



Clinical Case Study



Advanced Bipolar Resection of Rectal Broad-Based Polyp Suspected of Cancer Using SpydrBlade Flex

Safe and Complex Resection Under High Bleeding Risk

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Patient History

An 85-year-old male presented with chronic upper right abdominal pain. His medical history included coronary artery disease and a recent myocardial infarction, managed with antiplatelet therapy (acetylsalicylic acid).



Ultrasound revealed multiple liver tumours without the typical halo sign of metastases. A CT scan ruled out other tumour sites but showed rectal wall thickening. Endoscopic evaluation identified:

- A large, broad-based rectal polyp (4 cm diameter) with an irregular surface, classified as JNET 2b (Paris IIs), raising suspicion for high-grade dysplasia or T1 cancer (*Fig.1+2*).
- A second polyp (3 cm diameter), classified as JNET 2a (Paris IIs), located in the sigmoid colon within a confined space between diverticula.

A liver biopsy confirmed malignant lymphoma. Considering potential colorectal malignancy, endoscopic resection of both polyps was planned before initiating lymphoma chemotherapy.

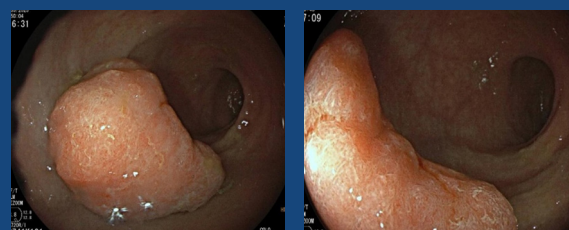


Figure 1 & 2: Rectal polyp Paris IIs, polyp surface JNET 2b

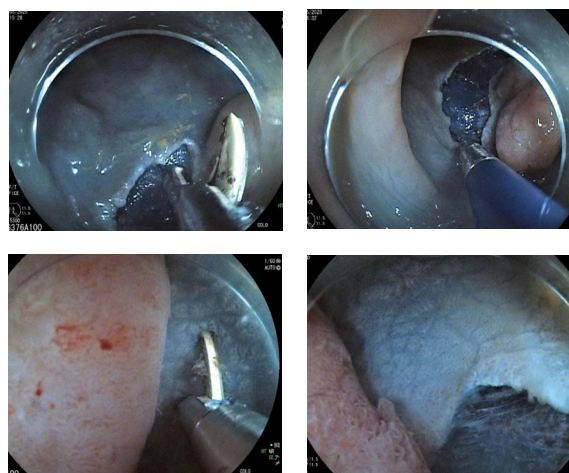
Procedure



Given the high risk of perforation and bleeding associated with standard snares, SpydrBlade Flex was chosen for its superior grasping, cutting, and coagulation capabilities, particularly for broad-based, floppy lesions likely containing central large vessels.

Rectal Polyp Resection:

Injection of saline, diluted epinephrine, and indigo carmine. Circular incision with a safety margin using SpydrBlade, employing advanced bipolar RF through open scissors (*Fig. 3-6*). Water irrigation and transparent cap enabling underwater view during incision, without gas bubbles using closed jaws.



Figures 3-6 (top left to bottom right): Circular incision with a safety margin using SpydrBlade, employing advanced bipolar RF through open scissor

Layer-by-layer grasping and dissection of connective tissue with SHF microwave coagulation for vessel management and minor bleeding control (*Fig.7-9*). En-bloc resection followed by coagulation of visible vessels and defect closure with clips (*Fig. 10-12*).



Figures 7-9: Layer-by-layer grasping and dissection of connective tissue with SHF microwave coagulation



Figures 10-12: En-bloc resection followed by coagulation of visible vessels and defect closure with clips

Outcome

Both lesions were resected en-bloc without perforation or delayed bleeding. The histology revealed:

- Rectum: Tubular adenoma with high-grade dysplasia
- Sigmoid Colon: Tubular adenoma with low-grade dysplasia
- No invasive cancer detected

The patient was discharged two days post-procedure and began chemotherapy for lymphoma two weeks later.

Conclusion

This case illustrates the efficacy and safety of SpydrBlade Flex for complex polyp resections involving:

- **Controlled Resection:** Effective in narrow or angulated colonic segments
- **Underwater View:** Using a transparent cap and water irrigation, giving an enhanced view during bipolar incision, no gas bubbling using closed jaws compared to underwater monopolar ESD
- **Reduced Perforation Risk:** Precise energy delivery minimises thermal injury
- **Effective Hemostasis:** Maintains bleeding control even under antiplatelet therapy

The device's multi-modal energy platform and unique mechanical design enabled successful, complication-free resections in cases where standard techniques were insufficient.

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