

St Mark's Colonoscopic Tattooing Protocol



Indications

- Prior to surgery to localise pathology
- To mark lesions for endoscopic surveillance
- DO NOT TATTOO RECTAL LESIONS as they disrupt surgical planes.
- ➤ There is no need to tattoo lesions in the caecum, however, if in doubt, then place a tattoo

Equipment

- Primed variceal injection needle with 10ml syringe filled with normal saline
- 5ml syringe filled with Spot® (or 0.9ml sterilised Black (India) Ink made up to 5ml with normal saline)

Procedure

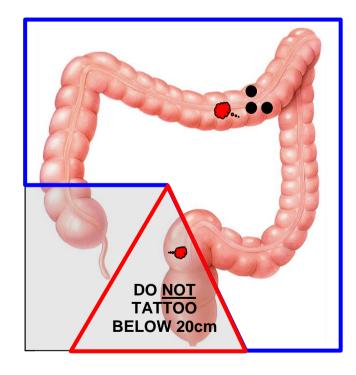
- Direct needle at an angle to mucosa
- Raise a bleb using 1-2ml of saline
- Swap to syringe filled with Spot® or India Ink
- Inject 1ml into the bleb to create tattoo
- Swap to syringe filled with saline and flush ink out with 1ml saline before removing needle
- Repeat process for 3 tattoos

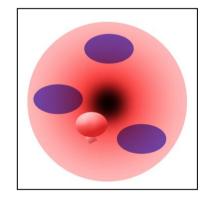
Place 3 tattoos 120° apart

at least 2cm

DISTAL to lesion

DO NOT place tattoo below 20cm but clearly record distance of LESION from anal verge











REMEMBER: TO DOCUMENT HOW MANY TATTOOS WERE PLACED AND THE POSITION RELATIVE TO THE LESION

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