**AUSTRALIAN MULTICENTRE COLONIC CSP AUDIT**

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

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| --- |
| **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:**

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| 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*?** YesNo |  |
| **Location**: Appendix orifice involvedIleocaecal valve involvedCaecumAscending colonHepatic flexureTransverse proximalTransverse middle Transverse distal Splenic flexure Descending colonSigmoid colonRectum(>5cm from anus)Rectum(<5cm from anus) |  |  |  |
|  |  | **Submucosal injection performed?** No  **Hint***:* Time CSP, commence stopwatch 🡨Yes  |  |
|  |  |  |
|  |  |  |
|  |  | **Main injection constituent?** SalineGelofusine Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
|  |  |  |
|  |  | **Dye used in injectant** NoneIndigo carmineMethylene blue Other \_\_\_\_\_\_\_\_\_\_\_\_\_ :Specify |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **Adrenaline used in injectant:** NoYes |  |
|  |  |  |
| **Paris classification:**  *Protruded >2.5mm 1s*  |  |  | **Polyp lift:** Lifts well; continue CSPNon-lifting; continue CSPNon-lifting; abandon CSP |  |
|  |  |  |
|  *Protruded <2.5mm IIa*  |  |  |  |
| *Flat IIb*  |  |  | **Dedicated cold snare used?:** Exacto snare 🡨YesOlympus 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 typeNon-granular type |  |  |  |
|  |  | **Number of pieces:** 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / >10 |
| Mixed |  |  | **Polyp completely excised with cold snare only?** YesNo |  |
| Likely SSA  |  |  |  |
| Can’t classify |  |  |  |
|  |  |  | **Additional modalities used to resect polyp?** None  Hot snare Cold biopsy forcepsHot biopsy forceps (Hot avulsion)APC |  |
| **Enhanced imaging used** Narrow Band ImagingChromoendoscopySpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  | **Complete polyp removal** Yes(Residual polyp remains) No  |  |
| **Kudo pit pattern**  III |  |  |  |
|  |  |  |
| III |  |  | **Significant bleeding during procedure requiring treatment:**NoneNumber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ClipsAdrenaline injectionSoft coagulation with snare tipCoag-grasper |  |
| IV |  |  |  |
| V |  |  |  |
|  |  |  |  |
| **Endoscopic appearance of polyp** AdenomaSessile serrated adenoma |  |  |  |
|  |  |  |
| Hyperplastic |  |  | **Bleeding control:** Not applicableBleeding controlledIf 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/accessEasy to reach, but difficulty positioning/accessingDifficult to reach, then easily positionedBoth difficult |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **CSP attempted?** |  Yes |  |  | **Treatment for muscularis propria injury:**Not applicableConservative managementNumber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ClipsOVESCOSurgery |  |
| NO: cancer suspectedNO: Not enough time to perform piecemeal EMRNO: aim en-bloc resection using hot snareNO: Hot snare used as low risk for deep thermal injury risk for deep thermal injury No: Technically not feasible Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |
|  |  |
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|  |  |  |
| 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 observationOvernight admission |  |
|  |  |
|  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Other? |
| **Significant post procedural bleeding?** | Y | N |
|  |
| If yes, intervention required( Can tick more than one box) Prolonged observation in recoveryBlood transfusion Perform same day colonoscopy |  |
|  |
|  |
| **Interventions performed during same day colonoscopy:** |
| Number: \_\_\_\_\_\_\_ ClipsThermal therapySpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🡨 Other |  |
|  |
|  |
| **Overnight admission required post procedure?** |
| No Social reasonsCo-morbiditiesPain |  | BleedingFeverPerforationSpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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