

Snare rotation technique: a simple tip for successful polypectomy for non-pedunculated gastrointestinal polyps

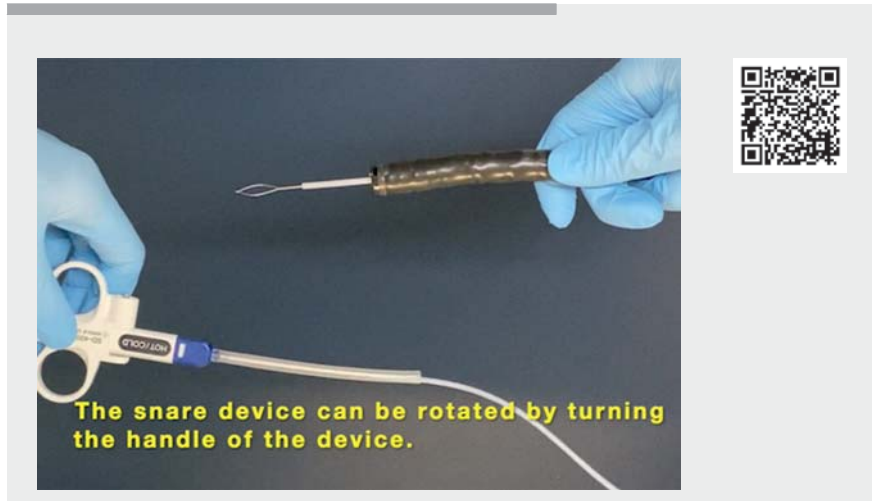
Snare resection for non-pedunculated polyps has a long history, and its application has been expanded to various methods such as endoscopic mucosal resection (EMR), cold polypectomy, and underwater EMR [1–3]. Various clinical tips and tricks have been demonstrated by experts [4, 5]. In any snare resection for non-pedunculated polyps, a universally important issue is positioning the loop of the snare horizontal to the lesion. This positioning can avoid askew grasping of the polyp, thereby avoiding incomplete resection. However, the snare does not always emerge at the desired angle from the working channel of the scope. Here we demonstrate the “rotation technique” to reposition the loop of the snare to an ideal angle for grabbing the polyp horizontally (▶ **Video 1**).

When the snare emerges at an incorrect angle, it can be fixed while the assistant rotates the handle of the device to position the loop of the snare horizontal to the lesion (▶ **Fig. 1**, ▶ **Fig. 2**). The part of the sheath outside the cap of the working channel of the scope should be straightened to facilitate rotation. During rotation, the electrical cord should be unplugged from the snare sheath to ease rotation of the handle and can be reconnected when the snare is at the expected angle. During rotation, it is recommended that the physician shake the sheath slightly to ease rotation of the snare. This is a very simple skill but extremely useful for better snare resection of non-pedunculated gastrointestinal polyps.

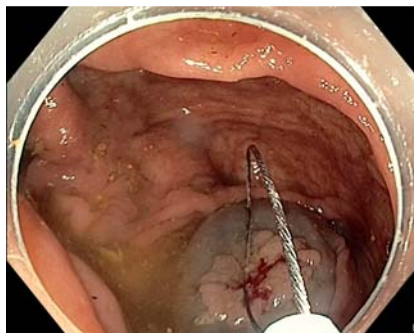
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Competing interests

The authors declare that they have no conflict of interest.



▶ **Video 1** Three cases including two colonic polyps and an esophageal lesion using “snare rotation technique” for polypectomy are presented.



▶ **Fig. 1** The angle of the snare is not horizontal to the lesion.



▶ **Fig. 2** The angle of the snare is fixed at an ideal position to the lesion.

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