



Clinical Case Study



Advanced Bipolar Resection of Sigmoid Pedunculated Polyps Using SpydrBlade Flex

Safe complex polyp resections in anatomically restricted environments

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Patient History

A 65-year-old male was referred for endoscopic evaluation following the identification of two broad-based pedunculated polyps in the sigmoid colon (Fig.1).



The polyps presented with lobulated pieces in a segment of colon marked by a narrow, torqued lumen, complicated by the presence of diverticula. Due to these anatomical constraints, there was significant difficulty in deploying a standard snare. The patient also had a history of coronary artery disease with a recent myocardial infarction and was maintained on antiplatelet therapy (acetylsalicylic acid). Endoscopically, the surface of the polyps appeared eroded with signs of intermittent bleeding. Given the limited space, distorted visualisation, and elevated bleeding risk, an alternative resection method was considered to avoid piecemeal resection and potential post-procedural complications.

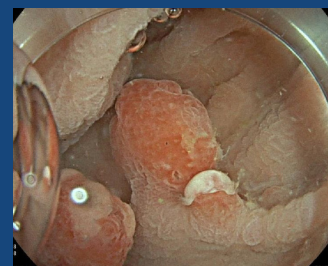


Figure 1: Broad-based pedunculated polyps

Procedure



Owing to the challenging anatomy and therapeutic considerations, a decision was made to proceed with resection using the SpydrBlade Flex, a bipolar scissor-type endoscopic device featuring advanced bipolar RF cutting and super high frequency microwave coagulation.

The procedure began with a submucosal injection at the polyp base using a solution of saline mixed with adrenaline and diluted indigo carmine. The distal base of the polyp was grasped with the device to initiate mucosal incision and controlled dissection of the submucosal connective tissue (Fig.2).

Hemostasis was achieved through targeted microwave coagulation of visible vessels during dissection.

To complete the resection, the endoscope was maneuvered proximally, bended down, allowing for grasping, tissue traction and safe dissection from the

proximal side. Bipolar energy was applied in a layer-by-layer fashion, enabling precise control and minimising collateral tissue damage.

After complete en-bloc resection (Fig.3), microwave coagulation was used to treat the resection plane (Fig.4), and a clip closure was applied to secure the defect. (Fig.5).

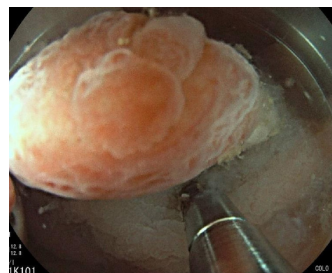


Figure 2: Advanced bipolar initial dissection

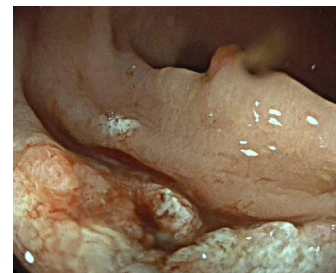


Figure 3: En-bloc resection

A further, more distant polyp was treated in a same way (Fig.6 & 7).



Figure 4: Microwave coagulation

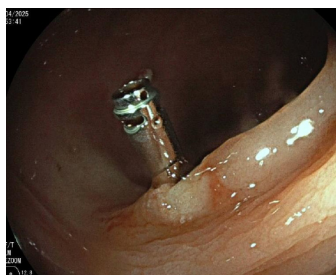


Figure 5: Clip applied for closure

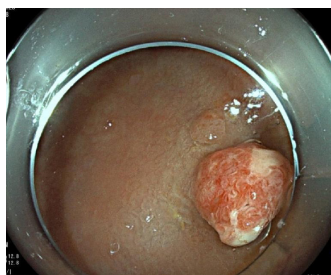


Figure 6: Second polyp

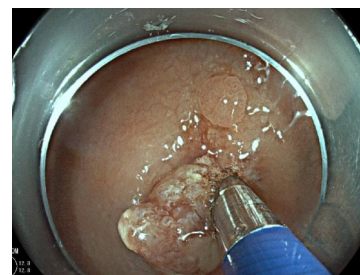


Figure 7: Advanced bipolar dissection

Outcome

The procedure resulted in complete en-bloc resection of all polyps without immediate or delayed bleeding. The patient reported no post-procedural pain or signs of inflammation. Histological examination confirmed the polyps to be inflammatory in nature with no evidence of adenoma or malignancy.

Conclusion

This case demonstrates that SpydrBlade Flex provides a safe and effective solution for complex polyp resections in anatomically restricted environments.

The device's ability to cut and coagulate using a scissor-type mechanism enables:

- Controlled resection in narrow or torqued colonic segments
- Reduced risk of perforation or thermal injury due to precise energy delivery
- Effective hemostasis during resection, even under antiplatelet therapy
- Safe resection of floppy, pedunculated polyps by pressing against the colonic wall, grasping, pulling back and dissecting tissue

The multi-modal energy platform and unique mechanical design of SpydrBlade Flex allowed for a successful, complication-free resection where standard techniques were not feasible.

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