

# Prophylactic Application of Resolution™ Clips after Gastric Polypectomy in Patient on Anticoagulation

technique spotlight

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## Introduction

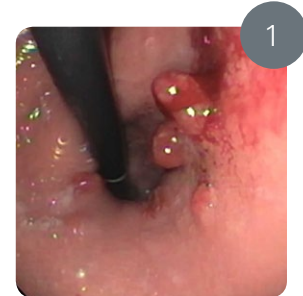
Benign gastric polyps can cause chronic gastrointestinal bleeding and lead to anemia. Removal of gastric polyps has been known to be associated with increased risk of post-polypectomy bleeding.

## Patient History

This is a 64-year old male who was found to have iron-deficiency anemia. Hemoccult test was positive but there was no evidence of overt bleeding. Colonoscopy was unremarkable. The patient underwent upper endoscopy and was found to have two 6 mm polyps in the cardia that were oozing blood on contact. Biopsy of the polyps showed hyperplastic changes. The patient was referred to our institution for polyp removal since he was considered a high-risk for post-polypectomy bleeding due to the location of the polyps and the fact that he needed ongoing anticoagulation for coronary stent placed six months ago.

## Procedure

Upper endoscopy was done with Enoxaparin SQ bridge after discontinuing Coumadin for 5 days prior to the procedure. Two 6 mm polyps were noted in the cardia. The polyps were spontaneously oozing blood (Figure 1 and Figure 2). A standard snare polypectomy was performed and there was no



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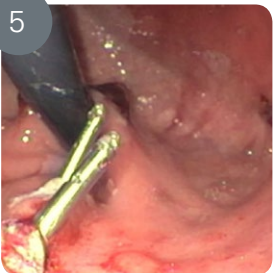
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immediate bleeding after the polypectomy (Figure 2, Figure 3, and Figure 4). A prophylactic application of two Resolution Clips at the polypectomy site was done in retroflex endoscope position (Figure 5). Coumadin was restarted the evening after the procedure. No delayed post-procedure bleeding was observed.

## Discussion

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Gastric polyps are known to be associated with a high rate of post-polypectomy bleeding. Furthermore, in this particular patient anticoagulation was needed to be restarted immediately after the procedure due to the presence of a cardiac stent. Therefore, after performing the polypectomy we placed two Resolution clips as a prophylactic measure to decrease the risk of post-polypectomy bleeding. Placement of the clips was easily accomplished, even in what is considered a difficult location in the cardia working in the retroflex view. Coumadin was restarted the day of the procedure and the patient had no further episodes of bleeding after the procedure.

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