Fig. e1 Images showing the technique of piecemeal cold snare polypectomy without mucosal elevation for colonic sessile serrated polyps (SSPs). a, b A 30-mm SSP is detected overlying a colonic fold and endoscopic imaging does not suggest the presence of dysplasia. c A hexagonal stiff thin-wire snare is used to commence the resection starting at the edge of the lesion with a rim of 2 mm of normal tissue. d Irrigation of the mucosal defect expands the submucosal plane; e allowing identification of residual serrated tissue, which can subsequently be resected using the cut edge of the defect as a guide for the snare. f, g The completed cold snare defect is inspected within and at the edge for residual SSP. h The appearance of the scar at first surveillance, 5 months after the original procedure, showing a well-formed scar at the 6-o’clock position with no evidence of residual or recurrent adenoma.
Fig. e3 Images of four sessile serrated polyps (SSPs) undergoing piecemeal cold snare polypectomy (pCSP). Note: the three images from each lesion are displayed vertically. a A 20-mm Paris classification 0-IIa SSP in the ascending colon that was removed by 3-piece CSP; minor oozing of blood at the end of the procedure was not treated and led to no clinical sequelae. b A barely perceptible 20-mm Paris classification 0-IIb SSP in the proximal transverse colon that was removed by 5-piece CSP. c A barely perceptible 25-mm Paris classification 0-IIb SSP in the ascending colon that was removed by CSP; the center image shows residual serrated tissue at the 9-o’clock edge of the defect. d A 25-mm Paris classification 0-IIb SSP with adherent mucus at the hepatic flexure that was removed in six pieces by CSP.