Endoscopic Ligation Treatment of Colonic Polyps*

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The management of polyps of the terminal colon presents interesting as well as frustrating problems. The ultimate goal should be total removal of the polyp and a portion of the pedicle for complete pathologic examination, with as few "posttreatment" complications as possible. Most surgical procedures, such as local excision, fulguration, fractional biopsy, and snare excision, are all too frequently complicated by problematic bleeding. The use of rubber bands in the removal of polyps provides an encouraging method of total removal without complications or disability.

The complete set of instruments needed is shown in Figure 1.† Two rubber bands are placed on the drum of the polyp ligator (Fig. 2). Figure 3 shows how the polyp (Fig. 4) is grasped and worked through the drum of the polyp ligator; the rubber bands are released gently so as not to "fire them off" (Fig. 5). Polyps too large to be worked into the drum can be fragmented in a similar manner, utilizing the rubber bands, until two can be placed on the pedicle (Fig. 6). The polyp and portion of the stalk are then removed with either a cold or a hot snare (Fig. 7) and submitted for microscopic evaluation. The rubber bands have afforded complete and

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Fig. 1. Instruments used for endoscopic ligation.
lasting hemostasis. There has been no problem with slippage or premature separation of the rubber bands. The bands will slough away in five to ten days, leaving a variable-sized, whitish factitial ulcer (Fig. 8), which epithelializes completely in two weeks.

Fig. 3. Polyp grasped and worked through the drum of the polyp ligator.

Fig. 4 (upper left). The polyp.

Fig. 5 (upper middle). Rubber bands released.

Fig. 6 (upper right). Two rubber bands on pedicle of a large fragmented polyp.

Fig. 7 (lower left). Polyp and portion of stalk have been removed with a snare.

Fig. 8 (lower right). Bands have sloughed off, leaving a factitial ulcer which will epithelialize.