Which snare when?

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Polypectomy Snares

ACUSNARE - ONE PIECE DISPOSABLE SNARE

ASM-1	AS-1	ASJ-1	ASMH-1	ASH-1
Mini 1.5 x 3 cm	Standard 2.5 x 5.5 cm	Jumbo 3 x 6 cm	Mini Hexagonal 1.5 x 2.5 cm	Hexagonal 3 x 4.5 cm

NEEDLE TIP

AS-1NT
Needle Tip 2.5 x 5.5 cm

SOFT ACUSNARE - ONE PIECE DISPOSABLE SNARE

SASMM-1	SASM-1	SAS-1	SASJ-1	SASMH-1	SASH-1
Micro Mini 1 x 1.5 cm	Mini 1.5 x 3 cm	Standard 2.5 x 5.5 cm	Jumbo 3 x 6 cm	Mini Hexagonal 1.5 x 2.5 cm	Hexagonal 3 x 4.5 cm

DUCK BILL

ASDB-15-015	ASDB-25-015
15 mm Snare	25 mm Snare

SONNET - SHORT THROW SNARE

SMO-13	SSO-25	SJO-29	SSH-28
Mini 1.5 x 3 cm	Standard 2.5 x 5.5 cm	Jumbo 3 x 6 cm	Hexagonal 3 x 4.5 cm

L-19862/1108

What are the types of snare

- Detachable
- Non Detachable
  - Wire thickness
  - Wire shape
    - Oval
    - Hexagon
    - Duck billed
  - Type of wire
    - Braided
    - Toothed
    - Band

The properties of a snare

- Size
- Shape
- Gauge
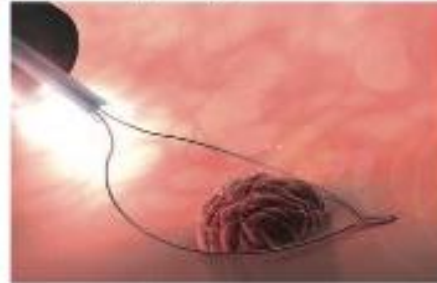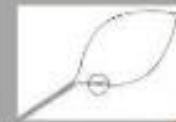- Rigidity
- Texture

Rigidity

What do you need

- Cold snare

- Hot snare
  - Small and large

- Snare for flat polyps

- Detachable snare

- Caps

Why cold snare

- 90% polyps < 10mm

- Cold biopsy forceps <3mm

- Jumbo biopsy still 18% residual polyp

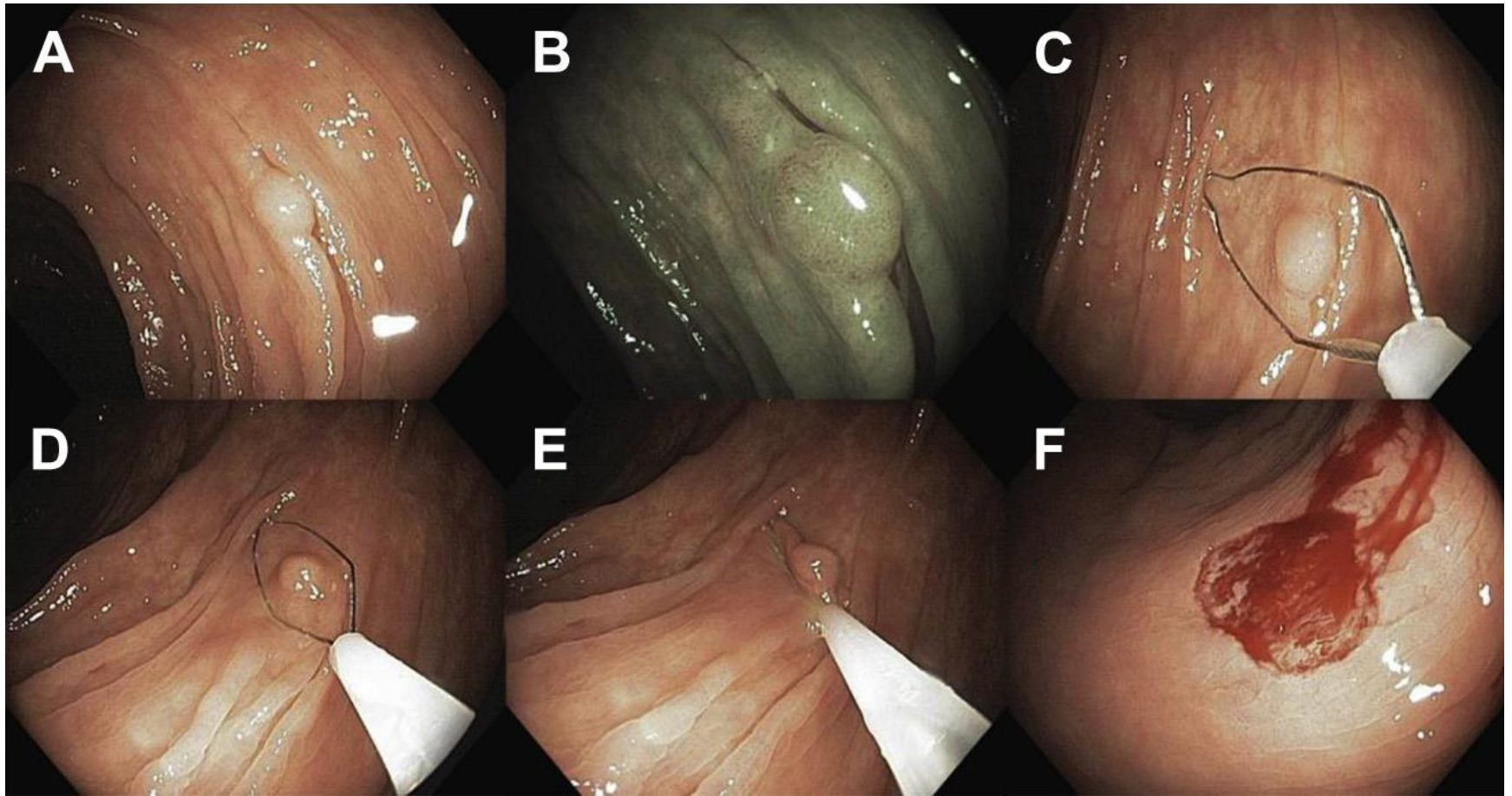- Hot biopsy forceps 30% residual adenoma polyps<5mm

Why cold snare

- Advantages
  - Visualize bleeding immediately
  - Safe 1015 pts
    - 1.8%bleeding
    - No delayed bleeding or perf
- Effectiveness
  - Not well studied despite wide spread acceptance

Why cold snare

SAFETY

Cold snare polypectomy

Table 1
Differences in technique between hot and cold snaring

|	Cold Snaring	Hot Snaring
Margin of normal tissue	Yes: at least 1–2 mm	Minimal
Tenting of lesion	No: snare sheath should remain pressed against colon wall	Yes: for application of electrocautery
Snare closure	Continuous until polyp guillotined	Snare closure stopped once resistance detected (or mark on snare handle reached)
Air aspiration	Not essential (can help snare to grasp polyp)	Yes
Electrocautery	No	Yes

Detachable snare

Detachable snares
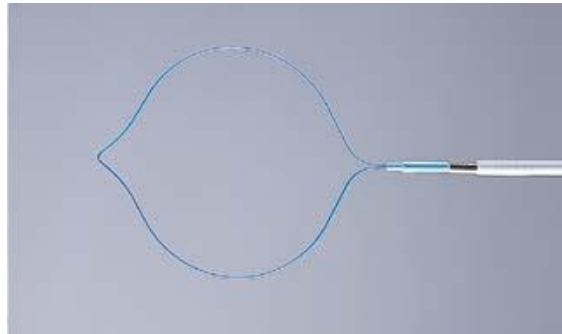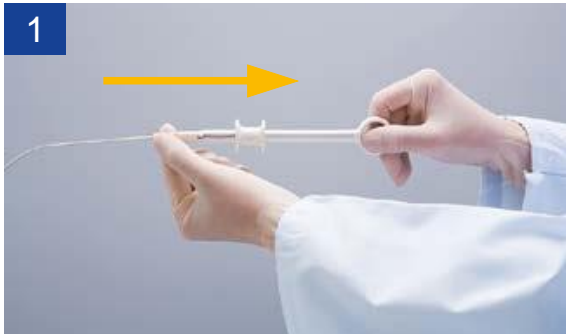
1 Pull the yellow cylinder proximally until it stops the loop from the tube sheath.

2 Position the loop over the target tissue. Then pull the slider proximally to ligate the tissue. Make sure that the coil sheath extends from the tube sheath when removing the hook from the loop after ligating.
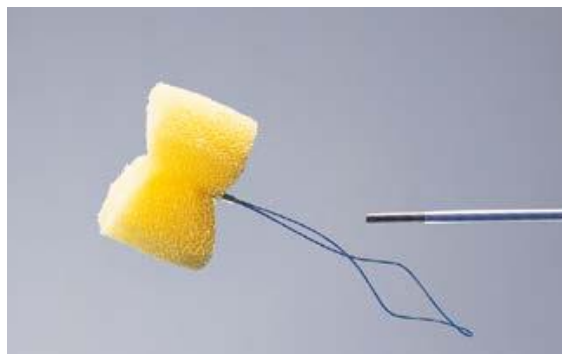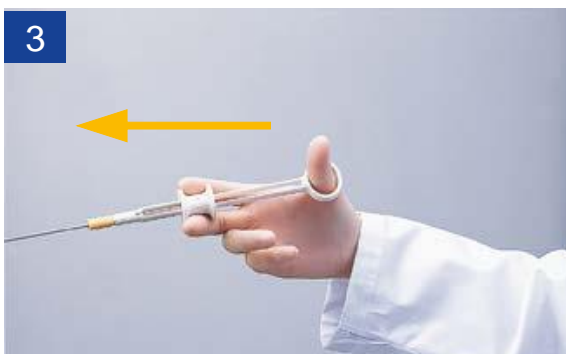
3 Push the slider distally until it stops to extend the hook from the coil sheath: then detach the loop from the hook.

Some real advice

- Use the smallest snare for the size of polyp you are trying to resect.
- Be familiar with 2 or 3 snares that you should then use all the time.
- I use a small (13mm), medium (27mm) and a braided snare (20mm) for EMR work.
- It would be reasonable to add in a single filament cold snare (usually 10mm) which is only for cold snaring, but I find the 13mm entirely adequate.
- I make sure my nurses are familiar with them and know how to mark them etc

Some real advice

- We have restricted the number of types of snare in our department so that everyone uses the same and this allows all usrs to be familiar with them

- Different companies will have slight variations wrt size / shape etc but there is very little if any evidence to support using non-standard shapes / sizes.

- The critical issue is not the snare but how it is manipulated which comes back to operator skill and tip control - I always emphasize that the snare needs to be manipulated with the scope and not the snare sheath.

Some nice to haves

- Rotatable snares

- Inject and snare

- Bladed snares

- Band snares

Must haves

- Lift
- Spot
- Clips
- Ovesco

Discussion

What snares do you use?