile polyps resected using CSP technique: |  |

**POLYP DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POLYP SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm** | | |  | **Fellow involved in *CSP procedure*?** Yes  No |  |
| **Location**: Appendix orifice involved  Ileocaecal valve involved  Caecum  Ascending colon  Hepatic flexure  Transverse proximal  Transverse middle  Transverse distal  Splenic flexure  Descending colon  Sigmoid colon  Rectum(>5cm from anus)  Rectum(<5cm from anus) | |  |  |  |
|  |  | **Submucosal injection performed?** No  **Hint***:* Time CSP, commence stopwatch 🡨Yes |  |
|  |  |  |
|  |  |  |
|  |  | **Main injection constituent?** Saline  Gelofusine  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
|  |  |  |
|  |  | **Dye used in injectant** None  Indigo carmine  Methylene blue  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ :Specify |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **Adrenaline used in injectant:** No  Yes |  |
|  |  |  |
| **Paris classification:**  *Protruded >2.5mm 1s* | |  |  | **Polyp lift:** Lifts well; continue CSP  Non-lifting; continue CSP  Non-lifting; abandon CSP |  |
|  |  |  |
| *Protruded <2.5mm IIa* | |  |  |  |
| *Flat IIb* | |  |  | **Dedicated cold snare used?:** Exacto snare 🡨Yes  Olympus cold snare🡨Yes  Captivator snare🡨Yes  Specify snare brand: \_\_\_\_\_\_\_\_\_\_Other🡨Yes  Specify snare brand : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🡨No |  |
| *Depressed IIc or IIa+c* | |  |  |  |
| *Excavated III* | |  |  |  |
| *Combination Is + IIa* | |  |  |  |
| **Polyp morphology**  Granular type  Non-granular type | |  |  |  |
|  |  | **Number of pieces:** 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / >10 | |
| Mixed | |  |  | **Polyp completely excised with cold snare only?** Yes  No |  |
| Likely SSA | |  |  |  |
| Can’t classify | |  |  |  |
|  | |  |  | **Additional modalities used to resect polyp?** None  Hot snare  Cold biopsy forceps  Hot biopsy forceps (Hot avulsion)  APC |  |
| **Enhanced imaging used**  Narrow Band Imaging  Chromoendoscopy  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other | |  |  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  | **Complete polyp removal** Yes  (Residual polyp remains) No |  |
| **Kudo pit pattern**  I  II | |  |  |  |
|  |  |  |
| III | |  |  | **Significant bleeding during procedure requiring treatment:**  None  Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clips  Adrenaline injection  Soft coagulation with snare tip  Coag-grasper |  |
| IV | |  |  |  |
| V | |  |  |  |
|  | |  |  |  |
| **Endoscopic appearance of polyp** Adenoma  Sessile serrated adenoma | |  |  |  |
|  |  |  |
| Hyperplastic | |  |  | **Bleeding control:** Not applicable  Bleeding controlled  If So, outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🡨Bleeding uncontrolled |  |
| Cancer | |  |  |  |
| Other | |  |  |  |
|  | |  |  |  |
| **Ease of polyp access (reach and 6 o’clock position for CSP)** | | |  | **Muscularis propria injury during the procedure:**  No  **YES**: Target sign  **Yes**: No target sign but suspected MUSCULARIS injury  **Yes:** Perforation |  |
| Easy to reach & position/access  Easy to reach, but difficulty positioning/accessing  Difficult to reach, then easily positioned  Both difficult | |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **CSP attempted?** | Yes |  |  | **Treatment for muscularis propria injury:**  Not applicable  Conservative management  Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clips  OVESCO  Surgery |  |
| NO: cancer suspected  NO: Not enough time to perform piecemeal EMR  NO: aim en-bloc resection using hot snare  NO: Hot snare used as low risk for deep thermal injury  risk for deep thermal injury  No: Technically not feasible  Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |  |
| Duration of CSP (timed from 1st inject or first polypectomy attempt): \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes | |
|  |  |

**POST PROCEDURE (same day)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Significant pain after the post procedure?** | | | | | Y | N |
| If yes, intervention required( Can tick more than one box) | | | | | | |
| Analgesia  Antibiotics | |  | | Prolonged Day Procedure Unit observation  Overnight admission | |  |
|  | |  |
| Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Other? | | | | | | |
| **Significant post procedural bleeding?** | | | | | Y | N |
|  | | | | | | |
| If yes, intervention required( Can tick more than one box) Prolonged observation in recovery  Blood transfusion  Perform same day colonoscopy | | | | | |  |
|  |
|  |
| **Interventions performed during same day colonoscopy:** | | | | | | |
| Number: \_\_\_\_\_\_\_ Clips  Thermal therapy  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🡨 Other | | | | | |  |
|  |
|  |
| **Overnight admission required post procedure?** | | | | | | |
| No  Social reasons  Co-morbidities  Pain |  | | Bleeding  Fever  Perforation  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other | | |  |
|  | |  |
|  | |  |
|  | |  |
| **Next colonoscopy scheduled:** | | | | | | |
| Months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🡨Yes  Timing will depend on histology 🡨 Yes | | | | | |  |
|  |
| Specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🡨No | | | | | |  |

**OTHER POLYPS DETAILS (polyps outside inclusion criteria not included in the study)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Polyp number | Location\* | Size (mm) | Paris class# | Resected Y/N | Cold /Hot snare resection  (C or H) | Any intra-procedural adverse event:  Y/N | If yes🡪 Describe |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| **Location\*:** Caecum (C) Ascending colon (A) Hepatic flexure (HF) Transverse colon (T)  Splenic flexure (SF) Descending colon (D) Sigmoid (S) Rectum (R)    **Paris classification#**:  Ip *(Protruded, pedunculated)* Is  *(Protruded >2.5mm)*  IIa *(Protruded <2.5mm)*   IIb (*Flat)* | | | | | | | |

Thank you for completing these data sheets please fax to: 03 8345 6205